

Engagement by Design

**PenCLAHRC - NIHR Collaboration
for Leadership in Applied Health
Research and Care for the South
West Peninsula**

Report of the High Level Group
on Clinical Effectiveness

Chaired by Professor Sir John Tooke

A report to Sir Liam Donaldson
Chief Medical Officer

Problem:

There is substantial
variation in clinical
practice

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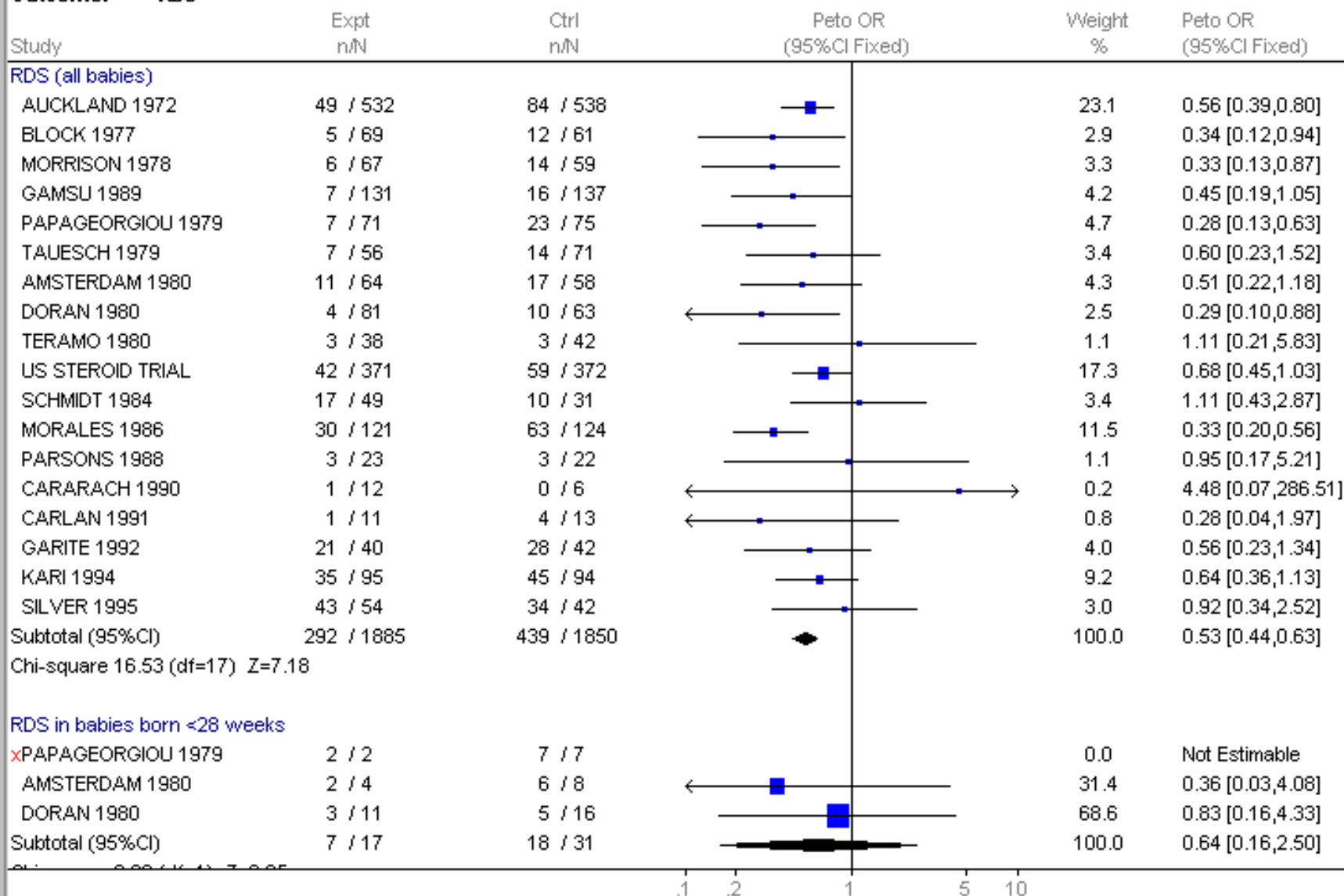
Summary

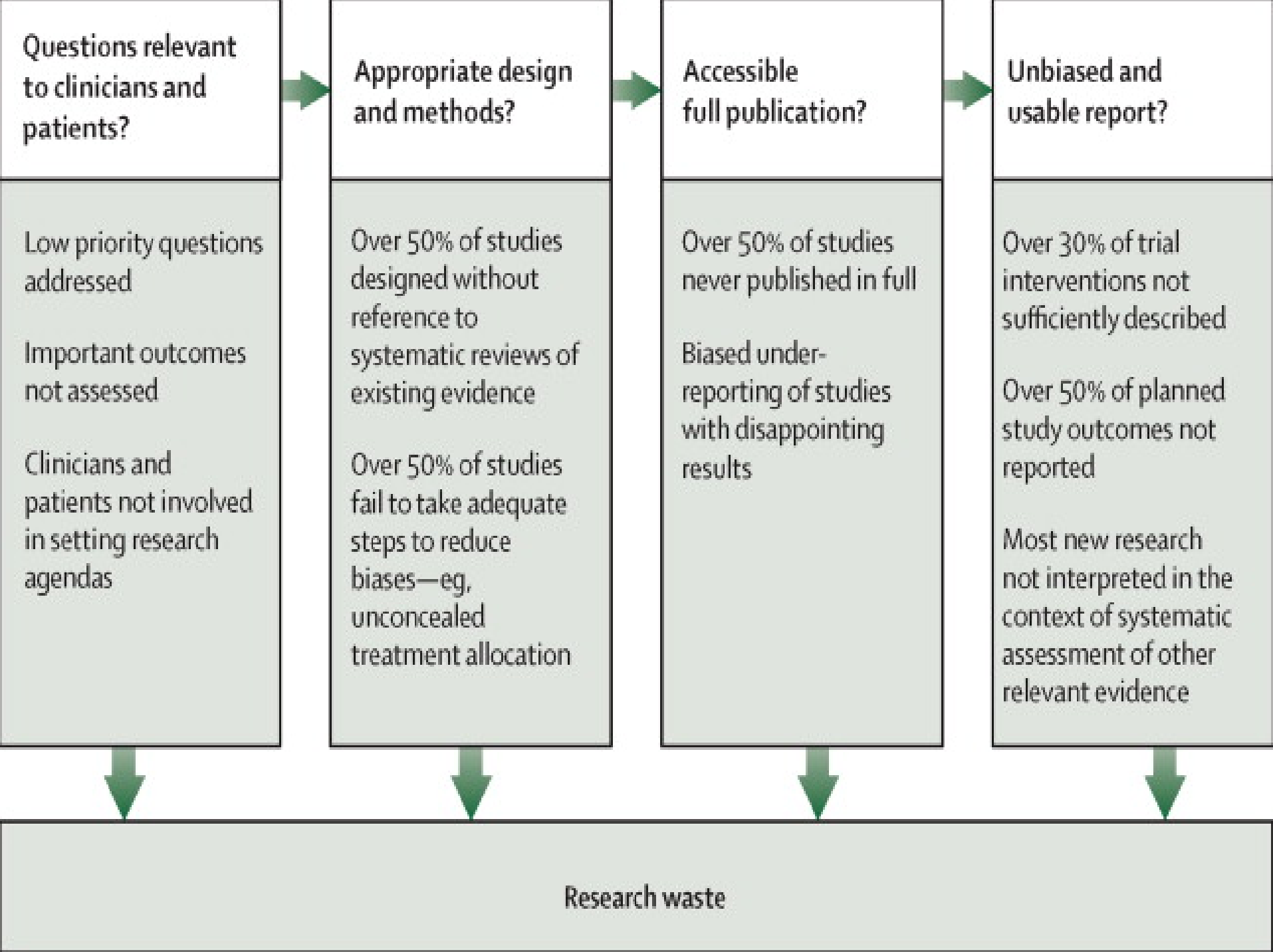
Variation results from:

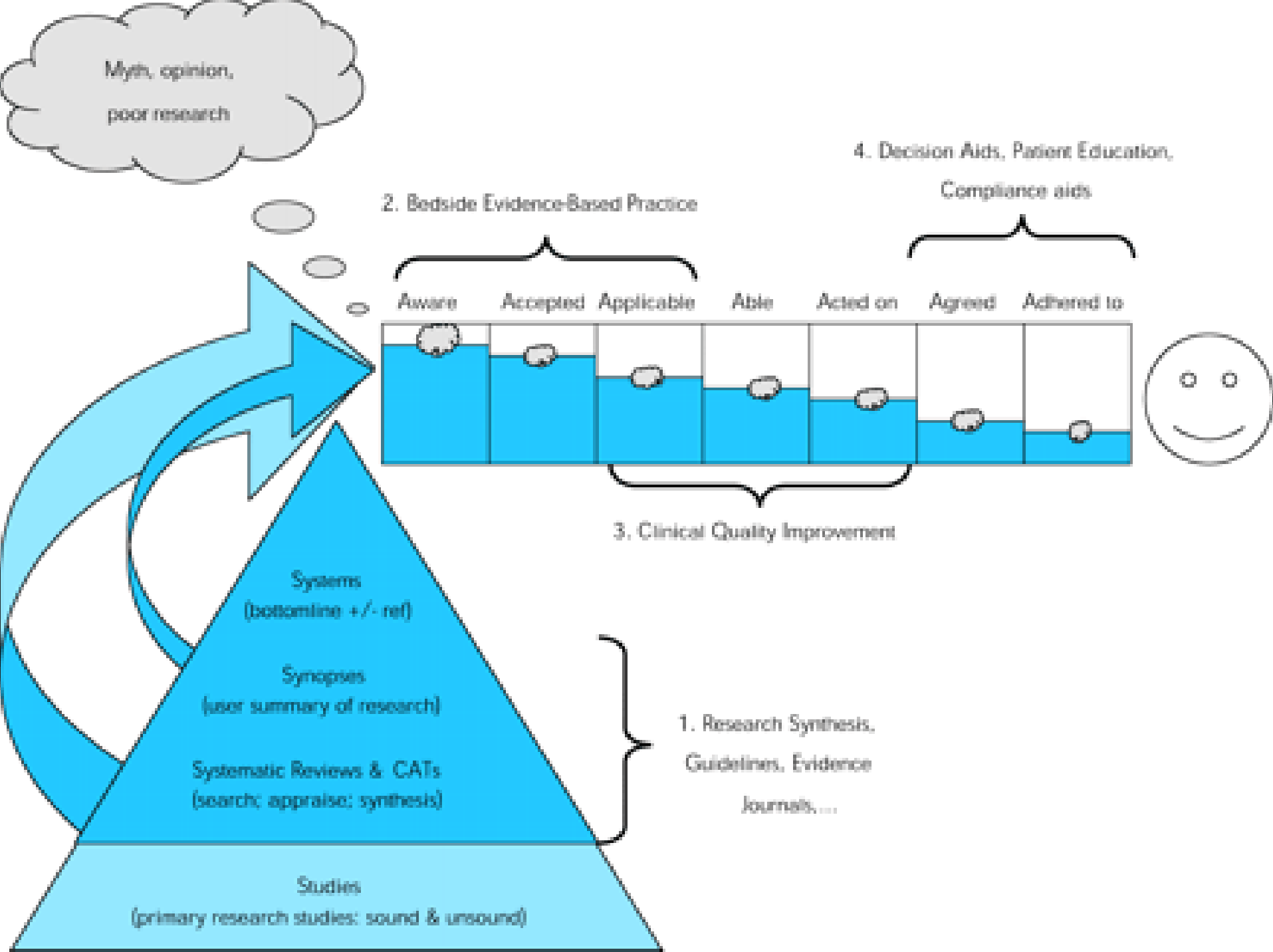
- Lack of robust evidence for many key clinical and policy questions
- Patchy implementation of existing research evidence (and insufficient evidence about how best to drive implementation)

Comparison: Corticosteroids versus placebo or no treatment

Outcome: RDS







Effective methods to translate evidence into practice

- The NHS is good at innovation but poor at dissemination of innovation
- Those who innovate are often not motivated/resourced to publish
- The right places to publish this type of research are not always clear

Effective methods to translate evidence into practice

- Most single methods “work” but the magnitude of the effect is small
- Characteristics of effective interventions include:
 - Starting with a “diagnostic” approach to identify potential facilitators and barriers
 - Multi-faceted interventions which address
 - *The individual practitioner*
 - *The team*
 - *The organisation*
 - *The system*

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[http://www.dh.gov.uk/en/
Publicationsandstatistics/Publi
cations/](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/)

NIHR Collaborations for Leadership in Applied Health Research and Care

- Collaborative partnerships between university and surrounding NHS organisations, focused on improving patient outcomes through conduct and application of applied health research.
- Undertake high-quality applied health research focused on the needs of patients and support the translation of research evidence into practice in the NHS

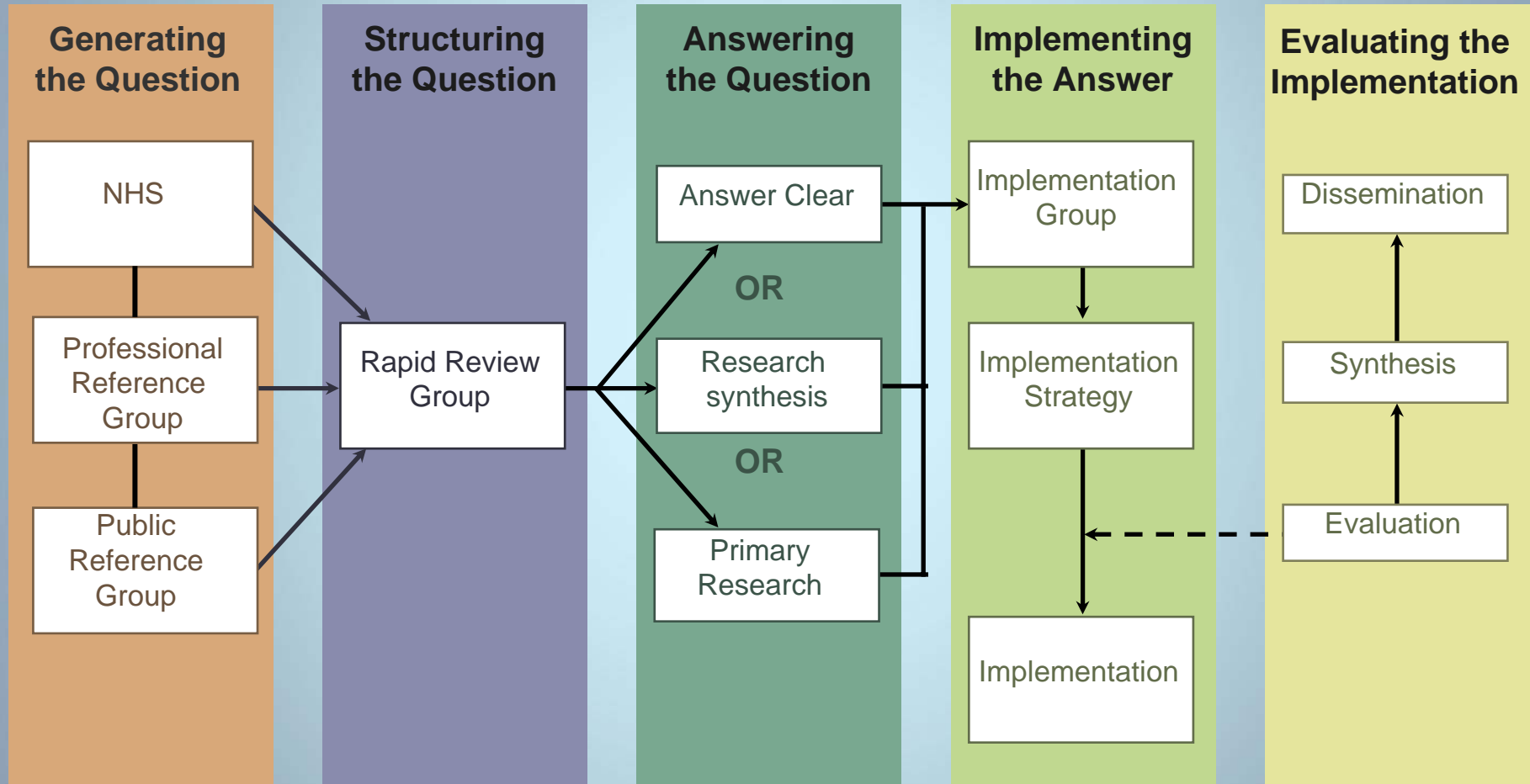
Southwest Peninsula Clinical Research Collaboration

Established 2005

- 14 NHS organisations
- Peninsula College of Medicine and Dentistry
- Parent Universities

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Prioritisation



Use of resources

- **“Infrastructure”**

- **to produce grant applications which:**

- **Are methodologically excellent**
- **Answer questions of real importance to the NHS**
- **Have necessary preliminary work completed**

- **to underpin implementation and conduct of research**

- **Develop local implementation science capacity**
- **Develop local capacity (and desire!) to utilise research evidence in decision making (and generate and conduct high quality research)**

Use of resources

- **Fund some “unfundable” evaluations**
 - **Of the overall initiative**
 - **Of specific interventions e.g. Culture Club, Kasebook**
 - **Some aspects of evaluation of implementation strategies**
- **Spread across institutions and geography**

Prioritisation

- Prevalence/incidence and health and resource impact.
- Potential for health gain.
- Tractability of the research question.
- Appropriateness of the local environment to address the question.
- Fit with local strategy

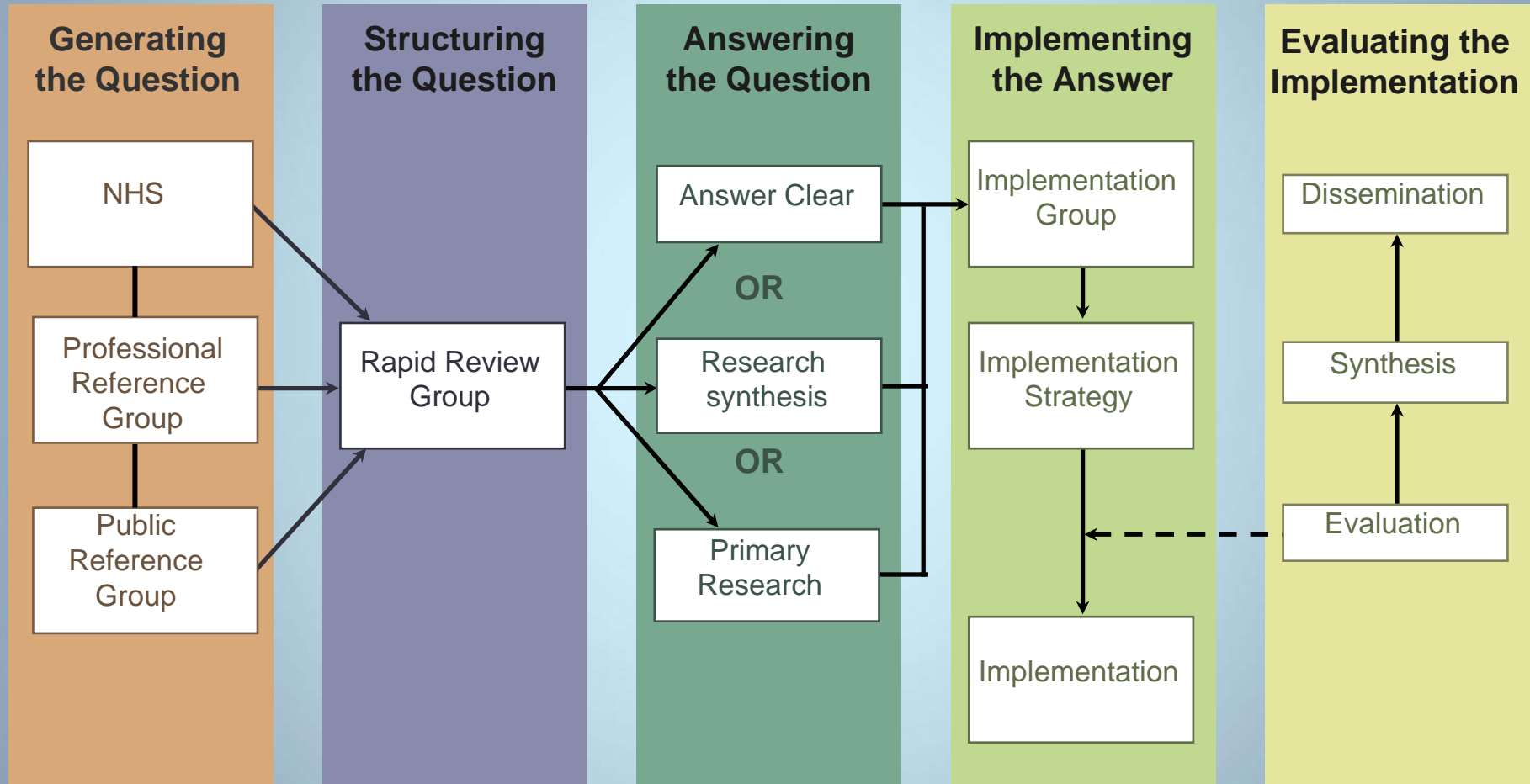
Current activities

First wave projects:

- Depression
 - Stepped care
 - IAPT implementation
- Childhood obesity
- Falls in the elderly
- Venous thrombo-embolism
- Mental health of prisoners
- “Local HTA”

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Prioritisation



Falls in the elderly

Burden in the Peninsula:

- 2000 hip fractures/year
- 400 deaths
- 20% of survivors require long term residential care
- NHS costs > £50 million/year
- £7-10 million extra residential care costs

Falls in the elderly

Existing evidence:

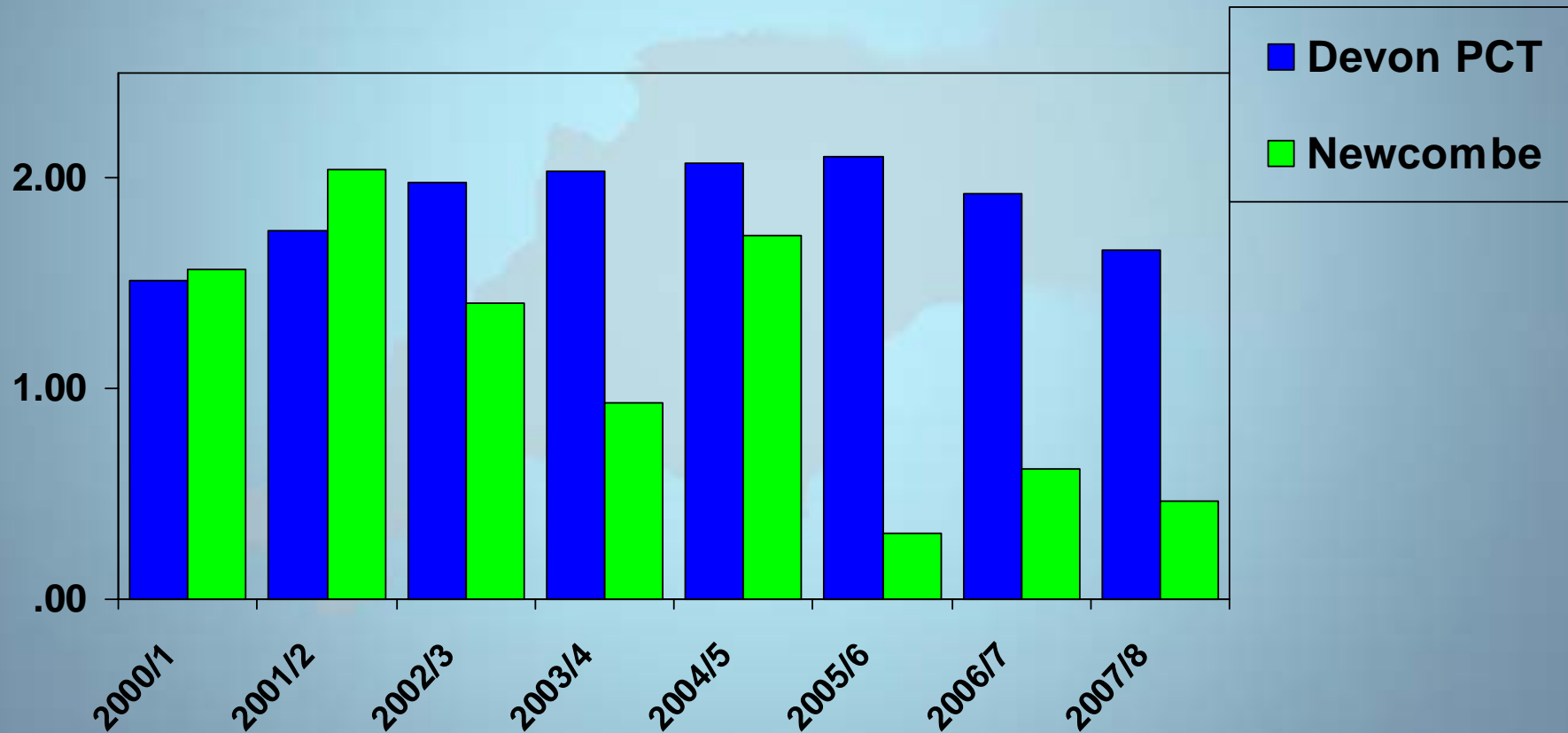
- NICE guideline 2004
- Multi-factorial interventions for those at risk of falling
- SIGN guideline
- Include Vitamin D and calcium

Falls in the elderly

Newcombes practice:

- Identification of “house-bound” and those who fall (ambulance and MD meeting)
- Algorithm-based management of risk
- Prophylactic Vitamin D and calcium
- Voluntary sector strength and balance training
- Regular review of residential homes

neck of femur (annual admissions/1000 popn)



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