Diabetes service evaluation

KM Team Members involved	**Helen Cramer (Researcher in Residence), Becca Robinson (Management Fellow round 2)**
Aim	To work with the long term conditions (LTC) steering group to develop an evaluation for diabetes services
Local lead organisation	Bristol Clinical Commissioning group
Collaborators	Bristol Clinical Commissioning Group, Commissioning Support Unit, University of Bristol

What happened?

As Researcher in Residence, Helen Cramer (HC) was embedded within the Long Term Conditions Steering Group within Bristol Clinical Commissioning Group. This group was developing an integrated care model for diabetes incorporating shared decision-making for 16 Bristol GP practices. The Researcher in Residence brought an external perspective to discussions, becoming "a very trusted reference point". The Researcher in Residence helped design the initial team-building and goal-setting meeting in pilot practices.

However, her principal role was co-producing an evaluation with steering group members, in consultation with the head of evaluation at Avon Primary Care Research Collaborative and other KM team members. The evaluation initially encompassed 3-4 practices, but resource issues limited it to one case study practice in the first instance, as only HC and BR, a round 2 Management Fellow, had sufficient time to collect and analyse data. In designing and carrying out the evaluation, the Management Fellow contributed knowledge from her nursing and commissioning backgrounds, for example in the selection of interview questions, while the Researcher in Residence offered research and evaluation skills. So this was a two way knowledge exchange.

The impact was that the Management Fellow gained skills in methods such as interviewing, observing diabetic reviews and analysing qualitative data, which she could then employ on projects for the commissioning organisation in her substantive role. The Researcher in Residence learnt how commissioners plan and modify services, which has increased her understanding of how healthcare works. Through developing a logic model for the initiative and agreeing manageable expectations around the diabetes evaluation, the Long Term Conditions commissioners gained a better understanding of the strengths and limitations of evaluation methods. A commissioner commented that the collaboration with the Researcher in Residence had been "a really, really fruitful and productive relationship".

Case study written June 2016 with data from the 3rd KM team evaluation (April 2016)

What helped?	What didn't help?
The excellent interpersonal skills of the Researcher in Residence meant that trust was established with the Long Term Conditions team fairly rapidly.	Agreeing a focus for the evaluation was difficult, and discussion was needed to clarify what aspects of the programme were most important and what an evaluation could realistically cover.
The Management Fellow's broad knowledge base encompassing both nursing and commissioning.	Substantial negotiation was needed to agree on quantity, quality and speed e.g. the need for transcription (research quality versus speed and resource).
The excellent working relationship between the Researcher in Residence and the Management Fellow.	Installing software and then asking practices to do nothing is sensitive politically. This impacted on the feasibility of setting up control groups.
Because both the time of the Researcher in Residence and the Management Fellow had been 'bought', they could carry out data collection and analysis, not just design or advise.	Possible overlaps with other research studies and 'contamination', which was negotiated with the help of the Management Fellow.
Working with the Long Term Conditions Steering Group members, the Head of Evaluation and other KM team members to design the evaluation helped.	A series of losses of key CCG and CSU staff has made the evaluation more difficult.
Some Long Term Conditions Steering Group members had previously worked in academia and other had backgrounds in evaluation which made this group receptive.	Associated delays mean that the evaluation time frame may extend beyond the time limit of the Researcher in Residence's contract.

What can we learn from this?

Genuinely collaborative projects are ***hard work*****,** often with multiple setbacks. Enough ***goodwill and mutual benefit*** need to be in place from both commissioners and academics to continue.

Those collaborating in the constantly changing commissioning landscape need to be ***resilient and flexible***.

The ***collaboration between the Researcher in Residence and the Management Fellow was vital*** to make the evaluation happen. This was only possible because ***both were funded*** to develop collaborative projects.

Large scale ***evaluations take considerable time and resources*** to achieve.

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Negotiation around what is 'good enough' constantly arises to meet both the agendas of researchers and commissioners. Managing expectations is ongoing.