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

- Service user/clinical experience
- National policies and guidelines
- Service evaluation
- Local initiatives/innovation
- Decision
- Research
- Direct study results
- Meta analysis
- Guidelines

ROYAL COLLEGE OF SPEECH & LANGUAGE THERAPISTS
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...
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

• 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 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

A mind is like a parachute. It doesn’t work if it isn’t open.

– Frank Zappa
ANECDOTES ARE NOT ENOUGH!

“In God we trust, all others must bring data.”

W. Edwards Deming
“What gets measured, gets managed.”
Peter Drucker
ISSUES FOR MANAGERS

- Background
- Users and carers
- Conflicting Demands
- Budgets
- Targets
- HR

HELP!!!!!!!
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

ROYAL COLLEGE OF SPEECH & LANGUAGE THERAPISTS
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
Seriously, I don't know when exactly that UFO landed & dumped all these stupid people, but they apparently aren't coming back for them.
MAKING A CASE
<table>
<thead>
<tr>
<th>USE</th>
<th>USE RESEARCH WISELY</th>
</tr>
</thead>
<tbody>
<tr>
<td>APPLY</td>
<td>APPLY TO THE LOCAL NEEDS ANALYSIS-DEMOGRAPHIC AND PRIORITIES</td>
</tr>
<tr>
<td>ILLUSTRATE</td>
<td>ILLUSTRATE WITH POWERFUL CASES</td>
</tr>
<tr>
<td>SHOW</td>
<td>SHOW THE BENEFIT - USERS - ROI - LOCALITY</td>
</tr>
</tbody>
</table>
BUDGET HOLDERS ASK.....

- Does it work?
- Cost?
- ROI
- Budget Holder
- Our Priorities?
- Health/Ed system contribution?
- Our Strategic aims and “must Dos”
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
I think, therefore I am dangerous.
How decision-makers see research evidence: politicians

27 September 2017
Evidence is not the only force…
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

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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