RtKW 13: Scaling and sustainment - making implementation last

Sustainable Mental Health Services: stakeholders' perceptions from the Mental Health Implementation Network

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Sustainability of Crew Resource Management (CRM) Training and Tools in Pediatric Hospital Care: A Multi-Method Study

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At scale from the ground up: challenges and opportunities for scaling-up proven interventions for people with multiple long-term conditions (MLTCs) in primary care

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***TravelPrEPared*: Implementing a New Service of Integrated Sexual Health Counseling for Travelers in Zurich**

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Sustainable Mental Health Services: stakeholders' perceptions from the Mental Health Implementation Network

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Research aim
Our study explores the factors and mechanisms influencing long-term sustainability of evidence-based mental health interventions implemented supra-regionally in England, using Mental Health Implementation Network (MHIN) interventions (addressing inequity, young people's mental health and alcohol addictions) as case examples.

Setting
The Network is a collaboration of service users, local communities, health and care providers, commissioners and a range of national stakeholders, including charities and local government. It is led by NIHR Applied Research Collaborations (ARC) South London, working closely with ARC East of England, with projects implemented in 6 ARCs.

Method(s)
Using a retrospective mixed-methods design, we combined quantitative NHS Portal Diagram surveys with qualitative data from focus groups and semi-structured interviews (MIHN = stakeholders = 50, MHIN partner sites = 113) conducted by peer researchers with MHIN stakeholders at four different sites (East of England, North West Coast, Yorkshire and Humber, and Greater Manchester) between 2023 and 2024. This approach allows us to examine sustainability not as a final phase but as an integral component present throughout programme development and implementation.

Key finding(s)
Our analysis builds upon established sustainability frameworks, including Shelton's Integrated Sustainability Framework and Lennox's sustainability constructs, while considering the specific organisational routines and structures within the NHS using portal diagrams. The study addresses the critical gap between theoretical sustainability models and their practical application in mental health settings, examining how interventions become embedded within organisational systems over time. We hope to finalise our analysis by May 2025.

Discussion
This research contributes to the evolving understanding of sustainability in implementation science by providing empirical evidence from real-world mental health interventions. Understanding these sustainability factors is crucial, as sustained programmes can maintain their effects over extended periods, justify organisational investments, and prevent community mistrust from discontinued initiatives. By engaging peer researchers and community partners, this study highlights adaptations that have benefitted the chosen interventions' sustainability. Our findings provide practical guidance for public health practitioners, implementers, decision-makers, and researchers in evaluating and promoting the long-term sustainability of mental health interventions within complex healthcare systems.

Challenges
One key challenge was funding. Funders often operate within a constrained funding environment, and some of the constraints, for example, around uncertainty of future funding are consistent with typical funding cycles. However, in the case of MHIN, uncertainty around funding was an important concern, considering its pressures on contracted staff.

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Sustainability of Crew Resource Management (CRM) Training and Tools in Pediatric Hospital Care: A Multi-Method Study

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Research aim
This study examined the long-term sustainability of one of the most widely used team training programs in hospitals: Crew Resource Management (CRM). While many studies focus on the initial implementation of CRM, this study offers new insights into the mechanisms that support the long-term use of CRM training and tools.

Setting
The study was conducted in three units within a tertiary hospital: Paediatric Intensive Care, Medium Care Neurology and Paediatric Thoracic Surgery. The units differed in the sustainability of CRM, ranging from 5 to 17 years. This variation provided insights into the mechanisms that facilitate/ hinder CRM sustainability over time.

Method(s)
A multi-method qualitative study design was employed to explore mechanisms influencing the long-term sustainability of CRM training and tools, such as briefings, debriefings and checklists. Data were collected through focus groups (n=4 sessions with a total of 20 participants), observations (n=64 hours) and in-depth interviews (n=24). Participants, including physicians, nurses, and support staff, were purposively selected based on their CRM experience and tenure, ensuring a diverse range of perspectives. Data were thematically analysed using an abductive approach guided by the Consolidated Framework for Sustainability Constructs in Healthcare.

Key finding(s)
Literature showed that team training programs, and in particular CRM, will most likely improve teamwork and patient safety in various hospital settings. Less is known about how the use of CRM practices (i.e. training and tools) and its positive outcomes can be sustained over time. This study highlights that possibility and importance of contingent leadership, continuous adaptation to the organisational context and tailored follow-up strategies of a standardised program for the long-term sustainability of CRM practices. Sustaining CRM practices requires commitment at multiple levels: individuals, teams, leadership and the broader organisation. Moreover, it demands repeated attention and consistent investment.

Discussion
Although CRM requires tailoring, it involves balancing standardised, evidence-based elements with customisation to address department-specific challenges (such as staff turnover or varying levels of team engagement). How do we quantify the balancing act between evidence-based programs and their tailoring to increasing adaptation and sustainability?
These findings point to a complex landscape of barriers and facilitators on organisational, team and individual levels, in which factors can act as barriers and facilitators depending on the context. Question for the audience: How can context-sensitive strategies be developed to support the long-term integration of CRM in hospitals based on our findings?

Challenges
During this study, changes in management focus led to shifting priorities, making it challenging to maintain consistent attention and support for CRM practices (i.e., training and tools). We identified this as a relevant finding. It underscores the critical role of supportive leadership and consistent attention in sustaining CRM practices.

RtKW 300

At scale from the ground up: challenges and opportunities for scaling-up proven interventions for people with multiple long-term conditions (MLTCs) in primary care

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Research aim
Our project aimed to generate learning about implementing proven improvement interventions for people with Multiple Long-term conditions [MLTC], at scale in the context of English primary care.
Our goal was to identify what helps or hinders implementation at scale to enhance provision of care for people with MLTCs.

Setting
MLTCs affect 23% of the UK population; prevalence is rising and they are a pressing national priority. Our research setting was Primary care in England. We studied four NIHR ARC projects concerned with implementing proven interventions at scale, as they were rolled out at the same time in different regions.

Method(s)
The project adopted a theory-driven evaluation approach, using each of the four interventions as case studies to explore implementation at scale in primary care for people with multimorbidity. To build the case studies, the project team conducted qualitative research involving interviews with project teams, key stakeholders and practice staff, as well as analysing project documents. Analysis was based on the constant comparison method. We also sense-checked our findings with key stakeholders throughout the project and at an end-of-project workshop.

Key finding(s)
- Outdated technology, ongoing changes to the organisation of primary care and levels of service pressures made for a challenging setting for implementation at scale.
- Practices varied in their capacity and capability to engage with innovation/ research. There was some indication that innovation/research-ready practices were more likely to engage, indicating a potential for sampling bias and inequities arising from patchy intervention uptake.
- Implementing at-scale relied on local social processes, was helped by building trust, and working with local champions.
- Long-term sustainability is likely to depend on support beyond initial funding and an iterative approach to address real-time challenges in context.

Discussion
- How can we ensure reach and improve engagement with MLTC providers?
- The current move towards integrated, local care provision could be an opportunity for Integrated Care Boards (ICBs) and other footprint-based organisations to develop dedicated local systems/networks of innovation support. This could help ensure that the benefits of implementation/innovation are enduring: How can we better support initiatives after the initial implementation phase?

Challenges
The main challenges were participant engagement and burden, driven by external pressures affecting service provision for those with MLTCs. Key factors included ongoing strains on primary care, workforce attrition, and restructuring. These pressures made engaging healthcare professionals (HCPs) in primary care particularly difficult and necessitated contingent changes to our research approach.

RtKW 350

TravelPrEPared: Implementing a New Service of Integrated Sexual Health Counseling for Travelers in Zurich

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Research aim
This project aims to systematically develop and implement an integrated sexual health pre-travel counselling service at the University of Zurich's travel clinic (UTC). The service seeks to enhance risk awareness, improve provider-client communication, and facilitate referrals to specialised HIV/STI prevention services, including HIV Pre-Exposure Prophylaxis (PrEP).

Setting
With 30'000 consultations/year, the UTC is the largest travel clinic in Switzerland and the only World Health Organization's Collaborating Centre for Traveler's Health. Health care professionals (HCPs) offer all sorts of pretravel advice as well as vaccination and prophylactic medication e.g. against malaria.

Method(s)
A participatory practice development approach involving HCPs, travellers, and researchers was used to develop the new service, following the Intervention Mapping framework (Bartholomew, 2016). Key needs were identified through interviews with HCPs and travellers to develop a Logic Model of Change using the Theory of Change framework. Together, we designed a comprehensive patient pathway to address these needs and created supporting materials. Implementation strategies were tailored to the practical setting using the Implementation Mapping framework. Evaluation was planned, including the NoMAD questionnaire and travellers' feedback. Pilot testing informed iterative adjustments, enhancing the intervention's feasibility and acceptability.

Key finding(s)
The needs assessment identified gaps in awareness, training, procedures, and discomfort discussing sexual health among travellers and HCPs. In the Theory of Change, we mapped activities, outputs, and outcomes to improve/maintain sexual health. This resulted in a multi-level patient pathway, which delivers information, enhances risk awareness, and provides in-house STI/PrEP referrals during pre-travel consultations. Materials included a communication training manual for HCP, website information, and a video for travellers. Implementation strategies followed ERIC's clusters: "adapt and tailor to context", "train and educate stakeholders", "support clinicians", and "use evaluative & iterative strategies". Pilot data indicate feasibility, increased provider engagement and counselling confidence.

Discussion
- Implementation of a service on a stigmatised issue such as sexual health is challenging – what are key learnings in such situations (ours and those of others)?
- A Theory of Change-based multilevel approach enables testing and adaptation of interventions to meet the specific needs of travellers and health providers. Scaling these interventions is critical for broader impact: what are the key points for scaling?

Challenges
The participatory approach was time-intensive, requiring iterative stakeholder engagement to ensure alignment with clinician workflows. Overcoming initial resistance to discussing sexual health required sense-making work and repeated training and reflection. Effective integration demanded flexibility and extended timelines, but these investments were central to achieving acceptance and implementation fidelity.