NIHR | Applied Research Collaboration West Midlands

ARC WM CO-PRODUCTION CASE STUDY – 'MOVING FORWARD'

Name of team	Impact Accelerator Unit (IAU), School of Medicine, Keele University: • Consultant Physiotherapist, Senior Knowledge Mobilisation Fellow and Honorary Professor Musculoskeletal Care and Leadership • Director, Impact Accelerator Unit • School Senior Research Manager/NHS Partnerships • Impact Accelerator Unit Knowledge Broker • Knowledge Mobilisation Research Fellow • Impact Accelerator Unit Manager Chartered Society of Physiotherapy (CSP): • Evidence into Practice Officer LINK group (Lay Involvement in Knowledge Mobilisation) RUG group (Research User Group)
ARC WM Theme	Long-Term Conditions
Project Name	Moving Forward Project: Co-implementation of Physiotherapy best evidence from the NIHR Moving Forward Themed Review into Clinical Practice and co-creating a public facing version.
Case Study Details	The *Moving Forward Project*, delivered by the Impact Accelerator Unit at Keele University, aimed to roll out and implement Physiotherapy musculoskeletal research evidence into clinical practice across Staffordshire. This research evidence was taken from the 2018 NIHR Themed Review of the same name – *"Moving Forward: Physiotherapy for Musculoskeletal Health and Wellbeing."* Patients with lived-experiences of musculoskeletal conditions and members of the public working on Knowledge Mobilisation were key partners in a Community of Practice. The Community of Practice worked together to prioritise research for implementation into local patient pathways and also worked with the Impact Accelerator Unit Knowledge Broker on a separate piece of work to adapt the full NIHR review into a public friendly version.
Further information	Moving Forward website Health.IAU@keele.ac.uk @KeeleIAU

WHAT DOES THIS CASE STUDY SHOWCASE?

This case study showcases how power can be shared in a Community of Practice and in the co-creation of a public friendly version of complex clinical research information.

Communities of Practice have been described as 'informal learning organisations….gaining popularity in health' (Li *et al.*, 2009) who have a shared area of interest and commitment.

The Community of Practice prioritised Physiotherapy research evidence from the NIHR Moving Forward Themed Review to be implemented into local patient pathways across Staffordshire and decisions made by the Community of Practice would lead to better quality care for patients and their families. Complimenting this, the public facing version of the NIHR Moving Forward Themed Review was co-developed with the aim to empower physiotherapists and patients to work together to improve their quality of life and manage their musculoskeletal conditions using best evidence.

WHAT IS THE PROJECT ABOUT?

In 2018/2019, the National Institute for Health Research (NIHR) awarded over £317 million of funding to 334 research projects.[1] Research evidence on topics of strategic importance for the UK health and social care system are brought together in Themed Reviews. Putting research evidence into practice, sometimes referred to as implementation or knowledge mobilisation, can improve the quality and experience of care for patients and their families. Implementing research evidence into practice is by no means straightforward. Some evidence requires specific interventions to be put in place or investment of additional resources.

The Impact Accelerator Unit at Keele University, alongside the Chartered Society of Physiotherapy, brought together a community of clinicians, academics, commissioners and patients to work together. The first step in the project was to prioritise evidence from the NIHR Musculoskeletal Themed Review called '*Moving Forward: Physiotherapy for Musculoskeletal Health and Wellbeing*'. Co-production working in the Community of Practice involved discussing all research 37 published research studies, 25 ongoing research projects and the questions to ask your physiotherapy musculoskeletal services featured in the review and then prioritising the included studies into a 'Top 5'. The 'Top 5' were then prioritised for implementation support from the Moving Forward Community of Practice. During the discussions, the Community of Practice considered 3 areas:

1) Is this a clinical priority?
2) Is this a commissioning priority?
3) Is this a patient priority?

Further information about the framework the Community of Practice used to prioritise the studies can be accessed here. The Top 5 projects taken forward for implementation are included as an Appendix to this case study.

Alongside the prioritisation exercise, a parallel piece of work co-created a public-facing version of the Moving Forwards Themed Review, which is now available on the NIHR website.

WHAT IS YOUR APPROACH TO CO-PRODUCTION?

Patients and public contributors were at the heart of the Community of Practice and were involved in all decision-making processes. Five contributors, all with experience of living with or caring for people with musculoskeletal conditions, were members of the Community of Practice and the Steering Group was chaired by two of these members. The perspectives and first-hand experiences shared by contributors influenced decisions made by the Community of Practice about what studies tackled issues most relevant to patients and which studies should feature in the 'Top Five' shortlist.

Building and maintaining relations between the Community of Practice was critical to ensuring that all members of the Community of Practice shared power in decision-making processes.

HOW DO THE PRINCIPLES OF CO-PRODUCTION FIND EXPRESSION IN THIS PROJECT?

Sharing of power – Ensuring that all members of the Community of Practice had equal power was critical to the success of the Moving Forward project. The focus of the project, creating a 'Top 5' list of evidence-based interventions to be rolled out into communities in Staffordshire, needed to be acceptable to all parties (clinicians, commissioners and patients) in the Community of Practice. To ensure diversity in the patient voices contributing to discussions, the Community of Practice included 5 public contributors. Two contributors, both

[1] NIHR Annual Report 2018/2019. Available from: https://www.nihr.ac.uk/news/nihr-publishes-latest-annual-report/24524 [Date accessed 01.02.2021]

with experience of living with musculoskeletal conditions, co-chaired the Steering Group meetings (they alternated responsibility for this). Having patient co-chairs of the Steering Group, and a strong patient presence in the Community of Practice, helped ensure that patients living with musculoskeletal conditions were central to discussions. A key aspect to sharing power was sharing credit for contributions. Public contributors were listed alongside other members of the Community of Practice as authors of reports.

Including all perspectives and skills – Patients and public contributors were considered equal members of the Community of Practice. There was no hierarchy of knowledge and experience of living with musculoskeletal conditions, or caring for a family member, was deemed as valuable as other types of knowledge (e.g. clinical, academic or commissioning). In addition to providing insights into the challenges of living with musculoskeletal conditions, patient and public contributors were valued for sharing experiences of accessing services in Staffordshire and ability to provide perspectives on which interventions would be most beneficial to local communities. The choice of a neutral venue was important for all stakeholders to feel comfortable and equally able to contribute. Meetings were held face to face before moving online in response to the COVID-19 pandemic.

Respecting and valuing the knowledge of all those working together on the research – All discussions were facilitated to ensure that all members of the Community of Practice, including patient and public contributors, were given time and space to contribute. A series of meetings were held (7 in total) to ensure that all members of the Community of Practice learnt to understand each other's perspectives and priorities. To recognise the contributions of public contributors, they were offered payment for their time and expertise and were given the opportunity to attend additional support meetings with the project lead.

Reciprocity – In addition to working in partnership to reach consensus on which evidence-based interventions should be taken forward to benefit people with musculoskeletal conditions in local communities, members of the Community of Practice benefited from the experience of working with different stakeholders in a Community of Practice. There were opportunities for members of the Community of Practice to gain skills, e.g. chairing/presenting skills, increased knowledge of different stakeholders' perspectives.

Building and maintaining relationships – This was a key element to achieving co—production in the *Moving Forward* project. The project lead was a Senior Knowledge Mobilisation Fellow, supported by the wider IAU team, which included project management, NHS engagement and knowledge brokering expertise. The Knowledge Broker acted as the main point of contact for patient/public contributors on the Moving Forward project. Early on, the Knowledge Broker established the best ways of communicating (e.g. email/telephone) with public contributors and ensured that there were regular communications throughout the project. There was a facilitator for each session, who ensured that all members of the Community of Practice had equal opportunity to contribute, and meetings included dedicated time to allow members of the Community of Practice to get to know each other. Most meetings included a shared lunch and breaks to facilitate informal networking and to allow members to get to know each other on a personal basis. Efforts were made to make meetings as comfortable as possible and to create environments where people felt confident to make contributions.

HOW DO THE FEATURES OF CO-PRODUCTION FIND EXPRESSION IN THIS PROJECT?

Establishing ground rules – Early on, the aims of the project were made clear to all members of the Community of Practice. In the first meeting, there were discussions on and agreement on how people should behave in meetings, how people would be supported throughout the project, and expectations for involvement. The Community of Practice agreed their preferred way of working is listening to different opinions and being respectful of each other. Members also voted on the most convenient days and times to hold meetings. A key element was that any discussions were confidential – a point that was reiterated in all future meetings. This would reassure people that they could discuss potentially sensitive topics with confidence that it would not be discussed outside meetings.

Ongoing dialogue – Between meetings members of the Community of Practice were kept updated with progress on the project. Having a dedicated point of contact for the project ensured that all members remained engaged in the Moving Forward project and provided opportunity for items of relevance to be discussed between meetings.

Joint ownership of key decisions - As described above, patient and public contributors were represented in the Community of Practice and also in the Steering Group for the *Moving Forward* project. Having public co-chairs on the Steering Group was a key component to ensuring that that patient voices had strong influence in decisions that were made for the project.

Opportunities for personal growth and development – All members of *Moving Forward* developed skills in being part of the Community of Practice. For many, this was a new experience of working with different stakeholders to reach consensus on a priority-setting exercise. Some people developed specific skills, such as experience of chairing, whilst others gained skills in presenting viewpoints or listening to others.

Flexibility – In the first meeting, voting took place to determine the best times/dates on when to arrange future meetings for the Community of Practice. Choice of venue was also an important consideration. In addition to being accessible, a conference room was selected, which was in a neutral location, to ensure that no member of the Community of Practice 'owned' the space where meetings were held.

Ongoing reflection and capturing experiences – Ongoing reflection was a key aspect to the Community of Practice. After each meeting, debrief discussions took place with some members of the Community of Practice, with safe spaces to reflect on what worked well and where there were areas for growth and development. Members of the Community of Practice were also invited to capture their experiences of their involvement in videos. The reflective videos are available on the project website. Additional funding from the Chartered Society of Physiotherapy was secured to research the process of the Community of Practice in 'real time'.

WHAT HELPED YOU ON YOUR CO-PRODUCTION JOURNEY?

Keele University has a strong tradition of working in partnership with members of the public. It has an established Research User Group and was a test-bed site for the NIHR Standards for Public Involvement. Many members of the Community of Practice had experience of working with public contributors and had first-hand experiences of the value public contributors bring to projects. Similarly, public contributors involved in the project had experience of working on research projects and were members of Keele University's LINK group, (Lay Involvement in Knowledge Mobilisation) which has a focus on patient involvement in the implementation of research evidence.

Having a dedicated contact for the project made a real difference. In addition to ensuring that all members of the Community of Practice were updated regularly about the project, all members had someone they could contact to ask questions. Community of Practice meetings were designed by the project lead with co-production in mind from the start – for example there were table plans to ensure that all stakeholders were distributed evenly for richer discussions. Patient and public members were also encouraged to share their experiences via vlogs (short video logs).

It was also acknowledged that the time set aside for developing relations was time well-spent. Through providing opportunities for informal networking, the group got to know each other, which helped develop a sense of trust and equal status during meetings.

Although regular debriefing sessions were not included in the initial stages of the project, these were introduced following feedback from public contributors. They soon became important aspects of the project. In addition to enabling individual contributors to reflect on how they could develop their personal contributions, by making the reflections available to the wider group, the Community could reflect on how it could work better together and ensure the principles and features of co—production could find expression.

WHAT CHALLENGES DID YOU FACE IN YOUR CO-PRODUCTION JOURNEY? HOW DID YOU OVERCOME THESE?

The project involved overwhelming amounts of information. When considering each project, in addition to information provided in the Themed review, members of the Community of Practice had to take on board perspectives from all members before considering their decision. Meetings were intense and meetings required strong facilitation to ensure that all members were enabled to contribute and each topic was given equal time for discussion.

It took time for members of the Community of Practice to feel confident in expressing their contributions in meetings and to feel confident in their roles. This came easier to some members than others. This underlines the importance of creating dedicated spaces for developing relations within the group and reflecting on experiences.

WHAT LEARNINGS ARE YOU TAKING FORWARD?

1) However generous you are with time when you are planning activities, things will always take more time than you think.
2) Setting aside time to develop relations between group members is time well spent. Providing space for a meal at the start or end of a meeting can provide an ideal opportunity for people to get to know each other.
3) Creating safe spaces for people to reflect on their involvement in activities is very important. In addition to reflecting on their own experiences, the wider group can benefit from individual insights on how what worked well and areas for growth and development.

REFERENCES

Li LC, Grimshaw JM, Nielsen C, *et al.* Use of communities of practice in business and health care sectors: A systematic review. *Implementation Sci.* 2009; **4**: 27. https://doi.org/10.1186/1748-5908-4-27

APPENDIX – TOP 5 SERVICE INTERVENTIONS PRIORITISED FOR IMPLEMENTATION

1) STarT Back

Subgrouping and Targeted Treatment for low Back pain (STarT Back) – The STarT Back trial used a simple approach to match patients to treatment packages appropriate for them. This significantly decrease disability from back pain, reduces time off work and saves money by making better use of health resources

Click here for more information about STarT Back and stratified care

2) BEST

The Back Skills Training Trial (BeST) – a large, pragmatic randomised controlled trial that evaluated a **cognitive behavioural intervention** for patients with persistent, nonspecific **low back pain** in primary care through a structured group-based programme.

Click here for more information about BEST

3) SWAP

The Study of Work and Pain (SWAP) -SWAP is a vocational advice intervention for employed patients with musculoskeletal conditions who consult with a First Contact Physiotherapist (FCP).

Click here for more information about the implementation of SWAP

4) ESCAPE-Pain (Group based rehabilitation for knee pain)

Enabling Self-management and Coping with Arthritic Pain using Exercise – (ESCAPE-Pain) is an evidence-based, cost effective, group rehabilitation programme for people with chronic joint pain, that integrates educational self-management and coping strategies with an exercise regimen individualised for each participant.

Click here for more information about ESCAPE-Pain

5) IMPACT Back

The Implementation to improve Patient Care through Targeted treatment study (IMPaCT Back) – led to STarT Back. It aimed to determine the effects of implementing risk-stratified care for low back pain in family practice on physician's clinical behaviour, patient outcomes, and costs.

Click here for more information about the IMPaCT Back study