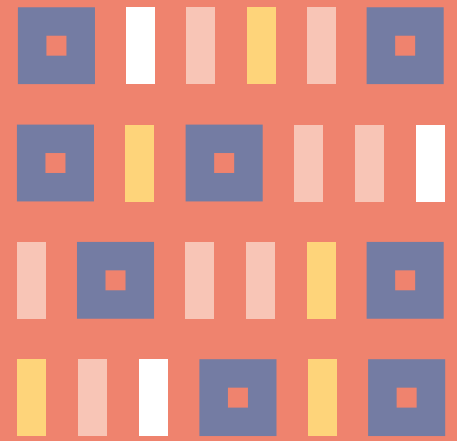


**NIHR** | Collaboration for Leadership  
in Applied Health Research  
and Care Wessex

# Best of CLAHRC Wessex

Highlights from five years of applied research



79

projects with more than 42 collaborating organisations



300

research papers



20

voluntary sector collaborators



8

collaborations with other CLAHRCs

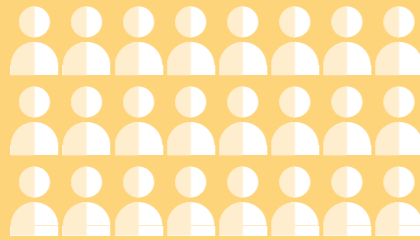
320

national and international events, seminars, workshops and conferences



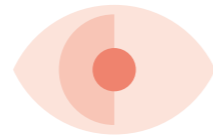
30

local partnerships



40,000+

website visitors from 63 countries around the world



£10 million

in matched funding



2,300+

followers on Twitter

10,000+

readers of our Blog



1 million

news stories viewed



## Welcome to the Best of CLAHRC Wessex

Collaboration has always been at the heart of CLAHRC Wessex' work – the clue is in the name given to us by our funding body, the National Institute for Health Research: the Collaboration for Leadership in Applied Health Research and Care (NIHR CLAHRC).

As NIHR CLAHRC Wessex, we have built capacity and infrastructure to carry out research responsive to the needs of local health providers and community partners. We have for example built a thriving data science hub which has worked across the whole research programme and using operational research together with other methods has been responsive to the questions raised by our NHS and social care providers.

In our programme of research we have brought together patients and the public, NHS service providers, commissioners, universities, local authorities, charities and third sector organisations with researchers, to work on collaborative projects to bring research evidence into everyday practice. Our aim throughout has been to improve the health of the population, work with the community as a resource and focus on the provision of health and social care so that it is equitable, appropriate and sustainable.

Working at the boundaries of research and service provision can be challenging, but also extremely rewarding. As a collaboration of people from a variety of backgrounds and disciplines, we are pleased to highlight some of the best work we have done together. With our colleagues and public contributors, we have worked hard to translate research evidence into practice and improve health and care in Wessex.

We are delighted to be able to share the results of some of our projects and their impact so far.

**Prof. Anne Rogers**  
Director, 2014-2019

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## Finding and treating the missing millions - Treating respiratory disease

**It is believed that over 2 million people in the UK may have COPD but be unaware that they have it. A delay in diagnosis is known to hasten the decline in lung function and worsen disease severity making treatment options less useful and more expensive in the long term.**

These projects brought together a number of approaches targeting airways disease like Chronic Obstructive Pulmonary Disease (COPD). Researchers set out to find the best way to identify patients who have not yet been diagnosed with COPD and identify patients with more complex disease.

Analysing more than a hundred thousand anonymous medical records for Hampshire, researchers found that 15% of patients may have been diagnosed with the wrong respiratory illness and may be getting the wrong treatment.

The research team also ran a series of teaching clinics working with the local Clinical Commissioning Groups, GP surgeries and NHS community Trusts.

- Publication: COPD overdiagnosis in primary care: a UK observational study of consistency of airflow obstruction (Nature August 2019)



## Can you train a group of volunteers to help patients during mealtimes in hospitals?

**Hospital staff know many older people don't eat enough - 39% of over 65s admitted to hospital are at risk of malnutrition.**

**This leads to slower recovery and having to stay in hospital longer.**

Staying in hospital is difficult whatever age you are, but for older people who may stay for longer on a ward it can have a dramatic effect on appetite and physical health.

The SMART study followed on from research looking at how to improve the health of older people once they are admitted to hospital. It sought to see if it was practical and sustainable to use hospital volunteers to assist patients and sit with them during mealtimes - with the aim of making eating more enjoyable and improve nutrition.

In all 65 volunteers were recruited and then trained to help assist with mealtimes to 5 older peoples' hospital wards. Almost 900 mealtimes were supported during the research period and follow up evaluations and data gave a valuable insight into the benefits.

The project is now working across a number of wards and is looking to expand into other hospitals having been recognised by the not-for-profit organisation Helpforce which awarded funding to the work.

- Publication: Can trained volunteers improve the mealtime care of older hospital patients? An implementation study in one English hospital (BMJ Open August 2018)



## Can domestic violence and abuse be addressed with a new approach?

**Domestic abuse is experienced by many people (mainly women) in the UK. One organisation based in Hampshire has developed a new programme of learning activities that involves working with both the abuser and the victim**

CLAHRC Wessex has examined the effectiveness of an innovative approach tackling domestic violence.

According to recent Crime Survey Statistics (2013-2014), around 8% of women and 4% of men experienced domestic abuse within the previous year. The UK response to domestic abuse has focussed on providing support for victims, whilst perpetrator programmes were later developed to address the root cause, by making perpetrators accountable for their actions.

The Hampton Trust, a third sector organisation based in Hampshire, has modelled a new intervention which seeks to engage all types of perpetrators regardless of their needs, with the aim of reducing harm to victims and their families.

The Domestic Abuse Prevention Partnership (called 'DAPP') brings together different ways of working, and anyone can access the program regardless of their situation. Activities include educational group work involving men who have abused their partners and aims to encourage change in men's behaviour towards their partners. The DAPP trains and educates front line services and community groups about working with men who abuse.

Men who attend the training showed positive differences in emotional and physical behaviour at the end of the programme; however, 17% continued to be suspected of, or charged for, domestic abuse crimes in the monitoring period following completion. The project worked closely with Hampshire Police and the University of Bristol as well as the HamptonTrust.

- Publication: Baseline characteristics and outcomes of the main perpetrator programme within the Hampshire Domestic Abuse Prevention Partnership, UK: A mixed methods study (PLOS One July 2019)



## Compassionate care in hospitals

**Compassion has been identified as an essential element of nursing and is increasingly under public scrutiny. However, there is no consensus about what might be the effective components of a programme to improve compassion in nursing. This research looked at how to implement support and training to improve compassionate care.**

There is public concern about nurses' ability to care compassionately for people in hospitals, but there has been very little research about how to improve this situation.

The research team developed and studied a training and support programme called Creating Learning Environments for Compassionate Care (CLECC). As part of this, all registered nurses and health-care assistants from participating teams attend a study day, with a focus on team building and understanding patient experiences of care. Subsequently a senior nurse educator supported the team to try out the new ways of working on the ward, including regular supportive discussions with nurses about improving care. The programme was piloted on four wards in two English hospitals, with two other wards continuing with business as usual.

Researchers interviewed and observed staff activities to help understand if the training and support can be easily put into practice and if changes are needed in future.

It was found that CLECC can be made to work with nursing teams on NHS hospital wards and that staff felt it improved their capacity to be compassionate. It was also found that we could improve CLECC to help staff carry on using it as part of everyday work, by, for example, helping senior nurses to understand their role in supporting staff to use CLECC.

It was found that observations of care were the best way to evaluate care quality for large numbers of older patients with dementia. We also gathered information about the best ways to test CLECC's value for money.

- Publication: Compassionate care intervention for hospital nursing teams caring for older people: a pilot cluster randomised controlled trial (BMJ Open July 2018)



## Making sure people get the care they want in an emergency or at end of life

**Treatment Escalation Plans are a way of patients, families and carers agreeing with medical staff what treatments they want in an emergency when the patient cannot consent.**

During emergency and end of life care it can be hard for doctors, nursing staff, and carers to understand the wishes of a patient being cared for. In an effort to preserve life there can be a number of invasive treatments, or some that may carry an additional burden to the patient.

Treatment Escalation Plans (TEPs) are about making shared decisions in urgent or difficult times.

In collaboration with a number of organisations a process and document called ReSPECT was designed by patients, medics, charities and others. It was widely tested and shared and then implemented in pilot areas.

The approach has been introduced at Hampshire Hospitals NHS Foundation Trust and forms the basis of a unified approach to agreeing and streamlining care in a number of health settings.

It provides health and care professionals responding to an emergency with a summary of recommendations to help them to make immediate decisions about that person's care and treatment.

The work included an evaluation to identify and explain the barriers and opportunities in implementing Treatment Escalation Plans like ReSPECT.

- Publication: Escalation-related decision making in acute deterioration: a retrospective case note review (BMJ Open August 2018)



## Living life with a long-term condition through connecting to useful resources

**A social network intervention has helped connect people to community resources to stay well and live everyday life with a long term condition.**

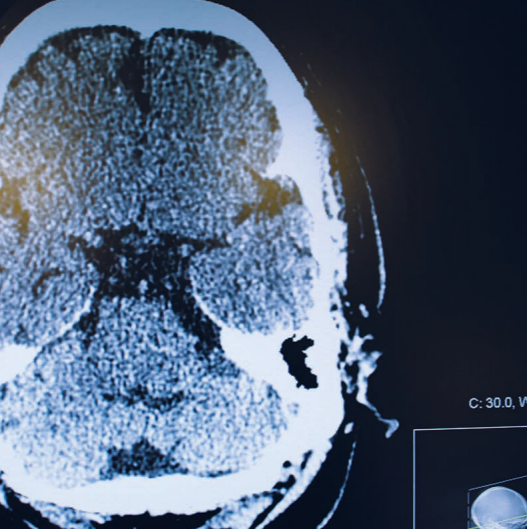
People with long term conditions can find themselves seeking help and support from a range of NHS services that do not meet their needs for social support and help manage, and live, everyday life as well as they can.

An online tool (GENIE—Generating Engagement in Network Involvement) maps social networks, allowing the user to select their preferences and needs and helps that person engage with local support resources.

These resources can range from healthy leisure activities like dancing, to singing classes to help with controlling breathing if they have a lung condition. The resources are sometimes provided by local charities, the council, local people starting groups and activities themselves and a number of not-for-profit organisations. Genie is being used by housing associations, Southampton City Council and Clinical Commissioning Group, and further afield in Canada and Norway.

Analysis of the cost benefits of using Genie in one region has shown that on average it saves £175 per patient per year. It does that by empowering patients to use the resources around them in the community to manage a long-term health problem. It also reduces acute and emergency admissions.

- Publication: Implementing a social network intervention designed to enhance and diversify support for people with long-term conditions. A qualitative study (Implementation Science August 2016)
- Publication: Identifying the processes of change and engagement from using a social network intervention for people with long-term conditions. (Wiley October 2018)



## Better diagnosis and joined up management for people with dementia

The number of people living with dementia is growing as our population ages, but earlier diagnosis enables better planning of care and support

We have developed a Dementia Diagnosis Toolkit to help extend the expertise that has traditionally been centred in Acute or Teaching Hospitals, to Primary Care and Care homes.

It has been used in more than 54 care homes and has led to more than 60 referrals involving 54 GP surgeries across Wessex. It is now part of NHS systems dealing with frailty and used by memory nurses and as a way to improve the care of older people. 40 organisations have downloaded the toolkit from around the UK, and 94% of patients referred had improvements to their care plans as a result.

The toolkit was developed with the renowned Memory Assessment and Research Centre (MARC) and the Bournemouth University Dementia Institute (BUDI) in collaboration with CLAHRC Wessex.

The next phase of the toolkit roll out aims to reach the 467 care homes across Wessex, provide a training programme for health and care staff and work with care homes to improve the care for people diagnosed with the condition.

During the testing phase of the project all care home residents agreed it was useful and care homes themselves said they were better able to manage the needs of residents and improve their care plan.

- Dementia Diagnosis Toolkit



## Is Emergency Care improved by more consultants working out of hours?

A pilot project extending the operating hours of consultants in Emergency Departments raised questions about the benefits and costs of such a move in the long term.

There is a growing expectation that consultant-level doctors should be present within an Emergency Department overnight. However, there is a lack of strong evidence to support the impact on patient waiting times, safety or the workforce.

A team of data and health scientists looked at an emergency department that was moving to a 24/7 model of care and was considering having consultant doctors available at all times, not just on call after midnight and at weekends.

It was important to examine the costs, impact on health of staff and patient safety as well as waiting times.

Looking at routinely collected Emergency Department data over four years and records of adverse events doctors, statisticians and health and data scientists were able to measure the effects of longer consultant times. Interviews were also carried out with emergency department staff which illuminated the negative impact of night working on staff wellbeing, performance and retention of medical staff.

- Publication: A mixed methods study of the impact of consultant overnight working in an English Emergency Department (BMJ Emergency Medicine Journal August 2018)



## Getting a collective sense of how we can work together for support

**Measuring collective efficacy provides useful information for building capacity for self-management and working with others and the social environment in behaviour change.**

When people want to make a health or wellness related change, including engaging with activities and the surrounding locality, they require the support of other people around them.

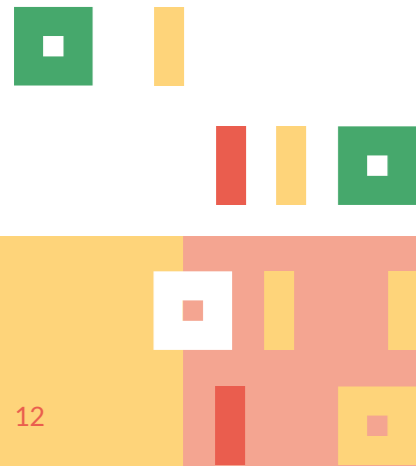
Social networks, reciprocity and relationships with others play a role in the management of health in peoples' everyday lives.

Researchers have developed and tested a new measure of collective efficacy. This is a way to understand the capability of the people around individuals (their social network) to support change.

Using collective efficacy, you can provide an indication of what is happening on an individual and social network level to support health and wellbeing.

It has the potential to improve research by understanding how interventions work, as well as helping health commissioners to choose and evaluate resources to provide in a community.

- Publication: The role of collective efficacy in long-term condition management: A metasynthesis (Wiley June 2019)
- Collective Efficacy Tool



## Treating hard to reach communities with Hepatitis C

**NHS England wants to eradicate Hepatitis C in the next 20 years, but many people at risk of having the virus don't know they have it. A new approach has helped find and treat people who traditionally might fall out of the health system.**

The Hepatitis C virus is a real risk to people who inject drugs, but also for people who have had health treatments abroad or tattoos in places with poor hygiene. Untreated Hepatitis C can cause liver damage, but it is treatable with a course of medication.

A novel new approach has been trialled on the Isle of Wight and has now begun in the city of Southampton. It offers hepatitis C testing at local pharmacies. Pharmacists are trained to use a finger prick test which is then sent off for analysis to detect any sign of the virus. An alert is then issued to a specialist doctor at the local hospital who can then provide a short course of medication to help rid the virus.

The pilot project in the Isle of Wight proved a great success with 26 people treated successfully for hepatitis C.

It found that people who inject drugs were much more likely to use testing in a pharmacy than at a GP or other health service.

The Southampton project is working with a homeless charity, city pharmacies and community health workers and has the backing of the city council.

- Publication: Potential for delivering hepatitis C care in community pharmacy (The Pharmaceutical Journal January 2018)





## Involving patients and the public in our work

Organisations like NIHR CLAHRC Wessex are an exemplar. making the NIHR commitment work on the ground where it matters. That's why (its) guidance is so invaluable: it is based on the lived experience of public contributors, researchers and others in putting public involvement into practice.

Simon Denegri - NIHR INVOLVE

Over the last 6 years of CLAHRC Wessex has had a strong and supportive team of patient and public contributors (PPI).

Through their work we have devised a system of Champions to work alongside each of the research themes, and to help support and coordinate other public and patient contributors.

The Champions work closely with the themes, linked to the research programmes through a researcher. Researchers, Champions and senior theme leads meet regularly to advise and update the CLAHRC Wessex on strategy and innovations in public involvement. It was through this co-production that a PPI Champions Practical Implementation guide and manual was created.

Contributors have been integral to the work of CLAHRC Wessex and in return we have produce induction guides, personal development plans and involved them in carrying out research gathering, looking at public accountability by commissioning organisations.

Expanding on our experience of PPI, CLAHRC Wessex became one of the founding members of the newly established Wessex Patient Involvement Network (PIN) bringing together the NIHR research organisations across the Wessex region in a collaboration involving researchers and patient and public contributors.

■ <https://clahrc-wessex.nihr.ac.uk/patient-and-public-involvement>



## Developing the workforce: training and capacity building

**Our training and capacity building supported a talented group of future researchers who have gone on to lead innovations across the NHS and our health systems. Knowledge transfer has been key to building capacity across a wide range of health settings.**

There has been a real passion and drive to train, equip and empower researchers and NHS staff to develop their careers and research skills.

CLAHRC Wessex has helped train 22 new researchers supporting them to develop clinically and academically and to obtain their PhDs. In addition, 63 people took part in the Writing for Publication courses devised with Health Education Wessex to help develop researcher skills.

The Springboard programme saw 23 women researchers equipped with the skills to become research leaders of the future.

The Data Science team has been teaching clinicians and academics how to use modelling and health analytics methods to complement and target their research studies.

A number of health professionals from every NHS Trust in Wessex have been given training and support to provide innovative care.

Our first training director has gone on to head up the Nightingale Foundation driving the development of nursing in the country, while her replacement has gone on to work at Oxford University having delivered the Springboard course.

■ <https://clahrc-wessex.nihr.ac.uk/training>



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