Policy Implementation – Challenges Faced and Lessons Learned
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In this article Reshma shares her experience of implementing a UK wide policy in the NHS. Reshma talks about the pitfalls as well as the successes, and the importance of including all stakeholders in the process. Many of the lessons she has learnt can be adapted for use across various business sectors.
Introduction

This article shares some of the challenges and lessons learned in my experience of implementing a national policy across the public sector in Wales, including other academic and third sector stakeholders. I hope that the learning that I gained from the ongoing experience of policy implementation can help others in a similar situation and generate discussion and further learning on this area.

Background:

I am employed by the NHS and work for an organisation funded by Welsh Government, whose purpose is to facilitate the generation, set up and delivery of high quality research in the NHS in Wales. My particular role, which I started in 2013, was to implement a UK wide policy in Wales. The policy provides a framework where researchers applying for grant funds through charities (e.g. the Medical Research Council, Cancer Research UK, British Heart Foundation, amongst many more) are guided in terms of which aspects of their study the research grant should cover, and what NHS budgets should cover. This ensures that all parties are appropriately funding the research, delivering value for money for all involved.

Across the UK, the governments have provided ring fenced budgets specifically to cover costs associated with non-commercial research in the NHS. This means that any activities that require support from the NHS for these studies, that aren’t already part of the standard care pathway a patient would receive, are covered by non-clinical NHS research budgets. The principle is that the NHS is committed to research as ‘part of core business, but that this should be at least cost neutral.

All research studies involving the NHS are rigorously reviewed to ensure that the risks associated with them are outweighed by the benefits and that all aspects of the research study are made clear to potential participants approached to take part, who must give informed consent. Studies are reviewed by Research Ethics Committees before being allowed to proceed. Drug studies also require Medicines and Healthcare Products Regulatory Agency (MHRA) approval. In addition to this, each NHS organisation’s Research and Development (R&D) department will assess the study locally to confirm that they have the resources required to deliver the study and that all risks have already been identified and where possible, mitigated.

The policy I am tasked with implementing is called ‘Attributing the Costs associated with Health and Social Care Research and Development’ (abbreviated, thankfully, to AcoRD). This link will take you to the document for Wales for anyone who is interested in more information.

The policy implementation aspect of my role formed my Evidence Based Initiative for my final year of the MBA, which provided a reflective and thoughtful platform to approach this in a structured way and with the support of tutors and peers as sounding boards. However, challenges remained and these, in some instances, have proved difficult, causing delays and resulting in the need to shift my thinking and taking different paths along the way.

Key Challenges Faced

I faced a number of challenges, detailed below, in terms of policy implementation and in some respects, am still battling with a few of these aspects.
• **What does “implementation” actually mean?**

It was interesting to think about what policy implementation actually meant, but more importantly, how I would know when the implementation had actually happened. This formed part of defining the success measures of the project. The challenge was that the policy provides guidelines on how activities in research studies should be categorised, which is difficult to create quantitative measures for.

Ultimately, it was agreed that the project sponsor wanted assurance that the policy was being used and applied correctly and consistently. In order to try to address this, the application of AcoRD was added to the Key Indicators for the NHS organisations and formed part of the annual reporting requirements from the organisations to Welsh Government, in order to demonstrate how they used their funding.

However, this is not by any means robust quantitative data that clearly demonstrates implementation, but it does given a sense of how much the policy is being used and applied. The lesson here was that deliverables are not always easy to quantify and define. However, as long as the project sponsor is clear what outcomes are required, pragmatic approaches can be taken.

• **Terminology and language**

The term "costing" a project is widely used when talking about identifying the activities in the research, categorising it and then applying a price to the activity. I learned very quickly that this term was used to mean different things by different people. For my project sponsors and myself, focused on the use of the policy, it was very much about the categorising of activities (the very first step). However, it became very apparent that whilst some were coming from the same place, others meant the pricing of activities/items, particularly where finance departments in the NHS organisations or universities were involved.

This became apparent in conversations when the purpose of the policy seemed unclear to individuals I was talking to. A lesson learned was to clarify exactly what the policy was for at the beginning of any discussion about the policy – something I do systematically each time I speak to someone new about it. Defining what I mean by a specific term has also been helpful in other conversations and is a helpful way to understand the narrative of those I am working with, which will impact on their perspective and understanding of terminology.

• **Working with narrative**

Ramsey (2005) talks about narrative, that each person you speak to brings with them their own experiences and version of events. This rang very true for me and became apparent during my stakeholder mapping exercise, where I missed out the importance of a particular organisation and their teams in the use of the policy, because those I spoke to did not think that this was something they were involved in and therefore had not mentioned them. As I was new to the structure operating in Wales, I had no other context to work with and this meant my stakeholder mapping exercise had missed a key stakeholder – not a great start! There was a real risk of alienating that particular stakeholder group, as I was meeting with all other stakeholders to talk to them about their use of the policy and what help they required to support them implement it at a local level. I approached them as
soon as I realised what had happened and set up meetings. A potential strain on relations was averted. This highlights the importance of being fully aware that in any scoping work or discussions, narrative and perspective of the people you are talking to can have a real impact in the decisions you arrive at and can determine what course of action is taken – and sometimes risks creating tensions that aren’t conducive to progress. The lesson here for me is to cast my net as wide as possible in any other scoping work, to ensure I gain a number of perspectives on the topic at hand.

Successes

Although I faced a number of challenges, reflection, determination and support from my colleagues and manager has meant that I managed to overcome most of them. I am often guilty of focusing on what remains to be achieved, rather than celebrating successes so far, so this is a great opportunity to share what has worked well.

- **Making policy “real”**

One of the first steps in implementation was determining the current state of affairs when I started my role. Meeting with key stakeholders, it was clear that the policy’s purpose and importance in terms of the impact on the organisation had not been recognised. As such, no real efforts at implementation had been made – 90% of the organisations had not implemented the policy, nor did they have clear plans to do so. By changing tact in any discussions I had with individuals about the policy, I started by discussing why it was relevant to them and this then lead to further discussions about how implementation could be supported. The understanding of the impact and raison d’être of the policy made a real difference in the productivity of those conversations and helped generate discussions with the stakeholders on the kind of support they might need to implement the policy in their organisation.

I now use this principle in all discussions that I have about the policy, including presentations and talks, and it has served well in terms of the audience appreciating the real purpose of the policy.

- **Training**

In early discussions, the majority of stakeholders stated that training on the policy would be really helpful. To support the approach of ensuring that the policy importance and impact was made clear, I developed an interactive and case study based training, in consultation with colleagues, as mentioned before. I included exercises asking attendees at the training to discuss why the policy was important from the perspective of the researcher, NHS organisations, funders and patients and the public. This exercise proved powerful in setting the context for the training and feedback has been positive. The program developed is now also being used in England and Northern Ireland.

Applying the policy guidelines to real research studies also proved effective and attendees fed back that this was the most helpful part of the training. This has reinforced my view that confirmed that making a policy real to people is a key facilitator for implementation.
• **The power of people**

There are two aspects to this – building strong working relationships and valuing people’s skills and knowledge – both of these proved really important factors in the journey of implementation of policy.

I have been really well supported by the project sponsor and my line manager. This support has been invaluable and I have felt supported, trusted and valued, which has in turn meant that I have been able to undertake this task with confidence. I have also been well supported by key stakeholder groups and this has provided an environment for implementation where, to some extent, groups have been happy to try new approaches. In some instances, there has been more hesitation than others, but overall the response has been positive.

I was very conscious from the very start of the process that ultimately, it would be people implementing the policy, using the guidelines and setting up the necessary processes required by their individual organisations to ensure that the policy was being used appropriately. A number of individuals were clearly very keen to get involved and to ensure that the policy was implemented in their organisation. Others were already au fait with the policy and as such, I found that consultation and engagement with other individuals, who also shared an expertise and interest in the area facilitated the process. Wherever possible, I invited input into initiatives to drive implementation. The training package, for example, was developed initially, with key stakeholder groups invited to a trial run of the session, providing their input, which then shaped the final package. This was invaluable to me as it provided me with a group that could sense check what I was developing and proposing, as well as being voices of support during challenging times.

• **Providing tools wherever possible to make people’s lives easier**

A key challenge with policy implementation is maintaining consistency across organisations. This is key with AcoRD, as the guidelines have been agreed by UK governments and charity funders and apply to the whole of the UK. Therefore, in the implementation process, finding a way to avoid interpretation and translation of the policy was important.

As a result, I produced operational guidance documentation on a number of aspects of the policy, for example detailing what specific budgets cover under the policy and how this is connected, as well as providing specific examples of activities likely to fit that category. Feedback received has been that the documentation is very helpful and provides clarity on the use of funding.

Currently, work is also in progress to develop a template spreadsheet that will be used by researchers or NHS organisations or any other individual planning research in the NHS. This template sets out common activities seen in research and provides automatic categorisation of the activity based on the user selecting specific options. The initial demonstration of an early pilot version was very positively received by stakeholder groups and I hope that the full version will shortly be ready for release as a consultation in use tool for categorisation. It aims to reduce workload for the user, but also increase consistency in the use of the policy.
Things I tried that didn’t work as well

- **Communities of practice**

  One particular approach that I spent a considerable amount of time on was thinking about forming some sort of “community of practice” (Wenger 2000) for those who should/ would be using the policy for research within their organisations. As no existing meetings of these stakeholders existed, which might be used as a basis for a community of practice, I decided to attempt an online forum drawing in key individuals from representative organisations. I opted for online to provide a quick way to start and hold discussions, as many of our stakeholders are in very busy roles and holding meetings would not be the best use of time.

  The idea was put to the stakeholder group and was welcomed. I set up the forum and waited to see what kinds of discussions would be raised. However, unfortunately, despite my best efforts, communication has been one way (me to the group) and individuals, despite encouragement, have never started a discussion on the forum. An item on my to do list is to explore why this is the case and why this hasn’t worked, particularly when I know that similar forums across the UK are more successful. It seems from preliminary conversations with individual members of the group that it is easier to just contact me and get the answer than necessarily looking for a discussion on the topic…so perhaps having an “expert” on hand limits the need or is not conducive to having a forum or community of practice – however, I would still like to delve into this further. I am also conscious, however, that there is something to be said for knowing when to stop pushing initiatives or approaches that demonstrate little value to stakeholders.

**Conclusion**

The road to policy implementation is a long one. It has been challenging, but it is encouraging to see that the level of expertise within stakeholder groups has increased from the initial levels, as borne out in the complexity of queries that are coming through now, compared to the more ‘basic’ queries that were being raised a couple of years ago.

A key factor remains measuring/qualifying when the policy has been implemented, which I need to reflect on further.

I hope that some of these lessons are helpful and if anyone is facing policy implementation at the moment, I would welcome a discussion about the challenges that you have faced and if they are similar to my journey thus far.
References:


2. Wenger, E n.d., 'Communities of practice and social learning systems', Organization, 7, 2, pp. 225-246