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The current and future roles of NHS Networks, NHS Live and Contact, Help, Advice and Information Network (CHAIN) in supporting the Strategic Objectives of the NHS Institute for Innovation and Improvement

Final Report, Version 5.3

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1 Executive Summary

Background

The NHS Institute for Innovation and Improvement (NHS Institute) commissioned a team of researchers at Manchester Business School (MBS) to investigate the current and future roles of 3 'networks'[1] (NHS Networks, NHS Live and CHAIN) in supporting the strategic objectives of the NHS Institute.

The research was conducted over a relatively short time period of 3 months from January to March 2008.

The NHS Institute

The mission of the NHS Institute is to
"support the NHS to transform healthcare for patients and the public by rapidly developing and spreading new ways of working, new technology and world class leadership." (NHS Institute, 2007a).

In its work with the NHS, in the financial year 2008/09 the NHS Institute aims to:

- Put greater emphasis on engagement and adoption, and less on new production
- Help the NHS spread and sustain effective concepts and processes that the NHS Institute has identified and developed
- Enhance the impact of its products on the NHS

The Networks

At the time of this study the NHS Institute provides funds towards the running of a number of networks, including NHS Networks, NHS Live and CHAIN, in order to enhance its engagement with the NHS. From an NHS Institute point of view these networks might fulfil the following functions

- NHS Networks - facilitating NHS Institute contact with clinical groups and individuals
- NHS Live - bringing improvement work into the NHS Institute from other teams working within the NHS; bringing together improvers in the NHS to learn from each other; giving improvers in the NHS opportunities to learn from the private sector.
- CHAIN - spreading awareness of improvement knowledge to individuals working within the NHS and worldwide

In addition to these three networks, the NHS Institute also coordinates a "Practice Partner Network" (PPN), which enables selected NHS organisations to link in with the NHS Institute at an organisational level by prototyping NHS Institute products.

[1] The extent to which each of these 'networks' actually focuses on networking activity is a moot point. They have some commonalities, but also a great diversity of activities, which we highlight in this report.

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Theoretical Models

Theoretical models are relevant to this research in two ways. Firstly they can help to ensure that the data collection covers relevant issues and concepts; and secondly they can provide a means of analysing the data, through comparing what exists with what is possible or desirable according to the model.

Greenhalgh et al (2004) reviews the literature regarding the diffusion of innovations of service organisations with the intent of learning from this in respect to healthcare organisations. One of the outputs from this review was a model of diffusion that can be applied to a healthcare system (Figure 2). This model is particularly relevant to this study because it takes a systemic view that explicitly puts diffusion (i.e. spread and adoption) within the context of the development of innovations and of their effective implementation. It thus corresponds well to the NHS Institute's aims, and the following elements of the model were used to structure our analysis:

1. Innovation
2. Diffusion and Dissemination
3. Adoption and Implementation

Methods

The study used a mixed methods approach with a combination of formative and summative approaches, and qualitative and quantitative methods, within an overall framework that combined systemic and realist evaluation. Data was collected through web-based surveys, interviews and workshops with key stakeholders, including members and coordinators of the networks and NHS Institute staff.

Results - Unique Selling Points of each Network

Participants named a range of key strengths for each of the networks that have been studied. Based on our analysis of these data in the light of the diffusion model, we suggest unique selling points (USPs) for each network with regard to the NHS and its staff, and with regard to the NHS Institute. We also suggest USPs with regard to the NHS Institute that the networks they might potentially develop given suitable input from the NHS Institute:

Network USPs with regard to the NHS and its staff (ie members and potential members)

NHS Networks:

- Good for the set up of a new network
- Can influence policy makers
- Acts as one hub potentially for all NHS networks

CHAIN:

- Gives targeted information
- Concise, good at avoiding potential overload of members
- International reach

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NHS Live:

- Good at promoting and running events which facilitate peer to peer networking
- Celebration of good practice and morale boosting
- Shadowing, facilitation, advice and support from the private sector

Network USPs relating to the NHS Institute's strategic objectives

NHS Networks:

- Mechanism for wide diffusion of information

CHAIN:

- Mechanism for targeted spread (dissemination) of information

NHS Live:

- Supports adoption and implementation of improvement activity by motivating and supporting staff, patients and their communities to realise their ideas for improvement.

Practice Partner Network:

- Provides opportunities for co-production of innovations between the NHS Institute and NHS organisations

USPs with regard to the NHS Institute that networks might develop in the future

NHS Networks:

- Better targeted dissemination, still across a wide spectrum of potential users
- Facilitating co-production of new products between the NHS Institute and other NHS organisations
- Facilitating product dissemination across organisational boundaries through identifying and supporting boundary spanners and opinion leaders

CHAIN:

- Facilitating product dissemination across organisational and professional boundaries through identifying and supporting boundary spanners and opinion leaders

NHS Live:

- Facilitating dissemination of NHS Institute products through their events and awards
- Providing enhanced support for implementation of NHS Institute products
- Facilitating feedback from implementers about NHS Institute products

Practice Partner Network:

- Facilitating product dissemination through opinion leaders and champions
- Facilitating feedback from implementers about products

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Recommendations

We recommend that:

1. The research suggests that the NHS Institute:

   a) Revisits and clarifies the networks' primary purposes and characteristics and communicates these more clearly and frequently to NHS Institute staff and network members.

   b) Develops and implements an organisation-wide strategy for marketing its products via the networks by incorporating product dissemination activity into its work process methodology.

   c) Formulates a clear strategic plan for the development and marketing of the networks for both internal and external audiences.

2. We suggest that the strategic plan (recommendation 1c) incorporates the following activities:

   a) Work with members of the networks to identify or suggest innovative approaches that might be developed further or taken on by the NHS Institute.

   c) Identify potential peer and expert opinion leaders within the networks to assist with dissemination of NHS Institute products across sectoral, organisational and professional boundaries.

   d) Use NHS Live Events to better assist the diffusion and dissemination of NHS Institute products.

   e) Work with leaders of member projects within NHS Live and the Practice Partner Network to provide project management expertise and support for improvement projects across the NHS

   e) Use network staff with appropriate skills and experience to support implementation of NHS Institute products.

   f) Invite NHS Live and Practice Partner Network members to provide feedback on NHS Institute products in order to improve them.

3. Additionally, the research suggests that the networks can be developed through greater collaboration between them, for example:

   a) CHAIN and NHS Networks could work with NHS Live to facilitate face-to-face networking of their members at events.

   b) NHS Live and NHS Networks could draw on the expertise of CHAIN to develop a system of targeting communications to their members

   c) NHS Live and NHS Networks could draw on the expertise of CHAIN to develop more flexible search facilities on their websites.

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d) NHS Live and NHS Networks could improve the accuracy of the information on their websites.

e) All of the networks could help to raise each others' profiles.

f) All of the networks could consider whether social networking software/ web 2.0 tools could enhance what they do, and if so, how they might provide access to such tools for their members.

2. In addition to the research evidence based recommendations detailed above, we also recommend that:

a) The PPN considers an arrangement along the lines of the site visits element of the Beacon Council scheme.
b) Further research is conducted to quantify the impacts of these networks on the development, diffusion, dissemination, adoption and implementation of NHS Institute products
c) The costs of the networks are considered in planning future developments. This may require further research to be undertaken.

The project team at Manchester Business School
Alan Boyd – Research Associate
Dr Gill Harvey - Senior Lecturer in Healthcare and Public Sector Management
Dr Lawrence Benson – Lecturer in Healthcare and Public Sector Management
Dr Liz Smith - Research Associate
Dr Jay Wiggan - Research Associate

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2 Acknowledgements

This research could not have been conducted without the active cooperation of a number of parties. We are particularly grateful to the coordinators and staff of CHAIN, NHS Live and NHS Networks for providing us with information, communicating with their constituent members on our behalf, and participating in interviews and workshops. We are also grateful to the NHS Institute leads for this study, who provided us with ongoing feedback and suggested contacts within the NHS Institute who might provide us with useful data.

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3 Aims and scope of the study

The NHS Institute for Innovation and Improvement (NHS Institute) commissioned a team of researchers at Manchester Business School (MBS) to investigate the current and future roles of 3 'networks' (NHS Networks, NHS Live and CHAIN) in supporting the strategic objectives of the NHS Institute.

The research aimed to:

- Assist the NHS Institute to develop a 'vision of the future' concerning the networks
- Offer guidance concerning on how to improve the networks and the NHS Institute's use of them
- Identify how the NHS Institute has utilised the networks, and what the benefits have been
- Identify what the networks currently offer to their members and other stakeholders
- Make recommendations for the development and future strategic direction of the networks and of the NHS Institute's role with regard to the networks

While not a key focus, the research also aimed to investigate how the NHS Institute's Practice Partner Network fitted into the picture. The detailed research questions were as follows:

About the networks themselves;

- What are the Unique Selling Points of each network?
- What are their distinguishing features?
- Who uses these networks?
- Do these networks complement each other, if so how?

About the NHS Institute's past and current involvement with the networks;

- How do these networks currently support the NHS Institute?
- How does the NHS Institute (in particular priority programme teams) utilise the networks?
- Is there evidence of an increase in the spread and adoption of NHS Institute products through utilisation of networks? If so, what worked well and what didn't?

About what could happen in the future;

- What potential opportunities do the networks provide the NHS Institute for the future?
- In what ways could the networks develop to support the NHS Institute?

The research was conducted over a relatively short time period of 3 months from January to March 2008. This meant that the research design and data collection had to be pragmatic, and to some extent opportunistic. Guiding principles were drawn from systemic evaluation (Boyd et al, 2007) and realistic evaluation (Pawson and Tilley, 1997), and instruments for data collection were based on a reading of publicly available information about the networks and the NHS Institute (E.g. webpages, planning documents and previous evaluations), on a quick review of relevant literature, and on a series of interviews with key stakeholders arranged by the NHS Institute. A combination of qualitative and quantitative methods was used (interviews, workshops and questionnaires), and both formative and summative

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approaches, engaging stakeholders in a creative process to design a desirable future for the networks.

4 The NHS Institute and its Strategic Objectives

The mission of the NHS Institute is to
"support the NHS to transform healthcare for patients and the public by rapidly developing and spreading new ways of working, new technology and world class leadership." (NHS Institute, 2007a).

The NHS Institute has six priority programmes for 2007/08:

1. Safer care
2. Delivering Quality and Value
3. Care outside Hospital
4. No delays
5. Building capability for a Self Improving NHS, which includes emphasis on learning, leadership and service transformation.
6. Exploiting innovation.

In its work with the NHS, in the financial year 2008/09 the NHS Institute aims to:

- Put greater emphasis on engagement and adoption, and less on new production
- Help the NHS spread and sustain effective concepts and processes that the NHS Institute has identified and developed
- Move to a more active partnership with the service.

The NHS Institute has developed a 'work process' methodology that describes how it wants to work (Figure 1) (NHS Institute, 2007b). This covers not only the internal workings of the NHS Institute, but also how it interacts with external organisations, as it seeks to provide "high-impact, innovative solutions" that will "make a real difference to NHS and social care organisations, patients and service users". It is important that the NHS Institute's products:

- Focus on the right things (current NHS and social care priorities)
- Are fit for purpose and work well
- Are implemented – as well as shared as widely as possible
- Deliver the intended benefits for patients and staff.

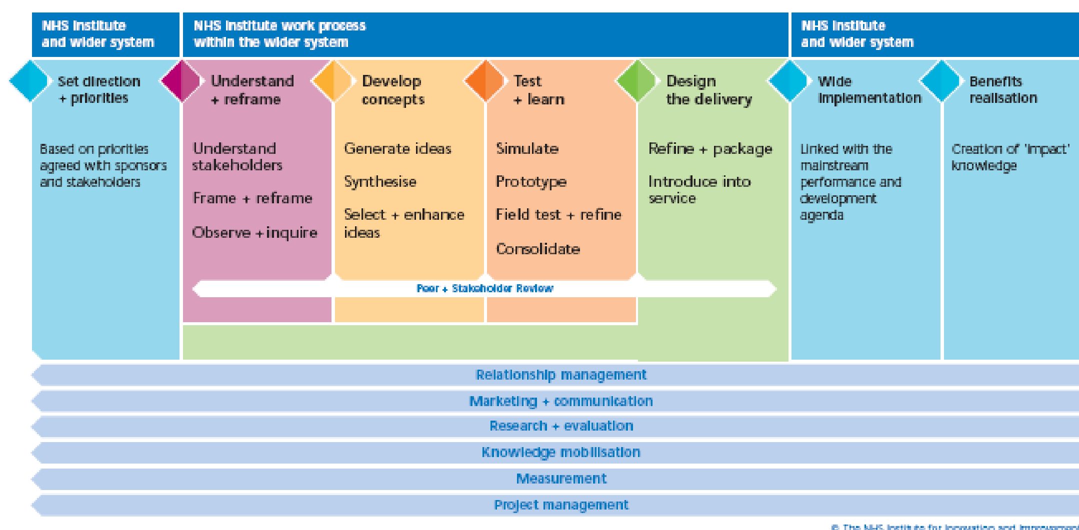

Figure 1: NHS Institute Work Process Methodology

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5 The Networks

At the time of this study the NHS Institute provides funds towards the running of a number of networks, including NHS Networks, NHS Live and CHAIN, in order to enhance its engagement with the NHS. From an NHS Institute point of view these networks might fulfil the following functions

- NHS Networks - facilitating NHS Institute contact with clinical groups and individuals
- NHS Live - bringing improvement work into the NHS Institute from other teams working within the NHS; bringing together improvers in the NHS to learn from each other; giving improvers in the NHS opportunities to learn from the private sector.
- CHAIN - spreading awareness of improvement knowledge to individuals working within the NHS

	CHAIN	NHS Live	NHS Networks
Established	1997	2004	2005
Size of support team	3 (for all CHAINS – 1, 2, 3 and 4)	4	5
Size of Network	5600 total (1300 in CHAIN 3)	221 project leaders; 3000 (estimate) on mailing list)	482 network coordinators; 12000 (estimate) on mailing list
Sources of Funding	Multiple funders from including the NHS from across the UK and some international partners.	NHS Institute and corporate partners	NHS Institute and some networks registered with NHS networks
Website	http://chain.ulcc.ac.uk/chain/	www.institute.nhs.uk/nhs_live/introduction/welcome_to_nhs_live.html	www.networks.nhs.uk

Table 1: Overview of the 3 networks

In addition to these three networks, the NHS Institute also coordinates a "Practice Partner Network" (PPN), which enables selected NHS organisations to link in with the NHS Institute at an organisational level by prototyping NHS Institute products.

While all these networks receive some financial support from the NHS Institute, or are in the case of NHS Live and PPN part of the NHS Institute, they have not been the product of a single, planned development. Rather, they have grown up largely separately, and so each has its own distinct identity, culture and organisational history. Previous evaluations of CHAIN (Russell et al, 2005; Carter, 2006)) and of NHS Live (Matrix, 2007) have provided some understanding of what people were using the networks for, what they have found useful and what could be improved. Brief descriptions of the networks are provided in Table 1 and the following sections.

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5.1 CHAIN (Contact, Help, Advice and Information Network for Effective Health Care)

CHAIN was motivated by reports that a wide gap exists between research and practice and the belief that that people are very good at sharing information about their work but what they lacked were the conduits to make this happen. Thus 11 yrs ago, in 1997, the NHS research and development programme established CHAIN. It was an informal online network for people working in health and social care with an interest in evidence based health care. Membership was and remains free and voluntary. As the network grew, further elements were established. There are now four CHAINS:

1. Research and evidence based practice
2. Widening participation in learning in health
3. Innovation and Improvement
4. Macmillan Cancer Support

CHAIN 3 is the focus of this study[2].

CHAIN enables members to identify and communicate with each other through an online database with a fairly sophisticated search facility that enables specific groups of people to be identified, and then sent targeted information. In addition, many people who are not members of CHAIN also receive information from CHAIN as information is passed on through colleagues who are members. CHAIN is now resourced through a consortium of stakeholders.

5.2 NHS Networks

NHS Networks built on the previous success of the National Primary Care Networks by trying to increase synergy across primary and secondary care and to extend linkages more widely across the NHS. The organisation has received some financial support from NHS Modernisation Agency Transition Funds, the NHS Institute, and the National Teaching PCTs network. NHS Networks provides support for networks and networking, and connects organisations and individuals across the breadth of health and social care. It allows the sharing of experiences, ideas and information, and good practice through these networks. NHS Networks is seen as the as the 'network of networks', and allows good practice and ideas to disseminate beyond the network into the wider health sector. There are more than 480 networks registered with NHS Networks, and it is reported that more than 25,000 health professionals visit the NHS Networks website every week. This website provides a publicly accessible, permanent, categorised home for all the networks' material and also has a discussion forum where users can enquire about other potential material.

5.3 NHS Live

NHS Live was initiated by the Department of Health in 2004, with the aim of improving the quality of the NHS experience. It began by focusing on a selection of local learning projects by about 350 organisations from across the country, all driven by finding new ways of redesigning services to meet patients' needs. NHS Live delivers high profile national events which combine the sharing of ideas and the opportunity to learn more from leading healthcare thinkers. Regional events are also organised, with identified staff in Strategic Health Authorities acting as contacts and

[2] In this report we simply refer to CHAIN rather than specifying CHAIN 3 every time.

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providing some additional support. Celebrity patients have also attended these events to talk about their experiences of the NHS. NHS Live also celebrates the achievements of NHS staff by hosting the Health and Social Care Awards. In addition, NHS Live aims to provide joint learning opportunities between the NHS and the private sector, by offering projects the opportunity to work in partnership with a sponsor company (such as Accenture, AstraZeneca, Boots plc, Fujitsu, Oracle and Pfizer UK).

NHS Live has changed since its inception. The network moved to become part of the NHS Institute in 2006, and its' personnel changed. At around the same time, reorganisations of Strategic Health Authorities made it harder to sustain the regional support network. The emphasis has shifted away from a focus on high profile, award-winning projects, towards developing a wider learning community: the annual fee that member projects previously had to pay has been dropped, and the network has been opened up to individuals.

5.4 Practice Partner Network (PPN)

PPN aims to be a network of receptive and highly motivated organisations who can rapidly pilot any new knowledge, processes, skills and tools. It is seeking to:

- Create a powerful niche role within the NHS Institute's development and dissemination process to enable better, quicker learning for the NHS
- Act as the eyes and ears for the NHS Institute within the wider health and social care system and help build the evidence base of the NHS Institute
- Be the first port of call for prototyping and field-testing NHS Institute products and solutions

6 Theoretical models: Networking; Spread and Adoption; Organisational Learning; Communities of Practice

Theoretical models are relevant to this research in two ways. Firstly they can help to ensure that the data collection covers relevant issues and concepts; and secondly they can provide a means of analysing the data, through comparing what exists with what is possible or desirable according to the model.

This study crosses a range of interrelated domains within the academic literature including innovation, networks and organisational learning. There are healthcare and services applications in all of these domains and more latterly some systematic reviews of the literature as it applies to all types of organisations, and particularly those involved in healthcare. Greenhalgh et al (2004) reviewed the literature for innovations and their diffusion, Goodwin et al (2004) and Sheaff et al (2004) considered the networking literature and Ovretveit (2007) reviewed the issue of knowledge management across networks and communities of practice. There are also a range of systematic literature reviews for organizational learning, and for an example of these see Dodgson (1993) and more recently Rashman et al (2008).

Greenhalgh et al (2004) reviews the literature regarding the diffusion of innovations of service organisations with the intent of learning from this in respect to healthcare organisations. One of the outputs from this review was a model of diffusion that can be applied to a healthcare system (Figure 2). This model is particularly relevant to

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this study because it takes a systemic view that explicitly puts diffusion (i.e. spread and adoption) within the context of the development of innovations and of their effective implementation. It thus corresponds well to the NHS Institute's aims of developing products and services that are not only innovative, but also have a real and sustained impact on NHS services. Furthermore, the model also draws out the linkages between different stakeholders in the system, and these relate to the NHS Institute's desire to engage and work in active partnership with the NHS. An additional advantage is that the model can be seen to incorporate a model of learning – particularly within the "user system" (NHS), but also between the "user system" and the "resource system" (NHS Institute). This chimes with the value the NHS Institute places on learning, and provides a convenient way for us to ensure that our analysis takes at least some account of theories of organisational learning, which is quite a disparate field of inquiry, and difficult to incorporate into a short project.

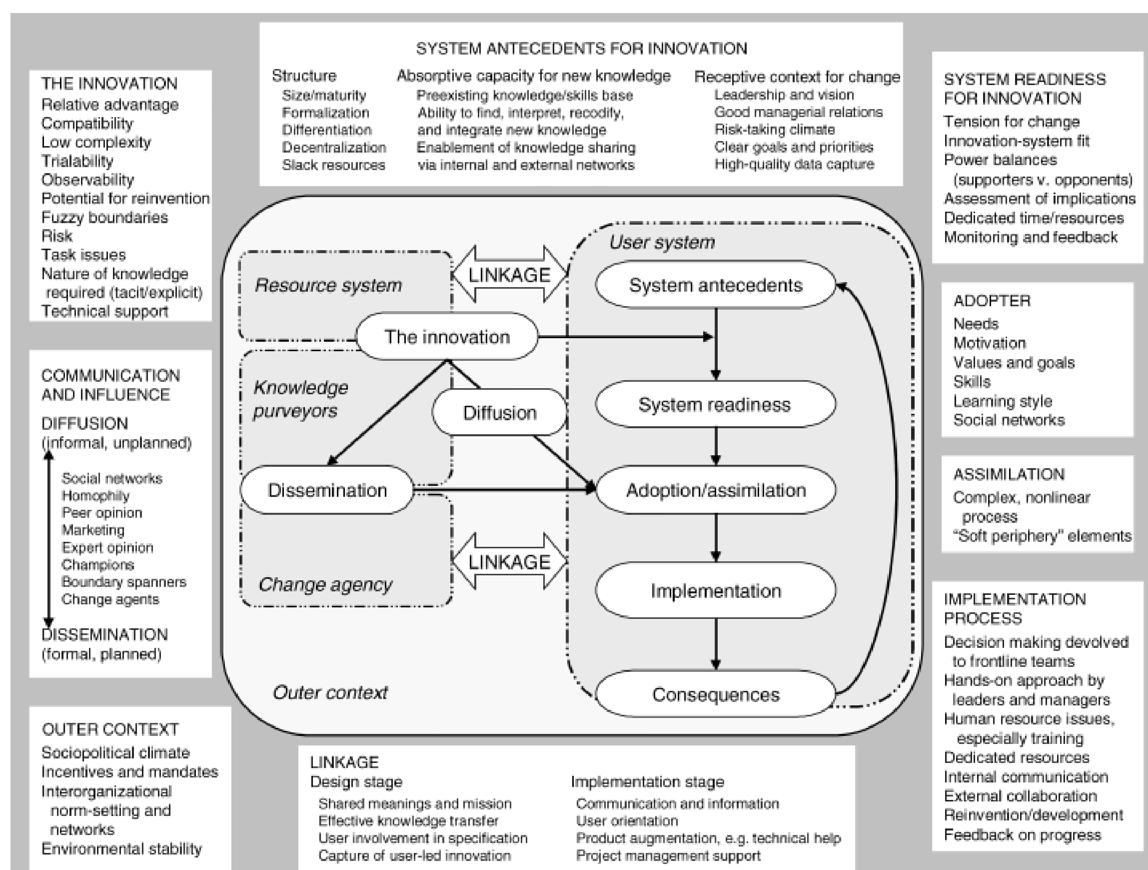

Figure 2: Conceptual Model for Considering the Determinants of Diffusion, Dissemination, and Implementation of Innovations in Health Service Delivery and Organization (Greenhalgh et al, 2004)

The model stresses the importance of linkages between the organisation where an innovation might be adopted and the organisation that develops an innovation, denoted as the resource system. Knowledge purveyors are critical to this model in spreading innovation. They present innovations to potential adopters and the wider world through diffusion and dissemination. External change agencies are seen as significant in facilitating the organisations' adoption and implementation of an innovation. Roles identified by Greenhalgh et al (2004) and others (King and Anderson, 1995) which are influential in the adoption and sustainability of innovation include opinion leaders, champions and advocates of ideas, change agents – both internal and external, boundary spanners who are effective at fulfilling the boundary

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roles between different organisations and knowledge brokers (Lomas, 2007). This emphasis on linkages is also consonant with the idea of networks, and holds out the promise of enabling us to interpret our data about CHAIN, NHS Live and NHS Networks, all of which claim to incorporate at least some aspects of networking.

Networks as a concept and a way of organising have been analysed from a very wide range of perspectives by academics (see Goodwin et al, 2004 and Sheaff et al, 2004). Networks can be identified by their function including policy networks or networks designed as implementation structures and service delivery mechanisms. The latter category would include, in the UK, mandated networks to coordinate the implementation of the National Service Frameworks for coronary heart disease, emergency / urgent care etc. There are also many occupational networks that represent professionals and trades unions within UK healthcare. Networks can also be typed by their distinctive cultural norms and the structures they adopt. Goodwin et al (2004) noted in their review of the network literature four cultural forms (enclave, hierarchical, individualistic and isolate), based on levels of social integration and regulation, and analysed how such forms might relate to organisational learning styles.

Communities of practice (CoP) are also relevant (Ovretveit, 2007). CoPs can be defined (Wenger, 1998) as:

"groups of people who share a concern, set of problems, or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an on going basis."

CoPs are seen as able to play a critical role in prompting learning in organisations and across organisations, so helping the spread and adoption of innovation (Swan et al. 2002) and will often use the coordinating mechanism of a network. In this study we have made some use of the Warwick Business School benchmarking tool designed to help assess the effectiveness of CoPs and their contribution to individual and organisational performance (Archibald et al, 2006). The research on which the tool is based identified nine practices likely to facilitate improvements in individual and organisational performance:

1. Provide significant funding for face-to-face events
2. Ensure community activities address business issues
3. Provide CoP leader training
4. Ensure CoP leaders are given sufficient time for their role
5. Ensure high levels of sponsor expectation
6. Engage members in developing good practice
7. Improve the usefulness of Tools provided
8. Ensure there are clearly stated goals
9. Promote CoPs ability to help employee's solve daily work challenges

We have incorporated some of these measures into the survey questionnaires and interview schedules used in this research.

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7 Methods

7.1 Data collection methods

The study used a mixed methods approach with a combination of formative and summative approaches, and qualitative and quantitative methods, within an overall framework that combined systemic and realist evaluation. Data was collected through web-based surveys, interviews and workshops with key stakeholders, including members and coordinators of the networks and NHS Institute staff.

Systemic evaluation (Boyd et al, 2007) identifies 3 types of evaluation – stakeholder, goal-based and organizational evaluation, each of which has a logical relationship to the others. In this research project the analysis of planning documents, initial stakeholder interviews and the workshops' development of a 'vision for the future', correspond to a stakeholder evaluation, which identifies what different stakeholders (directly NHS Institute staff and network members, but also indirectly other stakeholders via the network facilitators) want the networks to achieve. The comparison of networks carried out throughout all the activities, and benchmarking against the WBS tool correspond to organisational evaluations of the networks, areas of difference potentially indicating scope for improvement. Parts of the stakeholder evaluation that were conducted during the initial stages of the research were used to feed into a simple goal-based type evaluation. The realistic evaluation approach (Pawson and Tilley, 1997) complemented these activities by providing a means both of eliciting goals and of developing 'ideal' organisations or "mechanisms" to achieve those goals. There were four main stages of data collection, in roughly chronological order:

7.1.1 Stage 1: Stakeholder interviews

The 'theory elicitation' stage involved interviews with NHS Institute staff and other key stakeholders , including staff facilitating the 3 networks, in order to explore the history of each network, how it has developed, how it is designed to work and its expected impact in terms of key processes and outcomes for different stakeholders (for example, what are the key interventions, what do they offer to participants, how are they expected to respond, what changes are expected and so on).

These interviews were supplemented by a brief literature review and analysis of current and past network documents (both published reports and publicity, and internal planning documents where available), so as to build up a picture of each network and how it operates.

7.1.2 Stage 2: Network member web survey and interviews

In this stage of the research, the aim was to undertake a structured exploration of the key dimensions of each network. Data was collected by way of a survey, based primarily on factors identified through the theory elicitation stage, but also incorporating some key elements of the Warwick benchmarking tool. The web survey was piloted through a small number of telephone interviews with network members. In all 5 survey instruments were used, comprising a common core of background questions, questions about motivation for network membership, and awareness of NHS Institute products, but with variations to suit the populations and networks being

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surveyed. There were 2 relatively short surveys for subscribers to the NHS Networks and NHS Live email lists/newsletters, who were not expected to have a detailed knowledge of the networks; and 3 longer ones aimed at network members who might be expected to have a greater knowledge: coordinators of networks registered with NHS Networks, members of CHAIN 3, and leaders of projects registered with NHS Live. The NHS Networks coordinators survey included questions about the make-up of the networks being coordinated, the CHAIN survey included questions about membership of thematic subgroups and special interest groups, and the NHS Live surveys included some questions about events. Appendix 1 lists questions from one short survey and Appendix 2 lists questions from one long survey.

Potential respondents were invited by email to complete the survey online by clicking on a link in the email. An incentive was provided, in the form of entry into a draw for subsidised attendance at a conference for respondents. Emails were sent out by network coordinators on behalf of the researchers, either as separate emails, or as one part of a regular e-bulletin. The potential number of respondents to each survey is given in Table 2.

Survey	Approximate number of potential respondents
CHAIN 3 – members	1300
NHS Live – email distribution list	3000
NHS Live – registered project leaders	221
NHS Networks – coordinators of registered networks	480
NHS Networks – email distribution lists	12000

Table 2: Distribution of survey questionnaires

The number of substantive survey responses is given in Table 3 (ie excluding responses where only a small part of the survey was completed). Although these response rates were disappointingly low, they are comparable with other email/web-based surveys, and there was sufficient data to conduct some indicative quantitative analyses, and to analyse the responses to open ended questions.

Survey	Number of substantive responses (approx response rate)
CHAIN 3 – members	105 (8%)
NHS Live – email distribution list	121 (4%)
NHS Live – registered project leaders	4 (2%)
NHS Networks – coordinators of registered networks	23 (5%)
NHS Networks – email distribution lists	18 (0%)
Total	**244**

Table 3: Distribution of web survey responses by network

All quantitative data from the survey was analysed using SPSS in order to investigate the variables, their distribution, and the associations between them. The open-ended questions in the survey were analysed using an approach that combines content analysis and framework analysis.

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In addition to the survey a number of semi-structured telephone interviews with network members (coordinators of registered networks in the case of NHS Networks) were also conducted. The interview guide was similar to the survey questions and interviews typically last 30-45 minutes. The total number of interviews conducted is given in Table 4.

Network/Organisation	**Number of interviews conducted**
CHAIN	5
NHS Institute	10
NHS Live	8
NHS Networks	21
Total	**44**

Table 4: Number Interviews conducted for each network and with NHS Institute staff

Network members were given the option of an interview in the survey email invitation, but the response to this was low, so an additional approach was made to some randomly selected network members, by phone where possible and by email otherwise. This was felt to be particularly urgent with regard to NHS Live project leaders, as only 4 had responded to the survey.

A random selection of 14 NHS Live project leaders drawn from the 221 projects contained in the NHS Live online database were approached, resulting in 4 interviews taking place. In order to gain data about experiences of working with private companies, 5 project leaders were also approached who were known to have been matched with a corporate partner, resulting in a further 4 interviews. NHS Live coordinators identified these project leaders, as information about corporate partners was not readily available from the online database.

18 coordinators of individual networks registered on the NHS Networks web site were interviewed. NHS Networks staff suggested 7 networks, and we supplemented these by approaching a random sample of 22 coordinators, resulting in a further 11 interviews.

35 people randomly sampled from the CHAIN 3 distribution list were approached, resulting in 4 further interviews being conducted. It was hard to gain responses as most people had specified that they only wanted to be contacted by email, not by phone.

10 interviews of NHS Institute staff were conducted in total. In addition to the initial stakeholder interviews, which were with staff having some ongoing direct role with regard to the networks, interviews were also sought with members of teams developing NHS Institute products, snowballing from the initial suggestions made by project sponsors in the NHS Institute.

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7.1.3 Stage 3: Workshops

4 workshops were held in order to obtain further information about the performance of the networks and to begin a process of visioning possible futures, in the form of an 'ideal network' and developing strategies, using elements of interactive planning (Ackoff, 1981), creativity exercises (de Bono, 1982) and the viable systems model (Beer, 1985). An outline of a typical workshop is given in Appendix 6.

Two half-day workshops were held with network members, using 2 different locations and dates in order to increase accessibility and avoid any possible effects that might be related to a particular geographical region. A full day workshop was held with network coordinators and relevant NHS Institute staff who were regarded as having good insights into how the networks operate. One of the drawbacks of the short timescale for the project was that it was not possible to identify a date on which all relevant people could attend. As a 'next best' option we conducted a separate half-day session with 2 coordinators of CHAIN immediately following the main workshop, using the same exercises.

Workshops held	Participants	Number of Participants
February 19th – Manchester	Network members (coordinators of sub-networks for NHS Networks)	5
February 21st – Birmingham	Network members (coordinators of sub-networks for NHS Networks)	9
February 26th – Birmingham	Coordinators of NHS Networks and NHS Live, and NHS Institute staff	7
February 27th - London	Coordinators of CHAIN	2

Table 5: Workshops held during the research project

8 Results

8.1 Qualitative data

8.1.1 CHAIN

Interviewees and workshop participants regard CHAIN as an excellent method for the dissemination of products and the seeking of information (e.g. feedback on ideas for future NHS Institute products). NHS Institute staff indicated that they regularly use CHAIN to spread information about their products and to announce events that might be of relevance to some of the CHAIN audience. The key advantages of CHAIN are identified by respondents as its 'targeted' approach to disseminating information and its commitment to interrogating information prior to sending it out. This helps ensure that its members are not overwhelmed with material of little relevance for their work. For NHS Institute staff, CHAIN is perceived mainly as an individual-to-individual network, comprised of people who are likely to respond to requests for information or participation. The response from CHAIN in terms of speed is also seen as good. The diversity of its membership is perceived as strength, as information has the

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opportunity to reach multiple levels and disciplines in the NHS, including individuals who are in positions of influence.

"With CHAIN it's more about individuals who have an interest. You have some individuals who are interested and sometimes they are interested in developing and sometimes they are interested in attending training events we put on. With CHAIN you get very quick feedback and you get targeted messages and I really appreciate that" (Associate with a product team, NHS Institute).

"I use CHAIN a lot because I know it's directed at people who ask to be told about stuff and then you don't always get responses, but at least you know that it is going directly to people who have expressed an interest"(Associate with a product team, NHS Institute).

"It's targeted to the interests of the member… we have quite high bars to the quality of the information sent out"(Associate, NHS Institute).

There were very few areas of concern from interviewees and workshop participants but those that were given are noted below:

- Information could be targeted too narrowly
- The focus on electronic networking may limit the extent and breadth of people becoming informed of CHAIN. Two of the CHAIN member respondents also indicated a general preference for face-to-face networking rather than email or web-based methods and were ambivalent on the impact CHAIN had made on their work.

"In the NHS there seems to be a lot of little groups that dabble in lots of things and I'm not quite sure how joined up and coordinated they are and CHAIN seems to be another one of these things and there are various other things like NHS Networks and which are quite good ideas on their own, but when you have a thousand good ideas it loses the purpose a bit… it's not especially clear what it's meant to be and I'm not sure how effective it is" (Corporate Improvement Lead, member of CHAIN 3).

The members of CHAIN 3 who participated in telephone interviews indicated that they felt that whilst CHAIN had 'implicit' goals the organisation did not have clear explicit statement of goals that identified what the network was about.

"*Tacitly yes, I believe the goals are to provide a conduit of information for people to exchange information around continuous improvement, but it's not very clear and I only speak as a user but there is no reiteration of goal or continued reminders of who they are and what they do*" *(Private Sector manager, member of CHAIN 3*).

Of the CHAIN 3 user respondents interviewed, perceptions about the usefulness of CHAIN were split equally. Two thought the network to be a valuable means of disseminating information and helping people in different locations and positions in the NHS to exchange information on innovation and continuous improvement techniques. These respondents placed greater value on using email and web based means of spreading knowledge and developing connections, whilst the respondents who were less convinced of the relevance and usefulness of CHAIN information and activity stated their preference for more local and face-to-face activity. One also

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indicated a preference for going to the website of the NHS Institute itself to find out about latest product and service developments rather than rely on information spread through CHAIN.

"I tend to go to the Institute website itself rather than go through CHAIN to find out about their products and services, and their website it actually a lot better than it was" (Corporate Improvement Lead, member of CHAIN 3).

Survey respondents were asked what they thought the impact would be on their own network if CHAIN did not exist and typical responses included:

- There would be "*Significant reduction in networking/shared learning, opportunities to access developing work areas, spread of good practice"*
- They would spend *"Hundreds of hours of trawling for information"*
- They would "spend longer searching for good practice/innovative methods"
- They would *"probably re-invent the wheel!"*
- *"The amount of network information and contacts would be significantly reduced"*
- The impact would be *"Limited - I only utilise the e-mail alerts - I was not really aware there was more to it than that!"*
- The impact would be *"Not major."*

Participants at the workshops were asked to raise issues that they thought were important in the future development of CHAIN and these included:

- Connecting of CHAIN to other networks for example NHS Live as they are mainly face-to-face and CHAIN is mainly electronic
- A need for clearer coordination between the networks, including CHAIN, as from a member's perspective there was a proliferation of networks which was sometimes confusing
- When people start working for the NHS making them aware of networks such as CHAIN
- Bringing together funding bodies to consider CHAIN's purpose and objectives

8.1.2 NHS Live[3]

The project leaders that we interviewed spent varying amounts of time on NHS Live projects, from half a day a week to full time on their projects. Apart from spending time on their project they spent most time on going to workshops and events. There were mixed reports about the different aspects of NHS Live but one thing they all agreed on was that the events put on by NHS Live were excellent in motivating people and inspiring them to continue with their improvement work. The events helped them to with presenting their work to others and getting them on board, and generally raising the awareness of how important this work was, and in some cases enabled their project to continue.

[3] As noted in the methods section, findings relating to NHS Live are derived from analysing the interview and workshop data only, due to the very low response rate from NHS Live members to the web-based survey.

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"NHS Live is fantastic – I've had experience of some of their human events and think that it's a brilliant idea and its good that it works with whole individuals which I think assists achieving improvement. CHAIN is also excellent and it is more selective, filtered and targeted than your standard email system. So as a system it is a more intelligent system. I think the real issue is that there are so many of these things and the names don't tell you anything about their functionality. I think there is a danger that we're going to have so many networks that people end up using none of them because there is so much choice and confusion." (Associate, NHS Institute)

"The National events were very useful and very inspiring. I have been to two. Went to a Chris Moon event – it was useful for getting inspired and innovation, it promoted new ideas and new ways of thinking. It stuck with me". (Project leader, NHS Live registered project)

"I talk to a lot of people when I go to events. Talk to them about problems and barriers from medical staff and problems getting funding" (Project leader, NHS Live registered project)

"Absolutely fabulous learning and sharing events. They were wonderful and all the participants were learning from each other, they were real quality events and the corporate partners came along to them so all could benefit from them." (Project leader, NHS Live registered project)

"Yes an event at the ICC helped me to realize about how important storytelling is and it has helped me to promote what I am doing and has helped with the presentations that I have to do." (Project leader, NHS Live registered project)

Events and training are only seen as part of the benefits offered by NHS Live; others include providing support to improvement projects through the provision of space to post their work, so they do not need their own websites, forums and events. NHS Live also hosts a database (with around 200 projects and 3000 individual members) that provides a way of contacting large numbers of frontline NHS staff. In addition to the events and more general support for projects the potential to work with corporate partners is seen as a main benefit of participating in NHS Live for those project teams who have them. Those who did not have a corporate partner wanted one, but as yet had not been able to realise this, and one of the project teams was disappointed not to have received a response from NHS Live about this.

While many positive points were made about the work of NHS Live by those involved in its projects, there were mixed views about whether NHS Live had clear goals and objectives. Some thought not, whilst others felt the goals and purpose of NHS Live could be clearly linked to sharing best practice and stimulating collaboration around improvement.

"Yes they are about connecting to other organisations outside healthcare for tricky solutions and challenges, and to challenge the NHS culture. Also engaging people so that they go that extra mile and build commitment" (Project leader, NHS Live registered project).

Other respondents also showed a strong awareness of the network and felt that it did make a valuable contribution to helping people make connections. These respondents

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had attended an NHS Live event and found it refreshing to hear stories of improvement activity and success and thought that it was a really useful tool for boosting morale and ensuring people felt connected to a wider body of like-minded people. This supported what was identified as a key activity of the NHS Live by respondents from the workshops, namely, putting on of a large number of face-to-face events and training. In 2008 it is anticipated that 2 national and 30 local events will be held with the number of attendees ranging from 20-500.

For respondents with limited or no experience of engaging with NHS Live there was much greater confusion about what NHS Live did. Some respondents from the NHS Institute for example found it hard to distinguish what set it apart from CHAIN as a network in terms of activity.

"I have to say it can be very confusing to people, CHAIN and NHS Live and who is doing what – they're so similar in what they do, in my inexperienced view… and I think it confuses the broader NHS too about why use one rather than the other."(Employee, NHS Institute)

"NHS Live is a bit of a blind spot for me, I have come into contact with it but I don't use it regularly"(Associate with a product team, NHS Institute).

Even those who thought NHS Live had a clear purpose and valued its activity felt that more could be done to improve awareness of activity and that they themselves had effectively 'stumbled' across it. There was also limited understanding of how NHS Live was connected to the NHS Institute and what the nature of this relationship was.

"Personally I stumbled upon it. Astra Zeneca told me about it – it would be helpful if SHA coordinators made NHS Live more available to all of the organisations under the banner of the SHA" (Project leader, NHS Live registered project).

"No I only heard about it through a team coaching course I was on"(Project leader, NHS Live registered project).

It feels like it is bolted on but it seems that NHS Live is very disengaged from the Institute" (Project leader, NHS Live registered project).

"NHS Live is an initiative within the Institute for giving networking to various projects. It is like a media tool for projects within the Institute" (Project Leader, NHS Live registered project).

Workshop participants stressed that NHS Live and the NHS Institute should look at how invention and innovation is spread in other organisations and successful businesses. One example given was the Tesco "Leading Lights" programme, where problem solvers, irrespective of their hierarchical place in the organisation, are seconded from their own store into other stores to implement their innovations.

The workshops highlighted some concerns about NHS Live including:

- Its website is difficult to navigate when looking for projects and it would help if these were categorised by topic

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- NHS Live's expectations of the projects are unclear, and it is not always clear who the audience is in terms of learning from these projects
- It is sometimes difficult to see NHS Live's purpose
- A lack of marketing. For example, many medics have not heard of it
- A risk of NHS Live losing its identity on account of its change of emphasis
- Although events are well received they are not always accessible and more local events are needed

Participants at the workshops were also asked to raise issues and questions that they thought were important in the further development of NHS Live and these included:

- Defining and marketing its objectives, vision, unique selling points and what it is offering
- Determining and marketing what NHS Live has achieved
- Thinking through what could be achieved if the website was improved
- Considering what could be achieved if NHS Live developed into a centre of excellence for project managers
- Looking at how long the projects have been going on and what the outcomes will be
- How it would be if NHS Live sent more targeted emails

8.1.3 NHS Networks

NHS Networks is seen as an online space for those in the NHS (and also those working with people in the NHS), which offers an opportunity to potentially shape policy developments and drive improvement, and to facilitate a smaller set of face-to-face networks if additional funding is made available. It enables groups to post and share information and seeks to spread knowledge of best practice and improve knowledge of the activities of the NHS Institute amongst the wider community. A key strength (similar to that of CHAIN) is felt to be the diversity of its membership, and it is routinely used as a channel for the dissemination of information for the improvement community from a number of sources, including the NHS Institute, alongside other mechanisms such as the Health Service Journal and Department of Health.

Interviews of network coordinators from a very wide range of networks including both mandated (required by policy makers) and non-mandated (set up of network was voluntary) examples revealed a wide range of benefits derived from being registered as a network with NHS Networks. These included:

- A personalised approach from the NHS Networks team, one interviewee commenting on *"an engaging, personal approach [from] NHS Networks"*;
- Highly responsive, for example, when a new network is registered
- Highly flexible, one interviewee stressing that NHS Networks was *"a model for best practice which is light on its feet, flexible"*
- New networks that have been established that have been able to break down the isolation of members *"it's about connecting people up, a benefit about there are other people out there and putting people in touch with each other and therefore learning from each other."*

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- Some new networks have been able to pass on information and views to policy makers *"the collective benefits which have been about raising the profile of a theme (represented by a network) and its recognition at civil servant, political level… helps to open doors"*
- Corporate benefits include raising the visibility of a particular mandated network to policy makers through the NHS brand and its 'sub-brand' NHS Networks
- Creating a gateway to resources which can be easily added to and maintained by the network coordinator
- Allows people to look across other networks (the website lists networks in alphabetical order, by region and by theme) to find useful links with previously unknown networks – a boundary spanner's dream!
- Excellent value for money as the NHS Networks team is small
- No expenditure needed to get a network started through NHS Networks
- Communicating with peers across geography and organisational boundaries without any cost
- The semi-autonomous nature of NHS Networks with no apparent element of control from the Department of Health was valued.

NHS Networks also gives an additional level of support for a small number of networks when and where additional funding is made available. This level of service and support is highly valued by network coordinators and includes arranging face to face meetings of network steering groups and helping to raise the visibility of networks with policy makers.

There were some concerns reported by workshop participants and interviewees for NHS Networks:

- The discussion groups are not seen as particularly useful by some
- There are currently too many different portals for health
- NHS Networks needs to target messages more to specific networks and their respective specialist interests
- Some people do not receive information from the NHS Institute via NHS Networks
- NHS Networks needs to be able to challenge new networks before they are established and ask more searching questions at the point of registration with NHS Networks, as there is the risk of the network failing in this set up period.

When survey respondents were asked what they thought the impact would be on their own network if NHS Networks did not exist the representative responses included:

- *"Loss of valuable information to share"*
- *"No shared knowledge, expertise and lessons learned. More time would need to be spent finding answers to issues and challenges. The service would suffer as a result"*
- *"My network would have no on-line home and no way to publicise itself to new members"*
- *"I don't think there would be a massive impact but sources of information would be reduced significantly"*

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- *"It would make no difference to my network if NHS Networks in its current set up didn't exist"*
- *"None - cancer networks are fairly well connected with each other anyway"*

Interviewees and participants at the workshops were also asked to raise issues and questions that they thought were important in the further development of NHS Networks and these included:

- Networks needs a budget urgently to build capacity
- More targeted information from NHS Networks to its members
- To have one NHS portal which builds on the work of NHS Networks
- NHS Networks to be the hub/portal for managed/mandated networks e.g. emergency and urgent care
- NHS Networks to offer a more corporate look for web pages which mandated /managed networks across the NHS could then use
- The NHS needs to network more effectively with people outside the NHS and NHS Networks offers good practice here
- More help from NHS Networks in terms of which network might be best to join would be welcome
- To develop a search facility to identify people with relevant experience, for example, to search for people interested in epilepsy in a particular region
- NHS Networks could boost and amplify innovation and good practice more than its does
- Top tips for achieving successful networks are needed
- To consider the potential for using social networking software as younger people working in the NHS might prefer to use non NHS branded social networking sites and software, for example, My Space or FaceBook
- To consider promoting and using collaborative software like 'MS Share Point' which is now being used in the NHS
- To think about the contribution that NHS Networks could make to reducing the carbon footprint of the NHS through staff not having to travel to meet people

One pertinent comment made by an interviewee in terms of summing up the style of NHS Networks and its relationship with the NHS Institute was as follows:

"NHS Networks is good at harnessing the enthusiasm of people to establish their own networks. The NHS Institute needs to harness this enthusiasm as incubators of innovation."

8.1.4 Comparison of Networks

One of the open-ended questions in the survey asked respondents who were registered with more than 1 network, how these other networks compare to the one they were completing the survey for. The comments fell into 2 main categories:

1. The respondent preferred the network that was the main subject of their survey
2. The respondent regarded the networks as complementary because they have different functions.

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CHAIN was preferred for proactively sending out only relevant information:

"CHAIN is more direct and often more targeted" (CHAIN Participant)

"They compliment each other but I feel Chain is more proactive and sends out regular alerts and contacts by other members, whereas the others are more reliant upon the member accessing the site" (CHAIN Participant)

NHS Live was preferred for providing regular communications that were relevant to day-to-day work:

"NHS Live is generally more informative and relevant to day to day practice." (NHS Live participant)

"NHS Live updates are more regular and more relevant to the NHS that I work in." (NHS Live participant)

There was insufficient data on NHS Networks to provide a comparison.

The second category of comments explains that the 3 networks have different and complementary functions. NHS Live is seen as being more about going to events to learn, CHAIN is more about sharing information between groups of people who are interested in a specific area, and NHS Networks is useful to keep up to date with what is happening more generally.

"Complementary sources of information and good practice" (NHS Networks participant)

"NHS Live is a different type of network and less active in pushing messages out and is more about events where you can learn." (CHAIN Participant)

"Networks allows a different type of focus as it allows me to link into specific networks." (CHAIN Participant)

"CHAIN more focused on problem solving for individuals. NHS Networks more useful to keep up with what is happening, hot topics etc." (NHS Networks participant)

"I think they benefit each other - NHS Networks and NHS Live complement each other – CHAIN allows information to be shared, and accessed by people who are interested in that specific area (NHS Live participant)

"CHAIN is very different, I see it as a method of putting people in touch" (NHS Live participant)

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8.2 Quantitative data[4]

8.2.1 Membership of the Networks

The profiles of survey respondents did not differ significantly between networks in terms of their professional group (Chi-square=19.03, df=12, p=0.09) or the type of organisation they worked for (Chi-square=12.17, df=6, p=0.06). What differences there were would appear to relate to NHS Networks, which had relatively high proportions of members in the "Other" categories, and a lower proportion of clinicians and staff working in acute trusts. The overall profiles for all survey respondents are shown in Figure 3 and Figure 4. These show that over 80% of respondents worked in the NHS, and just over half of respondents were managers.

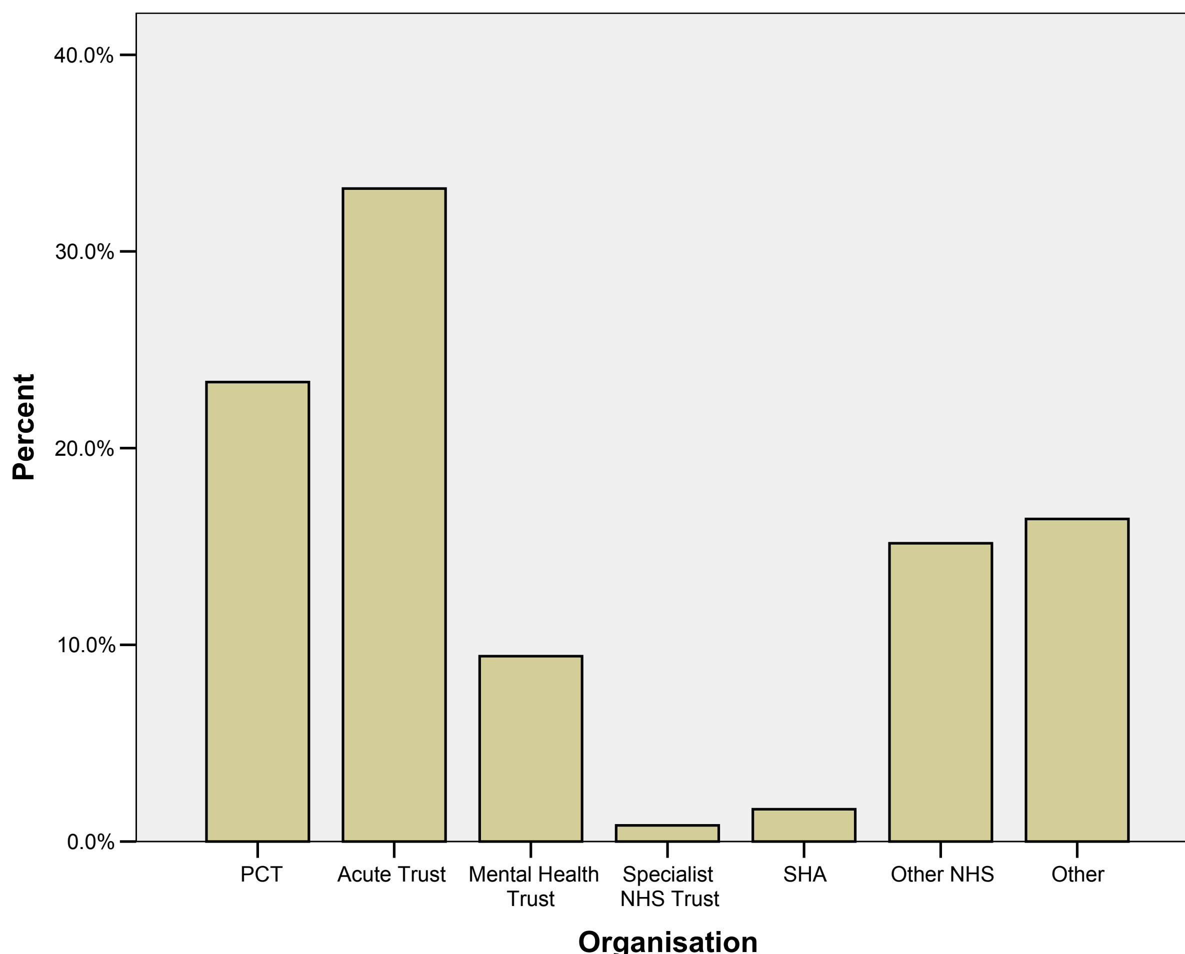

Figure 3: Organisations worked for by survey respondents

[4] Owing to time limitations, in this analysis we have mainly focused on statistically significant differences between the networks, rather than looking at the overall pattern of results and differences between variables. The focus is therefore more on the uniqueness of networks than on what the networks offer as a group. Unless stated, we found no statistically significant differences between networks. Low response rates to some of the surveys meant that we had insufficient data to do meaningful comparisons between networks with regard to some aspects of their operation. Where there is sufficient data on aspects of a single network to make them of interest (E.g. NHS Live events; various aspects of CHAIN) we intend to pass on summary results to the facilitators of those networks.

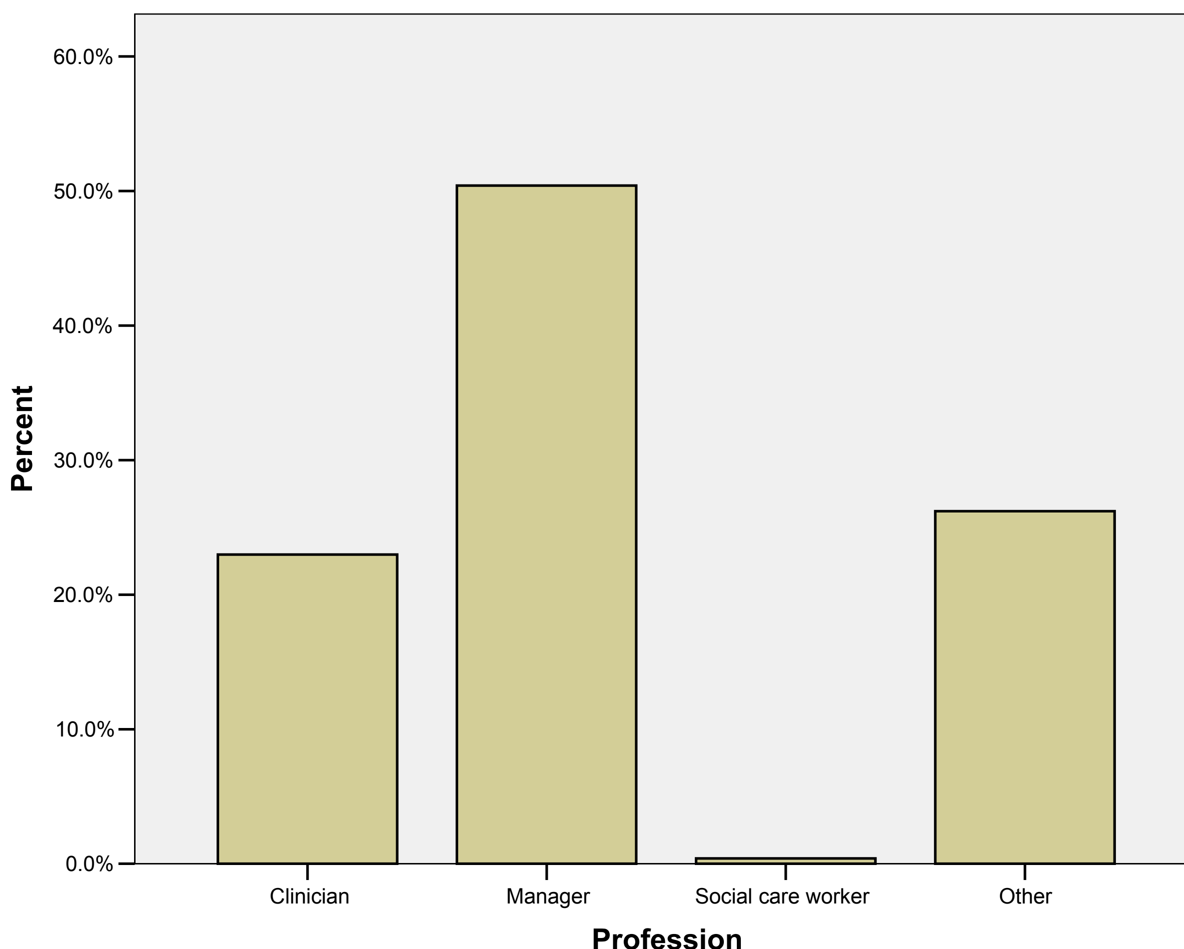

Figure 4: Professional groups belonged to by survey respondents

Because we lacked easy access to comparable data about the actual membership profiles of NHS Live and NHS Networks, it was difficult to check whether our sample appeared to be representative of those memberships. We were able to compare the profession of CHAIN 3 survey respondents with the profession of CHAIN 3 members as a whole, and these were not statistically different (Chi-square=1.70, df=2, p=0.43)[5]. Although the evidence is limited, it does not suggest that our sample is unrepresentative.

Overall, 36% of respondents belonged to more than 1 of the 3 networks – a minority, but still a substantial overlap. 45% of respondents to the CHAIN questionnaire were members of at least 1 of the other networks, compared with only 30% of NHS Live and NHS Networks respondents (Table 6), and this difference is just statistically significant (Chi-square=5.86, p=0.05). This suggests that CHAIN members may be better networked than members of the other networks, and perhaps that the other networks may contain a greater proportion of people who are harder to reach, and, a bit more speculatively, that CHAIN may facilitate networking to a greater extent than the other 2 networks.

[5] We had to make some simplifying assumptions in order to do this, as CHAIN members may select more than 1 professional group category. There was no comparable data on organisation worked for by CHAIN members.

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		Network Survey			Total
		NHS Live	NHS Networks	CHAIN	
Registered with one network	Count	67	25	53	145
	%	70.5%	69.4%	54.6%	63.6%
Registered with 2 or more networks	Count	28	11	44	83
	%	29.5%	30.6%	45.4%	36.4%
Total	Count	95	36	97	228
	%	100.0%	100.0%	100.0%	100.0%

Table 6: Number of networks respondents are members of, by network

8.2.2 Motivations for membership

Respondents to the NHS Live survey were more motivated by learning and skills development than respondents from other networks. 75% of NHS Live respondents were motivated to a significant or great extent by learning and skills development, compared with 64% across the other 2 networks (Table 7). Pooling categories with small numbers or respondents, this difference was just statistically significant (Chi-Square=12.54, df=6, p=0.05).

		Network Survey			Total
		NHS Live	NHS Networks	CHAIN	
To a small extent	Count	6	9	10	25
	%	5.0%	22.0%	9.5%	9.4%
To some extent	Count	24	9	24	57
	%	20.0%	22.0%	22.9%	21.4%
To a significant extent	Count	52	12	46	110
	%	43.3%	29.3%	43.8%	41.4%
To a great extent	Count	38	11	25	74
	%	31.7%	26.8%	23.8%	27.8%
Total	Count	120	41	105	266
	%	100.0%	100.0%	100.0%	100.0%

Table 7: Extent members are motivated by learning and skills development, by network

NHS Networks newsletter subscribers appear to be motivated more by keeping up to date with developments than coordinators of networks registered with NHS Networks, and NHS Live and CHAIN members. Overall, 46% of NHS Networks survey respondents said that they were motivated by this to a great extent, compared with only 33% of NHS Live respondents and 29% of CHAIN respondents. Figure 5 shows that this greater proportion is accounted for entirely by newsletter subscribers.

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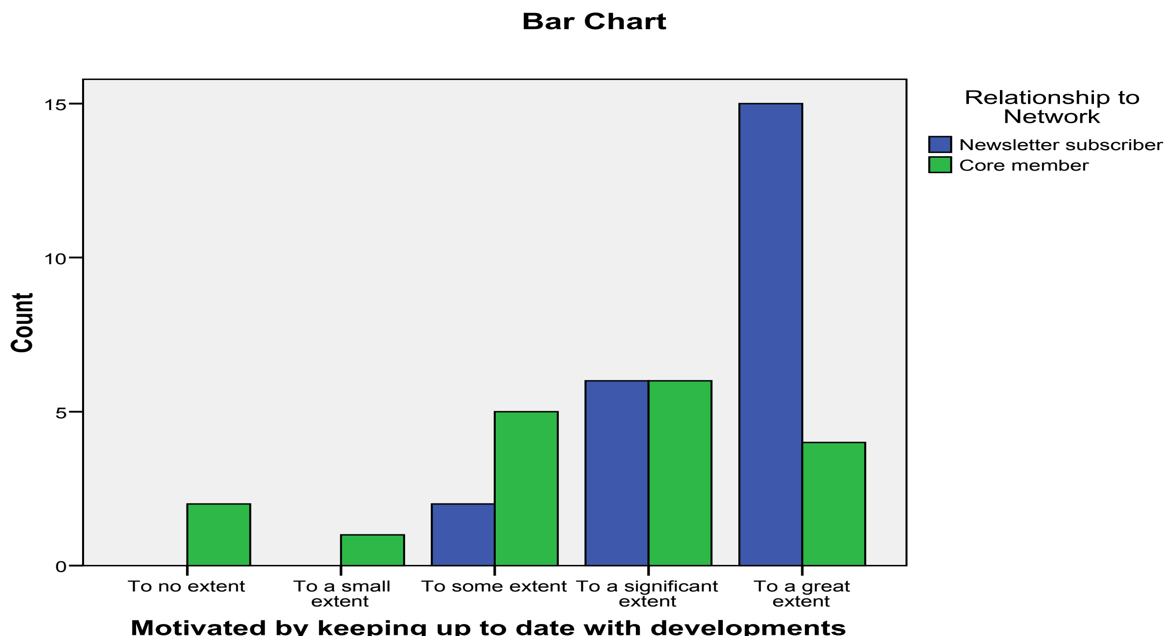

Figure 5: Extent NHS Networks members are motivated by keeping up to date with developments, according to their relationship with NHS Networks

NHS Live respondents were motivated by career development to a significantly greater extent than CHAIN respondents, who were in turn motivated by career development to a greater extent than NHS Networks respondents (Table 8) (Chi-square=17.62, df=8, p<0.05). Clinicians were motivated to participate in the networks by career development to a greater extent than managers, who were in turn motivated by career development to a greater extent than other staff types.

		Network Survey			Total
		NHS Live	NHS Networks	CHAIN	
To no extent	Count	9	11	19	39
	%	7.5%	26.8%	18.6%	14.8%
To a small extent	Count	16	9	17	42
	%	13.3%	22.0%	16.7%	16.0%
To some extent	Count	42	11	35	88
	%	35.0%	26.8%	34.3%	33.5%
To a significant extent	Count	37	5	23	65
	%	30.8%	12.2%	22.5%	24.7%
To a great extent	Count	16	5	8	29
	%	13.3%	12.2%	7.8%	11.0%
Total	Count	120	41	102	263
	%	100.0%	100.0%	100.0%	100.0%

Table 8: Extent members are motivated by career development, by network

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8.2.3 Spreading information

76 % of all respondents reported that they did receive information about the NHS Institute and its products via their networks. However, while only 51% of the NHS Networks participants reported receiving this information via their network a much greater proportion of participants from both CHAIN and NHS Live reported receiving the information (83% and 79% respectively) (Chi-square=16.31, df=2, $p<0.001$) (Figure 6).

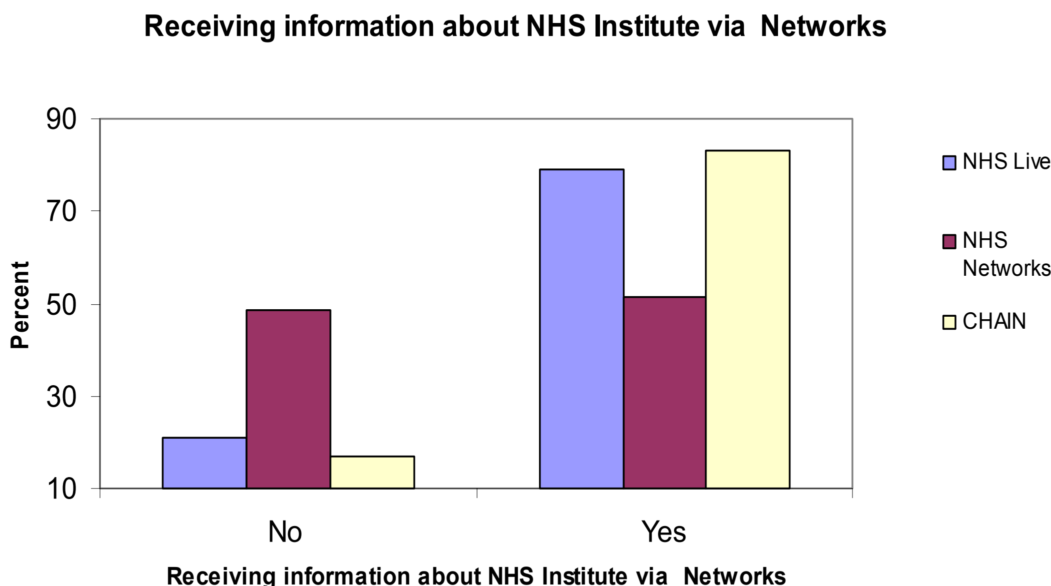

Figure 6: Proportion of members receiving information about the NHS Institute, by network

39% of respondents often or always passed on information received via their network, with a further 43% sometimes doing so (Figure 7).

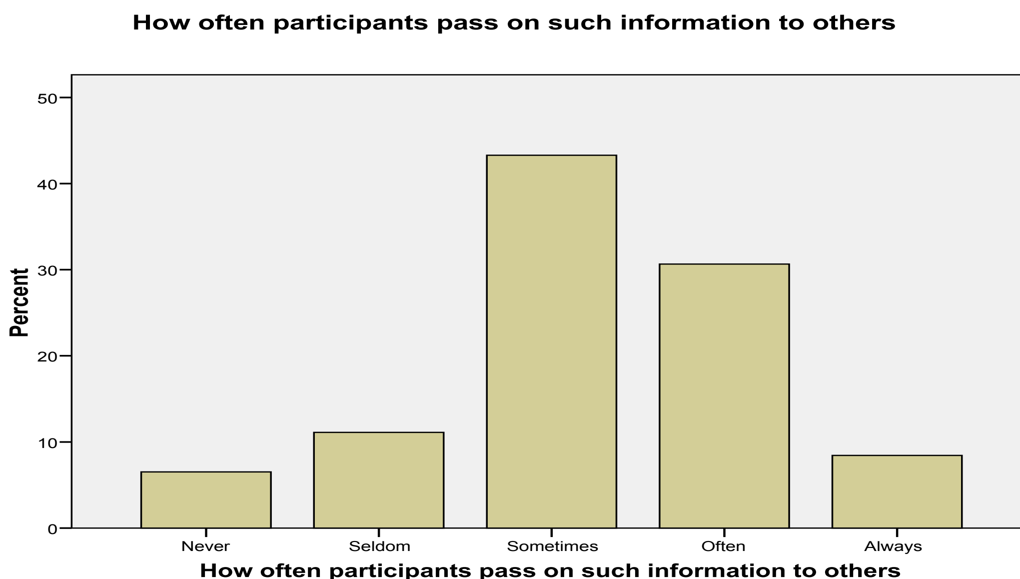

Figure 7: How often network members pass on information to others

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Respondents who said they received information about the NHS Institute did however pass on information to others more often than those who did not remember receiving information about the NHS Institute (Chi square=20.89, df=4, $p<0.001$) (Table 9). And managers also passed on information more frequently than clinicians.

Receive information from the Institute		Pass on information					Total
		Never	Seldom	Sometimes	Often	Always	
No	Count	8	6	25	7	1	47
	%	61.5%	27.3%	26.0%	9.6%	5.9%	21.3%
Yes	Count	5	16	71	66	16	174
	%	38.5%	72.7%	74.0%	90.4%	94.1%	78.7%
Total	Count	13	22	96	73	17	221
	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 9: Relationship between how often members pass on information and whether they receive information about the NHS Institute

56% of respondents said that they found the information their network alerted them to either very or extremely useful, with a further 31% finding the information somewhat useful.

14% of respondents said that they had contributed to the development or evaluation of NHS Institute products. A greater proportion of CHAIN members had been involved in this way, but this was not statistically significant.

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9 Analysis

9.1 Diffusion, Dissemination and Implementation of Innovations

As outlined above, the model of diffusion developed by Greenhalgh et al (2004) is particularly well suited to as an analytical tool for assessing what our data implies for the actual and potential contributions of the networks towards NHS Institute's strategic objectives.

We structure our analysis according to the following elements of the model:
1. Innovation
2. Diffusion and Dissemination
3. Adoption and Implementation

These map fairly straightforwardly onto key NHS Institute objectives of new product development (1), and spread and adoption (2 and 3). The linkage elements of the model, which correspond to NHS Institute's desire for engagement with NHS staff, are discussed within each sub-section.

9.1.1 <u>Innovation</u>

The resource system is central to innovation and product development, but linkage with the user system is also crucial at this early design stage, including activities such as:
- Achieving shared meaning and mission
- User involvement in specification
- Capture of user-led innovation

The NHS Institute's work process methodology (see above) focuses largely on this area, and has an emphasis on linkage/engagement throughout, with corresponding activities to those in the diffusion model:
- The understand and reframe phase is about:
  - "getting agreement among the team and other stakeholders on what it is that you are going to work on" i.e. achieving shared meaning and mission
  - "exploring how other organisations inside and outside healthcare have tackled similar challenges", i.e. capture of user-led innovation
- The test and learn phase is about making "sure the final solutions are really useful for the people who are going to use them" through "extensive field testing and evaluation", which broadly corresponds to capture of user-led innovation.

Thus, the NHS Institute would appear well placed, if its' work process methodology is put into practice, to produce useful innovations.

Of the networks that are the subject of this research, the Practice Partner Network appears to be important to the NHS Institute's linkage activities with regard to innovation. NHS Institute respondents suggested that PPN was the key network they used to help develop and shape products and services. A factor in this is the availability of a pool of enthusiastic potential participants that can be drawn on at relatively short notice to test ideas and products.

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As far as we can tell, however, the other networks do not appear to play any formal role in product development. Overall, 14% of survey respondents said that they had contributed to the development or evaluation of NHS Institute products. Although there may be a variety of barriers to such involvement, this figure suggests that there may be untapped potential for involving more members of these networks in developing NHS Institute products.

Another area where there may also be untapped potential is in the capture of user-led innovation. NHS Live projects that are using innovative approaches independent of NHS Institute products may have the potential to be developed further/taken on by the NHS Institute. And members of all 3 networks may know of such innovative approaches. While we did not ask specifically about this issue in our research, it would appear that there is no systematic process for attempting to capture such user-led innovation via these networks.

NHS Networks might also offer the possibility of taking this user-led innovation one step further through the ready means it provides for new networks to establish themselves. Such new networks might well be a site for entrepreneurial thinking and new perspectives - a potential breeding ground for innovative approaches, which could be captured by the NHS Institute if it supported the development of this aspect of NHS Networks and tied this in to NHS Institute processes for new product development.

9.1.2 Diffusion and Dissemination

Diffusion and dissemination represent two ends of a spectrum of methods for communicating with and influencing the user system, principally through providing information. The distinction is that diffusion tends to be informal and unplanned, whereas dissemination is more formal and planned. The spectrum of methods ranges from social networks at the diffusion end, through to change agents at the dissemination end:

- Social networks
- Homophily
- Peer opinion
- Marketing
- Expert opinion
- Champions
- Boundary spanners
- Change agents

The design and delivery phase of the NHS Institute's work process methodology corresponds to these activities, inviting staff to think about "how the product will actually reach those in the NHS that can benefit most" and "delivery mechanisms, launch and marketing plans". The model also refers to activities of Relationship Management, and Marketing and Communication that are relevant to all phases of the process. It was beyond the scope of our study to investigate how such activities are supported and accomplished within the NHS Institute, so we do not know the extent to which the range of diffusion and dissemination methods are used.

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To the extent that they are social networks, the 3 networks being researched would be expected to function primarily as diffusers of information. And our data suggests that members broadly value their networks as a means through which they gather information about the NHS Institute's products. To some extent this tends to be a passive process of receiving information pushed out by the networks at specific points in time via email – a number of respondents indicated that when they were looking for information on products for a specific area they were likely to try the Institute website directly as well as their networks, so the network information may have limited "shelf life".

Where the networks seem to deliver added value is in their ability to reach a range of people in various positions within the NHS through various means, with information that is likely to be of relevance to them even if at that moment in time they were not actively seeking it. CHAIN seemed to be particularly valued for the role it played it distributing targeted concise relevant information to its members. Institute staff we interviewed saw CHAIN as an important part of disseminating information about Institute products and events, but it was clear that they did not engage with CHAIN corporately to market their material. There was less clarity about the potential for using NHS Live and NHS Networks to disseminate information amongst Institute team members we spoke to, although this may reflect the small numbers interviewed and we should be wary of drawing too strong a conclusion from this. Whilst there was an awareness of these 2 networks, respondents indicated that they were not using them as a key channel to diffuse information about Institute products to the wider NHS and were unsure how they might be used to do this.

Amongst the members of NHS Live there were mixed responses to enquiries about whether they received information through NHS Live about the work and products of the Institute and whether this had helped learning about improvement. Some respondents could not remember having received any information relating to the NHS Institute and tended to be unable to say what the relationship was between the NHS Institute and NHS Live. Other respondents reported that on a bi-weekly basis they received an update informing them of developments within the NHS Institute and that this had proved useful in the past and the information was often passed on to colleagues who might benefit from it. One respondent commented that he had found NHS Institute information about 'Lean management' useful and had passed this on to two colleagues who subsequently attended training in this field. Another respondent commented that they often passed on information about NHS Institute products to their service improvement team, but often found that other members of the team were already aware of the information.

The survey data suggests that NHS Networks members are less likely to be aware of receiving information about the NHS Institute and its products via NHS Networks than NHS Live and CHAIN members are via their respective networks. 51% of respondents to the NHS Networks surveys reported receiving such information, as against 79% of NHS Live survey respondents and 83% of CHAIN survey respondents. One possible explanation is that NHS Institute staff have closer connections with NHS Live and CHAIN and use these networks more often to disseminate information. A related explanation may be that CHAIN and NHS Live are more focused on improvement than NHS Networks, which encompasses a very broad spectrum of interests. Another explanation is that the communication mechanisms of NHS Live and CHAIN are more effective. It may be that all of these

factors play a part. It seems clear, however, that a means of targeting particular messages to particular subgroups within NHS Live and NHS Networks would add value.

The survey data to not suggest any difference between the networks in the frequency with which information about the NHS Institute, once received, is passed on to other contacts. 39% of survey respondents said they often or always passed on such information, with a further 43% saying they sometimes passed on such information. Given this finding, it may be that the 'reach' of NHS Networks is actually wider than that of CHAIN and NHS Live, through network coordinators feeding information into their networks.

Networks might also be expected to have the potential to perform or develop a boundary-spanning role. Key barriers to learning and innovation in the NHS have been identified as organisational boundaries (E.g. between the NHS and Education sector, between primary and secondary care) and professional boundaries (E.g. between doctors and managers) (Currie and Suhomlinova, 2006), and individual NHS organisations may also present cultural barriers to learning from some outside sources. The 3 networks do span a variety of such boundaries, particularly CHAIN, with its strong education/R&D element, and NHS Networks because of its wide scope and history in supporting synergy between primary and secondary care. While these network structures do not lend themselves to formal, planned dissemination activities, they may offer an opportunity for the NHS Institute to identify potential boundary spanners and work with them in other ways to develop a boundary spanner dissemination role. There may also be similar opportunities to identify peer opinion leaders and expert opinion leaders.

NHS Live and Practice Partner Network might also have roles to play here. NHS Live already gives projects opportunities to showcase what they do through their events and the health and social care awards, and it may be that such events and awards can be organised in ways that better help with the diffusion and dissemination of NHS Institute products. The PPN organisations that are piloting new products should also have potential to act as peer opinion leaders, expert opinion leaders and champions. An arrangement along the lines of the site visits element of the Beacon Council scheme (Downe et al, 2004; Rashman et al, 2005) might be worth considering.

9.1.3 Adoption and Implementation

Adoption/assimilation of innovations by the user system is directly influenced both by the diffusion and dissemination mechanisms and by the system readiness for innovation (in turn influenced by system antecedents for innovation). Characteristics of the adopter are also important, including their needs, motivation, values and goals, skills, learning styles, and membership of social networks.

Implementation depends on organisational factors such as devolved decision-making and resource availability, and also on external collaboration. External change agents can play an important role in facilitating implementation through:

- Communication and information
- User orientation

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- Product augmentation, E.g., technical help
- Project management support

The NHS Institute work process methodology extends to 6th and 7th phases: wide implementation, through linking with the mainstream performance and development agenda; and benefits realisation, through creation of 'impact' knowledge. "Working with end users" is stated as a mechanism for this.

It was beyond the scope of this study to assess the extent and nature of the NHS Institute's work with end users around adoption and implementation. Depending on how well developed this work is, there may be some potential for the networks, NHS Live and NHS Networks in particular, to contribute in this area.

Some of the "bottom-up" new networks that NHS Networks helps to get off the ground and grow may well contain entrepreneurial, energetic people who are seeing things from a different perspective. In addition to being a potential breeding ground for innovative approaches, as mentioned above, these new networks may also be receptive to new approaches as embodied in NHS Institute products. Thus NHS Networks can help to address some of the system antecedents and system readiness for innovation.

NHS Live has already been identified as addressing various adopter needs, such as motivation, values and skills. In addition, the project element of its work includes an element of technical help, through the link-up with private sector companies and their expertise. One of the workshop suggestions was to consider what could be achieved if NHS Live developed into a centre of excellence for project managers, and this might help to provide the project management support that facilitates implementation.

Practice Partner Network also has good links with particular improvement projects, and so might be another means for providing such implementation support. It should also be well placed to feed learning from implementation efforts back to product development teams.

The literature highlights that if a change agency is to be effective then it should have the capacity, commitment, technical capability and project management skills to assist with operational issues (Lomas, 2000 and Rogers, 1995). It also helps if a change agency has highly skilled individuals who would act as knowledge brokers between researchers and decision makers in healthcare organisations and systems (Lomas, 2007). NHS Networks has experience of being an external change agent, particularly when there was a full time business manager in post who offered these skills for individual networks who were in a position to fund this person. It may be that these skills could usefully be deployed to support implementation of NHS Institute products.

9.2 Unique Selling Points of each Network

Participants named a range of key strengths for each of the networks that have been studied. Based on our analysis of these data in the light of the diffusion model, we suggest unique selling points (USPs) for each network with regard to the NHS and its staff, and with regard to the NHS Institute. We also suggest USPs with regard to the

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NHS Institute that the networks they might potentially develop given suitable input from the NHS Institute:

9.2.1 Network USPs with regard to the NHS and its staff (ie members and potential members)

NHS Networks:

- Good for the set up of a new network
- Can influence policy makers
- Acts as one hub potentially for all NHS networks

CHAIN:

- Gives targeted information
- Concise, good at avoiding potential overload of members
- International reach

NHS Live:

- Good at promoting and running events which facilitate peer to peer networking
- Celebration of good practice and morale boosting
- Shadowing, facilitation, advice and support from the private sector

9.2.2 Network USPs with regard to the NHS Institute's strategic objectives

NHS Networks:

- Mechanism for wide diffusion of information

CHAIN:

- Mechanism for targeted spread (dissemination) of information

NHS Live:

- Supports adoption and implementation of improvement activity by motivating and supporting staff, patients and their communities to realise their ideas for improvement.

Practice Partner Network:

- Provides opportunities for co-production of innovations between the NHS Institute and NHS organisations

9.2.3 USPs with regard to the NHS Institute's strategic objectives that networks might develop

NHS Networks:

- Better targeted dissemination, still across a wide spectrum of potential users
- Facilitating co-production of new products between the NHS Institute and other NHS organisations
- Facilitating product dissemination across organisational boundaries through identifying and supporting boundary spanners and opinion leaders

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CHAIN:

- Facilitating product dissemination across organisational and professional boundaries through identifying and supporting boundary spanners and opinion leaders

NHS Live:

- Facilitating dissemination of NHS Institute products through their events and awards
- Providing enhanced support for implementation of NHS Institute products
- Facilitating feedback from implementers about NHS Institute products

Practice Partner Network:

- Facilitating product dissemination through opinion leaders and champions
- Facilitating feedback from implementers about products

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10 Discussion and Recommendations

10.1 The Research

This research has provided a detailed description and comparison of CHAIN, NHS Live and NHS Networks, answering most of the detailed research questions listed in the first section of this report. An exception is that we have not been able to provide evidence regarding any increase in the spread and adoption of NHS Institute products through utilization of these networks. With hindsight it was too ambitious to do this within the time constraints of this study, and this question might usefully be the subject of further research in the future. Data collected by Breen (2007) suggests that CHAIN may increase the uptake of NHS Institute products, although the size and longevity of this effect is unclear.

The shortness of the study did also constrain the quality and quantity of the data that could be collected, and the low response rate to the survey, despite the incentives offered, does mean that interpretations based solely on this need to be cautious. An advantage of our mixed methods approach is that we have been able to triangulate data from a variety of sources, and the apparent good fit between the quantitative and qualitative data gives us increased confidence in it. The low response rate has also limited the comparisons that we have been able to make between networks and limited our analysis of sub-networks (Eg CHAIN thematic subgroups and special interest groups). There may be scope for future work investigating the roles that these sub-networks play in CHAIN. And despite the limitations of the quantitative data, we could usefully have spent more time analyzing it.

It was beyond the scope of this study to consider value for money. We have focused on the value side of the equation, but have not attempted to quantify the benefits that the networks bring, and many of these benefits are intangible, or difficult to measure. Furthermore, the extent to which the potential developments we highlight are achievable in practice will depend on a variety of factors that we are unable to assess at this time. To take just one example, the NHS Institute is just one among many funders of CHAIN, and so may need to liaise with other funders about potential developments. It will be important that the NHS Institute takes such factors into consideration when planning future developments, and this is why many of our recommendations are couched in terms such as ‘consider’ or ‘explore’.

In deciding about how to relate to these networks in the future, the NHS Institute should also take account the costs it incurs in supporting these networks, and the extent to which these are ‘sunk’ costs. While direct monetary costs may be straightforward to assess, it will be more complicated to quantify indirect costs, particularly for NHS Live, which is internal to the NHS Institute. All of the networks have some source of funding other than the NHS Institute, and depending on the size of this funding and the extent to which it funds ‘more of the same’ one would expect it to increase the value for money the NHS Institute obtains, through covering a proportion of fixed overheads. CHAIN and NHS Live would appear to be best placed in this respect, but this would need to be checked.

Recommendation 1
We recommend that the NHS Institute considers whether it should commission further research to quantify the impacts of these networks on the development, diffusion, dissemination, adoption and implementation of NHS Institute products

Recommendation 2
We recommend that the NHS Institute endeavours to take into account the costs of the networks in considering future developments. The NHS Institute should consider whether this warrants further research being undertaken.

10.2 Supporting the NHS Institute's strategic objectives

The networks are largely complementary in terms of how they relate to the key elements of the model of diffusion (see section 7.2.2). There would however appear to be a number of opportunities for them to better support the NHS Institute's strategic objectives:

1. Expanding the activities of the networks
2. Increasing the synergy between the networks
3. Changing the way the NHS Institute relates to the networks

These opportunities are highlighted in the following sections.

10.2.1 Expanding the activities of the networks

Comparison with the model of diffusion (see section 7) suggests a number of areas where networks are not currently particularly active, but could potentially contribute.

Facilitating the generation of new products through user-led innovation:

Recommendation 3
We recommend that the NHS Institute and NHS Networks consider the potential for NHS Networks to encourage and 'capture' innovative thinking in the new networks that come to it, as a way of helping to develop new NHS Institute products.

Recommendation 4
We recommend that the NHS Institute and NHS Live consider whether NHS Live projects that are using innovative approaches independent of NHS Institute products may have the potential to be developed further, or taken on by the NHS Institute.

Recommendation 5
We recommend that the NHS Institute and all 4 networks consider how members of the networks might identify or suggest innovative approaches that might be developed further or taken on by the NHS Institute.

Facilitating product dissemination:

Recommendation 6
We recommend that the NHS Institute considers with CHAIN and NHS Networks how they might identify potential boundary spanning individuals to assist with dissemination of NHS Institute products across sectoral, organisational and professional boundaries.

Recommendation 7
We recommend that the NHS Institute considers with all 4 networks how they might identify potential peer opinion leaders and expert opinion leaders to assist with dissemination of NHS Institute products.

Recommendation 8
We recommend that the NHS Institute considers with NHS Live how their events and awards can be organised so as to better assist the diffusion and dissemination of NHS Institute products.

Recommendation 9
We recommend that the NHS Institute considers with the Practice Partner Network how members who are piloting new products might act as peer opinion leaders, expert opinion leaders and champions. This should include consideration of an arrangement along the lines of the site visits element of the Beacon Council scheme.

Facilitating adoption of new products:

Recommendation 10
We recommend that the NHS Institute and NHS Networks consider the potential for NHS Networks to identify new networks that are likely to be receptive to new approaches, with a view both to disseminating NHS Institute products directly, and to working with those networks to address some of the system antecedents and system readiness for innovation in areas relevant to those networks.

Providing enhanced support for implementation:

Recommendation 11
We recommend that the NHS Institute considers with NHS Live and the Practice Partner Network how they might work together with leaders of member projects to provide access to project management expertise and support both for these projects and more widely across the NHS.

Recommendation 12
We recommend that the NHS Institute consider with all networks whether their staff have skills and experience that might usefully be deployed to support implementation of NHS Institute products. One example is the change management support that has previously been offered by the NHS Networks business manager.

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Facilitating feedback from implementers about products:

Recommendation 13
We recommend that the NHS Institute consider with NHS Live and Practice Partner Network how more of their members might be involved in helping to improve NHS Institute products by providing feedback about them.

10.2.2 Increasing the synergy between the networks

The evidence from the research indicates that all CHAIN, NHS Live and NHS networks are broadly valued, and that each has identifiable strengths. Respondents felt however the strengths are not necessarily highlighted by the networks themselves and this can lead to a lack of clarity regarding each network's key message and central purpose. Some respondents felt confident that they understood the goals and objectives of some or all of the three networks, but even when this was the case it tended to depend on the users interpretation of implicit signals from the networks rather than the feeling that the networks themselves had communicated a clear unambiguous vision of their target audience. Many respondent stated that a lack of clarity meant that they were unsure what the differences were between CHAIN, NHS Live and NHS Networks although it was generally recognised amongst those with awareness of the three networks that NHS Live was more about face-to-face sharing and CHAIN more of a email driven system for spreading knowledge. This is important because network goal clarity is one of the key factors identified in the Warwick Business School research as facilitating improvements in individual and organisational performance.

Recommendation 14
We recommend that all of the networks revisit and clarify their primary purposes and communicate these more clearly and frequently.

There was also discussion surrounding the merits of a rationalisation of networks to reduce the possibility of confusion and information overload. It was generally felt though that each network served a useful purpose and that instead more should be done to support the diversity of network activity by working towards closer co-operation between the networks, cross network promotion and greater clarity for potential users about what each networks key selling point was.

Building on the 'specialism' of each network may enhance not only people's understanding of their unique purpose and means of operating but also enable each network to deliver improved performance where it contributes most in the diffusion model. There are a number of different directions in which the networks might usefully develop, and these possibilities should considered further and taken account of in decisions about what areas of work each network should focus on, where current and future resources should be developed, and in what ways they seek to work more collaboratively with each other.

There are a number of ways in which the networks might work together in order to enhance what they do. There may be cultural, technological and political barriers to such cooperation, but the NHS Institute has significant influence over the networks through its funding, and may be able to act as a facilitator.

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The Warwick Business School research indicates that face-to-face events are an important factor in enabling networks to facilitate improvements in individual and organisational performance, yet both CHAIN and NHS Networks are currently only electronic networks. CHAIN recognises the value of events, and the CHAIN facilitators have experience of organising events, but currently lack the funds to hold events. One area where greater co-operation might be delivered was identified by workshop respondents as co-hosting of NHS Live/ CHAIN events.

Recommendation 15
We recommend that CHAIN and NHS Networks consider with NHS Live how they might facilitate face-to-face networking of CHAIN and NHS Networks members at events.

Technological Infrastructure

Currently only CHAIN sends out targeted messages to specific groups of its members, and this is generally well appreciated by members. Provided it is not at the expense of sending out regular communications that are seen as relevant to day-to-day work and more generally keeping people up to date, a means of targeting particular messages to particular subgroups within NHS Live and NHS Networks would add value.

Recommendation 16
We recommend that NHS Live and NHS Networks consider how they could develop a system of targeting communications to their members, drawing on the expertise of CHAIN.

Similarly, only CHAIN has a website search facility that helps its members to identify and network with others. The NHS Live and NHS Networks websites only provide different ways of listing members, using fixed categories (Eg geographical, alphabetical).

Recommendation 17
We recommend that NHS Live and NHS Networks consider how they could develop a more flexible search facility on their websites.

Websites and databases are however only as good as the information contained in them. CHAIN has a process for regularly checking and updating the information it holds about members. A quick inspection of the NHS Live and NHS Networks websites revealed items of information that were either incomplete or not up to date.

Recommendation 18
If they are not already doing this, we recommend that NHS Live and NHS Networks implement systems to ensure that the information they hold on their websites is accurate.

The networks could also help to raise each others profiles through more prominent links to the other networks on their websites and by coordinating their marketing/promotion activities (Eg setting up reciprocal links with other websites, publicity at NHS Live events, etc.)

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Recommendation 19
We recommend that all of the networks consider how they can help to raise each others profiles.

In this research we did not explore in any depth the arrangements that the networks have for accessing and using IT hardware and software, particularly with regard to their websites. CHAIN and NHS Live do not appear to have fully independent websites, but instead use parts of the ULCC and NHS Institute websites respectively and rely on external technical expertise. This has various pro's and con's, but is likely to be less flexible, particularly for NHS Live, which needs to fit within what is decided by the NHS Institute as a whole. All of the networks effectively have their own 'bespoke' websites, and there may be a question mark about whether they will have the resources and expertise to develop online networking tools comparable with those available on large social networking sites such as My Space or Facebook, or collaborative software like MS Share Point, which is now being used in the NHS.

Recommendation 20
We recommend that all of the networks consider whether social networking software/ web 2.0 tools could enhance what they do, and if so, how they might provide access to such tools.

10.2.3 Changing the way the NHS Institute relates to the networks

The research also indicates that the NHS Institute itself, whilst using the networks for the dissemination of its products and services, has a decentralised and relatively ad-hoc approach to them. It appears that rather than being structured by a corporate marketing and communications strategy for how and when to use each network, it is left up to individual programme teams to organise spread and adoption. One senior respondent from CHAIN felt that the both the NHS Institute and CHAIN would benefit from a more organised approach to how they used CHAIN as part of their spread and adoption strategy, for example.

CHAIN seemed to be particularly valued for the role it played in distributing targeted concise relevant information to its members. Institute staff we interviewed saw CHAIN as an important part of disseminating information about Institute products and events, but it was clear that they did not engage with CHAIN corporately to market their material. There was less clarity about the potential for using NHS Live and NHS Networks to disseminate information amongst Institute team members we spoke to, although this may reflect the small numbers interviewed and we should be wary of drawing too strong a conclusion from this. Whilst there was an awareness of these 2 networks, respondents indicated that they were not using them as a key channel to diffuse information about Institute products to the wider NHS and were unsure how they might be used to do this.

Recommendation 21
We recommend that the NHS Institute develops and implements an organisation-wide strategy for marketing its products, including via the 4 networks. As part of this the NHS Institute should also consider revising its work process methodology to provide more information about ways of disseminating products.

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Recommendation 22
We recommend that the NHS Institute and the 4 networks work together to formulate a clear strategic plan for the development and marketing of the networks, including marketing to NHS Institute staff

Recommendation 23
We recommend that relevant information from this report is communicated widely to NHS Institute staff and network members so that they can understand the different characteristics of the networks and thereby make better use of them.

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12 Appendix 1 – Example of web based questionnaire – distributed to CHAIN members

Number	Question
	Date Started
1	What is your name?
2	What is the name of the organisation you work for?
3	Is your organisation:
4	Are you:
5	Which of the following CHAIN cross-cutting thematic subgroups are you a member of?
6	Which of the following CHAIN special interest groups are you a member of?
7	To what extent do you agree that CHAIN has stated goals?
8	**To what extent are you motivated to participate in CHAIN by the following?**
8a	motivated to participate in chain to help meet organisations goals
8b	motivated to participate in chain by learning and skills development
8c	motivated to participate in chain by keeping up with current developments in the field
8d	motivated to participate in chain to expand personal network
8e	motivated to participate in chain by career development
8f	motivated to participate in chain to help solve everyday work challenges
9	**At a personal level, to what extent has participation in CHAIN helped you to improve your performance?**
9a	helped you to improve performance by saving you time looking for information and knowledge required to do your job
9b	helped you to improve performance by solving everyday problems
9c	helped you to improve performance by you creating innovative solutions to problems
9d	helped you to improve performance by improving the quality of the decisions you make
9e	helped you to improve performance by helpin you to meet your work objectives
9f	helped you to improve performance by helping you to develop better ways of working
10	**At a personal level, to what extent has participation in CHAIN:**
10a	Enhanced you existing skills
10b	helped you learn new things
10c	identified opportunities for collaboration and knowledge sharing
10d	increased your commitment to learning
10e	increased your comitment to sharing knowledge with colleagues
10f	allowed you to apply knowledge arising from chain in your work
10g	helped you to capture knowledge in a useable way
10h	made youreflect on your own practice and performance
11	**At a personal level, to what extent has participation in CHAIN:**
11a	improved your job satisfaction
11b	increased your commitment to chain
11c	increased your commitment to the NHS
11d	increased personal network within the NHS
11f	increased visablity and promotion prospects
12	**To what extent has CHAIN helped your team or service to:**
12a	achieve business goals it could not achieve without chain
12b	reduce time to develop new products
12c	reduce time to solve new problems
12d	reduce cost of daily operations
12e	reduce duplication in work programmes
12f	improve quality of work products
12g	introduce new work methods and approaches
13	**To what extent has CHAIN helped your team or service to:**
13a	improve communication between project teams and accross geographic locations
13b	increase consistency between sites and/or project teams
13c	increase programme effectiveness
13d	support the transfer of knowledge across departments
13e	support the transfer of knowledge into your organisation

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14	**When you use CHAIN, to what extent do you spend your time on the following activities?**
14a	Looking for or connecting with other chain members to solve a problem
14b	searching for information
14c	develop good practice
14d	working on a chain project or deliverable
14e	time on other activities
15	**Other activities time is spent on**
16	How useful do you find the tools and services (targeted emails, online directory, website information, e-mail information, and contacts etc.) provided by CHAIN are in alerting you to information (E.g. good practice examples, innovations) relevant to your work?
17	How often do you pass on to other people some or all of the information contained in emails from CHAIN?
18	How useful do you find the tools and services provided by CHAIN are in motivating you?
19	How useful do you find the tools and services provided by CHAIN are in enabling you to close the gap between evidence and practice?
20	How useful do you find the tools and services provided by CHAIN are in helping you to engage in collaborative work?
21	Please give specific examples of how CHAIN tools and services have helped you
22	What would be the impact on you if CHAIN did not exist?
23	How do you think CHAIN could be improved?
24	Do you receive information about the NHS Institute and its products (E.g. toolkits for service improvement, practice guides, courses, conferences, software etc) via CHAIN?
25	How often do you pass such information on to others?
26	Please explain why
27	Have you contributed to the development or evaluation of any NHS Institute products?
28	If yes then please give an example of this contribution and how this came about.
29	Are you registered with NHS Live?
30	Are you registered with NHS Networks?
31	If you are registered with either NHS Live or NHS Networks, how do they compare to CHAIN?
32	Please write any other comments here

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13 Appendix 2 – Example of web based questionnaire – distributed to NHS Live members

1. Date started
2. What is your name?
3. What is the name of the organisation you work for?
4. Is your organisation:
5. Are you an:
6. Do you wish to be included in the prize draw?
7. If yes, what is your e-mail address?
8. To what extent are you motivated to subscribe to the NHS Live mailing list by the following? (Help meet your organisation's goals)
9. To what extent are you motivated to subscribe to the NHS Live mailing list by the following? (Learning and skills development)
10. To what extent are you motivated to subscribe to the NHS Live mailing list by the following? (Keeping up with current developments in the field)
11. To what extent are you motivated to subscribe to the NHS Live mailing list by the following? (Expand personal network)
12. To what extent are you motivated to subscribe to the NHS Live mailing list by the following? (Career development)
13. To what extent are you motivated to subscribe to the NHS Live mailing list by the following? (Help solve everyday work challenges)
14. How useful do you find NHS Live e-mails in alerting you to relevant information (E.g. good practice examples, innovations)?
15. How often do you pass on to colleagues some or all of the information contained in NHS Live e-mails?
16. Please give specific examples of how NHS Live e-mails have helped you or your colleagues
17. How do you think NHS Live e-mails could be improved?
18. How useful do you find NHS Live events are in enabling you to develop your service?
19. How useful do you find NHS Live events are in motivating you?
20. How useful do you find NHS Live events are in enabling you to look at your service in a different and imaginative way?
21. How useful do you find the NHS Live events are in giving you access to national clinical expertise?
22. Please give specific examples of how NHS Live events have helped you or your project
23. How do you think NHS Live events could be improved?
24. Do you receive information about the NHS Institute and its products (E.g. toolkits for service improvement, practice guides, courses, conferences, software etc) via emails from NHS Live?
25. How often do you pass such information on to your colleagues?
26. Please explain why
27. Have you contributed to the development or evaluation of any NHS Institute products?
28. If yes then please give an example of this contribution and how this came about.
29. Are you registered with CHAIN?
30. Are you registered with NHS Networks?
31. If you are registered with either CHAIN or NHS Networks, how do these networks compare to NHS Live?
32. Please write any other comments here

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14 Appendix 3: NHS Network Key Stakeholder Interview Schedule

Instructions to interviewer

General Guidance

1. You may not have time to cover all of the questions. Basic factual information only needs to be obtained once, so omit corresponding questions if we already have this information, or if it is likely to be supplied by a future interviewee (E.g. a network facilitator/coordinator).
2. For interviewees who are not a network facilitator/coordinator, if you are short of time, then omit questions that do not have * next to them
3. If an interviewee is familiar with more than one network, then first go through the questions for the network they are most familiar with. If there is still time, go through the questions for the second network.
4. The most important aim of the interview is to understand how the interviewee believes that the network(s) "works": how does it bring about valued outcomes for different stakeholders; what are the specific mechanisms by which it does this; what is the chain of causal logic; and in what circumstances do things turn out well?

Before starting interview:

1. Check interviewee has seen the information sheet (sent previously).
2. Invite interviewee to ask any questions about the research and his/her role in it.
3. Ask permission to tape-record.

Introduction

*Which of CHAIN, NHS Networks, NHS Live and Practice Partner Network are you familiar with?

*What is your relationship (role) to the network?

*What do you hope this research project will achieve?

Background

What is the history of this network?

Network Aims and Achievements

*What are the aims of the network?

*What benefits does the network provide for its members?

*Can you give me any examples of valued outcomes for members or their organisations that the network has made a significant contribution towards?
(Prompts/supplementaries: Does the network address the key business issues of members

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and their organizations? Does the network help members to address their everyday work challenges?)
Can you give me any examples of valued outcomes for the NHS Institute that the network has contributed towards ?
(Prompt – has the network increased awareness of specific Institute pieces of work – if so specify the work and how and when)
*How specifically did the network enable these outcomes to be achieved?
(Prompts: can you take me through this step by step?)

Network processes

Who uses the network?

What incentives are used to motivate and manage individual members of the network?

*What has made this network grow / shrink / remain unchanged?

*What norms or values predominate within this network?
(Prompt: 'norms or values' could be paraphrased as internal 'climate', 'culture', 'rules', 'ideologies' 'orientation', 'legitimation', 'authority'.)

*Have any conflicts occurred within this network during the last three years?
(Prompts: What were they about? By what process were they resolved?)

*Does the network actively engage with its members in order to help them to develop

their practice, or are members left to use their own initiative?

Network structures

What are the main activities of this network?
(Prompt: Does the network provide face-to-face events for its members?)

*What are the distinguishing features of the network?

*How useful are the IT tools provided by the network?

Who facilitates/coordinates the network?
(Prompts: Is there a designated coordinator or organising group?)

What do they do?
(Prompts: Can you supply me with contact details, job descriptions, hours worked, organisational diagram etc. (email/post following the interview)?)

What are the reporting arrangements?
(Prompts: Who are they responsible to? How much discretion do they have? Can you supply me with contact details/organisational diagram for the responsible body/person (email/post following the interview)?)

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Are there any sub-networks within the main network? Who facilitates them? (get contact details)

*How well resourced are network and sub-network facilitators?
Prompts: time, training?

Network Environment

*What connections are there between CHAIN, NHS Live, NHS networks and Practice Partner network?

*How does the network(s) relate to the NHS Institute?
(prompts: how does it support the work of the Institute? How is the network used by the Institute's programme teams? What are the levels of expectation of the network from the Institute? Has the network's activities changed since becoming closer to the Institute?)

Interview close

*Which other key stakeholders do you think the research team should be talking to (ask for names and contact details)?
(Prompt: What external organisations does this network(s) have the most dealings with?)

*We would like to contact network(s) members to find out their experiences of the network and ideas for improvement. Can you supply us with a database of contact details?

*Are there any documents not available on the network(s) website that would give us useful information about the network?
(Prompt: annual reports, strategic plans, evaluations etc. Can you supply these by email/post following the interview?)

*Is there anything important that we haven't covered? Can we contact you again if we need to?

Thanks

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15 Appendix 4: Interview Schedule for Project Leads with NHS Live

About you

1. What is your name -
2. What is the organisation you work for? -
3. What is your role -

About your project

4. What is your project title? And what is it about? And who is in your project team? -
5. How much time do you spend on the project? -
6. Have you had any training about leading or facilitating the project? -
7. What kind of things did you learn about? -

About NHS Live

8. Do you think that that NHS Live has stated goals? -
9. If so what are those goals? -
10. What is the purpose of NHS Live? -
11. what are the benefits of participating in NHS Live (for the project and on a personal level) -
12. How much time in the week do you spend on NHS Live Activities? -
13. Which activities do you carry out most when using NHS Live? -
14. Has NHS Live helped with your personal development? -
15. How useful are the tools and services of NHS Live?
    - For E.g. How helpful is the NHS Live website? -
    - How helpful is the NHS Live helpline? -
    - Have you got a private sector corporate partner? IF so how helpful is this? -
    - Are national events useful? Accessible? -
    - Are regional events useful? Are there enough of them? -
    - Have you had support from SHA coordinators? If so how? -
    - How helpful are the annual Health & Social Care Awards? -
    - What about the NHS Live email list etc -
16. How often does NHS Live communicate with you? -
17. What about? -
18. Is this helpful? -
19. Do they respond quickly when you approach them? –
20. What kinds of things have you approached them about? -
21. Do you think NHS Live is well marketed? Is it well known amongst your colleagues? Lack of marketing – (many doctors have not heard of it) -
22. Has NHS Live helped with the approaches and methodologies you have used in the project? -
23. What would be the impact if it was not there? -

About the NHS Institute

24. How do you think NHS Live relates to the NHS Institute? -
25. Do you receive information about the NHS Institute and its products (e.g. toolkits for service improvement, practice guides, course, conferences, software etc) via NHS Live? -
26. If so, is this information useful? If so how? -
27. Do you pass on such information to your team members? -
28. Explain -
29. Have you r your team ever contributed to the development or the evaluation of any NHS Institute products? -
30. If so, how? -

Other networks

31. Are you registered with CHAIN or NHS Networks? -
32. If so, how is NHS Live different from the other networks? -

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16 Appendix 5: Interview Schedule for CHAIN members

1. What is your name
2. What is the organisation you work for?
3. What is your role

About CHAIN

4. Do you think that that CHAIN has stated goals?
5. If so what are those goals
6. What is the purpose of CHAIN?
7. what are the benefits of participating in CHAIN (for the project and on a personal level)
8. Has CHAIN helped with your personal development
9. How useful are the tools and services of CHAIN?
10. How often does CHAIN communicate with you?
11. What about?
12. Is this helpful?
13. Do they respond quickly when you approach them?
14. What kinds of things have you approached them about?
15. Do you think CHAIN is well marketed? Is it well known amongst your colleagues? Lack of marketing – (many doctors have not heard of it)
16. Has CHAIN helped with the approaches and methodologies you have used in the project?
17. What would be the impact if it was not there?

About the NHS Institute

18. How do you think CHAIN relates to the NHS Institute?
19. Do you receive information about the NHS Institute and its products (e.g. toolkits for service improvement, practice guides, course, conferences, software etc) via CHAIN?
20. If so, is this information useful? If so how?
21. Do you pass on such information to your team members?
22. Explain
23. Have you r your team ever contributed to the development or the evaluation of any NHS Institute products?
24. If so, how?

Other networks

25. Are you registered with NHS Live or NHS Networks?
26. If so, how is CHAIN different from the other networks?

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17 Appendix 6: Workshop 26th Feb 2008 - Birmingham

10.00 - Welcome
As people come in chat to them and take register and find out:
- which network they have knowledge of
- and how long they have been involved
- their role with the networks that they have knowledge of

10.15 - Introductions
Get people to sit beside someone they do not know so well
Then in pairs they introduce themselves to their neighbour saying
- which network (s) they have knowledge of , and for how long
- their role with the networks that they have knowledge of
- what knowledge they have of how the network relates to the NHS Institute

Then they all have to introduce the other person in their pair to the rest of the group (so the networking starts from the first few minutes of the workshop)

10.30 - Brief introduction to the study:
We at MBS at the University of Manchester have been commissioned to research into the current and future roles of NHS Networks, NHS Live and CHAIN in supporting the NHS Institute.
The study aims to research
- the networks themselves
- and how they relate to each other,
- the NHS Institute's past and current involvement with the networks
- and the potential development of the networks in supporting the work of the Institute.

The study is designed to be practically relevant to the NHS Institute, the 3 networks and their members.

The study will take place across January through to March 2008 and will involve a series of interviews and workshops with key stakeholders including members and coordinators of these networks and web-based surveys targeted at the membership of the networks. Reports from the research will be made to the NHS Institute and there will be a presentation of this work at a NHS Institute learning event in April 2008.

10.35 - PMI – Small Group Exercise
(In 2s and 3s of people)
Select the network that you are most familiar and sit in a group with them. We will do a PMI exercise which is from Edward De Bono and uses Pluses, Minuses and Interesting to See points to direct attention to different concepts
Do a quick warm up with whole group - Get all to think about something e.g. 'ALL CARS SHOULD BE PAINTED YELLOW'
- What are the pluses
- What are the minuses
- It would be interesting to see???

Then do it with them thinking about their networks in their present form
- What are the pluses
- What are the minuses
- It would be interesting to see???

(what would be the "interesting to see" questions e.g. it would be interesting to see if the network thrived or membership plateaued.)

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11.30 - Coffee

11.45 - USPs for each of the networks (stay in small groups to discuss)
Then get them to do a poster to advertise the network

12.10 – Start the Future of the Networks Exercise (Small groups)
Imagine the following 3 scenarios

1) How will the network be in 5 years time if nothing changes? (This could have come out of the 'I' of the PMI)

(If time here as it already came out in the PMI exercise then go on to scenario 2)

12.30 - LUNCH

1.00 - Future of the Networks Exercise cont'd….(Small groups)

2) The ideal but constrained network: i.e. if they could change things internally; a one-time injection of cash was given as a set up fund but running costs stayed the same; other stakeholders (e.g. members, NHS Institute, other networks, etc.) do not change (E.g. their behaviour or attitudes towards the network or their ways of doing things, etc.); and no science fiction allowed (i.e. must be technically possible).

3) The ideal unconstrained network: but still no extra resources; but people would change their behaviour towards the network; How would the network be better.

1.40 - Comparison of the 3 scenarios, particularly (2 and 3).
(a) How different are Scenarios 2 and 3?
(b) What are the constraints preventing scenario 3 being achieved?
(c) How certain are we that these are real constraints?
(d) How could we test this?
(e) How might we address the constraints?

2.00 – Coffee

2.15 – Linkages Exercise
1) What are the current linkages (a) between the networks and (b) between the NHS Institute and the Networks
2) Options for linkages in the future between (a) the 3 networks and (b) the NHS Institute and the networks working together
(Whole Group)

2.45 - Results

2.55 – Wind up and feedback
What actions may participants take away? "Following this workshop I will….." Perhaps use a ballot box for comments?

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18 Appendix 7: Photographs from workshops

Visualising CHAIN	Visualising NHS Live
Ideal networks	**Excerpt from de Bono Pluses, Minuses and Interesting to See exercise**