In 1999, England’s Department of Health set up an organization to produce knowledge the National Health Service (NHS) could use to improve the organization, management, and delivery of its health services. Allen et al. describe what this young organization learned during its first five years of operation about producing high-quality, useful knowledge. This article describes how the Service Delivery and Organization Research and Development Programme (SDO) developed ways to commission and communicate research that potential users want and can use.

**Four difficulties that get in the way of knowledge transfer**

Recent knowledge transfer theory and practice reveal four common obstacles to the use of scientific research by decision makers:

- the research question is not pertinent to practice;
- the research is not timely;
- the research is not communicated in a way that is relevant to them; and
- day-to-day management pressures trump the use of research-based evidence in decision-making.

**Modes of knowledge creation**

The SDO’s goal is to provide NHS managers, practitioners, and users with useful information. Useful information includes two kinds of knowledge production: knowledge that is discipline-based and motivated by a desire to be published in academic journals; and knowledge that is created to solve a problem in healthcare practice and delivery. SDO managers have decided that to produce high-quality evidence, the research they commission must strike a balance between the two.

**Solutions and strategies**

During its first five years of operation, SDO discovered some effective solutions and strategies that Allen et al. describe under four headings.

**Priority-setting:**

SDO set out to identify where research investments were most likely to improve service delivery and organization. Its three-part process includes 1) bi-annual focus groups with policy makers, researchers, practitioners, and users; 2) requests from policy leads in the Department of Health; and 3) a forum made up of the chief executives of key
healthcare providers (NHS trusts). This forum meets twice a year to create a wish list of research questions and hear the research-based answers to previous questions.

**Keeping links and information exchanges alive:**
SDO works to maintain a policy community of both researchers and decision makers. Its board includes academics and decision makers, and each research project it funds is assigned a commissioning group made up of researchers, policy makers, managers, users, and clinical staff. These networks provide venues for information exchanges, critical to the goal of getting research used.

**Timeliness of research:**
One strategy SDO finds speeds up the research process is to insist existing evidence is reviewed before a new study is commissioned. As a result, the group commissions literature reviews, many of which have been widely used.

**Communicating findings:**
Recognizing that academic articles seldom make for good communication to non-academic groups, SDO commissions communication experts to produce written and electronic briefing papers and learning tools of various kinds to communicate research findings. SDO also works to link decision makers and researchers through forums and networks.

**Knowledge brokers**
Within the NHS, the Institute for Innovation and Improvement acts as a professional knowledge broker by making research findings as accessible as possible. SDO uses the expertise of the institute to broker its research results, as well as NHS networks, which maintains the NHS’ “network of networks,” to reach the widest possible audience.

**Conclusion**
The authors argue effective strategies for improving the use of research lie in producers and users understanding each other’s worlds. The theme running throughout this case study is the importance of knowledge producers and users talking to each other early and often.

**Reference**

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