# QuICN draft dissemination ideas for discussion

## Purpose of the document

This document sets out initial ideas and thoughts for the Research Management Group on activities to support the dissemination of the QuICN research study progress and findings. These ideas will help to shape and inform the development of a dissemination strategy and associated work plan. We ask the group to review the proposed aims, objectives and ideas to help shape and agree them and answer the questions posed at the end of the document.

## Background

Our proposal to the NIHR set out to ensure that we had a “Major emphasis on dissemination from within 6 months of the project start using a proactive strategy with ‘breadth and depth’ to increase the chances of reaching NHS audiences through multiple channels”.

One of our objectives for the study is “To produce actionable messages and best practice recommendations to disseminate proactively to service users, NHS staff, DH policy makers, NICE and academic audiences to improve the selection, application and usefulness of quality indicator schemes for community nursing”.

Appendix 1 outlines our proposed approach as set out in our proposal to NIHR.

## Proposed Aims and Objectives

Aim: Maximise impact of the research findings on practice, as well as further scientific knowledge in the field

Objectives:

* 1. Facilitate the implementation of evidence into practice through production and dissemination of actionable messages and best practice
	2. Ensure that the research is communicated effectively to a broad audience including:
		1. academics
		2. commissioning organisations (such as CCGs, Commissioning Support Units and NHS England)
		3. community nursing service provider staff
		4. patients, carers and the public including those seldom heard
		5. external statutory organisations (such as Department of Health, NHS Information Centre, NICE, Quality Observatories)
	3. Ensure the research study meets funder’s requirements around delivery of outputs
	4. *Support the Universities REF impact*
	5. *Support and facilitate knowledge mobilisation*
	6. Meet ethics and governance requirements including ensuring all stakeholders that participate in the study receive appropriate feedback
	7. Produce high-quality, peer-reviewed outputs

## Audiences

There are five key audiences for this research, these are:

* academics
* commissioning organisations (such as CCGs, Commissioning Support Units and NHS England)
* community nursing service provider staff
* patients, carers and the public including those seldom heard
* external statutory organisations (such as Department of Health, NHS Information Centre, NICE, Quality Observatories)

## Outline ideas

The following sets out some initial ideas for the different audiences we have identified so far.

**Academic audience**

* Peer reviewed papers
* Survey findings
* Case sites selection of indicators (national, regional & local lead interviews)
* Case sites application & usefulness (shadowing, focus groups, dataset analysis, interviews)
* Other papers?

Possible journals = BMJ Open, J of HSR & Policy, International J or Advanced Nursing. Other journals?

* Conferences – 2 max?
* Nursing
* HSRN symposium
* NIHR report

**Non-academic audiences**

1. Professional press
* HSJ (e.g. short article when survey paper published)
* Nursing times
* Commissioning journals such as The Commissioning Review: - <http://www.thecommissioningreview.com/> and the Commissioning Monthly: - <http://commissioningmonthly.com/>
* Professional journal for community nurses
* Others?
1. Case sites + 10 other sites
* 10 interactive workshops across the country on implementation of good practice guidelines
* Utilise internal staff communication channels (e.g. newsletters with regular study updates) within the participating organisations
* Utilise organisational communication channels with patients, carers, public and those seldom heard including websites, printed materials, social media, reference groups, voluntary sector organisations and community groups, local HealthWatch and Health and Wellbeing Boards
* Explore using advertising materials such as posters and leaflets at the participating sites focused at the different audiences
* Lunchtime seminars
* Identify and engage key partners to contribute to and capitalise on their networks such as:
	+ NHS England South West Strategic Clinical Network better: see <http://www.swscn.org.uk/>
	+ Academic Health Science Networks
	+ National Coordinating Centre for Public Engagement
	+ NICE
	+ NHS Information Centre
	+ NHS Commissioning Board
	+ Quality Observatories
	+ Kings Fund
	+ HealthWatch
	+ Involve
	+ Age UK
	+ Local Government Agency, Association of Directors of Social Services
* Evidence summaries and an associated animation for each case site available on the website and local websites
1. Nationally
* Use of electronic media such as websites and social media:
	+ Blog with Policy Bristol
	+ Twitter (LW to ask Nadya – CAPC hashtag or own account?)
	+ Website to host resources and outputs tailored to our different audiences including
		- Webinars
		- Videos
		- Press releases
		- Articles
		- Reports
		- Peer review journals
		- Patient, carer and public information – link to Google translate and a reading software
		- Information for staff and commissioners
* Press releases (see non-academic above) for contact list via MailChimp
* Engagement with key National bodies such as Healthwatch England, Involve, NIHR, NHS England, NICE

**Both**

Funder outputs

* Full peer reviewed report on funder’s website
* ‘At first glance’ summary release

## Resources

Lesley and Emma have both been costed in at 10%, partly to cover the time associated with non-academic dissemination activities. In addition, we may have access to a NHS fellow. Dissemination activities were costed into the bid at £6k for the workshops and £6k conferences. We do not appear to have costed in fees for open-access publications.

## Evaluation of dissemination strategies

Once the dissemination strategy and associated workplan has been developed we will ensure that a monitoring and evaluation plan is also developed to sit alongside. This may include:

* MailChimp, web stats, seminar attendances
* Publications
* Feedback immediately after seminars (what did you learn? What do you plan to do next?) with 3 month follow up telephone call (what do you remember? What have you done?)
* Feedback from conference presentations

**Initial discussions and feedback involving**

**Lesley Wye**

**Emma Gibbard**

**Pete Husband**

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**Appendix 1 Final Detailed Project Description – Dissemination and Project Outputs**

Dissemination and projected outputs

There are five key audiences for this research, these are:

* 1. commissioning organisations (such as CCGs, Commissioning Support Units and NHS England)
	2. community nursing service provider staff
	3. patients and the public
	4. external statutory organisations (such as Department of Health, NHS Information Centre, NICE, Quality Observatories)
	5. academia.

To ensure that the outputs from the research informs policy and practice and thereby maximises the benefit to patients and the NHS, the following dissemination strategy has been developed using evidence for translating knowledge into practice. This has included the Scientist Knowledge Translation Plan, which guides researchers through the stages of developing a dissemination strategy including clarifying ‘key messages’ identifying ways to transmit those messages and designing an evaluation plan.

Our dissemination strategy has also drawn on recent findings from a local baseline study with commissioners looking at the use of evidence and wider research evidence on knowledge translation. We will also work with our local Academic Health Science Network and the National Coordinating Centre for Public Engagement, which is a Bristol based organisation promoting the dissemination of research to non-academic audiences who will advise and support dissemination to the public. Additionally information will be collected and networks established throughout this study to further inform and strengthen the strategy.

From research evidence we know that research is most effectively disseminated using multiple vehicles, ideally with face to face interaction. So, in addition to giving written feedback to study participants, dissemination activities will include:

* 10 interactive workshops across the country on implementation of good practice guidelines (audiences A, B, D) [We have decided on 10 workshops as this seems feasible within the financial resources and time frame (about 2 a month over 6 months).]
* Development of links with key organisations such as NICE, NHS Information Centre, NHS Commissioning Board and Quality Observatories to contribute to and capitalise on their networks
* Use of electronic media such as websites and social media such as Twitter , Webinar (audiences A, B, C, D, E) and video (Youtube/TED) (All)
* Publications including Full, Executive Summary and Plain English summary reports of the research (All), peer review journals (audiences A, B, E) and local NHS newsletters and A5 laminate (audiences A, B, C)

Thus, this proactive dissemination strategy offers the breadth to reach out to multiple audiences and the depth to conduct more in-depth interactive work with key audiences such as NHS commissioners and provider staff to influence behaviour change. Moreover, because our NHS co-applicants have stressed the importance of getting messages out early, we will begin to disseminate findings within six months of starting the project with the analysis of the national quality indicator database.

**Outputs**

1. A national picture of quality indicator schemes for community nursing

2. An understanding of how quality indicators are used in practice

3. Identification of benefits (and drawbacks) of a range of quality indicator schemes in terms of meeting patient, commissioner and provider priorities, assessing the quality of services, influencing commissioning and bringing about changes in service delivery to improve quality of patient care

4. Good practice guidance and transferable recommendations to improve indicator selection, application and usefulness disseminated proactively. This will be in multiple formats including an A5 laminate which has been successfully piloted and PowerPoint slides presented as an executive summary for commissioners and providers.

5. A web link and leaflet for the public entitled 'What do quality indicators tell you about your community nursing service?' distributed amongst study and non-study sites to improve user knowledge and understanding of community nursing service quality information.

6. Evidence summaries for each case site on findings from their area related to the other case sites as a whole.

7. Publications in high impact academic journals and research summaries for professional journals.

**Impact**

Our approach to research and dissemination will:

* Potentially reduce NHS costs through identifying good practice and better targeted quality indicators
* Provide findings to enhance the current evidence base for quality indicators, community nursing services and commissioning practices enabling commissioners and providers to make evidence based decisions to ensure maximum benefit to patients and the NHS and reduce the risk of unwanted consequences of quality indicator use.
* Share good practice for the selection and implementation of quality indicators with the NHS including policy makers, community service providers, commissioners, and users
* Inform future guidance produced by the NHS England and Department of Health providing evidence of good practice in the development and selection of local CQUIN schemes
* Enable organisations to better measure their own performance and work towards facilitating benchmarking
* Contribute to national debates on the role of quality indicators in driving forward improvements in patient care. Help inform the public about the quality agenda
* Potentially improve public and NHS staff confidence in the quality of community services available for vulnerable patients.