Institution: THE UNIVERSITY OF MANCHESTER

Unit of Assessment: A2 - Public Health, Health Services and Primary Care

a. Context

Research in primary care, health services and public health aims to inform national/international healthcare policy and practice, leading to improved quality of care for patients.

The key audiences for this research are:

- Healthcare policy makers in national government departments and agencies;
- Healthcare provider organisations.

The key beneficiaries of the research are:

- Patients – who receive improved quality of care and experience of care;
- Payers – who fund healthcare systems (notably taxpayers in state-funded healthcare systems such as that in the UK and across the European Union).

b. Approach to impact

We work to ensure our research delivers maximum benefit for policy makers and patients in three ways:

1. Engagement with research customers in the design of the research

   Principal Investigators engage with research customers at an early stage to discuss research objectives, design and outputs before finalising project plans. For researchers, this deepens understanding of how customers hope to use research findings to inform decision-making, and hence what type and quality of evidence is required. For customers, this deepens understanding of research value and limitations, and the potential trade-offs between research cost and the quality of evidence produced. Effective information exchange of this kind maximises the likelihood that the commissioned research will impact on health policy/practice as it is tailored to the specific needs and concerns of the decision-makers.

   Evidence:

   - **Sutton** and **Sibbald** worked with policy customers in the Department of Health (Armstrong & others) to define the contents of the National GP Job Satisfaction Surveys of 2008, 2010, 2012. The surveys are commissioned by the Department of Health from the National Primary Care Research and Development Centre (now the Centre for Primary Care) to obtain information about GP job satisfaction, working conditions and response to policy reforms. The information is used in various ways by decision-makers; for example, it informs GP pay agreements between the NHS and British Medical Association.
   - **Checkland** and **Coleman** worked with policy customers in the Department of Health to agree the objectives and design of research into the abolition of Primary Care Trusts and the introduction of Clinical Commissioning Groups in England. The research was commissioned by the Department of Health from the Health Policy, Politics and Organisation Group (HiPPO) in the Centre for Primary Care which co-leads the Department of Health Policy Research Unit in Commissioning and the Healthcare System (PRUComm). Findings from the research are used by the Department of Health and NHS to guide the development of commissioning reforms.

2. Engagement with patients

   Patient and public involvement (PPI) is integral to our research. It helps to ensure that our research objectives address matters of concern to patients, that the methods of investigation are feasible and acceptable to patients, and that the recommendations arising from the research are valuable to patients. This in turn facilitates uptake of the recommendations arising from the research into policy and practice because the innovations in care are tailored to patients' needs and preferences.

Evidence:

- The Centre for Primary Care hosts the Primary Care Research in Manchester Engagement Resource (PRIMER) patient group which works with researchers to ensure there is adequate patient and public involvement in research and assists in the design and delivery of all research projects;
- NIHR Greater Manchester Primary Care Patient Safety Translational Research Centre (PSTRC) led by us, gives10% of its budget to PPI;
- The MRC/RCUK Health eResearch Centre (HeRC), led by us, has a specialised programme of research into patient coproduction of care (CoOP);
- NIHR Collaboration for Leadership in Applied Health Research and Care (CLAHRC) for Greater Manchester, led by us, has patient advisory groups in each of its 4 programmes of research and implementation, together with two lay representatives on its governing board. Patients are co-producers of the research, alongside academics, in the CLAHRC's "Patients" research programme;
- Manchester Academic Health Science Centre (MAHSC) – has established a "Citizen Scientist" programme, led by us, that enables members of the public to find and join clinical research studies of personal relevance and value.

3. Effective dissemination of research findings

We tailor the form (written, oral, web-based) and content (e.g. briefing papers, research 'bites', handbooks) of our communications to meet the preferences of the non-academic audiences for our research. In addition, we seek to position staff on national/international committees and advisory bodies responsible for shaping healthcare policy and practice.

Evidence:

- The National Primary Care Research Development Centre gave 10% of its budget to support a dedicated Communications Unit that produced a range of materials, summarising the key findings of our research, that were tailored to the needs of policy-makers in the Department of Health, NHS healthcare professionals and managers, and wider lay audiences. (View archive site here).
- NIHR Collaboration for Leadership in Applied Health Research and Care (CLAHRC) has a professional communications team to design and refresh its web-based interface with non-academic audiences. The website was redesigned in 2012 to improve its readability and accessibility for patients, practitioners and other users. It provides information about each of the CLAHRC's programmes work, permits download of the resources that the CLAHRC has developed to support improvements in patient care, supports a Twitter feed about the work of the CLAHRC, and highlights patient stories of how working with CLAHRC has improved people's health and wellbeing. Visits to the website increased by 25% from Feb-Apr 2011 before redesign to Feb-Apr 2012 after redesign.
- Institute staff have served a number of national/international committees responsible for shaping health policy and practice, including the National Commissioning Board (**Campbell**); Scottish Government's Technical Advisory Group on Resource Allocation (**Sutton**); and the Membre du Conseil Scientifique du Réseau National de Vigilance et de Prévention des Pathologies Professionnelles, France (**Agius**). Others have given evidence to Health Select Committees on workforce equality (*Esmail*) and skill mix (**Sibbald**). **Walshe** was a specialist advisor to the House of Commons Health Select Committee inquiries on NHS reforms, an expert witness to the second Francis inquiry, and advised the Department of Health and Care Quality Commission on health regulation. **Sibbald** was Chair and **Walshe** is a member of the board of the UK Health Services Research Network which works to promote evidence-based healthcare.

c. Strategy and plans

Our forward strategy will continue to focus on -

- Engagement with research commissioners in the design of the research;

- Engagement with the patients; and
- Effective dissemination of research findings to policy makers and providers

as mechanisms to enhance the impact of our research on healthcare policy and practice.

MAHSC and CLAHRC have created forums in which we have been successful in mobilising knowledge from research to implement improvements in primary/community care for people with long term cardiovascular conditions across NHS providers in Greater Manchester and beyond. Within MAHSC, the “Population Health and Implementation” domain is led by the Chief Executive of Salford Royal Foundation NHS Trust (SRFT) with academic leadership from the University of Manchester Institute of Population Health. The Director of the Institute (**Sibbald**) serves on Steering Group of Haelo – a centre established by SRFT to lead work on improving population health across Greater Manchester on behalf of the Greater Manchester Academic Health Science Network (GM AHSN). These organisational links promote knowledge exchange across the boundary between the University and local NHS trusts, so increasing the relevance to the NHS of planned research in University and enhancing NHS utilisation of knowledge from research in care planning and delivery.

To sustain and further develop this work, we bid successfully for a second generation CLAHRC. This is a 5 year (2014-19), £10m contract from the NIHR with matched funding of £10m from local NHS providers and commissioners. The planned programmes of work are aligned with the forward objectives of the Greater Manchester Academic Health Science Network (GM AHSN) whose strategic plan we helped to develop; and with the forward objectives of the population health and cardiovascular domains of MAHSC. The second generation CLAHRC will act as the primary platform for implementing knowledge from innovations in primary care developed through HeRC and PSTRC into the local and regional health economy.

Mobilising knowledge from research to improve patient care locally, regionally and nationally is incentivised through University promotions procedures which explicitly rewards knowledge mobilisation work with healthcare policy makers and providers. The University established and supports a new university-wide network, known as policy@manchester to capture and disseminate information on the many ways in which university research informs policy in the public and private sectors. The network is governed by a panel of senior academic staff (including **Sibbald**) and supported by a fulltime administrator and web designer. Staff within our Institute (**Checkland**) established a subsidiary network which captures impacts specifically relating to health policy. Activities include an annual week-long festival of keynote presentations; blogs; twitter feed; and web links to key people, groups and activities across the university. Going forward, the systematic capture and documentation of impacts arising from UoM health research will be facilitated through the appointment of a dedicated administrator in the Faculty of Medical and Human Sciences.

d. Relationship to case studies

The unit’s four case studies exemplify the high quality and impact of policy research in healthcare at the University of Manchester. In each case, the far reaching impacts of the research were achieved through:

- Engagement with research commissioners in the design of the research, ensuring the findings of the research addressed the information needs of the policy-makers;
- Engagement with the patients to refine objectives and develop data collection methods, ensuring the findings of the research addressed patient concerns. (The exception is the case study describing resource allocation formulae for which this was not directly relevant); and
- Effective dissemination of research findings to policy makers and providers through face-to-face briefing of research customers, the production of lay summaries and briefing papers disseminated via web-based media, and oral presentations to patients and providers.

In future, tighter links will be forged between the academic health science community in the University of Manchester and local NHS providers and commissioners through MAHSC, CLAHRC and the AHSN so accelerating the pace of knowledge mobilisation for patient benefit.