

# Research and Evidence

# Bulletin

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If you have any comments or feedback on the content of this bulletin – please contact the team – [NECSU.RETeam@nhs.net](mailto:NECSU.RETeam@nhs.net)

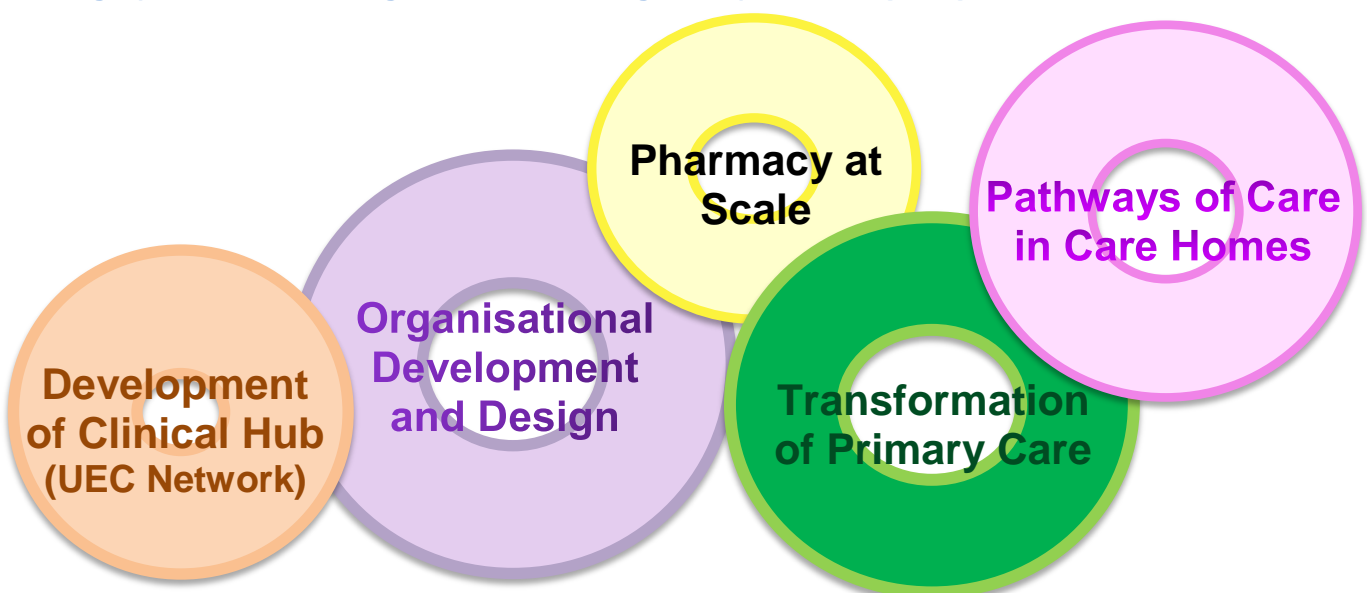
## LEARNING AND EVALUATION OUTCOMES FROM VANGUARD TEAMS IN THE NORTH EAST

**Full Day Event – Tuesday 21<sup>st</sup> November 2017  
at the Discovery Museum, Newcastle**

*The NECS Research and Evidence team are organising a learning event, showcasing detailed evaluation outputs for some of the North East Vanguards.*

This is aimed at staff wishing to learn from transformation programmes and hear from colleagues directly involved about their experiences of what has worked, and challenges faced.

In addition to “first share” of the Newcastle University Business School “AIM” evaluation findings (Attitudes to change In Middle Management), workshops topics will include;



**You are invited to join us - book now by emailing [jill.riding@nhs.net](mailto:jill.riding@nhs.net)**

**Links to Presentations from Previous Research and Evidence Events**

The Durham Centre. 16<sup>th</sup> February 2017

<https://www.youtube.com/playlist?list=PLkqW2Cz1X00LdMfRRbyQUHXM8iujuUR2w>

The Royal Station Hotel, Newcastle. 27<sup>th</sup> June 2017

<http://bit.ly/2goWS35>

# Neck of the Hourglass?

## Exploring the experiences of 'middle managers' in the 'share and spread' of innovative new care models in healthcare

The language of 'share and spread' is used in the NHS in England as a part of the drive for service improvement through innovation. This language derives partially from the work of Greenhalgh et al (2004) which set out the territory in her review of the conceptual and theoretical basis of innovation in service organisations. The Vanguard programme sites have been charged with the 'share and spread' of the innovations, including promoting the potential advantages of adopting new care models in the NHS with advice from the programme including: 'Don't be afraid to share your failures'; 'Share early, and share often'.

The five Vanguards in the North East Vanguards commissioned a study by the Centre for Knowledge Innovation Technology and Enterprise (KITE), Business School, Newcastle University to explore the drivers and barriers for 'middle managers' working in and around the Vanguard programme in the NE in the adoption of innovations.

The study explored, through interviews with over 30 'middle managers', the characteristics of diffusion and adoption of new care models for middle managers working in the NHS and stakeholders in partner organisations, how they found out about new care models and other innovations including mechanisms for sharing of innovation and associated processes for including the roles, responsibilities of the stakeholders involved.

**At the Vanguard Evaluation Sharing event on 21<sup>st</sup> November, further details of the thought-provoking findings will be disseminated by the team delivering this study, led by Professor Rob Wilson, Professor of Information Systems Management, KITE.**

## Meet the team Jill Riding



**Research  
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Support  
Officer**

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Most recently, Jill has been focussed on supporting effective delivery of the regional evaluation programme for five North East Vanguard projects; providing PMO services which link the Vanguards with the collaborative evaluation partners. Similarly, supporting the evaluation programme PMO for West Wakefield.

Previously in NECS, Jill has most recently supported the UEC Network in a number of senior executive meetings and Vanguard Programme. Prior to that she was part of the team delivering the NHSE 111 Pilots Project and has supported regional 111 network meetings and local 111 meetings for North of Tyne, South of Tyne and Wear and Durham CCGs.

She has also worked within the NHS at St George's and Northgate Hospitals in Morpeth, at City Hospital Sunderland FT and the Hadrian Unit at the Newcastle General.

Out of the office, Jill enjoys theatre and has extensive experience of set design, construction and scenic painting. She has also been known to bake and even occasionally share cakes!

## R&E Team Training Offer

Research and Evidence have developed four training packages that are currently being rolled out across NECS and CCG's regionally. The training packages consist of 'Behind the Headline', 'What is Evaluation', 'Critical Appraisal Qualitative Research' and 'Critical Appraisal Quantitative Research'.

To date we have trained SPR teams in both Durham and Newcastle with training lined up for the Continuous Improvement Team (NECS), Safeguarding Adults and Children (North Durham CCG) and Provider management services (NECS).

Feedback has been extremely positive;

*"Engaged audience – Enhanced by training leader adapting / flexing to deliver to make "live" and very relevant to audience"* SPR Team Member

*"Very clear re levels of evidence and which is best also what each level's advantage are (good use of single example throughout). NOT boring!"* SPR Team Member

For further information please contact Jody Nichols on 0191 2172899 or [jody.nichols@nhs.net](mailto:jody.nichols@nhs.net)

# North East Vanguard's Evaluation – Final Report

Following the publication of the *NHS Five Year Forward View (5YFV)* in 2014 a “Vanguard” programme was set up by NHS England to test different approaches to fulfilling the Triple Aim with its focus on population health, effective care, and per capita cost. The NHS invited individual organisations and partnerships, including those with the voluntary and community sector, to apply to become pilot sites for the new care models (NCMs) programme.

In the North East five Vanguard's were selected:

- Newcastle Gateshead (Enhanced Health in Care Homes Vanguard)
- North East Urgent and Emergency Care Network (Urgent and Emergency Care Vanguard)
- Sunderland (Multi-speciality Community Providers Vanguard)
- Northumbria Foundation Group (Acute Care Collaboration Vanguard)
- Northumberland (Integrated Primary and Acute Care Systems Vanguard)

Collectively, the five North East Vanguard's initiated an evaluation study, which is unique in its focus on region-wide issues, to complement the separate individual evaluations being undertaken. Evaluation was undertaken by a consortium of three local Universities; Newcastle (Institute of Health and Society), Durham (Centre for Public Policy and Health) and Northumbria. It explored the regional implementation of the five North East Vanguard's and aims to identify key aspects that can be shared across all Vanguard sites in the region and provides a mapping of the implementation arrangements, focusing on:

- the organisational (team working, culture and relationships) - Theme 1;
- the technological - Theme 2, and;
- the cost effectiveness context - Theme 3.

**The full report** can be accessed at <http://www.necsu.nhs.uk/wp-content/uploads/2017/09/NEVE-Final-Report-September-2017.pdf>

## SUMMATION OF FINDINGS

A number of important lessons have emerged, and are still emerging, from the implementation of the five North East Vanguard's. While the context for each Vanguard is separate and distinct, there also exists a set of common issues and themes which have a regional dimension. It should be noted that, in spite of identifying some regional strengths and opportunities, in many respects the five sites are not comparable and there is a potential danger of over-simplifying critical features, such as Multi-Disciplinary Teams, in order to draw comparisons across them.

Overall, all five sites acknowledged that the Vanguard's programme provides a significant opportunity for the North East to improve the way services are organised and provided to meet the rapidly changing needs of its population. From a regional perspective, it was recognised among those interviewed that the Vanguard's provided a platform for regional collaboration and the sharing of good practice with the potential that this offers to strengthen the scale and pace of change, and to do so in a more cost-effective fashion. Moreover, it was acknowledged that the resources provided through each Vanguard helped to raise the awareness of the innovative local initiatives taking place across the North East.

What did unite all five Vanguard's was their perception of the wider context within which they operated. They were critical of the unrealistic pressure placed upon them to deliver outcomes without the appropriate substantive change being in place or sufficiently embedded and without being able to show adequate evidence to support change. Of particular concern among all Vanguard's was the sheer scale and pace of change at the same time as the NHS was being tasked with making significant, if unrealistic, efficiency savings.

This initial exploratory evaluation over a short period of time (8 months) provides a mapping of the implementation arrangements in five local Vanguard's initiatives in the North East. The findings have demonstrated the need for a fuller and deeper understanding of developments by looking in more depth at the development of Sustainability and Transformation Partnerships that are now occupying centre stage in NHS transformation efforts. In addition, there is a need to explore the wider national policy context as well as to understand the perceptions of front line staff and service users in order to establish the degree of alignment.

**A full summation** of the report findings can be accessed at:

<http://www.necsu.nhs.uk/necs-news/north-east-vanguards-programme-report-published-3280>

With its focus on the regional dimension, there are a number of issues that are common across the Vanguard's which fall into both barriers to, and enablers of, change. These issues are not unique to the North East Vanguard's and are evident in respect of all major transformational change as is known from the earlier North East Transformation Systems evaluation and from work being conducted for WHO Europe.

## Health Pathways implementation in South Tyneside

South Tyneside is the first UK Health Pathways (HP) site. It was launched to all South Tyneside Clinical Commissioning Group (STCCG) member practices in August 2016. HP had been operational for 4 months when the evaluation process was started (initial documentary analysis). Interviews and focus groups were carried out from the 6 month point and HP had been in place for 9 months at the time of this report.

Evaluation of the HP implementation was undertaken by a research team at the University of Sunderland from December to May 2017. This is the second and final report of the first phase of evaluation. It builds on the first, produced in February 2017.

The report presents the evaluation of the implementation process to date with reference to some early quantitative data on outcomes, analysed alongside the qualitative data gained from semi-structured interviews. In the report, we focus on the mechanisms affecting the implementation process and provides recommendations for the next phase.

The evaluation of the first phase of the evaluation of the implementation of HP in South Tyneside has drawn out a number of themes which describe the context, mechanism, and outcomes which are emerging from the implementation and can inform the learning for future developments. The evaluation has, out of necessity (due to lack of attributable outcome data), been largely process driven. There are indications of largely positive engagement with the system from the participants sampled.

## Improving Self-Management Support & Planning in COPD Executive summary

*The work outlined in this report was co-produced by the research team and practitioners from Newcastle and Gateshead CCG. The starting point was a meeting between the academic lead and a group of CCG stakeholders which aimed to identify the topic deemed most urgent and important regarding local research investment. All the ensuing work was developed and conducted in partnership between the research and practitioners.*

Chronic obstructive pulmonary disease (COPD) is an irreversible condition. Patients with COPD have an average of three acute exacerbations a year, and these 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.

Research objectives included:

- exploring perspectives of patients and practitioners on factors that hinders and facilitates effective self-management planning in primary care;
- co-development of an intervention that promotes effective self-management planning;
- assessment of the feasibility and acceptability of the prototype intervention when delivered in primary care.

Fifteen conclusions have been drawn from this evaluation. Similarly, fifteen conclusions are highlighted in the executive summary of the report.

Recommendations include;

- 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 [...] explored [...] providing written material/leaflets may not be sufficient ...
- Practitioners should consider signposting patients to support services within and outside the NHS [...] to support positive lifestyle changes ...

Copies of the Executive Summaries or Full Reports for any of the studies detailed can be obtained by request at [NECSU.RETeam@nhs.net](mailto:NECSU.RETeam@nhs.net)



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

*Funded and supported by Northumberland CCG – a summation of the Full Evaluation Report  
(A copy of which can be obtained by contacting [NECSU.RETeam@nhs.net](mailto:NECSU.RETeam@nhs.net))*

Generally participants in this study perceived that they had reasonably good health, although felt that they had a lack of control over their wellbeing, and that old age had a detrimental effect on their health. Some participants, however, perceived that they were a burden to the healthcare system, and some participants recounted that they often felt anxious about their health with those that lived alone explaining that they felt the most vulnerable. Participants perceived that taking preventative medication, having physical aids such as a walking frame or personal alarm if they fall, physical adaptations within their homes such as adapted shower or stair lift, living a healthy lifestyle that included healthy food and exercise, resting and knowing their limitations were enablers of avoiding an unplanned hospital admission. The coping mechanisms described by participants to help them manage their health included positive thinking, mental disengagement such as doing an activity to take their mind of their health, focus and venting of emotions, and acceptance of the effects of old age and/or their health condition, or accepting that they can no longer do certain things..

The majority of participants described a social support network of family, friends and/or neighbours that contribute to helping them manage their health by both emotional and physical support mechanisms. However, for a number of participants, their spouse had become their carer, and participants were conscious that this was a strain on their spouse. Six participants that took part in this study had paid carers, and the level of care required varied from a daily visits in the morning, more frequent visits of 2-3 times a day, to 11 hours of care each day. Participants that had carers generally accepted they needed care and felt the care they received was good and continuity in care from carers was preferred.

Participant perspectives on access to GP appointments were mixed. Nearly all of the participants were unaware of what the Northumberland High Risk Patient Programme (NHRPP) was or why they were registered on it. All participants explained that they enjoy being in their own homes, but accepted that they would have to go into hospital if they needed care. There were mixed views on the hospitals within the North East of England, including lack of decision making by hospital doctors, long waiting times, the temperature being too cold, and the hospital being too busy to cope. However, generally participants were very positive about the NHS, although some participants recounted experiences where they felt the health care system was inadequate.

Continuity of care was described by participants and generally participants saw the same GP when they could, and described that this contributed to the GP having a good knowledge of their health, and allowed for trust, confidence and a relationship to develop. Most participants described having routine check-ups with a number of health professionals, such as nurses and consultants, and recounted having confidence in these health professionals and largely felt that the health care they receive was excellent. Continuity of care, however, was affected by high demand for a particular GP, high turnover of staff and GPs being absent. Lack of confidence in the GP, lack of continuity of care from the GP, and/or the absence of support from family, friends or neighbours were described by participants who had at least one hospital visit in the 12 months prior to the interview. Moreover, the majority of these patients lived alone, felt the most anxious and vulnerable about their health, and were most likely to seek reassurance for their health and have an unplanned hospital admission.

Finally, patient decision making was described by some participants including stopping taking prescribed medication, and deciding against going for an operation or into respite care. However, some participants felt that there was more shared decision making between the patient and health professional than there had been previously.

## **Key points: implications for hospital admission avoidance**

- Participants perceived that taking preventative medication, having daily living aids, physical adaptations within their homes, living a healthy lifestyle and resting were enablers of avoiding an unplanned hospital admission. Highlighting the importance of these physical enablers to patients, carers and healthcare providers will contribute to helping high risk patients avoid an unplanned hospital admission.
- Reinforcing the coping strategies that high risk patients use in their approach to the management of their health, including acceptance of the effects of their health condition and/or old age, acceptance of not being able to do certain things anymore, positive reinterpretation and growth, mental disengagement, and focus and venting of emotions could be a simple beneficial solution that could help patients cope with their health, and has the potential to reduce the perceived vulnerability and anxiety that a patient feels, and in turn reduce unplanned hospital admissions. *Continued over ...*

Continued from Page 5 ...  
**(HAAFE Study Key Points)**

- Emphasising the importance of patient support networks from family and friends, especially in the high risk patients that described being most anxious about their health, would be advantageous. However, for those with spouses, the strain on the spouse from the physical and mental demands and responsibility of being a carer should be considered.
- Promoting the continuity of care from the GP and other professionals, and the perceived consistency of care amongst GPs, will contribute to improving the trust and confidence that a high risk patient has in their GP, help encourage patient outcomes and wellbeing, and thus could help reduce unplanned hospital admissions. However, this may be challenged by patient decision making.

## HYDRATION IN CARE HOMES – NEWCASTLE GATESHEAD CCG

As part of the Care Home Vanguard Programme, Newcastle Gateshead CCG has completed pieces of work focused around nutrition and hydration care (in collaboration with researchers from Northumbria University).

The initial aim was to understand what the needs of the residents were and what evidence and guidance there was for optimum care delivery. These issues were then considered in relation to our metrics of avoidable hospital admissions and the prescribing of oral nutritional supplements. Time was spent with care home teams, providing classroom training as well as work based learning opportunities and finally our Pathway of Care team developed an action plan for us to focus on.

In summary, they learned that:

- Good things happen in care homes
- Hydration care can be overlooked, generally being considered only as a small component of a nutritional policy
- There is a lack of evidence for providing optimum hydration care for those living with dementia
- Our success with the metrics is related to the multifaceted approach we have taken

**Please click on the link below to see the full Hydration report [www.enhancedcare.org/hydration](http://www.enhancedcare.org/hydration)**

**This is one of a number of initiatives to Enhance Care in Care Homes – use the following link to access more information - [www.enhancedcare.org](http://www.enhancedcare.org)**

## Research Activity Reports

The National Institute for Health Research (NIHR) has recently released a league table of research activity for 16/17 (<https://www.nihr.ac.uk/research-and-impact/nhs-research-performance/league-tables/league-table-2016-17.htm>).

NECS Research and Evidence team have compared Cumbria and North East CCG performance against the averages of the other 209 national CCGs surveyed. The R&E Team has considered the data published from a variety of viewpoints, not just the published rankings. As a result, it is worth noting that based solely on performance, the best ranked CCGs are Northumberland, Newcastle Gateshead and Cumbria (this data was collated before the “split”), however, when looking at the % change in performance, the top three are North Durham, HaST and South Tees.

If you want to see the report detailing the contrasting interpretations – please contact the team at [NECSU.RETeam@nhs.net](mailto:NECSU.RETeam@nhs.net)

## What is HRA Approval?

HRA Approval is the new process for the NHS in England that brings together the assessment of governance and legal compliance, undertaken by dedicated HRA staff, with the independent REC opinion provided through the UK Health Departments’ Research Ethics Service.

It replaces the need for local checks of legal compliance and related matters by each participating organisation in England. This allows participating organisations to focus their resources on assessing, arranging and confirming their capacity and capability to deliver the study

<http://www.hra.nhs.uk/>



## Current Research Projects

**Investigating patient dissatisfaction in general practice in England - South Tyneside CCG.** This study has recently been granted HRA approval and is due to start recruitment soon. It aims to conduct interviews with patients and staff at practices with discrepancies between clinical quality scores.

**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 - *Newcastle Gateshead CCG*. This study is currently awaiting HRA approval. The proposed research will involve participants in the development of an allotment with the aim of building relationships with and across the patient community, tackling societal challenges of social isolation, physical inactivity, healthy ageing, mental health and well-being in an area of socio-economic deprivation.

**Evaluation of the Heat wave Plan for England - North Cumbria CCG.** This study still wishes to interview CCG Staff/ GPs in North Cumbria CCG. Contact [Lorraine.Williams@lshtm.ac.uk](mailto:Lorraine.Williams@lshtm.ac.uk) if interested.

**GP views on electronic repeat dispensing (eRD) and other remote pharmacy services – All CCGs.** This study is now approved and recruiting GPs for focus groups - the study will inform a larger online national survey. Please contact Dr Nicky Hall if interested in taking part: [N.Hall@sunderland.ac.uk](mailto:N.Hall@sunderland.ac.uk)

**A realistic evaluation of care planning for people with long term conditions: what works, for whom and in what circumstances?** *North Tyneside CCG and Newcastle Gateshead CCG*. This study has been granted HRA approval and is due to start recruiting. It involves testing the refined theories in focus groups by identifying whether, how, for whom and in what circumstances care planning works in practice, from the perspective of healthcare professionals.

**Patients who aren't engaging in planned primary care - South Tyneside CCG.** This study is currently awaiting HRA approval. It will involve interviews to understand more about patients' perspectives on their non-engagement and advise the GP Practice on interventions and changes that might support engagement

**Qualitative exploration of the social lives' of older adults living in care homes. (Dr Holly Standing) - Newcastle Gateshead CCG.** This study is currently awaiting Research Ethics Committee review. It aims to do an in-depth exploration of the social lives of those living in residential care facilities.

**An Evaluation of the Referral Processes used by GPs in Northumberland - Northumberland CCG.** This project has been funded via NIHR Research Capability Funding and is in partnership with the University of Sunderland. This study has recently been granted HRA approval and will start recruitment soon. Please contact [rosie.dew@sunderland.ac.uk](mailto:rosie.dew@sunderland.ac.uk) for more information or if you wish to take part.

### **British Heart Foundation House of Care Programme**

*Newcastle Gateshead CCG*. The research & evidence team continue to support the BHF project, working alongside Newcastle Gateshead CCG, to produce the evaluative report by December 2017

### **Feedback Loops for Improving Practice (FLIP) - a feasibility study (Dr Rebecca Haines) - Newcastle Gateshead CCG.**

Alongside the Year of Care Programme, a practice in Newcastle Gateshead CCG is hoping to test the feasibility of closed text messaging feedback loop to obtain perceptions on patients' views on collaborative care and support planning for people living with long term conditions.

### **St Anthony's Health Centre - Shared Medical Appointments/**

**Group Consultations/ Plus Appointments (Aileen Parkins, Dr Jonathan Coates) - Newcastle Gateshead CCG.** The practice is piloting a relatively new way of consulting with patients commonly referred to as Shared Medical Appointments (SMAs). The basic concept is that, instead of attending a 1:1 appointment, patients attend in small groups.

### **Together in a Crisis Mental Health Proof of Concept**

**Evaluation. (Mental Health Concern) - Newcastle Gateshead CCG.**

This on-going project aims to provide a supportive mental health recovery process for people with an urgent but non-clinical mental health need.

**FOR MORE DETAILS ON ANY OF THESE PROJECTS – CONTACT THE TEAM – [NECSU.RETeam@nhs.net](mailto:NECSU.RETeam@nhs.net)**