

How embedded research will help us
solve the challenges faced by the NHS

Melting Pot Lunch
3 July 2020

On 3 July we met for our first embedded research Melting Pot in association with HSR UK Conference 2020. The aim of these lunches was to celebrate the close of the Embedded Research Programme and to start new conversations and encourage different perspectives on embedded research.

Our discussion focused on the kinds of challenges embedded research might help frontline services with. The session was led by Dr Liz Mear, Chief Executive of the Innovation Agency, the Academic Health Science Network for the North West Coast, and Breid O'Brien, Director of Digital Transformation at the Health Innovation Network, the Academic Health Science Network for South London.

During the session we covered

- Welcome, introductions and context setting
- Pairs discussions
- Whole group discussion
- Closing reflections

Section 1: Welcome and introductions

We started with a round of introductions. We then asked participants **‘what questions are you hoping to answer today?’**

Why isn't embedded research the norm? Will it ever be....?

What might a career as an embedded researcher look like?



Which organisations are currently employing embedded researchers in the UK? I know of a few but I'm sure there's others out there

Does the embedded evaluator face a different set of issues from the embedded researcher?



Liz and Breid started the conversation by sharing the Embedded Research animation video which was produced to support people considering a career in embedded research. The video introduces programme and highlights some of the opportunities and issues within embedded research.

Liz started the conversation on how embedded research can help tackle some the challenges faced by the NHS. From the research perspective, she shared how researchers are often driven by **academic priorities** of applying for grants and securing funding, and focus less on **applying research practically**. Liz shared examples embedded research case studies and the common drivers of **implementation** and wanting to make a **difference for patients**, but that they are not always driven by evidence. She explored the tensions between **academic rigour** and **practical relevance**, and raised questions as to whether researchers can embrace the **service impact agenda**, whether the NHS can open itself up to **change services based on research findings** and whether embedded research is a way to bridge this gap.

Breid shared her experience from the service perspective in setting up an embedded programme and the opportunity to get an evidence base for her services. She highlighted the **different views of success** from service and academic perspectives, and posed whether embedded researchers could **bridge the gap** between the commitment to improve outcomes of care, but through a research lens.

Section 2: Pairs discussions

After the topic opener we then broke participants off into two rounds of pairs discussions. In pairs, people reflected on what resonated and stood out to them from Liz and Breid's opening talk, and what questions they still had. Below are a selection of responses.

“What is the overlap between ethnography and embedded research?”

“Do researchers really want to work in non-research settings...? (It's always easier being with people like yourself - meeting other people is hard!)”

“The need to identify expectations of the role”

“All the points resonated. We discussed underpinning paradigm and working cultures and how this is important in acceptance and valuing of embedded researcher roles”

“Different priorities/measures of success for researchers and healthcare organisations. This is a major barrier of the role of embedded researchers”

“I assumed that embedded research was more standard than it is.”

“The 'labelling' of embedded. Do researchers recognise themselves as such?”

“How are people supported to speak truth to power? It it through structures such as an ARC or AHSN?”

Section 3: Group discussion

We then discussed the topic as a group, focussing on how embedded research can support the NHS and what further support embedded researchers might need. The themes of the discussion included:

- **Does the labelling of ‘embedded researcher’ really matter.** Some said that they have seen examples of this practised but have never used the term ‘embedded researcher’.
- **The degree of embeddedness.** We discussed how some researchers are more embedded than others, and some are seen as just a team member. This raised the question about whether you can have different degrees of embeddedness as a researcher.
- **Paradigm and working cultures.** We focussed on the importance of making relationships to navigate through the research and service paradigms and working cultures. Relationships are needed to see the difference between research design and impact.
- **Support.** We recognised that change is happening and there has been a cultural shift to support embedded research, support from mentors on the academic side is important in enabling researchers.

Section 4: Closing Reflections

In the final part of the session we asked participants to reflect on today's discussion and consider **'what needs to be done to take this forward?'**

"Sharing of different models of embedded researchers and case studies, raising the profile both among researchers who might be interested in these roles and organisations who might see value in them"

"More longer term funding for the roles as it takes time to set up and get running and deliver outputs /impacts. Create recognition of the impact and values of this role and how it could be scaled up."

"More awareness of what it is, how it might work and the benefits."

"Share the resources widely. I'll certainly be taking a look at the website to see what I can make use of!"



“We’ve talked quite a lot about the rationale for embedded approaches being a route to higher impact... but we haven’t actually talked about the evidence as to whether that’s true or not! Where is the best articulation (and supporting evidence!) of when embedded is superior to non-embedded approaches?”

“Greater acceptance, understanding and valuing of this way of working from funders (i.e. NIHR), rather than challenging this in grant apps”

“Ongoing conversations, sharing learning across areas, raising awareness in relation the benefits of closing the knowledge gap”

“I think for me, clarification around what are the benefits of having embedded researchers from different organisational/professional cultures, e.g. does a researcher embedded in a healthcare setting need to have a clinical background?”

Thank you

Thank you so much for taking part in the event. You can find the write up of our other Melting Pot and a range of embedded research resources on our website.