

Research and Evidence Bulletin

Research and
Evidence Team
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Happy New Year

One of our resolutions for 2018 is to more widely and regularly share and spread outcomes and learning from Evaluation and Research being undertaken, both locally and nationally. This, we hope, will support the Cumbria and North East ways of working together, sharing and avoiding duplication.

This bulletin is longer than we would like (but we have so much to share!). However, in the future more will be accessible on the internet and we can just provide snapshots and links.

Some has already been shared on the NECS website, R&E pages:

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



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Learning and Evaluation Outcomes from Vanguard Teams in the North East

The Research and Evidence team co-ordinated an event to share and spread some of the outcomes of Vanguard programmes in the North East on Tuesday 21st November. The event was well attended with a wide spread of stakeholder organisations.

The day started with the first share of evaluation into the Role of Middle Management in Implementing Change undertaken by the Newcastle University Business School (Centre for Knowledge, Innovation, Technology and Enterprise (KITE)). This interactive presentation highlighted the findings of the evaluation – which included that "middle managers" often feel accountable but not empowered and so can be a "pinch point" in delivering change.

The team took the opportunity to investigate delegates' opinions and will examine the further information gleaned to compare with the findings of the evaluation, and working with CNE to move this forward.

The Evaluation Report can be found at:

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

If you are interested in taking part in further evaluation around this theme, please contact the team; NECSU.RETeam@nhs.net.



continued overleaf ...

There were then presentations from the Vanguard programmes:

- Pathway of Care (Newcastle Gateshead CCG Enhanced Care Home MCP Vanguard);
- Developing and Sustaining an Integrated Pharmacy Service (Northumberland CCG PACS Vanguard); and
- Developing and Delivering an Integrated Clinical Assessment Service (CAS) (Urgent and Emergency Care Network (formerly UEC Vanguard)).

These smaller, more intimate, sessions allowed attendees to interact with the presenters, and this engagement continued over a networking lunch. After lunch, we shared three more presentations:

- Transformations at Scale and Development of Enhanced Care Models and Hubs across Northumberland (Northumberland PACS Vanguard);
- The Importance of "ODD" (Organisation Design and Development) - (Sunderland MCP Vanguard – the "All Together Better" programme)
- Data Solutions – using technology successfully (Sunderland MCP Vanguard)

The day concluded with an open question session with three Vanguard Leads who shared their honest experiences about the benefits of the Vanguard and perhaps more importantly the challenges that they have faced. Slides /presentations can be found on the NECS website/

intranet:<http://www.necsu.nhs.uk/necs-news/vanguard-learning-evaluation-event-update-3654>

Being the R&E Team, we naturally asked attendees to complete evaluation of the day and feedback received has been positive. Comments returned include:

"Mix of events and speakers. Interesting listening and seeing workshops across the programme"

"Good programme – interesting presentations and good as overview of Vanguard activity."

"Venue–very cold, tea/coffee luke warm, lunch was nice!"

We will take forward all comments, especially suggestions for improvement, to our next planned information sharing event which is expected to be late Spring 2018.

TEAM NEWS

Meet the team ...

**Joanne
Smith**

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The newest member of the team, Joanne joined as Research and Evaluation Co-ordinator with NECS in January 2018.

Joanne is also in the final stages of writing up her PhD thesis, which explores the positive social factors associated with student drinking behaviour.

Joanne's research to date has provided an insight into the culture surrounding alcohol and sport at university, highlighting the complex role of alcohol in the social lives of student-athletes and the impact of drinking choices on athlete mental health. Joanne has disseminated her findings at national conferences in Sport and Exercise Psychology, and addiction disciplines.

Prior to her PhD, Joanne spent five years as a Psychological Wellbeing Practitioner within an NHS Primary Care Psychological Therapies Team, using Cognitive Behavioural Therapy (CBT) to treat depression, anxiety and stress. Joanne holds an MSc in Sport and Exercise Psychology from Northumbria University and a BSc (Hons) in Applied Psychology from the University of Durham.

Away from the office, Joanne is a hockey player and junior coach. In 2018, she hopes to put her organisational skills to good use planning her wedding!

ALL TOGETHER BETTER (ATB), SUNDERLAND

Findings for health and social economy shows that ATB is having a largely positive impact in proactive management of patients with high health and social care needs.

The evaluation shows that stakeholders were generally positive about the progress of ATB against clearly articulated objectives and felt able to make suggestions for change where they felt it was appropriate.

The full Evaluation Report can be found with other publications for the programme at: <http://www.atbsunderland.org.uk/publications-and-guidance/>

West Wakefield Health & Wellbeing Ltd. New Care Model Programme Evaluation Report

West Wakefield Health & Wellbeing was selected by NHS England as a New Models of Care vanguard site becoming a Multi-Speciality Community Provider (MCP). They piloted the MCP model in GP practices within the West of Wakefield to test and deliver different models of care, including; Care Navigation, Physio First, Pharmacy in General Practice and Extended Operating Hours.

The final evaluation report for this covering the 2016/17 financial year, has now been published. The evaluation programme was supported by NECS Research and Evidence, Business Intelligence and Consultancy teams using many methods and working with Healthwatch Wakefield, whom undertook the patient experience.

There were found to be a range of barriers to maximum implementation of Vanguard services, including uneven levels of awareness and knowledge of Vanguard and associated services both within and across primary care practices; insufficient training and information flow between commissioners and practice teams; and a reluctance to fully embrace the newly introduced services due to their pilot nature. The additional challenge of delivering change through a system-wide pilot within very short timescales was noted.

The report can be found at –

<https://connectingcarewakefield.org/west-wakefield-health-wellbeing-ltd-new-care-model-programme-evaluation-report/>

Contact: connectingcare@wakefieldccg.nhs.uk



UEC Network Website

As trailed at the recent R&E Team event – you can now keep track of the work of the Urgent and Emergency Care Network with new website – and Twitter

For a more detailed view of the network and its impact, check out the new website at www.uecnetwork.co.uk or follow on Twitter [@UECnetwork](https://twitter.com/UECnetwork).

Packed with handy project information, resources and team details, the website also offers the option to sign up for Partnerzone, a private area with practical content like meeting papers, research, strategy documents and diary dates.

Among the first items in Partnerzone is the full evaluation of the North East Urgent and Emergency Care Vanguard, which gave rise to the network in its current form. Carried out by a partnership of three independent evaluators, it identifies a series of actions which are being taken forward by the network.

Link to Evaluation Report

<http://www.necsu.nhs.uk/wp-content/uploads/2017/12/NEUECN-final-report-revised-150617.pdf>

New Care Models Programme

Anna Starling of the Health Foundation has undertaken evaluation of the New Care Models (NCM) Programme and has produced a final report which identified ten lessons to support providers and commissioners seeking to adopt this new approach and identifies additional **implications of the NCMs programme** for local health and social care leaders embarking on cross-organisational change. The national NCM programme consciously set out to create and enabling environment for professionals to make change happen. As well as what local leaders can do, the report identifies three key ways national bodies can support cross-organisational change;

- Support new and existing systems.
- Send the right message.
- Continue to build evaluation capability and

Wider application of the programme's approach to supporting local change could have a substantial impact on the health of the population and, in particular, on the lives of people who fall through the gaps of service fragmentation. Copies of the full report can be found at:

<http://www.health.org.uk/publication/some-assembly-required>



DiRECT Study Feedback (Diabetes Remission Clinical Trial)

The first year results of this study, which are published in The Lancet, revealed:

- almost half of the patients with Type 2 diabetes supported by their GPs on a weight loss programme were able to reverse their diabetes in a year, and
- almost nine out of 10 people (86%) who lost 15kg or more put their Type 2 diabetes into remission.*

The trial, called DiRECT and funded by Diabetes UK, recruited 298 people between Newcastle and Glasgow Universities and builds on earlier pilot work

Type 2 diabetes remission was found to be closely related to weight loss. Over half (57%) of those who lost 10 to 15kg achieved remission, along with a third (34%) of those who lost five to 10kg. Only 4% of the control group achieved remission

Link to Full Lancet Article:

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)33102-1/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)33102-1/abstract)

DOI:[http://dx.doi.org/10.1016/S0140-6736\(17\)33102-1](http://dx.doi.org/10.1016/S0140-6736(17)33102-1)

* Remission was defined as having blood glucose levels (HbA1c) of less than 6.5% (48mmol/mol) at 12 months, with at least two months without any Type 2 diabetes medications.

What are the indications for Prescribing Anti-Depressants that will lead to a clinical benefit?

There are a number of publications which have come out of the PANDA Trial.

The Acta Psychiatrica paper includes data from the CNE region (*note the site is referred to as York due to the work being undertaken by University of York*). People with more severe depressive symptoms recall less positive information, even if their recall of negative information is unaltered.

<http://onlinelibrary.wiley.com/doi/10.1111/acps.12729/full>

Two are from the qualitative arm of the study. Although it didn't actually recruit to in the North East, these reports include interesting conclusions about patients with depression.

Robinson J, Khan N, Fusco L, et al. Why are there discrepancies between depressed patients' Global Rating of Change and scores on the Patient Health Questionnaire depression module? A qualitative study of primary care in England
BMJ Open 2017;7: e014519 DOI: 10.1136/bmopen-2016-014519

Usefulness of PHQ-9 in primary care to determine meaningful symptoms of low mood: a qualitative study Alice Malpass, Chris Dowrick, Simon Gilbody, Jude Robinson, Nicola Wiles, Larisa Duffy, Glyn Lewis Br J Gen Pract 2016; 66 (643): e-78-e84 DOI: 10.3399.bjgp16X683473

<http://bjgp.org/66/643/e78>

“Transition” Programme

“How can health services contribute most effectively to facilitating successful transition of young people with complex health needs from childhood to adulthood?”

Northumbria Healthcare NHS Foundation Trust and Newcastle University have developed a research programme to answer this question. The Programme involves further NHS Trusts and the voluntary sector and offers learning for commissioners. Their website details work being done by the Transition Research Programme and the key implications identified by the programme's work.

EXAMPLE IMPLICATIONS FROM THE PROGRAMME

- A framework to provide 'Developmentally Appropriate Healthcare' across NHS organisations should be commissioned, with the stipulation that this is owned at Chief Executive and Board level.
- NHS organisations should adopt a Trustwide approach to implementation of better transitional care. A Transition Steering Committee, chaired by a Trustwide Transition Coordinator, can facilitate this.
- The features 'Appropriate parent involvement', 'Promotion of young people's confidence in managing their health condition (health self-efficacy)' and 'Meeting the adult team before transfer' were associated with greater satisfaction with services, participation, subjective wellbeing and measures of disease control.



A final report into the work done will be published on the NIHR workshop in due course. In the meantime, more details around the implications are available.

Link to Website: <http://research.ncl.ac.uk/transition/>



Northumbria Healthcare
NHS Foundation Trust

The impact of redesigning urgent and emergency care in Northumberland

Health Foundation consideration of findings from the Improvement Analytics Unit

The partners in Northumberland have been pursuing an extensive change programme, the first step, implemented in June 2015 aimed to centralise emergency care in a new hospital, while converting existing A&E departments into walk-in centres for urgent care needs. This report considers the impact of these changes on hospital use up to July 2016. The new hospital aims to provide better care for patients with potentially life-threatening conditions by providing faster access to consultants and diagnostics and shortening length of stay. It is staffed by accident and emergency (A&E) consultants 24 hours a day, 7 days a week, and by specialty consultants 7 days a week from 8.00 to 20.00. After it opened, three existing A&E departments were gradually refocused on providing care for minor injuries and illnesses. The aim was to convert these departments to be urgent care centres, staffed 7 days a week by a mix of hospital doctors, GPs and emergency nurse practitioners. However, over the period considered by this evaluation, the three existing departments were not fully converted and continued to provide A&E care, alongside hospitals in surrounding areas to which some of the population of Northumberland Clinical Commissioning Group (CCG) looked for treatment.



Further research is needed to understand why patient activity changed in this way, as there are several possible explanations for these findings. More qualitative data on the underlying mechanisms of the care processes are needed to be able to better understand the implications of the findings for the delivery of health care. Further quantitative evaluation is also important, because complex changes to health care rarely have the intended impacts on outcomes in the short term, and further course correction is often needed.

This Briefing, collated by Stephen O'Neill, Arne Wolters and Adam Steventon, can be accessed in full from the Health Foundation:

<http://www.health.org.uk/publication/impact-redesigning-urgent-emergency-care-northumberland>

What Works to support Residents' Health in Care Homes – and why

More than 400,000 older people live in 19,000 independently owned UK care homes, with the majority aged over 85 years. Care home residents' multiple long-term health conditions often include dementia and mobility problems. Yet care home residents' receipt of health services does not match this level of need. Long-term relationships and joint working between community health practitioners and care homes are the keys to improving appropriate hospital admissions and access to medications.

The NIHR-funded OPTIMAL study aimed to understand which NHS and care home activities in three service delivery models improved healthcare outcomes for older residents, how improvement occurred, for whom and in which contexts. This realist evaluation explored contexts for 'relational working' in three service delivery models. The case studies took place in three geographic areas to test the theories.

1. had multidisciplinary care home-specific teams;
2. gave incentivising payments to GPs designated to individual care homes; and
3. delivered training to care home managers.

The researchers report that care home residents use a wide range of external NHS services including GPs. They point out that before their research primary care provision in care homes was thought to be inadequate compared with that received by older people in the community. This could potentially worsen the impacts of multiple health conditions on residents' quality of life.

For full details of the findings of the report and the implications of these use the link below, this also offers the opportunity to feedback/ comment

<https://discover.dc.nihr.ac.uk/portal/article/4000883/what-works-to-support-residents-health-in-care-homes-and-why>

World Class Research – Making a Difference

In 2008, the NIHR created Collaboration for Leadership in Applied Health Research and Care with the specific aim: **“to bridge the gap between the world class research conducted by academics and its implementation on the NHS frontline, where it can impact on patient lives and the quality of service provided to them”**.

CLAHRCs bring together the local NHS providers and commissioners with academics, other relevant local organisations, industry partners and health research infrastructures together with our local Academic Health Science Network (AHSN). They work to ensure that learning is shared across the country and work is undertaken in a cohesive and collaborative way. All CLAHRCs conduct world-class applied health research and evidence based studies across the NHS and then translate research findings into improved outcomes for patients and financial efficiencies.

Although the North East does not have a CLAHRC, there are some examples you may wish to consider including:

- *Walking Away from Diabetes* – programme encouraging walking to help tackle diabetes;
- *Stroke Management*, a tailored assessment to help determine individual care needs;
- *GPs improving the identification and care of patients with kidney disease*;
- *“STarT Back”* aiming to manage and treat people with back pain;
- *Detection of Autism Spectrum Conditions (ASC)* to facilitate clinicians in diagnosis;
- *Transfer of Care at 17*, focussing on support provided to young people moving on from local authority care and/or Child and Adolescent Mental Health services;
- *Electronic Frailty Index (eFI)*, a screening tool to enable GPs to identify their frailest patients;
- *“My Medication Passport”* – patient held booklet awarded National Pharmacy Forum award;
- *Evaluation of Welfare Hubs in Haringey* supporting patients with low income and debt; and
- *GENIE* – network tool to support long-term condition management.

The following link leads to a brochure produced by the CLAHRCs which details highlights from the programme to date: <http://www.clahrc-nwc.nihr.ac.uk/media/Info%20Hub/World%20Class%20Research%20Making%20a%20Difference.pdf>

USEFUL LINKS / OTHER REPORTS AVAILABLE

North East Vanguard's Evaluation

Full Report:

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

Blog regarding this evaluation on British Academy website:

<https://www.britac.ac.uk/transforming-nhs>

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>

COPD Study – includes a number of publication links

<http://www.necsu.nhs.uk/wp-content/uploads/2018/01/COPD-Self-Management-Research-Programme-Final-Report-Jan-2018.pdf>

NIHR Article

<https://www.nihr.ac.uk/news/alternatives-to-face-to-face-gp-consultations-unlikely-to-deliver-hoped-for-benefits-in-practice/7825>

Evaluation Studies are also being 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>

MORE TEAM NEWS

Shona Haining was a key note speaker at the Society of Academic Research (SAPC) North in Kendal in November, where the audience was mainly young and experienced primary care researchers.

She discussed “*Primary Care Research and Practice. Opportunities to work more closely together*” this was well received and the researchers were keen to talk and network with us in the “real world”.

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

Research activity and quality indicators in primary care An explorative qualitative interview study

Helen Riding, Research Manager in the Research and Evidence team, has recently completed a Masters in Clinical Research at Newcastle University. Prior to completing the project Helen also presented the findings at the Society for Academic Primary Care (SAPC) National conference in July at the University of Warwick.

The project has also been presented as a poster at the Northern SAPC conference and the abstract has been accepted for the British Journal of General Practice conference in March 2018 and the RD Forum Conference in May..

Helen is now planning to submit this work for publication, disseminate to CCGs and plan the next steps.

Background Emerging evidence suggests that research activity improves healthcare performance in secondary care. Staff who contribute and participate in research studies, tend to have a greater understanding, and use, of current evidence and guidelines. The engagement in research in primary care and correlation with quality indicators (QIs) is unclear.

Aim The aim of this study is exploring the link between research activity and quality indicators in primary care.

Method 4 GPs and 4 Practice Managers consented and participated in semi-structured interviews conducted in spring 2017. A purposive sampling strategy was adopted until data saturation was achieved. The interviews were digitally recorded, transcribed verbatim and analysed using thematic framework analysis.

Results Practices with a GP research champion were more likely to undertake research. Staff directly participating in the recruitment and follow-up and the research teams adopting a participatory and active research methodology is more likely to lead to improvement in quality. Including research as Enhanced Service may influence increased participation. The QOF is most likely to reflect improvement related to research, but opinions were mixed.

Conclusion Clinical Commissioning Groups and NHS England should be encouraged to develop QIs for research. As the landscape changes with the creation of Accountable Care Systems, there is an opportunity address the inclusion of research into practice contracts. This paper is the first to explore this topic in primary care and the findings will contribute towards developing quantitative research to expand the findings of this exploratory study.

For further information and an executive summary please contact
helenriding@nhs.net

On-going Research and Evaluation Projects

The following brief list shows the Research and Evaluation projects and studies currently being undertaken in the region. For details of each project – please access on the following link <http://www.necsu.nhs.uk/wp-content/uploads/2018/01/Research-and-Evidence-Projects-List-January-2018.pdf>

Early Diagnosis Transformation Programme – Bowel Screening evaluation <i>Cumbria CCG</i>
Meeting the Legal Needs of Adults with life limiting illness (LENA) <i>DDES CCG</i>
Investigate the attitudes and perceptions of professionals to oral anticoagulation <i>Sunderland CCG</i>
Palliative Care Plan Project: Great North Care Record <i>North Tyneside CCG</i>
Implementation of palliative care policy <i>HAST / North Tees / South Tees CCGs</i>
Data-driven commissioning for prevention <i>Sunderland CCG</i>
Investigating patient dissatisfaction in general practice in England <i>South Tyneside</i>
Growing Through Turbulent Times (GRITT): Co-Development of a Primary Care Allotment to Tackle Health and Well-Being Challenges in a Difficult Social and Economic Climate <i>NG CCG</i>
GP views on electronic repeat dispensing (eRD) and other remote pharmacy services <i>All CCGs</i> This study is still recruiting - contact Dr Nicky Hall if interested in taking part: N.Hall@sunderland.ac.uk
A realist evaluation of care planning for people with long term conditions: what works, for whom and in what circumstances? <i>North Tyneside CCG and Newcastle Gateshead CCG</i>
Patients who aren't engaging in planned primary care <i>South Tyneside CCG</i>
An Evaluation of the Referral Processes used by GPs in Northumberland <i>Northumberland CCG</i> For more information or if you wish to take part - please contact rosie.dew@sunderland.ac.uk .
UTIs in Care Homes. <i>DDES CCG</i>
Evaluation of the implementation of HealthPathways in South Tyneside <i>South Tyneside CCG</i>
Feedback Loops for Improving Practice (FLIP) - a feasibility study <i>NG CCG</i>
St Anthony's Health Centre - Shared Medical Appt's/Group Consultations/Plus Appt's <i>NG CCG</i>
Co-designing dementia care to improve value. <i>DDES CCG / North Durham CCG.</i>
Together in a Crisis Mental Health Proof of Concept Evaluation (Mental Health Concern) <i>NG CCG</i>
Assessment and clinical decision making of the acutely ill older care home resident: Implementation of NEWS in Gateshead Care Homes <i>Project developed in Sunderland CCG and part of Gateshead Enhanced Healthcare in Care Home Vanguard programme. Final report published: https://www.enhancedcare.org/newstechnology</i>
An exploration of approaches to preventing, recognizing and treating dehydration in older care home in Newcastle & Gateshead <i>NG CCG</i> Final Report submitted and available using the following link: https://www.enhancedcare.org/hydration/?rq=hydration
North East Urgent & Emergency Care Network <i>All CCGs</i> The North East Urgent Care Network is undertaking a wide range of projects aiming to transform the regional UEC system. Evaluation is specifically around the impact of the network Clinical Hub project. Final Report submitted and available using the following link: http://www.necsu.nhs.uk/wp-content/uploads/2017/12/NEUECN-final-report-revised-150617.pdf
Attitudes, perceptions and behaviours associated with Hospital Admission Avoidance in the Frail and Elderly (HAAFE study). <i>Northumberland CCG</i> This study is now complete and the next steps are being considered. Copies of the Report can be obtained from NECSU.RETeam@nhs.net
Overarching evaluation of key themes across all five North East Vanguards - delivered by University Consortium from Newcastle, Northumbria and Durham. <i>All CCGs</i> The final report can be viewed in full at: http://www.necsu.nhs.uk/necs-news/north-east-vanguards-programme-report-published-3280 This also links to a summation of the report findings.
Evaluation of the Roles, Responsibilities and Relationships of Managers (NHS and Partner organisations) and their views and experiences of Barriers and Drivers to Innovation in the health service: Vanguard New care models study <i>All CCGs</i> This project seeks to explore the environment for the diffusion of innovation of new care models. Final Report submitted and available using the following link: http://www.necsu.nhs.uk/wp-content/uploads/2017/12/AI-MING-Report-December-2017.pdf Phase Two is currently recruiting. Please contact NECSU.RETeam@nhs.net if you want to be involved
Evaluation of Newcastle Gateshead Enhanced Health and Care in Care Homes Vanguard Programme – Readiness and Development of a Provider Alliance Network <i>NG CCG</i> Final Report submitted and available using the following link: https://www.enhancedcare.org/provider-alliance-network-evaluation/?ro=evaluation