

FACILITATOR'S NOTE

Feedback from the research workshop

Thank you for having me at Tuesday's workshop. This is what I noted as facilitator, and I've written this down for session closure purposes for CESPHN staff and the Board to consider.

Thanks also to Prof Sarah Dennis and Dr Brendan Goodger for their presentations that provided very clear background and structure for us to work with and discuss, and to Gloria for the organising and capturing the discussion during the session.

What I heard about CESPHN's role

- CESPHN's role in enabling research already was widely recognised and valued. CESPHN is seen to be doing a lot to enable research already, which is an organisational asset but needs to be tempered by resources.
- Most saw CESPHN's research role as being about setting local questions and connecting organisations/people.
- The Needs Assessment, commissioning data, and information on identified service gaps gives CESPHN a view of local priorities that no other organisation in the region has.
- This connection function still has implications for staff time, committee time, and practice goodwill.
- Any research-related activity needs to tie back to commissioning decisions and the strategic plan to make it defensible to the Commonwealth.

- The idea of taking problems to universities, instead of waiting to be approached for a request about a funding call, had strong support.

Ideas raised

- Using the Needs Assessment to set/drive research priorities to a greater extent.
- Brokerage function, matching practices/organisations with researchers and driven by CESP HN priorities.
- A primary care research network that extends across PHNs.
- A directory of researchers and their interests, but the resource demands for this to be developed and maintained was noted.
- Giving people with lived experience a say in research priority setting, question development, data collection, and interpretation, with Voices4Health as one existing mechanism.

Things I noticed as facilitator

- There was more agreement on what CESP HN should avoid rather than what to take on. Identifying 2-3 things to focus on may require more discussion to achieve agreement.
- CESP HN's data, practice relationships and staff knowledge are potentially valuable for research, which isn't as well-recognised as it could be.
- Paying consumers properly for their time and expertise is a health sector-wide problem. CESP HN may be well placed to highlight their existing good practices because they have trusting relationships with communities and existing engagement mechanisms.

Thank you for the opportunity to facilitate the discussion and I look forward to continuing to work with CESP HN.

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