Welcome to the community e-newsletter for the CLAHRCs, bringing you news from across the thirteen collaborations and the health services research community.

This newsletter looks at the work that NIHR CLAHRCs are doing around Community and Social Care.

Find out more about the CLAHRC Partnership Programme at:

www.clahrcprojects.co.uk/

NIHR CLAHRC Community e-newsletter - Community and Social Care

Issue 63

**CLAHRC East Midlands** finds diabetes service ‘effective’ in preventing hospital admissions

A study part-funded by NIHR CLAHRC East Midlands has demonstrated how managing people with poorly-controlled type 2 diabetes in the community is as effective as using intermediate care teams run by specialist teams.

Eight surgeries in Leicester offering a newer enhanced primary care diabetes service were compared against eight practices served by intermediate specialist-community care diabetes services.

Over a 12-month period, a difference of more than one patient out of every hundred adult patients with diabetes occupied a bed overnight in the hospital in the core practices compared to the difference of less than one for patients from the newer enhanced primary care diabetes practices.

The enhanced service involved primary care physicians and nurses with an interest in diabetes who attended monthly diabetes education meetings and provided care plans and audits. The core service involved a multidisciplinary team including specialists from hospital.

Dr Sam Seidu, who led the research, said: “Our analyses indicated that the use of a structured diabetes shared care service redesign is at least as effective in reducing hospitalisations, outpatients’ attendance or admissions for diabetes-related complications as an integrated specialist-community care core diabetes service.”

**CLAHRC East Midlands**: Joint CLAHRC project looking at de-intensifying therapies in nursing homes
CLAHRC East Midlands and CLAHRC-North Thames is looking to work on a collaboration to evaluate on going use of clinical pharmacists to de-intensify therapies in nursing homes. There will be a joint evaluation with careful selection of control sites.

**CLAHRC East Midlands:** Studies from CLAHRC East Midlands reducing falls risk and improving physical activity

The Falls Management Exercise programme ‘FaME’ is a community-based group exercise programme for older people. It is designed specifically to improve strength and balance in order to reduce the risk of falling. NICE recommends that people at risk of falling are offered strength and balance exercise programmes (CG161) but the availability of such programmes is patchy across the UK.

The CLAHRC-funded PhISICAL study (Physical activity Intervention Study In Community-dwelling AdULts) is investigating the implementation of the FaME strength and balance programme in Leicestershire, Rutland and Derby City, with the aim of developing an evidence-informed implementation toolkit at the end.

The toolkit will provide commissioners with the evidence and information that they need to implement the programme locally. It will include a business case, service specification, guidance on programme delivery (including workforce development, marketing and comms), quality assurance and continuous improvement approaches.

It will address questions that commissioners, elected members, providers and the public might have about the programme, with real-life case studies and videos. The study will be completed by the end of August 2018 with a programme of dissemination planned from summer 2018.

**CLAHRC East Midlands in regional health collaboration**

CLAHRC East Midlands is part of a collaboration of organisations working to improve the health of the region.

The organisations share a collective aim to serve the East Midlands’ 4.6m residents, improving health outcomes for patients and the public.

They have each signed a formal partnership agreement to reinforce this commitment and to collaborate in exploring all opportunities to share resources, develop joint projects and reduce the risk of duplication.

Along with CLAHRC East Midlands, the partnership is also made up of East Midlands Leadership Academy, Health Education East Midlands, Public Health England East Midlands East Midlands Clinical Senate, East Midlands Clinical Networks, East Midlands Academic Health Science Network and NIHR Clinical Research Network East Midlands.

**CLAHRC East of England:** Responding to the Transforming Care agenda: Scoping community services for adults with learning (intellectual) disabilities in the Eastern Region

The Government’s Transforming Care agenda to minimise the use of preventable ‘out-of-area’ placements has highlighted how little is known about the locality-based community services established to meet the specialist needs of adults with learning disabilities.

As part of a programme of research funded by the CLAHRC East of England, we have recently completed semi-structured interviews with thirty-seven NHS or Local Authority practitioners across the Eastern Region to find out about these services. Emerging findings suggest that (i) there is agreement about the core tasks of services but, at the margins, disagreement about the needs that should be addressed, and for whom. There are also (ii) an array of service models, the rationale for which is often unclear to staff in services. Finally (iii) even within services where NHS and LA staff are co-located, knowledge exchange and management were often reported to be problematic.
These findings are likely to have important implications for the commissioning, management, and day-to-day functioning of community services so that they can support service users with learning disabilities, their families and social care providers and others, to remain, as far as possible, ‘close to home’.

For further information: please contact Isabel Clare: ichc2@medschl.cam.ac.uk

**CLAHRC Greater Manchester: Wound Care**

As part of their Wound Care Programme, the team at NIHR CLAHRC Greater Manchester is currently working with partnering NHS trusts to optimise the assessment and management of leg ulcers in the community. A recent large-scale survey undertaken by the team with partner trusts found leg ulcers to be the type of wound most commonly being managed by community services.

The **ILUMIN** (Improving Leg Ulcer Management In community Nursing) project aims to use a facilitated audit and feedback intervention to drive improvements in the timeliness of doppler assessment and the use of compression therapy for leg ulcers, including improved uptake of 2-layer compression hosiery kits, with the ultimate aim of improving outcomes for patients, staff and services. The project launched across two trusts in August and September 2017, and will expand further over the coming months.

To find out more about the CLAHRC GM wound care programme, please visit: [http://clahrc-gm.nihr.ac.uk/our-work/wound-care/](http://clahrc-gm.nihr.ac.uk/our-work/wound-care/)

**CLAHRC Greater Manchester: Salford Diabetes Prevention Programme – Community Referral**

Non-Diabetic Hyperglycaemia (NDH) covers terms used to describe the decreased ability of the body to regulate glucose effectively, such as Impaired Glucose Regulation (IGR), Impaired Glucose Tolerance (IGT) and Impaired Fasting Glucose (IFG). The NHS Diabetes Prevention Programme (NHS DPP) offers tailored, personalised help to people diagnosed with NDH in order to reduce their risk of developing Type 2 Diabetes Mellitus (T2DM). This support is delivered to patients through education on healthy eating and lifestyle; help to lose weight and bespoke physical exercise programmes.

During 2015-16, seven demonstrator sites were commissioned to test innovative approaches to programme delivery, with a view to shaping a nationwide DPP roll-out. The success of the demonstrators relied upon developing innovative strategies to reach people missed by traditional efforts.

Of the seven demonstrators, Salford was unique in offering a choice between a telephone-based lifestyle service, known as ‘Care Call’, and a tailored exercise programme, known as ‘Exercise for IGR’, or both.

CLAHRC GM’s evaluation consisted of three evaluation reports, with the second report focusing on understanding the processes in primary and community care by which patients with NDH were identified for referral into the diabetes prevention services. This was reported using a mixed methods approach involving 32 semi-structured qualitative interviews, and quantitative analysis of data collected by the five agencies involved in making or accepting referrals to the DPP.

The full report details the findings and the recommendations which helped shape the future referral pathway for their demonstrator programme. For further information, please contact CLAHRC GM Programme Manager, Michael Spence, or visit: [http://clahrc-gm.nihr.ac.uk/our-work/exploiting-technologies/salford-dpp/](http://clahrc-gm.nihr.ac.uk/our-work/exploiting-technologies/salford-dpp/)

**CLAHRC North Thames: Helping the NHS understand referrals in community services**

CLAHRC North Thames operational researcher Ryan Palmer is collaborating closely with one of our partner organisations - North East London Foundation Trust (NELFT) – helping staff and managers better understand patient flow and outcomes within community healthcare services.
Ryan is utilising novel, yet accessible, data visualisation methods to help the Trust map and understand referrals within their community services, and understand how patients aged 65 and over use their Havering based services. In addition, he has developed informative mathematical methods for understanding patient flow and clinical outcomes within community services.

Visualising referral data helps researchers and care managers to work together and understand complex and hard to interpret data for multifaceted systems. These network maps highlight important characteristics of referral activity, assisting NELFT in its plans to implement a single point access (SPA) for older adult community services.

Contact Ryan on ryan.palmer.14@ucl.ac.uk

**CLAHRC North Thames: Technology to improve community care**

The NHS Five Year Forward View described the intention to develop ‘test bed’ sites to evaluate the real world impact of new technologies offering both better care and better value for taxpayers, testing them together with innovations in how NHS services are delivered. One test bed site is at Care City, a regional initiative in North East London to facilitate greater collaboration and integration between the NHS, social care sector, academic institutions and small and medium enterprises.

In work funded by NHS England, CLAHRC North Thames researchers are helping provide a formative evaluation of the adoption, impact and cost-effectiveness of innovations, drawing upon operational research and health economics.

An example is AliveCor Kardia mobile, a single-lead ECG device attached to a smartphone, used in community pharmacies to help detect undiagnosed Atrial Fibrillation in the community combined with a new pathway for rapid referral to prevent AF related diseases.

Contact Professor Martin Utley m.utley@ucl.ac.uk

**CLAHRC North West Coast: Perinatal Access to Resources and Support (PEARS) - Improving access to support for perinatal women through peer facilitation: a feasibility study with external pilot.**

Women’s psychological health and wellbeing matters throughout life but is particularly important during pregnancy and subsequently, postnatally. A pregnant woman’s psychological status does not just affect the woman, but also her developing infant, their connection and wider family relationships. At this phase of life, any assistance offered has the potential for preventing future difficulties for women, their families and society as a whole. Across the UK, there are many health and community resources available, however it is well documented that in more socially deprived areas, women often do not feel able to access these resources which results in both the mother and her family not gaining potential benefits, leading to inequalities in society.

The PEARS project was designed to examine access to health and community resources amongst socially deprived women and families. It aims to reduce gaps in health inequalities by testing whether combining elements of care, which have improved access to services and psychological health and well-being in other settings, can be implemented locally.

The three elements of the care intervention used included: 1) support from a non-professional peer 2) provision of detailed information about existing local services 3) help with identification of what a woman herself might find useful followed by IF THEN Planning (a simple way to help people put their intentions into action). The intervention incorporated these elements into a 20 minute session offered to women early in pregnancy.

The project has highlighted to health visitors and midwives the importance of community resources as an
adjunct to health care. Other findings/suggestions include:

- Health visitors themselves have expressed interest in taking over the role of utilising the community resources map developed during the research.
- Formal testing, potentially considering stepped wedge designs, across different areas of CLAHRCs.
- The intervention may also provide scope for the testing development of new research methodologies that better facilitate generation of reliable evidence from across the spectrum of our society.

Partners involved in the research included Liverpool Women’s Hospital, Liverpool CCG, Liverpool City Council & PSS. More info / full BITE here.

**CLAHRC North West London: No Man Is An Island: The importance of networks in community and social care settings**

Working within community and social care settings is core to CLAHRC NWL. Whilst evident in all themes, two notable research projects within the ‘Frailty’ and ‘Early Years’ themes are highlighted here. A shared finding across these projects is the importance of having care networks in place – patient networks and healthcare provider networks respectively.

Ongoing research within the Frailty theme has illustrated the importance of the care support network of an individual – and, indeed, the interplay between physical, social, mental and environmental domains. One project at CLAHRC NWL seeks to greater understand the holistic and proactive approaches used in the care of a frail individual, the importance of the ‘patient network’ (e.g. family, friends, physio) – and aims to understand its impacts from both a patient and healthcare professional perspective.

In the Early Years theme, allergy service improvement projects for children and young people demonstrated the importance of networks between healthcare professionals. Models of care differed across projects. What remained the same was the establishment of new relationships to share expertise and coordinate care; whether it were consultants and GPs discussing patients during lunch-time or school nurses phoning respiratory nurses with concerns about pupils.

The English poet John Donne once said, “No man is an island”. In support of this statement, our work in community and social care settings demonstrates that proactive use and development of networks, whether that be a patient or healthcare professional network, offers many benefits.

To get a more in-depth view of both of these projects read more on the CLAHRC NWL blog.

**CLAHRC Oxford: Optimising the management of blood pressure in pharmacies (OPTIMAP)**

High blood pressure (hypertension) affects a third of all adults in the UK. Persistently high blood pressure increases the risk of heart disease and stroke.

With the workload of GPs thought to be nearing saturation point, alternative models of care are needed to ensure appropriate long-term management of hypertension in the community.

Community pharmacies are conveniently located sources of medication advice, and are accessible without appointment. Health economic data suggests that services provided in pharmacies can be delivered at lower costs to the NHS than if conducted by GPs or in secondary care.

The purpose of this research is to determine how pharmacists can provide a blood pressure management service in community pharmacies. A mixed methods approach will be used to explore current practice during pharmacist-patient hypertension consultations, as well as to determine how pharmacy blood pressure compares with home or GP clinic readings. This work will inform a feasibility study, where a developed blood pressure service will be assessed in community pharmacies in Oxford.
This study could lead to better rates of blood pressure control, which is currently thought to be achieved in only 50% of diagnosed hypertensive patients.

**CLAHRC Oxford: A shopping intervention for cardiovascular disease prevention: a feasibility study**

Cardiovascular disease, such as heart attacks and strokes, are the leading cause of death in the UK.

The types of food that people eat can strongly influence the risk of developing cardiovascular disease. Foods high in saturated fat, in particular, can raise this risk. Research has shown that reducing the intake of saturated fat can lead to big reductions in the amount of ‘bad’ LDL-cholesterol in the blood.

Most of the foods we purchase come from supermarkets which already collect information on people’s purchasing behaviours via loyalty cards. This allows purchases to be tracked, and the nutritional content of the food people buy to be analysed. By working with one such major supermarket we will deliver personalised nutrition advice and feedback to patients at their homes which may help to reduce their saturated fat consumption.

This project is a proof-of-concept, or ‘feasibility’, study which aims to:

- develop a way to provide people with personalised feedback on the nutritional content of the foods they have recently bought, and offer advice on healthier alternatives;
- develop a brief advice session, supported by written materials, that a health professional can use to help people improve their diet and reduce their saturated fat intake; and
- test if these approaches, alone or in combination, help to decrease saturated fat intake among patients with raised cholesterol.

More here

**CLAHRC Oxford: Self-managing higher blood pressure after childbirth (SNAP-HT)**

High blood pressure during and after pregnancy can put both mother and baby at risk. Despite this, NICE has highlighted that very few clinical studies have addressed the management of blood pressure after birth.

Previous work by NIHR CLAHRC Oxford’s ‘patient self-management of chronic disease’ Theme lead, Professor Richard McManus, showed that people monitoring their own blood pressure and adjusting their medication accordingly are better at lowering their blood pressure than those who receive normal care (e.g. monitoring by their GP).

So, does showing new mothers how to self-manage their blood pressure improve their health outcomes over those receiving standard care? This is the question that NIHR CLAHRC Oxford is hoping to answer with its SNAP-HT pilot study.

This study will help inform how best to do a larger-scale study for women with new-onset raised blood pressure in pregnancy, to see if the approach also improves outcomes for them.

This project has recently completed and the results are awaiting publication. More here

**CLAHRC Oxford: Supporting people to lose weight by self-weighing**

Many people who are successful at losing weight and keeping it off say that weighing themselves every day is key to their success. However, asking people to adopt this habit is not enough to help them lose weight. We need to understand what’s missing. What are the thoughts and feelings that people who do
this successfully have when they stand on the scales?

This CLAHRC Oxford project aims:

- To use research in psychology to understand the way that weighing yourself daily creates thoughts and feelings that help or hinder weight loss;
- To refine this understanding, using a small number of volunteers who are trying to lose weight, to identify the patterns of thoughts and feelings that help people commit to and sustain their action on weight; and
- To develop a mobile phone app to that people can use to coach them in helpful responses to their daily weight record and to test its impact on weight loss.

More here

PenCLAHRC: Family Vision

Children exposed to conflict between parents and domestic violence can be at risk of social, emotional and behavioural difficulties, even after they have left the violent home environment. This project, supported by NIHR PenCLAHRC in partnership with the Public Health Commissioning team at Devon County Council, aims to find out whether the Family Vision programme – which focuses on parent empowerment and leadership - is useful in supporting children exposed to domestic violence, and how it can be best delivered in local service settings.

Read more about the Family Vision project.

PenCLAHRC: The impact of public suicides

Did you know that a third of the 6,000 suicides in the UK take place in a public space? When this happens, the breadth of people affected by the suicide increases – from bystanders to those inadvertently responsible for the act, such as train drivers.

A study supported by NIHR PenCLAHRC is developing an educational campaign aimed at members of the general public and non-health service professionals who witness a suicide in a public place. You can read more about this study on our website.

PenCLAHRC: Dental care for the very young

Dental disease is the most common reason for children to be admitted to hospital. 40,970 surgical procedures were carried out on children for their teeth in 2014-15 at a cost of £35 million, most of whom were from socially deprived areas.

NIHR PenCLAHRC is working with the Family Nurse Partnership on a project which aims to support young parents and their babies in some of the most disadvantaged neighbourhoods in the South West, to develop ways to change behaviour relating to babies’ teeth. It is hoped that the results can then be adopted nationwide. Read more about the baby dental care project.

PenCLAHRC: Coordinating hospitals, GPs and social services

There are 14 Multispecialty Community Providers (MCP) ‘Vanguard’ sites across England. These new sites aim to better coordinate hospitals with family doctors and social services. A project supported by NIHR PenCLAHRC will use modelling techniques to assist the formation and early operation of MCPs.

The project team aims to engage with MCP practitioners (GPs, community nurses, hospital specialists and others), as well as patient groups and key stakeholders. Find out more about the project.
**CLAHRC West:** Can community pharmacists identify and respond to women who have experienced domestic violence and abuse?

Women who have experienced domestic abuse may be more likely to use the morning-after pill (emergency contraceptives), and community pharmacists dispense about a half of all emergency contraception. Could community pharmacists help identify abused women and assist in their referral to specialist services?

This project aims to find reliable evidence showing whether abused women are more likely to use the morning-after pill. This will help decide whether this is an appropriate role for community pharmacists. We will look at published studies on this issue and carry out our own research on UK data. We will also interview pharmacists to find out whether this approach would be realistic and acceptable.

This work will be done jointly with the Centre for Academic Primary Care at University of Bristol and CLAHRC North Thames in London.

[See more on the CLAHRC West website](#)

**CLAHRC West:** Avoidable hospital admissions in people living with dementia

People with dementia are more likely to go to hospital and do worse once they’re there. Many of these admissions could be avoided, with the right interventions.

This project aims to understand what factors make it more likely that someone with dementia will be admitted to hospital, and what can be done to reduce that risk.

We will:

- look at routinely collected data to understand what factors make someone with dementia more likely to be admitted to hospital
- carry out a ‘systematic review’ of trials that looked at interventions to reduce hospital admissions in people with dementia

[Read more about this project on the CLAHRC West website](#)

**CLAHRC West Midlands:** Evaluation of the Safer Provision And Caring Excellence (SPACE) programme

Most research into improving patient safety has focused on the acute sector, and the study of organisational safety culture is a recently emerging concept in other areas of health and social care provision such as the care home sector. Care home residents are an increasingly frail and elderly population that often has multiple physical, cognitive and sensory impairments and complex support needs. In this population, adverse safety events can quickly escalate and may lead to hospital attendance or admission. It is also well documented that the care home sector is characterised by high workloads and high rates of manager and staff turnover which poses challenges for positive safety practices to become embedded within the culture of the organisation.

Thus, there is a significant risk of adverse events for care home residents, and quality and safety in care homes is becoming an increasingly important concern for adult social care. The most common adverse events in care homes are falls, pressure ulcers, wounds, infections and medication errors. Quality improvement methods have been shown to help improve safety outcomes, and CLAHRC West Midlands is being funded by the West Midlands Patient Safety Collaborative to evaluate an innovative quality improvement programme (SPACE) being implemented in 26 care homes across Walsall and Wolverhampton. The programme provides facilitated training and workshops for care home managers and staff, and ongoing support for staff to make positive changes to reduce rates of adverse events in their care homes by introducing service improvements and methods for ongoing monitoring of safety.
The SPACE programme launched in October 2016 and is being evaluated over a 24 month period using both quantitative and qualitative methods. Surveys at several time-points will measure changes in safety climate between baseline and programme end; observation of staff training, semi-structured interviews with managers, staff and programme facilitators, and focus groups in several case study care homes will assess participants’ perceptions of the programme and the barriers and facilitators to improving safety in the care home sector. We hope to see rates of adverse events such as falls and pressure ulcers being reduced as a result of the quality improvements and training being offered to participating care homes, along with a reduction in hospital attendances and admissions by care home residents. Data are currently being collected to assess the impact that SPACE has had in the 12 months since it was launched, and to inform potential changes to the programme for its second year of implementation.

Contact Sarah Damery (s.l.damery@bham.ac.uk) for further information.

**CLAHRC Yorkshire and Humber: A pilot project to co-produce a tool to optimise attendance at hepatitis C clinics.**

Non-attendance in the drug service Hepatitis C outreach clinic means clients miss the opportunity of referral for curative hospital treatment. A doctoral study was undertaken to investigate the problem, with the reasons for missed appointments being more complex than the initial explanations given (*Poll et al, 2017*). The challenge was to transform this knowledge into practice and to do so in a co-productive way.

The project team recognised the importance of collaboration with service users and stakeholders, using the principles of co-production (*Heaton et al, 2015*). Our objective was, using co-design methods, to develop potential solutions for improving access to the Hepatitis C clinic which were created and owned by stakeholders.

During this process an initiative suggested by participants was a mobile clinic van staffed by the hospital team, which would provide screening, care and treatment at different locations in the city. Whilst a business case is being prepared, a short animated video with commentary was produced. [https://youtu.be/DWCF6j2oygs](https://youtu.be/DWCF6j2oygs)

As with other areas of health where it has shown to be effective, the use of ‘buddies’ was offered by participants as a strategy to help improve engagement with the clinic. [https://youtu.be/LmDwnTZEexs](https://youtu.be/LmDwnTZEexs)

Read more about this project [here](https://youtu.be/LmDwnTZEexs).

Please contact Dr Ray Poll [ray.poll@sth.nhs.uk](mailto:ray.poll@sth.nhs.uk)

*References:


**CLAHRC Yorkshire & Humber: Weight-gain after stroke**

Recent research shows that weight-gain is a problem for some people after stroke. This project considered how to improve weight management services for stroke survivors in Sheffield. The aim was to identify interventions, actions or products that could improve current provision and patient experience.

The various groups involved were stroke survivors and carers; staff from the stroke pathway; and public and third sector service providers. Firstly, we met to discuss the current stroke services and develop a map of weight management stroke service. Secondly, co-production took place. Two workshops were held collaboratively generate ideas for services and resources.
The Full report including emergent results is available [here](http://clahrc-yh.nihr.ac.uk/our-themes/translating-knowledge-into-action).