

Research Impact: Using research evidence to influence decision makers

Rebecca Palmer
Trustee for research & development

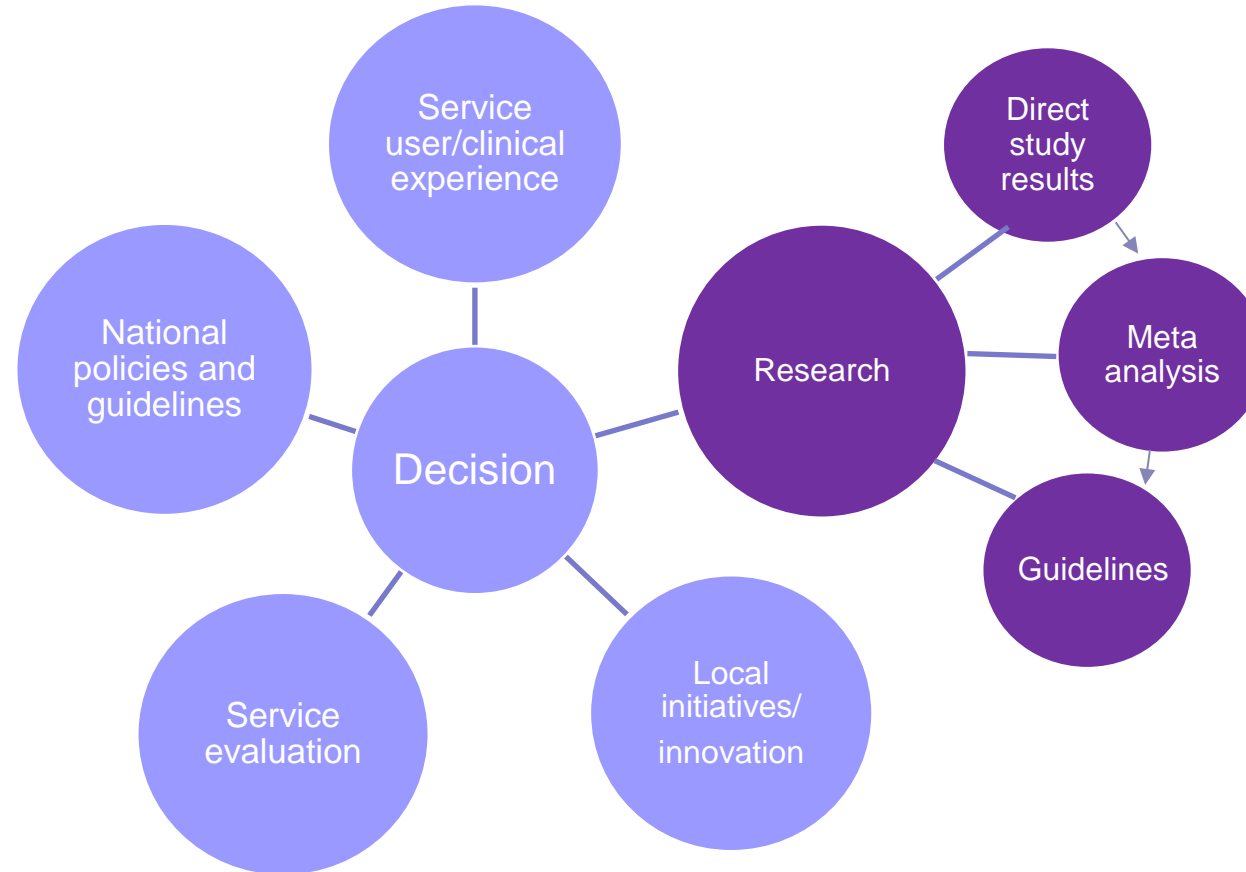


Who are we talking about?

- Individual therapists
- Service managers
- Budget holders
- Policy makers



Evidence informing decisions



Speakers

- Prof Marian Brady
- Prof James Law
- Bryony Simpson
- Derek Munn



Impact and child language

James Law

Professor of Speech and Language Science

Impact and engagement

In academic terms they are not the same thing

- Engagement is talking to people about what you are doing (and listening to what they think about it) which then affects what you do.
- Impact is talking to people about what you are doing and then they do something with it
- Relevant to policy and practice whether is speech and language therapy, medicine, museum curation etc.
- In technical terms we speak about “pathways to impact” ie a programme of work over time (applies to both I and E)

How do you influence people?



- Have a good story which is coherent and makes sense
- It is helpful if your message fits with a story that “they” are interested in hearing about
- Present a story that answers someone else’s question – what problem are you trying to solve? This is especially important for policy related work
- This need not be the case but it is likely to affect uptake
- Rather than assuming that you will be the only person affecting the change think who else is involved – might there be others who will mediate your messages in a significant way
- When dealing with policy makers don’t “professionalise” (makes people suspicious – closed shop etc.) – focus on the needs of the child. Obviously different if you are promoting the profession per se.
- Consistent messages over time help as does the demonstration of critical mass

It always helps to have a good picture...

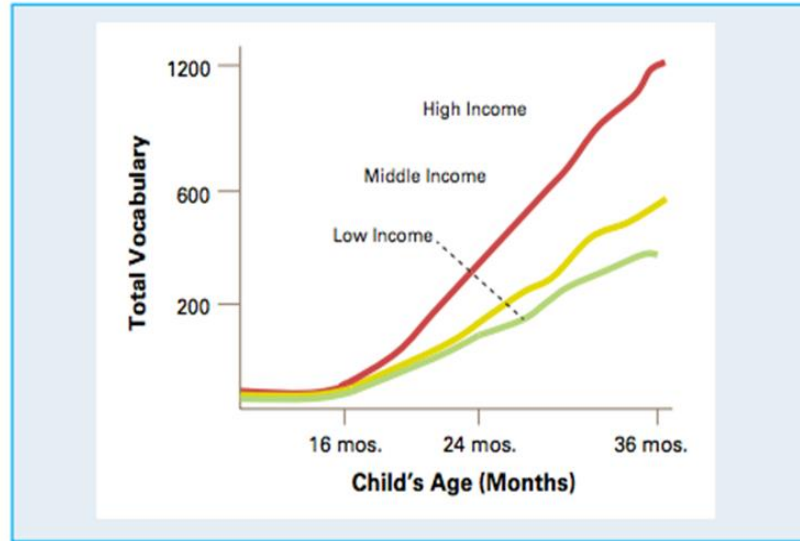
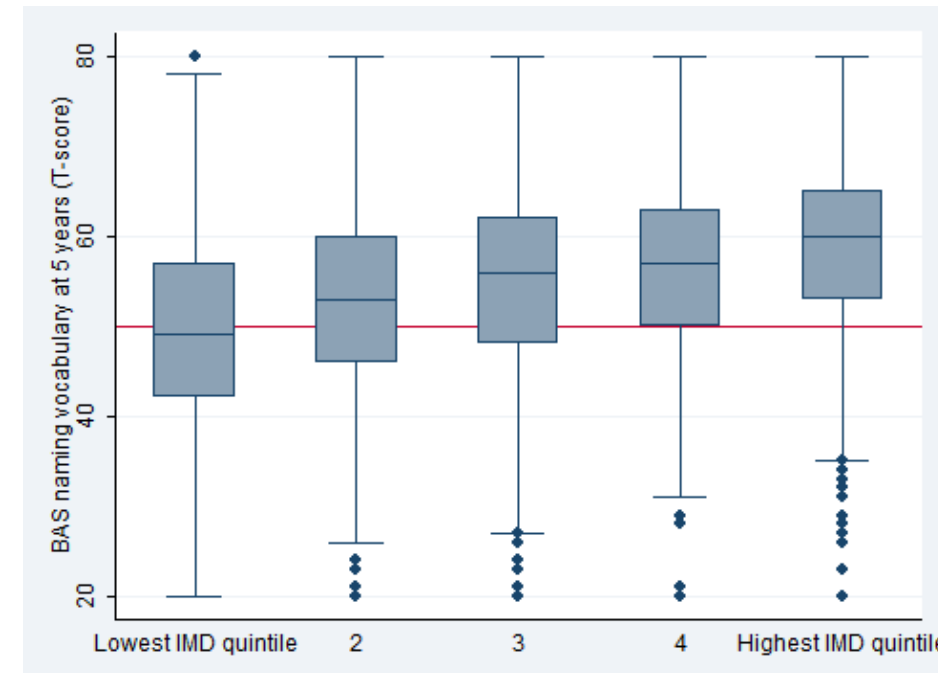
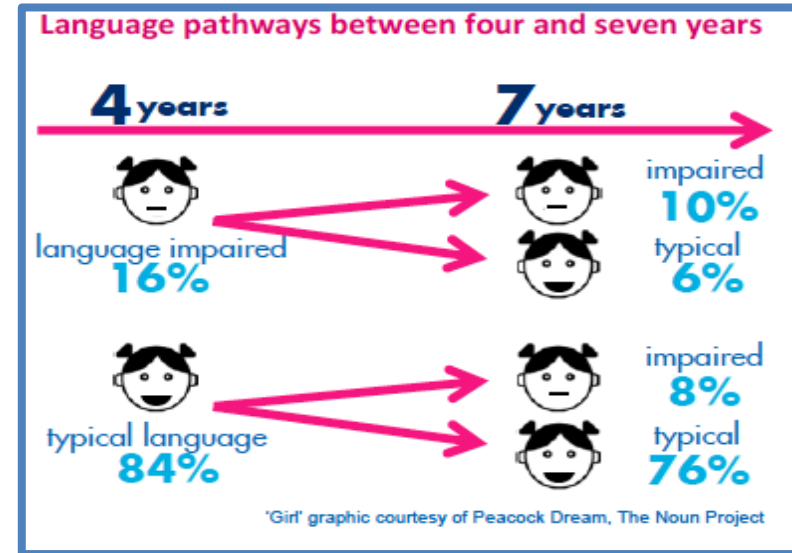
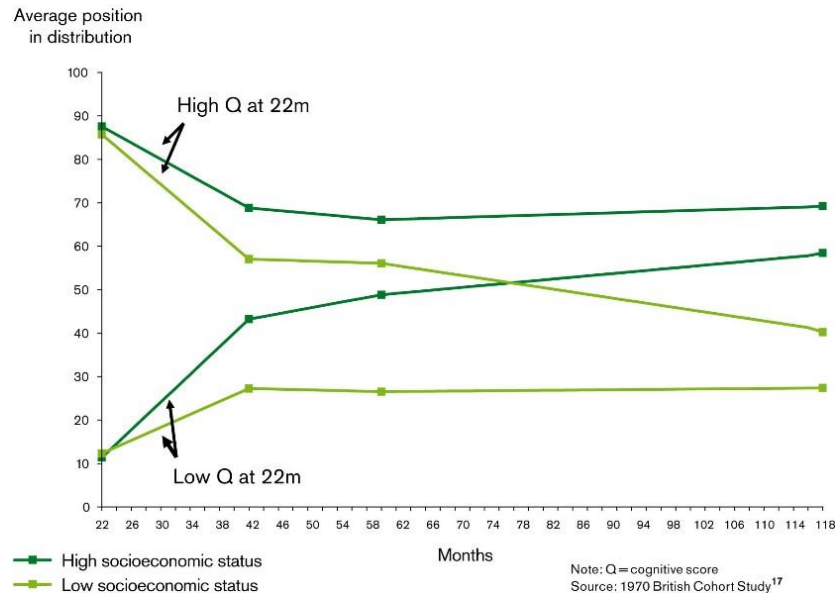
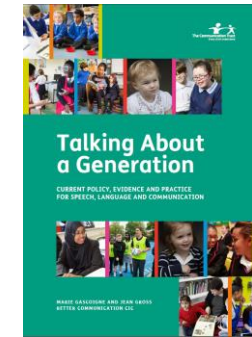


Figure 6 Inequality in early cognitive development of children in the 1970 British Cohort Study, at ages 22 months to 10 years



A current illustration

- Child language has moved up the policy agenda. It has now been picked up as a priority by the DfE in England and Public Health England.
- Multiple reasons for this – not least the Bercow Review and the Better Communication Research Programme but there are many other pieces of work that have fed into this over time. Most recently
 - Gascoigne M. & Gros, J. (2017) *Talking About a Generation: Current policy, evidence and practice for speech, language and communication* London: **The Communication Trust.**
 - Law, J. Charlton, J., Dockrell, J., Gascoigne, M., McKean, C. and Theakston, A. (2017) *Early Language Development: Needs, provision and intervention for preschool children from socio-economically disadvantage backgrounds.* London: **Education Endowment Foundation**
 - Law, J. Charlton, J. & Asmussen, K. (2017) *Child language as a wellbeing indicator.* London: **Early Intervention Foundation**
- Meeting hosted by PHE on October 10th 2017 to sort out priorities





MAKING AN IMPACT USING RESEARCH

BRYONY SIMPSON

ASSOCIATE DEAN HEE YORKSHIRE AND THE HUMBER

WHY BOTHER?

- ▶ Resources are scarce
- ▶ We need to ensure they are used wisely and effectively
- ▶ This is why research is essential.
- ▶ It can produce good evidence to inform local, national and international policy that, in turn, has the potential to transform lives for the better.

YOU TRANSLATE THE RESEARCH



**The good physician treats the
disease; the great physician
treats the patient who has the
disease.**

William Osler

EVIDENCE BASED PRACTICE -RCSLT

- ▶ "Evidence-based medicine is the integration of best research evidence with clinical expertise and patient values." (Sackett D et al. 2000)
- ▶ Evidence-based practice is crucial to the quality and effectiveness of the care we provide. As practitioners, we need to access the evidence and appraise it before we apply the evidence to our own clinical practice.

NOT ALL RESEARCH IS VALUABLE TO YOU —HOW DO YOU DECIDE WHAT IS?

- ▶ Critical Appraisal
- ▶ Journal clubs
- ▶ RCSLT resources
- ▶ Applying the needs of your caseload and desired outcomes

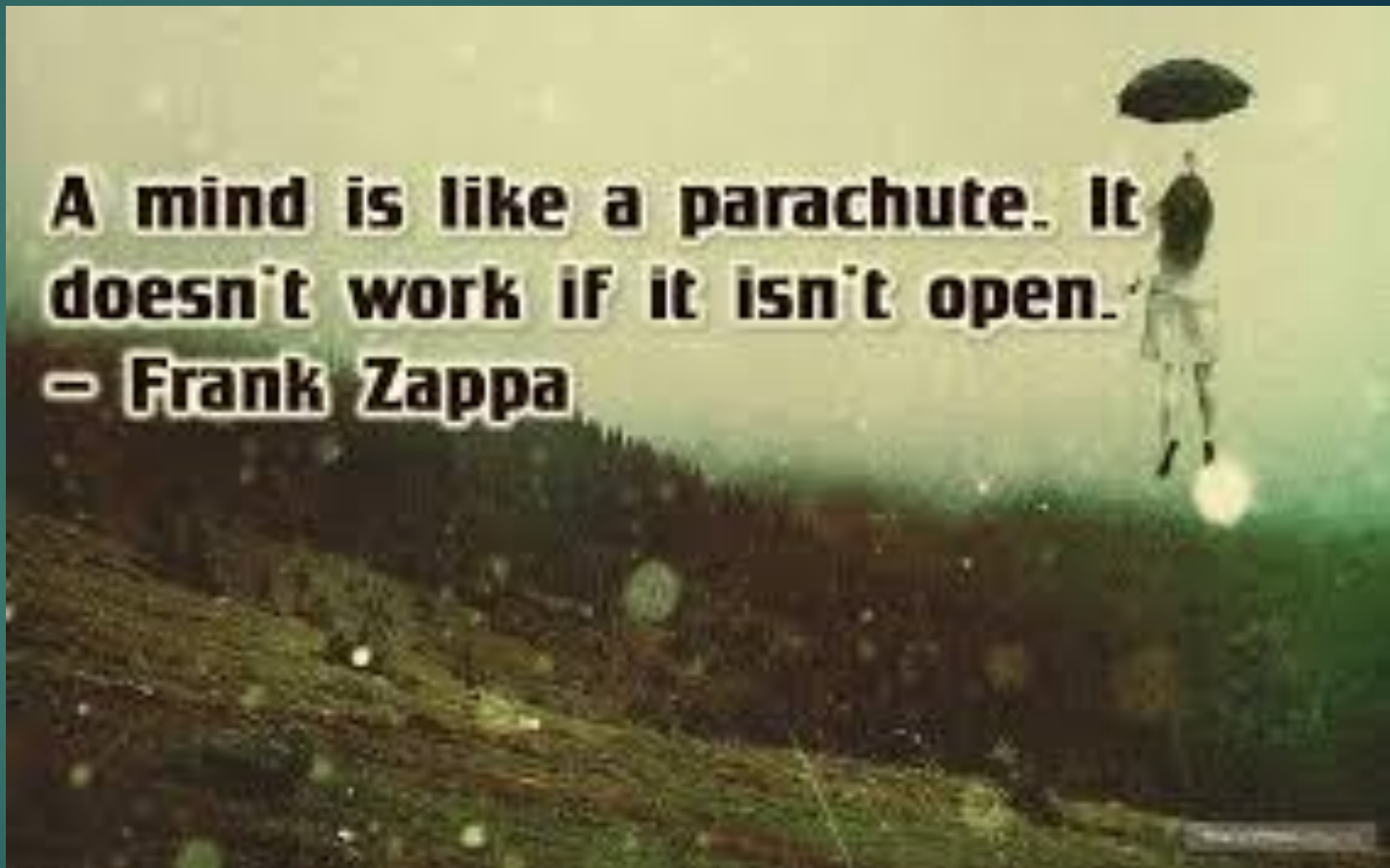




YOU ARE
VITAL TO
MAKING
THAT
IMPACT!



MAKING AN
IMPACT AS
A
MANAGER



ANECDOTES
ARE NOT
ENOUGH!





"What gets measured, gets managed."
Peter Drucker

(c) Digital Vision / Thinkstock

ISSUES FOR MANAGERS



RESEARCH CAN HELP!!!!

Resource
allocation

Objectivity

Part of a
community

Gathering
data and
measuring

Making the
case for
change

DECISION MAKING AS A MANAGER

- ▶ Research / Evidence base enables decision making
- ▶ Research supports rationale for resource based decisions eg what treatments/ what population/frequency of treatment
- ▶ Research enables you to review and improve your service
- ▶ Examples

RCSLT TO THE RESCUE



RCSLT WEBSITE

- ▶ Extensive Research section-resources
- ▶ Position papers- all underpinned by up to date Research
- ▶ Use of research plus professional consensus
- ▶ Brings together leaders in the profession
- ▶ Research networks etc
- ▶ Range of Clinical Advisors and Leadership Advisors who are grounded in research

BUDGET HOLDERS



Seriously, I don't know when exactly that UFO landed & dumped all these stupid people, but they apparently aren't coming back for them

Jewels



MAKING A CASE

BUILDING A BUSINESS CASE USING RESEARCH

USE

USE RESEARCH WISELY

APPLY

APPLY TO THE LOCAL NEEDS ANALYSIS-DEMOGRAPHIC
AND PRIORITIES

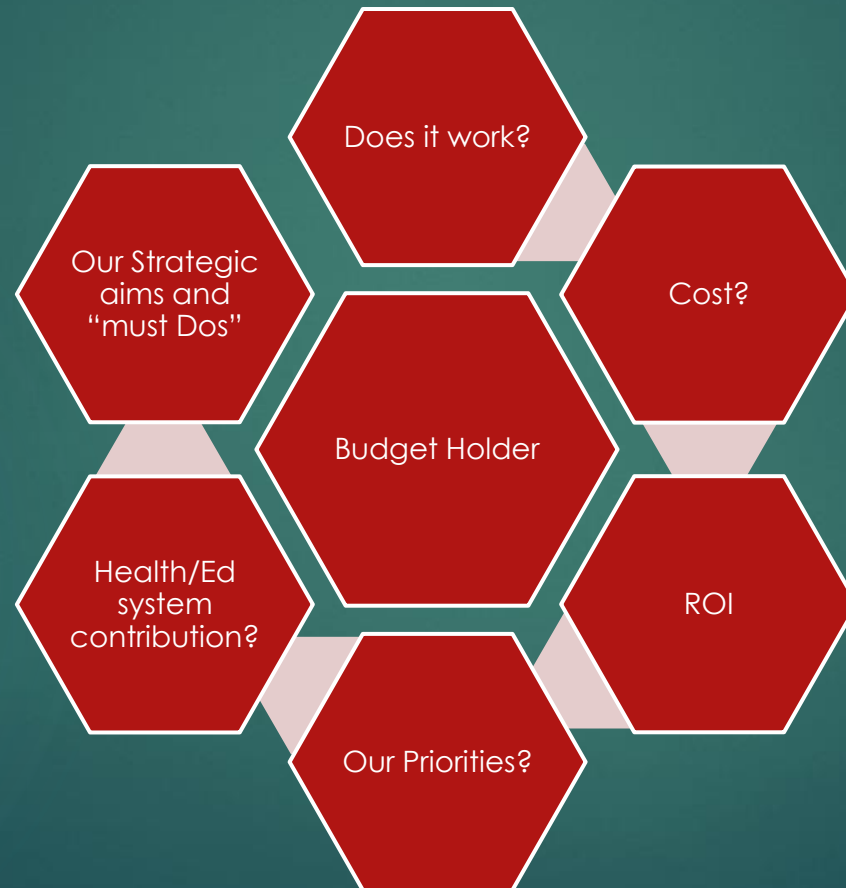
ILLUSTRATE

ILLUSTRATE WITH POWERFUL CASES

SHOW

SHOW THE BENEFIT -USERS -ROI -LOCALITY

BUDGET HOLDERS ASK.....



HOW TO RESPOND


- ▶ **Research shows** eg Timely intervention for Dysphagia avoids hospital admission
- ▶ **The intervention costs** –staff time, equipment, accommodation
- ▶ **The ROI is** x reduction in hospital costs, reduced drugs bill
- ▶ **Prioritise because** improves QoL, reduces pressure on A&E
- ▶ **Strategic Objectives** – reduction in SHMI, better use of secondary care, patients health improves
- ▶ You will be unable to do this without using Research!

MAKING AN IMPACT = BALANCING

- ▶ Clinical Research
- ▶ Professional consensus
- ▶ Empirical observations and knowledge of client group/carers

Needs and drivers of :

- ▶ Clients
 - ▶ Managers
 - ▶ Budget holders
 - ▶ Commissioners
 - ▶ Wider population
-
- ▶ Influence of national factors

A 3D rendered orange figure, resembling a stylized person, is holding a white rectangular sign. The sign contains the text "I think, therefore I am dangerous." in a black, sans-serif font. The figure is standing on a light-colored surface against a plain, light-colored background. The entire scene is set within a white rectangular frame, which is itself centered on a dark teal background. A red vertical bar is visible in the top right corner of the overall image.

I think,
therefore
I am dangerous.

How decision-makers see research evidence: politicians

27 September 2017



Evidence is not the only force...

Money

Party

**Official
Advice**

Media

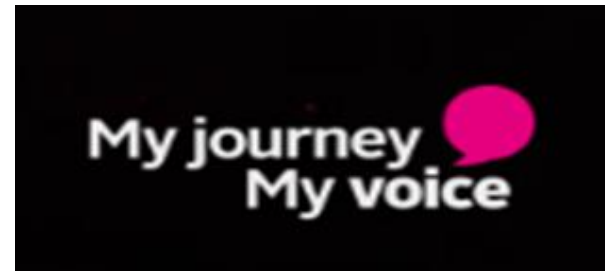
**Public
Opinion**

**Social
Media**

**Gut
Instinct**

The human touch

- The story of the MMR vaccine
- Telling stories: service users
- The Mental Capacity (Northern Ireland) Act



The voters are always right...

- GM in Scotland
- Brexit and trust



RCSLT's approach



- The Bercow Review: evidence, experience and personal commitment
- Youth offending

**It's not always good v bad,
it may be good v good**

- Hearing aids in North Staffordshire

John Bercow's advice

- Three key points – Tony and Gordon...
- It needs to work for them

Thank you

Derek Munn

Director of Policy and Public Affairs

Email: Derek.Munn@rcslt.org

Telephone: 0207 378 3015

RCSLT resources



- RCSLT Clinical web pages – evidence and research sections including systematic reviews & meta-analyses
- How to find research evidence and critically appraise it?
 - NEW E-learning module: an introduction to evidence based practice for busy clinicians
 - ‘Being Sherlock’: finding the answer to clinical questions webinar
- Resource manual for commissioning and planning services for speech language and communication needs (SLCN)
- **TAKE PART:** RCSLT Research priority setting exercise: dysphagia, learning difficulties, aphasia, DLD, autism – if interested in being involved contact: lauren.longhurst@rcslt.org