

Researchers, Managers, Commissioners, Lend Me Your Ears...

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Plan for the session:

- **Aim and Objectives** for this workshop
- Discussion of **case studies** covering:
 - Quality Improvement Science,
 - Evaluation work and Research
 - Using the PRECEPT and FOOTPRINTS projects as examples
- Short practical **activity and feedback**
 - **A draft model** to work with
 - **Summary and take-away messages**
 - **Any Questions?**

Aim of the Session

To promote a better understanding of the interdependency of research, evaluation and improvement science, in improving patient care

Objectives - Participants will leave with:

- Real world example of how these three areas overlap and how they can contribute
- Examples that can be used to start debate and discussion
- Ideas of who to contact in your organisation
- Any other ideas from the audience, what are you expecting to learn from this session.....

Discussion around real Case Studies

PRECEPT project

PreCePT



Preterm births are increasing

More premature babies than ever before are surviving, but the number with cerebral palsy continues to increase

Cerebral palsy affects around 2.5 in every 1,000 babies*

locally this means about 75 babies per year



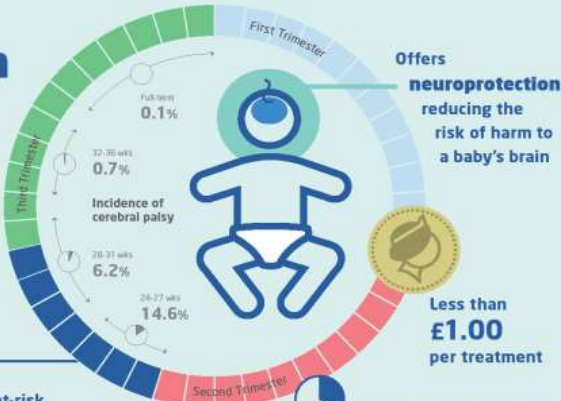
Just under half are born prematurely.

[MgSO₄]

Magnesium Sulphate

Proven to be effective at reducing risk of developing cerebral palsy in babies born before 30 weeks

By around 50%



Offers neuroprotection reducing the risk of harm to a baby's brain

Less than £1.00 per treatment

If we treated all mothers of at-risk babies, we could prevent 5 babies per year from developing cerebral palsy in the West of England



On average about only 30% of eligible mothers receive MgSO₄



Contact **WEAHSN** for more information

www.weahsn.net | 0117 900 2604



The West of England Academic Health Science Network (WEAHSN) is a vibrant and diverse network of providers of NHS care, universities and NHS commissioners working with a wide range of partners to accelerate the spread of innovative, evidence-based practice to improve health and care quality. The Network covers Bath and North East Somerset, Bristol, Gloucestershire, North Somerset, South Gloucestershire, Swindon and Wiltshire.

*There is a lot of variation nationally, not only and internationally (even by additional issues, particularly at the low end) and of the conditions and gender differences in developing epidemiology.

Design by BIPETISING.

Clinical Background



Antenatal magnesium sulphate therapy given to women at risk of preterm birth substantially reduced the risk of cerebral palsy in their child (relative risk (RR) 0.68; 95% Confidence interval (CI) 0.54 to 0.87; five trials; 6145 infants).

Clinical Background

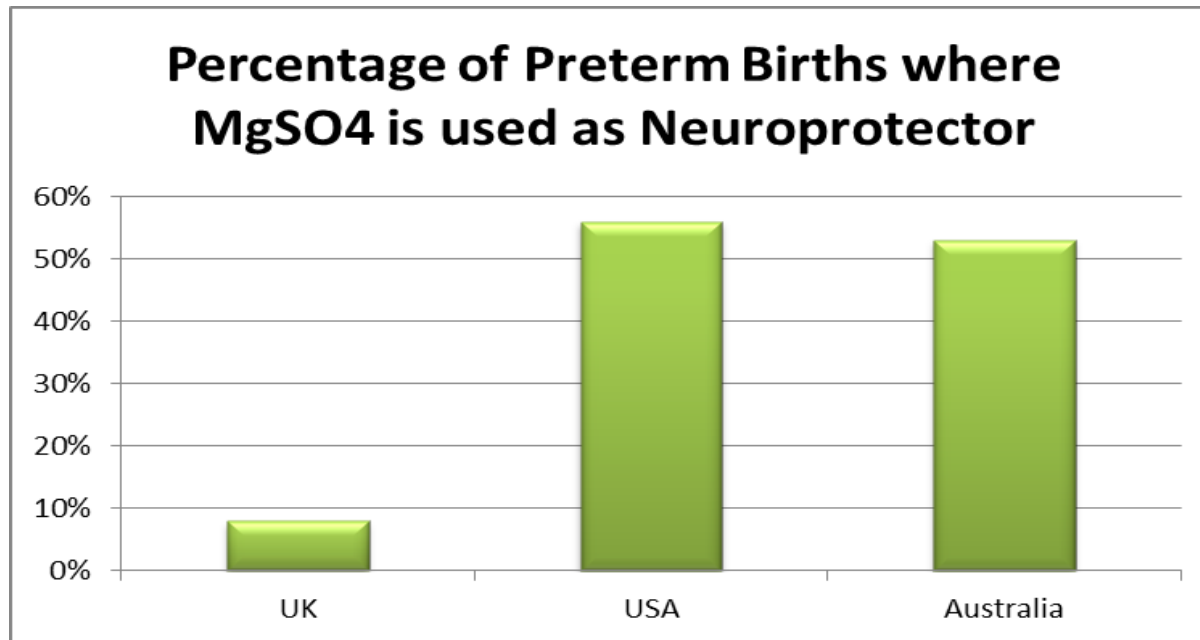
Royal College of Obstetrics and Gynaecologists:

- Magnesium Sulphate to Prevent Cerebral Palsy following Preterm Birth (Scientific Impact Paper 29) August 2011

“Magnesium sulphate should be considered in women at less than 30 weeks gestation as the benefits are largest at earlier stages and it is not associated with adverse long term side effects.”

The Scientific Advisory Committee paper concluded that this evidence is not new, however, it had not lead to a wide-spread change in clinical practice in the UK.

Benchmarking: Magnesium Sulphate



25% of UK tertiary units didn't have a guideline in place

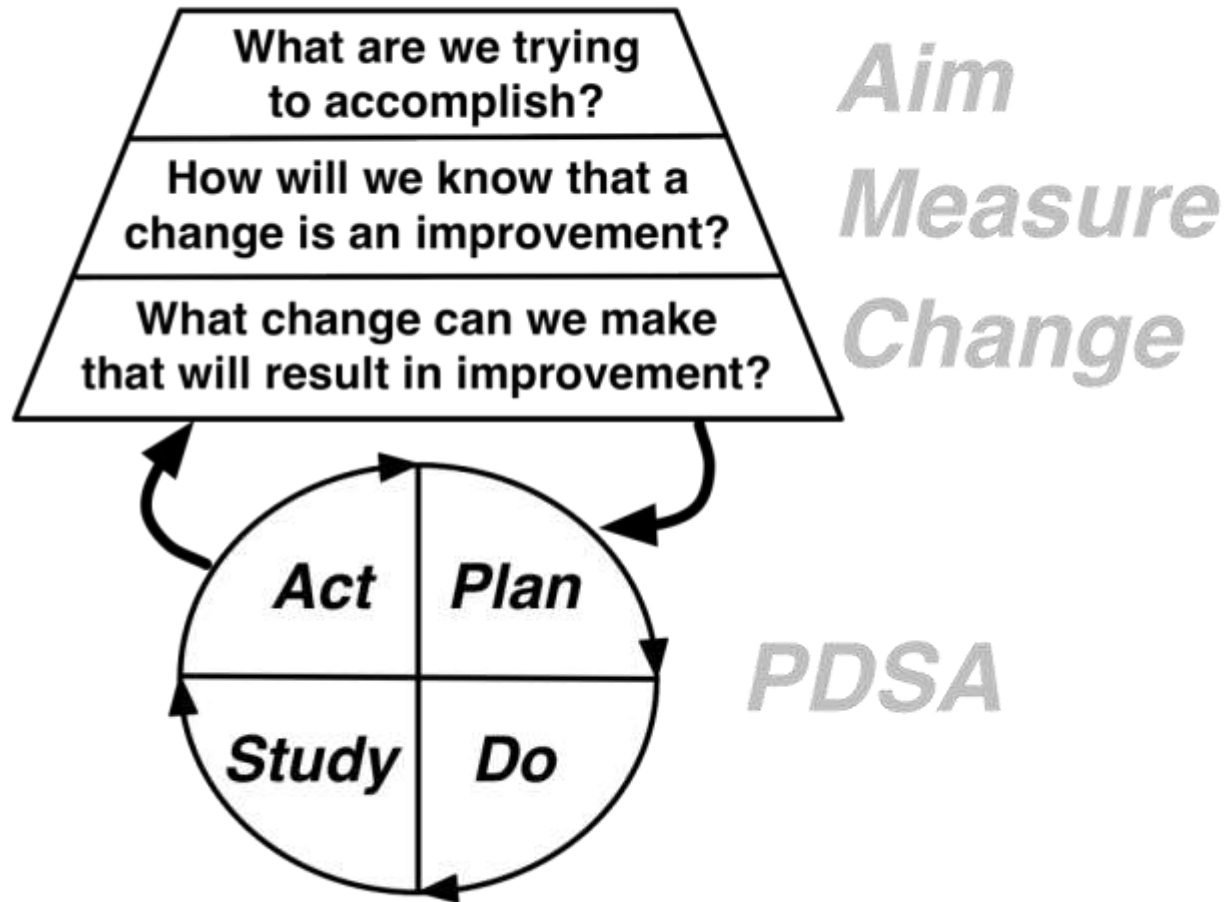
Are you too busy to improve?



Håkan Forss @hakanforss <http://hakanforss.wordpress.com>

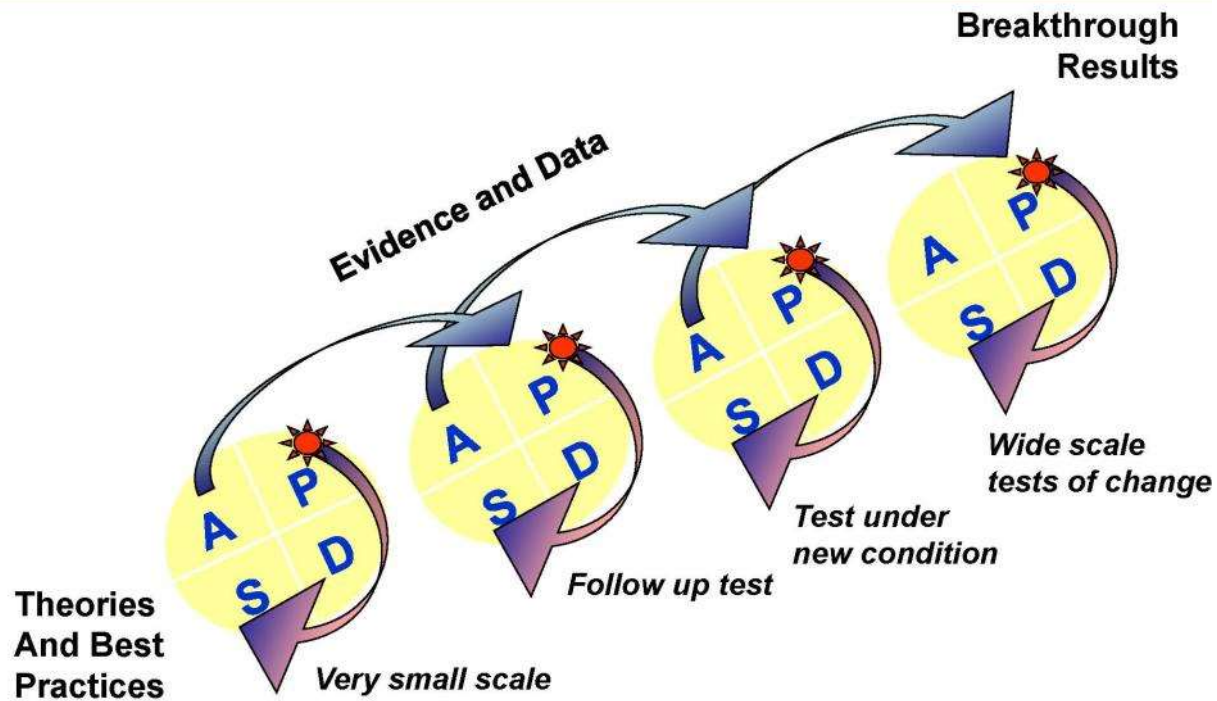
This illustration is inspired by and in part derived from the work by Scott Simmerman, "The Square Wheels Guy" <http://www.performancemanagementcompany.com/>

Model for Improvement



Langley, Nolan, Nolan, Norman, Provost;
The Improvement Guide, 1996

Building Knowledge with PDSA Tests



Baseline data (24 months prior)

<i>Unit</i>	<i>Eligible</i>	<i>Received</i>	<i>%</i>	<i>Comments</i>
Unit A	38	3	8	
Unit B	60	7	12	
Unit C	76	32	42	Incomplete
Unit D	50	33	66	
Unit E	55	13	24	

Uptake of intervention

<i>Unit</i>	<i>Aug-14</i>			<i>Sep-14</i>			<i>Oct-14</i>			<i>Nov-14</i>		
	Eligible	Rec'd	%	Eligible	Rec'd	%	Eligible	Rec'd	%	Eligible	Rec'd	%
Unit A	0	0	N/A	2	2	100	0	0	N/A	3	3	100
Unit B	3	2	67	1	1	100	1	0	0	4	3	75
Unit C	6	5	83	4	4	100	4	4	100	6	6	100
Unit D							3	2	67	1	1	100
Unit E							0	0	100	2	2	100

<i>Unit</i>	<i>Dec-14</i>			<i>Jan-15</i>			<i>Total</i>		
	Eligible	Rec'd	%	Eligible	Rec'd	%	Eligible	Rec'd	%
Unit A	0	0	N/A	1	1	100	6	6	100
Unit B	1	1	100	8	6	75	18	13	72
Unit C	7	6	86	4	4	100	31	29	94
Unit D	2	2	100	4	3	75	10	8	80
Unit E	5	5	100	1	1	100	8	8	100
							73	64	88

Discussion around real Case Studies

The FOOTPRINTS study



FOOTPRINTS IN PRIMARY CARE

FREQUENT ATTENDERS STUDY

Rebecca K Barnes¹, Helen Cramer¹, Clare Thomas¹, Mwenza Blell², Sue Jackson³, Sandra Hollinghurst¹, Helen Thorley⁴, Charlie Record⁵, Chris Metcalfe^{1, 6}, and David Kessler¹

¹School of Social & Community Medicine, University of Bristol, ²Department of Archaeology and Anthropology, University of Bristol,

³Department of Health & Social Sciences, University of the West of England, ⁴CLAHRC West, University of Bristol,

⁵Frome Valley Medical Centre, Frampton Cotterell, Bristol, ⁶Bristol Randomised Trials Collaboration, University of Bristol.

ISRCTN 62939408

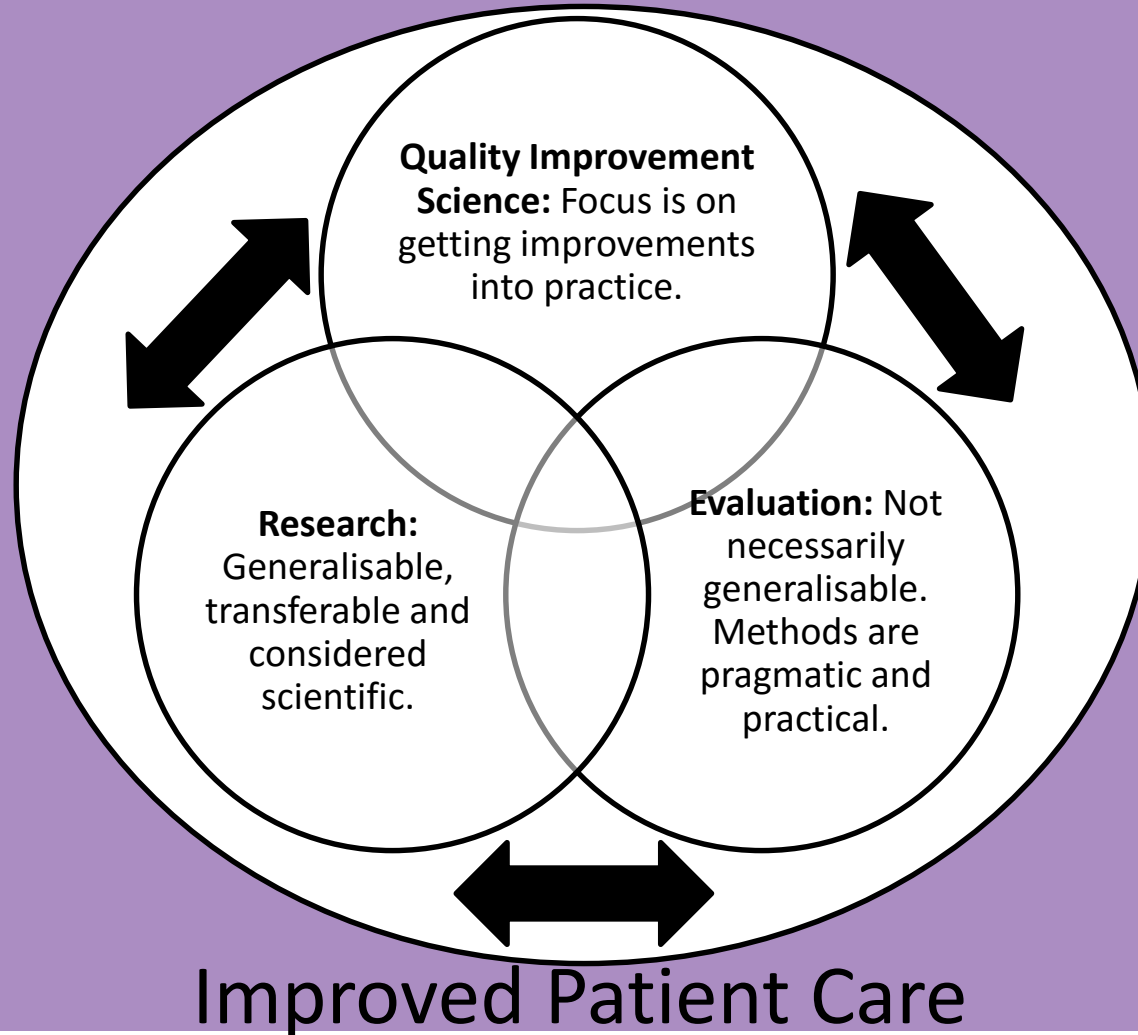
It has been reported that the footprint of frequent attenders accounts for on average 1% of adult patients but 20% of the workload in a primary care practice. Compared to the national yearly average, they are said to have three times as many contacts with primary care, and a much higher rate of investigations. They are also therefore potentially at risk of iatrogenic harm.

The idea for this study originated from reception staff at a local South Gloucestershire practice who felt the practice could do more on how it was caring for its most frequent attenders. With help from patients, the idea was developed into an RCGP award-winning intervention. A service evaluation indicated a reduction in patient demand for GP consultations and fewer referrals. Researchers at the University of Bristol have collaborated with members of the original team to develop a protocol to take this idea forward, gathering evidence from a range of sources regarding the extent of the problem and the wider feasibility of the model.

Practical Activity

- Mixed groups of people who identify themselves as researchers, evaluators or quality improvement staff.
 - Think of concrete examples of joint working
 - Discuss perceptions of how your work overlaps, if at all
 - What barriers or divisions exist regarding closer working?

A Model to work with:



Summary / Take Away Messages

- *Evaluation, Research and QI - a continuum*
- *How can I break down traditional barriers?*
- *How can I promote discussion around these issues?*
- *Who are the key people in my organisation?*
- *What are their jobs?*
- *Practical steps?*

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Any Questions....

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