

# Making Changes Locally, Contributing Nationally Exploring R&I in Community Hospitals with CHART

**Dr Christine Burt**  
**Director of Research & Innovation (R&I)**

**NHS**

**Birmingham  
Community Healthcare**  
NHS Foundation Trust



# The Story of me...



What career?

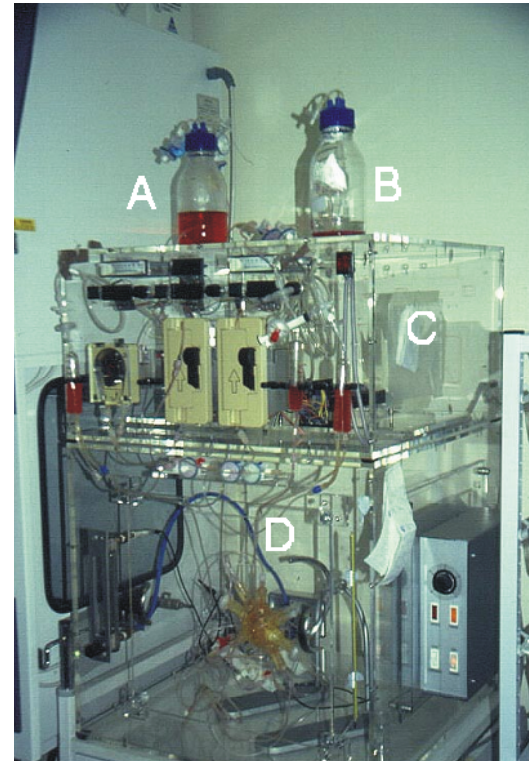


- **University of Birmingham: Research Scientist**  
Immunology      Life Sciences      Cell Biology

# The Story of me... Introduction to R&I

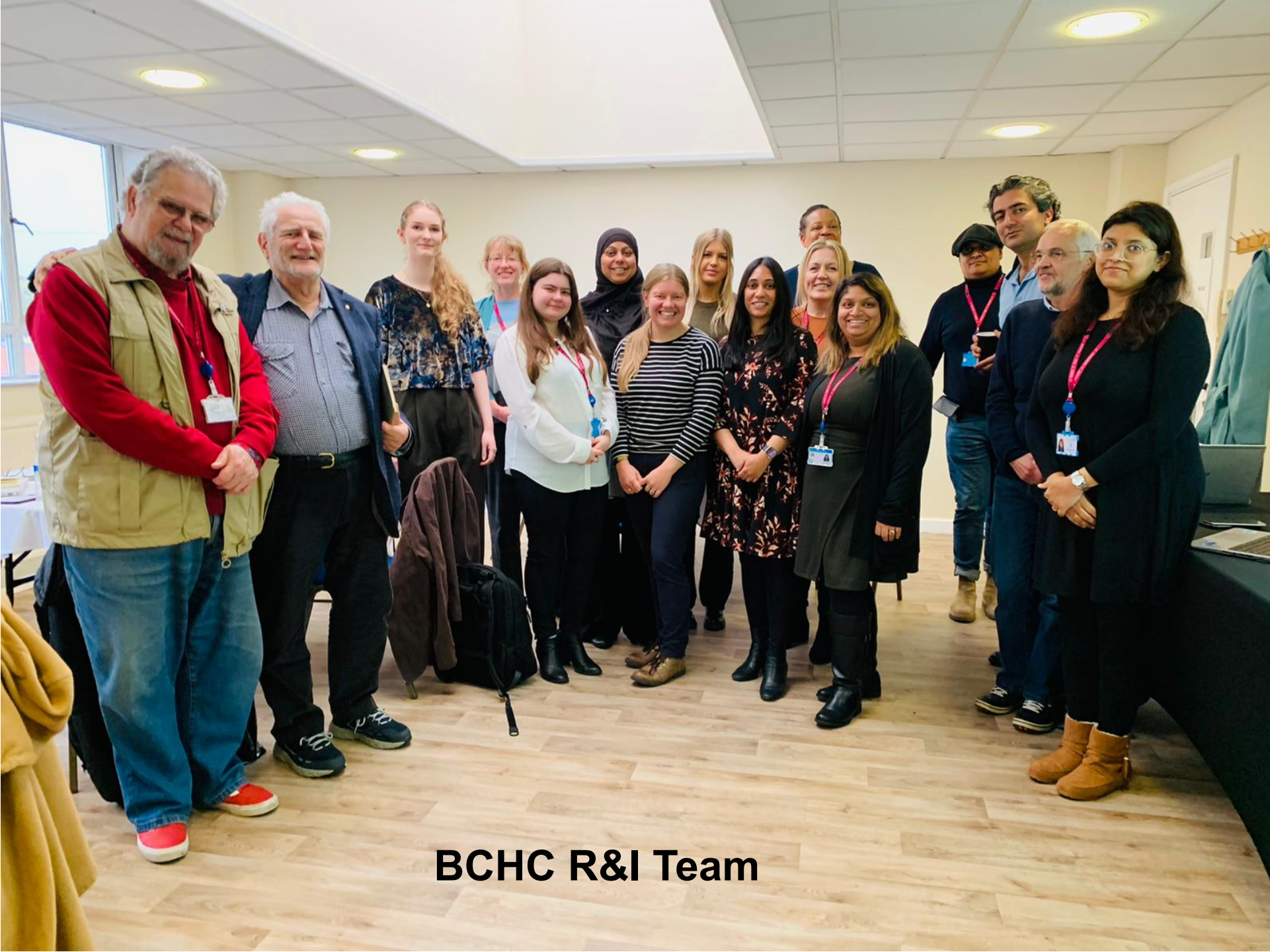


Dialysis  
Machine



Bio-artificial Liver





**BCHC R&I Team**



# Introducing BCHC Divisions

1. Adult Specialist  
Rehabilitation

2. Adult Community

3. Children &  
Families

4. Learning  
Disabilities

5. Dental



- >5000 staff
- 2 Hospitals, 3 residential care sites
- >260 beds
- 1.1 million citizens



**Birmingham  
Community Healthcare**  
NHS Foundation Trust

# Question:

# Name research active NHS organisations





# Examples of Research at BCHC

- **3D printing of dentures**
- **Language Game** - learning to speak again after a stroke (aphasia).
- **Digital Projects e.g ISLA Care** - images of wounds in darker skin
- **iKnow Study** – children with behavioural challenges
- **ELSA** - Type 1 Diabetes in children aged 3 – 13 by finger prick test blood screening

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## **Problem PEG v NG tubes:**

Prior to the pandemic PEG (Percutaneous Endoscopic Gastrostomy) procedure took place in acute Trusts. During the pandemic this procedure was paused and Naso-Gastric tubes were used instead.

Community Hospitals don't usually take patients with NG tubes - especially those who are confused and more likely to pull out the tube.

## **Solution:**

Incorporate the redeployed Community Nutrition Team to Community Hospitals to train Registered Nurses on the ward in supporting patients with NG tubes. Health Care Assistants and Allied Health Care Professionals were trained by the ward Specialist Dietician.

## **Benefits:**

Without this type of intervention patients would be denied high quality care

Patient's with NG tubes will continue to be admitted for early for rehabilitation

The profile of patients being seen in the Community Hospitals changed

This challenged staff to develop additional skills and gain confidence in managing different situations

# Research and Innovation activity during Covid-19:

- Covdent – to determine the seroprevalence of antibodies to the SARS-COV2 spike protein in dental care professionals
- ISARIC International Severe Acute Respiratory and Emerging Infection Consortium
- SIREN - SARS-COV2 immunity and reinfection evaluation
- sKIDS - COVID-19 Surveillance in Children attending preschool, primary and secondary schools
- sKIDS plus - COVID-19 Surveillance in Children attending preschool, primary and secondary schools



# Exploring R&I in Community Hospitals

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# CHART (Community Healthcare Alliance for Research Trusts)

An alliance for the growing need for  
research in out of hospital settings





# Research Challenges:

## Capability Capacity

Staff capacity

Staff capability

Training needed

Limited funding options for community infrastructure

SWOT analysis

## Problematic Processes

Limited guidance provided for our settings (distributed, multiple sites incl homes)

Medical oversight in areas where we don't have Dr's

Costing & funding structures create disadvantage

## Few Suitable Studies

Researchers don't understand community so don't design bespoke studies

Limited suitable studies

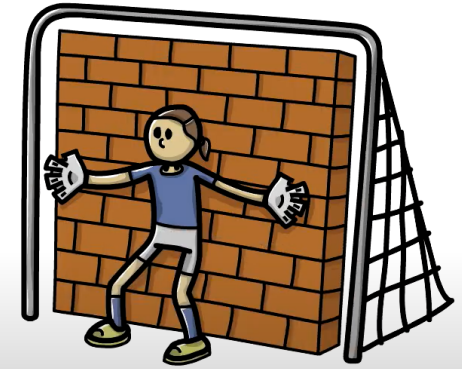
No unified approach to link with social care & PH etc..

## Early Engagement

Need researchers to understand our care environments

Encourage early engagement with academics and researchers to design and cost appropriately

|



# CHART – Research SWOT Analysis

INTERNAL  
FACTORS

## STRENGTHS (+)

- Large patient population untapped
- Research interested not research weary staff
- Broad range of conditions
- Wide geography
- Rich cultural diversity in some Trusts
- Longer opportunity to access participants
- Great variety of professional groups
- Proactive health intervention – prevention model

## WEAKNESSES (-)

- Geography –logistical issues, Tendering process instability
- **Trusts:** Service diversity – targeting expertise, staff work load issues Lack of: resource, opportunity, Trust support, academic leadership
- **Research:** Funding model – no history, no point of entry – therefore not always a recruiter but follow-up, scouting for studies. Lack of: medical oversight, funds, understanding of Community Trusts, academic resource.
- Historically not as attractive as Acute Trusts to research funders.

EXTERNAL  
FACTORS

## OPPORTUNITIES (+)

- Networking to identify studies
- Current health priorities in community health care trusts
- Long term condition treatment
- Moving from low baseline with no critical mass
- Staff working independently/seniority for research
- Non-medical prescribing groups
- Collaboration with acute trusts- joint posts
- Large populations

## THREATS (-)

- Repeated tendering , Organisational change
- Lack of understanding of services due to diversity and change – lack of organisational intelligence
- Not “in the know” regarding Trust plans
- Competition from established sectors
- Funding model inhibits collaboration
- Loss of research and research staff to acute sector – Community Trust = stepping stone

# Complex Nature of Community Research

- **REPORTING** – 14 Trusts with the word "Community" 6 additional care organisations = total of 20 Care Trusts currently.
- **GEOGRAPHY** - Most organisations have many sites over a large area, with care often delivered at home.
- **INTEGRATION** - Community Trusts are nursing and therapy led organisations – often integrated with LA/ social care or third sector.
- **RESEARCH CATEGORIES** - Top 5 Mental Health, MSK, Dementia, Primary Care, Health Service Research
- **RESEARCH MODELS** - The RCT model doesn't allow for the 'messiness' of normal people in their own community (can't control...)

*Acknowledgement of data provided by Pat Ryan CRN WM )*

# Getting Started

## Understand Barriers

- Set up working group
- Explore finance and policy barriers to research
- Explore opportunities and national policy for community-based care
- SWOT analysis

## Meet NIHR administrators

- Dr Louise Wood Dir for Science, Research & Evidence (DHSC)
- Mark Toal, Trudy Simmons, William Van't Hoff and other supportive leads
- CHART now represented at national strategic meetings

## Engage CHART community

- CHART Launch 2018
- Mailing list.
- Online bi-monthly meetings to share and learn.
- Method of communication is problematic so CHART website to be launched in the next 2 months.



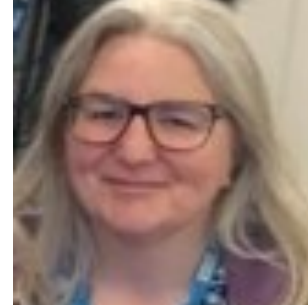
# Meet the Working Group



**Chris Burt**  
Birmingham Community



**Lee Tomlinson**  
Kent Community



**Helen Vaughan**  
Sussex  
Community



**Rubina Reza**  
Derbyshire  
Community



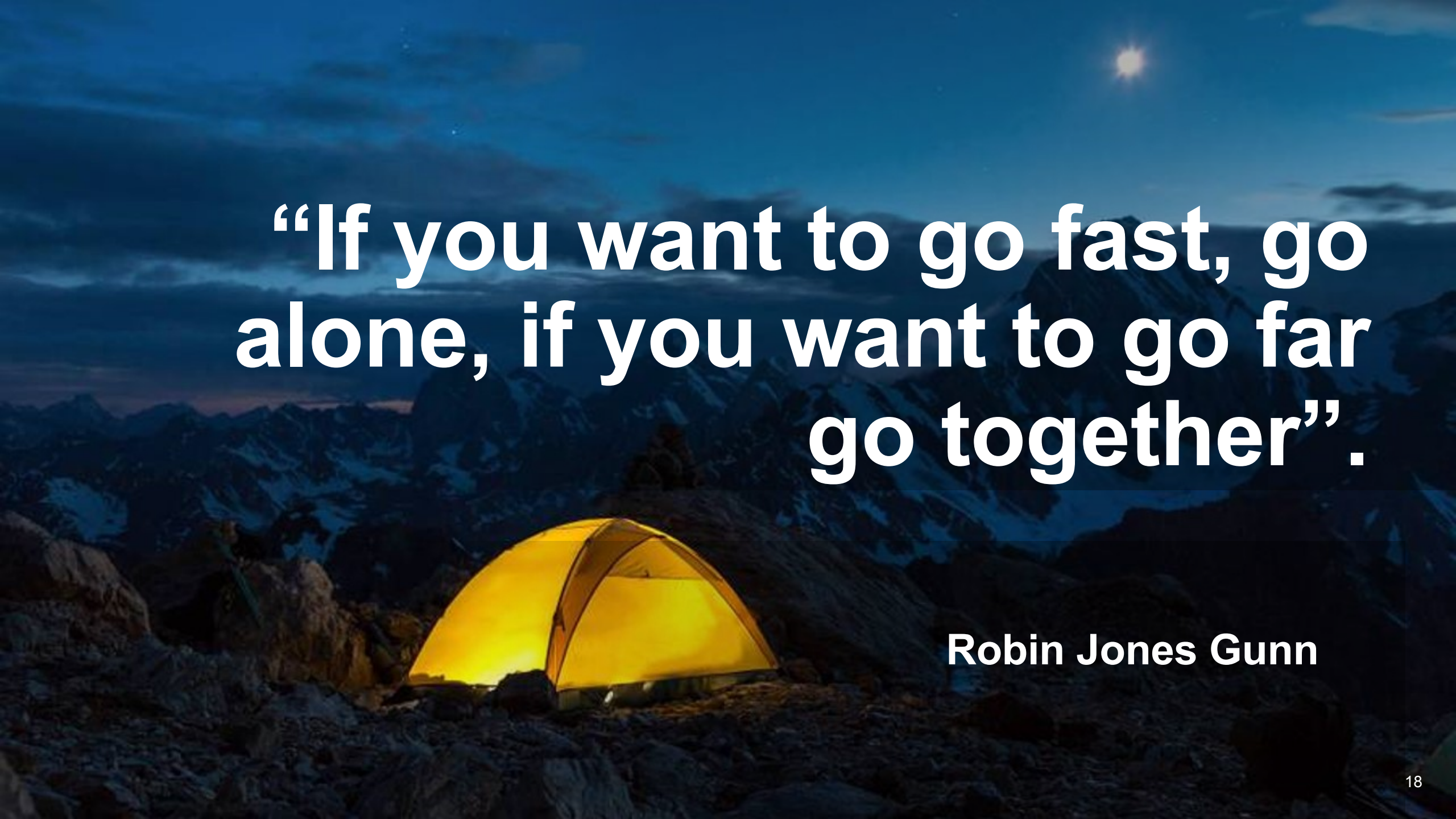
**Sarah Williams**  
Solent NHS



**Kat Brown**  
Hounslow and  
Richmond



**Jayne Clarke**  
Admin CRN WM

A glowing yellow tent is pitched on a rocky, dark mountain slope at night. The tent's interior light illuminates the surrounding rocks and the dark fabric of the tent. In the background, jagged mountain peaks are silhouetted against a deep blue night sky filled with stars and a faint crescent moon. The overall scene conveys a sense of solitude and adventure in a high-altitude environment.

**“If you want to go fast, go alone, if you want to go far go together”.**

**Robin Jones Gunn**



# DHSC Meetings



- **May 2019** Discuss challenges and barriers to research
- **March 2020** Invited back to meet CRN director of Research & NIHR finance director
- **Sept 2021** Online meeting with William Van't Hoff & Mark Toal



# Activity Summary

## New Partnerships Formed



Total Trusts - 62

Total members - 153

New member requests - 25

CRN\* contacts - 14

## Sharing Information

- 2 NIHR \* grants
- 16 recruitment opportunities
- 9 conferences
- 2 surveys
- 5 research studies
- 13 Strategies shared from multiple trusts
- 4 general requests for document sharing/ information



## Meetings Held

- Working team meetings held bi-monthly
- Wider team meetings held bi-monthly



\*NIHR (National Institute for Health Research)

\*CRN (Clinical Research Network)



# Next Steps

**Growth of research** in community trusts and out of hospital settings

**Growth of research** conducted in peoples homes

**More collaboration** with ICS, social care, primary care

and public health colleagues – expansion of membership to include

**Build CHART alliance** to create a platform for development of new research and collaborate with researchers to submit bids

**CHART welcomes all organisation** involved in community & out of hospital research.



# Ambitions

CHART to have **collaborations with other sectors providing place based care.**

Extension of **Community Based Research Infrastructure**

Increased **Patient & Service User Participation & Leadership**

**New (accepted) research methods**, linked to improvements in care but fit for community purpose (person centred)

Demonstrable **increased diversity** in research participation

# New CHART Website – coming soon...



**CHART** Community Healthcare Alliance of Research Trusts

Home

About Us ▾

Research Opportunities ▾

News & Events

Resources ▾

Partners

- About CHART
- The CHART Community
- Partnership Organisations
- Become A Partner
- Meet The Team
- FAQs

CHART connect research to  
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Learn More

For Researchers



# Working Group Contact Details

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- **Sarah Williams** *Director of Research & Improvement* Solent NHS Trust [sarah.williams@solent.nhs.uk](mailto:sarah.williams@solent.nhs.uk)
- **Kathryn Brown** *Associate Director of Research, Audit and Improvement* Hounslow and Richmond Community Healthcare NHS Trust [Kathryn.brown20@nhs.net](mailto:Kathryn.brown20@nhs.net)
- **Jayne Clarke** *CHART administrator (CRN WM)* [j.clarke2@nhs.net](mailto:j.clarke2@nhs.net)





To sign up to  
**CHART** please  
contact:

**Jayne Clarke**

[j.clarke2@nhs.net](mailto:j.clarke2@nhs.net)



**Thank you**