A framework to evaluate the impacts of NIHR ARC NWC research on policy and practice

A Template for Taking Notes

CORE EVALUATION QUESTIONS for ARC NWC Stroke Roundtable

Lay summary

Purpose

The Stroke Impact Roundtable will bring together key individuals with expertise in stroke care from academic, health and social care, and third sector organisations, along with patient and public advisors who have *experience of the stroke care system*.

This will provide a forum through which we can *collectively learn about system-wide efforts to implement stroke care improvements* across the North West Coast and how these key stakeholders can add value to ongoing work while also *shaping future research and implementation agendas*.

Aims:

1. To understand best practice in terms of implementation, identify any gaps in the system and develop plans to address these, all with a focus on patient and staff involvement
2. To share learning about successes and challenges of system-wide implementation efforts to support uptake and implementation in different stroke care settings and geographical regions
3. To ensure that any resulting outputs have a clear focus on delivering equitable care and learn from implementation efforts that may inadvertently widen inequalities in stroke prevention and care delivery
4. To create a framework for scaling-up successful system-wide implementation in stroke, which could be applied to other health, public health and social care priority areas embarking on system-wide transformation

Objectives:

1. To map current practice and activities around stroke care and improvement from prevention to long-term care, in the North West, with support from members. This map will enable identification of any gaps in practice, evidence or implementation and drive development of plans to fill those gap

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2. To share information through various modes regarding the successes or challenges of system-wide implementation efforts via communication within each members' networks and at Roundtable meetings. These experiences will be recorded and can then be used to support uptake and implementation in different stroke care settings and geographical region.

3. Embed a health equity lens within all activities of the Roundtable, using tools such as the HIAT to assess planned activities and their potential to contribute to reducing inequalities in health.

4. Use the insights gained from Roundtable experience and activities to inform and develop a structured framework for scaling-up successful system-wide implementation in stroke, that could be of relevance to other topics in the future

Outputs:

1. a) Gaps in evidence or implementation identified through the mapping exercise.

   b) Plans developed, which may include education, building capacity, research, evidence, and/or innovation, to address the identified gaps

2. Learning applied from system-wide implementation efforts supports uptake and implementation in different stroke care settings and geographical region.

3. Activities undertaken which have been viewed from a health equity perspective and contribute to reducing inequity in stroke care across the North West Coast.

4. A structured framework which has been informed by insights from Roundtable experiences and activities and is applicable to other system-wide areas of healthcare.

The purpose of this framework is to sketch out how we will show or evidence:

A. Impacts: Who or what changed, in what ways, and how do we know?

B. Causes of impact: Why/how did changes occur? Which factors or processes caused impact?

C. Lessons and actions: What lessons can be learned? Which actions should follow to generate impact?

Adapted from Edwards and Meagher, 2020; https://doi.org/10.1016/j.forpol.2019.101975

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A. **IMPACTS**

What we intend to change? What has changed? (Progress towards goals)	
1) Instrumental: changes to plans, decisions, behaviours, practices, actions, policies	
2) Conceptual: changes to knowledge, awareness, attitudes, emotions	Understanding of best practice in terms of implementation Identify any gaps in the system and develop plans to address these with a focus on patient and staff involvement Resulting outputs have a clear focus on delivering equitable care Learn from implementation efforts that may have inadvertently widen inequalities in stroke prevention and care delivery
3) Capacity-building: changes to skills and expertise	Sharing of learning about successes and challenges of system-wide implementation efforts to support uptake and implementation in different stroke care settings and geographical regions
4) Enduring connectivity: changes to the number and quality of relationships and trust	Development of the forum? Shaping of future research and implementation agendas?
5) Culture/attitudes towards knowledge exchange, and research impact itself	To create a framework for scaling-up successful system-wide implementation which could be applied to other health, public health and social care priority areas embarking on system-wide transformation

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Commented [JC1]: Aim is to provide a forum through which collective learning about system-wide efforts to implement stroke care improvements across the North West Coast can take place. It also shows how the different organisations represented can add value to ongoing work, whilst also shaping future research and implementation agendas.

Commented [JC2R1]: Logic model project: To explore the perspectives and experiences of those involved in the process of implementing system-level change in stroke care, in the North West Coast (NWC) region.

Commented [JC3R1]: To develop a logic model to support system-level changes in stroke care

Commented [JC4R1]:

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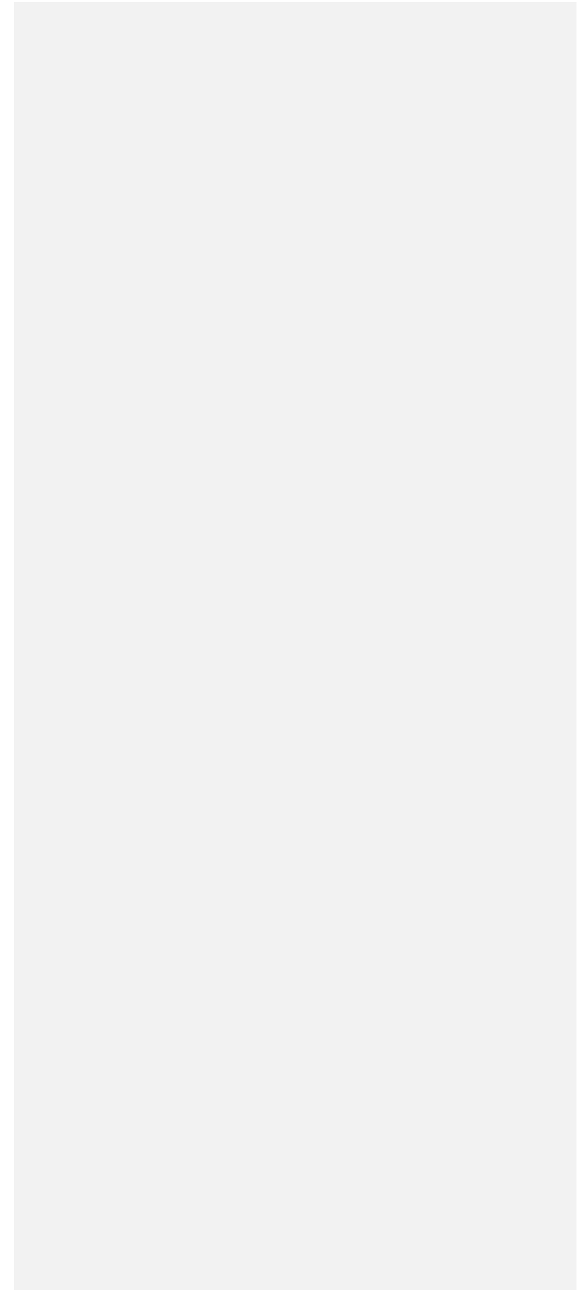

Who are the influencers and who do we hope to influence? Who changed? Stakeholder groups might typically include:	
1) Policy-makers: including NIHR, regulatory bodies; local, national and international	**Stroke Association (national)** **Health and care policy-makers within the NHS Cheshire and Mersey, and NHS Lancashire and South Cumbria footprints:** **• Lancashire and South Cumbria Health and Care Partnership** **• Lancashire Teaching Hospitals** **• East Lancashire Hospitals** **• Countess of Chester Hospital** **• Lancashire County Council** **Innovation Agency (AHSN)** **NHS England programme: Getting It Right First Time** **Royal College of Physicians (publish stroke guidelines)** **NIHR Infrastructure** **• Clinical Research Network (CRN)**
2) Practitioners: local authorities, NHS, third sector	**Practitioners within ARC NWC footprint health and care organisations. Full multidisciplinary team within the whole stroke pathway:** • **Ambulance** • **Acute** • **Rehabilitation** • **Early supported discharge** • **Community teams** • **Primary care providers**
3) Communities: of place or interest	**Stroke Association (regional)** **Sentinel Stroke National Audit Programme SSNAP??** **Stroke Specific Education Framework SSEF???**

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4) Researchers: within and beyond the project and institution	**Local universities:** • **Lancaster University** • **University of Central Lancashire** • **University of Liverpool** • **Edge Hill University** • **Liverpool John Moores**
5) The public: users of services, their carers	**Members of the public** **NIHR ARC NWC Public Advisers** **Stroke service users (term to be discussed)** **Formal and informal carers**

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How do we know? (Evidence and feedback)	
Which indicators and methods should be used, and questions asked, to demonstrate impacts, and progress towards generation of impacts?	These are the aims of the project: 1. To understand best practice in terms of implementation, identify any gaps in the system and develop plans to address these, all with a focus on patient and staff involvement 2. To share learning about successes and challenges of system-wide implementation efforts to support uptake and implementation in different stroke care settings and geographical regions 3. To ensure that any resulting outputs have a clear focus on delivering equitable care and learn from implementation efforts that may inadvertently widen inequalities in stroke prevention and care delivery 4. To create a framework for scaling-up successful system-wide implementation in stroke, which could be applied to other health, public health and social care priority areas embarking on system-wide transformation
	Proposed 'Indicators of success' 1. 'Logic model' developed, articulated, out there. Plans for 'gaps' identified and out there 2. Catalyst funded projects – building the capacity of the interns and sharing/acting on their findings 3. Evidence of effective sharing of findings from this and e.g. the Catalyst funding projects 4. Evidence of 'connected research communities' so, at the strategic level, people can connect with experts and access evidence/knowledge effectively 5. (Develop and share) a case study that highlights this focus on equity and health inequalities 6. Evidence of application/adaptation outside the context of stroke pathway in NWC region 7. Has the work of the roundtable been relevant to the people involved?

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B CAUSES OF IMPACT

Why or how did changes occur?	
1) Problem-framing: Level of importance; active negotiation of research questions; appropriateness of research design.	By integrating national guidelines and programs with local expertise and patient involvement, this initiative aims to enhance the quality of stroke care, improve patient outcomes, and reduce inequalities in service provision. Driven by several key factors, including: 1. National Programs and Guidelines: - SSNAP (Sentinel Stroke National Audit Programme): monitors the quality of stroke care in hospitals across the UK, providing detailed data that helps identify areas for improvement. - Get It Right First Time (GIRFT): aims to improve medical care by reducing variations in practice and sharing best practices across the NHS. - Royal College of Physicians Stroke Guidelines: provide evidence-based recommendations for the management of stroke, ensuring that patients receive high-quality care. - NHS Long Term Plan: outlines priorities for the NHS over the coming years, including improving stroke prevention, treatment, and rehabilitation. 2. Local Commitment and Engagement: - Strategic Leads: Local healthcare leaders are dedicated to improving stroke services, ensuring alignment with national guidelines and programs. - People with Lived Experience: Individuals who have experienced stroke contribute valuable insights, ensuring that care improvements are patient-centred. - Academic Leads: Researchers and clinicians provide evidence-based input to guide practice improvements and innovations in stroke care. 3. Collaborative and Inclusive Approach: - Roundtable Format: a roundtable format symbolises equality and collaboration, fostering open dialogue and mutual respect among all participants. Co-Development: aims and scope, are co-developed with roundtable members, ensuring that all voices are heard and that the approach is comprehensive and inclusive.

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Why or how did changes occur?	
2) Research management: research culture; integration between disciplines and teams; planning; strategy.	Key thing about the roundtable is the breadth of organisations and people that are included and involved – bringing with them the three types of knowledge (technical, scientific, experiential) Members of the roundtable co-develop the plans for how the work will be scheduled etc Involvement is at the strategic level, regional strategic oversight to share expertise and reduce duplication
3) Inputs: Funding; staff capacity and turnover; legacy of previous work; access to equipment and resources.	Founded on national and international recognised centre of expertise, including strong regional collaborations Directly, ARC funding has facilitated as has direct project funding (e.g ISNDN and catalyst) Indirectly, funding for stroke research, primarily at UCLan, provides a good base to build
4) Outputs: Quality and usefulness of content; appropriate format.	The aim is for these to be coproduced with all in the roundtable so that content is appropriate and useful
5) Dissemination: Targeted and efficient delivery of outputs to users and other audiences.	Thus far we have produced presentations and youtube videos What else would we want to produce?
6) Engagement: Level and quality of interaction with users and other stakeholders; co-production of knowledge; collaboration during design, dissemination and uptake of outputs.	Broad Inclusion of Organisations and Individuals: The roundtable includes a wide array of stakeholders from various organisations, ensuring a holistic approach to improving stroke care. Participants bring three types of knowledge: Technical Knowledge: Expertise in healthcare delivery, system management, and implementation strategies. Scientific Knowledge: Insights from clinical research, medical advancements, and evidence-based practices.

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Why or how did changes occur?	
	Experiential Knowledge: Perspectives from people with lived experience of stroke, providing firsthand insights into patient needs and challenges.
7) Users: Influence of knowledge intermediaries, e.g. ‘champions’ and user groups; incentives and reinforcement to encourage uptake.	Wide range of ‘users’ are involved – strategic leads and patients, and patient groups (stroke association) are involved
8) Context: Societal, political, economic and geographical factors.	Plethora of national initiatives: Sentinel Stroke National Audit Programme, Get it Right First Time national programme underpinned by the Royal College of Physician Stroke Guidelines, NHS Long Term Plan. Inequalities in health, between regions and within the region Spoke model shown to work in some areas (London and Manchester) but more problematic across a mix of urban and rural areas We cover more than one Integrated Stroke Delivery Network

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C LESSONS AND ACTIONS

What lessons can we learn for impact identification and generation?	
1) What worked? What could (or should) have been done differently?	Engagement occurs at a strategic level, with regional strategic oversight to share expertise and resources. This helps to ensure that activities are coordinated, reducing duplication of work
2) What could (or should) be done in the future?	

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D RESOURCES

https://doi.org/10.1016/j.forpol.2019.101975: A forestry pilot study, by David M. Edwards and Laura R. Meagher

A framework to evaluate the impacts of research on policy and practice – Integration and Implementation Insights (i2insights.org)

How to tell an impact story? The building blocks you need | Impact of Social Sciences (lse.ac.uk).

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