Making the best use of knowledge in NHS Health Scotland

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Outline

• NHS Health Scotland
• Our KIA model
• Applying KIA to what we do
NHS Health Scotland

• We are a Special Health Board in NHS Scotland
• We are Scotland’s national agency for reducing health inequalities and improving health
• Our world is very different to clinical practice

Our work focuses on

• Compiling evidence and research to further Scotland’s understanding of health inequalities
• Influencing policy makers at all levels to design targeted interventions to help build a fairer healthier Scotland
Our vision and mission

Our Strategy 2012-17: “A FAIRER HEALTHIER SCOTLAND”

**Vision**
Our vision is a Scotland in which all of our people and communities have a fairer share of the opportunities, resources and confidence to live longer, healthier lives.

**Mission**
Our mission is to reduce health inequalities and improve health. To do this we will influence policy and practice, informed by evidence, and promote action across public services to deliver greater equality and improved health for all in Scotland.
Knowledge Generation
- Problem definition, needs assessment
- Population monitoring and profiling
- Intervention development and evaluation
- Policy evaluation

Knowledge Management
- Searching the knowledge base
- Capturing, reviewing, appraising and indexing knowledge
- Making knowledge accessible through hubs and portals
- Synthesising knowledge; combining formal research evidence and practice learning
- Translating knowledge through production of actionable knowledge (tools, guidance)

Knowledge Application
- Facilitating the use of actionable knowledge within policy and practice contexts
- Knowledge exchange; bringing people together to share ideas, learning and evidence
- Experimentation; testing innovation and/or evidence-based practice in new contexts

KIA
Knowledge Generation
- Public Health Observatory
- Evaluation

Knowledge Management
- Knowledge Services
- Evidence for Action

Knowledge Application
- Scottish Public Health Network
- Range of Teams in Delivery Directorate
More than just evidence

“To determine whether an intervention, even one well founded in the evidence, would be likely to be successful, requires an understanding of local contexts and circumstances, of local professionals’ knowledge bases, commitment, and engagement, and detailed assessment of the particular population at whom the intervention is aimed.”

Speller, Wimbush and Morgan, (2005), International Journal of Health Promotion and Education
Health Scotland – drawing on different types of knowledge

<table>
<thead>
<tr>
<th>Knowledge Type</th>
<th>Description</th>
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<tbody>
<tr>
<td>Contextual knowledge</td>
<td>Knowledge about political and policy priorities and how the relevant organisations and systems operate</td>
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<tr>
<td>Experiential knowledge</td>
<td>Tacit knowledge derived from practitioner and user experience</td>
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<tr>
<td>Theory knowledge</td>
<td>Knowledge about causal factors/mechanisms derived from formal research evidence and practice-based experiential knowledge</td>
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<tr>
<td>Empirical knowledge</td>
<td>Formal scientific knowledge derived from systematic research and the analysis of routine administrative and survey data</td>
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Health inequalities and clinical practice:

- Scotland’s ‘biggest issue’ (Sir Harry Burns, CMO 2012)
- The hardest to reach/least likely to engage with services are those most in need
- Opportunities to improve health and reduce inequalities are increased when social issues that affect the health of a patient or limit their use of health services are routinely taken into account by the health service
- Interventions that focus on individual behaviour change or that require people to ‘opt in’ widen health inequalities
- Some good examples and pilots (Keep Well; link workers; social prescribing; inequalities sensitive practice; focus on patient centred care) but how do we systematically learn from these and get this knowledge into action across the whole system?

Does clinical practice routinely and systematically put this knowledge into action?
Health Scotland KIA Model

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People
Skills, knowledge, attitude

Culture
KIA central to organisational processes and thinking

Systems and Processes
To support and facilitate the generation, management, and utilisation of knowledge
AN ORGANISATIONAL PLAN TO SUPPORT KNOWLEDGE INTO ACTION

2013-2016
Action plan outcomes (focussed on facilitators not structures)

**People**
- Individuals within HS have a shared understanding of the concept of knowledge used by the organisation
- Individuals in HS have the knowledge, skills, attitudes and behaviour to implement the KIA plan

**Systems, processes and products**
- Knowledge is well organized, accessible and quality assured
- Actionable knowledge is available and accessible in user defined formats
- Facilitate knowledge exchange and application by linking key groups
- New knowledge is generated to address gaps

**Culture**
- HS has a strong corporate narrative about what knowledge is and why KIA is core to our business
- KIA is embedded in Health Scotland’s EFQM quality systems for business processes, products and services
- HS demonstrates strong leadership for KIA approaches and methods
Learning and practical things we have done/are doing

• Engaged in the national work – helped raise the profile
• Clear from our corporate strategy that KIA is at the heart of what we do – has been really helpful in embedding KIA across the organisation
• Tried to engage with all staff (all staff have a role)
• Corporate Management Team workshop on KIA
• Cross-org working group taking forward our action plan
• Embedded KIA actions in our 2014.2015 delivery plan
• KIA an explicit HS quality improvement process in our drive for excellence (EFQM)
• Health Governance Quality Standards
Health Governance Quality Standards (proposed)

Knowledge generation
Knowledge management
Knowledge application for policy
Knowledge application for practice
Knowledge application for advocacy
Thank you
Questions, comments...?