Mobilising knowledge about ethnic inequalities to improve access, experience and outcomes for Black and Minority Ethnic users of NHS Services

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eMBED HEALTH CONSORTIUM

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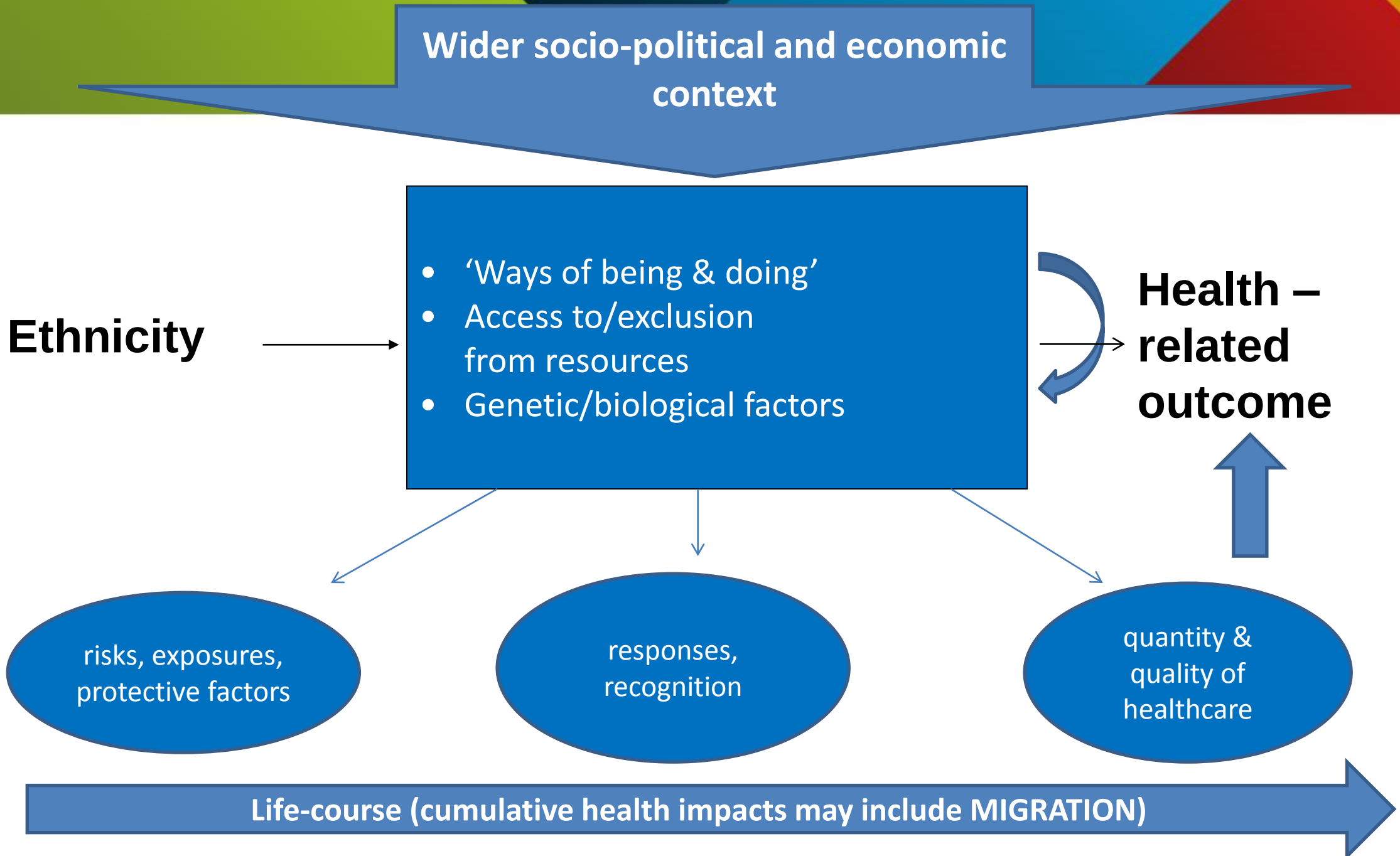
Lynne Carter is currently a Knowledge Mobilisation Research Fellow supported by the National Institute for Health Research. The views expressed in this workshop are Lynne's and not necessarily those of the NHS, the National Institute for Health Research or the Department of Health.

The development and trialling of the Evidence and Ethnicity Knowledge Mobilisation tools is supported by the Collaboration for Leadership in Applied Health Research and Care - CLAHRC Yorkshire and Humber.

Workshop outline

- Findings of the Evidence and Ethnicity in Commissioning research study
- Development of ethnicity and health knowledge mobilisation tools
- Which aspects of knowledge mobilisation do the tools aim to facilitate?
- The "Using knowledge to describe, explain and prescribe" model
- Trying out one of the knowledge mobilisation tools
- Ways to get involved in the project


Wider socio-political and economic context
Ethnicity
'Ways of being & doing'
Access to/exclusion from resources
Genetic/biological factors
Health – related outcome
risks, exposures, protective factors
responses, recognition
quantity & quality of healthcare
Life-course (cumulative health impacts may include MIGRATION)

Ethnicity and health

- Lower receipt of some services e.g. cancer screening, participation in physical activity, IAPT for mild-moderate mental ill health
- High levels of DNA (did not attend)
- Disproportionate receipt e.g over representation of Black men in in-patient mental health services
- BME patients, particularly people of Pakistani and Bangladeshi heritage, report lower levels of satisfaction with GP and hospital services.
- Limited evidence about healthcare outcomes but, for example, concerns about mental health and maternity outcomes for Black groups

Evidence and Ethnicity in Commissioning

Race equality not 'core business'; not 'mission critical'

- Other priorities have greater legitimacy and resource
- Invisibility of ethnicity in bulk of commissioning practice
- No reward or sanction

- Limited (& falling) investment in E&D staff; isolated; exhausted
- Lack of structures/processes to support attention
- Limited challenge internally or externally

Commissioning managers and teams

- Ethnic inequalities overlooked
- Uncertain about 'privileging' minority groups
- 'Hard to reach'; costly, complex
- Extra, additional, not part-and-parcel (even among PH)

- Fear, lack of confidence and skills
- Contested responsibility to address; avoidance
- Lack of creative solutions

- Missed opportunities throughout the commissioning cycle

Mobilisation and use of evidence

- Real or imagined gaps in data and evidence
- Lack of published evidence on the effectiveness of potential interventions
- Lack of confidence in evidence mobilisation amongst those advocating for attention and action on equality

- **Missed opportunities to**:

  - Evaluate and share learning
  - Draw on published research
  - Gain user and third sector insights

Knowledge Mobilisation Research Fellowship

- Develop my research and knowledge mobilisation skills
- Carry out action research in three different case studies, trying out our ethnicity and health knowledge mobilisation tools in NHS commissioning or service improvement work
- Use a learning history approach to reflect on how well the tools work
- Mobilise knowledge about moving knowledge about ethnicity and health to action

Activity one

In small groups share any experience you have in commissioning/service improvement work of:

- Making sure that knowledge about ethnicity (or any other marginalised / contentious issue) is requested and/or considered
- Identifying knowledge to describe and/or explain inequalities
- Using knowledge to make interventions to reduce those inequalities

Ethnicity and Health Knowledge Mobilisation Tools

Critical gaps:

- Increasing commissioner demand for evidence
- Making the case for considering ethnic inequalities
- Increasing confidence and addressing uncertainty on ethnicity
- Making best use of available data
- Developing service specifications and outcome measures specific to ethnicity

A PCT Senior commissioning manager told us:

> "What would work for me almost an FAQ (frequently asked questions) or a questions and answers document about if you're commissioning in an area where you think you have different health needs which are due to ethnicity, these are the questions you should be answering and asking"

We developed a chart showing common issues for attention in commissioning improved services for multi-ethnic populations along with what to expect of providers and factors that can be included in a service specification

Ethnicity and Health Knowledge Mobilisation Tools

Advocates for change

- Making the case
- Stakeholder Identification
- “In their shoes”
- Frequently Raised Objections

Commissioners and service managers

- Areas for attention prompt sheet
- Service Specifications guide and exercise
- Equality proofing your JSNA
- Mobilising evidence guide and presentation

Tools mapped to Ian Graham's knowledge to action cycle

Aspects of the process that are particularly significant:

- Tailoring knowledge
- The action cycle

Activity Two - Framing knowledge to influence different stakeholders

In groups of 4, each take one of the roles in the “In their shoes” and work through the questions.

Feedback your responses to other members of your group

How useful do you think this tool would be in practice?

From knowledge to action

Simple direct application of evidence use - instrumental use - is rare in policy making, commissioning or service improvement

Most likely to happen where:

- Evidence is non-controversial; problem/issue uncontested
- Certainty in the best course of action
- Requires limited change or upset to current status quo
- Clear responsibility for action
- Wider environment is supportive

These are not often the characteristics of evidence on ethnic inequalities.

Using evidence in other ways:

Conceptual: changes understanding; redefines the problems/issues; relocates the causes; suggests alternative places to look for solutions; challenges taken-for-granted assumptions etc.

Influential: reframes issues to increase their perceived importance, urgency, relevance; empowers actors to take action; gives legitimacy; persuades etc.

Identify ways of mobilising evidence/information/insight to **increase understanding and prompt action**

The "Using knowledge to describe, explain and prescribe" model

Mobilising knowledge for:

	Understanding (instrumental)	Action (conceptual and influential)
Describing. What?	Patterns/ differentials across groups	Highlight the unacceptable and urgent
Explaining. Why?	Underlying causes, pathways of effect	Locate cause within stakeholder's influence & responsibility
Prescribing. How?	Interventions that can effectively address issues	Identify what should be done. Benchmark.

Principles for presenting knowledge for action

- Empower (challenge, but also offer support/hope)
- Focus on key themes
- Remember most people have little time to read
- Draw on national/international data and policy
- Illustrate with local examples that resonate
- Use varied data/evidence types -
  statistics + local patient stories can be a powerful combination
- Articulate an attractive vision; align that vision with audience's key priorities
- Articulate a clear expectation - what do you want of the audience?

Activity three

In small groups, select one or two of the tools that interest you and discuss how useful you feel they will be in practice. Are there ways they could be improved?

Next steps in my fellowship

Understanding more about how to effectively mobilise knowledge about ethnicity and health before prescribing action:

- Three case studies using the learning history method
- Blog www.eeic.org.uk
- Community of Practice

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