Learning afresh

Learning from stroke reconfiguration in London and Greater Manchester: a case study of a new form of research dissemination

UCL KALEIDOSCOPE

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“ The context was perfect for me, particularly the element about engagement and involvement. The mix of people was also really good as you could see how people at all levels were struggling with some of the issues.

Attendee, face-to-face event

Summary

From March to May 2018 UCL and Kaleidoscope sought to start fresh conversations on how to achieve successful system change in the NHS. The events were underpinned by a mixed methods evaluation of changes to acute stroke services in London and Greater Manchester; both the research and the events series were funded by the National Institute for Health Research. The events included over 110 people joining live, with 85% of attendees coming from outside academia. There were also 7,200 visitors to the series' website. The methods used provide a new way to disseminate and share knowledge between research, practice and policy.

All referenced blogs and materials are available at **learningfromstroke.com**.

Background

With the NHS in its most austere decade since its inception, the need for transformative, system-wide change has never been greater.

However, there are serious questions over whether the NHS has the ability to deliver the level of change required of it[1]. Examples of large-scale change which have been successful in the past offer a – largely untapped – resource for those leading transformation in the present. Such case studies provide insights for both their specific clinical area and wider lessons across the NHS.

This was the central concept behind our event series exploring the implications of the reconfiguration of stroke services in London and Greater Manchester. Our aim was to advance the discussion of major system change by exploring the implications of this study for system-wide change in different settings in the NHS in England.

From the beginning of this evaluation in 2011, the research team recognised the potential relevance of lessons from this research to other healthcare contexts where major system change has the potential to improve quality of care and outcomes. As such, we designed the series for all those leading change, both related to stroke care and across the NHS, including leaders of Sustainability and Transformation Partnerships, Integrated Care Systems, and clinical reconfigurations.

The research

Major health system change involves reorganisation of services, at the regional level, and may include significant alterations to a care pathway. One such change is service centralisation, whereby aspects of service provision across a region are concentrated in a reduced number of hospitals.

Significant changes in provision of clinical care in the English NHS have been discussed in recent years, with the proposal to concentrate specialist services in fewer centres serving larger populations. Clear evidence of unacceptable variations in quality of care has prompted radical reorganisation (or 'reconfiguration') of stroke services in several regions of England.

The evaluation of major system change in acute stroke services was led by Professor Naomi Fulop (UCL) and carried out by a team based in London and Manchester. It was funded by the NIHR Health Services and Delivery Research programme and ran from 2011 to 2017. It focused primarily on the process and impact of centralising hospital stroke services in London and Greater Manchester into specialist hyperacute stroke units (HASUs).

This was a mixed methods evaluation, drawing on quantitative methods (analysing what works at what cost) and qualitative methods (analysing factors influencing development, implementation, and sustainability of changes). It was a collaboration between stroke clinicians and academics based in London and Greater Manchester, and actively involved a range of other stakeholders, including stroke patients and carers and the voluntary sector.

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[1] *Making change possible: a Transformation Fund for the NHS*, 2015, The Health Foundation and The King's Fund

Key findings

Key findings from this evaluation are summarised in Box 1. To date, the research has been referred to in national policy (Five Year Forward View, NHS Long Term Plan), clinical recommendations (RCP Stroke Clinical Guideline), and has been cited in several 'case for change documents', including in Greater Manchester, where further centralisation was implemented in March 2015.

Box 1. Summary of key findings

What works at what cost:

- Centralised acute stroke services in urban areas are associated with reductions in patient mortality and length of hospital stay, and are cost-effective.
- Service models where all patients are eligible for HASU (rather than a selection) are associated with better outcomes.
- Centralised stroke services can offer patients and carers a good experience of care (despite the need to travel further). It is important that clear information is provided at every stage of care.
- Impact on care and outcomes can be sustained over time.

Development, implementation, and sustainability

- Combining 'top-down' authority and 'bottom-up' clinical leadership can facilitate change.
- Important to engage all relevant stakeholders from planning stages onward.
- System-wide authority can help challenge resistance. In the absence of top-down authority, working across clinical networks and commissioners can help drive change.
- Consistent, adaptive leadership facilitates both implementation and sustainability in challenging contexts.
- Understanding how a range of factors (e.g. clinical, political, social, financial) influence different stakeholders' views; potential tension between patients' and others' perspectives.
- Considering patient and public involvement in terms of its strategic and intrinsic value, rather than in terms of its impact on service redesign.
- Service standards linked to financial incentives help ensure that services have the capacity to provide the right care at the right time.
- 'Hands on' implementation can help services work towards meeting standards.
- Independent evidence (audit, research) can help build and maintain stakeholder ownership of changes.
- Change is not a one-off: important to attend to evidence and consider further change if appropriate.

Approach

From March to May 2018, learning from the evaluation was shared through a set of activities, focused on a number of digital and face-to-face events.

Given the breadth of the target audience (including clinicians, managers, academics, policymakers and charities, all from a wide range of clinical areas), the activities were designed to be as accessible and interactive as possible. The project was a collaboration between UCL researchers (who developed the evidence to be disseminated) and Kaleidoscope Health and Care (experts in innovative event design and knowledge sharing). The activities were guided by Kaleidoscope's set of principles for events, set out in Box 2.

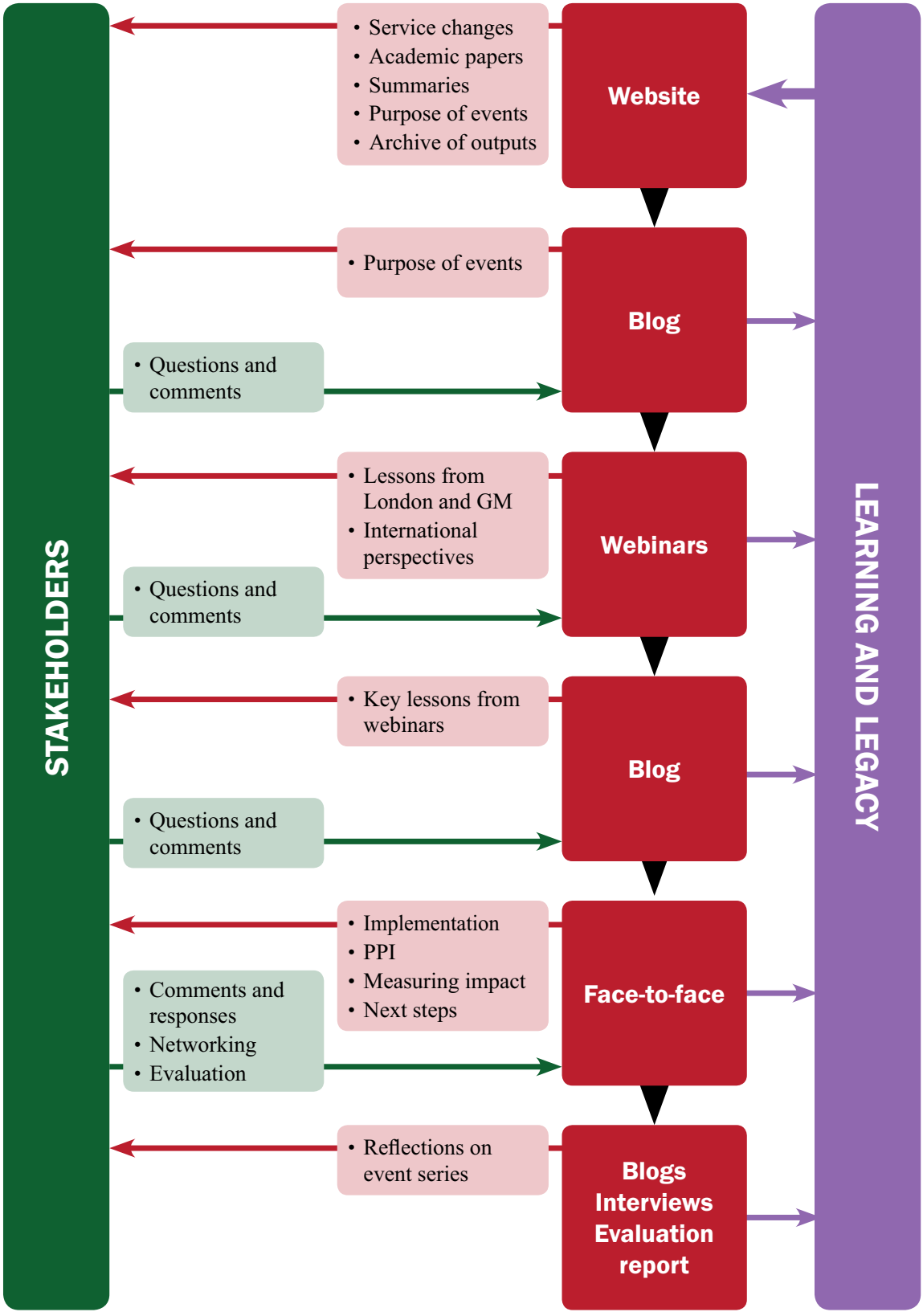
Box 2: Event principles, developed by Kaleidoscope Health and Care

- **Clarity of purpose**: designing events to meet specific purposes.
- **Creation of high energy environments**: keeping attendees enthused and engaged.
- **Respecting participants' time**: integrating face-to-face and digital events.
- **Creation of 'psychologically-safe' spaces:** maximising learning between attendees.
- **Maximising input from a range of roles:** focus on interaction and discussion.

The series was designed as an integrated series of mixed-media events and outputs, as set out in Figure 1. The events included:

- **Website** - to act as a hub for all resources
- **Face-to-face event** - held in London, with a range of speakers and discussions
- **Digital events** - to discuss the research, and international perspectives
- **Written outputs** - including blogs, and an accessible synthesis of event materials
- **Video outputs** - including short vox pop videos, and webinar recording

Figure 1. Overview of event series approach



Note. Red boxes indicate flow of information from event series to stakeholders; green boxes indicate flow from stakeholders to event series.

Stage 1: Engagement and momentum

Throughout the programme, the team drew on their existing networks to build a list of people likely to be interested in this work. These contacts included the stroke study's dissemination list (of over 200 members, including the steering committee) and Kaleidoscope's dissemination list (including 350 users); the second group was especially important for reaching individuals who are interested in health services improvement but not associated with stroke services. We sent updates to these individuals in the event of new outputs.

Kaleidoscope led development of a website (**learningfromstroke.com**) as a 'one stop' resource, helping to ensure that stakeholders were aware of the key findings of the study and our planned activities. The website ultimately contained:

- a summary of the evaluation (including key findings)
- links to all the research papers published through the evaluation and accessible summaries of these papers
- outputs produced over the course of the event series, including blogs, webinars, and reflections on our face-to-face event (all described below)

We also published a blog, entitled *Learning from stroke reconfigurations: why does it matter, and why now?* This set out briefly the main lessons from the stroke evaluation and the reason why learning from this research is highly pertinent at present.

Stage 2: Digital events

We conducted two interactive webinars (chaired by Rich Taunt and Anna Howells from Kaleidoscope), covering:

- **Did stroke reconfiguration in London and Greater Manchester work?** Professor Naomi Fulop (UCL), Professor Steve Morris (UCL), and Professor Ruth Boaden (University of Manchester) presented lessons from the evaluation of major system change in London and Greater Manchester stroke services.
- **Crash course in system change internationally.** Professor Allan Best (University of British Columbia) and Kristian Taageby Nielsen (Innovation and Hospital Construction, Denmark) discussed international evidence on achieving successful system change.

We also published a blog, entitled *Learning from stroke webinars: what we learned*. This presented a brief and accessible summary of the presentations and key topics of discussion in the two webinars.

Stage 3: Face-to-face event

We hosted a free face-to-face event on 22 May. The event was invitation-only, and invitations were sent out in waves to ensure a balance of stakeholder perspectives (e.g. including people from stroke and other care settings).

The event had a number of sessions covering the following key topics (set out in Box 3), building on the information presented in our webinars. We recruited a diverse range of speakers, including clinicians, service users and managers from various healthcare settings, academics, local politicians and the voluntary sector.

Box 3: Topics

- **Top-down vs bottom up approaches to implementing change**
  Featuring: Naomi Fulop (UCL, Chair), Tony Rudd (NHS England), Sarah Rickard (Greater Manchester Stroke Operational Delivery Network), David Clark (Oxford University, lead on IAPT programme)
- **Purpose and value of patient involvement in large scale service change**
  Featuring: Mark MacDonald (Stroke Association, Chair) Judith Williamson (patient representative), Chris McKevitt (KCL), Chris Naylor (CEO Barking & Dagenham Council)
- **How to measure, and get value from measuring, impact of large scale change**
  Featuring: Steve Morris (UCL, Chair), Warren Heppolette (Greater Manchester Health and Social Care Partnership), Charlotte Williams (Mid and South Essex STP), Jemma Gilbert (Healthy London)
- **Towards better large scale service change**
  Featuring: Rich Taunt (Kaleidoscope, Chair), Naomi Fulop (UCL), Warren Heppolette (Greater Manchester Health and Social Care Partnership), William Roberts (Innovation Unit)

Throughout, we used these discussions to encourage attendees to reflect on, share, and develop ideas about how these issues might apply to contexts beyond acute stroke care. In addition, we employed a number of techniques to stimulate interaction, including breakout discussions, flipchart feedback and brief questionnaires; we also live-tweeted the day's discussions, so that the day's events could be publicised beyond those in attendance.

Stage 4: Follow-up

A number of outputs from the event were developed, including:

- **Blogs** reflecting on lessons learned over the course of the day
  - > *Achieving successful system change* (29/5/2018) – reflections from Kathrin Lauber, Kaleidoscope – providing a view on the event from the perspective of people who organised the event.
  - > *Breaking down barriers to system change* (1/6/2018) – reflections from Mark MacDonald, Stroke Association – providing a voluntary sector perspective on how these lessons are important to progressing service improvement.
  - > *Top down or bottom up for successful system change?* - reflections from Warren Heppolette, Greater Manchester Health and Social Care Partnership, on factors that drive successful system change.
- Short video interviews with event attendees.

Kaleidoscope developed an accessible 'synthesis' pack, combining photos, key points from discussions, analysis of all templates used, and social media. The pack is available on the website, with an overview at Figure 2.

Figure 2: Overview of synthesis pack from face-to-face event

“ Inspiring, informative, different (and enjoyable and relevant!)

Attendee, face-to-face event
3 words to describe the event

Results

Did we meet our aim to advance the discussion of major system change by exploring the implications of this study for system-wide change in different settings in the NHS in England?

Our evaluation approach focused on tracking the quantity, quality and diversity of discussion across the events, and amount of interactions with the outputs.

Events

The events had over 110 attendees join live, with the recordings of the two digital events receiving over 170 further views.

Table 1: Event statistics

Face-to-face event: Achieving successful system change	• **62:** Attendees • **93%:** Attendees agreed or strongly agreed that they would recommend an event of this type to a friend • **97%:** Attendees agreed that lessons from stroke reconfiguration had value to other clinical areas • **4.5/5:** Average rating of the event
Digital event: Did stroke reconfiguration in London and Greater Manchester work?	• **28**: Attendees, live • **108**: Views later (full and highlights)
Digital event: Crash course in system change internationally	• **24**: Attendees, live • **65**: Views later (full and highlights)

The digital events were a valuable component of this project, in terms of generating awareness of the stroke evaluation findings and the wider context of major system change. The research team has referred stakeholders, including regional and national service leaders, to this resource on multiple occasions.

The face-to-face event evaluated extremely positively, with attendees describing the day as interactive, creative, and energising. Attendees were asked to describe the event in three words; Figure 3 shows the results.

Figure 3: Wordcloud, 'Three words to describe the event', face-to-face event

Our diverse presenters made a real impact on the day – numerous attendees cited the value of these different perspectives, for instance singling out input from a service user representative as particularly important. Attendees also welcomed the ability to make new connections across boundaries; Table 2 shows a set of the connections attendees made.

Table 2: What was the most useful connection you made today? Face-to-face attendees

"Talking to people in STPs about their experiences"	**"No one individual, a good spread of different roles/ expertise including outside the NHS"**	**"Others passionate about patient voice"**
"Leads of change in stroke services"	**'Talking to others who have been through/in significant service change"**	**"Greater Manchester colleagues"**

Encouragingly, attendees left the face-to-face event with positivity about the NHS's ability to do change: 89% of attendees agreed or strongly agreed that the NHS was capable of achieving successful system wide change.

The face-to-face event had a diversity of attendees (Figure 4), including all of the desired target audiences. Two-thirds of the attendees worked for the NHS, spread across provider trusts, national bodies, regional networks, STPs and CCGs. This included managers and clinicians.

Figure 4: Face-to-face attendees

%	Attendees
39	NHS Trust
16	NHS national body/ regional network
14	University/think tank
12	STP/CCG
9	Charity
7	Private sector
3	Other

Social media at the events included short vox pop interviews with a number of speakers, which received over 400 views. Tweets from the Kaleidoscope account (**@kscopehealth**) during the day received 7,859 impressions, 449 media engagements and 183 engagements. There were 274 further engagements from a range of others tweeting on the day.

The event also prompted a new collaboration. The UCL team met with leaders of the Kent and Medway stroke service reconfiguration; as a result, Angus Ramsay (UCL team member and NIHR Knowledge Mobilisation Research Fellow) joined the Kent and Medway Stroke Project Board in an advisory role. Through this role he has shared evidence on planning, implementation, and impact of stroke reconfiguration, and provided advice on how the local evaluation of their changes might be conducted. This ongoing activity will also contribute to the empirical component of his fellowship.

Outputs

The **learningfromstroke.com** website hosted a set of existing materials and content relating to the events. Between February 2018 and January 2019, the site received 7,200 unique visitors, with over 13,000 page views. The website now features numerous new resources developed over the course of this project, including blogs, webinars and interviews with event attendees. To maximise its legacy potential, we will continue to update the website so that it includes links to future papers and learning from this research.

The blogs from across the series received over 120 unique page views. They provided user-friendly summaries of key issues; further, they offered stakeholders the opportunity to raise questions about these issues. While the blogs have not yet generated a great deal of discussion, they remain a potentially useful means of communicating key lessons quickly, and represent a different (more conversational) approach to sharing learning from this research.

For the face-to-event, a synthesis pack was created, combining photos, key points from discussions, analysis of all templates used, and social media. The pack is available on the website, with an overview at Figure 2.

Reflections

The event series

As outlined, our approach was to create an 'event series' where a range of complementary activities (website, blogs, webinars, and a face-to-face event) would build understanding of the stroke evaluation findings and the wider context for major system change. This was to facilitate active and informed discussion of how these lessons might be employed in future efforts to plan and implement major system change across health and care services.

We structured the event series so that each new activity would build on previous ones and feed into the next ones. This was to create a sense of momentum heading towards the face-to-face event.

However, it was also important to ensure that the resources we developed had potential to contribute over the long term, beyond this project's lifespan. Therefore, the website, blogs and webinars each returned to key findings from the stroke evaluation. In doing so, we created outputs that appeal to diverse learning styles – including formal academic (by promoting our papers), more conversational (through our blogs and webinars), and more interactive (through our face to face event and again our webinars).

Future event series of this kind might usefully consider ways to encourage greater interaction – for instance, by making responses to one activity (e.g. a blog) the basis for another (e.g. a webinar). This in turn could increase usage of information resources, and also engender greater stakeholder ownership of (and investment in) the series overall.

Dissemination

In seeking to bridge a recognised gap in supporting effective use of evidence in practice – the dialogue between commissioners, researchers and users – enhanced dissemination pilots have potential to make a significant contribution to improving the impact of research findings. Understanding of potential for research findings to achieve impact is currently underdeveloped, and researchers should be encouraged to share their work and lessons from it in more active and imaginative ways. We are grateful for the opportunity to be a part of this scheme. Reflecting on our experience of this pilot scheme, the team identified a number of lessons for how funders might wish to develop schemes of this kind:

- Dedicated resources can make a valuable contribution to the impact of research findings, especially when these are used to recruit people with expertise in engagement and knowledge sharing. However, in order to make the most of these opportunities, there may be an argument for offering further additional resources, reflecting the real world costs entailed in doing dissemination activity of this kind.
- Greater formative learning across pilots as they are developed and implemented would be valuable. We would therefore be eager for our lessons and reflections to be shared widely with other teams leading enhanced dissemination pilots.
- In future, learning from these pilots should be shared as a matter of course with researchers developing funding applications, and in order to help applicants make more ambitious plans and ensure these are budgeted for up front.

The series showed both the strengths and shortcomings of a focus on 'dissemination' alone. Knowledge was disseminated from the research studies in a highly credible way. Attendees from policy and practice benefited from the accessible way in which the academic research was presented.

However, significant further value was created through the interaction and sharing of knowledge in multiple directions. Policymakers and practitioners were able to share with each other, and with researchers, the different forms of knowledge used in their work. The creation of these new connections represents a promising new approach for dissemination and shared learning.

NIHR disclaimer:

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