IMPlementation And Capacity-building Team (IMPaCT) update

Naoimh McMahon
Implementation Manager

27th February 2020

Plan for the talk

|	
Naoimh McMahon On behalf of IMPaCT	Overview of IMPaCT team/implementation strategy Questions to you about how we can contribute to the objectives of the ARC
Professor Ailsa Brotherton Director of Continuous Improvement LTHTR on behalf of Lancashire and South Cumbria Strategic Stroke Improvement Group	Evaluating the implementation of an Integrated Stroke Delivery Network: Example to illustrate member 'ask' and ARC 'offer'
Everyone	Discussion and feedback

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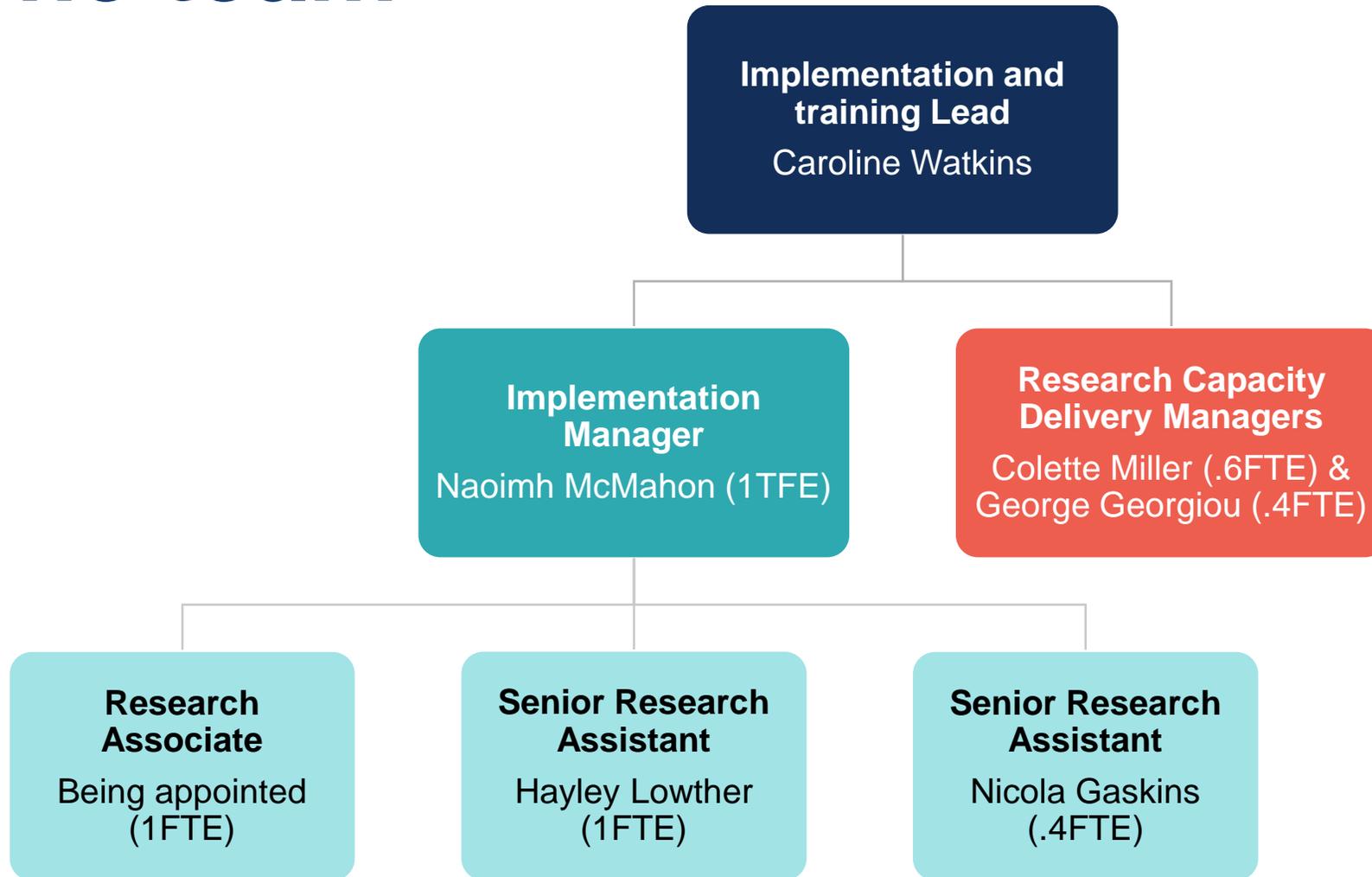
NIHR ARC NWC Structure

- Improving Population Health (IPH)
- Equitable Place Based Health and Care (EPHC)

- Person-Centred Complex Care (PCCC)
- Health and Care Across the Life Course (HaCAL)

IMPaCT - IMPlementation **A**nd **C**apacity-building **T**eam
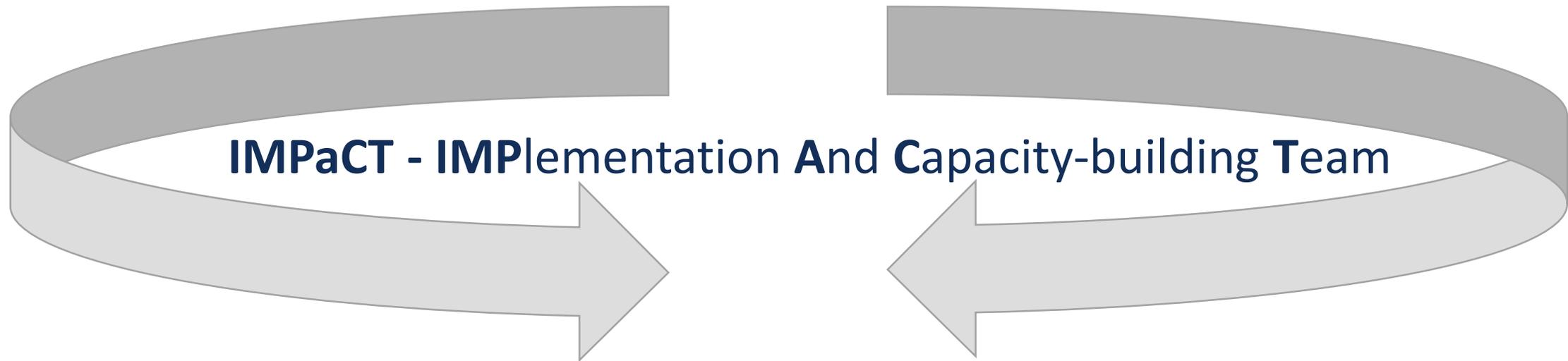
TWO CROSS-CUTTING METHODOLOGICAL SUPPORT THEMES

- Methodological Innovation Development Adaptation and Support (MIDAS)

- Care and Health Informatics (CHI)

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The team

Implementation and training Lead
Caroline Watkins

Implementation Manager
Naoimh McMahon (1TFE)

Research Capacity Delivery Managers
Colette Miller (.6FTE) &
George Georgiou (.4FTE)

Research Associate
Being appointed
(1FTE)

Senior Research Assistant
Hayley Lowther
(1FTE)

Senior Research Assistant
Nicola Gaskins
(.4FTE)

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CLAHRC NWC to ARC NWC

- The purpose of the funding is **to support** applied Health Care, Social Care and Public Health research relevant to the needs of the diverse communities and local health and care system, and **be implementable** across the local region.

- The research should **be generalisable and have wide applicability** across health and care nationally, as well as within the local health and care system where it is conducted.

- The purpose of the funding is to meet **the research infrastructure costs** incurred and is to underpin a portfolio of work supported **by other research funders and other funding awards.**

- For sustainability it is intended that ARC NWC is engaged in a robust programme of increasingly **externally-funded** research with **established pipelines to widespread implementation.**

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What should ARC infrastructure support?

ARC NWC strategy: Roundtables & Pipelines?

Research	Implementation
Idea generation	

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ARC NWC strategy: Roundtables & Pipelines?

Research	Implementation
Idea generation	
Proposal development (pilot work e.g. evidence reviews)	

ARC NWC strategy: Roundtables & Pipelines?

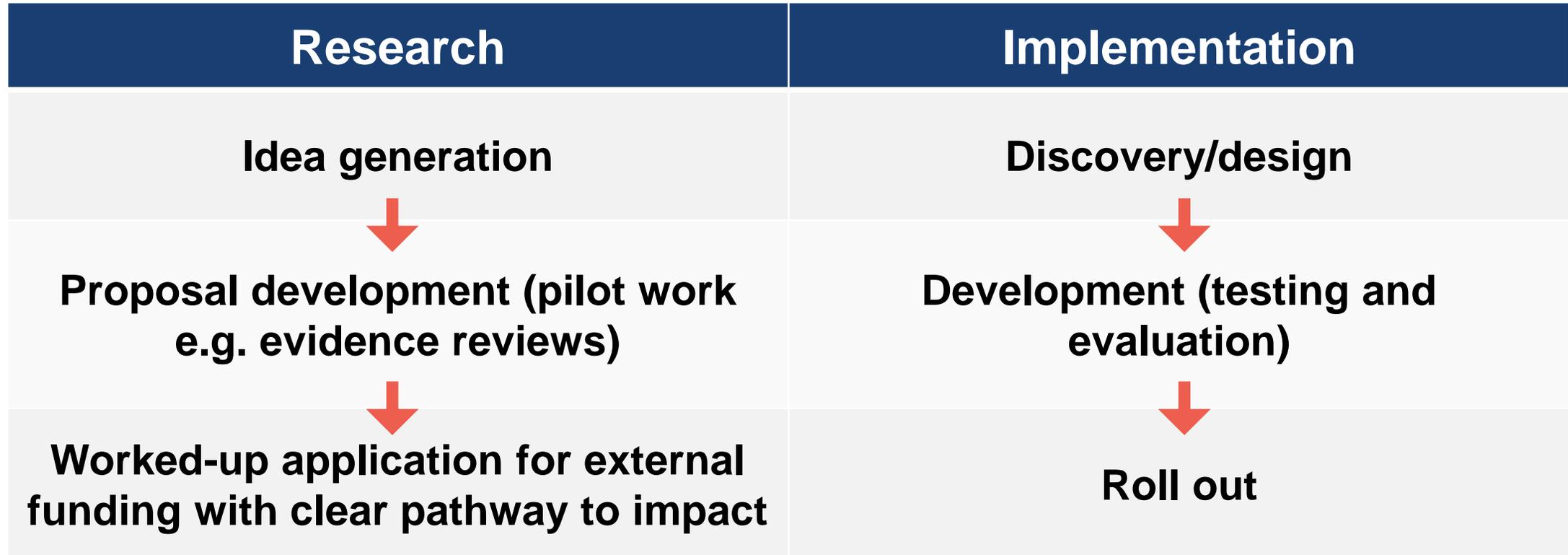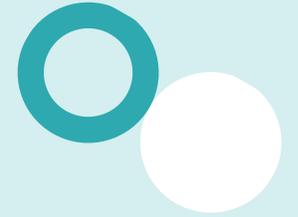| Research	Implementation
Idea generation	
Proposal development (pilot work e.g. evidence reviews)	
Worked-up application for external funding with clear pathway to impact	

ARC NWC strategy: Roundtables & Pipelines?

Research	Implementation
Idea generation	Discovery/design
Proposal development (pilot work e.g. evidence reviews)	
Worked-up application for external funding with clear pathway to impact	

ARC NWC strategy: Roundtables & Pipelines?

Research	Implementation
Idea generation	Discovery/design
Proposal development (pilot work e.g. evidence reviews)	Development (testing and evaluation)
Worked-up application for external funding with clear pathway to impact	

ARC NWC strategy: Roundtables & Pipelines?

Research	Implementation
Idea generation	Discovery/design
↓	↓
Proposal development (pilot work e.g. evidence reviews)	Development (testing and evaluation)
↓	↓
Worked-up application for external funding with clear pathway to impact	Roll out

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How can IMPaCT contribute?

1. Implementation Research

Work with themes to **embed implementation questions** in research plans and support data collection/ analysis to answer these

What implementation questions are cropping up in the research activity you're involved in? What support would be helpful in answering these?

Provide **evaluation support** to member-led large scale implementation/quality improvement projects to capture generalisable lessons about health systems change

Are there large-scale implementation/quality improvement initiatives in your organisation which would benefit from ARC input/support? If so, how?

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2. Research Implementation

Co-ordinate and facilitate **'IMPACT Roundtables'** with key actors to collaboratively:

- map evidence-based practice/gaps in implementation
- identify innovative solutions and support required to progress activity through 'pipelines'

What forums already exist in which to do this type of activity e.g. what topic areas, which groups involved?

How can the ARC add value/support these?

3. Training and capacity-building

Coordinate and support formal ARC NWC **capacity-building opportunities** (i.e. internships, studentships)

Work collaboratively with research and cross-cutting themes to **jointly produce resources** to support the embedding of implementation across the ARC NWC

Engage with implementation science and quality improvement **expertise** regionally and nationally to strengthen ARC NWC capacity

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PhD studentships

- Full time PhD Studentship opportunities including stipend and research costs

- Topics must be:
  - Aligned to an ARC Theme, have Theme Lead approval
  - Consult the Health Inequalities Assessment Toolkit (HIAT)
  - Support and enable patient and public involvement

2020 Opportunities			
	Lancaster	**UCLan**	**Liverpool**
Number of PhDs Available	1	2	4
Number of Topic Proposals	5	10	14
Stage	To be advertised	To be advertised	Advertised

Further opportunities will be available subject to continued funding

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Internships

Research	Data Science	Fellowship
Aligned to projects prioritised by ARC Members	Aligned to Care and Health Informatics Theme	Aligned to IMPaCT Team
Funding to "buy-out" staff time for staff in Member organisations		
Undertaking implementation and evaluation research activities in support of the overarching project	Developing existing data resources to ensure "research readiness"	Developing Fellowship applications for future study, e.g. Pre-Doctoral, Doctoral, Post-Doc
[To be advertised]	[Applications close 06/03]	[To be advertised]

Training varies dependent on the Internship stream but can include:
Enrolment on taught modules, bespoke taught sessions, dedicated supervisor(s), identification of mentor(s), Collaborative Implementation Groups (CIGs), dissemination and networking opportunities

Opportunities will be advertised shortly and shared

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▪▪ I am the Patient, *by Jean Sherrington*

You probably won't meet me in person but all that you know and all that you do, your skills, and determination, will affect me.

This strange, frightening place that Stroke has brought me to, needs everyone to use all they have, to save me and lead me to a better place.

Perhaps I can't help myself
Perhaps I can't speak well
Perhaps I can't let you know how frightened I am
Perhaps I am very confused
Perhaps I feel like giving up
Perhaps I have no family to support me
Perhaps I am young and feel I won't be able to work
Perhaps my tolerance for noise has decreased
Perhaps my sight is altered
Perhaps my memory is shot

Perhaps, Perhaps, Perhaps

Your organisational skill
Your vast knowledge
Your desire to improve care
Your commitment
Your collaboration with each other
Your willingness, whilst looking at the big picture, to take time to examine the tiny detail
Your being open to new ways
Your healthy impatience to move things forward
Your confidence in each others skill sets
Your willingness to share

…..You already have all these attributes, so are well armed

Healthier Lancashire & South Cumbria

The problem

- There is strong evidence that investigations and interventions such as brain scanning and thrombolysis can best be delivered as part of a 24/7 **networked service**, including urgent care centres that admit above a safe level of acute stroke patients per year.

- Networked configurations of stroke services to optimise treatments **remain incomplete and are insufficient** in most areas to accommodate the new life-changing intervention of mechanical thrombectomy, with current provision lagging behind other European countries.

- Key services for stroke rehabilitation, psychological and ongoing care have not yet been able to mirror the improvements seen in acute care and prevention, with nearly half of all stroke survivors **feeling abandoned** on leaving hospital.

Healthier
**Lancashire &
South Cumbria**

- ISDNs will be responsible for designing and delivering expert stroke pathways through involving all services from pre-hospital through to early supported discharge, community care and life after stroke to deliver optimal stroke pathways and support delivery of the NHS's seven-day standards for stroke care

- Involving all relevant agencies will ensure that every system, and all stroke centres, deliver optimal care in line with best practice standards including NICE guidance, the Royal College of Physicians guideline for stroke, the Joint Royal Colleges, Ambulance Liaison Committee guidance for stroke and the NHS England and NHS Improvement ISDN Pathway Specification.

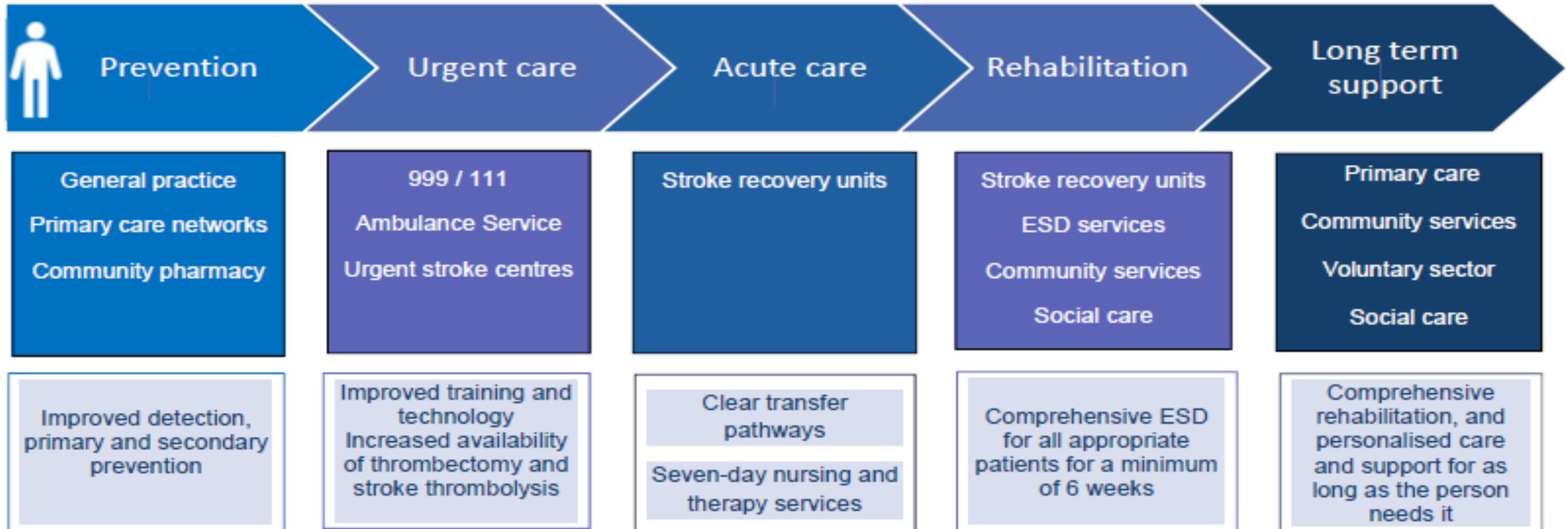# Integrated Stroke Delivery Networks
Providing improved stroke outcomes in every ICS

Patient information and engagement is consistent throughout the single system via a patient passport

Data and information are digital, interactive and accessible to all, across the whole system

Systems are aligned across the full pathway with strong clinical and network leadership

Modernised and upskilled workforce are recruited in line with system need

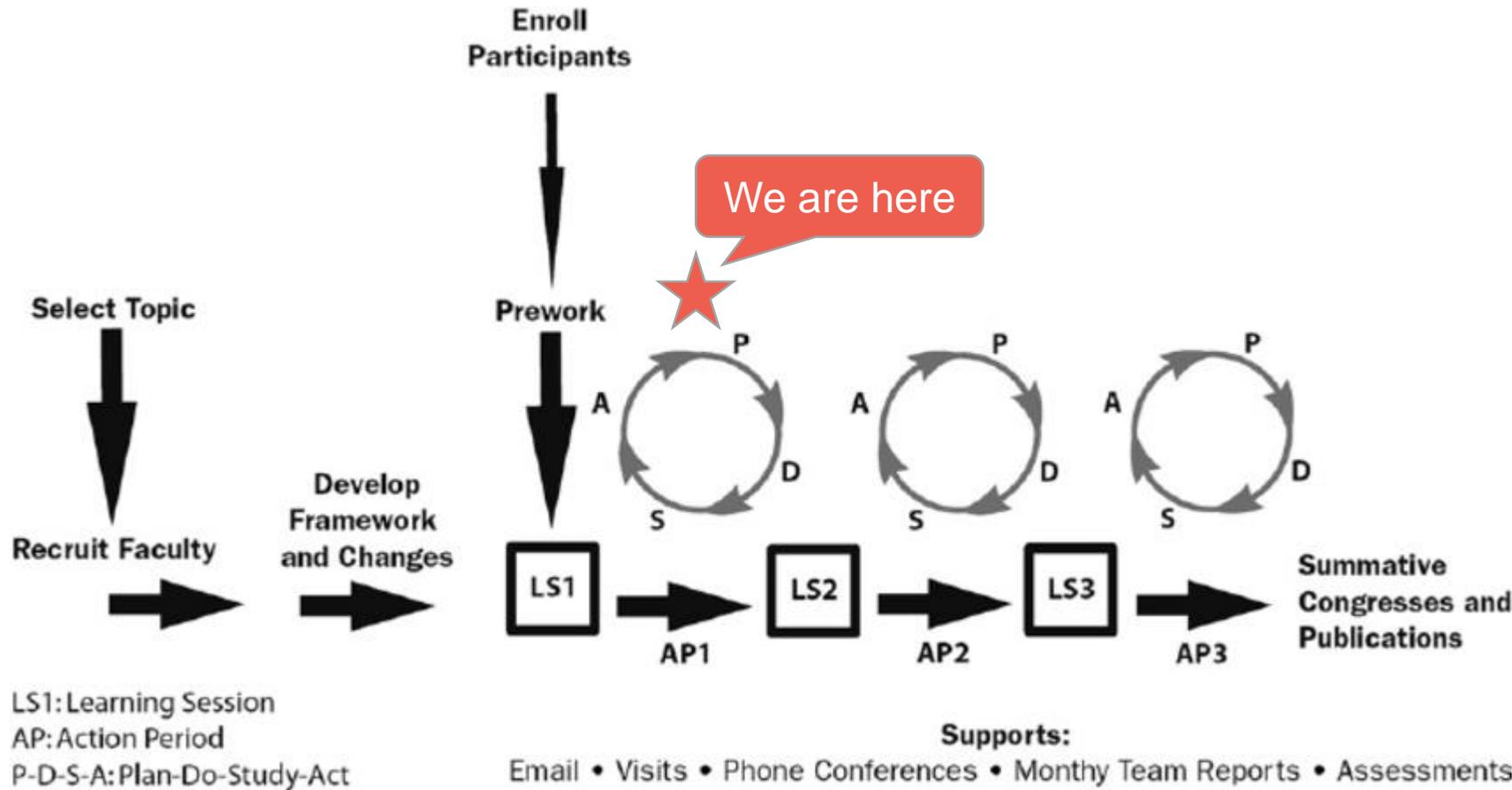| Prevention	Urgent care	Acute care	Rehabilitation	Long term support
General practice Primary care networks Community pharmacy	999 / 111 Ambulance Service Urgent stroke centres	Stroke recovery units	Stroke recovery units ESD services Community services Social care	Primary care Community services Voluntary sector Social care
Improved detection, primary and secondary prevention	Improved training and technology Increased availability of thrombectomy and stroke thrombolysis	Clear transfer pathways Seven-day nursing and therapy services	Comprehensive ESD for all appropriate patients for a minimum of 6 weeks	Comprehensive rehabilitation, and personalised care and support for as long as the person needs it

Over 10 years thousands of premature deaths will be avoided, tens of thousands of disabilities will be prevented or lessened, and hundreds of thousands will benefit from **better integrated person-centred care**

Key Deliverables

- Best practice personalised stroke pathways configured and managed from pre-hospital care onward, including ambulance, thrombectomy, Early Supported Discharge (ESD) and six-month reviews within initial implementation, building to include the full pathway from prevention through to life after stroke

- Within each ISDN, thrombolysis and thrombectomy rates should increase to 20% by 2025, and 10% by 2022. Early Supported Discharge (ESD) should progress towards at least 40% of eligible patients receiving. Six-month post-stroke reviews should be delivered to at least 60% of patients.

- A flexible, future-proofed competency-based stroke workforce, supported by a skills and capabilities framework and toolkit

- A comprehensive dataset meeting the needs of clinicians, commissioners and patients describing the quality and outcomes of care provided
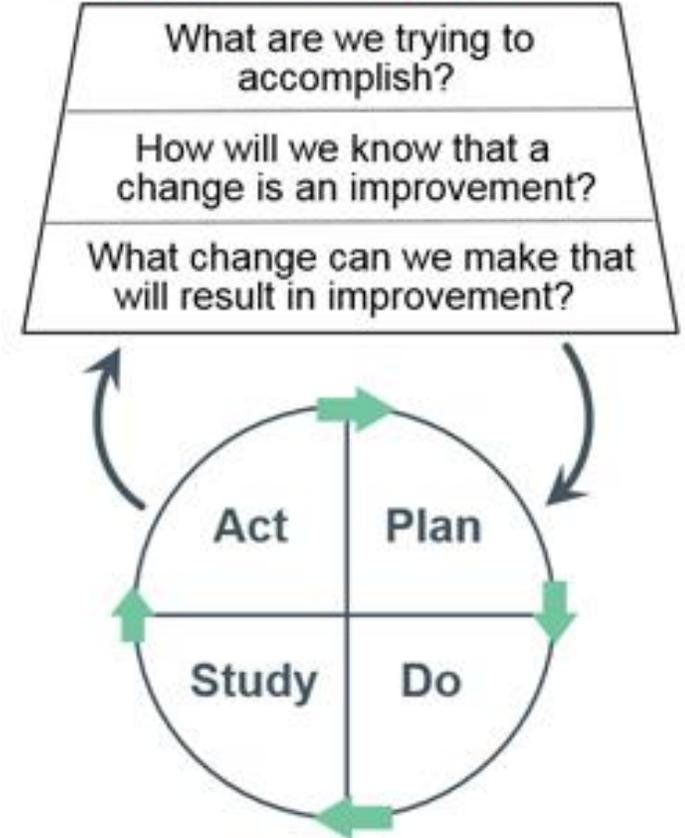
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- Lancashire and South Cumbria Strategic Stroke Improvement Group are utilising a **Breakthrough Series Collaborative** to implement to develop and implement an Integrated Stroke Delivery Network (ISDN)

  - Establish a Faculty of stroke clinical and QI experts
  - Design our change package and Driver Diagram (interventions for testing)
  - Design our Measurement Strategy and plan
  - Bring teams together in an 'All teach, all learn' QI programme to share testing and learning
  - Track improvement over time
  - Hold a summit event to celebrate successes

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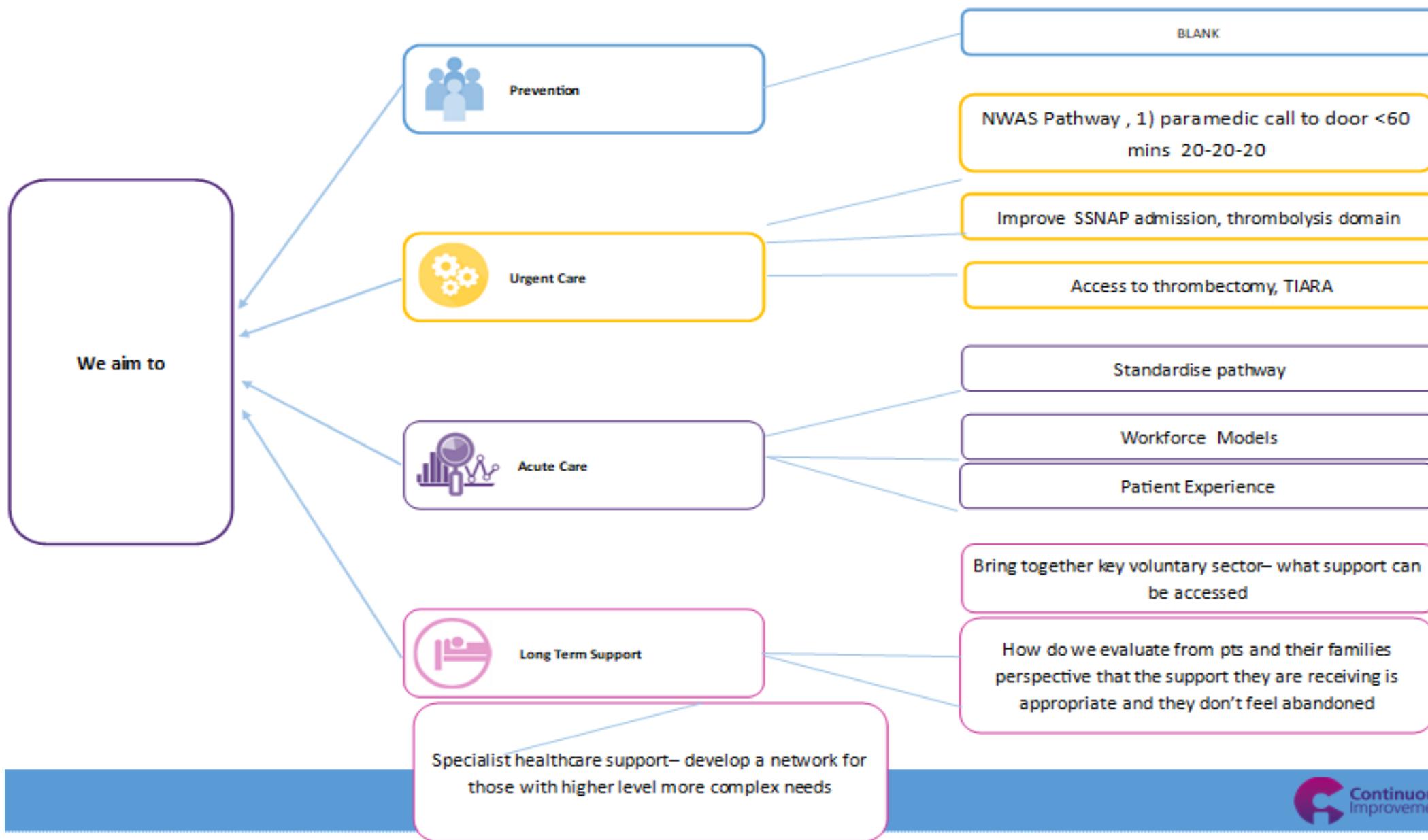
- *How* is the ISDN set-up in Lancashire and South Cumbria?

- *How* does patient experience of stroke care change after the implementation of an ISDN?

- *How* do stroke outcomes, and processes, change after the implementation of an ISDN?

- *Does* the ISDN reduce unwarranted variation in service delivery, and *what* is the impact on the social gradient in stroke prevalence, onset, and outcomes?
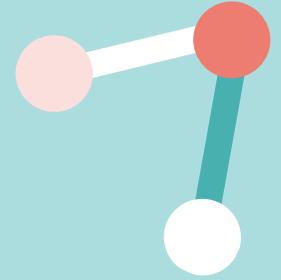
Next steps?
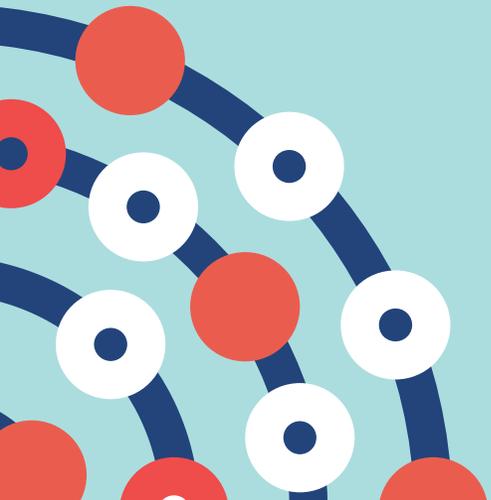
Thank you for listening

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