



To : **Andrée le May and John Gabbay**
From : **Tom Ling**
C.c. : **Kate Morley**
Subject : **Evaluation of Communities of Practice**
Date : **20/05/2021**

Consultation on the East of England ARC Communities of Practice – Results

Executive summary

Using an asynchronous online focus-group platform, RAND Europe investigated the experience of 20 participants from six facilitated Communities of Practice, which the ARC EoE Implementation Programme utilises to implement research. Although participants expressed subtle differences, a common expectation was that through networking, whole system thinking, and understanding the insights of other stakeholders, CoPs would make it easier to implement research findings in a system that was otherwise ‘confusing and hard to navigate’. This mostly seems to have been achieved; there was enthusiasm about how the CoPs created the opportunity to work in different ways, which seemed to contrast favourably with perceptions of how change is managed elsewhere in the health and social care systems.

The CoPs were effectively and helpfully planned and run. The facilitators mostly succeeded in ‘getting the right people in the room’, winning over sceptics, maintaining momentum, and enabling difficult improvements to be carried out when other approaches had not succeeded. As a result, the three CoPs that had reached the stage of implementing change had successfully made their desired impact on the service.

Suggestions for further enhancing the value and impact of CoPs in research implementation were:

- Ensure that membership includes *all* key people as early as possible, including engaging the wider system
- Ensure early clarity about the purpose, vocabulary and language of CoPs
- Make enough time to talk fully through the action steps, balancing that with the reflective time that CoPs allow
- Clarify the goals of the CoP early so that participants can be better aware whether or not they are achieved
- Ensure adequate communication (e.g. newsletters) during CoP ‘downtime’ when the actions planned by the CoPs are being carried out in the field
- Ensure that if and when each CoP reaches its end, it is brought to an orderly close

It is important to acknowledge that CoPs can take many forms; there is no single method of achieving success, but a key feature of these CoPs has been the active facilitation. Good facilitation was key to preserving the essential CoP characteristic of being self-governing groups with a shared passion for improvement while meeting the difficult challenge of maintaining a rhythm of learning and sense of internal momentum yet remaining connected to system priorities. Future maintenance of this ARC EoE CoP

scheme will require distillation of the benefits of the facilitated CoP method *per se* from the personal influence and skills of the facilitators.

Introduction

RAND Europe was asked in spring 2020 by Professor Andrée le May and Professor John Gabbay to conduct a workshop with Community of Practice (CoP) members to explore their experiences of engaging with a CoP. The aim was to take stock of how, and how well, the CoP approach was contributing to the aim of mobilising research knowledge with a view to facilitating the implementation of knowledge into practice. It was also hoped that the event would help identify improvements and next steps. Initial plans for a workshop had to be changed as a result of Covid and the process was delayed and subsequently moved online. As an alternative to a face-to-face workshop, an online Bulletin Board, using the VisionsLive platform, was opened from 26th March to 1st April 2021. This allowed participants to dip in and out of an online structured process of inquiry stretching over five working days (and a weekend). The structure and results are summarised in the following paragraphs. This memorandum is, in effect, a workshop summary with a short discussion. Rather than the planned workshop, the engagement was run as an asynchronous workshop. It is a memorandum and not a formal RAND Report.

A total of 20 participants who had direct experience of one of the Communities of Practice (CoP) supported through the East of England Applied Research Collaboration (ARC EoE) were invited to join the Bulletin Board. Of these, three did not log in. Two participants did log in but did not leave a message. Reasons for this were primarily (for those who did not login) because of pre-planned annual leave. A further three people engaged with the questions by email outside of the Bulletin Board. Direct quotations are in italics. We report on all these views (including email responses) below.

It should be noted at the outset that nowhere is it assumed that CoPs are suitable for addressing all challenges facing health and social care systems. However, it is an approach that is widely considered to be especially helpful in strengthening knowledge mobilisation in complex systems and working across organisational and professional boundaries.¹ CoPs are groups of people with a shared passion for improving their practice by mutual learning to develop and spread knowledge, practices and capacities. The ARC EoE CoPs were convened specifically to work on identified interventions where the implementation of research-based evidence might improve health-care practice. Although CoPs are traditionally more or less self-organising, the ones we report on here were consistently facilitated by the ARC EoE Implementation Leads; we discuss this feature below.

We began our Bulletin Board by asking what CoP members hoped to get from participating in the CoP.

¹ Garrod, Bryn and Tom Ling, System change through situated learning: Pre-evaluation of the Health Innovation Network's Communities of Practice. Santa Monica, CA: RAND Corporation, 2018.

https://www.rand.org/pubs/research_reports/RR1821.html.

Health Innovation Network. 2015. 'Patient Safety Collaborative – Cultivating Communities of Practice: A Call for Conveners - Frequently Asked Questions.'

Healthinnovationnetwork.com. As of 15 February 2018: https://healthinnovationnetwork.com/wp-content/uploads/2017/01/Cultivating_Communities_of_Practice_-_a_Call_for_Conveners_-_FAQs_v2-1.pdf

Ranmuthugala, G., Plumb, J.J., Cunningham, F.C. et al. How and why are communities of practice established in the healthcare sector? A systematic review of the literature. BMC Health Serv Res 11, 273 (2011).

<https://doi.org/10.1186/1472-6963-11-273>

What did participants hope to achieve when they joined their CoP?

Across all participants, there was a hope that the CoP would support implementation but there was some variation in how it was hoped this would be achieved. One stressed how working with others might help create a system for service users that is easier to engage with:

at the moment the system is confusing and hard to navigate...

Closely related to this was a view that participants would gain capacities: *'networking ideas and talking with others is a huge support'* and similarly, *'it was a forum where all stakeholders could discuss findings including service user representation and develop a plan'*. Another CoP member reported positively on the *'Opportunity to learn from others ... Opportunity to develop relationships with colleagues who we would be working more closely with.'*

Another view was that participating in a CoP would help identify *'practical methods and techniques of developing effective relationships with the whole community including marginalised groups'*.

For another participant it was about learning from others: *'to get a better understanding of how other communities / services deliver services'*. For another, it was specifically about aligning the work of professionals by reducing *'any inconsistencies in the use of the scale and develop a plan of what to do with the information gathered'*. One specifically mentioned the value of understanding the history of their service.

It is in the nature of CoPs that they should have some freedom to explore how to act upon the issues and concerns of a community. Behind these subtle differences of approach was a common hope or expectations that through networking, whole system thinking, and understanding the insights of other stakeholders, it would be possible to arrive at approaches that would make implementing research findings easier in a system that was otherwise 'confusing and hard to navigate'. This freedom to explore may also be associated with a set of overlapping, but not identical, expectations.

How did CoP members work together?

Unsurprisingly, most respondents mentioned that Covid had had a significant impact on how CoP members worked together.

The drawbacks have been partly attributable to covid. The pace of progress has been slowed due to the availability of all partners and a few hiccups in planning meetings. This has affected enthusiasm. As such, limitations can be attributed to relational elements and key individuals. Working remotely has compounded these effects.

One person also highlighted the drawbacks associated with using the vocabulary and language of CoPs which can be confusing. However, there was a general view that the CoPs had facilitated effective working together, and that selecting who should be a part of the CoP was important and that this had been managed well. It was also said that leadership was important, and two respondents specifically mentioned the important contribution of the skills of the facilitators (Andrée le May and John Gabbay) although there was also an understanding that leadership might come from elsewhere in the group. There was also reflection about how CoPs can fruitfully work together in different ways:

Having previously supported sustainable community development projects ... my belief that the relevance of the guiding objective/concept within the community, the quality of leadership (of some sort) in guiding activities in support of the objective, and strength of relationships established and developed within the COP, all play significant roles in enabling COP over time. And of course varied levels of complexity will impact each COP including time, scope, risks etc. Personally speaking, collaborating, learning and

developing alongside other people with completely different perspectives and open minds is the most rewarding aspect of COP. It is important to acknowledge that COP exists in many forms and that no one method of achieving COP exists - a limitation could be in believing that it does.

Planning and preparation for events was seen to be effective and helpful:

Tasks to complete before meetings very clear

There was enthusiasm for the opportunity created by CoPs to work in different ways, implicitly contrasting with how change is managed elsewhere in the health and care systems.

As I work across the sector I welcome opportunities when colleagues from the voluntary sector can come together with colleagues from statutory (more medical background) and debate our joint way forward. It is important that CoP is 'holding' this together as we have seen with many initiatives that the initial enthusiasm dies fast if the framework for change is not there.

Initial personal reflections

At the end of the first Bulletin Board session, respondents were asked for their initial reflections on their CoPs (recognising that these might change when the too the views of other CoP members into account). The distinctive way of working, highlighted in the previous section, emerges as the most common focus of initial reflections:

- *I think meeting together and having time to reflect and think through the vision/hopes for the future change is really valuable.*
- *For me the real benefit was giving the space for clinicians and managers to come together and properly think through and evaluate what was being asked of us.*
- *It felt like a very collaborative approach that ensured all people's perspectives were taken into account.*
- *It was helpful to bring together a group from different parts of the system to think together.*
- *The plus points for me are definitely around principles of sharing. Sharing expertise, experiences, and power.*
- *Still at an early stage but understand that it's not a straight path. Partnerships are complex. Building strong relationships with people and organisations over time is key. Flexibility over approach and problem solving will be a strength. Trust and confidence need to be gained at all levels. Authenticity is understood and appreciated. Theory is a good start - the outcome is most critical.*

Implicit in many responses, and explicit in one, was the view that there is a wider benefit from participating in a CoP:

This is not meant to sound flippant and maybe it's more to do with what we haven't been able to do much over the past year – but the opportunity to take the time to be in a group in a room sharing cake and biscuits and a shared purpose was very much appreciated. I certainly appreciated it at the time but maybe more so now looking back.

It was energising for the focus of the CoP but also for other areas of my work too.

This reflects the stage of development of the CoPs. There were also suggestions of barriers and risks to guard against:

1. Maintaining momentum

Limitations are that COP members may lose interest if they were not engaged and the continuity is lost between meetings.

2. Winning over the sceptics

The trick appears to be how to harness the energy and goodwill of the people in favour and to limit the potentially destructive effects of the sceptics.

3. Getting the right people in the room

The limitation from my perspective was that in retrospect there were key people missing from the group, and probably we could have done more work to map and engage the wider system to increase the impact

4. Not everyone balances reflection and action in the same way

Some of the limitations were that in both sessions so far we spent a lot of time focused on our introduction and thoughts about the future but then didn't have enough time to talk fully through next steps and actions we need to do together to progress things. The reflective time is important but I worry we are not making the most of all these partners thinking time together.

5. And, perhaps inevitably, logistics matter

The parking was difficult resulting in staggered starting of sessions which was a little bit disjointed

Further reflections on what other respondents said

After a weekend away from the Bulletin Board, respondents were asked for their reflections on what their colleagues had written. Specifically, they were asked:

- What has surprised you (if anything) about your engagement so far with your CoP? Does this resonate with the views of others?
- Do you agree with the views of others about the importance of the CoP?
- Do you agree with others about what went well and what did not?

The responses were that participants were not surprised by the views of others, that there was broad agreement that the CoP was especially valuable for addressing some issues, and there was agreement with the summary that was fed back. This summary stated:

What were your hopes?

There was a sense that the system for getting research into practice is confusing and hard to navigate. It was hoped that the CoPs would support whole system thinking and provide an understanding of the history of local efforts. CoPs might identify who to contact and provide people with the confidence they need. The CoP might support and inspire. One person thought the timing was good (but obviously others raised the problem of Covid in relation to timing). Helping identify viable ways to implement was important. There was a view that the CoP approach might be able to deliver improvement when other approaches had not succeeded.

Working together

For some it is a little too early to say but overall, John and Andrée were seen to be skilful and helpful in helping collaborative working. It was also noted that there was a good choice of members of the CoP. Drawbacks were that sometimes the language of CoPs could be confusing (although it seems this was quickly resolved) and (not surprisingly) Covid.

Reflections

Overall, it was seen to be a good start, to inspire improvement, and sharing expectations, experiences and power was seen to add value. There was a little concern that there was too much time spent reflecting rather than doing and the question of ensuring continuity was also raised. Separating out what worked because it was a CoP from what worked because of John and Andrée was difficult. It was '...a pleasure to work with all those involved...'.

Participants responded, writing:

I think my views resonate with others and agree that COP does rely on the facilitators so separating out what worked as a COP as opposed to John and Andree expertise is tricky.

I would agree with the views summarised here. I expect that the success of the community of practice is around having sufficient political support and having a critical mass within the community of practice. I think that although John and Andree are great facilitators, the success of the community of practice is also about the process that they follow

What is the alternative? Top down – doesn't work; NICE guidelines – not always successfully implemented

Looking Forward and final thoughts

In the final stage of the Bulletin Board, participants were asked to comment on four questions:

- How would you change the way the CoP worked?
- What was best about how it worked?
- What was the worst thing about it?
- Would you use this method again to implement research-based improvements to your service? (if so why, if not why not?)

Overall participants viewed the CoP as a positive experience, well-facilitated and there was an appreciation of the fluid and organic approach to running it. It was an experience which many would happily repeat. It was seen to be especially helpful when working across organisational or disciplinary boundaries:

I thought the CoP was ideally suited for implementing a multi-disciplinary intervention that had already shown promise and that had some research behind it.

In situations where the project/research findings cut across professional boundaries a CoP process may be useful in ensuring that all views are heard and taken into account when moving forward with the project

I think that CoP could be really helpful in some of the multi-agency service innovations that we are involved in as I think that the process helps people dream but also be creative in their ways of working.

One area for improvement commonly noted (5 out of 8 responses) was that the destination and end-point of the CoP was not clear and therefore it was not possible to see whether or not outcomes had been achieved.

The 'end' point in that respect is when it's able to sustain itself because the people attending see value in meeting.

I think that having a clear shared vision of what the CoP is trying to achieve would help alleviate this feeling.

Another small minority was concerned about ensuring the right people participated in the event and that (especially because of zoom) all voices were heard. It was suggested that there should be a general check-list of stakeholders to ensure that people were not accidentally missed.

...we did some mapping in setting up the CoP which was really helpful - i think that the systems that we work in are complex and that it would take a group of people with local knowledge to identify who needs to be in the room.

A final minority view was that the language of a CoP can be off-putting. This might be ameliorated by having more interactions (such as the Bulletin Board described here).

In terms of looking forward, there was also a view that the role of the facilitators had been critical to success and therefore it was unclear whether the CoPs could thrive without them:

When you can see group dynamics on the cusp of turning negative - it takes skill to bring it back. The facilitator role is crucial. Time will tell if we can do it without A & J.

However, there was also a view that CoPs had learned from the facilitators and there were opportunities to take this forward:

Yes there is the opportunity for self leadership but it was observing John and Andree and learning from them that I found most useful. However I would now feel more confident if I was asked to facilitate a meeting myself.

...we'll each have to develop our own style.

However, there were pressures of time that would be a constraint:

I have found the meetings helpful and the ethos of the CoP's is a model that I can see could be adopted for a vast amount of projects. I have many ideas but getting myself caught up in the timings etc

And securing funding to help with this might prove challenging:

However, I can't imagine LAs or NHS paying for it?

It was fine in this CoP as we had money but I wonder whether others need more 'buy in' from eg Director of Social Services

Providing other teams with a brief summary of how CoPs work and what they do might help secure wider support:

a brief summary of the process may be helpful to identify areas of good practice and where things could be improved in the future.

Unsurprisingly, Covid was seen to have had a negative impact and its persistence would be relevant to any future CoPs.

Discussion

Over twenty people engaged with the Bulletin Board. This is sufficiently large to provide meaningful information given their direct experience of participating in a CoP. We cannot know how representative they were but the very high level of agreement and consensus shown in their responses, reinforced by agreeing strongly with others' comments when asked, suggests that the views identified in the memorandum capture the experiences of many CoP members. In this discussion, we consider these responses in the light of the wider evidence about CoPs.

The views expressed in the Bulletin Board of what CoPs do well are firmly in line with some of the wider research and areas of congruency can be summarised as:

- **Strengthening learning and reinforcing the capacity to act on lessons learned**

Communities of practice resonate with health care professionals as they promise to foster mutual learning and knowledge sharing building on the affinities which stem from sharing the same work. The idea of communities of practice has thus achieved widespread currency internationally, both as tools for understanding how learning unfolds in health care settings and as a tool for promoting knowledge transfer and sharing, with studies on interventions reported in Australia, Canada, Denmark, the UK and the US...²

- **Facilitating multi-professional information and knowledge sharing³**
- **Contributing to achieving better ways of working, to deliver high-quality care within constrained budgets, by improving productivity⁴**

However, the idea that CoPs could or should be self-organising and self-led (a view often naively attributed to Wenger and colleagues <https://wenger-trayner.com/introduction-to-communities-of-practice/>⁵) was not supported by the views expressed in our Bulletin Board. The need for facilitation and support was not only recognised but warmly welcomed. This suggests that we should at least modify the views of the South London Health Innovation Network who, in 2015, stated:

Communities of Practice (CoPs) are self-organising and self-governing groups of people who share a passion for the domain of what they do and strive to be better practitioners. They pursue a shared learning agenda and they create value for their members and stakeholders through developing and spreading new knowledge, practices, capabilities and organisational capacity. They create knowledge networks across professional and hierarchical boundaries, and access the intelligence that is everywhere in the system.⁶

Indeed, maintaining a rhythm of learning and a sense of momentum was regarded as important and challenging, requiring active facilitation. This speaks to a tension in how CoPs might remain connected to system priorities, be well-facilitated, and yet maintain the essential characteristic of self-governing groups with a shared passion for improvement.

Elsewhere the author of this memorandum has discussed the four pillars of successful CoPs as involving

² Nicolini, D., H. Scarbrough, & J. Gracheva. 2016. 'Communities of Practice and Situated Learning in Health Care.' In The Oxford Handbook of Health Care Management, edited by E. Ferlie, K. Montgomery, & A.R. Pedersen, 255–278. Oxford University Press.

³ Richardson, S. 2016. 'Joining It Up: Multi-professional information sharing.' In: Developing Multiprofessional Teamwork in Integrated Children's Services, edited by N. Frost & M. Robinson, 125–39. Maidenhead: Open University Press with McGraw-Hill Education

⁴ Ranmuthugala, G., J.J. Plumb, F.C. Cunningham, A. Georgiou, J.I. Westbrook, & J. Braithwaite. 2011. 'How and Why Are Communities of Practice Established in the Healthcare Sector? A systematic review of the literature.' BMC Health Services Research 11(1): 273

⁵ Wenger, E. 2010. 'Communities of Practice and Social Learning Systems: The career of a concept.' Social Learning Systems and Communities of Practice 3: 179–98. 53 Wenger, E., R.A. McDermott, & W. Snyder. 2002. Cultivating Communities of Practice: A guide to managing knowledge. Harvard Business Press. Wenger, E.C. & W.M. Snyder. 2000. 'Communities of Practice: The Organizational Frontier.' Harvard Business Review January–February 2000: 139–146

⁶ Health Innovation Network. 2015. 'Patient Safety Collaborative – Cultivating Communities of Practice: A Call for Conveners - Frequently Asked Questions.' Healthinnovationnetwork.com. As of 15 February 2018: https://healthinnovationnetwork.com/wp-content/uploads/2017/01/Cultivating_Communities_of_Practice_-_a_Call_for_Conveners_-_FAQs_v2-1.pdf

1. Maintaining momentum
2. Achieving and demonstrating progress and added value
3. Sustaining a rhythm of learning
4. Nurturing adherence to culture and principles⁷

The short timescales, and the disruptive context of Covid 19, mean that at the time of this consultation, there had been limited opportunities for the CoPs to fully mature. However, they provide a basis for believing that these four pillars are strengthening. These might be strengthened further in future. If achieving such strengthening were not achievable, consideration should be given to bringing the CoPs to an orderly end.

CoPs have been well received and members feel they have been supported and inspired by each other and by the work of the CoP facilitators. The CoPs have been seen to be most effective in bringing people together (notwithstanding the acknowledged general difficulties of finding times to meet and the more specific challenge of Covid). Furthermore, wider inquiry (not captured in the Bulletin Board) revealed that one CoP met once (just before the first lockdown) and as a result of this meeting a whole new multidisciplinary training programme is being developed and should be launched to be used by staff and public later in this year. (Personal communication: M Martin). Another – in just three meetings over four months – ran and evaluated a pilot that prevented the ‘required’ roll out of a community care-plan scheme that hadn't been well tested and wasn't quite fit for purpose. “...I think we saved some wasted effort and disillusionment!” (Personal communication, M Buswell). And a third – also after just three meetings over 6 months – directly led to the development of a service for which a recent budget-impact report stated:

“We estimate with annual funding of £350K, the PBS team successfully supporting YP [young people with severe challenging behaviours] to remain at or close to home leads to annual cost savings of £1.7-2.5 million by its fourth year (assuming half of YP supported would otherwise be placed out of area). ..[...]... In addition to the cost savings, being supported at or close to home is almost always preferable to the YP and their families.”⁸

Endnote – using a Bulletin Board

Respondents were invited to pass on their views by email on using a Bulletin Board to feed back and reflect. Four respondents replied to this.

One person had difficulties receiving reminders but, ‘Having done it once I would be a bit braver about having interactive, shorter chunks’. Others said:

It was easy to use and the flexibility over days to complete was also good. It was interesting to see others comments and the way the questions are structured as the process evolves. It feels like a lean way of

⁷ Garrod, Bryn and Tom Ling, System change through situated learning: Pre-evaluation of the Health Innovation Network's Communities of Practice. Santa Monica, CA: RAND Corporation, 2018.
https://www.rand.org/pubs/research_reports/RR1821.html.

⁸ Casson R, Wagner AP, Clare ICH: *The Positive Behaviour Support (PBS) team provides a cost-efficient alternative to out of area residential placements*. Report to Peterborough City Council and Cambridge City Council (2021)



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evaluating as the questions are written in real time according to the priorities and feedback from the group. I would be happy to participate in a bulletin board again.

I liked it, especially being able to read what other wrote.

I thought that was a great way of doing things. Chunking it up and sharing feedback only with contributors was a good motivator!

From the point of view of the person running the Bulletin Board, having used this once I would also be 'braver' about using the opportunities for voting, and using images and diagrams.