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**NIHR ARC Wessex Implementation Assessment Checklist**

**Project title:**

**NIHR ARC Wessex Theme:**

**Date Completed:**

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| **DOMAIN 1: STUDY OUTPUTS**Consider the outputs of the research project that will be generated and anticipated timelines for implementation. N.B. Please ensure you provide evidence to support your responses. |
|  | **Agree**  | **Disagree** | **Don’t know** | **Examples/Evidence to support response**  |
|  | The output of the project is to develop an intervention/process/solution/evidence/policy contribution/tool/guidelines to be implemented. *Prompt: What is the output(s)?* |  |  |  |  |
| Timelines to implementation are realistic and achievable within the lifetime of ARC Wessex. *Prompt: What are the expected timelines?* |  |  |  |  |
| **DOMAIN 2: FIT WITH HEALTH AND CARE SYSTEMS**Consider how implementation will address gaps in health and care delivery and provision, what the incentives are to implement, how implementation may change current ways of working and what the impetus is to make this change, and any challenges that may arise as a result of implementation. Also, what the value of implementation is to different groups within the system. N.B. Please ensure you provide evidence to support your responses. |
|  | **Agree**  | **Disagree** | **Don’t know** | **Examples/Evidence to support response** |
|  | The intervention/process/solution/evidence/policy contribution/tool/guidelines fits with the evolving needs of the health and social care systems. *Prompt: What are the examples of specific local/regional national directives i.e. HIOW ICS /Dorset ICS/NHS Long Term Plan?* |  |  |  |  |
| The intervention/process/solution/evidence/policycontribution/tool/guidelines is locally relevant and actionable.*Prompt****:*** *What is the evidence to support this? Has consideration been given to who will lead implementation – has a named Implementation Champion been identified? What guidelines/policies/processes will need to be put in place to support implementation?* |  |  |  |  |
| Implementation will fit with existing ways of working, including professional roles and responsibilities/pathways.*Prompt: How has/will this been determined?*  |  |  |  |  |
| Consideration has been given to how implementation might compete with other implementation/improvement work currently or that has taken place recently.*Prompt:**How will the work be identified? How will the impact of implementation be assessed?* |  |  |  |  |
| Consideration has been given to the impact of implementation on existing systems and how any adverse effects could be mitigated against.*Prompt: How has the impact of implementation been evaluated and what actions will be in place to manage any adverse effects?* |  |  |  |  |
|  | Resources have been identified to support implementation.*Prompt: What resources are needed to support implementation e.g. training and education to engage and raise awareness; communication strategies; practical resources; dissemination resources? Who will be responsible for these?* |  |  |  |  |
|  | Implementation will be of value to local, regional and national partners.*Prompt: What is the current value to users (patients/families/clinicians); health/social care organisations; healthcare system? Is value likely to change?* |  |  |  |  |
| **DOMAIN 3: ALIGNMENT WITH HEALTH AND CARE PRIORITIES**Consider if implementation is a priority for all relevant stakeholders, will have value and benefits for local, regional and national partners, and aligns with Academic Health Science Network (AHSN) and Strategic Clinical Network (SCN) priorities, e.g. ageing and dementia. N.B. Please ensure you provide evidence to support your responses. |
|  |  | **Agree**  | **Disagree** | **Don’t know** | **Examples/Evidence to support response** |
|  | There is a need for this intervention/ process/solution/evidence/policy contribution/tool/guideline.*Prompt: What is the evidence for the need or that existing practices/policies etc. are not working?* |  |  |  |  |
|  | Implementing this intervention/ process/solution/evidence/policy contribution/tool/guideline is a priority for all local partners, including patients and the public.*Prompt:**What are the relevant priorities for partners?* |  |  |  |  |
| Implementation aligns to regional and national priorities and directives.*Prompt: What are the priorities and directives and how will they align?* |  |  |  |  |
| The intervention/ process/solution/evidence/policy contribution/tool/guideline aligns with AHSN and SCN priority areas.*Prompt: What are the priorities of these organisations and how will implementation align with them?* |  |  |  |  |
|  | **DOMAIN 4: BUY-IN AND ENGAGEMENT**Consider who needs to be engaged as part of the implementation process, routes to engagement, and how engagement will be maintained during implementation. N.B. Please ensure you provide evidence to support your responses. |
|  |  | **Agree**  | **Disagree** | **Don’t know** | **Examples/Evidence to support response** |
|  | Key stakeholders have been identified and engaged as part of co-production process *Prompt: Who needs to provide buy-in, has high-level endorsement been secured, has buy-in been achieved at other levels?* |  |  |  |  |
|  | There is indication of buy-in from organisations.*Prompt: What evidence is there for this e.g. letter of support, co-working agreement* |  |  |  |  |
|  | Implementation champions have been identified to work with project team (*this should be a non-researcher named on the project team to help “pull” the research into practice. They can be a clinician or manager, or indeed any person deemed critical to successful implementation)**Prompt: Who are the champions and do they have the drive and determination to engage others?*  |  |  |  |  |
|  | Implementation champions have clinical and systems knowledge and capacity to lay groundwork for adoption and ensure responsiveness.Prompt: *Is there shared agreement about the work needed for implementation and who will carry this out?* |  |  |  |  |
| **DOMAIN 5: OUTCOMES AND IMPACT FOR PATIENTS, CLINICIANS AND THE HEALTH AND SOCIAL CARE SYSTEM**Consider the impact implementation will have for these stakeholder groups and what measurable changes this might lead to. N.B. Please ensure you provide evidence to support your responses. |
|  |  | **Agree**  | **Disagree** | **Don’t know** | **Examples/Evidence to support response** |
|  | Implementation will impact on health, quality of care, patient safety or experience.*Prompt: What is the potential impact likely to be? What measurable changes will this lead to? What are the measures to be completed?* |  |  |  |  |
| Implementation will improve effectiveness/efficiency.*Prompt: What measurable changes will implementation lead to? Will there be any cost reductions? Are there any other measurable changes likely to result from implementation, e.g. improvements to access to care, reduction in inequalities of access* |  |  |  |  |
| Implementation will have benefits for patients, commissioners and providers and the health/social care system.*Prompt: What benefits can be identified? Will benefits be identifiable for all stakeholders?* |  |  |  |  |
| **DOMAIN 6: ADOPTION AND SPREAD**Consider aspects that could influence adoption and spread of the intervention/process both within the organisation where implementation takes places and to other health and social care organisations. Also, factors that may lead to sustainability (continued use or normalisation of the intervention) and the value of such sustainability. N.B. Please ensure you provide evidence to support your responses. |
|  |  | **Agree**  | **Disagree** | **Don’t know** | **Examples/Evidence to support response** |
|  | There is the potential for adoption within and spread beyond the organisation in which implementation will initially take place to the wider health and social care system.*Prompt: What factors are likely to influence adoption and lead to take-up beyond the initial implementation site?*  |  |  |  |  |
|  | There is potential for spread with other ARCs and national implementation structures.*Prompt: What structures have been identified, e.g. AHSNs, ICSs?* |  |  |  |  |