Knowledge for Healthcare: business critical

David Stewart

Developing people for health and healthcare
www.hee.nhs.uk

May 2017
HEE Knowledge for Healthcare programme and governance structure

SRO: Patrick Mitchell

HEE Library and Knowledge Services Leads (LKSL) Group
Chair: David Stewart (HEE – North) Senior Advisor: Sue Lacey Bryant

Mobilising Evidence and Organisational Knowledge
Public and Patient Information
Quality and Impact
Resource Discovery
Service Transformation
Workforce Development

Funding Models Group

Comprises LKS lead from each geography and their team members

Communications Group

LKSL-NICE Liaison Group
- Expert Test & Review Group
- Regional Athens Administrators
- Regional Link Resolver Leads

Standing group and sub-groups responsible for maintaining technical search infrastructure

These groups lead the six core strands of Knowledge for Healthcare - each is chaired by a geography-based HEE lead and includes members from local NHS library and services and partner organisations.
NHS England Research Plan

OFFICIAL

Our commitments:

Alignment of research assets to support delivery and increasing capacity and capability in the use of evidence and knowledge exchange (cont’d)

We will continue to build on the partnership work undertaken to support the use of evidence in decision making working in a supporting role with:

- NICE, NIHR CLAHRC Yorkshire & Humber and the Innovation Agency (North West AHSN) to identify and develop appropriate hosting of evidence and tools to support STPs and local systems in their decision making.

- NIHR CLAHRCs, AHSNs, NHS Library and Knowledge Services and local health economies in development of communities of practice to build capability and enable the translation of evidence into practice including evaluation.

- HEE in support of the NHS Library and Knowledge Services in England policy, ensuring best evidence underpins research and that researchers freely access library and knowledge services including training in advanced search and information handling skills.
"If you want to know the answer, ask a librarian! Library and knowledge services are a hidden gem in our NHS. They can play a crucial role in making sure we always make decisions based on evidence. As a CEO and an STP lead, I know they are a useful partner to help drive transformation in health and care outcomes."

Rob Webster, STP Lead for West Yorkshire, Chief Executive of South West Yorkshire Partnership NHS Foundation Trust

#amilliondecisions
cilip.org.uk/amilliondecisions
Engaging with policy-makers, partners, employers

- All Party Parliamentary Group, House of Lords January 31; MPs; the Libraries Minister

- Partnerships: NIHR and NICE

Post Purdah:
DH, Secretary of State
Briefing meeting
NHS England, PHE, NHS Digital, NICE, NIHR, CPOs, Carter Team, NHS Confederation, NHS Clinical Commissioners
Mobilising organisations

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<tr>
<td>Use of externally generated evidence</td>
<td>No demonstrable use of external research evidence and best practice.</td>
<td>Makes best use of the knowledge they already have.</td>
<td>Relevant research evidence has been accessed and evaluated.</td>
<td>Decisions are underpinned by robust evidence which has been evaluated.</td>
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<td>Taking a strategic view of using external evidence and organisational knowledge</td>
<td>There is no strategic commitment to using external evidence or organisational knowledge.</td>
<td>There is some strategic commitment to optimising the use of evidence and organisational knowledge.</td>
<td>The expectation to apply evidence and knowledge is explicit and embedded within strategic documents.</td>
<td>There is a nominated strategic lead, committed resource and established effective processes.</td>
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<td>Leadership to support the use of external evidence and organisational knowledge</td>
<td>There is no visible leadership or support.</td>
<td>Some leaders ensure staff are encouraged and supported.</td>
<td>Some leaders set an example in accessing evidence, sharing and learning from each other.</td>
<td>There is strong leadership from the top at Board level, all leaders act as role models.</td>
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<td>Approach to innovation</td>
<td>There is no process in place to scan and consider innovation.</td>
<td>Teams consider innovations they are aware of.</td>
<td>Some teams seek, assess and adopt innovations.</td>
<td>There is an established process to identify, review and adopt innovations.</td>
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<td>Approach to keeping up to date</td>
<td>Staff are focused on the internal agenda.</td>
<td>Staff make best use of news and updating services with which they are familiar.</td>
<td>Staff are proactive in requesting alerts on priority areas.</td>
<td>Proactive targeted alerts are routinely distributed to the right people at the right time.</td>
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<td>Demonstrating the impact</td>
<td>People accept stories to the benefits of knowledge sharing and reluctant to commit time.</td>
<td>Anecdotal stories demonstrate that sharing knowledge adds value.</td>
<td>Some readily acknowledge ways in which access to the evidence base and sharing knowledge add value.</td>
<td>Formal processes to gather and opportunities to showcase, the impact of knowledge sharing are in place.</td>
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Board self-assessment tool

"Really useful as an exemplar of best practice and as a way of setting up expectations and methods to support this"
Director HR/OD Poole Hospital

"The library team should be our knowledge stewards in the same way as microbiology are the antibiotic stewards for the Trust."
Ben Mears, Chief of Medicine SASH

With thanks to Rachel Cooke, SASH and acknowledging her work with Chris Collison
Knowledge for Healthcare Service Transformation

PRIMARY DRIVER
- Proactive, customer-focused services are provided and used
  - Understand customer needs
  - Extend reach
  - Release LKS staff time for customer-facing services
  - Promote awareness and use

SECONDARY DRIVERS

TERTIARY DRIVERS
- Understand customer needs
- Engage with stakeholder organisations
- Equitable access to universal service offer
- Develop targeted service offers
- Implement collaborative delivery models
- Streamline back office functions
- Develop national products for local use
- Design common promotional materials
- Promote digital literacy of healthcare workforce

User needs analysis
- Understand current provision, variation, gaps & good practice
- Build universal service offer
- Standard SLA for HE
- LKS to PH teams
- Resources/services for commissioners
- LKS for NHS England, Senates, etc
- LKS for HEE
- LKS for Ambulance Services
- Mergers & collaboratives
- CAS collaboration
- DD streamlining
- HEE LKS back office functions
- Promotional materials
- STEP e-learning
- Partner with TEL workstream
Collaborative current awareness

• Best practice guidelines

• Collaboration portal
  – join a scheme,
  – find a collaborator,
  – share with pride…

will be on the KfH blog
Patients, Carers and the Public
Health information for the public & patients

• Health Literacy: 42% of working-age adults 16-65) are unable to understand or make use of everyday health information

• Patients are being encouraged to self-manage, share decision-making and be partners in their own care

• Powerful legal, moral, ethical & financial incentives for providing quality information to enable people to better manage their health & wellbeing & make informed decisions about their treatment & care

• NHS libraries uniquely positioned to help throughout the patient journey
Partnership working

Strategically:
Membership has expanded into four task and finish groups with an overarching steering group with representatives from:

- NHS England
- Health Education England
- Macmillan
- The Society of Chief Librarians
- Patient Information Forum (PiF)
- Public Health England
- NHS Digital

Locally
- Encouraging the development of local networks of health information providers.
Impact Evaluation Framework

**Impact Objectives**
- Where We Want to Make an Impact

**Impact Indicators**
- How We Will Know a Change has Occurred
  - Organisations make active use of LKS expertise and value added services in mobilising evidence and organisational knowledge
  - Decisions are routinely informed by LKS provided evidence and best practice information
  - Tools, techniques and processes are used to capture and share organisational knowledge effectively
  - LKS staff are competent to articulate and deliver knowledge management effectively as part of everyday practice

**Process/Activities**
- How We Might Demonstrate This
  - Work with the executive team and across the organisation to identify needs and priorities
  - Implement an Action Plan to make better use of knowledge as an asset with the organisation or across the system
  - LKS provide evidence and best practice information to decision makers
  - Promote research enquiries; literature searches; synthesis and summaries; horizon scanning and briefings; alerting services to decision makers
  - Promote information products and knowledge sharing tools and techniques to develop awareness to decision makers
  - Individual librarians and knowledge specialists complete appropriate training and continuing professional development

**Impact Objectives**
- Patients, carers and the public are empowered to use information to make health and well-being choices

**Impact Indicators**
- Healthcare staff draw on healthcare LKS expertise to inform the choices of patients and carers
- Public library and third sector information staff draw on healthcare LKS expertise to empower patients, carers and the public
- Healthcare LKS staff are competent in their role and activities related to patient, health and well-being information

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**Impact Objectives**
- Improved consistency and increased productivity and efficiency of Healthcare Library and Knowledge Services

**Impact Indicators**
- Proportion of resources are pooled centrally to deliver healthcare LKS
- Streamlined library and knowledge services and systems

**Process/Activities**
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**Healthcare Library and Knowledge Services**

**NHS England**
Good quality LKS

- Developing a new tool for self-assessment
- Some links with the *KfH Evaluation Framework*
- Consulted Sharon Markless
- Outcomes rather than process based
- Thinking about evidence collection mechanisms
- Trying to link statistics, quality assessment, impact and user needs assessment in to one overarching entity
Key developments

• Link Resolver (Wolters Kluwer) from 1\textsuperscript{st} October 2017
  – will include functionality for a union list of journals.

• Core Content contracts (managed by NICE) end 31\textsuperscript{st} March 2018
  – quotes to extend until 31\textsuperscript{st} March 2019

• OpenAthens (Eduserv) renewed
Optimising funding

1. Group has met three times

2. Early stages of creating some financial models which can respond to changes within NHS structures

1. Move on to maximising spend on online resources later
Rationalise & centralise LKS systems

- Establish a nationwide document supply and inter-lending scheme
- Scope and deliver a digital content store for the NHS across England
- Build the business case to procure and implement a single library management system for NHS managed libraries
2017 Training Needs Assessment

- 758 respondents
- Survey Monkey – enables drill down by topic, region, band
- Top ten wants: from demonstrating impact to critical appraisal and from information for patients to emerging technologies
Leadership

Mid-career (1 year) with

• First cohort of 24 completed Feb 2017
• New cohort recruiting in early summer 2017

“Senior” (6 months) NHS Leadership Academy

• Mix of personal and professional development
• Residentials, Action Learning Sets
• Projects
Looking to the future

Blue Sky, 26 June 2017

Co-designing
the programme with NICE
Questions?

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