Institution: Edge Hill University

Unit of Assessment: 3 - Allied Health Professions, Dentistry, Nursing and Pharmacy

a. Context

Programmatic research within the Faculty of Health and Social Care (FOHSC) is led by the Evidence-based Practice Research Centre (EPRC) launched in 2007, with the overall aim of informing the evidence base of professional practice. Our research focuses on two themes of work: a) Supporting Care and b) Improving Professional Practice through Education. There are two main audiences for our research: firstly care and service users; secondly professional health and social care providers including policy advisors, research commissioners and the voluntary sector. The overall goal is to translate our findings to impact on clinical care, thereby making a difference to policies, guidelines, service development and ultimately to improve the health and wellbeing of all. The impact strategy ensures our research has a wide reach and significance therefore contributing to meeting 'society's grand challenges' such as the ageing population and the increasing prevalence of long term conditions locally, nationally and internationally.

b. Approach to impact

Our overall goal during 2008-13 has been to achieve a stronger flow of work in a virtuous cycle of practice-informed research and research-informed practice and policy. To this end our approach has been realised by the consolidation of our themes into areas of strength. Proactive engagement with the beneficiaries of our research has ensured alignment with their strategic priorities and therefore helped to maximise long term impact. A philosophy of co–production of the impact of our research has developed from previous research success and has enabled us to refine our strategic approaches. We have tailored our impact to the different beneficiaries including: heightening awareness of projects; securing the commitment of a defined group of stakeholders and finally the influence of our research on policy makers. Our relationships with key **stakeholders** have been embraced within our strategy and include horizon scanning to identify issues emerging over the medium and long term as well as the opportunity for effective engagement in the short term. Examples of these relationships include membership of working groups such as the Royal College of Child Health and Paediatrics on neonate oxygen therapy and the National Council for Palliative Care (NCPC) working group to revisit the Minimum Data Set (MDS) in 2013. Additional engagement includes non-Executive NHS Trust Board Directorship, Governors of local NHS Trusts, Hospice Trustees and executive members of Boards of voluntary bodies such as Crossroads (The Princess Royal Trust for Carers). Securing this stakeholder commitment has proved vital to maximising impact and has been central to the design of our projects. For example, the adoption of a participatory research approach in the MDS case study impacted on its use, and ensured a tool fit for purpose.

Patient and Public Involvement (PPI) and Service Users: the development of a Faculty PPI strategy adhering to the INVOLVE guidance (REF 5) has provided us with a range of local service users to involve in projects, augmented with additional user involvement for specialised projects. Service user inclusion is considered at project conception. Additionally we have maximised opportunities to work with established groups; for example, by engaging with patients and their families from Claire House Children's Hospice service user forum. Where appropriate we have adopted a longitudinal dissemination strategy which has included: regular project updates to individual participants, carers' centres and health and social care professionals. This was invaluable in the Research for Patient Benefit (RfPB) funded CAT study for increasing access to participants in the pilot phase. Additionally, the research programme underpinning one of our case studies derived from consultation with a patient led user group Face to Face (Head and Neck Cancer Support Group). Its findings have positively impacted on changing clinical practice with the development of the Patient Concerns Inventory (PCI). Also our developing research around Autistic Spectrum Condition (ASC) has been generated by parents and carers using a forum approach which identified issues to be researched. This ensured the research we have undertaken has pertinence to users and with direct impacts on carers and families. All staff are encouraged to maximise opportunities to develop contacts with different groups of stakeholders. For example, Roe's recent evaluation of an arts and health programme for older people in the community enabled further links in the emerging stream of work with key stakeholders, developing interventions both for dementia and the ageing population.

Encouraging, supporting and enabling staff to engage with research users: to enhance an

environment conducive to realising impact we have delivered training for early career researchers on maximising goal orientated engagements with networks to develop collaborative partnerships. Support to develop project dissemination and impact planning was provided. Additionally the University has supported activities, for example, funding regular public lecture series (Child Health Series delivered by Professor Tanya Byron) and provided podcasts aiding wider dissemination. Close liaison with our press office (including media training) and stakeholder organisations (for example local hospices and NHS Trusts) in developing a sustained approach to raising public awareness of projects and their findings was undertaken. This targeted approach has showed success with invitations for presentations of the CAT project and PCI on local radio. Our approach to incentivising impact–generating behaviour has been underpinned by the University criterion for assessing research performance and informing FOHSC strategic decision-making, including staffing and strategic appointments. Individual annual and five year research plans monitored through staff appraisals has identified appropriate mentoring (University and Faculty mentorship programme), staff development and pumping prime internal funding for early career researchers.

Tailoring dissemination to the needs of users: we ensure that findings are accessible in terms of location, format and language. For example journals with high citation indexes are targeted, but the importance of publication in practitioner-orientated journals has been embraced. For example, research conducted by Jinks was published in the Journal of Further and Higher Education. The findings were also published in the more practitioner-orientated publication of the Nursing Standard which has a circulation of around 70,000 per issue. We have used Open Access journals to expedite the publication to enable our findings to reach a wider audience including resource poor countries. All reports have succinct abstracts which include key findings and a lay person summary (prepared in conjunction with our PPI partners). Recently we have adopted a visual approach to dissemination, with the development of posters for the lay audience and participants of the key findings. For example we produced a poster for display in the Care Home setting of the study's key findings of the Six Steps to Success Training Programme, which proved to be popular and cost effective. With collaborative projects we agree the responsibilities of research partners such as NHS Trusts and other statutory and voluntary bodies in the project's impact plan to maximise effect. Newsletters to stakeholders (paper, electronic) and social media (EPRC Facebook, Twitter, YouTube) are also used. We facilitate workshops and research seminars for practitioners and service users to share our research findings.

Monitoring project impacts: monitoring and recording all research project outputs including journal and conference papers, contributions to textbooks, teaching materials, and on-line reports are undertaken. We monitor changes in clinical practice guidelines such as: NHS Trust and NGO policies, NICE guidelines and Cochrane reviews. Additionally we collect direct evidence of improved patient and carer experiences using patient and carer testimonials (e.g. Bray's Clinical Holding study). Ongoing monitoring is undertaken by the research team with the support of the EPRC administrator. For our emerging international work, approaches included ensuring local monitoring and recording at source. For example the work with Hospice Africa, the monitoring of the patients prescribed morphine by nurses continues to be routinely collected.

Imparting our research findings through curriculum development and teaching/learning activities: for example, in collaboration with Health Education North West (Mersey Deanery) we investigated the experiences of newly appointed Consultants (Brown and Shaw). Results demonstrated the lack of preparation for management and leadership responsibilities which led to the establishment of a new leadership curriculum in partnership with FOHSC and the Royal College of Physicians for all Specialist Registrars in the region.

Engaging with policymakers: we have adopted a pragmatic approach to **influencing policy** building upon our success to date. This includes, for example, our involvement with the Cochrane Collaboration where Roe is a founding editor/member of the Incontinence Review Group. Additionally, informing national clinical guidelines development is demonstrated by Shaw, a member of the Royal College of Paediatrics emergency oxygen guidelines working group. A further example of this was the development of the Oxford Handbook of Nursing Older People (edited by Jinks et al. 2009) providing readily available guidance for clinical staff.

c. Strategy and plans

Our strategy and plans build upon our public engagement with service users as part of our maturing PPI strategy and to enhance our ongoing consultation with stakeholders and collaborative partners. Our impact strategy is informed by full engagement with our research beneficiaries including ongoing future scanning to identify research questions. We have clearly planned pathways to impact from project conception to dissemination and uptake. This can be exemplified in our research focusing on accessing dental services for children with ASC who often experience heightened sensory issues. The strategic aim of this project is to be responsive and address concerns raised by stakeholders. Future plans, supported by our strategy, are the provision of advice and guidelines for parents, carers and professionals and to inform those designing the dental curriculum.

Similarly, fostering our current partnerships and seeking further collaborative opportunities as the Faculty portfolio widens and diversifies into the applied health and social care arena nationally and internationally, is endorsed as a priority. These relationships will be marked by shared agendas, shared resources and collaborative bidding for resources, joint management of projects and programmes with well-defined impact objectives for projects. This includes maximising opportunities for enhancing academic clinical career pathways with joint appointments / secondments with local health providers.

Shaping and drawing on institutional support: underpinning our strategy is the priority of cultivating our environment conducive to realising impact including staff development and impact monitoring. The University’s internal research fund provides financial support for researchers with projects that have the potential to generate a range of impact-based outcomes (from relationship development, events and dissemination costs through to match-funding a range of development costs alongside users). The Research and Enterprise Support Office (RESO) and Faculty business development staff support researchers to develop a wide range of collaborative projects. We will work with RESO to develop tailored guidance to staff to help them effectively engage with external organisations. The University’s Research Capacity Building programme (based on the Researcher Development Framework), provides modules on effective networking and external engagement. An internal University Impact conference will be used to raise awareness of good practice, funding for Impact activities and engagement with service users.

This will be supported by the recent establishment by the University of two research institutes. The Post Graduate Medical Institute builds upon our educational links with clinical partners bringing together a multi-professional group of researchers from across the University and clinical partners. The Institute for Public Policy and Professional Practice focuses on enabling cross-faculty work and external collaborative partnerships, examining changes in social policy on professional practice, in health, social care and education. The embedding and maturing of this strategy, will help us to effectively contribute to producing research that realises impact to ensure we are going some way to meeting some of ‘society’s grand challenges’ particularly with the ageing population and the prevalence of long term conditions.

d. Relationship to case studies

Both case studies exemplify our approach to engagement and working in partnership with the beneficiaries of our research and maintaining long term relationships. Implicit to the case studies is the experience of the researchers within their subject areas.

Rogers is a head and neck cancer surgeon with over 25 years of clinical experience, employed in the EPRC to undertake research within his specialist field. His work on the Patient Concerns Inventory (PCI) exemplifies our commitment to work closely with user groups (clinicians, patients and their carers). This case study exemplifies our proactive approach in consulting with service users at all stages of the research process (from problem and research question identification onwards) and its future impact on informing practice. This programme of work has informed the development of our impact strategy, specifically our plans to work with and support practitioner-researchers through appointments and secondments.

Jack’s work on the MDS for Specialist Palliative Care Services was informed by her 20 years of experience within palliative care research. As Chair of the Palliative Care Research Society she closely engages with palliative care policy makers. She was invited to work on the revision of the MDS by the Marie Curie Palliative Care Institute Liverpool in association with the NCPC and worked with a broad range of stakeholders. This study demonstrates how our approach to impact has been informed by our strategic engagement with local and national policymakers.