

Research and Evidence Bulletin

Research and
Evidence Team
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Sharing of Outcomes of Research and Evaluation

Last year, we held a number of Research and Evaluation sharing events, focussing on the excellent work being undertaken as part of the Vanguard's programme and other key evaluations. The feedback from these was generally positive, and we are using this feedback to inform future, and innovative, ways in which we can share and spread details of work being undertaken both locally and nationally.

Holding smaller, more intimate and frequent events, allowing for improved interactivity between presenters and attendees is one of the proposals. These will be themed – so watch this space. If you have any ideas, or topics you want to know more about, please let us know.

The aim is that this bulletin will develop further to become more of a “signposting” document to further online resources and information.

Link to the NECS webpage where we are currently sharing information:

<http://www.necsu.nhs.uk/services/transformation/research-and-development>

Please feedback to the team any ideas you might have about what you would like to receive information about – and how you would prefer to receive it.



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What local evaluations for your transformations, service changes, new ways of working are you doing?

Please check the current projects list later in this bulletin to ensure that we know of all the good evaluations, to help us meet our sharing aims and for you to learn.

If you are planning a project and need support in choosing the most appropriate evaluation method, please contact the team at NECSU.RETeam@nhs.net

SAPC

The Society for Academic Primary Care (SAPC) North Conference



29th – 30th November 2018: Castle Green Hotel, Kendal



SAVE THE DATE

The next SAPC North Conference, supported by Newcastle University and the University of Sunderland has been arranged for

29th/30th November 2018

at the Castle Green Hotel in Kendal.

For more information use the link to the website:

<https://sapc.ac.uk/>

“HEAT” Study

(Heliobacter Eradication Aspirin Trial)

A study aiming to reduce the risk of stomach bleeding in aspirin users is believed to be the UK's largest interventional academic drug trial, after 30,024 patients volunteered to take part, **a number of which are in Cumbria and the North East**. The study, known as **HEAT**, was funded and supported by the National Institute for Health Research (NIHR) and closed last month after recruiting patients over a five year period. In low doses, aspirin is used as a long-term treatment to prevent heart attacks and strokes.

In addition to supporting the set-up of the study, the NIHR funded approximately 80 clinical research nurses to then recruit patients.

Last year, there were almost 17,000 hospital admissions for gastric ulcers and more than 1,850 recorded deaths for gastric and duodenal ulcers. If successful, the study will help to reduce NHS costs and improve health outcomes by reducing hospital admissions, increasing patient safety and preventing premature deaths. In total, 5,357 patients tested positive for the bacteria, known as *H. pylori*. These patients will continue to be followed up, with **results of the study expected to be published in 2020**.

For more details around this study, link to NIHR Website: <https://www.nihr.ac.uk/news/more-than-30000-aspirin-users-take-part-in-uks-largest-interventional-academic-drug-trial/7526>

NEWS – National Early Warning Score

The National Early Warning Score (NEWS) was recommended by the Royal College of Physicians (2012) as an approach for the standardisation of the identification, assessment and timely response to deteriorating inpatients in acute care services. NEWS provides a score which is associated with an escalation response; the higher the score, the more urgent the escalation. This study presents findings from the evaluation of a pilot implementation project of NEWS in care homes in Gateshead and Newcastle localities.

Evaluation of the pilot learnt about the facilitators and barriers to implementation of this health system including organisation-related issues; project-related issues; resource-related issues and staff-related issues

From the two NEWS adopter sites there were reports that use of the system had positive impacts in terms of empowerment of care staff, and communication between care home and NHS health professionals. The participants also reported that it was often difficult for them to quantify their observations but the NEWS score provided care home staff with a language with which to communicate their observations to health professionals.

The quantitative analysis suggests that an escalation in the NEWS score resulted in an escalation of outcome including potential hospital admission, however it remains unclear how the score itself influenced decision-making processes, particularly in decisions about referral to other professionals and services. This technology has the potential to support the decision-making process, speed up treatment and prevent further escalation of care.

Going forwards, collaboration between care home and NHS professionals is essential for the successful adoption of NEWS in care home. All stakeholders should acknowledge the expert knowledge and skill set that they and others bring to the process.

Whilst there were many reports of improvement in communication between care home and NHS professionals with the use of the NEWS score, further consideration should be given to adoption of a structured framework such as SBAR (situation, background, assessment; recommendation) alongside the Whzan Health System.

For more detailed information – the Final report has been published and can be accessed using the following link: <https://www.enhancedcare.org/newstechnology>

Improving Self-Management Support and Planning in COPD in Newcastle Gateshead CCG

Chronic obstructive pulmonary disease (COPD) is an irreversible condition characterised by dyspnoea, sputum purulence, and persistent coughing as a consequence of airway inflammation. Patients with COPD have an average of three acute exacerbations a year and these exacerbations are the second biggest cause of unplanned hospital admissions in the UK. Improving health-related quality of life and reducing hospital admissions are key priorities in COPD management. Effective self-management is where patients are able to monitor symptoms better when they are stable and take appropriate action when symptoms worsen. Self-management planning with patients is a recognised quality standard of the National Institute for Health and Care Excellence guidelines for patients with COPD. However the ideal format and content of self-management interventions is currently unclear.

The work outlined in this report was co-produced by the research team and practitioners from Newcastle Gateshead CCG. A number of conclusions were drawn from the report findings which have resulted in recommendations for future practices – these include;

- Self-management interventions for people with COPD improve health-related quality of life, and reduce the likelihood of visiting emergency departments. The benefits persist at one-year follow up.
- Interventions that incorporate behaviour change techniques targeting mental health are more effective than those that focus on symptom management alone. Lifestyle changes such as stop smoking, being physically active, and eating healthily can make a significant positive impact on physical health and wellbeing in patients with COPD.
- The positive impact of self-management interventions on health-related quality of life is greater in patients with severe symptoms.
- COPD is a social patterned condition and misunderstanding about the nature of the disease is common. Many patients face a burden of complex symptoms sometimes resulting in feelings of guilt, shame, frustration, depression, low mood, and helplessness and these feelings need to be considered and carefully addressed in consultations. Lack of knowledge about the disease leads many patients to develop coping strategies through 'trial and error'. Practitioners should explore with patients what kinds of adaptations and accommodations they have developed themselves, supporting any positive actions and helping to counteract any potentially harmful ones.
- To be more effective than usual care, self-management interventions for COPD should not just tackle patients' physical health but also consider their psycho-emotional and social health context. Patients' understanding of health information including advice provided should be checked and explored. Practitioners should consider signposting patients to support services within and outside the NHS and these do not to be disease-specific to support positive lifestyle changes. A clear referral and communication pathway is needed, particularly for primary care practitioners to existing services.
- Many solutions to barriers that affect COPD self-management already exist, but require better coordination and promotion (advertisement) across the different levels of care within the region.
- Shared medical appointments (SMAs) are beginning to be used for a number of chronic conditions and provide a way of enabling patients to share experiences and learn from adaptations made by others; self-management interventions delivered via a group format have been shown to be as effective as individually focused input. However, shared consultations can present logistical challenges for patients and practitioners and must be facilitated with care.

Copies of the full report can be accessed from the NECS Research and Evidence team webpage: <http://www.necsu.nhs.uk/services/transformation/research-and-development>

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Links to Associated COPD Publications

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Russell, S, et al. "Qualitative systematic review of barriers and facilitators to self-management of chronic obstructive pulmonary disease: views of patients and healthcare professionals" *npj Primary Care Respiratory Medicine* (2018) 28:2; doi:10.1038/s41533-017-0069-z
<https://www.nature.com/articles/s41533-017-0069-z>

Ogunbayo, OJ, et al. "Understanding the factors affecting self-management of COPD from the perspectives of healthcare practitioners: a qualitative study." *npj Primary Care Respiratory Medicine* (2017) 27:54; doi:10.1038/s41533-017-0054-6.
<https://www.nature.com/articles/s41533-017-0054-6>

Newham JJ, et al. "Features of self-management interventions for people with chronic obstructive pulmonary disease associated with improved health-related quality of life and reduced emergency department visits: a systematic review of reviews with meta-analysis." *International Journal of Chronic Obstructive Pulmonary Disease* (2017) 12: 1705-1720.
<https://doi.org/10.2147/COPD.S133317>

Useful Links / Other Reports Available

North East Vanguard's' Evaluation:

<http://www.necsu.nhs.uk/wp-content/uploads/2017/09/NEVE-Final-Report-September-2017.pdf>

Health Pathways :

<http://www.necsu.nhs.uk/wp-content/uploads/2017/12/Health-Pathways-implementation-South-Tyneside.pdf>

Kings Fund – Enhanced Care Homes Report:

<https://www.kingsfund.org.uk/publications/enhanced-health-care-homes-experiences>

Attitudes, perceptions and behaviours associated with Hospital Admission Avoidance in the Frail and Elderly (HAAFE Study)

<http://www.necsu.nhs.uk/wp-content/uploads/2018/02/2017-08-HAAFE-Final-Report.pdf>

More Evaluation Studies have been shared on the R&E Team webpage. Please use the following link to see what is available so far.

<http://www.necsu.nhs.uk/services/transformation/research-and-development>

National Interest in North East Vanguard's' Evaluation (NEVE)

There has been interest nationally in the work undertaken by three local universities, Newcastle, Durham and Northumbria, to evaluate the work of five local Vanguard's and identify overarching themes.

The link below takes you to the article on the FUSE website:

<http://www.fuse.ac.uk/news/transformingthenhs.html>.

This has picked up on an initial article from the British Academy blog:

[British Academy website](#)

Link to final NEVE report:

<http://www.necsu.nhs.uk/wp-content/uploads/2017/09/NEVE-Final-Report-September-2017.pdf>

This work was followed up with an evaluation directly considering the role of middle management in implementing changes - what were the facilitators and barriers presented? The first phase report has been published:

<http://www.necsu.nhs.uk/wp-content/uploads/2017/12/AI-MING-Report-December-2017.pdf>



BRITISH ACADEMY

Improving the clinical care of patients through research

The Northern Centre of Mood Disorders (NCMD)

is one of Northumberland, Tyne and Wear (NTW) Foundation Trust's "Academic Clinical Collaborations".



NCMD will improve clinical care of patients through research. At its heart is a collaboration between NTW and Newcastle University, which will increasingly involve other health care providers and academic institutions for mutual benefit.



The first major goal of NCMD is to **improve the care of patients with mood disorders**. NCMD aims to achieve this through greater research into the underpinnings, and treatment, of mood disorders. NCMD will have strong links with the Regional Affective Disorders Service (RADS) and the Adolescent Bipolar Service (ABS) within NTW.



The second major goal of NCMD is to **undertake cutting edge research in mood disorders**.

The third major goal is **education related to mood disorders**. This will support the first two goals. NCMD will develop a strong and comprehensive educational portfolio aimed at healthcare professionals in both secondary and primary care.



An additional important element of NCMD's work will centre on public engagement. NCMD will host public educational events. The aim is to break down stigma and increase awareness and understanding of mood disorders, fostering engagement with the design of research as well as facilitating participation in research.



The link guides you to the NCMD Website, which can signpost to relevant stakeholder agencies and holds a "library" of related publications: <http://mood-disorders.co.uk>

Opportunity for GPs to participate in Evaluation Study

Monitoring first-cycle use of clomifene citrate: serum mid-luteal progesterone versus ultrasound (MONITOR US)

Prescription of clomifene citrate for ovulation induction has dropped in primary care over the last 20 years. This may be partly due to NICE guidance that advises ultrasound monitoring following first-cycle clomifene use, to assess the risk of multiple pregnancy. This study aims to challenge the current guidance, and to explore whether clomifene citrate use could be integrated back in to general practice. This phase of the overall study will involve single interviews with GPs, patients and fertility specialists to discuss these issues.

We would like to invite GPs to take part in this study. As a GP, your views about current and potential use of clomifene citrate in primary care would be very valuable. You would meet with a single interviewer at a convenient location, such as your place of work. The interview would last around 60 minutes. The interview will be largely unstructured, so that you can guide the conversation based on your own experiences and thoughts though the interviewer will prompt discussion about key points. Any participation is entirely voluntary.

By participating in this study you can contribute to an improvement in fertility management in primary care, for increased patient and professional satisfaction.

This study is funded by Health Education North East, and sponsored by the University of Sunderland. Please feel free to contact the Heather Garthwaite, Lead Researcher if you have any questions: Tel; 07896 017269 or e-mail heather.garthwaite@research.sunderland.ac.uk

CURRENT PROJECTS BEING UNDERTAKEN IN THE REGION

<http://www.necsu.nhs.uk/wp-content/uploads/2018/01/Research-and-Evidence-Projects-List-January-2018.pdf>

As always, to discuss any research work taking place, or if you want support in developing your own research or evaluation, please contact the team NECSU.RETeam@nhs.net