Making LKS business critical

Anne Gray

Housekeeping

- Fire alarm

- Toilets

- Refreshments

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Welcome

Objectives for the day:

- To upskill LKS staff to provide evidence support for the business needs of their NHS trust/region.

- To generate ideas for collaborative resources to support LKS knowledge services to NHS managers/commissioners

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Becoming Business Critical….

HLG conference 2016

Library and Knowledge Services

NHS
Health Education England

Healthcare library and knowledge services are a powerhouse for education, lifelong learning, research and evidence-based practice.

Our ambition is to extend this role so that healthcare knowledge services become business-critical instruments of informed decisions making and innovation.

Professor Ian Cumming
- Knowledge for Healthcare Development Framework

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Outline for the day

- Introductions
- Know your customer – Becoming business critical
  - Your local representative
  - *What is happening in your patch?*
- What the research says
- The plurality of evidence
  - *Looking at the evidence*
- Mobilising the evidence - synthesis and packaging
  - *Reports for managers*
- What next?
  - *Ongoing support for LKS*

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Know your customer

- **Where do you fit?** - NHS England region, HEE region, STP footprint, AHSN, CCGs, LAs, partners
- **Specialist activity-** surgical/medical, Vanguards
- **Benchmarking** - CQC RAG rating, MyNHS, £
- **Public view** - awards, media, reconfiguration activity

The business of health

Figure 2: A complicated accountability map

[Health Foundation 2016]
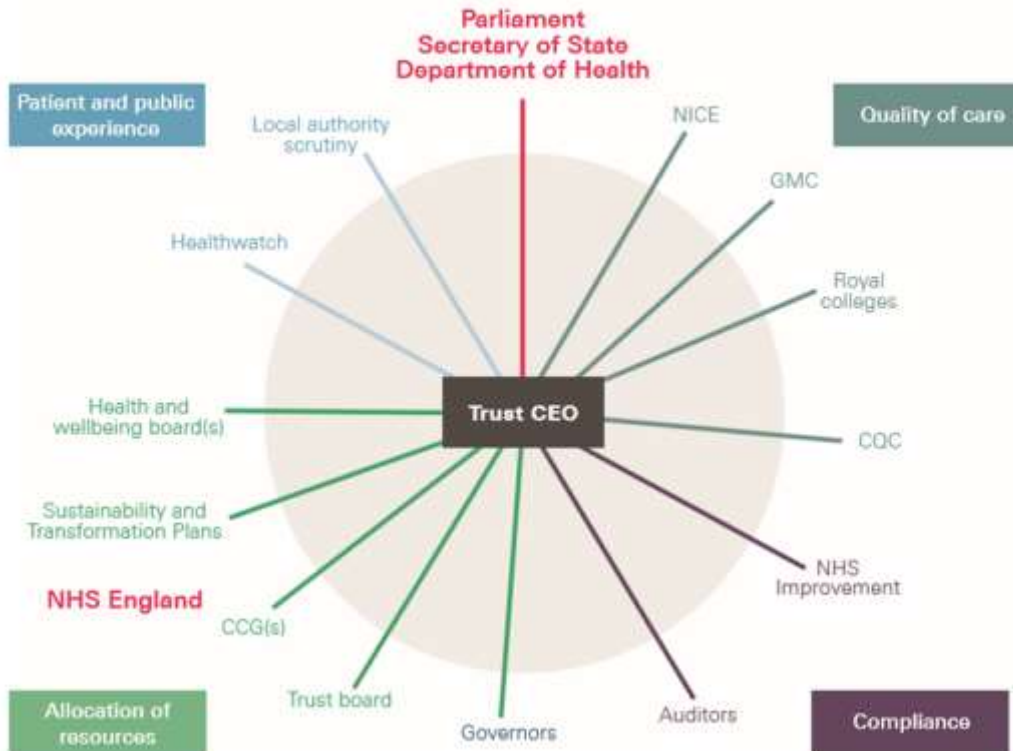
What is business critical?

– 17 overarching policies

– NHS England mandate 2016/17

- Objectives - reducing inequalities; improving quality of care; balance the books; prevention; meet core standards of care; improving out of hospital care; support research, innovation and growth

What is business critical?

- Sustainability and Transformation Plans (STPs)
- Five year Forward View
- Seven day NHS
- NHS Operational Planning and Contracting Guidance 2017-19 (9 "must dos")
- Lead Provider Framework
- NHS Safety Thermometer
- Carter review
- Francis Report

….Your trust

Who is in the Boardroom?

Item 1 2 NHSEngland board meeting Sept 2016

- Chief Executive
- Finance Director
- Director of Nursing & Quality
- Corporate teams
- Service managers
- Transformation leads
- Commissioners
- NEDs
- Clinicians
- Patient & Public representatives

For today these are MANAGERS

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Know your customer

- What is business critical in your trust?
- Understand national and local drivers
- Speak the language
- → Provide a tailored service

Rather than merely searching for relevant articles, Anne reflected on the problem areas, searched for evidence of a range of successful interventions achieved elsewhere and provided a new measurable solutions for the CCG to adopt. This saved me time and added real value and a new angle of approach. CCG Director

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What is happening in your area?

- Your local representative

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What is happening in your area?

- Practical - Look for local activity
  - HSJ
    - login as annegray39a@yahoo.com ; PW: Oxford
    - Find your organisation https://www.hsj.co.uk/hsj-local
  - Trust board papers
    - search via google advanced search

  Save useful material in a Word file

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What the research says

Research around managers behaviours

- – What they need

- – Where they look

- – Resources they use

- – How they use evidence

Virtually all managers see information use as important [Edwards 2013]
Commissioners appear to be well intentioned but ad hoc users of research [Wilson 2017]

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Evidence based decision making

"For commissioners, the word 'evidence' often meant any source of information other than personal experience and anecdotes." [Wye 2015a]

'Evidence-based policy-making' usually meant pragmatic selection of 'evidence' such as best practice guidance, clinicians' and users' views of services and innovations from elsewhere. " [Wye 2014]

Managers' evidence needs

Global 'evidence'

- Standardised information produced nationally (e.g. secondary and primary care data, benchmarking data)
- Intelligence produced through scientific procedures (e.g. Public Health data, needs assessment)
- Clinical practice standards (e.g. NICE guidelines, research papers)
- "Models of care" and whole care pathways
- Monitoring indicators

Local 'evidence'

- Local knowledge and competences
- User needs/ attitudes/lifestyles
- Financial information
- Feedback from knowledgeable colleagues
- Narratives/examples of best practice
- Business case supporting information
- Contracting models
- Monitoring indicators

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[Swan 2012]

Managers' evidence questions

- How can we improve this service/pathway?
- What does "good" look like?
- How have others done it?
- Outcomes – intelligence / KPIs
- Can we reduce the cost?
- How do we compare with others - benchmarking
- New models of care
- What is the government saying?
- Keep me up to date

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Searching habits

- Difficult to find commissioning/management evidence either through lack of time, information overload, or not knowing where to find it.
- Commissioners look for themselves or rely on colleagues
- Like email discussion lists & alerts
- NHS sources are constantly changing and confusing (want a "one stop shop")
- Don't ask the library unless they have had previous contact
- Library staff also found it difficult

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Where do managers look?

Commissioners regularly accessed information through five main conduits:

- interpersonal relationships;
- people placement (embedded staff);
- governance (e.g. Department of Health directives);
- 'copy, adapt and paste' (e.g. best practice elsewhere); and
- product deployment (e.g. software tools).

[Wye 2015]

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Where do managers look?

The five most frequently used sources (weekly/daily)
- views/experiences of colleagues
- search engines
- front-line staff
- NHS websites
- email discussion lists and alerts

[Edwards 2013]

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CEOs/Execs/Non-Execs:

- Meetings with colleagues (90%)
- Internal Management information (82%)
- NHS websites (85%)
- Official National Publications (67%)
- Internal Trust management consultancy/service development/ transformation teams (62%)
- Professional journals/magazines/ websites (59%) *(HSJ 62%)*
- Academic books/ journals (28%)
- Librarians/Info Specialists (21%)

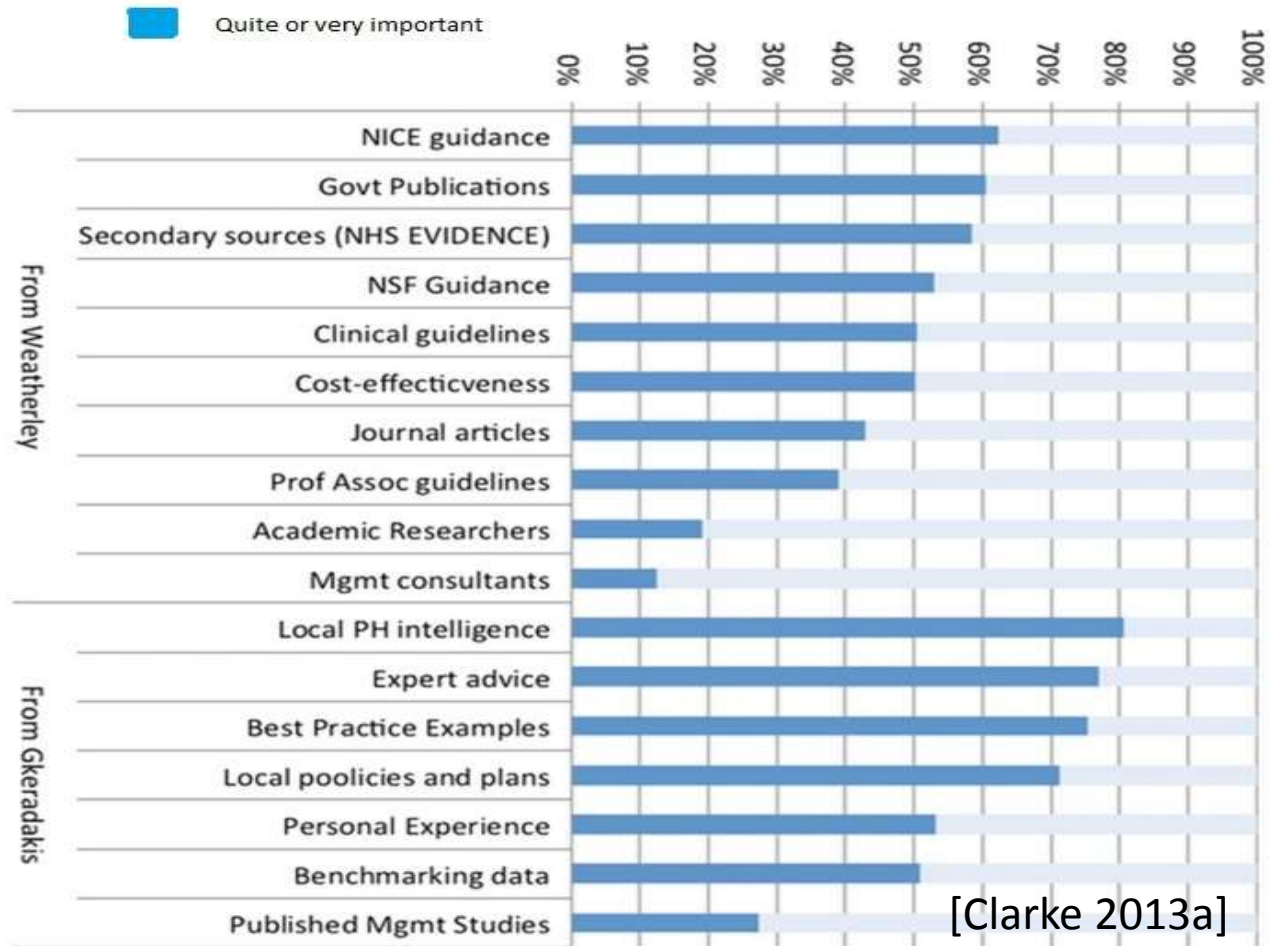**Transformation/ Change/ Service Development Managers:**

- NHS websites (90%)
- Internal Management Information (64%)
- Internal Trust management / consultancy/ service devt / transformation teams (57%)
- Official national publications (50%)
- Academic books/journals (31%)

[Edwards 2013]

Accessed on a daily or weekly basis

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Commissioners

[Clarke 2013a]

Using the evidence

- CEOs seek information and use knowledge all the time, for three main purposes:
  - making decisions
  - accounting for decisions already made
  - making sense

<div align="right">[Nicolini 2014]</div>

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Using the evidence

"Evidence is context-dependent – "**Local processes** and professional and microsystem considerations played a significant role in adoption and implementation"

"**evidence is not 'taken up' in practice**…Rather, it is co-produced…and becomes a prosthetic device that equips managers, and other actors, in their pursuit of decisions and practical ends… evidence becomes meaningful as a tool for knowing in practice."

"Evidence was **continuously interpreted and (re)constructed** by professional identity, organisational role, team membership, audience and organisational goals."

[Swann 2012, Kyratsis 2014]

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A bumpy ride
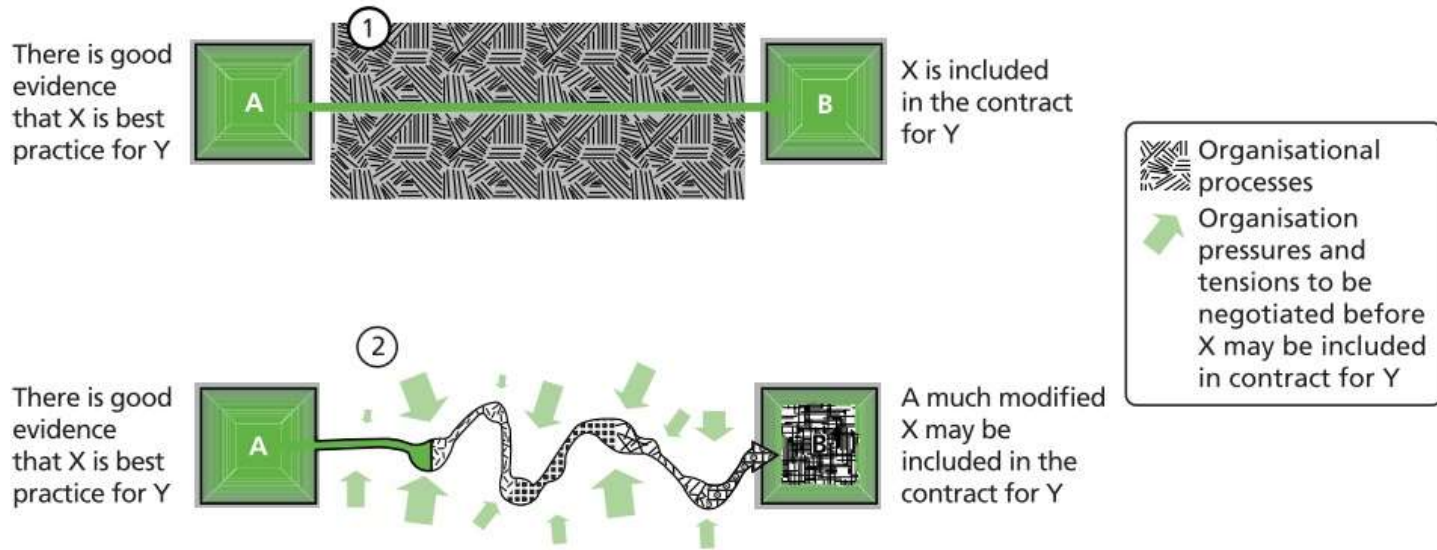
FIGURE 4 Commissioning as satisficing: (1) the naive view and (2) the view suggested by our data.

[Wye et al. 2015]

Evidence briefings – do they help commissioners?

Impact of bespoke evidence briefings to CCG commissioners to support their decision m___ around service development.

- Requests not directly li_____ ___sks
- Little traceabilit_____ ___ugh process
- Briefin_____ ___ attitude to using research
- Brie_____ 3 months to produce

"somebody needs to be around or 'in the room' when ideas first germinate, to spot the potential catalysts to research use and to question what is the evidence for this?"

"commissioners are not well served by the local knowledge infrastructure"

[Wilson et al 2017]

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Further reading
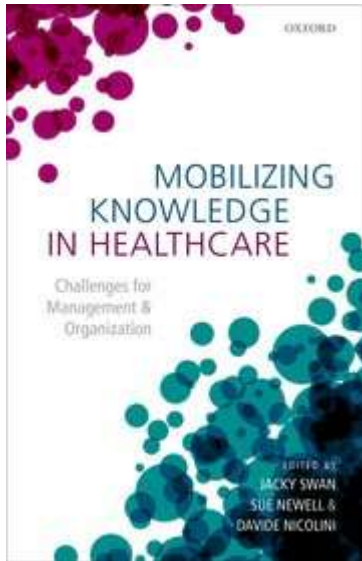
Mobilizing Knowledge in Healthcare: Challenges for Management and Organization
Edited by Jacky Swan, Sue Newell, and Davide Nicolini
Oxford University Press 2016, ISBN: 9780198738237
An examination of how knowledge is circulated and negotiated among those involved in healthcare, and how it is used to actually transform practice

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Learning from the research

- A different understanding of "evidence" – internal and external

- Managers want high quality "evidence" but there is too much of it, it is difficult to access and takes too long

- What is happening locally is key

- Colleague/team discussions are critical to decision making – "in the room"

- Evidence is reconstructed as part of the decision making process

- Will use local library services with encouragement

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Librarians and knowledge managers as knowledge mobilizers

- "very heavy use of services by some managers who had established close working relationships with their librarians. However, libraries are often seen primarily as repositories of clinical or research based information."

- "Being set apart from the organisation (physically or in terms of involvement in organisational processes) may impede [librarians'] ability to be more proactive in the services they offer to managers."

- "generic technical search skills, while useful, do not guide users to management sources or assist them in critically evaluating the usefulness of the information found"

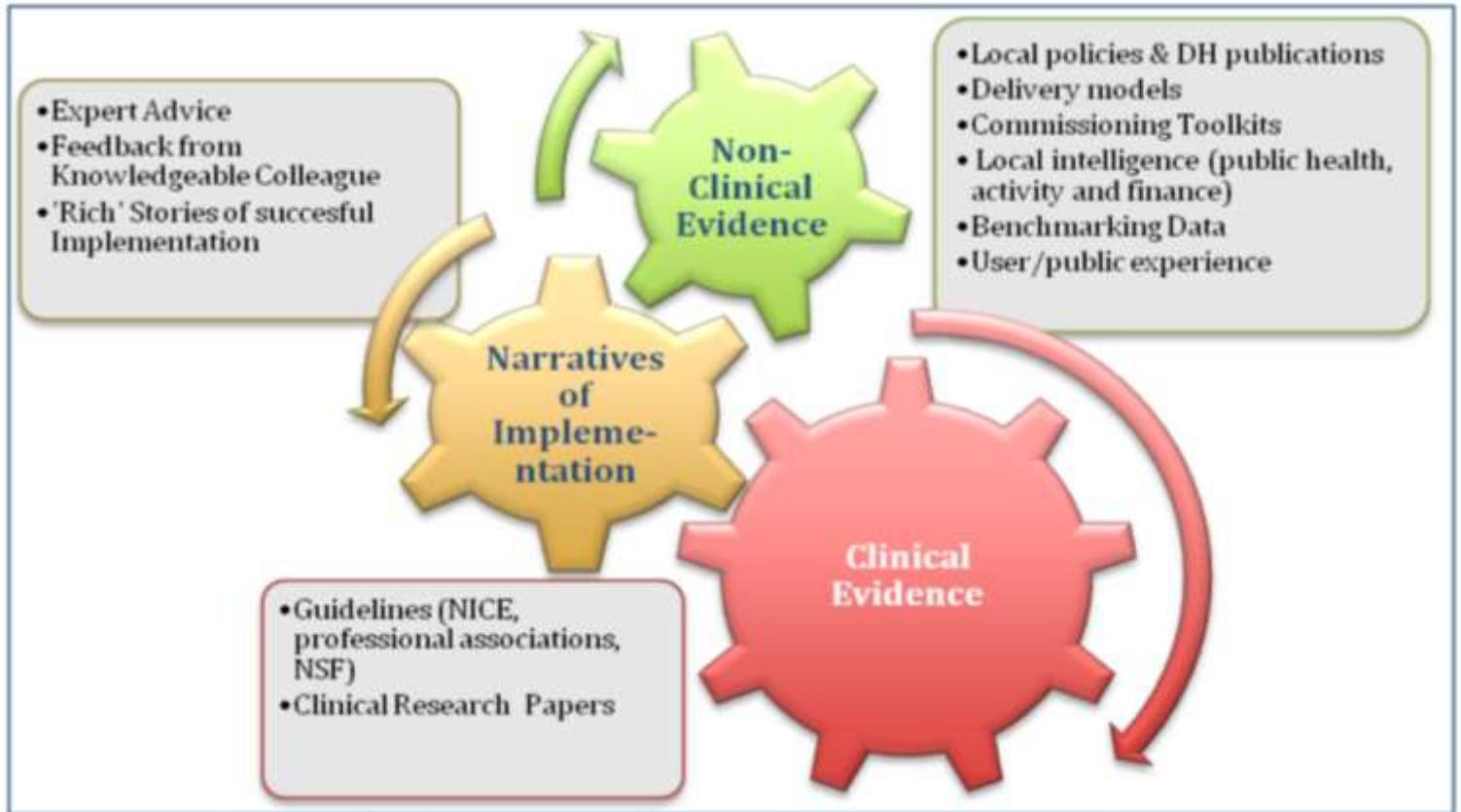[Edwards 2013]

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Implications for LKS offers

- Relationship with clients
- Different type of evidence
- Targeted, tailored services
- Speed of response
- New synthesis and presentation styles to meet business needs

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Any questions?

A "plurality" of sources

- Expert Advice
- Feedback from Knowledgeable Colleague
- 'Rich' Stories of succesful Implementation

Non-Clinical Evidence

- Local policies & DH publications
- Delivery models
- Commissioning Toolkits
- Local intelligence (public health, activity and finance)
- Benchmarking Data
- User/public experience

Narratives of Impleme-ntation

- Guidelines (NICE, professional associations, NSF)
- Clinical Research Papers

Clinical Evidence

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[Swan 2012]

Sourcing the evidence

Health Serv Deliv Res
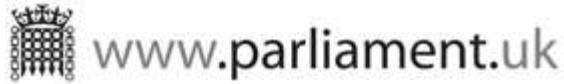
Knowledge@lerts Sept-Oct 2016

- 42 NHS England / NHS Improvement /DH /PHE / NHS Digital
- 26 "Expert" groups (Kings Fund, Nuffield Trust, Health Foundation, University of York, LGA)
- 14 Clinical peer groups (Royal Colleges, Diabetes UK, ASHNs)
- 11 Implementation stories (CCG board papers, magazines)
- 10 Academic research (journals, EPPI, NIHR)
- 10 Intelligence/benchmarking
- 8 Guidelines/standards (NICE,CQC,NHS I, HQIP)
- 3 Patient groups

[8 weekly bulletins]

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Health Management Bulletin Oct-Nov 2016

- 46 Intelligence / benchmarking bulletins
- 42 "Expert" groups (Kings Fund, Nuffield Trust, Health Foundation, University of York, LGA)
- 28 NHS England / NHS I /DH /PHE/ NHS Digital /
- 25 Clinical peer groups (Royal Colleges, Diabetes UK, ASHNs)
- 13 Guidelines/standards (NICE,CQC,NHS I, HQIP)
- 6 Academic research (journals, EPPI, NIHR)
- 6 Patient groups
- 3 Implementation stories (CCG board papers, magazines)

[3 biweekly bulletins]

http://cash.libraryservices.nhs.uk/cash-service/health-functions-and-management/overview/

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Evidence use in commissioning: Tools

EvidenceWorks: a toolkit to support commissioning across the West of England

Avon Primary Care Research Collaborative

http://www.nhsevidencetoolkit.net/

"For those new to finding and using evidence or needing a refresher, the toolkit offers a useful starting point, to help find and access the most relevant evidence and signpost you to more information and specialist help, should you need it."

Evidence use in commissioning: Tools

Evidence Use in Healthcare Commissioning

Warwick Business School

http://www2.warwick.ac.uk/fac/soc/wbs/research/ikon/commissioning/

- overview of the work of CCGs
- self-assessment tool - helping commissioners understand and plan evidence use

.

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Look at the resources

Workshop wiki

http://annegraylksworkshop.pbworks.com

Use some of the resources on the <u>Useful Links</u> page to answer your question.

Try the Tools on the <u>Key Research & Tools</u> page.

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Mobilising the evidence

I like reports, presentations and easy read data.

I get frustrated …

…if there is no exec summary/findings up front.

…if the report is not really getting to the point quickly.

It can lay the findings behind this, but tell me quickly what's the purpose, outcomes.

CCG commissioner

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Presenting the evidence

A few pointers

↓

Structured report

↓

Full analysis and synopsis of results

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What to think about

Bullet points ➡ Summary ➡ Sources

- Don't lose the locality detail
- Document where you looked
- Don't go beyond your competence
- Ensure people can link to the original evidence *easily*
- Client deadline
- How long did it take? – tell the client

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Practical exercise

- Look at the examples available - both published and from other LKS
  - Consider what you think is useful/ not so useful about each
- Reformat your earlier work

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Supporting LKS going forward

- Networking
- Buddying
- Handbook of useful resources
- Alerting services
- Sharing searches
  - What else?

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