

CHART: **Sharing Evidence of Good Practice in Community Hospitals & the importance of research**

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Overview



- What is CHART?
- Evidence of Good Practice
- Importance of Research
- CHART, research and the future

What is CHART?

COMMUNITY HEALTHCARE ALLIANCE OF RESEARCH TRUSTS

AIMS:

- Aid growth of existing research in Community hospital settings (and community settings)
- Share best practice
- Share resources, e.g document templates, JD's and research tools
- Build collaborations and networks
- Be a collective voice to national bodies to influence and support future research decisions and processes
- Be a conduit for developing novel research in the community and out of hospital settings

Complex Nature of Community Research

- **INTEGRATION** - Community Trusts are nursing and therapy led organisations – often integrated with LA/ social care or third sector
- **GEOGRAPHY** - Most organisations have many sites over a large area, with care often delivered at home.
- **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...)

Meet the Working Group



Chris Burt
Birmingham Community



Donna Clements
Kent Community



Rubina Reza
Derbyshire
Community



Rubina Reza
Derbyshire
Community



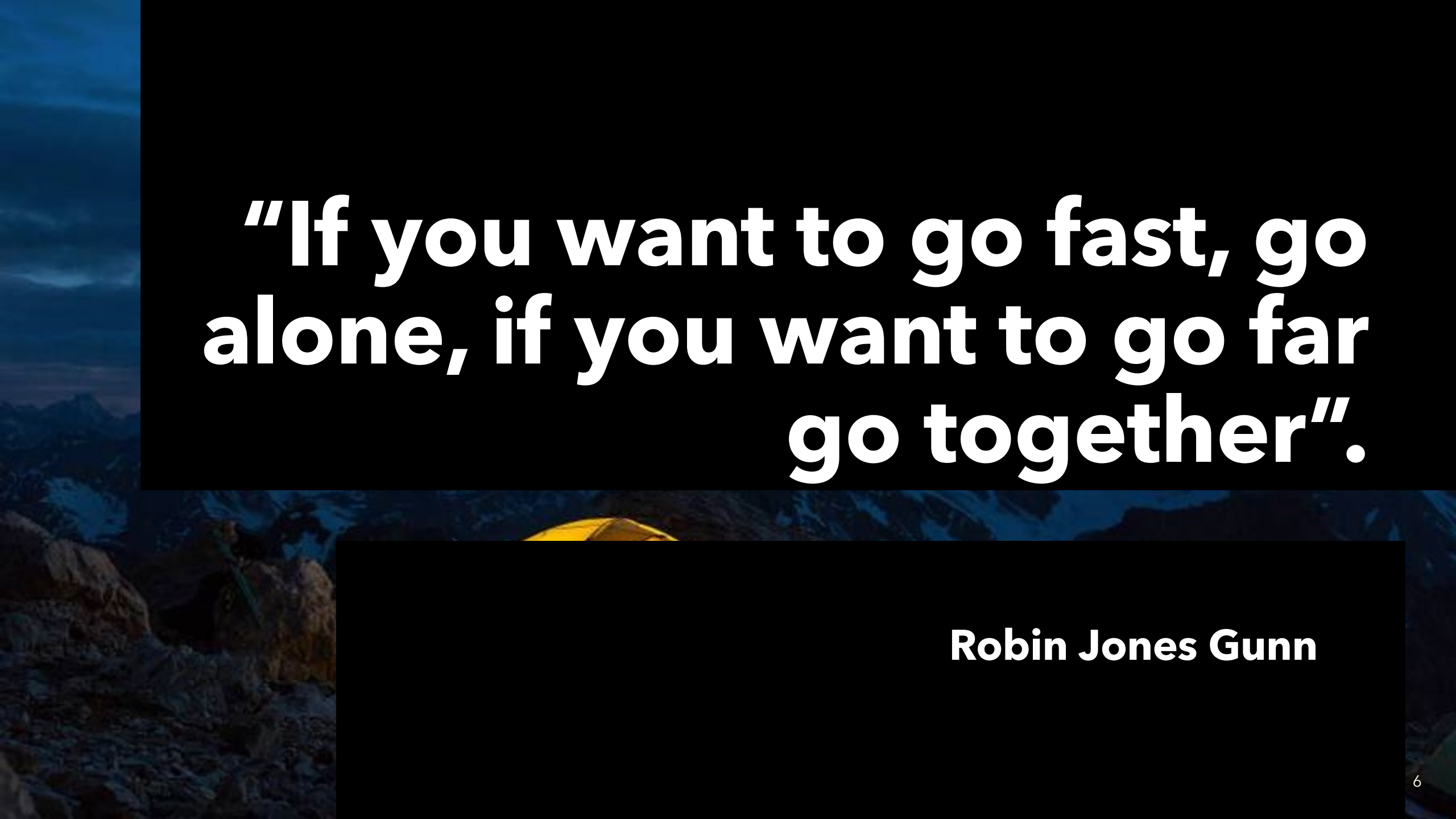
Sarah Williams
Solent NHS



Jayne Clarke
Admin CRN WM



Shivani Khan
Hounslow &
Richmond
Community

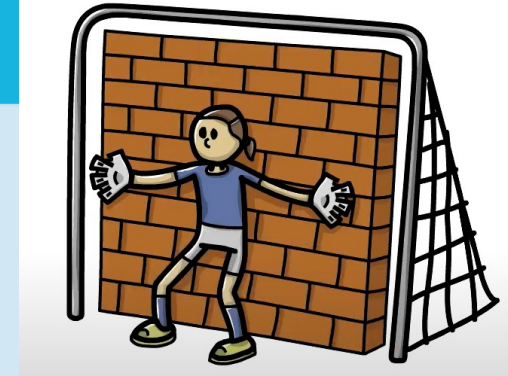


“If you want to go fast, go alone, if you want to go far go together”.

Robin Jones Gunn

Good Practice Challenges:

Capability Capacity	Problematic Processes	Few Suitable Studies	Early Engagement
Staff capacity	Limited guidance provided for our settings	Researchers don't understand community so don't design bespoke studies	Community based service is a national priority
Staff capability	Medical oversight in areas where we don't have Dr's	Methods too biomedical in focus	Encourage early engagement with academics and researchers to design and cost appropriately
Limited R&D staff & delivery team	Costing and funding structures create disadvantage	No unified approach to link with social care & PH etc..	



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





Birmingham
Community Healthcare
NHS Foundation Trust

Research & Innovation



Better Care: Healthier Communities

Research & Innovation

Dr Christine Burt – Director of Research and Innovation

Dr Rachel Manning – Portfolio Research Manager



Meet the team!



Couples Therapy after Acquired Brain Injury



UNIVERSITY OF
BIRMINGHAM



WE NEED YOU!!!

WHY?

Most people find that a brain injury puts a strain on their relationships and on their mental wellbeing.



A team from Birmingham Community Healthcare have developed a new therapy to help people protect their relationships and their wellbeing.

We need volunteers to try out the therapy.

INTERESTED?

Ways to find out more:

- **Website:**
<https://continuity-therapy.squarespace.com/>
- QR Code for website
- Facebook - search for 'continuity therapy'
- Contact Barbara on 07880 673385, or email barbara.hagger@nhs.net
- Ask a member of staff for a leaflet



Studies After Stroke

REHABILITATION THERAPIES FOR BCHC PATIENTS

An innovative study of rehabilitation therapies for BCHC patients who have experienced a stroke has provided valuable evidence that remote rehabilitation works for stroke patients.

The study was a partnership between University of Birmingham (UOB), with patients of Ward 8 in Moseley Hall Hospital (MHH) volunteering to take part.

Steve Grady, 54, from Birmingham took part in a study to help improve the walking ability and quality of life in patients that have experienced a stroke. Whilst one half of the project group took part in classes educating them how to walk safely, the other half were given a booklet with exercises, tools to assess their confidence and monitor their progress and taught to set their own goals to keep them motivated.

Since having a stroke in November 2021 Steve, who works in the automotive industry, has been working on ways to strengthen his walking and mobility. He was invited to join the study through a friend who had also suffered a stroke around the same time and treated at MHH.

As the study took place during the COVID-19 pandemic, all elements were delivered online via Zoom with participants

“We did the exercises together and it felt good to have some people to talk to during the sessions. I would advise anyone to do the study because it’s good for your mental health and you don’t feel lonely.”

doing their exercises in their own living rooms. Despite not being in the same physical space as the other participants, Steve believes that being able to do the work in a group was beneficial.

“It gets lonely once your 12 weeks of NHS physio finishes, so I’m up for anything that helps me improve physically and mentally,” he said.

“I signed up because I wanted to aid my recovery (but also so I could be part of a team).”

“After I consented to taking part in the study, physiotherapists came to assess me at home to do some measures of what I could do, and then I started the Zoom



sessions along with other participants.

Since taking part in the study, Steve has seen improvement in his walking and mobility, but he still uses a functional electrical stimulation (FES) when walking long distances - a device that strengthens movements that have been weakened when a person has had a stroke.

“I have improved from the study as I can now walk around the house and do short distances. I know it’s not a sprint, it’s a marathon! It is a daily struggle living with the effects of a stroke mentally and physically. But I am determined to get stronger each week.”

Many participants in the study perceived that they had improved in their walking ability and illustrates that remote rehabilitation works for stroke patients. The team that works on the study are keen to conduct further research on self-management of stroke rehabilitation through remote technology as it will help to overcome staffing and resource shortages in the NHS.

Sheeba, associate professor in the School of Sports Exercise and Rehabilitation Sciences at UOB said, “We have learnt a lot about resilience in healthcare during the Covid-19 pandemic. This work carried out during the pandemic is evidence that incorporation of self-management for chronic conditions and adopting use of remote technology for rehabilitation is feasible and vital for long-term care.”

The Ward 8 team is led by consultant physiotherapist for stroke services Carron Sintler, who said: “This study was a great opportunity to offer personalised rehabilitation, based on patients setting their own goals and being supported to make long term health changes to live well after a stroke. Steve has done that wholeheartedly and helped us to show that this approach could help a wide range of people.”

For more information please contact Sheeba Rosewilliam, s.b.rosewilliam@bham.ac.uk

Introduction

The ARTHUR study investigates 30-day readmissions following hip fractures, a persistent issue despite a decline in mortality rates from **8%** (2013) to **5%** (2023). While readmission rates dropped from **12.7%** to **11.7%** in the same period, costing the NHS £14.5 million annually. **Birmingham** sees higher rates, with **13.4%** of hip fracture patients readmitted within 30 days. This Mixed methods study asks:

1. What constitutes an avoidable readmission after a hip fracture?
2. Which interventions effectively reduce these avoidable readmissions?
3. How should these interventions be implemented to improve outcomes?



Methods

1. A rapid review (Sutton & Kearney, 2021) of interventions reducing 30-day readmissions, updated in 2023.
2. Analysis of five years of anonymised patient data on hip fracture admissions and readmissions in Birmingham via PIONEER, a Health Data Research Hub.
3. Ethnographic observations at two Midlands NHS Trusts, up to 12 staff meetings.
4. Interviews with a maximum of 50 staff, patients and carers (Braun & Clarke, 2021).
5. Ethical approval (REC 23/WM/0242) obtained for ethnography and interviews.
6. A co-production workshop with stakeholders to create readmission avoidance strategies.
7. Recruitment for patient and public involvement (PPI) through various NHS networks.

Conclusions

1. With **70,000** hip fractures annually, addressing avoidable harm is crucial as those readmitted within 30 days are **3** times more likely to die.
2. Full data set will be finalised by October 2024, outlining potential interventions to reduce avoidable readmissions in the Midlands.
3. We recommend developing targeted interventions for patients with cognitive impairment and expanding testing across more NHS sites.
4. PPI support will be crucial for community involvement and knowledge dissemination



Results

1. Literature Review identified eight further systematic reviews and reaffirmed **3** key interventions: self-care, discharge planning and regional anaesthesia.
2. PPI Group raised the importance of orthogeriatrician input, communication between acute and community teams and access to private rehabilitation.
3. Challenges include slow recruitment of readmitted patients and PPI panel and lack of diversity in PPI engagement.
4. Engagement Strategies include Good Clinical Practice (GCP) training for gatekeepers and staff acknowledgment in the newsletters.

Your Tube

Home blended diets for children who are gastrostomy fed



UNIVERSITY
of York

CHALLENGE

More children than ever need to be tube fed.

The default choice for a tube fed diet is formula. But, a blended diet is also another option. A blended diet is made from table food that is put in a blender, turned into a puree, and fed to your child through a feeding tube.

How do dietitians, parents or carers, and children and young people decide what's best?



THE RESEARCH



Key research questions
What are the risks, benefits and resource implications for using home-blended food for children with gastrostomy tubes compared to currently recommended formula feeds?

METHODS

Qualitative study followed by prospective cohort study of 180 children.

RECOMMENDATIONS

Findings show home-blended diets for children who are gastrostomy fed should be seen as a safe alternative to formula feeding for children, unless there is a clinical contraindication. Equality of access to home-blended diets for children with gastrostomy should be assessed by local clinical teams. Vitamin D supplementation should be considered for those having a home-blended diet with gastrostomy.

KEY FINDINGS

- Children receiving a home-blended diet were more likely to live in areas of lower deprivation, and their parents had higher levels of education.
- Children receiving a home-blended diet had a higher dietary fibre intake and demonstrated significantly better gastrointestinal symptom scores compared to those receiving a formula diet.
- Safety outcomes were similar between groups and over time.
- Total costs to the statutory sector were higher among children who were formula fed, but costs of purchasing special equipment for home-blended food and total time spent on child care were higher for families with home-blended diet.



To find out more about the research, visit:





Exploring parents' and health professionals' experiences of screening for Severe Combined Immunodeficiency (SCID)

Are you a parent of a child who has received a negative (normal) newborn screening result in the last 12 months?

If yes, AND your child was born in London, Birmingham, Sheffield, Newcastle, Manchester or Leicester we would like to invite you to be involved in a research project to explore your views of newborn screening.



CHART, research and the future



Growth of research in community hospitals and out of hospital settings & people's homes

More collaboration across the system e.g. ICS, social care, primary care and public health colleagues –

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

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

Future of Community Healthcare

There is a broad consensus that to achieve high-quality, sustainable health and care services that can meet the changing needs of the population, there will need to be a radical shift in the focus of care from hospital to community health services.

The Kings Fund

New CHART Website - coming soon...



CHART Community Healthcare
Alliance of Research Trusts

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For Researchers




Key Building Blocks for Research Success



NIHR | Clinical Research Network
West Midlands


ACADEMIC PATHWAYS

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

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Thank you