Pathways to impact

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What is impact?
REF definition
facilitators of impact

- research questions that matter
- downstream results
- positive findings
- strategy (and budget) for knowledge mobilisation/commissioning
- engagement of stakeholders from conception onwards
questions that matter?

- What are the health care needs of Traveller Gypsies?
- Can clinical guidelines improve quality of care?
- Can patients with moderate COPD withdraw from inhaled steroids?
- Is access to cardiac care inequitable by ethnicity, age, gender or socioeconomic status?
- Can we improve the response of general practice to domestic violence?
Traveller Gypsies and childhood immunization: a study in east London

GENE S FEDER
TERESA VAČLAŽÍK
ALLISON STREETLY

This study was part of a larger project to assess the health care of Traveller Gypsies in Hackney, east London. As one measure of preventive health care provision the immunization status of Traveller Gypsy children presenting to primary care services was assessed and compared with that of a control group.

Traveller Gypsies have stopped in Hackney for at least 150 years. There are no official caravan sites in the borough but

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Figure 1. Completion of primary tetanus (and diphtheria) and pertussis immunizations for the Traveller Gypsy and control children.
facilitators of impact

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Older people, women, south Asians and poorer people less likely to get appropriate angiography.
Some questions driving my research

 What are the health care needs of Traveller Gypsies?
 Can clinical guidelines improve quality of care?
 Can patients with moderate COPD withdraw from inhaled steroids?
 Is access to cardiac care inequitable by ethnicity, age, gender or socioeconomic status?
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positive findings (not)
negative findings can have an impact
positive findings (bigger is better)
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Improvement in Practice: The IRIS Case Study

February 2011

Responding to domestic abuse:
Guidance for general practices

This document provides guidance to general practices to help them respond effectively to patients experiencing domestic abuse. It is based on the framework for practice policy on child protection, guidance and practice, which is available on the NICE website.

1. The role of management

A senior person within the practice should be identified to clarify the practice’s role in responding to domestic abuse by:
- Identifying what existing domestic violence services are available (see page 43).
- Engaging with local domestic abuse services — the Domestic Violence Co-ordinator — to develop an effective working partnership.
- Commissioning training for the practice team.
- Establishing a simple care pathway for patients disclosing domestic abuse by identifying a local designated person who will be responsible for the initial assessment of victims.
- Ensuring that the practice’s response to disclosure always adheres to its information sharing protocols.

2. Establishing a domestic abuse care pathway

The primary healthcare team’s role

- Recognise patients whose symptoms mean they might be more likely to be experiencing domestic abuse.
- Ensure that patients are given a safe and empathetic first response.
- Understand the practice’s process for responding to disclosures, and know what to do when there is immediate risk of harm to patients and their children.
- Know who the designated person is for their practice.
- Understand the process for arranging the patient’s initial assessment with the designated person.
- Document domestic abuse within patient records securely and keep records for evidential purposes.
- Share information appropriately. Information will be shared only with the consent of the patient, subject to practice policy on child protection and adult safeguarding. In exceptional circumstances information may be shared without the patient’s consent. Some cases considered at MARAC meetings are likely to involve exceptional circumstances because MARACs discuss the most serious cases of alleged or suspected domestic abuse.

Identifying the designated person

The practice’s designated person can either be:
- An external specialist domestic abuse service practitioner who undertakes the initial assessment on behalf of the practice and liaises with the GP. Specific evidence based training and support programmes for general practice are available: www.iris3domesticviolence.org.uk
- An internal practice nurse or other health professional who is trained to carry out this work.

Notes

1. For the Home Office definition of domestic abuse visit: www.homeoffice.gov.uk/law/guidance/the-violence-between-women-girls/domestic-violence/2
2. For more information on the guidance contact the NICE Health Protection Unit at info@nhs.uk or info@cadag.org.uk
knowledge mobilisation

- cited in Department of Health Violence Against Women and Children taskforce report as an exemplar programme
- cited in WHO partner violence guidelines as evidence for recommendation on training interventions
- part of NICE domestic violence guidelines evidence review
- cited as a “particularly effective remedy” by the Task and Finish Group for the Welsh Government’s proposed ‘Ending Violence Against Women and Domestic Abuse (Wales) Bill’
IRISimp
2-year grant from Health Foundation
commissioning guidance
website
http://www.irisdomesticviolence.org.uk/iris/
impact

- commissioned by CCGs and local authorities in 32 English localities
- current annual rate of referral of DVA survivors from IRIS practices in England to specialist agencies is > 1000/year
- the programme started implementation in Scotland in June 2013 and implemented in south Wales in 2015.
facilitators of impact

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engagement of stakeholders

- CCGs
- national patient/lobbying organisations
- pilot implementation sites
- potential implementation funders
School for Primary Care Research

The National Institute for Health Research School for Primary Care Research (NIHR SPCR) is a partnership between the Universities of Birmingham, Bristol, Keele, Manchester, Nottingham, Oxford, Southampton and University College London.

lessons

- think about pathways to impact at conception of study
- include a cost-effectiveness analysis for evaluative studies
- get funding for knowledge mobilisation
- produce non-academic outputs
- form strategic partnerships
- be lucky
guidelines are a stepping stone
translation into practice

- **IRISimp**: ongoing project to facilitate commissioning of the programme, train advocate educators and monitor outcomes
  - commissioned in 11 English PCTs/localities
REF definition
The [name of project] is funded by the National Institute for Health Research School for Primary Care Research (NIHR SPCR). The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health.