# Researcher-in-residence pitch, 01.02.18

**Who we are?** We are part of the Community and Primary Care Research group at Plymouth University led and co-ordinated by GP Professor Richard Byng, and form part of the Collaboration for Leadership in Applied Health Research and Care (CLAHRC) South West Peninsula. The researcher-in-residence model has developed over the years and has been championed most recently by improvement clinicians and researchers at UCL (https://www.ucl.ac.uk/pcph/research-groups-themes/isl-pub/researcher-in-residence). This model of 'engaged scholarship' (Van de Ven 2007) is currently tested at the Integrated Care Organisation (ICO) by Dr Julian Elston and Dr Felix Gradinger (https://www.plymouth.ac.uk/research/primarycare/organisational-integration-and-implementing-new-care-models), meaning that you can be at the cutting edge of developing the approach.

**How can you benefit?** The approach combines operational service evaluation with an action-orientated, participatory approach to research. This seeks to impact the development and implementation of service innovations in real time.
Our own insights from 18mths of embedded working and national evidence from researchers embedded in the NHS suggests that (Holmes 2017, Eyre 2017):

- The model places the researcher as a key member of the delivery team, rather than an external observer of change who brings a **body of academic expertise** to the team. It also places a **shared responsibility** on the researcher for the successful delivery of the initiative (e.g. at Torbay we are part of Ops, QI, locality and service-specific teams and networks).
- Drawing data from a range of sources – theoretical and empirical (individual and group interviews, documentary analysis, participant observation) – the researcher **feeds insights back to the stakeholders ongoing** as implementation progresses (e.g. together with the librarian at Torbay we fed back to Execs considering further mergers about a rapid literature review we did on Accountable Care Organisation)
- Supporting the organisation to **develop its capacity in system intelligence** -helping you to understand the benefits of rigorously evaluating your work and bringing together a critical mass of existing knowledge sources within the system (e.g. in Torbay we conducted co-design workshops with multiple stakeholders which had mutual benefit of team-building, upskilling staff and offering data for research and further learning).
- **Develop a culture of improvement**, which might include a system wide framework of metrics with agreed accountabilities about how the measures are being collected, analysed and presented in real time (e.g. we helped design system-wide, context and service-specific dashboards)
- Agreeing outcomes measures that are meaningful and relevant to service users and caregivers, including **person-centred measures** (e.g. we mobilised staff to collect patient experience and outcome data, we worked closely with carers service, PPGs and Healthwatch on their surveys).
- Apply formative evaluation methods so learning can be shared and fed back in timely fashion, like producing reports and presentations, as required and providing external representation at (inter)national conferences (e.g. we reported back in meetings and regular reports; we helped organise Southwest conferences; we initiated national workshops between Pioneer sites)

**What we do?** Anything on your current agenda from researching specific service innovation and implementation to general culture change, and that we can co-design into a meaningful and relevant research question. Broadly speaking we are interested to explore how and what type of evidence informs decision making around system and service change (e.g. experiential, anecdotal, clinical, managerial, local, regional, national, international), and to research how this might be enhanced by engaged, embedded, co-located researchers in residence that broker knowledge and act as boundary spanners between all stakeholders vertically and horizontally in the system. Depending on your interest, our corporate support function can sit between data analytics, system modelling, operational research, organisational development, quality improvement, health economics, implementation science, and public engagement. As with other NHS partners in the South West, we welcome potential matched funding in order to provide advice on internal, formative and summative evaluations. However, we do not want to exclusively function as an external service provider delivering a discrete piece of research but instead produce together with you knowledge for action and then research how this can be best done.

Fotos from co-design workshop at Teignmouth Hospital in June 2017 mobilising 38 stakeholders (incl. 9 GPs, 7 service users/caregivers, 5 nurses, 4 managers, 4 coordinators, 2 therapists, 2 social workers, 2 voluntary sector reps, 1 pharmacist, 2 researchers-in-residence)

Richard handing out home-baked 'Linzer Torte' – the cake and CPD certificates went down a treat!

Smiles all round and on equal footing - can you guess who the two GPs in the photo are?

**Where are we coming from?** We lobby for the better use of existing and newly collected data. We advocate preventative, long-term, iterative, interdependent and whole-system thinking. We want to help implementing national policy around person-centred, coordinated care - meaning putting the person and communities and their experience and outcomes of service use at the centre of the triple aim remit. We are bound by principles of participatory and collaborative working with mutual trust and benefit, informed by sensitivity around health research authority ethics. Researchers-in-residence would be seeking honorary contractual status with your organisation that adds additional safeguarding to our potential future partnership.

**What is the hunch?** We are NOT external consultants - we REALLY care to work closely as partners alongside you and within your team(s) AND over an extended period (at least two years), AND crucially to stick around to assess and document in detail any outcomes and how we might have made a difference (for purpose of co-producing with you generalizable research knowledge). We therefore hope to create synergy in helping to provide timely internal and external feedback, foster improvement and sharing learning of best practice, based on the good AND the bad on how to manage change and collaboratively owning and dealing with wicked problems (they typically only ever have clumsy solutions). We do NOT give simple answers to complex problems (e.g. does it work? Does it save me money?), and instead seek to help you asking the right questions. Compared to external consultants we are a financially cheap or cost-neutral alternative, incurring cost that is real nonetheless. This means we will be asking for access at all levels and your time in lieu -and we will challenge you and existing paradigms as a critical friend. We expect and promise NOTHING and won't do things FOR you without you, as we have learned that any positive output is only as good as everyone's CONTINUED commitments to attempting to make a difference. We prefer to tell a success story and truthfully assessing it, the reporting of which you have only indirect control over. Knowledge can be powerful so you might want to think carefully about what champions you want to align alongside the researchers in residence. We understand that it might appear an easier default option to carry on as you are rather than doing something VERY different and going on a journey with us with ADDED uncertainty and workload. It takes a leap of faith.

**Who to ask for a second opinion?** Feel free to contact some of the managerial, clinical champions we worked closely with within Torbay and South Devon footprint.
Matt Fox, GP Dawlish, Coastal Locality Clinical Director (matthew.fox@nhs.net)
Susan Martin, Associate Director, Quality Improvement, Strategy & Improvement Directorate (susan.martin@nhs.net)
Dawn Butler, Head of Strategy and Development & Deputy Director (dawn.butler1@nhs.net)
Liz Davenport, Deputy Chief Executive, Chief Operating Officer (liz.davenport@nhs.net)
Joanne Watson, Deputy Medical Director (joanne.watson@nhs.net)

**Contact**: Felix Gradinger, felix.gradinger@nhs.net, 07582840746

**References:**

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