



Working Title: Research use in public health planning and commissioning for alcohol interventions

**Full title:** Research use and knowledge mobilisation in the commissioning and planning of public health services - what helps and hinders - a study in the co-creation of knowledge

**Funder:** National Institute for Health Research: Health Service and Delivery Research (NIHR:HS&DR)

**Duration:** 2 years (start: Dec 2011). **Proposed fieldwork dates:** April 2012- May 2013

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#### Lay Summary

Services based on research evidence of what works lead to better patient outcomes. In public health (PH), evidence of what works well may not be available, or not apply in all settings, making it difficult to know precisely what services to support for the best outcomes. We do not know if research evidence is used well to create public health services and if NHS managers support this. What services are put in place are likely to depend on many things i) what evidence is available and brought into play; ii) what stakeholders want (managers, practitioners, the public, the government); and iii) whether the manager can commission (buy) specified services or jointly plan and agree services collaboratively with other partners.

#### Case Studies

NHS structures and the places in which public health commissioning takes place will be changing as this project unfolds. We will need to take a flexible approach to what we mean by 'case study sites'. We will follow the commissioning (and joint planning) of an alcohol-related service or intervention, and 'follow-the-action' across whichever organisations are involved in securing these services / interventions. An alcohol-related service or intervention has been picked for 3 main reasons: i) as a cross-cutting issue it is likely to 'pull-in' multiple agencies, ii) its high-profile suggests that it will remain a priority regardless of current reforms, and iii) having one overarching topic will allow us to compare across case studies. We will begin in a Primary Care Trusts in England (commissioning) and a Health Board in Scotland (joint planning) as they put one alcohol development in place from start-to-finish, planning to delivery. The final choice of which alcohol-related service or intervention will be decided in agreement with our case study sites.

The access we need:

We will want to see: i) how research is used (when, where, by whom and why); ii) how applicable research is identified and what other knowledge is taken into account (e.g. local expertise, traditions) iii) if making big changes (perhaps removing services) gets evidence used in different ways to when small changes are made (tweaking existing services). We will gather information by: **interviewing** those who work to put public health services in place; their senior colleagues; and perhaps those on the receiving end of their work (service providers; the public) to explore views; we will **observe behaviour and activity in planning meetings**; we will read through any **documents** produced by these meetings and other written material that informs the process (policy documents and other guidance). We will also interview NHS (or other) staff (who (do not work in public health but) have a direct responsibility for getting others to use research evidence to understand the challenges they face. Finally, we will **look at figures collected** (routine datasets) to see if the use of research evidence seems to make a difference to the performance of the NHS (against targets, commissioning competencies, patients' views). This will give us a detailed and realistic view of how things actually happen in different places - to spot things that help or hinder the best use of research evidence.

What our research participants get:

Our overall approach is to **work with** our research participants to identify questions they would like answers to and **regularly share findings** with them - to help them to change practices if they wish. We will offer regular feedback meetings and invite comment on early findings, to get a shared view of how best to understand the issues and if they are important or not. This is a relatively new way of doing research in healthcare settings and we hope to learn as we go along how to do this well. To **see if our findings are typical and apply elsewhere** we will design a 2-stage Delphi questionnaire for issue to interested stakeholders and invite them to a **national workshop** to share and discuss our findings and invite comment. As well as **publishing in academic journals** (and perhaps jointly in more practice-oriented publications) and presenting at conferences, **we will work hard to share our findings more widely**. We will send **one-page summaries** to all who took part in our study and (if permitted) through certain managerial websites and professional networks. This work will take 2 years to complete.

Research Governance and Research Ethics Committee Approval

There 3 main ethical issues in our study i) participants give-up their time to take part, ii) some issues may be sensitive; iii) by sharing our results as we go along we are intervening in NHS business. By strictly protecting confidentiality and sharing findings on joint research questions to produce timely change we hope this makes taking part worthwhile. Our study will be /has been reviewed through the national research ethics process (GfREC) and is undertaken in compliance with the R&D and governance processes of the NHS. Prior to this the study was externally reviewed by the National Institute for Health Research Service & Delivery Organisation (NIHR:HS&DR) who fund this project. In addition to this the project has been internally reviewed within Teesside University and approved by its own research ethics committee. Details of the project can be found on the NIHR website.

The research team is well placed to carry out the work as we bring i) the necessary research skills and experience to collect that data: qualitative (interviewing, observation, narrative analysis); quantitative skills (interrogating routine datasets;

statistical processes); ii) expertise and knowledge in public health settings and healthcare policy to interpret the data iii) membership of networks and NHS (and local government bodies) through which to engage case study sites and share findings.

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