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Sustaining Transformation by Evidence Mobilisation (STEM)Club in the North East of England: A partnership, system-wide approach to evidence-based decision making

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Abstract

In 2016, Sustainability and Transformation Partnerships were formed across the whole of England, bringing together care providers with commissioners and local authorities to plan local delivery of health and social care. Within this context, a small group of leaders working in broadly "evidence roles" within healthcare in the North East and North Cumbria (NENC), began discussing how those with the skills to support evidence-based practice might be able to better support healthcare decision-making at the system-wide level. The group focussed on the need for cultural change and making personal connections. Rather than provide "evidence products", our aim was to build relationships between policy and decision makers and those in evidence roles. This case study describes our progress to date in developing the network and supporting the work of healthcare decision-makers and policy makers in the North East and North Cumbria.

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Introduction

Context

In 2016, Sustainability and Transformation Partnerships were formed across the whole of England, bringing together care providers with commissioners and local authorities to plan local delivery of health and social care. In many areas, these partnerships have evolved into even more closely Integrated Care Systems (ICS), marking a move towards more system-based healthcare planning and thinking. The Health Education England policy on NHS Library and Knowledge Services (LKS) underlines the responsibility of the Secretary of State for Health, under the Health and Social Care Act 2012, to ensure "the use in the health service of evidence obtained from research." The policy is to enable "all NHS workforce members to freely access library and knowledge services so that they can use the right knowledge and evidence to achieve excellent healthcare and health improvement" (Health Education England, 2016). NHS LKS staff in the North East currently provide a range of services to support evidence-based practice and decision making, including tailored literature searches and current awareness. In line with the national Knowledge for Healthcare Strategy, LKS staff are developing their skills in summarising and synthesising of evidence in order to provide succinct packages of evidence to NHS staff.

In 2017, a study to improve research use among Clinical Commissioning Groups in the North East (Wilson, Farley, Bickerdike, Booth, Chambers, Lambert, Thompson, Turner, & Watt, 2017) identified little systematic use of evidence from research or evaluation and failed to foster capacity and capability to improve this situation. The national survey conducted alongside this intervention study showed a similar picture of research use across England. In addition, there is

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evidence to show that research does not support the current ways in which decision makers are accessing or using evidence from research as informing decision making. This is summarised in a recent NIHR Dissemination Centre Highlight (NIHR, 2018). Studies show that managers tend to make less use of formal research but value examples, experience of others, local information and intelligence. Having skilled individuals on the spot to contextualise and interpret evidence helps managers use evidence when making decisions.

STEMClub Development

Within this context, a small group of leaders working in broadly "evidence roles" within healthcare in the North East and North Cumbria began discussing how those with the skills to support evidence-based practice might be able to better support healthcare decision-making at the system-wide level. The group focussed on the need for cultural change and making personal connections. Rather than provide "evidence products", our aim was to build relationships between policy and decision makers and those in evidence roles. Our ambition is to change the decision-making culture in the NHS at the local level: *At every decision-making table, there will be someone with the skills, experience and knowledge to ensure that decisions are informed by relevant evidence.*

Methods

A small planning group was formed to understand each other's networks and discuss potential collaborative working. We established that our broad aims were to:

- Develop a network of local people working in evidence roles in the healthcare field.

- Link local health LKS into the work streams of the Sustainability and Transformation Partnership (now the Integrated Care System (ICS)).

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- Raise awareness and gain support among senior stakeholders in ICS, NHSE, PHE, HEE

  NECS of the aims of STEMClub.

In order to make these links, we first approached colleagues who we knew already used

evidence-based approaches in their practice and who we considered would appreciate the offer of

support. We invited volunteers from the LKS community to get involved.

At the same time, The Sustaining Transformation by Evidence Mobilisation (STEM)Club

was established. This group has become a Community of Practice for those working in evidence

roles across healthcare whether in public health, commissioning, academic research or NHS

Trusts. The group leaders have aimed to develop the group in a democratic way. We have

sought feedback at each network meeting and then reviewed this in detail at our follow-up

planning meetings. We have been transparent in our approaches to developing the group.

Results

STEMClub has grown in membership and awareness of the activity has been spread via word

of mouth, links with key local leaders, blogs and conferences (including Health Libraries Group

and R&D Forum). Attendance at meetings has varied from 20-40 people from a range of

backgrounds including public health, library and knowledge services, HE researchers, Academic

Health Science Network and commissioning. Most members are in roles where they routinely

access and use evidence either to inform their own practice or to support others. The

Community of Practice has also been actively supported by policy and decision-makers who

have attended meetings and provided input to the development of the group. Planning for the

fifth meeting is currently underway and topics covered include:

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- The importance of evidence and knowledge-sharing in the context of system-wide healthcare

- What is commissioning and what is evidence?

- Behaviour change using the COM-B Model

- Dilemmas in decision-making: how evidence informs changing services and systems

LKS staff have linked in with clinical networks and STP/ICS work streams in mental health, maternal health, child health and frailty and have provided support with literature searching and summaries, producing activity mapping documents and information management via SharePoint. Perhaps more importantly, in two workstreams, librarians are now standing group members, providing ongoing support and access to research evidence to support decision-making.

As a result of collaborative work in STEMClub, the successful North East and North Cumbria Applied Research Collaboration application includes a thread around the knowledge mobilisation skills of health librarians. As part of the Knowledge Mobilisation/Implementation Science theme in the ARC, there will be a research project focusing on the KM skills of health librarians and the impact on evidence-informed decision-making at the regional level.

Discussion

Bringing together distinct networks and looking for common ground seemed initially a little "risky". The response has been almost entirely positive and enthusiastic. One of the key strengths of STEMClub is that it has no formal governance and is a purely voluntary, "bottom up" movement. This sense of purpose and activism is very evident in the evaluation data from the first meeting (Appendix 1).

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A corollary of this is the need to incentivise and to give permission for colleagues to take part in this work with other competing demands on their time. For this reason, engagement and raising awareness of the aims of the group with senior stakeholders in HEE, NHSE, PHE and within the ICS has been very important. Maintaining momentum within the group is time consuming and requires a lot of energy and enthusiasm. The STEMClub planning group has recently grown and this wider distribution of work should help to alleviate some of the pressures of supporting the group.

Members of the STEMClub Planning Group are very conscious of the limited local resource in terms of "evidence skills" and of the need to maintain a balance between raising awareness and creating a demand which cannot currently be met. LKS staff have expressed two main areas of concern: (1) What is the commitment involved in supporting work streams? (2) How do we find and present appropriate evidence in a way that meets the needs of new user groups e.g. commissioners/decision-makers? We have not been able to give concrete answers to these questions. Those who have agreed to support work streams have done so on the understanding that this is above and beyond their normal work commitments and they will support as far as they are practicably able to do so. In terms of knowledge and expertise, STEMClub includes members from a wide range of backgrounds who can provide support. The LKS Development Manager has also stayed in regular contact with those supporting the work streams so that any issues can be identified and worked through.

Conclusion/Implications for practice

The STEMClub model has been successful in developing a broader, health "evidence" community in the North East and North Cumbria and helping colleagues in healthcare to connect

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with those who are able to support their work. There have been specific outcomes in terms of

the participating work streams. The model is now being trialled in a Yorkshire partnership. We

now need to consider how we share evidence and good practice across the system in order to

reduce duplication of effort, how we maintain and grow the group and maintain breadth of

membership, and how the Applied Research Collaboration application might support this work

in terms of skills development and infrastructure.

Acknowledgements

Conflicts of Interest

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Appendix 1: (STEM)Club Meeting 20.03.18 - Feedback from participants on benefits and

challenges of STEMClub

What are the potential benefits of STEM?

     Networking/sharing ideas

     A Movement not a Club, bottom up movement

     Seeing things from different perspectives

     Local/regional/national involvement

     Practical, on the ground implications

     Learning from the past, applying to the future

     Back door infiltration

     Access to knowledgeable librarians and their services

     Better utilising resources we already have – avoids duplication

     Better sharing of knowledge within and between organisations

     System-wide working/solutions

     Increased profile of the LKS profession

     Sharing workload

     Equity of knowledge and how it is shared

     Sustainability of health system

     "Chat" – where to go for ideas

     Routes to talk to managers

     Using STEM as an introduction mechanism

     Sense of the bigger picture

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Involved with people from different sectors

Raise awareness/profile of the profession (LKS) and the work e.g. frailty

Benefits to patients

Improves communication/connecting with others/co-production

Active contribution to population's health

Refining and developing skills and confidence

People coming together/collective influencing

Bringing expertise to bear

What are the potential challenges/Risks of being involved in STEM?

Time/Resources

Reframing resources

Confusion around what evidence is

Silo-working

Evidence cannot always be mobilised due to system structures e.g. contracts.

Vested interests

Not just librarians! Must be cross-professional!

How to share

Evidence and evaluation of initiatives/vanguards

Getting fixed on published evidence

How do we use tacit knowledge/pockets of knowledge?

Complexity of developing bodies of evidence

What is evidence?

How to align evidence with decision-making timescales – we need to share as we go

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Too productionist/reductionist – reliance on RCTs. We need to ask not "does it work?" but "how does it contribute?"

Potential duplication

Technology

Juggling organisational priorities

Working across organisations – different points of view

Content available may not meet needs

Access restrictions/copyright

Trust between organisations (sharing)

Organisational change and disruption

What can we do to help?

Exemplar organisations for sharing knowledge

Setting up a list of Library and Knowledge staff with special interest areas to be shared; Could we capture and make available search results in a repository?

Within our own organisations – STEM needs to be seen as important and celebrated

How do we share evidence and get it into practice?

Link up with national resources

Point people towards specialists or expertise i.e. better sharing of knowledge

Getting the right people in the room – representation from the breadth of the system

Getting primary care involved

Systems like KnowledgeShare to share evidence

Gurteen's knowledge cafés

Links to HEIs and additional access to their resources

More people/bigger geography

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Culture change – previous charging for services

Supporting knowledge harvest in organisations and sharing outside

Reduce duplication e.g. developing multiple pathways for frailty

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