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# Knowledge sharing across health and social care boundaries

## Project report



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The views expressed are those of the author and not necessarily those of the NHS, the NIHR or the Department of Health

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For more information and to download results & resources from the project visit <http://medhealth.leeds.ac.uk/mobilisinghealthandsocialcareknowledge>

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## Project background & aims

More people than ever are receiving care and support from both health and social care services, but often the care they receive is not well co-ordinated. In response many NHS and Social Care organisations have set up community-based teams of health and social care staff who work together to support people living in the local area.

These inter-professional teams have a wealth of practical knowledge, information and experience to draw on when they are trying to decide how best to support people with complex lives and needs. Sharing this knowledge can help them to come up with new and innovative ideas and solutions, especially when they are dealing with difficult situations where there are few clear or simple answers.

Although we know that sharing knowledge is important, relatively little is known about what knowledge sharing looks like in practice and what can be done to encourage better knowledge sharing. This project was designed to address this by focusing on how people working in health and social care teams share knowledge with one another and how they can be supported to do so.

## Project methods

The project began with a literature review to examine how people share practice-based knowledge with one another. This provided some useful insights for the rest of the project.

The main part of the project involved one researcher (Vicky Ward) working with a series of community-based health and social care teams in a city in the North of England to better understand how people working within the teams were sharing knowledge with each other and how their knowledge sharing could be supported.

Between October 2014 and November 2016 the researcher attended case management meetings in 5 community health and social care teams. She attended between 16 and 21 meetings over a period of 6-8 months with each team. During these meetings she made fieldnotes about the discussions which were taking place and how staff seemed to be sharing knowledge with each other. Two of the meetings with each team were also attended by a 'lay researcher' (David Woodcock and Tess Holmes) who made fieldnotes and reflected on their observations with the researcher. The lay researchers also conducted a focus group with each team.

These data (observational fieldnotes, reflections and focus groups) were analysed during a series of 3 creative analysis workshops involving members of the teams and other researchers. During the workshop participants read data from one of the teams, used creative materials to represent how knowledge was being shared and described their creations to the rest of the group.

Material from the analysis workshops was used to produce a series of [stories about knowledge sharing](#). The stories and supporting data were also used to produce general

insights about how people working in health and social care teams share knowledge which were incorporated into the stories.

In addition to observing how team members share knowledge with each other, the researcher also developed and tested a series of questions designed to facilitate knowledge sharing. These questions were based on previous research and refined following each period of data collection and analysis. The insights into knowledge sharing and questions were then used as the basis of a [toolkit for facilitating knowledge sharing within inter-professional teams](#).

## **Knowledge sharing in health and social care teams**

The work outlined above led to a series of stories about knowledge sharing. Each story represents how knowledge is shared in one of the community health and social care teams and illustrates a number of general lessons about how groups of people share knowledge. They can be [read online or downloaded here](#).

The key things that seemed to help health and social care staff to share knowledge during their case management meetings include:

- Having a shared aim (these aims included making a decision about how to deal with the situation being discussed and directly improving or changing the situation)
- Admitting unease, uncertainty and concern about the situation and exploring that uncertainty with the group
- Asking questions about how and why the situation has come about, previous decisions have been made or actions have been taken (i.e. not just asking about what has happened, been decided or done)
- Making connections between the situation being discussed and previous situations which the team has dealt with
- Being open and receptive to knowledge from various sources and willing to learn from others (including people from different backgrounds and/or with different levels of experience)
- Taking time/space to think, reflect and tell stories about the situation being discussed as well as previous situations and past experiences

## Facilitating knowledge sharing

The knowledge sharing stories (see above) show that health and social care teams encounter a range of difficulties when trying to share knowledge. Asking questions during case management meetings seemed to help overcome some of these difficulties by reminding, encouraging and helping people to share knowledge in relation to three areas (all of which have been shown to be important elements of knowledge sharing in previous research<sup>1</sup>):

- 1) Identifying the main area of concern
- 2) Identifying and sharing relevant knowledge
- 3) Considering how to access and use knowledge

The questions have been incorporated into a tool to encourage knowledge sharing and a knowledge sharing toolkit both of which can be [read online or downloaded here](#).

When they were used during case management meetings, the questions opened a space for team members to develop a shared aim, air uncertainties, make connections to previous experiences and learn from others. The questions seemed to help people to share knowledge when they were asked in a relatively unstructured, or fluid way, in response to the discussion which was taking place. Teams did not think that they should necessarily be used in a structured way and did not support their use as a 'checklist'.

Team members felt that the questions were a valuable tool to help them to think and reflect together, share their knowledge and experience and make use of that knowledge to decide how best to support people with complex lives and needs

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<sup>1</sup> [Ward V, Smith SO, House A, Hamer S. Exploring knowledge exchange: a useful framework for practice and policy. \*Social Science and Medicine\*. 2012; 74 \(3\):297-304](#)