

The National Institute for Health Research Service Delivery and Organisation Network

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Scientific Summary

Background

The National Institute for Health Research (NIHR) Service Delivery and Organisation (SDO) research programme was created in 1999 and merged with the NIHR Health Services Research programme in 2012 to form the NIHR Health Services & Delivery Research funding stream. During its 13-year existence as the SDO research programme, it had two main objectives:

- 1) producing a quality knowledge base for the NHS;
- 2) ensuring that this knowledge is widely circulated and used in NHS organisations – a process referred to as knowledge mobilisation.

In order to help fulfil its second objective, the SDO Programme commissioned the NHS Confederation in 2006 to develop the Service Delivery and Organisation Network (SDO Network) that would promote learning throughout the NHS. Since the NHS Confederation had expertise in the health sector and represented more than 97 per cent of NHS organisations in its membership at the time, it was a prominent candidate to broker learning and exchange activities between the health research community and NHS managers.

The aim of the SDO Network was to establish an 'informational' 'learning' network to disseminate service delivery and organisational research findings throughout the NHS. The NHS Confederation's membership relationship with NHS organisations, policymakers and the research community meant it was very well positioned to communicate the issues affecting health managers and so inform research priorities. The early vision of the SDO Network was that it would become a focal point for facilitating connections between members and stakeholders and invest resources in a number of ways. As such, a diverse programme of activities was proposed to communicate research findings and facilitate collaborations between stakeholders. The SDO Network would support 'member-led' thematic events and support 'virtual interest groups'.

NHS trusts were encouraged to join the SDO Network for free, meaning membership growth was to be a key indicator of network success and reach. In order to join the SDO Network, a chief executive or chair of the NHS trust needed to sign a form to signal the organisation's commitment and willingness to use the research to improve health services.

Objectives

The overall aim of this report is to describe the Service Delivery and Organisation Network.

Methods

This is a project report of the SDO Network over a period of five years.

The information available to inform this report falls into four categories:

1. **Informal discussions** with available members of the SDO Network team (n=4)
2. **Archival data and company documents:** events attendance data and evaluation forms; minutes and agendas; formal reports; operational plans; contracts; job descriptions; strategy documents; interview transcripts; survey results.
3. **Online material:** NHS Confederation research networks website, including news updates and links to publications (reports, digests, research summaries); NIHR annual reports.
4. **Academic and 'grey' literature:** published articles in academic journals; NIHR HS&RD completed research reports; government policy documents and white papers; “think tank” and policy/research institutions’ reports.

The first step was to produce a chronology of network events (2007-2013) based on the available archival data and published literature (see *table 1*).

Discussions with former and current SDO Network members of staff helped to capture ‘softer’ aspects – such as perceptions of influence, working practices, tacit knowledge – and suggest significant/high impact interventions.

Results (research findings)

The report is structured chronologically and describes four interconnected and overlapping phases in the SDO Network's evolution:

- **Phase 1 (2006-2007):** Initiation of the SDO Network project and its place within new NHS R&D infrastructure and early strategy
- **Phase 2 (2008-2010):** Knowledge transfer and exchange: how the network encouraged interactions across interest groups and collaborated with other networks
- **Phase 3 (2011-2012):** Complexity and consolidation: from research translation to capacity building
- **Phase 4 (2012-2013):** End of project and the new innovation landscape.

Within each section, relevant developments in policy and organisational context are highlighted. So too are academic concepts and frameworks useful for understanding the operational activities of the SDO Network and NIHR.

Phase 1 (2006-2007): Initiation of the SDO Network project and its place within new NHS R&D infrastructure and early strategy

In practice, the SDO Network did not begin operations until a full time position was created for a network manager in November 2007. The NHS Confederation undertook interviews with senior NHS leaders at the end of 2007/early 2008 to inform the shape and focus of the SDO Network. In particular, they sought views from CEOs who expressed an active interest in "applying science to management" and using organisational research to improve services.

Informal feedback to the NHS Confederation from the NHS community indicated the depth of the Cooksey challenge to translate research 'from bench to bedside': a culture of accessing research evidence and reflecting before making decisions was seen to be largely absent from NHS managerial practice. There was also demand from the service (the research 'pull' perspective) for SDO research to provide answers to pressing management issues arising from national policies and priorities. The SDO Network would therefore need to ensure its activities linked directly to what NHS organisations were trying to achieve, given the view that research projects often failed to reflect managerial priorities. However, this raised the broader issue of the kinds of evidence the SDO Network should disseminate and the SDO Programme's role as

a knowledge producer; whether, for example, large scale, robust scientific studies (big 'E' evidence or Research) or timely and applicable local evidence (little 'e' evidence and research) was most useful.

The SDO Network team decided that in order to maximise impact, the network would need to proactively target interventions at three different groups; senior, middle and new managers. The hope was that the SDO Network would stimulate demand for research outputs at different tiers of management and so encourage 'research pull' from healthcare decision makers. The NHS Confederation team recognised the need to trial a variety of interventions and models to offer flexibility for those managers interested in engaging with health services research but time poor due to balancing operational demands.

Phase 2 (2008-2010): Knowledge transfer and exchange: how the network encouraged interactions across interest groups and collaborated with other networks

For the SDO project, significant developments during the 2009-2010 period were growth in membership; securing additional capacity and resources to deliver the network; establishing relations with relevant partners, both inside and out of the NHS Confederation; successfully creating opportunities for frontline managers to learn about research projects relevant to service delivery; and further experimentation with a range of interventions to raise the profile of the SDO research programme.

At the NIHR, the appointment of a director dedicated to knowledge mobilisation and capacity building was especially noteworthy from a strategic point of view and provided the SDO Network manager with a point of expertise and operational guidance. This director also had insight into the National Institute for Health Research (NIHR) Collaborations for Leadership in Applied Health Research and Care (CLAHRC) infrastructure that came to fruition during this period and assisted the CLAHRC programme manager in developing ways to support inter-regional knowledge sharing between CLAHRC regional hubs.

In retrospect, traction of SDO Network within the NHS Confederation can be interpreted as relatively weak during this early phase, although an important link was made with the HSRN Network culminating in a joint annual conference. This set a foundation for better intra-network coordination going forwards.

Of course, overshadowing macro events taking place in the UK's economy and in health policy between 2008 and 2010 were highly significant and cannot be overlooked. Financial pressures on NHS trusts, CEOs and frontline managers were growing and the likelihood was that it would become more difficult for organisations to release staff to attend events. Furthermore, the 2010 white paper, *Liberating the NHS*, brought to the fore new policy imperatives that the SDO Network needed to respond to if it was to remain in touch with frontline service developments and demands.

Phase 3 (2011-2012): Complexity and consolidation: from research translation to capacity building

During 2011, the SDO Network refined, consolidated and extended its activities to support knowledge mobilisation and capacity building in the NHS. There was an emphasis on improving research synthesis products and outputs, such as the research digest and email newsletters, and on ensuring that messages had a closer match with current health policy and the concerns of NHS managers. These products appeared to fill a gap in the health research market since the SDO Network profiled up-to-date, robust research findings, but in a concise and accessible manner consistent with the NHS Confederation's other communications which enjoyed a wide readership. Successes in this area were an outcome of continuing close working relations between the SDO Network team and the NIHR SDO, despite the departure of the Director of Knowledge Mobilisation and Capacity Building. Indeed, in practice, the SDO Programme Director, included the SDO Network Manager as observer at the SDO Programme Executive Group, signalling commitment to the network as a key knowledge intermediation function.

The expansion of the network's membership base began to plateau after a period of steady growth, although the number of online followers (on Twitter) and email subscribers increased substantially. Member engagement was steady, perhaps reflecting the policy-oriented focus of activity, with the number of attendees at in-person and online learning events consistently on target.

However, questions were surfacing about the future of the SDO Network and the renewal of its contract. This reflected the high levels of uncertainty throughout the NHS system as it implemented far-reaching reforms and savings plans that would inevitably have a knock-on effect on NHS Confederation networks. For example, the demise of PCTs would result in a loss of over 20 organisational members for the SDO Network. There were also questions about whether the SDO Network should promote linkages to a wider research knowledge base beyond the SDO portfolio.

A further recalcitrant issue that resurfaced for the SDO Network team was the difficulty in formally capturing and measuring network impact, especially the cost effectiveness of building awareness and strengthening connections between members across managerial, research and clinical communities of interest.

Phase 4 (2012-2013): End of project and the new innovation landscape

The final year of the SDO Network was a period of transition that marked the end of the project and its incorporation into the existing Health Services Research Network. There was a continued emphasis on the network's sense-making functions through briefings about the new innovation infrastructure and summarising key research from the SDO portfolio in the form of digests. The network developed closer collaborations with the NHS Confederation's core work programme and the CLAHRC Support Programme to embed SDO research into the wider policy and applied health research worlds. However, a failed membership drive to collect fees for the first time during its existence proved to be too difficult for the network and a scaled down Health Services Research Network emerged at the end of the phase.

Conclusions

The SDO Network should be viewed as one component of an approach to knowledge mobilisation pursued by a single programme of health research funding, the NIHR SDO Programme, for a period of 5-years from 2008-2012. The characteristics of the network that appear to have aided knowledge mobilisation include its flexible and responsive approach taking into account wider system changes (i.e. a focus on the operational concerns of managers) and its effort to use best practices to inform the activities and outputs of the

network. For example, the range of activities the network pursued at its peak did respond to Lavis et al's finding that a combination of approaches is needed.

However, there are a number of characteristics that appear to have impeded knowledge mobilisation efforts. These include the focus on one source of research knowledge (i.e. findings from the NIHR SDO Programme) rather drawing upon the wider knowledge base and being more of an integrator of research knowledge. Another issue is that the network didn't have any influence on how research knowledge was generated; rather it should be compared to other end-of-grant approaches which ultimately do not address the known barriers to mobilising knowledge.

Finally, a number of practical lessons also are also presented in this report which might offer lessons for future initiatives interested in supporting managers in accessing and engaging with research to inform practice.

Word count (2017)

Plain English summary (170 words)

A recognised challenge in health research is ensuring the findings from studies can be used to improve how services are organised and delivered. A membership network based at the NHS Confederation was funded for a period of five years to support health service managers in accessing and using research. The network strategy was to target senior, middle and junior managers through a specialised programme of learning seminars and conferences as well as targeted communication products showcasing the latest research findings. The network also offered capacity building initiatives to support managers in acquiring a new set of skills to critically assess research. The report authors collected all available information about the network to construct a detailed description of its approaches, activities and influences – both political and academic – to offer lessons for those interested in improving research use in similar contexts. Some of these lessons include the need for evaluation early on, working with those already in the system performing related functions and securing individual buy-in rather than operating at the organisational-level.