



# **Making the best practice common practice**

**in Croydon  
Kingston  
Merton  
Richmond  
Sutton and  
Wandsworth**

“The AHSN provides a unique opportunity in south west London to address current and future health and social care challenges in an integrated way by crossing perceived boundaries, and engaging relevant professional disciplines. The Network anticipated the coalition government’s White Paper on the NHS – *Equality and Excellence: liberating the NHS* – by establishing a working partnership across health and social care to take forward the agendas of high-quality service delivery, training and research. The experiences from the first year of the AHSN provide evidence of the potential strength and effectiveness of the Network.”



**Peter Kopelman,**  
principal, St George’s,  
University of London.

Photo: Rehan Jamil



**Laurence Benson has been director of the AHSN since it was first set up. Having previously worked as an NHS manager, at the Department of Health and at universities (King’s College London and Oxford), he has experienced first hand the working environments of most members of the AHSN.**

‘A lot of what the AHSN does is about bringing people together,’ he says.

‘Some links already exist, and our role is to reinforce those relationships, and also to encourage new collaborations. It’s particularly about bringing academics and health and social care professionals together to plan and work on research, and to encourage professionals who have no previous experience of research to get involved in projects that can provide the evidence to help shape better services, or develop training programmes. It’s also about introducing people from different organisations who are working in the same specialist area.

‘I care passionately about putting knowledge into practice, about making research real. When the best service is available, I see no reason why patients should not be able to access it. We know that people who live in some parts of south west London have better health

than people living in other parts: we want to tackle those inequalities and focus on making sure everyone has the best health.

‘People who work in health and social care services are very committed, very dedicated, and are trying hard to offer an excellent experience. But when I use the NHS and talk to health professionals, they often say they are not kept up to date with the latest evidence, or are unaware of what’s going on in other parts of their organisation and elsewhere.

‘Through the AHSN, we want to help health professionals identify these sorts of problems – which may be due to the way services are managed, or because new initiatives are introduced with little preparation or training. We can then give health professionals the opportunity to work with first-class researchers to devise and deliver solutions that can improve services to meet local people’s needs.

‘This isn’t about imposing new ways of working – it’s about collaborating, and sharing best practice, about discovering the best possible way of working together, and about ensuring all professionals have access to the training they need to refresh their skills and keep up to date with new evidence.

‘The AHSN is about research, about promoting the results of research as best practice, and then making best practice common practice.’

## The South West London Academic Health and Social Care Network (AHSN) works to ensure all 1.3 million people living in the London boroughs of Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth have fast and easy access to the best possible health and social care, when they need it.

The vision is to bring health and social care professionals together with university-based experts to carry out research to ascertain the needs of local people, and find out what services best meet those needs. That evidence will then be used to design or change services, and to train health professionals to offer the highest quality and most appropriate care, informed by the latest research.

The AHSN consists of all the NHS trusts providing health services in south west London, St George's, University of London, Kingston University London and Roehampton University. The boroughs running adult social care services and services for children are members, as are the primary care trusts, still, in 2010, responsible for commissioning health services for the people who live within their boundaries.

The AHSN is a subscription organisation and half the money collected from members directly supports locally-generated projects. All the projects that have received financial support from the AHSN

during its first year of existence fall within priority areas identified by its founding members. These are stroke, infection prevention and control, workforce transformation and nursing.

The AHSN's role is also to introduce professionals working in different organisations – and in different parts of the same organisation – and to promote a culture of research and evidence-based practice. A small team of dedicated staff is employed to make those introductions, to encourage health and social care professionals, researchers and educators to work together for the benefit of patients – on studies and trials, on training programmes, and on the day-to-day delivery of services.

By publicising the results of research, and by encouraging member organisations to learn from each other, and to share best practice, the AHSN's ultimate aim is to make sure that people in south west London get an equally high-quality, evidence-based service, wherever they live.

**The South West London Academic Health and Social Care Network** was set up in October 2009. This publication reports on the four projects supported during its first year of activity, and seven other projects launched in 2010 with the help of a small grants fund.

During the first year, the AHSN also worked with King's Health Partners in south east London to successfully apply to become a Health Innovation Education Cluster. You can read what this means for south London on page 18.

*To find out more about the work of the AHSN, visit [www.swlondonahsn.org](http://www.swlondonahsn.org)*

“The government's vision for a newly-energised NHS will create new opportunities and challenges for those involved in the provision of health and social care, education and commissioning. It can enable greater creativity and a real focus on patients' needs, quality and outcomes. It will also mean significant changes in all parts of the current system, and alterations to relationships and existing mechanisms. The AHSN is well-placed, possibly uniquely placed, to create new relationships and ideas through this period of change, to become the mechanism for improvement and innovation, and for the integration of research and ideas to improve quality.”



**Ann Radmore,**  
chief executive,  
NHS London,  
south west  
London sector.

## STROKE

# Helping people make progress on their own after a stroke

Fiona Jones (pictured right) first developed a workbook-based programme to help stroke survivors take a leading role in their own rehabilitation, set their own goals and record their achievements, for a PhD she completed at the University of Brighton in 2005. Since then, the *Bridges Stroke Self-Management Programme* has gone from strength to strength. Formerly called *Stepping Out*, the programme was relaunched as *Bridges* in April 2010 and the workbook is now in its fourth edition.

In 2007, a few years after Fiona had joined St George's, University of London and Kingston University, she launched two-day workshops for health professionals to help them support survivors of stroke who had embarked on the *Bridges* programme. Subsequently, she has trained more than 30 multiprofessional stroke teams, based in both hospitals and the community, across the UK. Locally, she has trained stroke teams in Croydon, Merton and Sutton, and now, with the financial support of the AHSN, she is to introduce the *Bridges* programme in Kingston in 2011, and offer training to teams in both health and social care.

'The training looks at the skills health and social care professionals need in order to help people manage in the longer term after a stroke,' says Fiona, a reader in the School of Rehabilitation Sciences in the Faculty of Health and Social Care Sciences at Kingston



Photo: Rehan Jamil

and St George's. 'If you've had a stroke, you first of all come into hospital and see doctors, nurses, physiotherapists, occupational therapists and speech and language therapists. People get that acute care from a specialist team at the beginning, then a period of intensive rehabilitation, and are then sent home where they get longer-term care in the community if they need it. However, research has highlighted that people often feel abandoned when they are sent home, and the *Bridges* programme can help stroke survivors to gain greater



Photo courtesy of Bridges

self-confidence to manage after discharge from rehabilitation. Self-management is about reducing reliance on medical models, about self-help and self-care.'

The *Bridges Workbook* contains stories and experiences of stroke survivors of all ages and backgrounds, and aims to enable people to take control of their daily lives, to help them gain the confidence to make progress on their own, even when therapy stops. It gives people a way of recording their achievements, encouraging them to set targets and practice regularly.

Stroke survivors – like Eileen Collins (pictured below left) and Rita Coker (pictured above right) – were involved in the original development of the workbook, its subsequent iterations, and the training, and continue to sit on an advisory group. They are involved too in research that Fiona is undertaking: in collaboration with the University of Ulster, she has just completed a pilot randomised controlled trial in Belfast about the acceptability and feasibility of introducing the *Bridges Workbook* into practice. The results of this pilot will inform the design of a large trial to formally evaluate the success of the programme. The National Institute for Health Research Stroke Research Network has given support to the planning of the trial, which is still in preparatory stages.

'The workbook doesn't replace long-term support, but a lot of how people do after a stroke is down to the individual,' says Fiona. 'Healthcare professionals have a coaching role in that process, and it's about getting this approach introduced and embedded into practice. The training we have developed is about trying to ensure continuity, so from the beginning, when a patient first arrives in hospital, the concept of self-management is introduced. The workbook is only as good

Photo courtesy of Bridges



as the skills of the health professionals who are working with stroke survivors and their families, who can promote self-management. The professionals have to believe in it too.'

In Kingston, Fiona's task will be to identify all the health and social care teams involved in stroke care – teams on the acute unit at Kingston Hospital and teams in the community, which include professionals employed by the local authority. She will also talk to stroke

**The workbook is only as good as the skills of the health professionals who can promote self-management.**

survivors who live in the borough about their experiences before planning bespoke training about what self-management is, the research underpinning the

theory, and the best way of helping people manage on their own in the longer term. The AHSN-supported project will also include an evaluation of the training: Fiona has been collecting feedback from all health professionals she has trained over the last 18 months and this will be taken into account during the development of the planned large trial of the programme.

Meanwhile, the *Bridges Programme* has been set up as a self-sufficient entity within the Faculty of Health and Social Care Sciences so that any income from training can be used to fund future research and development.

■ [www.bridges-stroke.org.uk](http://www.bridges-stroke.org.uk)

## SMALL GRANTS: BIG CHANGES

### Teaching students to work as a team benefits patients – and staff as well

**Teams of student doctors, nurses and physiotherapists from St George's, University of London and Kingston University, and student occupational therapists from Brunel University, come together during their last year of training to learn about working together.**

These three-week *Interprofessional Practice Placements* have been running for some years on a rehabilitation ward for older patients at Queen Mary's Hospital in Roehampton, and at Princess Alice Hospice in Esher. Now a small grant from

the AHSN will help develop a new placement for final year students on Kingston Hospital's stroke unit.

During their three weeks together, students from the different disciplines work early and late shifts as a non-hierarchical team. Throughout the day, they offer basic care – helping to get a patient out of bed or settling them for the night – and work as equals. And there are opportunities during each shift for reflective discussions about the way they are working together as a team, explained Lynda d'Avray, a lecturer in interprofessional development at St George's.

'Interprofessional working is about good communication, about appreciating the value of other professions and about understanding their role,' she says.

In addition to helping students put these principles into practice, the placements have been shown to benefit patients, and to help develop more honed interprofessional ways of working on the wards. 'When qualified practitioners provide an interprofessional learning environment, it can act as a catalyst that encourages interprofessional collaboration. Staff need to work together to support and assess students, and to show team working by example,' says Lynda.

Students, patients and staff at Queen Mary's Hospital and Princess Alice Hospice have all been enthusiastic about the benefit of the placements and have reported subsequent improvements in everyday

procedures. 'At Queen Mary's, for example, the experience of hosting the placements has led to a change in the record-keeping system,' she says. 'There are now integrated notes instead of separate notes made by each profession, which allow all practitioners to see the whole picture.'

The success of the new placement at Kingston Hospital will be evaluated as part of the project supported by the AHSN, and this evaluation will include interviews with students, staff and patients.

'Ideally we would aim for every student to have this experience, but at the moment there are not enough placement opportunities, so we are always looking for more,' says Lynda.

## WORKFORCE

## Is care coordination the best way to help navigate the path towards recovery?

How can people who use mental health services in south west London get the most out of them? Does the existing system for care coordination ensure they have the best possible choice and access to evidence-based treatments – and support to help get the most out of their lives?

A project supported by the AHSN sets out to discover better ways of helping people with mental health problems and their families to personally 'navigate' their way along their path to recovery – and 'to use services in a way that makes them feel in control, rather than feel they are being "done to" by services,' says Ruth Allen, director of social work at South West London and St George's Mental Health NHS Trust.

The first step in the six-month project is to focus on the existing role of care coordination in community-based teams, a task that often involves a lot of administration, and is currently undertaken by a named member of a multiprofessional team, be they psychologist, mental health nurse, occupational therapist, social worker or other trained specialist.

'Care coordination is an important role but some of the tasks are quite administrative and don't need the skills of traditional professionals,' says Ruth. 'The role may actually require a quite different set of very specific skills to

help people get the support they need, navigate the system effectively and navigate their own personal journey of recovery. A good care coordinator does try to help people do just that, but may be hindered because they also have a large clinical caseload and are juggling other responsibilities.'

Ruth and her colleagues will work with mental health professionals and people who use services in one borough, and ask them what they think needs to be done to make coordination more responsive to people's individual needs. This may involve relieving mental health specialists of some of the administrative and coordinating tasks they currently do, she says. Creating a new role of dedicated 'personal navigator' could be one way of helping people get the right

**Creating a new role of personal navigator could be one way of ensuring people get the right support.**

support, while allowing mental health specialists to use their specific skills and knowledge more appropriately and effectively. 'But the aim of this project is not just to create new job titles,' says Ruth. 'We want to review people's experience of care coordination, and look at how to improve their navigation of services.'

'We want this project to tell us whether care coordination in this Trust is working, and whether we need better administration, or clinical improvements, or quality assurance improvements. If care coordination is not working, how can it be better organised? Should there be a new role of personal navigator? Or do we need a different workforce change? We want to improve our services and people's experiences in whatever way is most sensible.'



The project will include a review of what is happening elsewhere – a researcher will be appointed to swiftly trawl the available evidence on care coordination and alternative ways of making sure people get the services and support they need, both within and outside mental health services.

Within the life of the project, Ruth and colleagues are hoping to trial a pilot of a new or revised system, which will be shaped by the results of the consultation and review of evidence. An evaluation of that pilot, and the results of the consultation, will feed into bigger plans about workforce development being made by the Trust. 'The Trust has been moving towards delivering recovery-based services for some years,' says Ruth. 'There are many changes that have already been agreed and others that are still being discussed to take account of research that is emerging

## WORKFORCE

about what most supports mental health recovery, and also to ensure best value.' The review of services and workforce also takes account of new health and social care policies, such as personalisation and payment by results (the new way of paying for NHS services that is to be introduced into mental health), preparations for Foundation Trust status and new arrangements for commissioning services, likely to be introduced in the future.

One of the planks of the workforce and service transformation plan within the Trust

is the introduction of peer support specialists – people who have personal experience of mental health problems and using mental health services. The first peer support specialists have been trained and they will work in various roles in different services – on wards, in community-based teams and in the Trust's new Recovery College. This is another major strand of the move to make services more orientated towards supporting personal recovery: based at Springfield Hospital, the Recovery College's aim is to help people with mental

health problems regain more control over their lives through education, information-sharing and coaching.

'There is a lot going on in the Trust to make sure the workforce meets the needs of the people it serves by offering a suite of evidence-based choices, and giving people the knowledge to make a choice,' says Ruth. 'In addition, we want to align professionals' skills and knowledge and expertise rather more carefully to ensure they benefit as many people as possible.'

## SMALL GRANTS: BIG CHANGES

### Bringing the variety of organisations involved in mental health care together

**All sorts of health and social care organisations are increasingly involved in supporting people with mental health problems and people's psychological welfare in the community.**

'Boundaries in mental health are being eroded and now social care organisations, acute trusts, voluntary organisations and charities are all playing an increasing role in the delivery of mental health care,' says Dr Steve Gillard from the Section of Mental Health at St George's, University of London. 'There are all sorts of interfaces – services that focus on the physical health needs of people with mental health problems, for example,

Photo: Rehan Jamil



and services that support the psychological well-being of people with chronic physical health conditions.'

However, many of the organisations involved in mental health care are working

independently – so a project supported by the AHSN aims to bring professionals together to make initial introductions and then plan future collaborative work.

'We don't all know each other,' says Steve (pictured left). 'In the Section of Mental Health at St George's, for example, we know people in South West London and St George's Mental Health NHS Trust, but we don't know people working in St George's Hospital, or in social services departments in the area. As a result, we may not have heard about innovative projects that have already been developed and launched by different organisations.'

'The purpose of this project is about getting everyone round the table to start working together, to identify new projects and new ways of delivering mental health services, and to collaborate on evaluations to enable those that

are successful to become available everywhere in south west London.'

The project will bring together professionals working in all the health and social care organisations in south west London with academics based at St George's, Kingston and Roehampton Universities, and with professionals from organisations in the voluntary sector.

'Moving on from the last government's *New Horizons* policy about integration and efficiency, not duplication, of mental health services, the new commissioning scenario may mean charities and voluntary sector organisations play a bigger part in delivering services,' says Steve. The support from the AHSN's small grants fund will kick start collaborative work, he says.

## INFECTION PREVENTION AND CONTROL

## A concerted effort to beat norovirus

Norovirus – or ‘winter vomiting disease’ – is one of the most common cause of infectious gastroenteritis in England and Wales. The virus spreads easily, and an outbreak in hospital can quickly lead to ward closures in a bid to control the infection.

A project funded by the AHSN is bringing virologists and public health experts together from different trusts to discuss and evaluate how best to keep norovirus at bay and keep wards in south west London hospitals open during the winter months – thus benefiting patients and saving money.

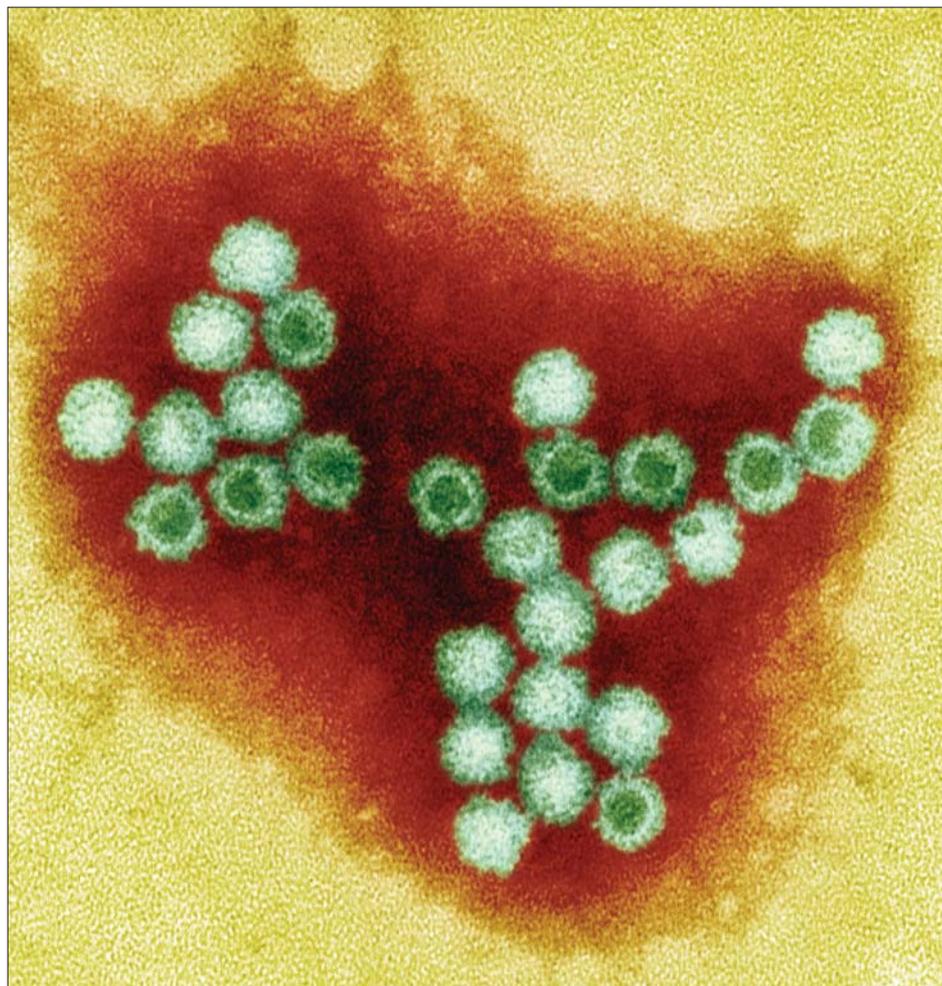
‘We will be looking at ways of controlling the spread of norovirus and sharing best practice between hospitals,’ says Dr Tim Planche, who is a consultant microbiologist at St George’s Healthcare NHS Trust. ‘At the moment, each trust has a different approach and different systems in place, which means there is variation in practice between hospitals. There is no standard way of diagnosis, or of

defining an outbreak, for example.’

At the moment, there is no standard way of diagnosis or of defining an outbreak.

At St George’s, diagnosis is confirmed using a molecular test, but not all hospital laboratories use this, and the test is costly, says Tim. ‘One of

the things we want to do is to look at the best way of confirming norovirus. There are immuno-assay kits that are licensed, and are available to use, and we could try



Hazel Appelton, Centre for Infections/Health Protection Agency/Science Photo Library

those, for example. We also want to look at ways of preventing an outbreak – the use of side rooms for people who have the infection, the role of nurses with different monitoring systems. The idea is to find out what works best by working together, and by modifying our policies and procedures accordingly.’

Norovirus infects between an estimated 600,000 and one million people in the UK every year. It is highly infectious and can survive for several days in a contaminated area, but meticulous hygiene can help to limit its spread.

People usually recover in two to three days, but norovirus can be more serious and more easily spread among people who are already ill.

## SMALL GRANTS: BIG CHANGES

## Specialist stroke workbook created by physiotherapists for physiotherapists

**Physiotherapists on the stroke unit at St George's Hospital have created an education workbook to help both students and rotational staff develop the skills and knowledge they need when working with people who have had a stroke.**

The *Physiotherapy Stroke Education Workbook* is also a 'continual point of reference on the ward,' says principal physiotherapist for neurosciences Aimee Pinto (pictured back row, centre).

It is now available to physiotherapists working across south London via the South London Cardiac and Stroke Network website ([www.slcsn.nhs.uk](http://www.slcsn.nhs.uk)), and, with the help of a small grant from the AHSN, is soon to be evaluated to judge its effectiveness as a learning tool. 'If the evaluation proves it to be useful, we will distribute it far and wide through all the stroke networks,' says Aimee.

She and her colleagues on the stroke unit spent about a year preparing the interactive workbook, which includes sections on different aspects of stroke care, including neuro-anatomy, medical management,

guidelines and national initiatives, assessments and observations, treatment and management, as well as listings of resources, and signposting to more useful information.

'Staff need certain competencies to effectively treat people after they have had a stroke,' says Aimee. 'There are many different lists of competencies available, but no gold standard. We decided there needed to be something useable and interactive that could demonstrate areas that

physiotherapists need to know about, areas that are relevant to our everyday work.'

Teams of physiotherapists on rotation were involved in preparing and testing different sections of the workbook, and now individual copies are given to every physiotherapist who joins the stroke unit. 'The workbook also gives us a way of demonstrating our competencies in stroke care and recording our continuing professional development,' she says.

Aimee is hoping the evaluation will be undertaken by an MSc student at St George's, University of London, who could formally test the effectiveness of the workbook with the help of physiotherapists working in another part of London. 'The feedback to date has been very good, and occupational therapists and speech and language therapists working with stroke patients at St George's are now using our workbook as a template to develop their own,' she says.



Photo: Rehan Jamil

## NURSING



All nurses photos courtesy of St George's Healthcare NHS Trust

## Offering nursing students realistic work experience

Alison Ludlam is charged with leading the development of the curriculum for a new degree in nursing that will be introduced at Kingston University in 2011, replacing the existing Diploma in Higher Education for Nursing.

She wants to ensure students on the new Nursing/Registered Nurse BSc course are offered placements that reflect the reality of their future careers – so the search is on for south west London-based GPs and organisations that are willing to give student nurses experience of working in the community.

'Traditionally, nursing programmes have fundamentally trained nurses to work in hospitals,' says Alison, who is based one day a week in the School of Nursing in the Faculty of Health and Social Care Sciences, and the rest of the time works for NHS Wandsworth.

'Over the last few years, however, more and more nurses are working in the community in a range of different jobs, caring for people from birth to death. Government policy continues to be to move services into the community, to offer care as close to a person's home as possible. To do this, our workforce has to change, and this means our training has to change.

'Working in the community is completely different from working in a hospital. Looking after someone in their own home, or in

a GP practice, is significantly different from looking after someone on a ward.

'Nurses need a different kettle of skills and qualities to work with all sorts of people in the community, and also to work with new technology that is being used more and more in community-based health care. So we need to give our students well-rounded experience in the community.'

Now she and the pre-registration team in the School of Nursing have the financial support from the AHSN to hire someone for six months to find GPs who are willing to give students on the first graduate intake in 2011 the experience they need, and community-based organisations that could potentially offer work, and other sorts of experience, to nurses in training. The search won't be confined to NHS services – Alison also wants to talk to charities and voluntary organisations, and to private companies that don't necessarily operate in the field of health.

'The new degree will result in a professional accountable nurse – someone who is skilled and compassionate, a researcher and an innovator, a leader and a partner, a learner and an educator,' she says, 'someone who is prepared to work with change and make educated and creative decisions based on best practice and evidence.'

'Every time a nurse meets with a person, they have to do an assessment of that person's needs in tandem with them. It's like working out how to build a bridge out of LEGO for one person, and a castle out of the same set for someone else.'

**Working in the community is completely different from working in a hospital ward.**

'We need to inspire our students to be entrepreneurial, and to be innovative. So it may be that placements in private companies – where students can learn about the process of creativity, about customer services and financial good practice – could help develop the professional and personal skills the nurses of tomorrow will need.'

All pre-registration nursing education will be of degree standard by 2013 and Kingston is one of the Nursing and Midwifery Council's 'early implementer sites'. The undergraduate curriculum that Alison and the whole pre-registration team are working on is being designed in line with proposed new Nursing and Midwifery Council standards, and will be 'tweaked' when those standards are finalised.

'Nursing has been the only profession within health that is non-graduate for registration,' says Alison. 'Yet nurses need to assess, diagnose, and plan treatment and care, and they need to learn how to use evidence and to apply critical skills of analysis in order to do that.'

Another strand of the work supported by the AHSN will be introducing opportunities for professional development for the lecturers who will be working on the new graduate

**Nurses need to learn how to use evidence and to apply critical skills of analysis to do that.**

education, and you can't change education without supporting the educators.

course. 'The new curriculum places the emphasis on the community and many staff have little, or limited experience of working in the community or primary care,' says Alison. 'You

**We need to inspire our students to be entrepreneurial and to be innovative.**

strategies to help people to help themselves to live as independently as possible within their own homes.

'We need to support the educators to make sure they have the skills and knowledge to prepare the students to do this.'

'We have a massively huge task ahead of us, but ultimately the degree course will be new, and fresh and exciting.'

'We need to empower students to be nurses of the future who practise person-centred care, who work with people who use services on an equal basis, who come up with



Photo courtesy of Alison Ludlam

■ Alison Ludlam (pictured above) is associate chief operating officer (professional leadership) at NHS Wandsworth, where she is responsible for offering professional leadership to nurses, making sure they have the skills and expertise they need. She also works with the leaders of professions allied to medicine.

## SMALL GRANTS: BIG CHANGES

### Charting the fate of patients who seek medical help for lower back pain

**About eight out of 10 people have lower back pain at some time in their lives. But what happens when they go to their GP to seek help for the pain?**

A project supported by the AHSN small grants fund seeks to find out what sort of treatment – if any – people in south west London are getting for lower



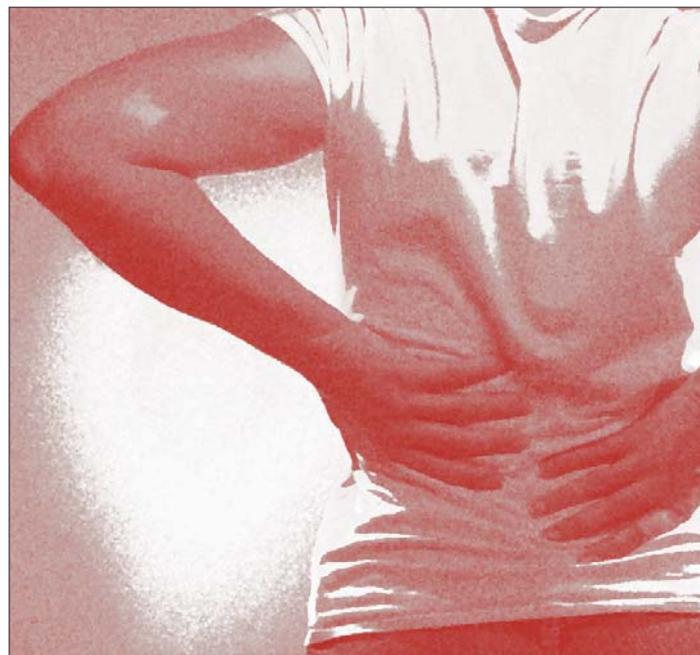
Photo: Rehan Jamil

back pain, and will culminate in a set of recommendations for best practice locally, and potentially a list of questions about best treatment and care options to be answered by further research.

'Lower back pain is one of the top three issues raised during GP consultations,' says Dr Iain Beith (pictured below left), who is head of the School of Rehabilitation Sciences in the Faculty of Health and Social Care Sciences (Kingston University and St George's, University of London). 'They see a lot of it, but identification of what is causing such pain is uncertain. In the back, there are so many different structures, it is difficult to know what the cause is, and how to target it. More than 80 per cent of people with lower back pain don't have a diagnosis.'

'However, even though we can't tell patients what's wrong with them, we do have some idea of things that work for lower back pain. There are NICE (National Institute for Health and Clinical Excellence) guidelines about persistent non-specific lower back pain that came out in May 2009, and there are other guidelines from around the world.'

'The point of this project is to find out what a GP currently does when someone comes to them with lower back pain. Do they refer at all? Or do they give



the patient painkillers and tell them to keep moving? If people are referred, we want to know where they are referred to, and what sort of treatment they are offered.'

Salma Hassan, a senior physiotherapist in St George's Healthcare NHS Trust who specialises in pain management, will be working on the project for one day a week for 10 months.

'Salma will interview patients and all relevant health care professionals in primary, secondary and tertiary care – GPs, physiotherapists, chiropractors, rheumatologists, orthopaedic surgeons, pain

management experts, for example. She will also talk to people who plan services who are based in the commissioning authorities.'

When the information-gathering exercise is over, the research team will have a clearer picture of what currently happens to a patient who lives in south west London, has lower back pain and decides to seek medical help. This will inform recommendations for the future, taking into account cost-effectiveness, to make sure patients get given the best options for treatment, wherever they live in the area.

## SMALL GRANTS: BIG CHANGES

## Do multiprofessional teams make the most of the different skills they contain?

**Teams of different professionals working together have long been around in mental health services, and in services for people with learning disabilities. In more recent years, multiprofessional teams have also become the norm in services for older people and in services for children. But what happens in those health and social care teams on a daily basis? Are different professionals putting their skills and experience to the best use? Are they delivering the support they have been trained to offer?**

Ray Jones, a professor of social work, wants to find out. 'Multiprofessional teams are often hosted by one organisation, but the people within them are employed by other organisations,' he says. 'They may bring together social workers, community nurses, psychologists, teachers, early years workers, perhaps police officers, education welfare officers, occupational therapists.'

'Different professionals bring different skills and competencies, but we don't really know whether those skills and competencies are being best deployed within teams, whether they are being

put to the best use for the benefit of service users.'

Ray, who is based in the School of Social Work in the Faculty of Health and Social Care Sciences (Kingston University and St George's, University of London), has teamed up with Vari Drennan, a professor of health policy and service delivery in the same Faculty, to lead a project supported by the AHSN small grants fund. The money will pay for two part-time research officers who will interview a variety of workers based in half a dozen different sorts of multiprofessional teams – a community-based team supporting people with learning disabilities, for example, or a community-based mental health team, or a reablement team for

older people that aims to help them live independently, often after discharge from hospital. The idea is to ask different professionals about their own skills and competencies, and also to find out what skills they think their colleagues of different trades bring to the table. Different professionals will also be asked to keep a diary of how they use their time, and the tasks they undertake, for a sample couple of weeks.

The project is also being supported by the Interprofessional Institute, part of the South West London Academic Network (SWaN), an alliance that brings together researchers from Kingston University, St George's, and Royal Holloway, University of London. Researchers who

are part of the Institute will advise on the project.

The idea to investigate multiprofessional working came from one of the regular twice-a-year dinner discussions hosted by the School of Social Work, which bring together directors of both adult social services and children's services in the six south west London boroughs and Surrey County Council, and senior academics from St George's and Kingston Universities. 'These are about building relationships and finding out about the research priorities of the main local government employers of social workers,' says Ray (*pictured left*).

'Compared to funding in health, funding for social care and social work research is restrained, so the opportunities for research are much more limited.'

'Multiprofessional working is not new, but it is a growth area. We will be able to report back to our partner boroughs and NHS organisations about the way multiprofessional teams in health and social care are working in south west London, whether they are working in the most effective and efficient way, and whether there are any issues that need addressing. This is a small, pilot study, and if it highlights any such issues, we will come up with a bigger proposal for a national study.'



Photo: Rehan Jamil

## SMALL GRANTS: BIG CHANGES

### Gaining insight into different roles of community-based and hospital nurses

**The AHSN small grants fund is supporting a project that aims to help nurses working in hospitals and community-based services understand more about the demands of each others' jobs.**

A small group of nurses will spend time together to find out more about the role each one plays in caring for a patient, and the contribution they each make

at different times. 'There are sometimes misconceptions on both sides about the roles and the skills needed to work in the community or in hospital,' says Alison Ludlam, associate chief operating officer (professional leadership) at NHS Wandsworth.

'The idea of this project is to help nurses think about working across organisational boundaries, to forge new partnerships and to work more effectively together.

'We want all nurses to understand what happens to a patient when they see a GP practice nurse, when they see

a district nurse, when they are cared for by a nurse on a ward. We want them to know what the



patient's experience is, and what the roles and responsibilities of different nurses are at different stages. Knowing about all stages of care and the links between those stages means nurses can

provide information, guidance and reassurance to patients about what happens next, and the sort of treatment they can expect,' she says.

The small grant will enable nurses from different workplaces to spend time with each other, shadow each other and discuss potential ways of working more collaboratively in the future.

'More healthcare services are being shifted into the community, and this will require nurses based in acute services to either work more closely with nurses in community-based services, including GP practice-based nurses, or offer services that are currently hospital-based within the community.'

Locally, the integration of Community Services Wandsworth with St George's Healthcare NHS Trust will 'drive the momentum of new ways of working,' she says.

The project will be evaluated by the Faculty of Health and Social Care Sciences (Kingston University and St George's, University of London), and the evaluation will focus on what the participating nurses believe to be the different roles in each working environment, and the different skills and attributes needed. The results of the evaluation will inform future training packages to give nurses transferring into community-based services confidence and relevant information, says Alison.

## SMALL GRANTS: BIG CHANGES

### Pooling information to evaluate services

**Wandsworth health and social care professionals are working with researchers to set up and trial a system that pools information about patients and can help analyse the benefits and effectiveness of different services and initiatives.**

The AHSN's small grants fund is supporting a project that brings together NHS Wandsworth, borough-based GPs, Wandsworth local authority social services and St George's, University of London, to develop and test a way of using information records held in GP surgeries, social services and hospitals to evaluate the success

of initiatives that aim to improve the care and support offered to patients. 'This project is looking at how information held by different organisations involved in patients' care is coordinated, collected, analysed and then disseminated,' says Houda Al Sharifi, director of public health at NHS Wandsworth /London Borough of Wandsworth.

'It's a small pilot scheme and the idea is to work out how the different organisations can best work together, and to come up with proposals for the future which could then be applied within every area of south west London.'

The proposals will also include the cost of collecting information from all relevant sources for evaluation purposes.

'The NHS is investing in a lot of services for managing long-term conditions and we need to develop a way of evaluating the impact of that investment, of evaluating new initiatives and their outcomes,' says Houda. 'We need to do this – the government is requiring evidence to prove what we do is making a difference to patients – and it is also good practice.'

The project is concentrating on a sample number of priority areas within health and social care – either specific conditions like diabetes, or areas like emergency admissions – and a sample number of outcomes that can be measured using all the available information.

# Learning from each other Sharing resources

One of the roles of the AHSN is to share and promote examples of good practice and new initiatives that can benefit everyone working in health and social care in south west London. 'We want to broadcast successful projects and services so we can learn from each other,' says AHSN director Laurence Benson.

## School of Social Work seminars

Leading academics and commentators in social care top the bill at *The School of Social Work Thursday Evening Seminars*. Students mingle with social care professionals, managers, teachers and researchers in the 100-strong audiences at the monthly events, held during term time.

The subject matter is either a 'hot' topic or the results of a major research study, says organiser Ray Jones, a professor of social work who is based in the School of Social Work in the Faculty of Health and Social Care Sciences (Kingston University and St George's, University of London).

Invitations are sent to all social work students at Kingston and St George's, to academics from both universities, and to staff working for the local authorities, voluntary sector organisations and private agencies offering social care in south west London and Surrey. But the seminars are open to all, and people travel from all over London and beyond to listen, debate and discuss, says Ray.

'The seminars are a means of bringing to our students the leading policy makers and researchers in the field, and giving them a chance to debate with them,' he says. 'It's also an opportunity to build our research and policy experience even further within the Faculty, as well as an opportunity to cement partnerships with local authorities and voluntary and private organisations who have our students on placements.'

Recent speakers have included Sir Roger Singleton, the former government-appointed chief adviser on the Safety of Children; Marian Brandon from the University of East Anglia, whose research includes a government-funded study of serious case reviews, which highlighted the children at highest risk; Professor Rod Morgan, former chair of the Youth Justice Board; and Professor Martin Knapp from the London School of Economics, talking about an evaluation of pilot Individual Budgets schemes.

# Learning from each other

## Sharing resources

### Physician assistants

The first 13 physician assistants (PAs) trained by St George's, University of London, graduated in 2010, and the AHSN is encouraging the creation of

new PA posts within south west London, to work alongside doctors in hospitals, GPs and community-based services.

Physician assistants are a new profession within the NHS, though they have been commonplace in the USA for about 40 years. Their role is to take medical histories, perform examinations, make diagnoses, order tests and interpret results, often working with patients who are seeking advice for more routine problems. There are already both US- and UK-trained PAs working in England and Scotland.

The two-year *Physician Assistant Studies Postgraduate Diploma* course at St George's is among only a handful of training schemes for PAs in this country. During the training, there are clinical placements in GP surgeries and acute services, including accident and emergency, and community services.

'Physician assistants serve as an extension of the doctors with whom they work, often by seeing patients with more routine issues,' says course director Joel Grey. 'This increases patient access to care and allows patients with more complex issues access to the doctor.'

The voluntary-run UK Association of Physician Assistants is currently applying to the Health Professions Council for statutory regulation and professional registration.

### Learn how to research

The Faculty of Health and Social Care Sciences (Kingston University and St George's, University of London) provides 10 funded studentships

on its one year full-time *Masters in Research Clinical Practice* (MResCP) course.

The course is suitable for nurses, midwives and allied health professionals and combines practical and academic study to prepare professionals for leadership and management in clinical research. Students learn about contemporary research practices and data collection, and develop skills that enable them to generate research questions and interpret results within a scientific framework.

Funding covers salary costs and fees for NHS staff seconded to the course for one year of full-time study and has been made possible by a £1.7 million grant awarded to the Faculty by the National Institute for Health Research and the Chief Nursing Officer for England, in collaboration with the Economic and Social Research Council and Higher Education Funding Council for England.

Nurses, midwives and allied health professionals sited in England with at least one year's clinical experience and an honours degree in a health or social care-related subject are eligible to apply.

**Find out more at:** [www.sgul.ac.uk/mres-clinical-practice](http://www.sgul.ac.uk/mres-clinical-practice)

# Learning from each other

## Sharing resources

### Clinical Research Facility

Any research team or student can make use of the Clinical Research Facility (CRF) on the St George's site.

The CRF offers five treatment rooms

dedicated to research that emphasise patient safety and comfort, as well as specialist on-site or nearby equipment. Clinical, laboratory and administrative staff are available to support a variety of studies focusing on different specialties, including publicly-funded and commercially-sponsored projects.

The CRF was opened in March 2010 and the setting up costs were footed jointly by St George's Healthcare NHS Trust and St George's, University of London: it is now being operated on a cost-recovery basis. The CRF – on the ground floor of Jenner Wing – is keen to support as many studies as possible, including those being undertaken by students.

'It's a really adaptable and flexible space, which we think makes it very attractive for all kinds of studies,' says clinical nurse manager Michelle Lyall Rajab. 'At the moment, a lot of people do their research wherever they happen to be based, which might not always be ideal, and some do not have space at all. We have spacious, well-equipped areas that will hopefully make it easier for researchers to work and provide a more pleasant experience for volunteers.'

**Find out more:** email [crf@sgul.ac.uk](mailto:crf@sgul.ac.uk)

### Literature search service

Are you looking for evidence to support your day-to-day work, or to help you make a clinical decision?

Anyone working for any NHS organisation in south west London can ask experts to find the evidence they need through CARES (Clinical Research and Enquiry Service), a service set up and run by librarians at St George's, University of London.

The literature search service is available online, and urgent requests can be made by telephone.

'Clinicians submit questions and we search for the relevant literature – either systematic reviews, or individual papers,' says NHS liaison librarian Karen John-Pierre. 'We then go back with a list of evidence that may help them make a decision or improve their practice. A lot of clinicians don't have the time or skills to do evidence finding, and so CARES saves them huge amounts of time.'

'Libraries in health care traditionally offered this sort of service, but in recent years, there has been a shift to making healthcare information available via the web and, as a result, there's a perception that everything is now available on the internet. However, people can become a bit overwhelmed and it is difficult and time-consuming to sift through what's there,' she said.

The service's inbox is checked twice a day, and the CARES team will get back with search results within five to 10 working days, unless the request is urgent, in which case they will try to reply within 24 hours. The CARES team can also carry out a literature search for queries relating to research projects.

### Find out more at:

[www.cares.sgul.ac.uk](http://www.cares.sgul.ac.uk)

020 8725 5466

or pick up a paper

request form available in the library at St George's.



# Health Innovation Education Cluster

Health and social care professionals and researchers from across south London are now working together to develop education and training to make sure the latest research results and best practice are implemented – and thus improve services for diabetes, mental health and stroke, and make infection prevention and control better.

About 30 organisations involved in commissioning and providing services, teaching and training, research and policy making are collaborating to this end under the auspices of the South London Health Innovation Education Cluster (HIEC).

The AHSN teamed up with King's Health Partners (KHP) – the academic health sciences centre set up by King's College London and NHS organisations in south east London – to successfully apply for HIEC status, which was awarded by the government at the end of 2009. With the status comes funding until 2012 to spend on developing training for health and social care workforces that reflects the most recent research results. The thinking behind the creation of HIECs is that teaching innovative practices and latest knowledge will lead to a better standard of service becoming more routinely available, taking all the needs of each individual patient into account.

The new South London HIEC – jointly led by the AHSN and KHP – brings together acute trusts, mental health trusts, primary care trusts and the London Ambulance Service, as well as six universities, other colleges and education institutions, and many boroughs running social care and children's services. Those involved include think tanks, charities, private sector organisations and Department of Health locally-based research networks. The HIEC is one of three based in the capital: the other two are to focus on other speciality areas.

Paul Lincoln, chief executive of the National Heart Forum (an alliance of charities, professional, health, social policy and consumer organisations), became chair of the South London HIEC in June 2010, and the chief executive is Ann Greenough, head of King's College London School of Medicine and director of education and training at King's Health Partners.

One of the first tasks of the HIEC is to review current education and training for health professionals across south London, with a view to improving existing courses and introducing new programmes.

As well as developing better training and education, the HIEC will enable the 30 organisations to work more closely together, so that the best services and ways of working can be put into practice throughout south London.

It's still early days, but representatives from the organisations who work within diabetes, mental health, stroke services and infection prevention and control are meeting together to identify projects for the future and agree plans of action.

Stroke professionals, for example, are working together to evaluate new arrangements in the capital for immediate post-stroke care at one of eight hospitals before transfer to a local specialist unit. This evaluation will include a survey of patients across south London to find out what they think of the new mode of care. The HIEC will also fund a series of training and education days for social care and health professionals, including training on selecting patients for thrombolysis – 'clot-busting' – treatment. Selection for thrombolysis involves interpreting complicated data and an accurate diagnosis: it is the wrong treatment for some types of stroke.

In infection and prevention control, one of the projects will be to work collaboratively to share best practice and introduce a coordinated approach to the monitoring and control of MRSA and *C. diff* (clostridium difficile) in community-based services.

An e-learning training package is being developed to give primary care professionals and diabetes specialists information and guidance about depression in people who have diabetes.

And in mental health, one of the agreed programmes is to make sure antipsychotic medication is no longer inappropriately prescribed in care homes for residents with dementia. Antipsychotics have been routinely used as a treatment for some of the most distressing symptoms of dementia – aggression, agitation, shouting, sleep disturbance, wandering and repeated questioning – even though the research shows their success in treating these symptoms is limited. The evidence instead illustrates that antipsychotics can harm older, frail people with dementia, causing strokes and deaths. The HIEC project will involve the development of training for care home staff to help them offer other therapies instead of depending on drugs.

‘Sometimes the evidence is there, or the guidance has been produced, but there has been a delay in the implementation of new knowledge or practice proven to work,’ says AHSN director Laurence Benson. ‘What the HIEC mechanism and funding will allow us to do is to work out ways of speeding up the introduction of up-to-date evidence-based services and procedures, and give health and social professionals the skills they need to deliver them.’

Individual specialists will take the reins of individual projects, bringing together relevant professionals from all participating organisations to work out the logistics.

A small team of dedicated HIEC staff has been appointed and includes a relationships manager – to help make introductions between organisations and support individual projects – a communications manager and a knowledge specialist. All three are charged with making sure every member organisation is kept up to date with new research and new services being developed, so all of south London health and social care providers offer the same high-quality services to residents. The central team is based at NHS Lambeth.

Plans are also in place to develop an online learning and information portal to promote new training and keep staff in all member organisations informed about what is happening within the HIEC. There is also a proposal to create a public-facing website to encourage people to get involved in relevant projects.

The AHSN’s Laurence Benson and Sarah Roberts will also be involved in HIEC tasks, which are complementary to, but in addition to, their existing programme of work.



Health Innovation and Education Cluster  
South London

## Are you part of a professional network and looking for support to develop your activities?

Or would you like to set up a new organisation that brings together peers with the same professional training, or colleagues with different skills but working in the same service or specialist area?

The AHSN will be offering support to either help set up new professional networks or revitalise or develop existing ones. Professional networks within health and social care can help speed up the sharing of best practice, help identify problems that need solving or

issues that need addressing, and formulate research ideas, says AHSN director Laurence Benson.

‘We want to encourage people to talk to other people and work together,’ he says. ‘There will be financial support available – to support an event, for example – and we can also help find meeting space.’

**To find out more, contact Sarah Roberts (pictured right) in the AHSN office, [sarobert@sgul.ac.uk](mailto:sarobert@sgul.ac.uk)**



Photo: Rehan Jamil

## AHSN member organisations

Epsom & St Helier University  
Hospitals NHS Trust  
Kingston Hospital NHS Trust  
Mayday Healthcare NHS Trust  
St George's Healthcare NHS Trust  
South West London and St George's  
Mental Health NHS Trust

St George's, University of London  
Kingston University London  
Faculty of Health and Social Care Sciences  
(a joint venture between Kingston University  
and St George's, University of London)  
Roehampton University

London Borough of Croydon  
London Borough of Kingston  
London Borough of Merton  
London Borough of Richmond  
London Borough of Sutton  
London Borough of Wandsworth

NHS Croydon  
NHS Kingston  
NHS Richmond and Twickenham  
NHS Sutton and Merton  
NHS Wandsworth  
NHS London, south west sector

## Members of the AHSN Executive Committee

**David Astley**, chief executive,  
St George's Healthcare NHS Trust  
**Peter Kopelman**, principal, St George's,  
University of London  
**David Mackintosh**, deputy vice-chancellor,  
Kingston University London  
**Ann Radmore**, chief executive, NHS London,  
south west sector  
**Judy Wilson**, chief executive, South West  
London and St George's Mental Health NHS  
Trust  
**Amanda Philpott**, acting chief executive,  
NHS Wandsworth

**The AHSN Executive** meets every six  
weeks and director Laurence Benson  
acts as its secretary.

**The AHSN Board** meets three to four times  
a year and includes representatives from all  
subscribing organisations. The six boroughs  
are represented on the AHSN Board by  
delegates from Richmond and Wandsworth.

## AHSN contacts

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**[www.swlondonahsn.org](http://www.swlondonahsn.org)**

