Understanding South London's Capacity for Implementation and Improvement Science:
Summary

Prepared for: South London HIN (South London AHSN) and NIHR CLAHRC South London
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ABOUT THE COMMISSIONERS

Collaboration for Leadership in Applied Health Research and Care South London

The Collaboration for Leadership in Applied Health Research and Care (CLAHRC) South London is investigating the best way to make tried and tested treatments and services routinely available. University-based researchers, health professionals, patients and service users are working together to make this happen. The collaborating organisations are Guy's and St Thomas' NHS Foundation Trust, Health Innovation Network (the Academic Health Science Network for South London), King's College Hospital NHS Foundation Trust, King's College London, King's Health Partners, St George's Healthcare NHS Trust, St George's University of London and South London and Maudsley NHS Foundation Trust. The work of the CLAHRC South London is funded for five years (from 1 January 2014) by the National Institute for Health Research, collaborating organisations and local charities. It is 'hosted' by King's College Hospital NHS Foundation Trust. The CLAHRC is also working closely with GPs, local authorities (responsible for public health.)

Health Innovation Network

The Health Innovation Network (HIN) is a membership organisation, driving lasting improvements in patient and population health outcomes by spreading the adoption of innovation into practice across the health system and capitalising on teaching and research strengths. The HINs diverse membership includes all healthcare providers (community, acute, mental health and primary care), commissioners, local authorities and higher education providers. The HINs work programmes are underpinned by strong relationships and collaboration with both patient and industry partners.

As the Academic Health Science Network for South London the HIN has prioritised health challenges for local communities; including diabetes, dementia, musculoskeletal conditions, cancer and alcohol.

Through its programmes, particularly the way the HIN works with partners and member organisations, they align; training and education, clinical research, informatics and innovation to improve patient outcomes and experience. The HINs unique approach and membership encourages strong cross-organisational and sector working using innovative technological tools and solutions to support networking.

FUNDING

Health Education South London

HIGH LEVEL SUMMARY

Background

Implementation Science promotes the integration of research findings and evidence into healthcare policy and practice and offers tools to address blockages that prevent effective implementation of practices that have already been shown to have the capacity to improve healthcare. It is closely allied to Improvement Science, which seeks to determine which improvement strategies work best in relation to improved outcomes, safety and experience in any given environment.

This agenda is a key enabler for improving service user experience, patient safety and outcomes and population health and the work reported here was jointly commissioned by the National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care (CLAHRC), South London and the South London Health Innovation Network (HIN); the Academic Health Science Network to support service improvement through research in South London. In particular the CLAHRC sought to use the findings to develop an innovative MSc in Implementation/Improvement Science due to launch during the 2015/2016 academic year.

What is this report about?

This report describes the education market in the field of Implementation and Improvement Science and the barriers and enablers associated with people accessing and engaging with the education and development opportunities available.

What did we do?

We carried out a review of all University websites across London and of two major online education providers, BMJ Quality and the Institute for Healthcare Improvement, and used generic search engines to check for learning opportunities that may not have been advertised via the University websites. We used relevant search terms associated with Implementation and Improvement Science to identify education opportunities in the field. We recorded publicly available information about the courses and requested verification from the education providers.

In parallel our Steering Group identified key experts in the field who we interviewed to explore the barriers and enablers associated with people accessing and engaging with learning in this area. Our participants identified additional experts who were also interviewed. We used the information we gleaned to identify groups of people that we needed to work with to understand these issues better. We then arranged meetings or teleconferences with these groups to explore the issues with them.

What did we find?

The London Higher Education Institutions (HEIs) with relevant courses numbered 20, and the Open University as a national distance learning HEI was added to that. Of the 21 HEIs included, no courses related to improvement science were identified at 9; the remaining 12 HEIs yielded 49 courses spread fairly evenly across the London geography. We found 11 courses completely focused on improvement and/or innovation but only one course specifically used the term "Improvement Science" in the course title and none used the term "Implementation Science" in the title.

The majority of courses identified are presented at postgraduate level, either as a postgraduate certificate, diploma or master's degree, or as academic credits at this level. 15 courses required registration with a healthcare professions' regulator as a requirement for admission.

19 short courses were identified, which strongly focused on implementation and improvement and these were largely available through online providers. One referred specifically to "Improvement Science" in the title and another, a "masterclass" provided by the NIHR CLAHRC South London, referred to "Implementation Science" in the title. These courses were accredited for Continuing Professional Development. 11 relevant fellowships were identified only one of which was open to people without registration with a healthcare professions' regulator.

There are clearly opportunities to study in the field but largely at postgraduate level and with many more opportunities for those who are registered with a healthcare professions' regulator. The terms "Implementation Science" and "Improvement Science" are not commonly used even where the course content reflects these sciences closely.

Through the qualitative analysis we gleaned information about how to promote Implementation and Improvement Science and how to market courses in the field as well as direction on content, approaches to delivery and how to sustain capacity.

There was interest in the field from clinicians, managers, commissioners, healthcare scientists and social scientists and service-users. Healthcare and social scientists with useful research findings to offer thought that an understanding of the field could help them in their struggles to achieve traction when trying to get their research findings implemented.

Clinicians tended to have a different focus and valued the way that Implementation and Improvement Science drew together practitioners from different disciplines and different parts of the healthcare system alongside service users. There was interest in supporting different stakeholders

to learn together and in particular in giving people the chance to work alongside board members in order to understand the drivers that influence their decisions and to give board members greater insight into issues on the ground.

Middle managers were interested in what Implementation and Improvement Science might offer them in successfully negotiating organisational, local and national initiatives whilst responding to concerns raised by team members on the ground about service standards and safety. Commissioners valued the tools of Implementation and Improvement Science in supporting them to use commissioning to leverage change and improvement, although service provider staff felt that commissioners often misunderstood improvement focusing instead on performance management. Service users who had studied in the field found the tools and techniques empowering and valued learning alongside health and social care practitioners and managers who helped them develop greater insight into the complexities of the health and social care system as a whole.

All these groups had concerns about difficulties gaining funding and protected time to develop the skills and practical know how for improvement and after this to actually do improvement work on an ongoing basis.

With regard to terminology, researchers related easily to the notion of "Implementation Science" giving them insights into the best way to get their research into practice. However service provider staff and service users related more to talking about "Improvement Science" or the practical know-how for service improvement.

There was a clear need across all stakeholder groups for leadership and practical skills to make service improvement a reality. Participants valued learning in and through practice rather than learning about tools and processes in an academic sense. Linked to this, strong, sustainable mentorship was considered critical to help people develop the leadership skills for improvement. There was interest in how a sustainable pool of mentors could be developed and maintained given the significant work pressures already experience by successful improvers.

There was also considerable scepticism and participants were keen to de-politicise the field, calling for honesty and transparency about the effect sizes seen as a result of specific initiatives. Allied with this, participants wanted better measurement skills and a broader understanding of how to evaluate improvement techniques using qualitative and well as quantitative approaches.

Finally there was very wide-ranging interest in partnership and collaboration to enhance capacity for Implementation and Improvement Science. Co-production of educational initiatives was considered

valuable and participants were very keen to involve service-users in this work also stressing the importance of collaboration to open up learning environments for non-clinical people wishing to study in the field. Technological partnerships were valued to support e-learning, m-learning, communities of practice and open access to materials and expertise via Massive Open Online Courses.

Partnership to support a strong alumni network joining up graduates from different courses and fellowship programmes was also suggested.

The partnerships facilitated by the National Institute for Health Research were valued in relation to Clinical Academic Careers and there was interest in developing these partnerships to evolve this work to emphasise implementation and improvement to a greater degree.

What practical significance do the findings have?

Our findings suggest a number of considerations in relation to the development of a Master's programme in Implementation/Improvement Science and some suggestions for other educational initiatives that should be further explored in the next stage of this work.

The following considerations are relevant to marketing, content development and approaches to delivery of a programme at Master's level.

1. There is evidence that the programme would be relevant to the following groups healthcare professionals (in practice and academia), service-users, healthcare researchers and social researchers and managers from both provider and commissioning organisations. It will be important to recruit for diversity to support learning across disciplines but also to recruit for long-term commitment and potential to succeed.
2. The end goal of improved quality, safety, outcomes and population health draws all the target groups together and it will be important to consider how this is played into the way the programme is promoted.
3. It is likely to be helpful to involve all the target groups listed above in identifying a helpful title for the programme and to help develop selection criteria.
4. Consider how to facilitate access to practice learning opportunities for students who do not come from healthcare practice roles.
5. Time to learn and funding are both limited and this creates a strong case for ensuring that all modules can stand-alone. It is likely to be helpful to show how modules relate to each other so that potential students can "pick and mix" more effectively.

6. Offer modules with a highly practical emphasis that could enable students from different fields of practice to tackle specific challenges in their workplace.
7. Embed visits to centres of excellence into the programme and consider filming interactions between your students and successful implementers and improvers to create materials that can be made available more widely via a web portal or MOOC.
8. Facilitate the development of Action Learning Sets for all students on the programme, bringing together people from diverse backgrounds to share their expertise and experience.
9. Consider developing a partnership with the Leadership Academy enabling your students to learn alongside and from people in executive roles as part of the leadership element of the course.
10. Include practical influencing skills, stakeholder engagement work and learning around building personal resilience in the leadership element of the course.
11. Offer innovative and inspiring teaching around measurement and evaluation embracing qualitative as well as quantitative approaches.
12. Consider collaborating with the Clinical Human Factors Group to produce case studies for mutual benefit and an expert teaching resource.
13. Recruit a wide pool of potential mentors from different professions and with experience of different service environments.
14. Ensure that all potential mentors can demonstrate significant success with implementation/improvement in practice.
15. Incentivise mentors to ensure that they commit adequate time to the students.
16. Consider offering an optional internship period at the end of the Master's programme, allowing students extended time to learn from successful implementers/improvers in the field.
17. Facilitate a collaborative alumni network with other organisations offering courses and fellowships in the field.

In terms of wider educational initiatives our findings would suggest that there is benefit in exploring the following:

1. A pilot programme with an apprenticeship provider to enhance the foundations for improvement work in the bands 1-4 workforce.
2. Developing bite size learning around implementation and improvement that could be delivered via a smart-phone "App."
3. A pilot programme aimed at enhancing understanding of and commitment to improvement through induction.

4. A specific short course for commissioners aimed at shifting the emphasis from performance management to quality improvement.
5. Collaboration with the London Leadership Academy to enhance board development in relation to Implementation and Improvement Science.
6. A specific short course for non-clinical managers to enable them to effectively work between Boards and clinicians around improvement
7. Commissioning specific "action learning" to bring together service providers with a quality or safety challenge and researchers with a potential solution.
8. Consider funding additional fellowships in the field to build capacity and expertise.
9. Innovative approaches to disseminating information about learning opportunities relevant to the field of implementation and improvement.

Next steps

The findings will be used to inform the development of the NIHR CLAHRC South London's MSc in Implementation/Improvement Science.

In addition further work is planned to support the MSc by tackling some the challenges highlighted by the work specifically around funding and sponsorship, developing and maintaining a strong and effective mentorship pool and attracting and recruiting high caliber candidates from healthcare and social sciences.

More broadly, plans will be developed to support those "working in the middle" to drive and enable improvement work in their services and the findings will be specifically applied and reviewed in relation to patient safety in order to support the work of the South London Patient Safety Collaborative which is co-ordinated by the Health Innovation Network.

ACKNOWLEDGEMENTS

What Matters Cubed

Using expertise from more than 20 years experience in healthcare and education What Matters Cubed seeks to improve and join up services funded by public money in order to enhance health and well-being for individuals and communities.

Faculty of Health Social Care and Education

The Faculty of Health, Social Care and Education is a unique partnership between Kingston University and St George's University of London. The Faculty has a strong reputation for partnership working with local health and social care service providers and offers undergraduate and postgraduate courses in nursing, midwifery, education, paramedic science, radiography, rehabilitation science and social work as well as a National Institute for Health Research funded MRes programme for health professionals and a range of continuing personal and professional development courses.