

Optimising the impact of health services research on the organisation and delivery of health services: a mixed-methods study

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Declared competing interests of authors: Martin Marshall is the chairperson of the Royal College of General Practitioners. Naomi J Fulop co-led one of the embedded research initiatives that is described and analysed in *Chapters 4 and 5*. Liz Mear has been employed as the chief executive of the Innovation Agency (the Academic Health Science Network for the North West Coast) throughout the duration of the Embedded Project. Richard Parnell sat on the National Institute for Health Research (NIHR) Efficacy and Mechanism Evaluation (EME) funding committee and the NIHR EME strategy group (2016–20).

Disclaimer: This report contains transcripts of interviews conducted in the course of the research and contains language that may offend some readers.

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Plain English summary

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Plain English summary

A large amount of public money is spent on health research, yet there are substantial gaps between what that research tells us and what happens when patients receive care. This means that patients often do not receive the best-possible care and the NHS may spend scarce resources on services that are not as effective as they could be.

In recognition of this, new ways of carrying out research are being developed. One approach, studied here, involves 'embedding' experienced researchers in health service teams.

These researchers find ways to bring their knowledge and expertise together with that of local doctors, nurses and other health-care workers to create new relevant knowledge ('knowledge co-production') that can more easily be put into practice.

In these ways, robust knowledge, informed by research, is thought to be more readily applied to improve care.

This study, carried out in collaboration with patient and public representatives, explored how such 'embedded research initiatives' have worked in health-related settings. First, we carried out two extensive reviews of academic literature, to discover what is currently known about knowledge co-production and embedded research.

Second, a national review of existing and recent schemes in the UK allowed us to scope out the range of initiatives that have already been tried; these are many and varied.

Third, intensive study in four of these schemes – interviewing participants and observing activities – provided additional insights into their dynamics and life cycles.

Meanwhile, we worked with people from the NHS and universities, alongside patient and public advocates, to outline a series of design features and develop practical tools and resources to help plan and organise future schemes.

Although it is too soon to tell how effective embedded research schemes are, these resources and the insights now available should allow more coherent design, management and testing of these promising new approaches.

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