

Ready, Set, Implement!

Mobilising Primary Care to prepare for the adoption of new non-invasive Pancreatic Cancer tests

Patrick Kierkegaard, PhD



CANCER
RESEARCH
UK

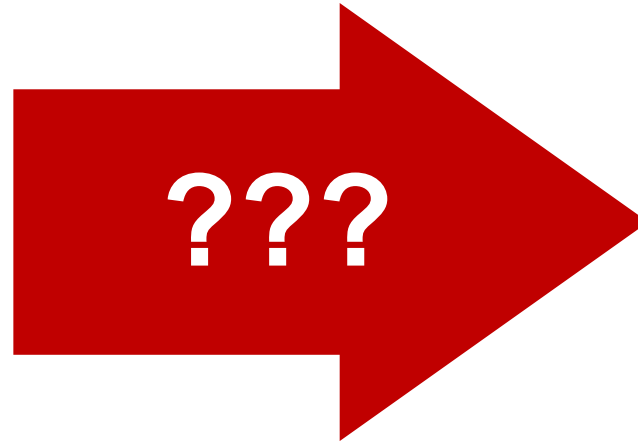
Convergence
Science
Centre

Imperial College
London

ICR The Institute of
Cancer Research

13 February 2024

Translation is not linear



Alarming trend!

10-25 Years for
innovations to
research clinical
practice

<5% of all life
science
discoveries lead to
change in clinical
practice

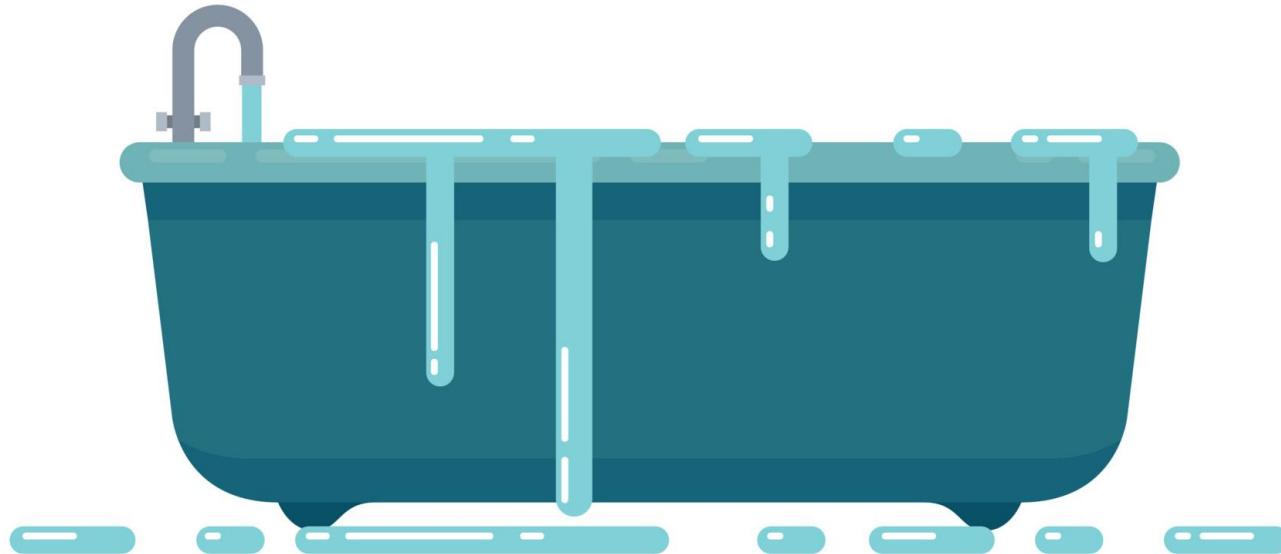
14% of original
research benefits
patients

Pressures in general practice

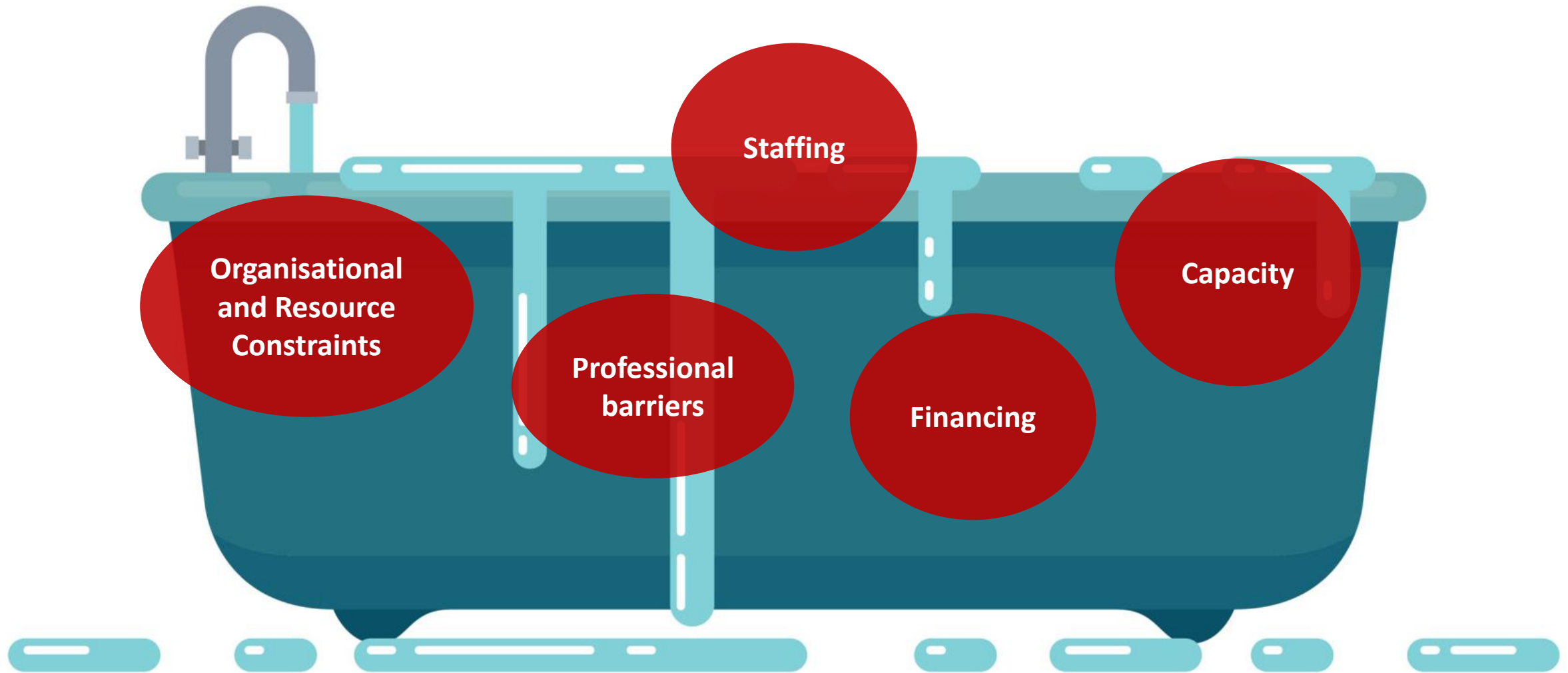
31.9 million appointments delivered by Practices and Primary Care Networks in November 2023

The NHS has lost the equivalent of 1,877 full-time fully qualified GPs since 2015.

18% increase of patients per full-time GP since September 2015

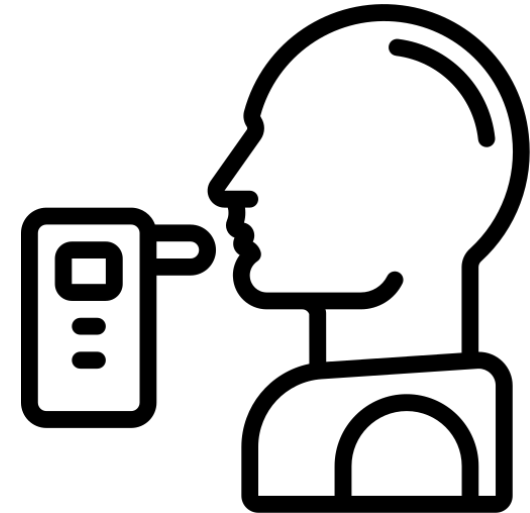


Multifactorial challenges



Anticipating Implementation Complexities

- How **'ready'** are GPs surgeries to adopt and offer new non-invasive PDAC tests to support Early Detection?
- Different tests introduce different challenges



What are we doing about it?

A Readiness Assessment and Optimisation Toolkit

- Structured approach to **preparing** for and **implementing** change
- Rubric instrument and recommended implementation guidelines.
- **Assess** and **Build** Readiness
- Ensuring that innovations are adopted efficiently, effectively, and sustainably



An Implementation Science Approach

- Implementation science seeks to **close the gap** between **evidence** and **routine practice** for health in real-world contexts.
- A systematic, scientific approach to ask and answer questions about how to get '**what works**' to people who need it with greater speed, fidelity, efficiency, and relevant coverage



How?

Frameworks provide theoretical guidance for how to conceptualise determinants of implementation, plan interventions, or evaluate implementation

Consolidated Framework for Implementation Research (CFIR)

- A systematic approach to examining the complex components of implementation processes in order to meaningfully translate theoretical approaches to practice

Wandersman's Readiness Building System

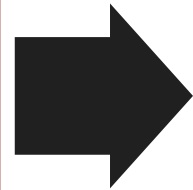
- Readiness is not merely the presence of **resources** but involves **active preparation** and **capacity building** to implement change effectively.
- Targeted Improvement Strategies



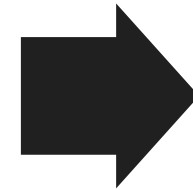
$$R = MC^2$$

How would this work?

The rubric instrument scores the different dimensions that reflect readiness



Weighted Scoring System



Wandersman's Readiness Building System is used to address low scoring priority areas

Conceptual Example

CFIR Domain	Dimension	Description	Weighting	Score (1-5)	Weighted Score
Intervention Characteristics	Relative Advantage	Whether the test offers a clear benefit in early detection rates compared to their current methods.	5	4	20
Intervention Characteristics	Cost	Financial feasibility taking into account reimbursement rates and practice's budget constraints.	3	3	9
Outer Setting	Patient Needs and Resources	Alignment with the diverse health needs of the local population and the surgery's capacity to meet these needs with the new test.	4	5	20
Inner Setting	Staffing and Capacity	The existing staffing levels and their capability to manage the increased workload brought about by the new test.	5	2	10
Characteristics of Individuals	Knowledge and Beliefs about the Intervention	Staff's knowledge about the test, its application, and perceived efficacy, based on NHS and clinical guidelines.	4	3	12

1. Not Ready. Major readiness barriers exist; significant improvements needed.

2. Slightly Ready: Some readiness elements in place but with substantial gaps.

3. Moderately Ready: Adequate readiness with noticeable areas for improvement.

4. Very Ready: Strong readiness, minor improvements could enhance efficiency.

5. Fully Ready: Optimal readiness, all conditions met for successful adoption.

Readiness Building – Targeted Strategies

Dimension	Weighted Score	Wanderman’s Component	Subcomponent	Strategy	Priority (Urgency)
Staffing and Capacity	10	General Capacity	Staff Capacity	GP Federations and PCNs can facilitate shared staffing models, reducing individual practice burdens. Advocacy for policy support from NHS England and ICBs to enhance staffing flexibility	5
Implementation Process	10	Innovation-Specific Capacity	Inter-organizational Relationships	PCNs and GP Federations to offer implementation planning support and share best practices. ICBs could coordinate training resources and manage rollout schedules.	4

Expression of interest?

Add your voice to the conversation!

- Our intention is to interview GPs, Practice Managers, and other key individuals.
- Join the focus groups to contribute to the development and enhancement of the toolkit.

Email: P.Kierkegaard@imperial.ac.uk



Funder: Pancreatic Cancer UK Research Team

- Prof. Azeem Majeed (ICL)
- Prof. Tatjana Crnogorac-Jurcevic (QMUL)
- Prof. Stephen Pereira (UCL)
- Dr Brian Nicholson (Oxford)
- Dr David Mummery (ICL)
- Patient Advisory Committee



Imperial College
London



Thank you!

 P.Kierkegaard@imperial.ac.uk
 @PatKierkegaard
 www.imperial.ac.uk/people/p.kierkegaard