

Newsletter Summer 2021

CaHRU partners NIHR funded LISTEN study: Long Covid Personalised Self-management support- co-design and Evaluation

The latest study to be announced involving CaHRU is the [Long Covid Personalised Self-management support- co-design and Evaluation \(LISTEN\) project](#), with funding of over [£1 million from the NIHR Long Covid programme](#).

The team, led by Prof Fiona Jones (Kingston University) and Professor Monica Busse (Cardiff University), includes Professor Niro Siriwardena (CaHRU, University of Lincoln) together with co-investigators from Kings College London, Swansea University and St George's University Hospitals NHS Foundation Trust. The study aims to work in partnership with individuals living with long Covid to design and evaluate a package of self-management support personalised to their needs.



This will involve co-designing digital and paper-based self-management resources that are accessible and applicable for individuals with long Covid, developing a training package with community rehabilitation practitioners to provide remote one-to-one self-management support, evaluating in a randomised controlled trial the clinical and cost effectiveness of the intervention compared to usual care as currently available in the NHS, and conducting a mixed-methods process evaluation to inform an integration and sustainability package that could be subsequently used as part of a rapid national scale-up effort.

The study will continue for two years and will employ participatory methods using an accelerated Experienced-Based Co-Design (AEBCD) to inform intervention development and training.

CaHRU studies presented at Society for Academic Primary Care Annual Scientific Meeting July 2021



Despina Laparidou, Dr Vanessa Botan and Prof Niro Siriwardena attended the 49th Annual Scientific Meeting of SAPC on 30th June and 1st July 2021, Living and Dying Well, which took place online hosted by the University of Leeds, to present research led by the Community and Health Research Unit.

Despina Laparidou (left), research assistant at CaHRU, presented her study, '**Perceptions and experiences of residents and relatives of emergencies in care homes: systematic review and meta-synthesis**', exploring the perceptions and experiences of care home residents and their family members who had experienced a medical emergency in a care home.

The review team identified 10 studies from 4 countries (Australia, Canada, UK, and US) from five electronic databases, MEDLINE, CINAHL, PubMed, Cochrane Library and PsycINFO, supplemented with internet searches and citation tracking. Six areas were identified using thematic analysis: infrastructure and process requirements in care homes to prevent and address emergencies; the complexity of hospital transfer decisions; challenges of transfer and hospitalisation for older patients; good communication was needed for desirable outcomes; legal, regulatory and ethical concerns; and the importance of trusting relationships enabling

residents to feel safe. The study found that emergency care experiences for care home residents can be improved by providing resources, staff capacity and processes for high quality care, and maintaining trusting relationships between staff and patients or other staff, with good communication and attention to ethical practice. The study is due to be published in *Age and Ageing*.

Dr Vanessa Botan (right), research associate in statistics at CaHRU, presented her study, on **‘The effects of a leaflet-based intervention, ‘Hypos can strike twice’, on recurrent hypoglycaemic attendances by ambulance services (Ambu-HS2)’** which aimed to investigate the effect of advice supported by the ‘Hypos can strike twice’ booklet, following a hypoglycaemic event, to prevent future attendances using a non-randomised stepped wedge-controlled design. The intervention was introduced at different times in different areas and included 4825 patients experiencing hypoglycaemic events attended by ambulance.



Analysis using a generalised linear mixed model showed a reduction in the number of unsuccessful attendances (i.e. attendance followed by a repeat attendance) in the final step of the intervention when compared to the first (OR: 0.50, 95%CI: 0.33-0.76, $p=0.001$) and this was supported by an interrupted time series analysis showing a significant decrease in repeat ambulance attendances for hypoglycaemia relative to the pre-intervention trend ($p=0.008$).

The quality of care, as measured by a hypoglycaemia care bundle, also improved significantly during the intervention period. The study although funded by NIHR Applied Research Collaboration was carried out independently of the funder who had no role in the conduct or analysis of the research or preparation of the manuscript. The study was recently published in *Diabetic Medicine*.

Finally, Professor Siriwardena co-chaired a session on ‘Teaching, remote consulting, and GP training with Dr Caroline Mitchell (Sheffield) and also presented on **‘Candidates’ perceptions and experiences of the UK Recorded Consultation Assessment implemented during COVID-19: cross-sectional data linkage study’**. The Recorded Consultation Assessment (RCA) was developed to replace the Clinical Skills Assessment (CSA) for UK general practice licensing during COVID-19 in 2020. The cross-sectional survey of RCA candidates found responders were positive about the digital platform and support resources; a small overall majority perceived the RCA to be a fair assessment but a larger majority reported difficulty collecting, selecting, and submitting cases or felt rushed during recording.

Logistic regression showed that ethnicity, place of initial medical training and English as first language were associated with exam success but exam experience, type of consultation type (audio vs video) and extent of trainer review were not. A related study, **‘Examiner perceptions of the UK Recorded Consultation Assessment introduced during the COVID-19 pandemic: cross-sectional study’** was presented as a poster.

Improvement science and research methods seminar June 2021: Dr Maria Kordowicz on The origins and practice of ethnography in health



The June 2021 Improvement science and research methods seminar was given by Dr Maria Kordowicz, visiting research fellow at CaHRU, who presented on **‘[The origins and practice of ethnography in health](#)’** on 16 June 2021. Dr Kordowicz has worked in health settings for almost 20 years, including in senior NHS leadership roles. She has led numerous ethnographic studies, typically lasting several years, to explore how quality improvement efforts are enacted in health services. She was previously the Programme Lead for the King’s College London Master’s in Public Health. She holds several academic visiting roles and advisory research board positions. She is Director of the qualitative evaluation consultancy www.respeo.com and co-developed the mental health outcome measure www.psychlops.org.uk, which has been used by WHO and Medecins sans Frontieres. Maria is Head of Learning, Research and Evaluation at www.TSIP.co.uk, where she leads research for social benefit. Presently, Maria is evaluation advisor on behalf of The Health Foundation for the Scaling Up Improvement grant recipients nationally.

The talk explored the historical and epistemological origins of ethnography including its anthropological roots and philosophical lenses. There followed discussion about the different methods such as interviews, focus groups, documentary analysis, and exploration of online communities, autoethnography and participatory methods to develop cases using inductive and deductive approaches. Maria drew on examples from her own

work including ethnography used in large scale improvement projects, for example introducing imaging technology or exploring poorly performing GPs.

There was a detailed examination of limitations in researching and evaluating healthcare organisations including time and access, problems of trust, dealing with contractual relationships, the temporal demands of academic rigour, translation into practice and managing the end of the study. Finally, there was ample time for questions on the methods, their application and further examples. The seminar was warmly received by all and a recording of the talk can be seen [here](#).

If you would like to attend future seminars, please contact Sue Bowler (sbowler@lincoln.ac.uk), Research Administrator at CaHRU.

Improvement Science and Research Methods Seminar July 2021: Dr Fiona Togher on The development of a Patient Reported Experience Measure for use in NHS ambulance services

The latest Improvement Science and Research Methods Seminar was given online via Teams on 15 July 2021 by Dr Fiona Togher on the topic of 'The development of a Patient Reported Experience Measure for use in NHS Ambulance Services.' Fiona started her career at NHS Lincolnshire in 2008 as a Research Assistant, moving to CaHRU in 2010 where she worked for six years until completing her PhD studentship. She moved to the Care Quality Commission in 2016, first as a Senior Analyst within the Qualitative Intelligence function and currently as an Analyst Team Leader. During the Covid-19 pandemic she has led a team of analysts exploring how health and social care systems (Integrated Care Systems and Sustainability Transformation Partnerships) have collaborated to maintain high quality services during this unprecedented time. Her main research interest focuses on patient experiences of healthcare.



Patients' experiences of their healthcare are a key area for monitoring, measurement and improvement in healthcare policy. NHS England acknowledge that measuring the quality of patients' experiences of health care services should be a core expectation. As such, patients are often invited to comment on their healthcare experiences using a number of platforms, for

example: patient stories, Patient and Public Involvement (PPI) panels, sharing experiences via online media such as the NHS and Care Quality Commission (CQC) websites.

These methods do not enable the views of large numbers of patients to be represented in a standardised format. One way in which this can be achieved is through the use of a tool called a **Patient Reported Experience Measure (PREM)**. These are questionnaires that patients are asked to complete to share their recollection of the experience they had during an interaction with a particular healthcare service. The NHS survey programme, in conjunction with the Care Quality Commission, is responsible for the systematic collection of patient experience survey data.

In relation to care provided by NHS ambulance services, there is no standardised measure used that incorporates all the stages of ambulance service care; from the 999-emergency call to the transfer of care between pre-hospital and acute services. Fiona's doctoral work explored the potential for designing a new and innovative measure of patient experience that could be used across NHS ambulance service trusts. During the seminar, Fiona talked about the adapted patient-centred care conceptual framework that underpinned and guided her work as well as the various research methods that were employed.

The seminar defined Patient Reported Experience Measures (PREMS), explained the health policy supporting the need for them, the conceptual framework and detailed research Methods which led to the development of the Ambulance PREM (A-PREM). The methods described included a scoping review, with interviews as part of the review, secondary qualitative data analysis, questionnaire appraisal and cognitive interviews. The different approaches ('think aloud' and 'probes') to cognitive interviews were explained. Finally the seminar described the pilot of the A-PREM and what this showed in terms of validity and reliability of the instrument. There was plenty of time for questions on the methods and their application from those attending and the seminar was well received by all present.

Covid-19 and Probation's Health-Related Role

Staff working for the probation service in England and Wales perform a health-related role that is outlined in the National Probation Service Health and Social Care Strategy 2019-2022. This includes identifying and facilitating access to support for health-related drivers of offending behaviour, developing clear pathways into services for people on probation, advising the courts on the use of Community Sentence Treatment Requirements, and supporting continuity of care for people being released from prison.

A research team have been working on an ESRC funded study around the impact of the response to the pandemic on this health-related role, the lived experience of accessing support for health issues whilst engaging with probation, and partnership working and pathways into healthcare for people on probation. This study included analysis of qualitative surveys completed by probation staff, interviews with people that were under probation supervision during the pandemic, and follow-up calls with probation staff to add detail to the survey findings.

The research team, which includes academics from the University of Lincoln and a staff member and individuals with lived experience of the criminal justice system based with Revolving Doors Agency have now produced an info-graphic (shown below) to summarise the main findings from this study in a format that is easy to engage with.

One of the key changes to probation practice that occurred during the pandemic was a shift from face-to-face supervision, to increase use of door step supervision, and supervision by other means including by telephone and online platforms such as Microsoft Teams. The team have produced some principles to consider around the future use of blended supervision in probation based on the experiences described by probation staff and people under supervision that participated in the study. These can be accessed here: <https://probation-and-covid19.blogs.lincoln.ac.uk/findings-and-outputs/>

Further findings from the study will be shared at this web address in due course.

This research is funded by the Economic & Social Research Council (ESRC), as part of UK Research and Innovation's rapid response to Covid-19, grant number EP/V038982/1

Probation and Covid-19

Many people under probation supervision are in poor health compared to the general population. Health-related factors, such as problematic substance use and mental ill-health can be root causes of crime and re-offending. Probation staff work with health and social care partners to help people on probation to access support and improve their health.

During the pandemic, face-to-face probation appointments were reduced, and replaced with doorstep visits, and contact via telephone and online platforms such as Microsoft Teams to keep people safe. Access to healthcare services (e.g. GPs) also changed to be more online/over the telephone.

We wanted to know what impact the response to the pandemic had on:

- Probation's health-related work,
- The lived experience of accessing support for health issues whilst engaging with probation, and
- Partnership working and pathways into healthcare for people on probation

What we did...

We analysed 27 open surveys of frontline probation staff working in 10 National Probation Service Regions and a Community Rehabilitation Company.

We conducted and analysed in-depth interviews with 11 people that were engaging with probation during the pandemic.

These explored their perceptions of the impact of the response to Covid-19 on their health-related practice with people under supervision.

These explored the impact of changes on their health, access to healthcare, and experience of working with probation or health services to improve their health during the pandemic.

We shared findings with probation health leads and participants in the study at an online workshop and conducted follow-up calls to add detail to our findings.

We made recommendations around how to minimise negative impacts and maximise and share good practice.

We found that...

Face-to-face supervision is important to build rapport, identify and address health issues, and to monitor and manage associated risk. It is also needed for some types of work e.g. around domestic violence.

Remote supervision should not be used on its own but can usefully complement face-to-face appointments.

Not everyone has access to technology like a smartphone, or phone credit to contact probation and healthcare.

It can be easier for people to attend probation appointments this way if they are ill, working, or have family responsibilities. It also saves travel time and costs and avoids the stigma of attending a probation office.

Not everyone understands how to use technology.

Some people prefer face-to-face contact with probation and with healthcare.

Some people's use is restricted through their licence conditions.

Considering people's preferences about how to attend (where this is possible) may encourage them to view probation as supportive, improve their engagement, and encourage open conversations about health.

Access to some healthcare has been delayed, disrupted, or was often only possible by phone or online during the pandemic. This has had a negative impact on the health of people engaging with probation. It has been hard to provide Community Sentence Treatment Requirements.

There have been some beneficial innovations, including using Microsoft Teams to improve inter-agency communication, but probation staff have needed to do extra work to provide additional support due to gaps in health service provision. This could lead to burnout in the long-term.

We recommend...

- 1 Decisions around the use of blended probation supervision (a mix of face-to-face and remote contact) should be made on an individual basis. There is no one size fits all approach. Staff should consider a range of factors such as level of risk, digital capability, health needs, whether someone engages well over the phone, and the individual's preferences. The impact of blended supervision should continue to be evaluated.
- 2 The probation service should provide digital skills training and support to access appropriate technology to ensure that the digital divide does not further disadvantage people in accessing support from probation and healthcare providers.
- 3 Ensuring that probation staff have access to practical and emotional support through supervision and wellbeing services to prevent burnout, particularly as the consistency of relationships was emphasised as critical by people engaging with probation to their rehabilitation.
- 4 Further research into and evaluation of the outcomes of innovations that have happened during the pandemic and that staff have suggested may be beneficial to pilot in the future such as peer mentors and strategic health roles within probation.

For more detailed study findings please see:
<https://probation-and-covid19.blogs.lincoln.ac.uk/>

This summary was co-produced by staff from the University of Lincoln and Revolving Doors Agency, and individuals with lived experience of the criminal justice system (Jahmaine, Gareth and Nadia).

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Funding

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