# Example of good dissemination plans in grant applications

## QuICN community nursing study – Funded by NIHR HS&DR

**Aims and objectives**

The aim of this research is to study the selection, application and usefulness of CQUIN and other quality indicators for community nursing to identify benefits (and drawbacks) for service users and NHS staff with the goal of improving these schemes to maximise their impact on patient care. We are proposing to conduct a mixed methods study which includes a national survey of quality indicator schemes, followed by five in-depth qualitative case studies and the testing of the transferability of the findings with a further ten sites.

Research Questions

1. Which CQUIN and other quality indicators are selected locally, regionally and nationally for community nursing?

2. How are they selected and applied?

3. What is their usefulness to service users, commissioners and community provider staff?

Objectives

1. To map quality indicator schemes in use for community nursing to understand which indicators are selected.

2. To identify the processes for the selection of CQUIN and other quality indicators for community nursing at local, regional and national level including which indicators are chosen, their source and the rationale for inclusion.

3. To clarify the processes for introducing and applying quality indicator schemes into community nursing services and understand how data is collected, analysed and quality assured.

4. To explore the usefulness of indicators in terms of meeting priorities, assessing the quality of services, influencing commissioning decisions and bringing about changes in service delivery from the perspective of service users, front line teams and commissioners.

5. To produce actionable messages and good 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.

**Plans for disseminating the findings of this research**

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

A. commissioning organisations (such as Clinical Commissioning Groups, Commissioning Support Units and NHS England)

B. community nursing service provider staff

C. patients and the public

D. external statutory organisations (such as Department of Health, NHS Information Centre, NICE, Quality Observatories)

E. academia

To ensure that the outputs from the research informs practice and thereby maximise 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 [35], recent findings from a local baseline study with commissioners looking at the use of evidence [27] 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 England 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 (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 (A, B, E)and local NHS newsletters (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 attitudes and behaviour change. Moreover, because our NHS coapplicants 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 community quality indicator database.

**Expected Output of Research/Impact**

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 priorities, assessing the quality of services, influencing commissioning and bringing about changes in service delivery

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.

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

• 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 nursing services available for vulnerable patients.

# Continuity of Care – NIHR School for Primary Care Research

**Plain English summary**

Use of unscheduled secondary care such as unplanned hospital admissions or Emergency Department visits is increasing, particularly among older people. Reducing unscheduled secondary care use will take pressure off the acute health care system and may save costs, as well as reducing the harms of hospital admission (e.g. de-conditioning in older adults). Research by our team and others has identified ‘continuity’ in primary care as something that affects use of unscheduled secondary care, although the relationship is not clear. Continuity is often described as being able to see the same or usual doctor. In 2014 a government scheme began to help reduce unplanned hospital admissions by giving all patients aged 75 and over a ‘named GP’ responsible for their care, but there is little evidence to support this. Commissioners who organise primary care say they struggle to know how to help reduce unscheduled care. Building on past work, we will establish when better primary care continuity for patients aged 75 and over results in lower use of unscheduled secondary care by:

1. Finding out how/when continuity works in practice by following a group of patients aged 75 and over who have recently used unscheduled care. We will speak with them over a period of time and observe healthcare appointments. We will speak with GP practice staff and observe meetings where care of patients is discussed

2. Looking at large datasets to see if better continuity is linked with lower use of unscheduled care and if there have been changes over time, e.g., since the introduction of the ‘named GP’ scheme

3. Getting an in-depth understanding of the topic by combining findings from (1) and (2)

4. Working with patients, professionals and researchers to understand what is most important about our findings and make sure they reach people who will benefit

**Phase 4: Dissemination and Knowledge Mobilisation.**

In this phase we will work with key stakeholders, including Clinical Commissioning Groups, GP practices, CSUs, NHS England, AHSNs, patients, third sector organisations, the Avoiding Hospital Admissions Health Integration Team and NIHR CLAHRCs to ensure that robust and actionable recommendations and guidance are generated, and to maximise their uptake. This meets research objective 4

* Working collaboratively with stakeholders, develop robust recommendations and guidance for immediate dissemination

We will also present our findings to local GP forums in each of the CCGs and we will hold 4 ‘knowledge cafés’ to enable supportive but critical discussion of findings and their implications at/near the 4 GP practices that participated in the qualitative phase of the study. These will involve a mix of stakeholders, e.g., CCG commissioners, CSU staff, social care professionals, patients, carers, Emergency Care doctors/nurses, primary care staff, paramedics/ambulance trust staff, and will be facilitated by members of the research team and local stakeholders. We will collaboratively explore how our research findings fit with current practice and policy, in what ways they could inform improvements to practice at all levels (patient, practice, CCG, primary secondary care interface), and how best to translate research findings into usable and effective outputs. The knowledge cafes will also provide opportunity to consider whether our findings naturally lead to a new intervention to enhance continuity that should be formally tested in a future trial.

From these meetings we will generate actionable messages and recommendations for wider dissemination, including via traditional and novel (a graphic novel and ‘digital stories’) methods. They will be revised by the research team, advisory group and others as needed (e.g., CLAHRCs, Bristol Older People’s Forum), and finally will be disseminated through a multi-faceted approach including:

* A major media campaign including articles in professional journals (e.g. Pulse, HSJ), press releases to general and specialist press, social media (e.g. blogs, twitter) to drive website traffic
* Digital stories and a graphic novel distributed via the CAPC contact list of commissioners (currently at over 700 individuals), the CAPC youtube channel and other appropriate outlets
* Website that acts as a repository all reports and other outputs such as the digital stories