

IMPACT ACCELERATOR UNIT

Krysi  Dziedzic
Unit Director

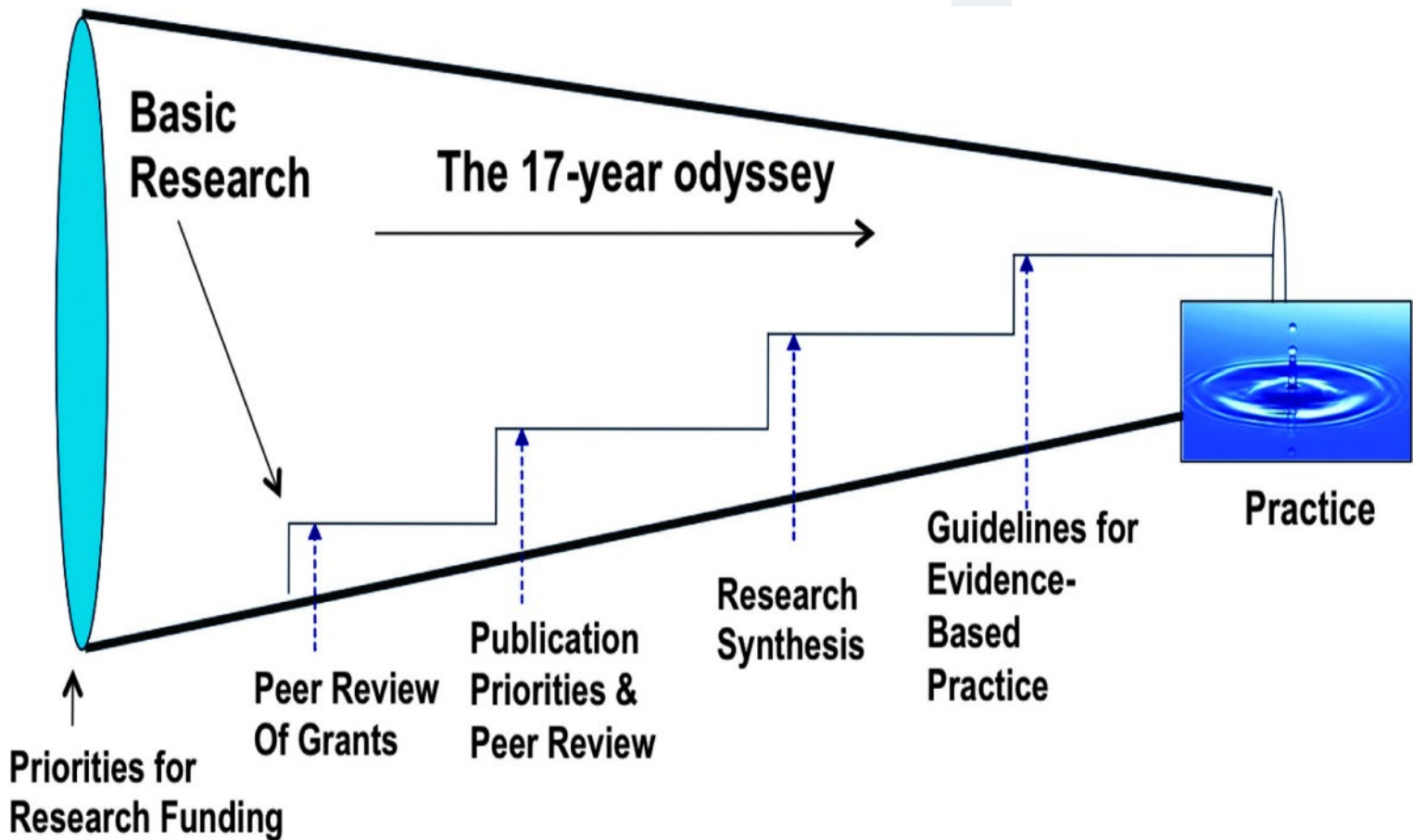
Professor of Musculoskeletal Therapies

&
Laura Campbell
Public Engagement Knowledge Broker

SUPPORTED BY

NIHR | National Institute
for Health Research

It's the Keele difference.



Funnel depicts loss in the pipeline from research to practice.
Brownson, Colditz & Proctor, 2012; From Green et al, 2009

FACULTY OF HEALTH

- Applied health care research & trials
 - interdisciplinary research
 - equal partnerships with stakeholders
 - expanding research programme and restructuring
- Strategic, proactive approach
 - co-created
 - requirements for REF Impact



An effect on, change or benefit to the economy, society, culture, public policy or services, health, the environment or quality of life

Processes e.g. policy, practice, understanding

People e.g. communities, individuals

Places e.g. locally, regionally, nationally, internationally

IMPACT CASE STUDIES FACULTY OF HEALTH

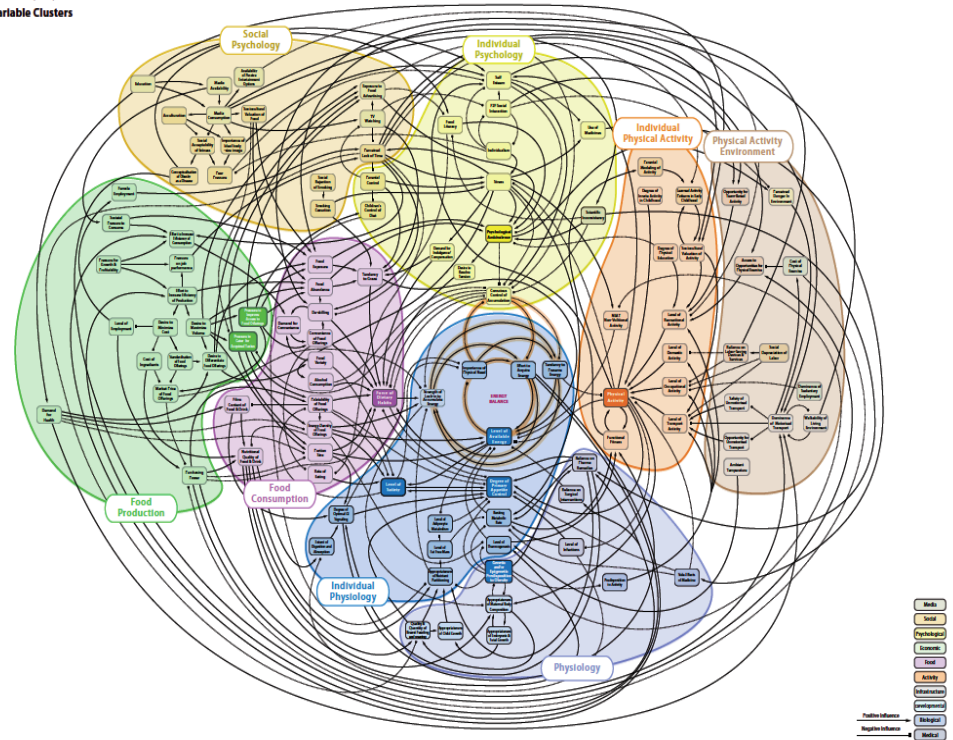
- Unit of Assessment 2
 - Primary Care
- Unit of Assessment 3
 - Allied Health Professionals
- Unit of Assessment 22
 - General Engineering

Undertaking world leading research that transforms understanding and brings benefit to society, communities and individuals

FORMALISED APPROACH NEEDED?

- Prioritising & targeting
- What gets disseminated
- What gets implemented

Obesity System Map
Variable Clusters



Published 17 October 2007

From:

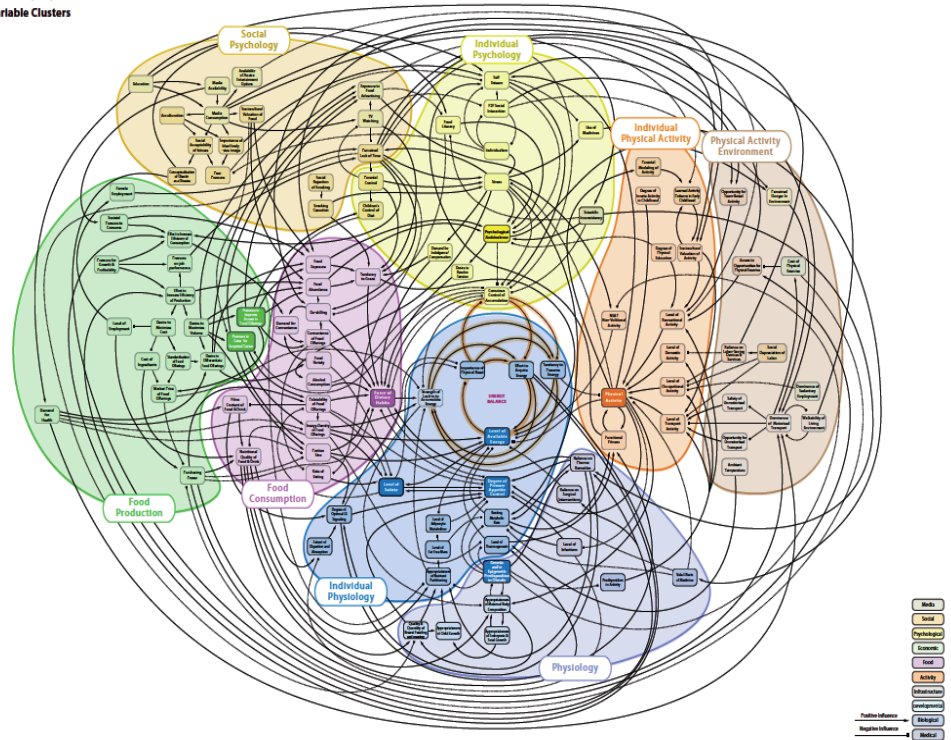
[Government Office for
Science](#)

FORMALISED APPROACH NEEDED?

- Prioritising & targeting
- What gets disseminated
- What gets implemented
- Impact bucket



Obesity System Map
Variable Clusters



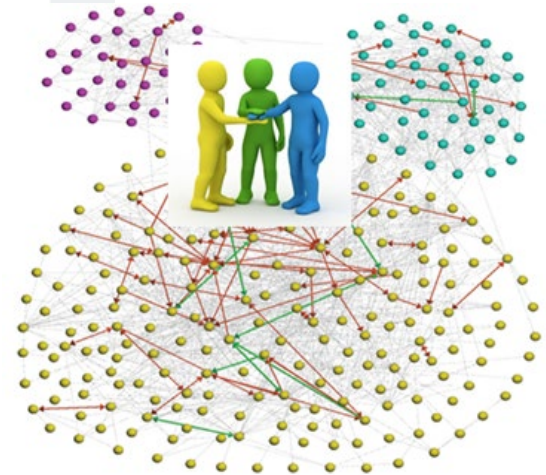
Published 17 October 2007

From:

[Government Office for
Science](#)

ENABLERS OF IMPACT

- **Leadership**
- **Strategy** with active planning
 - never too early
 - funded
 - clear, credible products
 - make it easy to do the right thing
- **Dedicated individuals** with a range of skills



CREATING THE ENABLING ENVIRONMENT FOR HEALTHCARE TRANSFORMATION

'The biggest threats to our goal of implementing innovation are barriers to change and adoption within the existing healthcare systems.'

EIT-Health





IMPACT ACCELERATOR UNIT

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IAU OBJECTIVES

- Align research findings as solutions to stakeholder problems
- Co-create transformation in health and care by
 - implementing the best research
 - developing Impact Case studies for REF
 - hosting EBP groups
- Secure and deliver an (inter)national portfolio of externally funded implementation activity

It's the Keele difference.



£3,000,000

It's the Keele difference.

METHODS



Health Foundation; Keele University; EU; NIHR

PARTNERS

NHS England; Public Health England; NICE; Royal Colleges; Academic Health Science Networks

- ✓ **Researchers**
- ✓ **International Rheumatology Societies**

- ✓ **Patients**
- ✓ **Public**
- ✓ **Practitioners**
- ✓ **Policy Makers**



**PRIMARY CARE
CENTRE
VERSUS
ARTHRITIS**

SUPPORTED BY

NIHR

National Institute
for Health Research

Keele
UNIVERSITY



RESEARCH TO REAL WORLD

" There is such a positive and "can do" attitudeand everyone's views and contributions are not only sought but listened to, debated and valued....."

GP OA Champion – Colin Stanford



It's the Keele difference.

"The patient has a voice
....I am finally being
listened to"



MODELS OF CARE

Implementing NICE Guidelines:

- Challenging current clinical management, by developing new actors for therapeutic and education delivery
- Co-developing with patients and partners adapted to National diversity
- Estimating the number of million citizens who would benefit
- Eliminating inappropriate care to yield major health economic benefits



It's the Keele difference.

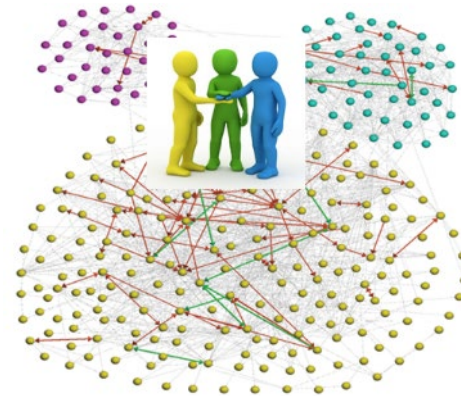
SYSTEM TRANSFORMATION



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CHAMPIONS AS KNOWLEDGE MOBILISERS

- **Co-creating transformation** by
 - Leadership
 - Forming Networks
 - Developing Case Studies
 - Hosting Evidence Based Practice meetings
 - Developing the patient voice
 - Sharing successes and failures
 - Keeping it real

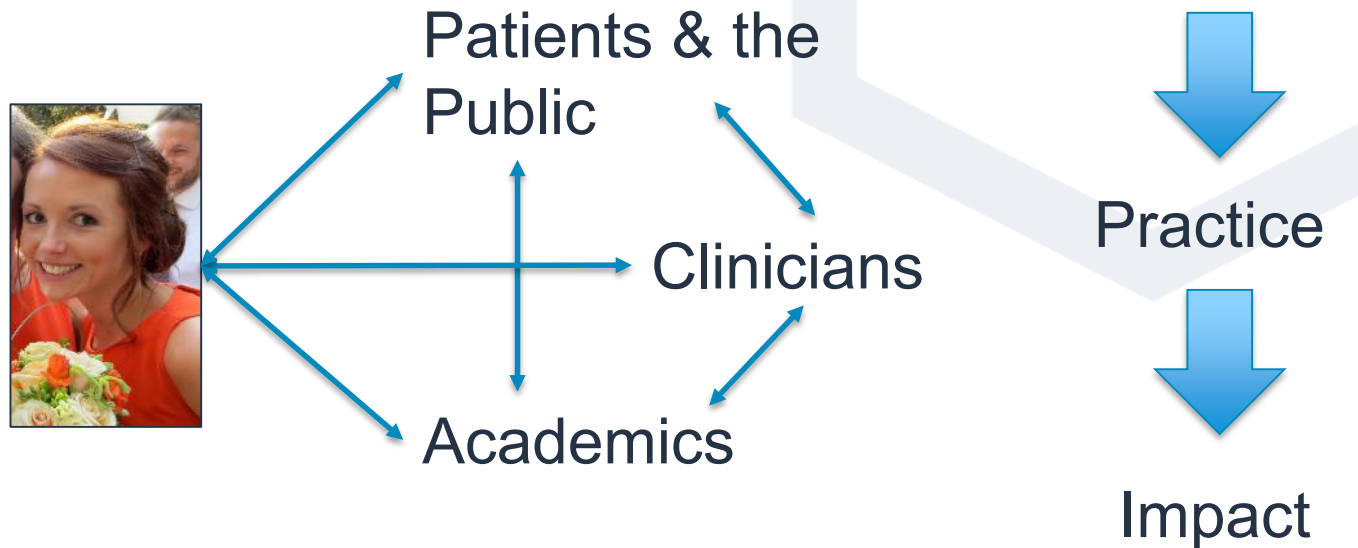


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Laura's role – Knowledge Broker

A knowledge broker is the interpersonal connection to bridge the knowing-doing / evidence-practice gap.

This role links patients, clinicians and academics



Background:

- Degree in Modern Foreign Languages
- Journalism, media & communications
- Patient Advocacy

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Patients and Public

- The LINK Group



It's the Keele difference.

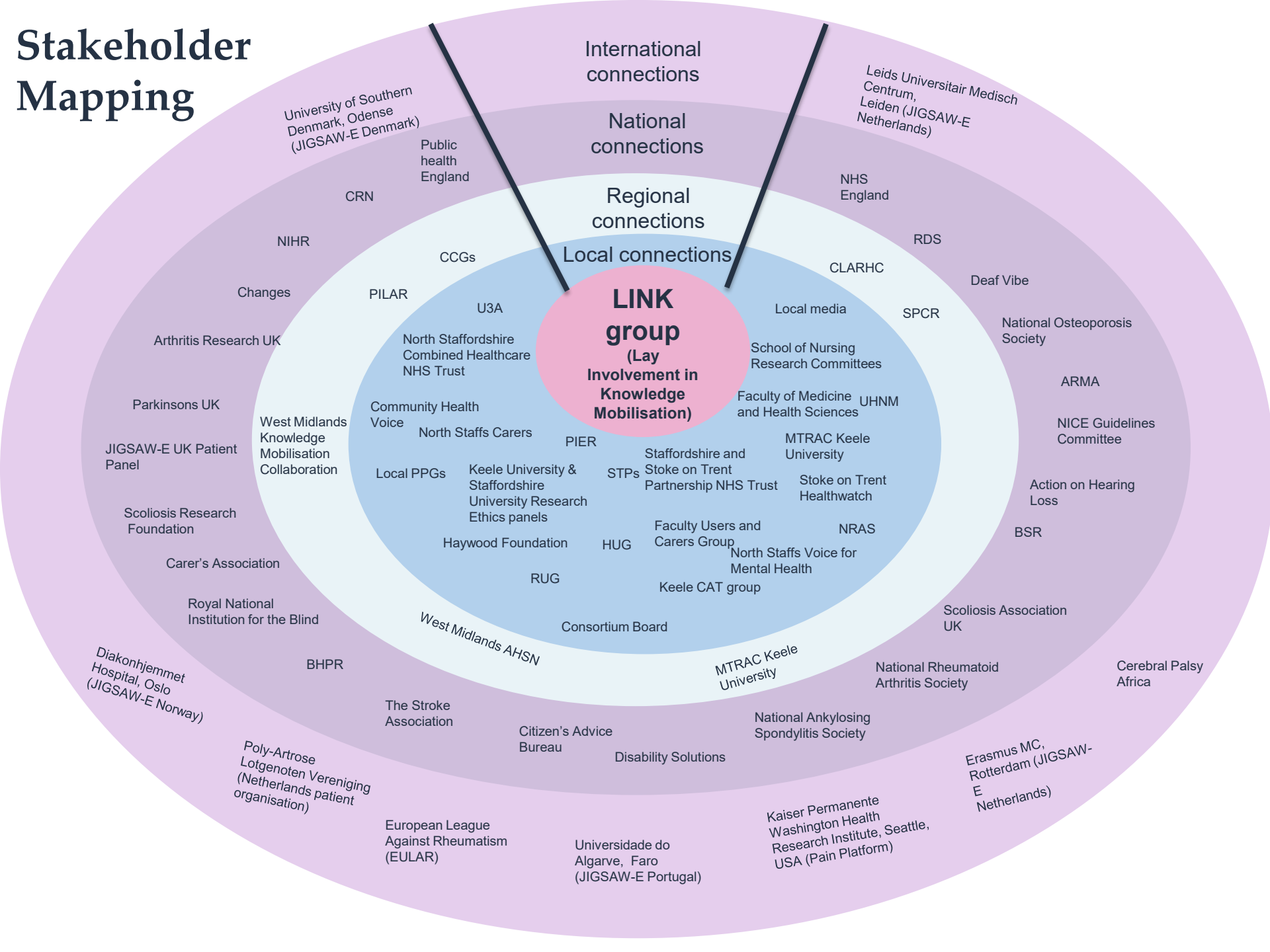
Unique combination of professional, personal and volunteering experience

Open up networks and provide creative and effective solutions for IAU projects

Act as a voice for patients, raise the visibility of the patient perspective in the IAU

Work with the IAU to provide open and accessible evidence based patient information in everyday practice

Stakeholder Mapping



Patient and Public Dissemination Toolkit

“Accelerating the impact of our research using Patient and Public Involvement and Engagement”



Roundtable discussion at the Research User Group Annual Event 2017

***‘How do you think PPIE
can contribute more
broadly to help get
evidence based
messages out to the
NHS?’***

A dissemination toolkit for KNOWLEDGE MOBILISATION & PROMOTION OF INNOVATION

Lay Involvement in Knowledge Mobilisation



Compiled by the LINK Working Party (Lay Involvement in Knowledge Mobilisation)
Impact Accelerator Unit, Research Institute for Primary Care and Health Sciences, Keele University

July 2018

Prothritis Research UK | primary care centre



An overview of different methods to mobilise knowledge and create impact, suggested by patients and members of the public.

TO BE USED:

- At the initial ideas stage of a research project, to inform your approach
- During a research project, to keep it relevant and on track
- As you move to disseminating research, to have a wider reach
- **As you implement findings into practice, to promote successful adoption, spread, and therefore IMPACT**

Dissemination toolkit for Knowledge Mobilisation & Promotion of Innovation

Top 10 Points to remember

- 1 Think about dissemination & implementation
AT THE START of research
- 2 Create ways to market your research to the public
- 3 Have a clear implementation route &
consider impact
- 4 Look at embedding your
knowledge into education
- 5 Remember the power of working together with
volunteers & champions - use THE PATIENT VOICE
- 6 Address potential barriers early on
- 7 Recognise quick wins
- 8 Information needs to be clear, engaging
& positive
- 9 Plan ahead to evaluate the innovation
- 10 Share outcomes in a meaningful way to all
stakeholders

Lay Involvement in Knowledge Mobilisation - Impact Accelerator Unit

Arthritis
Research UK

primary
care
centre

Research Institute for
Primary Care and Health
Sciences

Contact
l.campbell@keele.ac.uk

NHS

National Institute for
Health Research

1. Think about dissemination and implementation at the start of research



2. Create ways to market your research to the public



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3. Have a clear implementation route and consider impact



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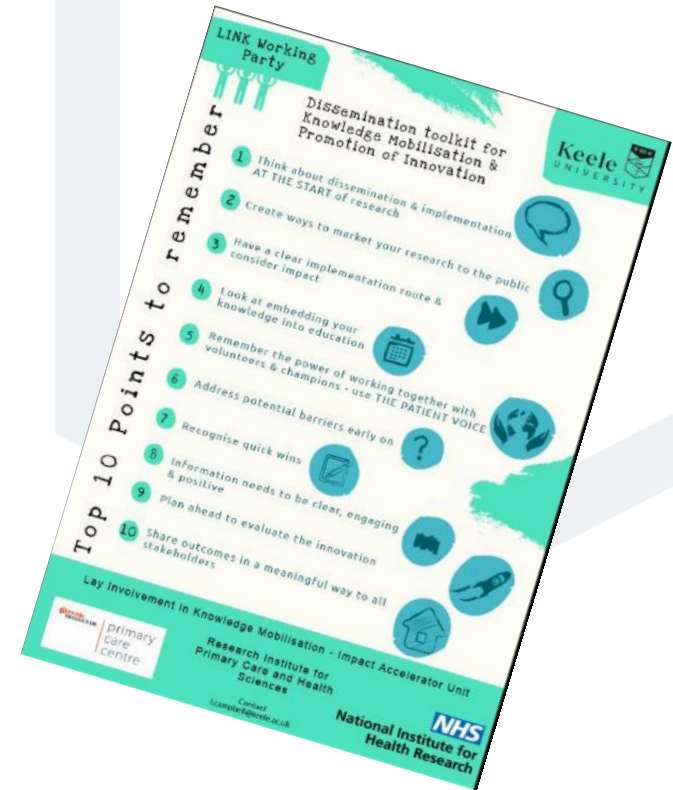
4. Look at embedding your knowledge into education



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5. Use the patient voice

your
voice
counts

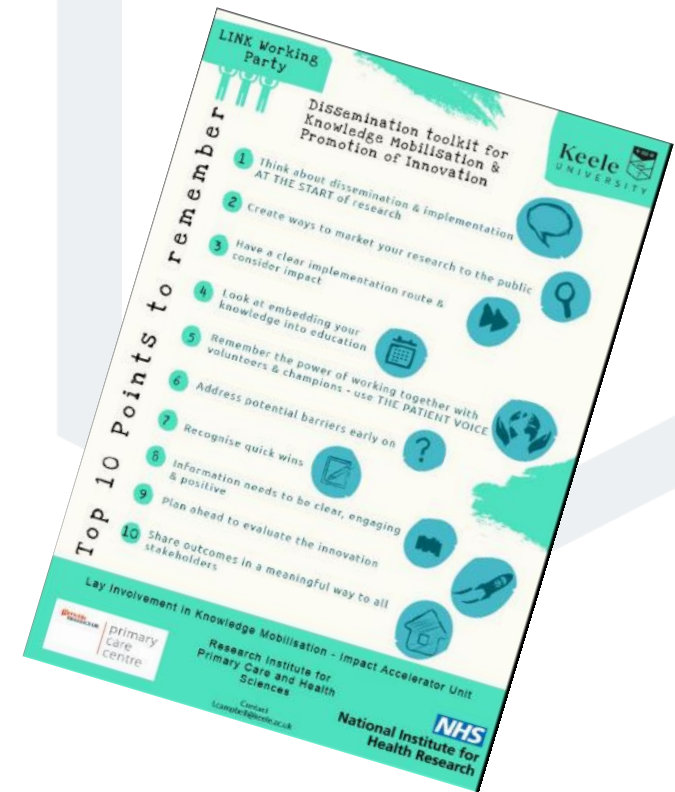


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6. Address potential barriers early on



7. Recognise quick wins



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8. Information needs to be clear, engaging and positive

JOINT PAIN?

Struggling to do the things you used to do?
There are ways you can help yourself!



Ask at your GP Surgery about our self-help guide for ideas on how to:

- Get started
- Feel better and stay motivated
- Manage your pain
- **ACHIEVE YOUR GOALS!!**

ASK YOUR GP



Logos: Primary Care Research Consortium, West Midlands, eit Health, Arthritis Research UK, NHS National Institute for Health Research, Keele University

This poster has been designed by patients who are part of the LINK group (Lay Involvement in Knowledge Mobilisation) at the Research Institute for Primary Care and Health Sciences, Keele University.

LINK Working Party

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Lay Involvement in Knowledge Mobilisation - Impact Accelerator Unit

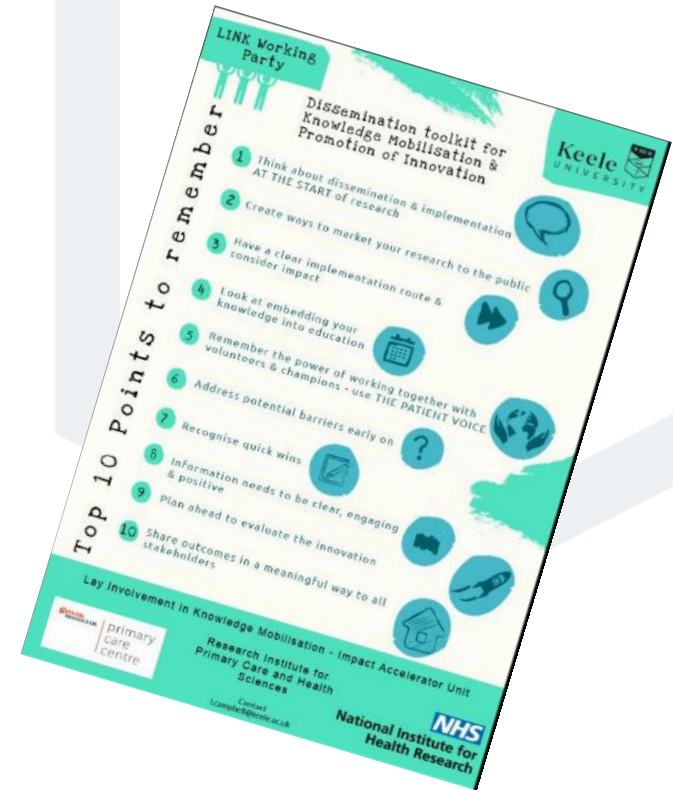
Research Institute for Primary Care and Health Sciences

Contact: link@rphs.keele.ac.uk

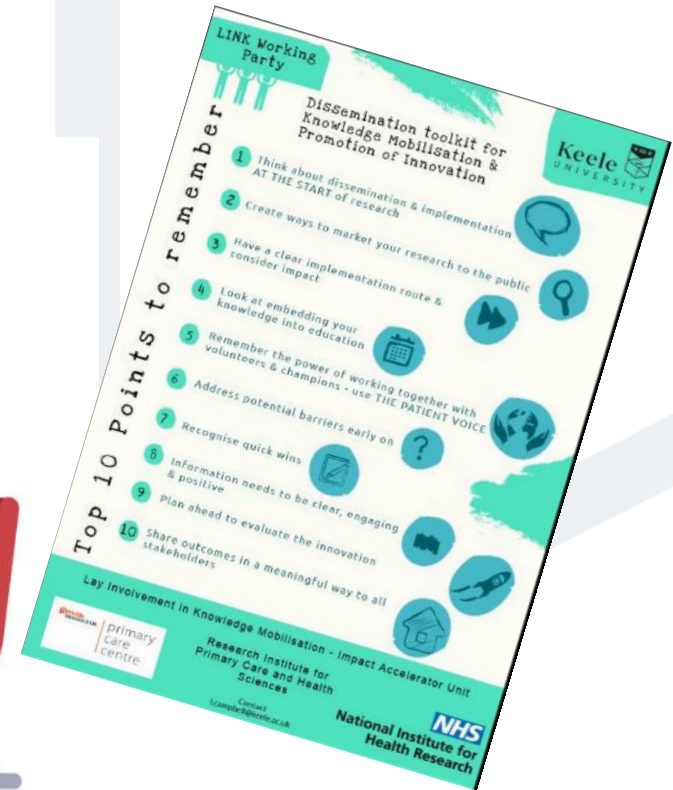
NHS National Institute for Health Research

Logos: Keele University, Primary Care Centre, Research Institute for Primary Care and Health Sciences

9. Plan ahead to evaluate the innovation



10. Share outcomes in a meaningful way to all stakeholders



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Patient Champions

“Patients are the most under used resource in any health care system.

....there are no boundaries between us, we are just one body of people trying to make a difference ...”

- John Murphy, UK



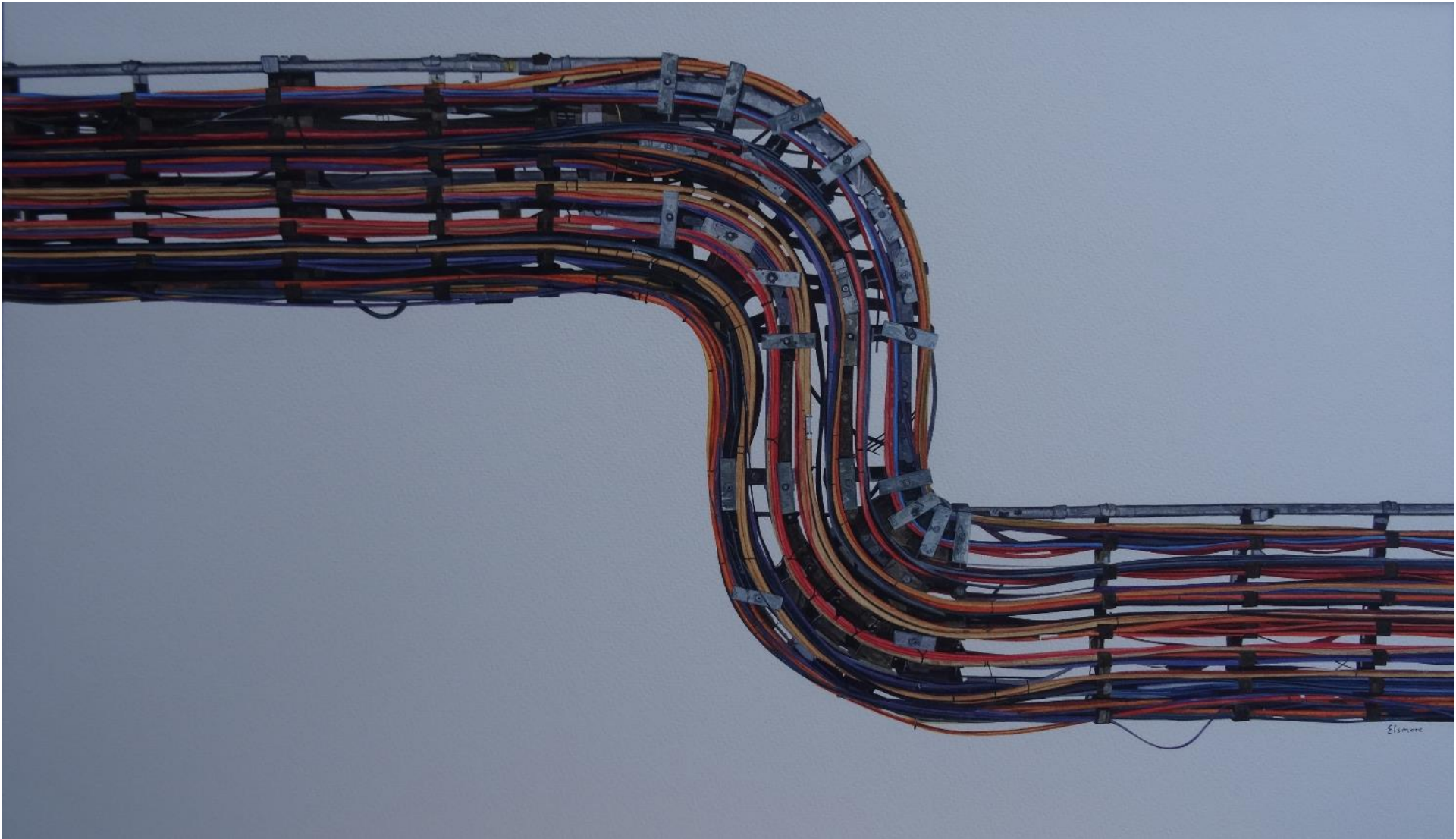
IN SUMMARY

- Use knowledge mobilisation theories
- Use pilot sites and knowledge mobilisation Champions
 - build momentum with dedicated Communities of Practice
- ‘Leading from the middle’
 - brokering across silos
- Work with patients and the public
- Agree what success should look like



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SEVENTEEN YEARS TO SEVENTEEN MONTHS



PRIMARY CARE
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VERSUS
ARTHRITIS



Thank you

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