Partners in improving local health

North of England Commissioning Support Unit

Research and Evidence Bulletin

Research and Evidence Team

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As you may be aware, one of the Research and Evidence team's aims for 2018 is to more widely and regularly share and spread outcomes and learning from Evaluation and Research being undertaken, both regionally and nationally. This will, we hope, support North Cumbria and the North East in working together effectively, sharing information, avoiding duplication and making evidence informed decisions. To meet this objective, the team have been working in a number of areas, as follows:

A new Evidence Resources page is currently under development on the NECS website. This will act as a place for sharing new evidence and outcomes from evaluations. This regular bulletin format will then change slightly, to highlight what is available locally and nationally, and linking to the Evidence Resources site. As soon as the resources page is launched we will let you know – watch this space!

In addition, Shona has shared her first blog on the NIHR website, with a very positive response: https://www.dc.nihr.ac.uk/blog/the-journey-to-evidence-informed-commissioning-decisions/8218

Of course, communication works best when it is multi-directional, so please tell us what evaluations for your transformations, service changes and new ways of working you are doing? It can then be included in our current projects list for others to refer to, again helping us meet our aim to share and learn and avoid duplication. Also, if you have undertaken evaluations and want to share your lessons learnt, please share this with us.

In this issue we have updates on research and evaluations on care homes, attitudes to health research, prescription duration, support for patients with COPD, Vanguard sites and Sunderland's 'All together better' project. There is also information on how commissioners use research as well as opportunities to get involved in a number of projects. If you are planning a project and need support or training in choosing the most appropriate evaluation method, or sourcing and critiquing evidence please contact the NECS Research and Evidence team.

*****CCG Update – The NECS Research and Evidence team now support NHS Hambleton, Richmondshire and Whitby CCG and Scarborough and Ryedale CCG. We warmly welcome both CCGs and look forward to supporting them in the years to come. For clarity going forward when we reference North East and North Cumbria CCGs this now includes HRW and S&R CCGs.**

Changes in legislation (GDPR) do not directly affect our mailing list as this information is held electronically on a secured server and is never shared outside NECS.
However, if you do not wish to receive further copies of this newsletter, please advise us at ***necsu.reteam@nhs.net***

Enhanced Care Homes - Newcastle Gateshead CCG

Three independent reviews have been commissioned by Newcastle Gateshead CCG (NG CCG) and were conducted by Cordis Bright, PPL and Cobic, a team of three independent research and consultancy organisations specialising in health and social care. The first two published reports are included.

Review of Case Management Approaches

The ageing population of Newcastle Gateshead is likely to result in increasing numbers of older people with complex health needs and a related increase in demand, which might be managed by case management. This is outlined by NG CCG as one of the key elements of a needs-based approach to care, which is central to the local Enhanced Health in Care Homes model. It can be conceptualised either as a longer-term, proactive and holistic process to achieve broad outcomes with a patient, or as a short-term, intensive intervention to prevent escalation of need.
The review focused in particular on three nurse-led case management approaches in Newcastle and Gateshead. These are:

- the community matron role, which was introduced in 2005-06;
- the older person nurse specialist role, which was introduced in 2012; and
- the practice frailty nurse role, which was introduced in 2015.

Key Objectives
Key objectives and intended outcomes were identified through stakeholder consultation and were broadly consistent between stakeholders and roles;

- Ensuring that frail older people with multiple and complex needs receive holistic and well-coordinated multi-disciplinary care.
- Supporting the health and social care system to deliver efficient and cost-effective care.

The over-arching intended outcomes of the approaches associated with the three roles are also similar, and fall into three main categories, which are;

- Improved health and wellbeing outcomes for frail older people.
- Improved quality of care for frail older people.
- Reduced unnecessary or inappropriate use of health and social care services.

The emphasis placed by stakeholders on different objectives and outcomes varied across roles.
The community matron and older person nurse specialist roles were both piloted in Gateshead.

Findings
Reviewing the main characteristics of the teams delivering the three case management roles the following key findings emerged (summated):

- The cohorts of patients who are eligible for support from each of the three roles/ approaches are relatively distinct but with some small areas of overlap which need to be carefully managed to ensure that the roles work together efficiently.
- There appear to be no detailed, documented eligibility criteria for the majority of case management roles which may pose challenges for potential referrers to the services in terms of understanding which patients are eligible.
- Up-to-date activity data on patient profiles were not available, but historic data and consultation with stakeholders suggest that co-morbidity and complexity are key reported characteristics of the patient cases managed by all three roles. Key differences in patient profiles include the fact that community matrons work with patients who are aged 18-64 in addition to those aged 65+, and that long-term conditions rather than frailty are often the primary feature in community matrons' caseloads.
- The teams delivering the three nurse-led case management approaches differ considerably in size, structure and composition.
- Caseload size is not consistent across the different roles involving case management for older people. Nor is it consistent within the same role.
- Caseloads are conceptualised in different ways within the different roles.

The report in full can be found at:
https://www.enhancedcare.org/case-management

… from page two
REVIEW OF CASE MANAGEMENT APPROACHES

Review of Gateshead Virtual Ward

The Virtual Ward is a weekly Multi-Disciplinary Team (MDT) meeting, established 2013, to discuss care home residents. It is attended predominantly by staff employed by Gateshead Health NHS Foundation Trust and core attendees include community geriatricians, a consultant old age psychiatrist and older person nurse specialists. All Gateshead care home residents are eligible for referral to the Virtual Ward. In practice, the majority of referrals are for residents working with an older person nurse specialist.

There is evidence that professionals who attend the Ward believe that it is having a positive impact on a range of outcomes for residents and professionals, and this is supported by case studies focusing on four patients' journeys through the Virtual Ward. Reported outcomes for professionals related chiefly to: improving continuous professional development; increasing the understanding, skills, confidence of staff and improving partnership working to support holistic care planning and delivery. Patient case studies were used to consider the impact of referral to the Ward, for both residents and the health and social care system. Consulted professionals who attend the Virtual Ward were also positive about the impact of the Virtual Ward on the wider health and social care system.
The professionals consulted identified three specific outcomes which they believe are being achieved by the Virtual Ward, all of which relate to reductions in the use of secondary care services. These were; acute admission avoidance, fewer outpatient attendances, and reduction in A&E usage.

The biggest challenge to successful delivery of the Virtual Ward in the future was identified by consulted stakeholders as the increasing complexity and size of their current caseloads. There was concern that this could lead to poorer outcomes for Virtual Ward patients.
This review has identified six potential areas for improvement for the Virtual Ward in Gateshead.

- More robust and ongoing performance monitoring of the Virtual Ward.
- ICT systems, information sharing and administrative support.
- Meeting structure and processes.
- Input from other professionals.
- Staff capacity.
- Inequitable coverage and service accessibility.

For more details, please use the link to access the full report: https://alan-ramsay-jycs.squarespace.com/data-it-and-technology

How Commissioners use Research Evidence

Researchers want their work to be used and useful, but may not always understand the context in which decisions are made. Most health and care organisations aim to base decisions on the best available evidence, but accessing and interpreting the right evidence at the right time can be challenging. Researchers need to do what they can to make their research as useful as possible to those making decisions under pressure.

The NIHR has funded six particular studies in the past five years on the use of evidence by commissioners.

This was shared on the NIHR website as part of the organisation's Dissemination Centre "Helpful Highlights" and the link https://www.dc.nihr.ac.uk/highlights/health-commissioners-research-evidence/ leads to further information around using evidence in four main topics areas and a number of related blogs and other studies;

- *Evidence at a Glance*
- *What evidence do individual managers use?*
- *How do organisations use evidence? and*
- *About the research*

"Helpful Highlights" cover a wide breadth of topics including; Cognitive therapies for depression, Obesity in Men, supporting Carers of people with dementia and "My Signals – Patients" where four patients give their views on why they feel research has been important to them. https://www.dc.nihr.ac.uk/highlights/

Examples of questions for staff and commissioning organisations to consider:

- *Do we pause when making strategic decisions to see if and how evidence could be used?*
- *How can we best bring research together with other evidence (such as health needs or population data) to make decisions?*
- *Who could help us inside or outside the organisation to make sense of particular important problems?*
- *Can staff access training or expertise about understanding and using evidence?*
- *What library or information services can we use?*
- *Do we share our learning, including unexpected results of service changes, with others?*

To find more questions for consideration, link: https://www.dc.nihr.ac.uk/highlights/health-commissioners-research-evidence/evidence-at-a-glance.htm

Survey of the General Public: Attitudes towards Health Research

Ipsos MORI was commissioned by the Health Research Authority (HRA) and National Institute for Health Research (NIHR) to conduct a survey to better understand the range of opinions held by the public about health research. Understanding public attitudes to research is an important component of informing research policy and practice. Tracking attitudes over time can identify issues where further effort is needed to build a relationship of trust with the ultimate beneficiaries of research – patients, carers and the public. While both organisations have carried out surveys in the past, this is the first time they have jointly commissioned a survey

The interviewees were asked a series of questions and their responses analysed (qualitative research). Patient and public involvement in health research can take many forms, and although it was not possible to ask a question about patient and public involvement which covers all aspects, questions for this survey were devised to ensure that members of the public could grasp the matter quickly without needing further explanation.

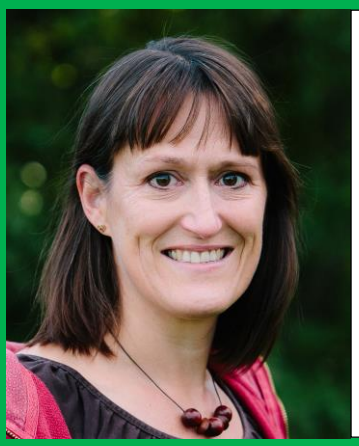
The sample for statistical analysis was not randomly drawn, it was been selected to be representative of the population and means that if, for example, the survey shows, that the answer to one question is 50%, we can be 95% confident that the true answer in the wider population is 50% (plus or minus 3.2%). Furthermore, in the report findings, differences between sub-groups in gender, age, social class etc. are also detailed.

Conclusions
It is felt that overall confidence in health research is high and also that it appears to have grown consistently since 2013. A large majority of respondents believe they would be treated with dignity and respect if they were invited to take part in a health research study in the UK. Similarly a large majority believe that their personal data would be held securely if they were invited to take part in a clinical trial although a significant minority would not. This was supported by the views derived from the public dialogue workshops where confidentiality of personal data in the NHS was regarded as a given. This was further reinforced by public engagement work conducted by Wellcome2 which indicates the public have faith in the safety of their health data but do have concerns about the security of their personal data in other spheres. This perception emphasises the importance of continuing to communicate the safeguards that are in place around personal information in health research, and the NHS in general, in order for this confidence to be maintained.

For more details – the full report, including executive summary can be found at:
https://www.hra.nhs.uk/about-us/news-updates/blog-what-public-thinks-research-and-why-it-matters/

RESEARCH AND EVIDENCE TEAM NEWS

Another Helen joins the team!



Helen Martin joined the NECS team in July 2018 as a Research and Evaluation Co-ordinator. She joins us from the acute NHS sector where she has worked as a Consultant Clinical Scientist, leading, Audiology services and a clinical workload specialising in complex paediatric Audiology.

Helen qualified at Manchester University (BA, MSc) and Keele (MBA). She has worked in different sectors and roles across her career, to include education, private sector and voluntary sector, always maintaining a strong interest and involvement in research. Helen aims to bring her skills and experience in developing, delivering and evaluating front line health services, together with her passion for evidence based practice, to support and advise healthcare professionals conducting research and evaluation projects.

Research recommends rethink of 28-day prescriptions for people with long-term conditions

Issuing 28-day rather than longer duration prescriptions for people with long-term conditions should be reconsidered, according to a study published in the British Journal of General Practice http://bjgp.org/content/early/2018/03/12/bjgp18X695501. Related research shows that considerable savings could be made by the NHS switching to longer prescriptions.

Over a billion NHS prescription items are issued each year by pharmacists in the community, at a cost of over £9 billion. Many of these medications are used for the management of long-term health conditions, such as diabetes or heart disease. Prescriptions for these medications are issued through the 'repeat prescribing' system, which allows patients to request a further supply of medicines without needing to make another appointment with their doctor. Local guidance by clinical commissioning groups in many parts of the country encourages GPs to issue shorter supplies of these repeat medications, partly to reduce wastage. Prescriptions are typically 28 days in length, but this policy has been questioned.

The study, led by RAND Europe in Cambridge and funded by the NIHR, examined previously published studies that looked at this issue, dating back as far as 1993. The researchers found nine studies that suggested that longer duration prescriptions are associated with patients being more likely to take their medications (better so-called adherence). They also found six studies that suggested that shorter prescriptions might be associated with less wastage, although these studies were considered to be very low quality.

In related work published at http://bmjopen.bmj.com/content/7/12/e019382 , the researchers undertook an analysis of 11 years of UK GP prescribing data. This found that any savings due to reduced waste resulting from issuing shorter prescriptions were more than offset by greater costs due to the additional work required by GPs and pharmacists. Longer prescriptions could save GPs' time, which could in turn be used to increase time spent with patients. Savings to the NHS from lengthening all prescriptions for statin drugs alone (one of the most commonly prescribed medications) were estimated at £62 million per year.

In a further economic modelling study, published in Applied Health Economics and Health Policy, the researchers have shown that if longer prescriptions result in better medication adherence, this could lead to improved health outcomes and, as a result, further reduced costs for the health service (https://www.researchgate.net/journal/1179-1896_Applied_Health_Economics_and_Health_Policy).

Related Papers:

'The impact of issuing longer versus shorter duration prescriptions – a systematic review' by Sarah King, Celine Miani, Josephine Exley, Jody Larkin, Anne Kirtley, and Rupert A. Payne. Published in the British Journal of General Practice. 13 March 2018.

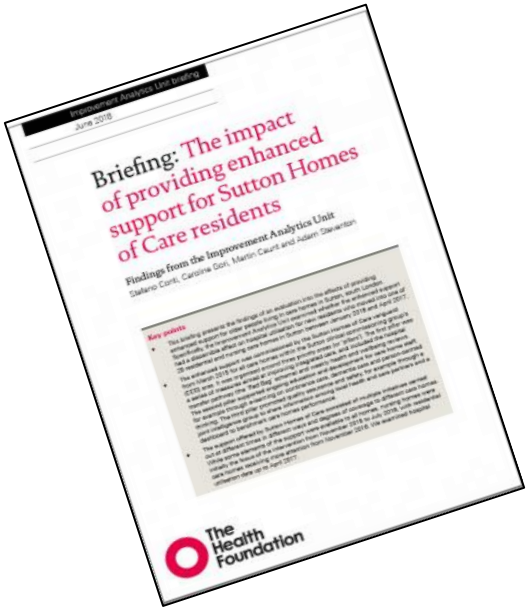
'Long-term costs and health consequences of issuing shorter duration prescriptions for patients with chronic health conditions in the English NHS' by Adam Martin, Rupert A. Payne and Edward C.F. Wilson. Published in Applied Health Economics and Health Policy. 13 March 2018.

'Retrospective, multicohort analysis of the Clinical Practice Research Datalink (CPRD) to determine differences in the cost of medication wastage, dispensing fees and prescriber time of issuing wither short (less than 60 days) or long (less than or equal to 60 days) prescription on lengths in primary care for common, chronic conditions in the UK' by Brett Doble, Rupert A. Payne, Amelia Harshfield and Edward C.F. Wilson. Published in BMJ Open. 5 December 2017.

'Clinical effectiveness and cost-effectiveness of issuing longer versus shorter duration (3-month vs. 28-day) prescriptions in patients with chronic conditions: systematic review and economic modelling' by Céline Miani, Adam Martin, Josephine Exley, Brett Doble, Edward C.F. Wilson, Rupert A. Payne, Anthony Avery, Catherine Meads, Anne Kirtley, Molly Morgan Jones, and Sarah King. Published in National Institute for Health Research Journals Library. December 2017.

Evaluation of Sutton Homes of Care vanguard

The latest report from the Improvement Analytics Unit, published 8th June 2018, examines the effect of the Sutton Homes of Care vanguard on hospital use for residents who moved to a Sutton care home between January 2016 and April 2017.



The vanguard supported care homes through a wide range of activities such as staff training, clearer pathways for transferring care home residents to hospital (e.g. the 'red bag' scheme) and by improving the collection, sharing and use of data.

Findings

The evaluation found no clear evidence that new Sutton residents used hospitals more or less frequently than the control group. It is possible it was too early to see an effect on hospital use. However, we cannot rule out the possibility that the enhanced support was unable to reduce activity like emergency admissions.

The vanguard may have improved other aspects of care assessed by the study, such as patient experience or staff engagement.

The report recommends further evaluation to examine the impact of the vanguard on hospital outcomes in order to provide further learning to help deliver sustainable change.

Link to Full Report: https://www.health.org.uk/publication/impact-providing-enhanced-support-sutton-homes-care-residents

Support needs of patients with chronic obstructive pulmonary disease (COPD): A new comprehensive framework of the evidence

Thirteen categories of support needs have been described for patients with Chronic Obstructive Pulmonary Disease (COPD), in a comprehensive review of evidence that identifies the full range of support needs for patients with COPD for the first time. The review, by Dr Morag Farquhar (University of East Anglia), Dr Gail Ewing from the Centre for Family Research (Cambridge), and Carole Gardener at the Primary Care Unit (PCU) in Cambridge, provides a new framework to inform those planning supportive and palliative care for those living with COPD.

"We know that patients have unmet care and support needs in advanced COPD. In order to better support these patients we need to understand what sort of things they may need help with. A large number of studies have already looked at how patients experience life with COPD and many have identified different areas in which patients describe needing more support to manage their condition. For example, we know that some patients say they would like to know more about what to expect in the future or would benefit from practical help in the home. Our review pulled together this existing evidence in order to identify the full range of support needs for patients with COPD".

Carole Gardener, Research Assistant, Palliative & End of Life Care Group, PCU.

This article is taken from the "School for Primary Care Research Newsletter" (March 2018). Link to full newsletter:
https://gallery.mailchimp.com/c031c9cc29b4b899935088b4a/files/ea687750-d712-4fb0-8fba-373d03bc01bc/March2018_news.01.pdf
School for Primary Care Research Newsletter (March 2018)
https://gallery.mailchimp.com/c031c9cc29b4b899935088b4a/files/3fd0952b-c86f-407d-95f0-7941d1982a4e/Sept.01.pdf

HSJ Articles relating to Vanguards

The Health Services Journal (HSJ) published two articles using NHS England (NHSE) figures to show how each national New Care Models (NCM) Vanguard has performed on the programme's efficiency measures. Summations are below, and for the full stories (those subscribed to HSJ) can use the link:
https://www.hsj.co.uk/story.aspx?storyCode=7021762

"Best and worst performing vanguards"

The information is from the national performance dashboard for the 14 multispeciality community providers (MCPs) and nine primary and acute care systems. It compares the rate of emergency admissions and bed days – the programme's two "efficiency" measures – in the 12 months to September 2017, to that in the 2014-15 financial year.

In July 2017, all Primary and Acute Care System (PACS) sites were told by NHS England that their emergency admission rate for each quarter of 2017-18 would need to grow 3 per cent less than the rest of England, in order to receive national funding. The target for MCPs was 1% lower than the rest of the country. The five vanguards with highest percentage increase in their emergency admissions rate between 2014-15 and the 12 months to September 2017 were:

Name (Location - Vanguard Type)	Change in emergency admission rate	Change in bed days rate	Total population covered
Better Together (Morecambe Bay – PACS)	-7.8%	-5.6%	354,628
Encompass (Whitstable, Faversham & Canterbury - MCP)	-7.3%	1.4%	176,111
Connected Care Partnership (Sandwell & West Birmingham - MCP)	-5.8%	-7.9%	79,025
Salford Together (PACS)	-4.0%	0.8%	268,375
West Cheshire Way (MCP)	-1.5%	-1.0%	262,260
Better Local Care (Southern Hampshire - MCP)	-0.8%	9.0%	204,640
Northumberland Accountable Care (PACS)	-0.2%	-1.1%	324,120

All vanguards saw a reduction in the rate of emergency admissions over the same period

"Vanguards dent emergency admissions, but not bed days"

National new care model vanguard projects have not had a major impact on hospital bed days, official data obtained by *HSJ* suggests NHS England's national performance dashboard for the programme shows that, over the measurement period, there was a larger reduction in the rate of hospital bed days in non-vanguard areas than in the nine primary and acute care systems.

Across the 14 multispeciality community providers there was a slightly larger reduction than in the non-vanguard population. However, the dashboard report shows that vanguards saw substantially lower growth in the rate of emergency admissions over the same period than the rest of England. Bed days and emergency admissions are the "efficiency" metrics included in the new care models dashboard. The vanguard dashboard report compares the rate of emergency admissions and bed days in the 12 months to September 2017, to that in the 2014-15 financial year. It also reveals figures for all the vanguard sites. In its dashboard NHS England assumes all vanguards started interventions at the beginning of the 2015-16 financial year. In NHS England's *Next Steps on the NHS Five Year Forward View* document published last year it cautioned: "Given sample sizes and duration it is important not to over interpret the data currently available."

Bed days: PACS**,** MCPs and non-vanguard areas all saw a reduction in the rate of hospital bed days per 1,000 population. The reduction for PACS was 0.5 per cent, for MCPs it was 1.5 per cent, and for the rest of England it was 1.3 per cent.

Emergency admissions: However**,** both MCPs and PACS saw substantially slower growth in the rate of emergency admissions per 1,000 population than the rest of England, according to the dashboard. Both groups had a higher rate than the rest of England before the programme started. Growth for MCPs was 2.6 per cent and for PACS the figure was 1.2 per cent. In areas with no vanguard it was 4.9 per cent.

Sunderland "All Together Better" Programme Evaluation Report

All Together Better (ATB) aims to bring together health and social care teams, along with the voluntary and community sector, to provide care and support to individuals in Sunderland who require the most help to live independently. There is evidence in this evaluation that the programme is making good progress, and is moving in the right direction, in delivering improved outcomes for patients, services users and residents, staff and across the health and social care system, particularly measured against "do-nothing" scenarios and when benchmarked against national and regional comparators including other MCP Vanguard areas. Given the challenging financial and socio-demographic context in which Sunderland ATB is operating, the programme has developed and achieved significantly in a relatively short time-frame.

Progress against key system performance metrics

System metric	Progress
Non-elective admissions	**Target:** ATB's original business case targeted a reduction in emergency admissions of 15% by 2019. **Actual performance:** Non-elective admissions have increased by 3.5% between 2015/16 and 2017/18 (based on data for April to October 2017). **Comparison with 'do nothing' scenario:** The programme is performing 1.7% better than what was projected to have occurred without the programme (based on data for April to October 2017). **Comparison with national and/or regional benchmarks:** Sunderland is performing better than England as a whole, and in all but one of the other MCP areas.
A&E attendances	**Target:** ATB's business case did not quantify targets for A&E attendances, but the programme aimed to reduce attendances to support reductions in emergency admissions. **Actual performance:** A&E attendances have increased by 14% between 2015/16 and 2017/18 (based on data for the first three quarters of 2017/18). **Comparison with 'do nothing' scenario:** Quantified 'do nothing' trajectories are not included in ATB's business case. **Comparison with national and/or regional benchmarks:** A&E attendances have increased more steeply in Sunderland than for England overall. A&E attendances for Sunderland's statistical neighbours have also risen, albeit by lesser amounts (for example, Gateshead has seen an increase of 4% and Mid Yorkshire an increase of 5% between the first three quarters of 2015/16 and 2017/18).
Delayed Transfers of Care (DtoC)	**Target:** ATB's business case did not quantify targets, but the programme aimed to reduce Delayed Transfers of Care (DToC) rates. **Actual performance:** Sunderland's DToC rates have reduced by 50% from 2014/15 to 2016/17. **Comparison with 'do nothing' scenario:** Quantified 'do nothing' trajectories are not included in ATB's business case. **Comparison with national and/or regional benchmarks:** DToC rates nationally have shown a gradual increase between 2014/15 and early 2017/18. Three of Sunderland's statistical neighbours have also seen increases in delayed days over this period; between 2014/15 and 2016/17, County Durham and Darlington, Gateshead Health and Mid Yorkshire Hospitals have experienced increases of 1%, 86% and 232% respectively.
Length of stay (LOS) in City Hospitals	**Target:** ATB's business case did not quantify targets, but the programme aimed to reduce average Length of Stay (LoS) with a particular focus on over 65s. **Actual performance:** Data shows little change in the number of one or more day stays, whilst zero day length of stay has increased. However, data for April to October 2017 shows a reduction in emergency bed days of 2.3% compared with the same period in 2016/17, and a reduction of 3.4% when looking solely at over 65s. This indicates that the programme's focus on care for older people at risk of hospital admissions may be having a positive impact.
Care home admissions	**Target:** ATB aimed to reduce the number of people admitted to long term residential/nursing care by 16% by 2016. **Actual performance:** Non-elective admissions from care homes have increased by 44% between 2016/17 and 2017/18. However, permanent admissions to residential and nursing care homes have reduced by 12% between April to September 2015 and the same period in 2017.

Economic impact

There is evidence to suggest that the health and social care system is performing better in comparison to what may have been the case without the ATB programme, based on 'do nothing' trajectories. Therefore, it is reasonable to assume that the programme may be contributing to cost avoidance compared to a 'do nothing' scenario.

Recommendations

Based on all the evidence presented within this evaluation, a set of evidence-led recommendations are presented in the full report: http://www.atbsunderland.org.uk/wp-content/uploads/2018/06/Sunderland-ATB-2017-18-Overall-report.pdf

OPPORTUNITIES TO GET INVOLVED IN RESEARCH

SILVER

Smart Interventions for Local Vulnerable Residents

The SILVER research programme is funded by Connected Health Cities and brings together leads from five regional local authorities, information governance officers, academics and researchers, IT specialists, local families and key workers, to explore how health and social care data can be shared, with the aim of improving care for vulnerable families meeting criteria for the Troubled Families Programme (TFP). These families have multiple needs and risks (e.g. health conditions, substance use, antisocial behaviour, truancy) which require the involvement of multiple services (e.g. health, social care, police, education). The extent that information is transparently and securely shared between different services, with the informed consent of clients, is unclear.

The SILVER Team are now looking to recruit GPs in Newcastle, North and South Tyneside and Northumberland. *The aim is to* explore the barriers and facilitators to linking health data to the current Troubled Families data sets.

What do the SILVER team need from GP practices?

The researchers would like to make information sharing agreements with GP practices to allow for mental health data recorded in read codes to be shared with individual patient consent. The team expect it will take between 1-2 hours for the practice manager and a GP within the practice to review. After an agreement is made, the sharing of data will be via MIG (or an equivalent system) and the SILVER interface. This will not require the practice to gather, collate or send the information.

YOU WILL BE FULLY REIMBURSED FOR YOUR TIME

Will there be a benefit to GP practices? The project aims to examine if health and social care data can be connected. It is anticipated that this information sharing may benefit both health and social care.

To get involved, contact Dr Ruth McGovern at Newcastle University r.mcgovern@newcastle.ac.uk

The Route to and Experience of a Diagnosis of Head and Neck Cancer through Qualitative Interviews

Jennifer Deane's PHD study involves analysis of cancer registration data and two sets of qualitative interviews, the first with head and neck cancer survivors and the second with primary and secondary care health professionals potentially involved in the diagnosis of head and neck cancer.

This is part of a study being run through Newcastle University in conjunction with Newcastle Hospitals, City Hospitals Sunderland and Leeds Teaching Hospitals.

It aims to investigate the route people take to a diagnosis of head and neck cancer and what their experience is.

The study team would really like to interview some GPs from the North East and North Cumbria as part of the study. Interviews are anticipated to take 60-90 minutes.

Please contact the researcher, Jennifer Deane, for a more detailed participant information sheet or to discuss being involved: **J.deane2@newcastle.ac.uk Tel: 07970 846 460**

Research and Evaluation Development Group

This informal group meets twice a year to discuss possible research and evaluation projects, new models of care, current evidence and ways to get involved in research. These meetings are open to any primary care staff interested in getting involved in research, or who have an active research role and wish to develop projects in primary care or with CCGs. The meetings enable networking and the sharing of ideas with discussion groups and identification of ways forward.

The first meeting was on 13th September 2018 in central Newcastle, and was well attended. Attendees included practice staff, GPs, university researchers, and NECS Research and Evidence team members. Discussions covered the new Primary Care Research Strategy, experience as an Academic GP, project ideas around care homes and group consultations, research opportunities for nurses, midwives and Allied Health professionals, the Research Design service and funding options.

The next meeting is planned for Spring 2019. Any staff with an interest in developing research for primary care are most welcome.

Please email the NECS Research and Evidence team to register your interest.

necsu.reteam@nhs.net

GP care in care homes survey

Researchers from Newcastle University are currently looking at the different ways GPs organise their services for care homes and the impact this has on care homes, residents and practices themselves.

They have designed a very short survey (less than 5 minutes to complete) to collect some simple baseline information from three different areas in England.

The researchers would be very grateful if practice managers could spare a few minutes to respond, and they promise to feedback findings as the study progresses. The researchers would very much appreciate as many responses as possible using the online survey link.

Survey link: https://newcastle.onlinesurveys.ac.uk/organising-gp-care-for-care-homes

Contact for further questions:

Dr Rachel Stocker, Newcastle University
rachel.stocker@newcastle.ac.uk
0191 208 2057 / 07729 287811

How can the NECS Research and Evidence Team support you?

The team can work with you in a number of different areas, to support the use of research and evidence in service provision.

We are able to deliver training to give people the skills and confidence to review the evidence for a particular diagnostic test, treatment or intervention, patient pathway or model of care. There are a number of training sessions available covering how to find the evidence, which are the best types of evidence, and more detail of how to critically appraise the evidence you need to access. Training can also be tailored for a particular staff group or event. We can also arrange for individuals to have access to OpenAthens, an evidence database.

It may be that you are keen to evaluate a current service or new service, in terms of patient and / or staff satisfaction, clinical outcomes, costs, or just to find out more detail about the current service. We are able to provide training in evaluation to groups, or able to support projects on a 1:1 basis.

If you are keen to evaluate a service but are not sure where to start, or you may have a plan of what to do, but want someone to sense check your ideas, please contact the team and we can arrange to meet to discuss ideas. We can help develop research and evaluation ideas into practical and workable projects.

We can also provide links with academic experts to discuss and develop ideas or colleagues across the region who may have tried or tested a similar service. We can advise on research governance so you know how to gain approval for formal research projects and also provide access to local and national evaluation projects.

The NECS Research and Evidence Team are based at Riverside House, Newburn, NE15 8NY. Contact us at: necsu.reteam@nhs.net. Tel. 0191 217 2748

OTHER KEY REPORTS AVAILABLE

- **North East Vanguards' Evaluation https://www.necsu.nhs.uk/wp-content/uploads/2018/03/NEVE-Final-Report-September-2017.pdf**

- **Advancing Innovation with Managers in the NHS organisational ecology (AIMING) Project Report https://www.necsu.nhs.uk/wp-content/uploads/2018/03/AIM-Final-Report-Summation-Document.pdf**

- **Health Pathways https://www.necsu.nhs.uk/wp-content/uploads/2018/03/Health-Pathways-implementation-South-Tyneside.pdf**

- **Attitudes, perceptions and behaviours associated with Hospital Admission Avoidance in the Frail and Elderly (HAAFE Study) https://www.necsu.nhs.uk/wp-content/uploads/2018/03/HAAFE-Report-Summary.pdf**

- **Kings Fund – Enhanced Care Homes Report: https://www.kingsfund.org.uk/publications/enhanced-health-care-homes-experiences**

Please let us know of any useful reports that you may have which would benefit from being shared more widely.