UNIVERSITY OF Southampton

NHS
National Institute for Health Research

Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Wessex

What is the NIHR CLAHRC Wessex?

We are a Wessex wide partnership of providers, commissioners, patients, public, clinicians and researchers. We aim to put into practice what we learn from undertaking research. Our focus is on bringing benefits to people living in Wessex through better integration of pathways to care for people with long term conditions and reducing hospital admissions through more appropriate use of health care.

Approach to Implementation

Direct knowledge transfer – building and exploiting things we know work

Mutual knowledge exchange through social interaction

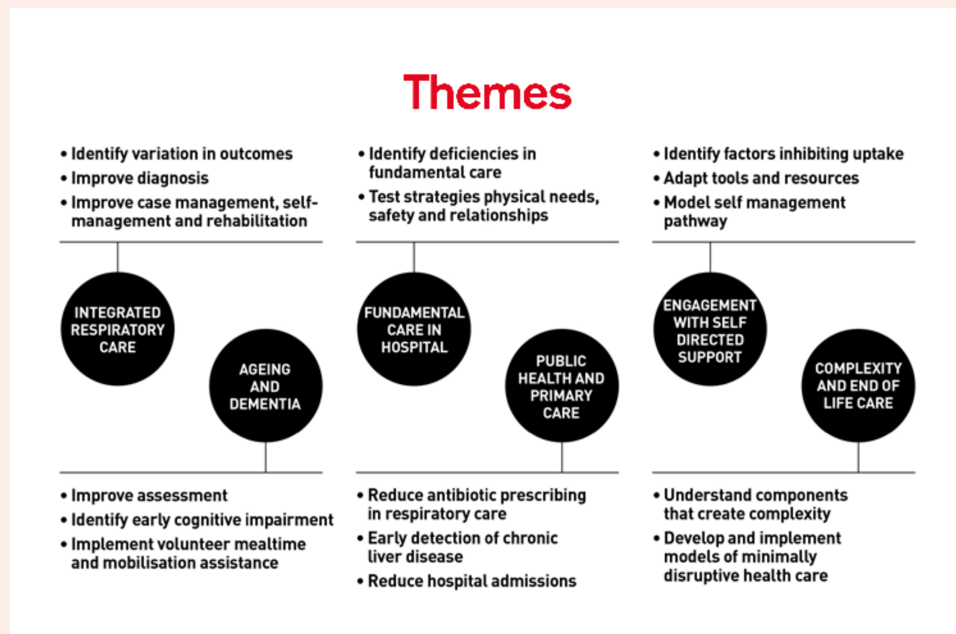
Multi-level implementation encouraging environmental and organisational readiness

Facilitate knowledge translation heuristic tools

Nov 2013

Themes of work

We have outlined six themes of work: integrated respiratory care, ageing and dementia, fundamental care in hospital, public health & primary care, engagement with self-directed support, complexity and end of life care.



Integrated Respiratory Care

We know that people with respiratory conditions in Wessex – especially those with asthma and Chronic Obstructive Airways Disease (COPD) could benefit from better management. Through establishing patient-centred models of care we will improve identification, prevention and management at the earliest opportunity.

Projects:

- Identifying variations in outcomes of respiratory care: the basis for targeted interventions
- Improving COPD diagnosis through primary care
- Developing regional implementation of e-health training skills in respiratory management in primary care
- Improving ‘complex case’ management models of care for people at high risk of admission
- Supporting self-management through engaging patients with internet and smart-phone based self-management support for asthma and smoking cessation
- Helping people with asthma and COPD manage psychological distress with evidenced based strategies
- Assessing better access to Pulmonary Rehabilitation for maintaining respiratory health
- Establishing the impact of integrated service improvement on health outcomes

Improving routine care for ageing and dementia

Complex needs experienced by frail older people and those diagnosed with dementia requires accurate assessment, changes to clinical practice and implementation of appropriate community strategies and clinical care guidelines. We want to identify frail individuals at high risk of poor outcomes and evaluate the use of simple assessments in routine care by clinical staff.

Projects:

- Improving the assessment of older people in hospital by implementing the measurement of grip strength into routine ward care
- Evaluating the use of a comprehensive assessment tool in out-patient clinics to improve the quality of care of older people across acute and community healthcare settings
- Implementation of trained mealtime volunteers to help older hospital patients in a range of ward areas
- Improving the diagnosis of dementia in people of working age to identify ways of improving pathway design, and integrating care in acute and community healthcare settings
- Implementation of care guidelines, educational tools and management of cognitive impairment and dementia in acute and community healthcare settings

Delivering high quality fundamental care in hospital

People coming in to hospital want to be treated with respect and dignity by health care workers who have the time, resources and training needed to keep them safe and well cared for. The research in this theme aims to understand how things can go wrong and to identify systems and approaches to care that ensure people experience the best possible nursing care in hospital. The work will be guided by a priority setting group which will include patients and members of the public to ensure that it focusses on what matters most to people.

Projects:

- Evidence for effective strategies to address deficiencies in fundamental care: safety, relationships and nutrition/hydration
- Designing interventions to improve nursing workforce capacity targeting multiple outcomes
- Tools for excellence: evaluating different approaches to organising care and delivering treatment to improve fundamental care

Public health and primary care

Better prevention impacts on the health of local populations and use of health care resources downstream. We want to improve the targeting of antibiotic use and do more to identify and prevent chronic liver disease and acute kidney injury.

Projects:

- Adapting and testing implementation strategies in prescribing behaviour for antibiotics
- Modifying the progression of liver disease through changing pathways for early diagnosis and lifestyle change
- Using routinely collected information to look at the impact of Acute Kidney Injury
- Design and implement prevention strategies for Acute Kidney Injury

Patient engagement with self-directed support for long term condition management

People's social networks and links to local community resources are important in supporting engagement with the management of conditions and getting access to appropriate help across a pathway of support. There are some effective online resources including e-health and mobile apps available. We will find out how they can best be adapted and used within both the health service and in informal settings.

Projects:

- Implementation of a network tool designed to assess, engage and link people into social activities and support
- Better commissioning of self-management resources using health modelling and identifying priorities. Adapting online self-management support tools for people experiencing distressing and difficult to manage symptoms
- Develop a resource for patients and carers to help navigate and negotiate their way through the health system

Minimally disruptive healthcare: Complex pathways, Patient Experience, and Organisational behaviour

Towards the end of life people with advanced and comorbid disease often transit through multiple hospital admissions and re-admissions and interact with a variety of hospital departments and primary care services. This is often complex, demanding, and costly work for them. We want to improve patient experience by better understanding responses to this complexity and workload and develop tools to support more effective and appropriate navigation and utilisation of services.

Projects:

- Using experiences of Heart Failure as a starting point, we will characterise and explain the dimensions of complexity towards the end of life and develop models of its impact on interactions with service
- Identify strategies to increase patient and caregiver capacity to manage complexity, improve co-ordination of care, and respect patient preferences
- Develop and implement simple and inexpensive tools that help reduce experiences of complexity and to support more appropriate interactions with service providers

Our Partners and People

How will we work?

Themes will work as collaborations between researchers at the University of Southampton and partners and project managers in the NHS. We will provide opportunities for working across research and the NHS in order to implement and change practice and show how this is done.

How are we funded?

The National Institute for Health Research (NIHR) has promised £9 million over 5 years from 2014 with our partners, health education, commissioners and health and social care providers providing matched funding in cash and kind (e.g. staff time) of an additional £10 million.

What are our next steps ?

We want to engage with our partners, agree priorities for making the health system bring health benefits to patients. If you are interested in our projects and working collaboratively with us please contact us as below.

The NIHR CLAHRC Wessex is a collaboration of providers and commissioners from the NHS, industry, third sector and the University of Southampton and is part of the National Institute for Health Research
Website: **www.clahrc-wessex.nihr.ac.uk** Email: r.m.trowbridge@soton.ac.uk