Evaluating impact and planning knowledge mobilisation activities

NIHR | Applied Research Collaboration North West Coast

A Template for Reflection and Taking Notes

CORE EVALUATION QUESTIONS for Consultations about randomised controlled trials are shorter and less in-depth for socioeconomically disadvantaged patients compared to socioeconomically advantaged patients

<u>Lay summary of the project or activity</u>

Clinical trials test whether cancer treatments are safe and effective. However, many trials do not recruit enough patients. We need more patients to take part in trials to increase the quality of research and make safer and more effective treatments available to cancer patients sooner.

Patients from poorer areas are the least likely to take part in clinical trials. These patients are, therefore, less likely to get newer, potentially superior treatments that are only available by taking part in clinical trials. This means there is an inequality at the heart of cancer research. We don't want patients from poorer backgrounds to miss out on the opportunity to take part and potentially benefit from clinical trials. Improving how doctors explain clinical trials with patients from different socio-economic backgrounds will make cancer trials more accessible to everyone.

From previous research studies, we have recordings of consultations between patients and doctors, in which health professionals have invited patients to take part in a clinical trial (e.g. discussing what taking part involves, risks and benefits, practicalities etc.) The trials from which we captured the recordings were in different areas of cancer research, including oral cancer, brain tumours, lymphoma, and leukaemia. We will analyse the consultations we have already recorded to discover how doctors explain clinical trials to patients from different backgrounds, and how those patients decide whether to take part in trials or not.

The results will help doctors to improve how they explain clinical trials to cancer patients from poorer backgrounds, empowering patients to make more informed decisions about their treatment and care. This will make it easier for a wider range of patients to take part in, and benefit from, cancer research - narrowing inequalities in care and making trials reflect the diversity of patients more accurately, thereby improving the science.

The purpose 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?

A. IMPACTS

What changed? (Progress towards goals)	
1) Instrumental: changes to plans, decisions, behaviours, practices, actions, policies	Study paper proposes recommendations for future practice. This work is intended to form a larger piece of work that will also entail creating communication guidance, which will aim to make research participation more inclusive.
2) Conceptual: changes to knowledge, awareness, attitudes, emotions	Improved knowledge of patterns in communication in the context of trials, and highlighted inequalities that are present and may exacerbate barriers to trials for underserved groups. Generally the study increased awareness of trial communication and inequalities, as it has opened up opportunities to present to wider audiences, such as invited talks with trainee oncologists, the MRC Clinical Trials Unit at UCL, and an accepted talk at the International Clinical Trials Methodology Conference 2022.
3) Capacity-building: changes to skills and expertise	This was the first project I have had the opportunity to lead, so it has built my capacity in leadership and project management skills in particular. I have also supported an ECR through this process, who has now published a first author paper and has developed qualitative research skills through the post.
4) Enduring connectivity: changes to the number and quality of relationships and trust	As lead on the project, it has also provided opportunities to build the number and quality of relationships in this area of research - I have co-led the MRC-NIHR Inclusivity Sub-group of the Trials Methodology Research Partnerships Trial Conduct Working Group, I have been invited to supervise a PhD student's project focused on intersectionality and trial conduct, and I have been invited to collaborate with others, such as co-leading the development of the INCLUDE Socioeconomic Disadvantage Framework.
5) Culture/attitudes towards knowledge exchange, and research impact itself	

Who was involved in the change? (Influencers and influenced) Stakeholder groups might typically include:	
1) Policy-makers: including NIHR, regulatory bodies; local, national and international	N/A
2) Practitioners: local authorities, NHS, third sector	Several co-authors of the study paper were clinicians. The study focused on practitioners' communication to consider how trial communication might differ depending on patient socioeconomic status, and why this is important. The findings have been published and we hope they are of interest to practitioners working on trials, but also we have presented the results to practitioners, such as an invited talk at an oncologists trainee event in the UK.
3) Communities: of place or interest	
4) Researchers: within and beyond the project and institution	The research team worked collaboratively to deliver the project, bringing together expertise in several areas. The findings have been well received through the talks and reports produced, with several researchers keen to collaborate on a future larger project.
5) The public: users of services, their carers	Key public advisors helped to steer the project and advise on next steps. We also presented at ARC Fest. I feel this could have been stronger but we didn't have the resource with it being a small grant.

How do we know? What evidence do you have? What evidence might you easily get? (Evidence and feedback)	
Which indicators and methods should be used, and questions asked, to demonstrate impacts, and progress towards generation of impacts?	Accepted talk at conferences (e.g. ICTMC 2022) Invited talks as a result of initial presentation (e.g. UCL talk, Trainee Oncologist presentation etc.) Paper published in Trials Poster awarded commended at National Postdoc Conference Improved networks and opportunities – for study researcher and lead e.g. wider network, others looking to reach out for collaborations, grants, completion of further projects. Developed new projects as a result e.g. NIHR Fellowship Application (rejected but still intend to resubmit) Raising awareness of issues in paper – starting discussions and sparking interest in topic.

B   CAUSES OF IMPACT

Why or how did changes occur? Why do you think changes occurred?	
1) Problem-framing: Level of importance; active negotiation of research questions; appropriateness of research design.	Not sure about this one.
2) Research management: research culture; integration between disciplines and teams; planning; strategy.	From a research management perspective, it was tricky to complete this alongside other commitments, but was determined to complete despite very limited resources.
3) Inputs: Funding; staff capacity and turnover; legacy of previous work; access to equipment and resources.	Funding for RA to work part time on the project for approx. 5 months. The project would not be possible without this. Also, the project drew on secondary datasets, so these were necessary to conduct the current project.
4) Outputs: Quality and usefulness of content; appropriate format.	The findings were novel and interesting, which sparked methodologists' and practitioners' interests. This led to further projects and opened up conversations.
5) Dissemination: Targeted and efficient delivery of outputs to users and other audiences.	Delivery via conferences, talks and paper – think being proactive re invited talks and collaborations continued to open up new opportunities off the back of each one.

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6) Engagement: Level and quality of interaction with users and other stakeholders; co-production of knowledge; collaboration during design, dissemination and uptake of outputs.	Relationships with PPI have been maintained and developed further for future work where applicable. Minimum resource to do this, but have tried my best to keep in touch and update, which I think generally public advisors have appreciated. Acknowledged contributions where applicable. Again, if better resourced, feel could have done more to enhance some of these relationships and keep people posted more often.
7) Users: Influence of knowledge intermediaries, e.g. 'champions' and user groups; incentives and reinforcement to encourage uptake.	Not sure this is applicable, unless referring to PPI. Was able to acquire some funds to provide financial reimbursement for public advisors and was keen to acknowledge their contributions throughout.
8) Context: Societal, political, economic and geographical factors.	EDI is high up on agenda of funders and researchers, in particular, which I think made this a topical project of interest to many.

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?	As a contract PDRA, it was incredibly difficult to deliver this project, part-time, alongside a contract in a different area that was supposed to dominate my time. It involved staff supervision (my first experience) and the funders negotiated a smaller grant than what was originally requested, but I was inclined to accept this because I'm keen to progress the work. I think further support / supplement would be helpful for PDRAs in such situations.
2) What could (or should) be done in the future?	Support for PDRAs supervising a small project alongside their contract and other commitments. Training in supervision for those experiencing this for first time.

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).