Research and Evidence Bulletin

This month, we are highlighting the NENC ARC (Applied Research Collaboration for North East and North Cumbria) which commences on 1st October 2019.

WATCH THIS SPACE! We are planning another research and evidence sharing day in November. Covering a range of topics on "What Works in Primary Care and for Whom" in Primary Care and will focus on key areas of service and developments in Primary Care Networks. Look out for more information being shared shortly.

Shona

Contact the Team

@NECSRETeam

NECSU.RETeam@nhs.net

0191 217 2528 (switchboard)

https://www.necsu.nhs.uk/research-evidence/

Focus on Applied Research Collaborations (ARC)

ARCs are National Institute for Health Research (NIHR) funded regional partnerships between universities, health and social care providers and commissioners, local authorities, charities, voluntary sector organizations, businesses, other NIHR bodies and members of the public. Their purpose is to improve health and social care outcomes through high quality research and evaluation on local priority issues, whilst engaging with other ARCs to tackle national challenges.

The vision for the North East and North Cumbria (NENC) ARC is to achieve

'Better, fairer health and care at all ages and in all places'.

The NENC ARC is hosted by the Northumberland, Tyne and Wear NHS Foundation Trust with partners across regional NHS, social care and higher education organisations. It is a regional network of clinicians, public health and social care practitioners, commissioners, service providers, policy makers, charity and voluntary workers, lay members and researchers who are all focused on applied research and innovation to prevent illness, improve care and sustainability, promote population health and reduce health inequalities. Its **objectives** are to:

- Develop region-wide principles of research, co-production and evidence sharing
- Conduct high quality applied research and implementation for priority health and social care issues which remains responsive to need and key policy drivers
- Promote intersectoral work across all our research infrastructures
- Build capacity in evidence generation and knowledge mobilisation
- Enhance capability via skill-building and access to experts in evaluation methods
- Enable public and patient partners to shape evidence generation and translation
- Mobilise evidence to shape innovation with embedded process and outcome evaluation

The ARC consists of eight research themes focusing on priorities for the region. The ARC Themes are:

MULTI-MORBIDITY - Multi-Morbidity - Ageing & Frailty to promote healthy ageing, prevent disability and optimise the care, experiences and outcomes of people living with multiple conditions and age-related illness and frailty.

FAMILIES - Supporting Children & Families to develop high-quality integrated health and social care for children and their families, improving outcomes and reducing inequalities.

PREVENTION - Prevention, Early Intervention & Behaviour Change to prevent illness and improve the health of the population (primary prevention), targeting high-risk groups (secondary prevention) and averting deterioration (tertiary prevention).

INTEGRATION - Integrating Physical, Mental Health & Social Care developing evidence-based care pathways improving health, well-being and/or efficiency by overcoming traditional service, disciplinary, locality and demographic boundaries.

INEQUALITIES - Inequalities & Marginalised Communities to reduce health inequalities by tacking wider determinants of health and also by supporting disadvantaged and marginalised groups.

TECHNOLOGY - Assistive Technologies/ Data Linkage to accelerate research on streamlined and socially responsible use of data access infrastructures and evaluation of digital and other technology used in health and social care.

EVALUATION - Evaluating Change with Pace & Scale (Evaluation) to develop and apply methodologies to provide robust evidence to inform stakeholder decisions on the adoption and integration of innovations in health and social care.

MOBILISATION - Knowledge Mobilisation/ Implementation Science (Mobilisation) to improve use of existing evidence and to generate new knowledge on how best to innovate in health and care systems for improved outcomes.

In addition there are training and implementation themes to support capacity building and application across the whole system.

The team continues to share research, evaluations and evidence in the North East and North Cumbria using our Research Library webpage https://www.necsu.nhs.uk/research-evidence/research-library/

For regular updates of information shared on the website, we would advise following us on twitter @NECSRETeam.

Emergency admissions to hospital from care homes: how often and what for?

What is the national picture? This briefing from *the Health Foundation* presents the findings of a national analysis of care home residents' emergency hospital use. One of the aims of the 10 Year Plan is to reduce emergency admissions from care homes (CH) that, although essential for delivering medical care, can expose residents to stress, loss of independence and risk of infection. CH residents often avoid the need to seek urgent treatment preferring to be treated in the CH. So reducing emergency admissions could be good for residents, as well as reducing pressure on the NHS.

Review of four case studies. To date, the IAU has evaluated four initiatives to improve health and care in care homes: Principia enhanced support in Rushcliffe, enhanced support for Sutton Homes of Care, Wakefield Enhanced Health in Care Homes and Nottingham City enhanced package.

There were many common themes across the four initiatives, however each site differed in what they implemented and how. Comparing the four IAU studies aimed to identify themes that may point towards the successful implementation of the improvement programmes. Although it was not unequivocally possible to identify any elements of the improvement programmes that were particularly important for a successful intervention, it was possible to identify some elements that may be driving results, for example – the level of co-production, in terms of joint working between health and social care providers and commissioners, may be an important aspect.

Discussion of results and implications. It has been a central aim of health policy in England for more than a decade to reduce demand for emergency care by making improvements to others part of the health care system. Earlier intervention and treatment has the potential to prevent emergency hospital use. Although there have been many evaluations of the EHCH vanguards, these have been of variable scope. Aggregate figures of EHCH vanguards indicate that participating care homes had lower emergency admission rates than non-vanguard areas. However, there is variation within this cohort, and therefore a need to identify which elements of the interventions can reduce emergency admissions, for whom and in which contexts.

Link to Full Briefing: https://www.necsu.nhs.uk/wp-content/uploads/2019/07/2019-07-EmergencyAdmissionstoHospitalsFromCareHomes-IAUArticle.pdf

BMJ Best Practice

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https://bestpractice.bmj.com/info/ or log in through your Open Athens account (free to NHS staff).
To register for an OpenAthens account go to https://openathens.nice.org.uk/ or contact your local NHS library and knowledge service through https://www.hlisd.org/

Building healthier communities: *the role of the NHS as an anchor institution*

Widening health inequalities and growing pressures on health care services raise questions around the role of the NHS in prevention and its broader influence in local communities. This report gives examples of what anchor practices look like in a health care context. It draws on examples of promising practice and identifies key opportunities to help NHS organisations meet their potential as anchor institutions, and also explores some of the key tensions that may have to be worked through and present examples of where practices have overcome them. Link to full report: https://www.necsu.nhs.uk/wp-content/uploads/2019/08/2019-08-BuildingHealthierCommunities.pdf

Public Health England - Evidence Summary of Health Inequalities in Older Populations in Coastal and Rural Areas

This publication comprises a rapid evidence review supplemented with case studies, which aims to provide an evidence summary of the health inequalities experienced by older people in coastal and rural areas, together with a summary of considerations in taking an asset-based approach in reducing inequalities and promoting productive healthy ageing in these areas.
Link to Full Report: https://www.necsu.nhs.uk/wp-content/uploads/2019/08/Health_Inequalities_in_Ageing_in_Rural_and_Coastal_Areas-Full_report.pdf   *A summary of report is also available in the Research Library.*

NIHR Clinical Research League Tables

Published by the NIHR Clinical Research Network each year the tables provide a picture of research activity across all NHS trusts and CCG regions in England. The table data includes how much clinical research is happening, where, in what types of trusts, and involving how many patients. 2018/19 has been a record breaking year for clinical research across England, with a total of 870,250 participants taking part in NIHR Clinical Research Network supported studies - the highest number on record with an increase of 140,000 more than in 2017/18. Last year more than 6,000 studies were supported by the NIHR Clinical Research Network and 50% of NHS trusts and 61% of CCG regions increased the number of studies that were available to patients. See the results of your local trust or CCG region by visiting: http://bit.ly/LeagueTableNHSRDForum

As always, the NECS Research and Evidence Team are available to support colleagues in finding and critically appraising evidence. https://www.necsu.nhs.uk/research-evidence/get-involved/
links to opportunities to be involved in research – including training to develop your understanding