Embedding knowledge in the transformation of healthcare: a manifesto

Alison Turner
Suzanne Wilson
Anne Gray
Welcome
Transforming how we deliver healthcare

Increasing demand for health services

+ increasing financial pressures

+ complexity, uncertainty, volatility, ambiguity

= Pressure to develop innovative ways to deliver healthcare
Information at the bedside and the boardroom

We need a more dynamic approach to embedding knowledge in decision making

The clinical librarian model has worked well to embed knowledge in patient care

What should we be doing to embed knowledge in decisions about:
- what services will be provided?
- to whom?
- when?
- how?
- and why?
My key learning points from today:

What will I do differently after this workshop?

Who will I need to talk to?

What skills will I use?

What information will I need?

How will I monitor/measure progress?

What will I share with others?
Time for some stories...
Supporting transformation day to day  (Anne)

My role

I am part of a Communication team providing services to colleagues involved in transformation and clients working on day to day management of health services.

My services

• Drip feeding
• Very rapid compilations of evidence to get people started (apps to support physical activity, telehealth services)
• Evidence summaries to support transformation (prostate cancer pathway)
• Insights to my own organisation

What competencies do I regularly use?

• Skills: literature searching, and scouring the internet and grey literature
• Presenting the evidence as appropriate to the audience
Evidence based clinical practice

A synopsis of the high quality evidence

Heavily influenced by beliefs, opinions and politics. Includes anecdotal evidence.

https://www.students4bestevidence.net/the-evidence-based-medicine-pyramid/
Evidence based service change

“evidence does not speak for itself, but needs to be mobilised by the right people, at the right time, to affect decisions.”

Swan 2012 [http://www.nets.nihr.ac.uk/projects/hsdr/081808244](http://www.nets.nihr.ac.uk/projects/hsdr/081808244)
Asking different and difficult questions

“As commissioners, we have thornier issues, such as what one or two interventions are going to make the greatest impact for the population we serve? Is it affordable? How do we implement it effectively?”

Anthwal 2017 https://www.dc.nihr.ac.uk/blog/evidence-based-policy-making-the-view-from-a-commissioner/5934

“Managers of all backgrounds find it hard to make sense of and apply evidence in their everyday work”

“Timing is key - good enough evidence at the right time”

NIHR Dissemination Centre 2018 https://www.dc.nihr.ac.uk/highlights/health-commissioners-research-evidence/
Supporting networks (Suzanne)

My role
I lead and manage the library and knowledge service for one of the largest mental health trusts in England, which provides mental health, learning disability and neurological care.

Examples of recent work
• Evidence and evaluation group supporting regional integration of health and social care system
• Support local informal network of policy makers, commissioners, academics, practitioners and librarians to mobilise evidence in health care, known as STEM Club (Sustainability Transformation Evidence Mobilisation)
• Active member of strategic clinical networks within organisation. Supporting development of effective networks, encourage use of evidence for decision making and spread of good practice and innovation.

What competencies do I regularly use?
• Skills: literature searching, advocacy, leadership,
• Knowledge: local knowledge to connect people, knowledge management
An embedded role (Alison)

My role
I lead an evidence analysis service, providing very rapid analysis of evidence (derived from research and practice) to support large scale changes to the design and delivery of health care

Examples of recent work
• Models of care e.g. for patients with mild/moderate mental health conditions in primary care
• Demand and capacity e.g. arrival and waiting patterns of ambulances
• What works e.g. managing demand and capacity during winter period
• Reconfiguration of services e.g. interactions between specialties
• Identifying opportunities for improvement e.g. identifying innovations
• Implementing change e.g. enablers and mechanisms for working with local communities

What competencies do I regularly use?
• Skills: literature searching; data extraction; critical review/synthesis; summary writing
• Knowledge: local contextual knowledge; awareness of grey literature sources

The Strategy Unit

Leading research, analysis and change from within the NHS

Health and care services face serious and complex challenges. Addressing them requires clear thinking, innovation and applied intelligence. Our proposition is simple: better evidence, better decisions, better outcomes.

Image: Bjorn Larsson, CC BY-SA 3.0 https://commons.wikimedia.org/wiki/File:Jigsaw_puzzle_01_by_Scouten.jpg
Knowledge Café 1
What are the opportunities for library and knowledge services and professionals?

What can we contribute?
Some prompts if you need them...

What are the opportunities for library and knowledge services and professionals?

What can we contribute?
Knowledge Café 2
How do we achieve these ideas?

What is the role of our networks?
Some prompts if you need them....

How do we achieve these ideas?
What is the role of our networks?

materials  coaching  timeliness
alignment   knowledge  information
skills      advocacy  relationships
language    tools     mutual support
A draft manifesto based on our discussions....
A manifesto to promote the unique contribution of information, knowledge library professionals to decisions involving the transformation of health care services

<table>
<thead>
<tr>
<th>Relationships</th>
<th>Advocacy</th>
<th>Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be seen and take our places “at the table” as partners</td>
<td>Spot opportunities by learning what problems keep our partners awake at night</td>
<td>Save our partners time, sharing insights they would otherwise never find</td>
</tr>
<tr>
<td>Goodbye to words like “support” and “serve” – let’s stop underselling ourselves, we are knowledge brokers</td>
<td>Showcase our valuable technical skills and our objectivity and appreciation of cognitive bias</td>
<td>Actively seek and share feedback on our contributions</td>
</tr>
<tr>
<td>Step outside our comfort zone to learn new skills and train the next generation</td>
<td>Avoid waste and duplication by sharing ideas and tools via networks</td>
<td>Repurpose library skills like abstracting to summarise and synthesise</td>
</tr>
<tr>
<td>Give time to relationships and networks, find the champions and gatekeepers</td>
<td>Cross boundaries – learn from and connect partners to other disciplines and other sectors</td>
<td>Perfect is the enemy of good – aim for a balance of timeliness, relevance and rigour</td>
</tr>
</tbody>
</table>
What is the role of our professional networks?

**Contribute**
- Ideas, time, materials

**Advocate**
- Promote our unique contribution to healthcare

**Connect**
- People to people and people to knowledge

**Share**
- Learning, knowledge, skills