Institution: Birmingham City University

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

a. Context

The Centre for Health and Social Care Research (CHSCR) opened in 2009 with a commitment to employ an inclusive, participatory approach that fostered active involvement in research across all staff groups and which provided support for experienced and early career researchers alike. This commitment provided a foundation for the development of a research culture that encourages synergistic working relationships which bring together researchers, practitioners, patients/clients/service users, commissioners and others, into multi-professional and multidisciplinary research teams that incorporate a wide range of perspectives and experience. The nature of each team will depend on the focus of the research; teams may include but are not limited to researchers, commissioners, practitioners, service users and carers. Initially the formation of research teams drew heavily on the Faculty's close working relationships with the NHS but now extends well beyond this to include a wide range of other organisations including the voluntary and industrial sectors.The diverse nature of these teams has facilitated the development of robust, collaborative and innovative approaches based on researching *with* rather than *on* those with particular needs. As a result, the CHSCR now has a wide-ranging portfolio of studies that have made a significant contribution to the field.

The Centre's approach to determining impact is rooted in ensuring that topics for research are drawn directly from potential non-academic beneficiaries. Evidence of impact shows improvements in people's lives that are directly attributable to new knowledge and understandings generated by CHSCR research. Furthermore, these improvements have been translated into national and international contexts leading to changes in service design, professional practice and guidelines.

Beneficiaries.

In this context the impact of any individual research project is considered first in terms of the anticipated non-academic beneficiaries, particularly in CHSCR networks that address *dignity in care, health understanding for all, integrating science into professional practice, active service redesign* and *improving outcomes for common health concerns.* These beneficiaries may be i) patients/clients of health or social services or their carers ii) practitioners who provide treatment and/care for patients/clients iii) service designers, commissioners iv) other organisations or companies that provide services or products. Particular attention is paid to ensuring that the teams represent the diversity of the population so that under-addressed topics and the needs of underserved groups are not overlooked.

Improvements in care.

Second, the types of impact are considered in terms of significant changes and improvements. Here emphasis is placed on compassionate concern for patients/clients and carers an dthe enhancement of professional competence through the generation of new understandings of particular conditions that lead directly to the provision of high quality treatment and/or care. Examples of beneficiaries here include patients with chronic pain who have benefited from the work of the CHSCR's Pain Research Group (PRG), and minority ethnic women with endometriosis who have benefited from work funded specifically to develop resources to meet their needs as members of an underserved group.

Improvements in policy and delivery.

Types of impact are also considered in terms of the application of research evidence to underpin changes and improvements in professional practice and service delivery. Here, the intended beneficiaries are considered in terms of practitioners or service commissioners who are enabled to establish new ways of working that ultimately benefit patients, carers or both. Examples here include practitioners who have benefited from CHSCR's investigations of moving and handling practice; this has changed the training provided by Linet, Hill-Rom and Liko, the manufacturers and suppliers of hospital beds worldwide. Beneficiaries have also included people with enduring mental illness. Studies conducted by the Centre for Community Mental Health (CCMH), a research team within the CHSCR, have challenged prevailing stereotypes about, for example, Irish people and members of black and other minority ethnic groups suffering with mental illness. This has led to changes in an NHS Mental Health Trust which now involves mental health service users from diverse backgrounds at every level within the organisation; the Trust is now better placed to meet the requirements of the Equality Act 2010.

b. Approach to impact

The CHSCR's approach to research governance emphasises the importance of including beneficiaries in research design and implementation rather than conducting work on them. Representatives of beneficiaries are, therefore, fully integrated and effective members of research teams; their participation helps to facilitate shared ownership of projects and integration of the outcomes into treatment, care, practice or service delivery as appropriate. Recruitment of patient/service user representatives takes place through multiple channels that include, but are not limited to, national organisations such as People in Research http://www.peopleinresearch.org/ and local service user groups. The CHSCR has developed a short training course specifically for non-academics such as patients/service users to enable them to participate fully in a research team. This course has been used to train non-academic team members in various projects which include a study of black Caribbean and black African service user's experiences of mental health services.

The development of permanent partnerships and joint appointments provides direct and sustained access to practice settings and university resources. Current collaborations include the Pain Department at Russells Hall Hospital, Linet and Nam Dinh University in Vietnam; several members of staff hold joint appointments in diverse clinical fields such as sexual health, wound care and tissue viability. Practitioners who are not joint appointees are, nevertheless, regular, long-term contributors to the Faculty's educational activities. These varied relationships serve to identify issues that require investigations, contribute to the development of research teams, promote ownership of projects and monitor their impact.

The CHSCR provides dedicated resources to monitor impact through the Health Research Office (HRO). The HRO plays a pivotal role, acting as a central point for all matters related to research. Research governance procedures require researchers to identify clearly who is likely to benefit from the outcomes and in what way they may do so. Rapid changes in health and social care mean that impact is not always obvious or immediate. To address this issue, two new members of staff have been appointed to the HRO to amass and collate evidence of impact among non-academic parties. Their efforts have traced diverse evidence of impact from national and international bodies which have altered their guidelines for practitioners as a result of recommendations arising from CHSCR's research; for example, in relation to pain management.

Other evidence of impact includes communications relating to research about i) mental health, from national governments outside the UK; ii) diversity and equality issues in mental health from NHS Trusts, iii) hospital bed manufacturers that have all changed their training programmes in line with new understandings of posture. Alongside these efforts CHSCR has expanded investment in Knowledge Transfer Partnerships to facilitate the application of research findings to diverse settings. Current examples focus on practical aspects of service redesign and delivery.

c. Strategy and plans

CHSCR's priorities for achieving impact are to

1. Utilise the understanding of impact gained from current case studies to enable research teams to better identify, plan for and ensure the effective, timely collection of evidence of impact in all CHSCR research projects and contracts.
2. Work with non-academic beneficiaries, such as patients/service users, carers, practitioners, service providers and other client groups, to develop further understanding of their perceptions of the nature, importance and scale of the impact of CHSCR research.
3. Formulate partnerships with national and international organisations and governments to evaluate the short and long term impact of CHSCR studies.
4. Clarify and refine the types of evidence required to demonstrate the effects of impact and devise appropriate, timely systems for its collection and dissemination across traditional boundaries with a view to identifying opportunities for comparative impact studies.
5. Support recently established and new collaborations, for example, in the field of tissue viability, to develop sound evidence of impact.
6. Promote public awareness and understanding of the impact of CHSCR research by developing skills in engaging with the press, TV, radio and other media.

Evaluate and revise, in the light of experience, current CHSCR infrastructure and facilities to ensure support for the achievement of impact.

d. Relationship to case studies

We present two case studies as exemplars of the CHSCR's research. Other studies in the Centre's portfolio are similarly strong with clear evidence of impact in non-academic arenas but these two were selected because they demonstrate most clearly the diverse nature of CHSCR research and the wide-ranging impact it exerts in terms of i) patients/clients of health or social services ii) practitioners who provide treatment and/care for patients/clients iii) service designers, commissioners and other bodies. Both case studies demonstrate creativity in the approaches adopted, by the research teams, to long-term health problems. Each team has approached these problems in quite different ways and used different methodologies. Both case studies are based on well-established research programmes founded on collaborative arrangements with either the NHS or other, international bodies. Finally, in both instances, project outcomes have challenged accepted approaches to treatment, care and/or service provision; improved understandings have led to significant and clearly demonstrable changes.

The first case study focuses on the management of chronic pain which can be severely physically, psychologically and socially debilitating. The Pain Research Group (PRG) has addressed the needs of those whose chronic pain cannot be relieved by conventional treatments, through the combined application of psychological assessment and neuromodulation techniques, specifically spinal cord stimulation (SCS) and intrathecal drug delivery systems (IDDS). The impact of this work is clearly evident in improvements in patient outcomes and patient satisfaction, changes in national and international guidelines for the management of chronic pain and a number of prestigious awards to the two lead researchers.

The second case study is quite different. Long term mental health problems affect large numbers of people worldwide and often have profound effects on their daily lives, dignity, liberty and human rights. This case study reflects two parallel but inter-related streams of research that have developed over 15 years: hearing voices and the development and application of the Birmingham Model of Community Mental Health (BMCMH). These are distinct strands of work but overlap to some degree in that they both focus on the development of more humane approaches to mental health problems and on enabling individuals to live, with dignity, as members of society whenever possible. The impact of this work is evident in both the UK and internationally in progress towards the deinstitutionalisation of mental health services in both developed and developing countries.

The CHSCR began in 2009 and initially relied on established working relationships with local NHS Trusts. In five years the Centre has developed new horizons and is now a regular contributor to health and social care at national and international levels. The Centre has created a robust and diverse portfolio of studies which have made a significant contribution to the field. The impact of this work is evident in improvements in patient care and their satisfaction with treatment, professional practice and service configuration across the world.