



Evaluation Report Executive Summary

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Salisbury Health Care NHS Trust crest

Contributors

The following people have contributed substantial work to the evaluation:

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Forston Clinic, North Dorset Primary Care Trust

Aim and Scope of Document

This document aims to deliver an extensive account of the evaluation of the Academic Centres in Practice (ACPs) initiatives between healthcare trusts and the Institute of Health and Community Studies at Bournemouth University. Two ACPs were initially developed: the Academic Centre for Mental Health and Primary Care is a collaborative initiative established by Bournemouth University and North and South West Dorset Primary Care Trusts. The Academic Centre for Healthcare Improvement is a collaborative venture established by Bournemouth University and Salisbury Health Care NHS Trust. This document aims to cover the evaluation of both ACPs.

The document opens by considering the changing higher education terrain with the emphasis on knowledge exchange through partnership working, highlighting the importance, benefits and pitfalls to working in partnership with other large organisations. Through knowledge exchange partnerships, higher education is transforming this work and the chapter offers an insight into work-based learning. Finally, three different examples of higher education and health partnerships are shown as case studies, addressing a work-based learning collaboration, a strategic partnership and a research-based network.

Chapter 2 outlines and justifies the qualitative methodology undertaken throughout the evaluation.

In Chapter 3, the document uncovers the story behind the genesis and development of each ACP, from the initial vision of Professor Iain Graham from Bournemouth University and the pioneering work of Mary Monnington from Salisbury Healthcare Trust and Jill Pooley from Dorset Community Trust. The anticipated benefits for Salisbury ACP and Dorset ACP are highlighted. In addition, the targets for the Dorset ACP are noted.

Chapter 4 shows the achievement and successes of each ACP. In particular, the Salisbury ACP has left lasting legacies through work with the Burns Unit Quality Improvement Team, its involvement in an innovative version of the Medical Careers Foundation Programme and in underpinning the development and design of the South Wiltshire Academy. With regard to the Dorset ACP, the focus of many of the workshops and the support with regards to audit appears to have been extremely successful in changing culture, the lasting legacy of which

could have real benefits to practice improvement and patient care. The Dorset ACP has been successful in helping to establish a research culture throughout the Trust; through establishing a research and publication database, setting up a resource room for research active staff and running workshops addressing presentation skills, literature searching, writing, evidence-based practice, research appraisals and proposal and report writing.

Chapter 4 finishes with six case studies of practitioners who have worked closely with their ACP. This highlights how each ACP has enabled the practitioners to develop their practice through reflective learning models, bridging the theory-practice gap and overcoming the distance between audit, quality, clinical governance and practice.

Chapter 5 addresses key learning points surrounding the strategy of the ACPs. These show the learning that came from analysis of the interviews with key individuals. This generated six categories: the vision, implementing the vision, barriers, roles, resources and monitoring.

The ACP model has certainly created the beginnings of a cultural shift in education and learning in the NHS. An increase in higher-level learning through work-based learning initiatives, including action learning sets and reflective practice in particular, has helped to close the theory-practice gaps and bridge the audit, quality, governance and practice divides. Such learning has undoubtedly helped practice development and improvement among those the ACPs have reached and engaged with. However, there has been a great deal of angst in both settings, much of it surrounding the strategic nature of the collaboration. The discussion, found in Chapter 6, examines the successes and the angst in light of previous research, giving the evaluation findings a context. Finally, recommendations based on this discussion are shown in Chapter 7.

Executive Summary

Background

The Academic Centres in Practice (ACPs) are collaborative initiatives set up between Bournemouth University and NHS trusts: the Academic Centre for Mental Health and Primary Care was established by Bournemouth University and North and South West Dorset Primary Care Trusts; the Academic Centre for Healthcare Improvement was established by Bournemouth University and Salisbury Health Care NHS Trust. Each ACP builds on the strengths of the Institute of Health and Community Studies at Bournemouth University and its practice partners and symbolises the Institute's and the collaborating Trusts' vision for academic excellence: high quality, evidence-based practice, teaching and research. The brief these centres had was to establish a collaboration between learning and practice whereby the synthesis of research, learning, knowledge transfer and education could be tied explicitly to service, management of change, redesign and development for the overall purpose of improving patient care. The model for an ACP was based on work addressing communities of practice and learning (Lave and Wenger, 1991; 1999; Wenger, 1998a; 1998b; Wenger and Snyder, 2000).

Evaluation Methodology

The evaluation has the following aims:

- ❖ To evaluate, using a formative evaluation utilising transactional, illuminative and responsive evaluation frameworks, the Academic Centre in Healthcare Improvement collaboration between Bournemouth University and Salisbury Health Care NHS Trust;
- ❖ To evaluate, using a formative evaluation utilising transactional, illuminative and responsive evaluation frameworks, the Academic Centre in Practice in Mental Health and Primary Care collaboration between Bournemouth University and South West and North Dorset Primary Care Trusts.

And the following objectives:

- ❖ **Objective 1:** Narrate the genesis, implementation and development of each ACP;
- ❖ **Objective 2:** Highlight the value of each ACP to patient care, practice development and governance of the Trust, including mapping against current Trust priorities;

- ❖ **Objective 3:** Highlight areas of best practice and recommendations for overcoming barriers that would inform future work between higher education institutions and healthcare trusts and organisations;
- ❖ **Objective 4:** Develop a model of critical reflection to allow such collaborations to evaluate themselves throughout their development, aiding them to become critical self-sustaining communities.

To achieve these aims and objectives, the evaluation undertook the following methodology:

- ❖ **Phase 1:** Documentary analysis of ACP papers;
- ❖ **Phase 2:** Interviews with 42 key stakeholders from Salisbury Health Care NHS Trust, North Dorset Primary Care Trust, South West Dorset Primary Care Trust, and the Institute of Health and Community Studies, Bournemouth University;
- ❖ **Phase 3:** The analysis of phases 1 and 2 was completed which informed further interviews focusing on key issues with some stakeholders from the above;
- ❖ **Phase 4:** Interim reports delivered to key stakeholders;
- ❖ **Phase 5:** Using analysis from phases 1, 2 and 3 and feedback from phase 4 to develop recommendations;
- ❖ **Phase 6:** Write-up, dissemination and reporting.

Analysis of the data can be split into two distinct areas: successes for practice and issues in collaborative strategy.

The Academic Centres in Practice Achievements and Successes

Within the Salisbury Academic Centre for Healthcare Improvement work has centred on:

- ❖ The Burns Unit Quality Improvement Team;
- ❖ Quality and Improvement Learning Set;
- ❖ Improving Patient Safety Group;
- ❖ Patient Involvement Group;
- ❖ Educational Programmes for Spinal Unit Staff;
- ❖ Learning Set for Consultants;
- ❖ Modernising Medical Careers Programme;
- ❖ Involvement in the Design of South Wiltshire Academy.

In particular, the Centre has left lasting legacies through its work with:

- ❖ **The Burns Unit Quality Improvement Team.** This has improved healthcare provision for the patient, improved professional practice of healthcare professionals and led to accreditation for the learning;
- ❖ **Medical Careers Foundation Programme.** The Centre has devised an innovative programme that focuses on improvement and patient safety;
- ❖ **Design of the South Wiltshire Academy.** The work of the Centre has underpinned the development of this initiative.

The Dorset Academic Centre in Mental Health and Primary Care has carried out a needs-driven programme of work based on three main targets:

- ❖ Providing support and advice for practitioners in the development of research-based practice;
- ❖ Identifying and developing communication network systems to disseminate evidence-based practice;
- ❖ Developing and implementing a comprehensive educational package covering a wide range and level of research skills and knowledge to meet the individual needs of practitioners in the workplace.

In achieving these targets, the work of the Dorset ACP has centred on:

- ❖ Audit programmes;
- ❖ Providing workshops on research and audit topics;
- ❖ Supporting practice development units;
- ❖ Working with lecturer practitioners in the area of palliative care, centred on ethics and moral decision making;
- ❖ Team building and leadership training;
- ❖ Setting up a resource room for research active staff;
- ❖ Developing a research and publication database;
- ❖ Offering bespoke sessions for Masters-level students;
- ❖ Helping individuals achieve scholarships.

In particular, the centre has begun to develop a lasting cultural change through:

- ❖ **The audit programme.** Support with regards to audit has afforded an opportunity for managers and practitioners to see mandatory audits as an empowering instrument that helps them to reflect on practice and develop individual and group practice;
- ❖ **Team building and leadership training.** Focusing on the philosophy of care, individual members have increased in confidence and been able to share best

practice. The group has been encouraged to take control and ownership of the agenda and curriculum in the hope that the group will continue beyond the ACP;

- ❖ **Establishing a research culture.** The ACP has also been successful in helping to establish a research culture throughout the Trust, through establishing a research and publication database, setting up a resource room for research active staff and workshops addressing presentation skills, literature searching, writing, evidence-based practice, research appraisals and proposal and report writing.

Case studies with learners in each ACP have highlighted improvements in practice at an individual level, including:

- ❖ **Reflective practice.** This has been improved by increasing opportunities to engage in reflection for practitioners and reaching practitioners not previously engaged in such work;
- ❖ **Bridging the theory-practice gap.** Establishing action learning groups and delivering workshops have enabled individuals to link day-to-day work in practice with theory;
- ❖ **Relating clinical governance, audit and quality to practice.** Work at both centres has allowed practitioners to see real practice improvement as a result of carrying out tasks aligned to clinical governance, quality and audit.

Issues in the Collaborative Strategy

With regards to the strategy, the following issues were areas of debate throughout the development of each ACP:

- ❖ **The Vision** – including the ACP as a concept, agreed and shared vision, change and flexibility in the vision, and anchoring and appropriateness of the title;
- ❖ **Implementing the Vision** – including shared understanding of how to convert aims and objectives into practice and clear boundary setting;
- ❖ **Barriers to Operation** – including cultural, language and physical barriers;
- ❖ **Roles within the ACP** – including identification and utility of key stakeholders;
- ❖ **Resources** – including management of the budget, regular and transparent budget reporting, and a model of equable effort;
- ❖ **Monitoring** – including the need for measurable objective outcomes and a desire for creative open space.

Discussion

The achievements of the ACPs, in both a hospital trust and a primary care trust, have been valuable and timely, and have challenged and therefore enhanced and improved practice. However, there has been a great deal of angst in both settings, much of it surrounding the strategic nature of the collaboration. A number of reasons for the angst are discussed, including perception and interpretation of the nature of collaboration, understanding the model of knowledge transfer, management of change, leadership, ownership and philosophical differences between the collaborators.

Recommendations

Recommendations are made in the following areas:

- ❖ To develop an integrated education, learning and training strategy between strategic healthcare authorities, healthcare service providers and higher education institutions;
- ❖ To develop a collaboration between and healthcare service providers and higher education, taking into account the following:
 - Understanding and being a collaboration, including deciding on the model of collaboration at the outset, building up relationships in a formal and informal manner and appropriate allocation of funding;
 - Appointing a quality administration team to undertake day-to-day work and develop quality policy and procedures;
 - Highlighting outcomes and increasing benchmarking, including sharing targets, dissemination of outcomes and sharing best practice;
- ❖ To continue the work of the ACP, including:
 - At Salisbury Health Care NHS Trust:
 - The work with the Burns Unit Quality Improvement Team;
 - Imitating the work with the Burns Unit in other established quality improvement teams within the Trust;
 - Developing the Modern Medical Careers Foundation Programme;

Within South West and North Dorset Primary Care Trusts:

- Continuing the growth of research-based practice through enhancing and developing the resources room, utilising the research database and further provision of research skills workshops;

- Extending the excellent work of the audit programmes to other areas of the Trust;
- Extending team building and leadership training to other areas of the Trust, perhaps further cascading through a 'train the trainers' model of learning.

Glossary

Action Learning – Usually within a group of workers concentrating on a similar work-orientated task, action learning is a continuous process of learning and reflection. The learning is driven by the learners and facilitated and co-ordinated by a trainer. Any solutions or outcomes can be tested in practice and reflected on again in subsequent sessions. Individual and group development is as important as finding direct solutions.

Benchmarking – Comparing information of one entity to like information of another entity or composite group for the purpose of determining areas for potential improvement and to identify the best practices.¹

Clinical Governance – A framework through which National Health Service (NHS) organisations are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish (Scully and Donaldson, 1998). Clinical governance is composed of a number of key elements including education, clinical audit, clinical effectiveness, risk management, research and development, and openness.

Health Providers – An organisation that has a main responsibility to provide a service to meet the health needs of a population. Currently in the United Kingdom, health trusts are such organisations.

Idiographic – The creation of knowledge through the In-depth study of individuals.

National Occupational Standards (NOS) – National Occupational Standards were developed by Skills for Health ‘to raise the standard of practice in a given sector...providing a benchmark against which performance both at individual and organisational level may be assessed and measured’ (NIMHE, 2003, p3). They have their roots firmly established in the modernist, positivist paradigm and claim to be ‘capable of reliable, objective and consistent assessment across the UK’ (NIMHE, 2003, p16; also see Musselwhite and Freshwater, in press).

¹ Glossary of Alternative Risk Transfer see: <http://www.harperisk.com/ArtGlossary/ArtGlossab.htm> (Last accessed 11th November 2005)

National Service Frameworks (NSF) – NSFs have two main roles:

- ❖ To set clear quality requirements for care based on the best available evidence of what treatments and services work most effectively for patients;
- ❖ Offer strategies and support to help organisations achieve these.

One of the main strengths of each NSF is that they are inclusive, having been developed in partnership with health professionals, patients, carers, health service managers, voluntary agencies and other experts.²

Strategic Health Authority (SHA) – SHAs are responsible for managing and setting the strategic direction of the NHS locally. They support primary care trusts and other NHS organisations and make sure they are performing well.³

² See <http://www.nhs.uk/England/AboutTheNhs/Nsf/Default.cmsx> (Last accessed 11th November 2005)

³ See <http://www.nhs.uk/England/AboutTheNHS/Default.cmsx> (Last accessed 11th November 2005)