



School for Primary Care Research: Nursing Research Conference

**11th March 9:30am – 4:15pm venue: Keele
Hall (Salvin room)
Keele University**



Hi everyone,

Thank you for attending our second NIHR School for Primary Care Research (SPCR) Nursing Conference. We are delighted to have you with us today. We want you to use today as a networking opportunity, so do speak to each other, find like minded people and people with similar clinical and research interests.

We have some great speakers this morning, that you will find incredibly informative. This afternoon, it is over to our clinicians and clinical academics. This afternoon's speakers are at all different career stages both clinically and with research, so we encourage supportive and valuable feedback with any questions. We are also telling our speakers to ask questions of the audience about their work, so you might well be able to answer a question rather than ask one!!

We want you to enjoy the day, enjoy this fabulous building we have at our university, enjoy the refreshments and lunch and the outside surroundings, this is your day as much as it is the speakers, we want you to feel valued and part of the day.

Finally, thank you to the SPCR for supporting and funding this event again, with a special thanks to Dr Georgina Fletcher and Prof Christian Mallen.

The link to our SPCR nursing page is here <https://www.spcr.nihr.ac.uk/career-development/PrimaryCareNursing> And, if you would like to join our informal online Primary, Community and District nursing monthly research meetings from time to time. Just use the QR code below.



Let's have a great day,
Dr Andrew Finney, Conference Chair

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An evidence-based practice project to assess the impact of a transfer checklist on patient safety in a busy Critical Care unit

Laura Pearson

BACKGROUND

Critically ill patients often require transfer to diagnostic scanning departments to treat and diagnose conditions within Critical Care. Although transferring patients from Critical Care units to scan departments is necessary, it also poses risks to patients due to the need for complex equipment and medications during transfer. Without adequate preparation of essential medication, equipment and monitoring, patient safety can be compromised. Multiple incidents relating to transfer had been highlighted in a local trust and on further investigation, it was evident that the incidents occurring were avoidable with no preventative measure used in practice despite recommendations from ICS (2019) and NICE (2018) advocating the use of transfer checklists.

OBJECTIVE

The aim of this study was to implement a transfer checklist into practice and assess the effectiveness it has on patient safety in reducing incident occurrence.

METHODS

The study was evaluated using three phases. Firstly, a retrospective analysis of incident reports was assessed pre and post implementation of the checklist to assess whether the intervention contributed to a reduction in incident occurrence. Secondly, a compliance audit lasting four weeks was completed to assess the connection between the use of the checklist and a change in incident frequency. The final phase was a staff survey which aimed to assess any contributing factors to the effectiveness of the intervention and incident reporting.

RESULTS

The evaluation of incident reports conveyed a complete reduction in transfer related incident occurrence post implementation of the transfer checklist in Critical Care. The overall compliance rate in the use of the checklist over a four-week audited period was 69.4%. The survey results displayed that all respondents considered the checklist effective in reducing risk to patients with increased preparation displayed as the most prominent reason for effectiveness.

CONCLUSION

This study has shown that the use of a transfer checklist in practice has a positive impact in reducing incidents during transfer and therefore increases patient safety. There was evidence of compliance to the intervention which supports that the use of the transfer checklist contributed to this reduction of incident occurrence.

Newly qualified nurses' experiences of transition to professional practice: A qualitative intrinsic case study

PI: Dr Analisa Smythe. Co-investigators: Catharine Jenkins, Vanda Carter, Claire Flatt, Ann-Marie Cannaby.

Background

The transition from nursing student to qualified nurse can be a particularly challenging time. Undergraduate training is designed to prepare nurses, however some newly qualified nurses (NQNs) report feeling unprepared and ill equipped for the role (Innes and Calleja, 2018). NQNs can face unrealistic expectations from senior staff (Jarden et al. 2021) and may also feel that they do not receive adequate support (Collard et al. 2020). These factors combined can lead to stress, contributing to job dissatisfaction and intention to leave the profession. (Collard et al. 2020).

Aim

The overall aim of this study is to gain insight into, and understanding of NQNs' experiences of transition to professional practice.

Methodology and methods

The study included a convenience sample of 16 qualified NQNs from a large acute and community NHS Trust. The aim and objectives of the study were met using a qualitative, exploratory, intrinsic case study design (Stake, 1995). Participation involved taking part in a face-to-face or remote individual or focus group (FG) interview according to NQNs' choice. Data was collected between November 2021 and June 2022. Data was subjected to qualitative content analysis (Hsieh and Shannon, 2005). Transcripts were analysed as individual interviews and then subjected to across group analysis. Data analysis was carried out independently by two members of the research team (VC and AS). A third member of the team checked the transcripts (CJ) to confirm or disconfirm themes.

Findings

There were three main themes and 11 subthemes. Main themes included: The transition experience, The nature of preceptorship and Growing into the role.

Discussion and conclusion

This qualitative study offers insights into NQNs experiences of transition to professional practice. The study demonstrates that workplace culture has a significant impact on transition experiences. Supportive environments are an essential prerequisite for successful transition and enable NQNs to develop the confidence and skills necessary for independent practice. A range of interventions should be offered, including flexible off-duty patterns to allow time for NQNs to receive support, availability of workplace learning, workloads which are not excessive, adequate staffing, and a culture which facilitates collaboration. Clarification is also required for established staff as to what bullying/abuse is, and that it is unacceptable, with clear steps for reporting and addressing any issues. A positive workplace culture will ensure NQN retention and benefit the wider team, patients, and the organisation as a whole.

References

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A year in the life of a virtual ward: Chapter One by Vicki Williams and Paula Berridge.

Vicki Williams and Paula Berridge

A year in the life of a virtual ward: Chapter One by Vicki Williams and Paula Berridge.

Abstract

Background

Virtual wards have been commissioned by NHS England as a way to manage patients on alternative pathways at home, by providing consultant level care and hospital diagnostics and treatments in the persons own home to manage acute periods of ill health for up to 14 days.

The virtual ward in Rotherham is unique within the ICB being a consultant nurse led model, as opposed to medically lead by local colleagues.

The primary pathway within this virtual ward is hospital admission avoidance, which is a way for clinicians to step patients up to virtual ward as opposed to sending them to A&E/ hospital.

The purpose of this service review is to understand the effectiveness of this model and ways for improvement in the future.

Method

Data collected and reviewed via electronic patient records and informatics. Individuals who have contacted the service post discharge have offered patient experiences; some of these have been included.

Results

Data gathered over 13-month period from 08/12/22 to 21/01/24. The total number of admissions to virtual ward was 1324 which includes 859 frailty, 239 respiratory, 226 remote stepdown patients, this equated to a total of 8407 bed days saved. The majority of patients were over 75 years in age.

Further explanations of data will be discussed.

Conclusion

In utilising the virtual wards over 8000 bed days have been saved, this has had an impact across the trust as a whole; this includes benefits to the patient and the organisations. The patient biopsychosocial impact is not to be underestimated.

Innovation in cancer care: Insights from a cancer and primary care community of practice in improving practice and patient experience across organisational boundaries

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Introduction:

This regional Cancer Community of Practice (CoP), launched in February 2023. It has emerged as a dynamic force in cancer care by fostering innovation through its multi-professional steering group, cross-boundary collaboration, and a unique emphasis on co-production.

Background:

With increasing numbers of people living with and beyond a cancer diagnosis¹ the role of care provided in primary care and community settings is becoming increasingly important. Co-morbidity in an ageing cancer population is increasing, which in turn drives the need for new models of integrated care. Patient experience of their out of hospital care needs improvement. Education of the nursing and Allied Health Professional (AHP) workforce is needed to ensure cancer patients receive high quality evidenced based healthcare in all settings.

A CoP is a group of people who share a common concern, a set of problems, or an interest in a topic. In this case, its focus relates to improving cancer patient experience working across organisational boundaries through collaborative multi professional working. A particular emphasis is on the identification and management of patient's supportive care needs and facilitating nursing and AHP workforce learning opportunities, across primary care, community, and secondary care settings. The CoP was founded and funded through a cross organisational collaboration and includes nurses, AHPs and patient partners. This abstract presents key findings from the Cancer CoP evaluation from February to December 2023, showcasing its impact, benefits, and plans for future innovation.

Methods

CoP steering group members actively designed and delivered most of the CoP outputs. Outputs include the development, promotion and delivery of webinars as subject matter experts, workshop design and delivery at face-to-face COP sessions, and co-authoring of abstracts to national and international conferences.

Analysis was undertaken of CoP participation and levels of engagement over 10 months. Data was collected relating to demographics of CoP participants in relation to job role, organisational and geographical coverage, and sector representation. Post-event feedback completion has been encouraged throughout the delivery of events.

Results

Numerical scale rating (0-5) and qualitative reporting was undertaken with 4.63/5 being the average rating for events. Participants expressed dedicated commitment to implement learnings within their professional practice with qualitative feedback regarding how the CoP has supported clinical practice and professional development provided.

Conclusion

Proposed outputs for the coming year are the scoping and development of cross sector shadowing opportunities, joint working between nursing and allied healthcare professionals, and gaining insight

into specific cancer patient experience issues for further focussed improvement initiatives. This abstract provides a snapshot of the Cancer CoP's journey, showcasing its commitment to innovation and collaborative excellence in cancer care through multi-professional, cross boundary, and collaborative working.

Introduction and evaluation of a General Practice Nurse Clinical Research Fellow role across the South West of the United Kingdom

Kate Lippiett, Kerri Magnus, Paul Roy, Jen Charlewood

Background

Research is a necessary part of healthcare (CNO, 2021). Research-active organisations have been demonstrated to have improved patient outcomes (Ozdemir et al., 2015). Typically, in the United Kingdom (UK), research has taken place in acute trusts, rather than primary or community care (MacConnachie, 2023). Nurses are underrepresented in terms of research capacity development compared to medicine, despite being the largest professional body delivering care to patients (Avery et al, 2021). In primary care, nurses are even more underrepresented with few nurses involved in delivering or leading research, despite being well-placed to generate a robust evidence-base to ensure high quality care and provision of services. (Hoverd et al, 2023). However, there are several issues that may prevent GPNs from participating in research. First, nurses are generally employees rather than partners in general practices and are therefore dependent on support from practices for research development opportunities (QNI, 2015). Second, clinical work may take precedence over the other three pillars of nursing practice: research, education and leadership (RCN, 2024). Third, there is a lack of a clear career pathway for non-medical clinical academics. Fourth, general practice may not see the value in supporting GPNs to engage in research, unless the research creates a reasonable revenue stream for the practice (Mummery, 2019).

Methods

This project will introduce and evaluate a 0.6wte General Practice Nurse (GPN) Clinical Research Fellow at Agenda for Change 8b for 12 months, employed across the UK South West to:

- Act as first point of contact for GPNs interested in pursuing a clinical academic career
- Identify and address research learning needs of South West GPN workforce
- Raise the profile of South West GPNs engaged in research
- Ensure GPNs are aware of research opportunities

Results:

The clinical fellow will support GPNs delivering or leading research or interested in doing so.

Anticipated measurable benefits within the lifespan of the project are

- Increased knowledge, skills and confidence in research for GPNs
- Enhanced understanding of the role and value of GPNs in delivering and leading research
- Increased profile of GPNs engaged in research
- Identification of national, regional and local learning opportunities for GPNs keen to develop their research skills.

Conclusion:

Effective, person-centred research leads to improved patient outcomes, increased health system efficiency and improved recruitment and retention of healthcare professionals. Currently, insufficient resource has been targeted towards building research capacity within GPNs. This project aims to identify and develop recommendations to address this gap.

In my last moments

Rachel Laycock

Palliative care is the last thing you can do for a patient that is special, person centred and will hopefully provide a comforting lasting memory for the patient and their loved ones. In emergency cases, such as cardiac arrests, brain haemorrhages or traumatic terminal events, this is often not possible due to lack of information available to the nurses about the patient.

There is a significant research gap in providing holistic care in emergency palliative situations. There is however research to suggest that hearing at end of life is still present even in the unconscious brain. There is currently a gap in clinical practice where patients present to emergency departments and the nursing team provide care in their last moments without knowing anything about the patient or what they would have wanted at end of life. I have created a document that can be completed by the well individual with their holistic requests such as music to be played to make their final moments more comforting, holistic and person centered. This may never need to be used, but is essential in ensuring care is given at the highest possible standard, even in times of uncertainty and distress. I was a finalist in the Student Nursing Times Awards 2023 for this innovation and would love the opportunity to present this at the Nursing Research Conference. It would be an honour, thank you for your consideration.

Using vignettes as a research tool

Jayne Murphy

Vignettes are data collection tools that provide supplementary and complementary data during a research process, where other tools such as observations or interviews are not conclusive (Erfanian et al 2019). They are a versatile research tool in terms of their style, and if used in conjunction with other data collection methods such as interviews, and offer an additional advantage of obtaining other information from participants (Skilling and Stylianides 2020). As part of a PhD to explore nurses' thoughts and feelings about best interests decision-making, two vignettes were utilised, depicting two situations where treatment decisions were required to explore the research question: "What factors do nurses consider when determining best interests for patients with advanced dementia?".

Vignettes provide realistic situations from which to extrapolate beliefs about specific circumstances. They allow for features of the context to be specified, so that the participant is invited to make statements about a set of social circumstances, rather than expressing their beliefs in a vacuum (Finch 1987). Combining the vignettes, interview questions and the opportunity to reflect generated rich data in the study. The aim of using vignettes was not to predict the participants' behaviour but to achieve insight into their perceptual processes, which is supported by Jenkins et al (2010). Vignettes do not always require participants to have in-depth knowledge of the research topic (Hughes 2012) but allow researchers to simplify complex environments and to highlight variables related to the topic (Aldersey, Huynh and Whitley 2016). The research study was about Best Interests decision-making; Best Interests being one of the principles of the Mental Capacity Act (MCA) (2005). The vignettes provided the opportunity to present variables in potential decisions that the participants were able to consider and discuss.

HM Government (2014) recognised that it can be beneficial to use practical scenarios where the Mental Capacity Act (2005) has been applied successfully. Two vignettes were utilised within the study and were constructed to generate descriptive responses from the participants, as in what they would do, as well as some normative responses, in respect of what they thought should happen around initiation and continuation of treatment.

The development of the vignettes was an iterative process, recommended by Mulchan et al (2022). They were amended after a pilot phase and the genders and names were swapped to establish if there was any difference in responses from the age, gender, and perceived ethnicity of each person in the vignette. It is acknowledged by George et al (2020) that vignettes can reinforce stereotypes and reinforce negative connotations of the characters and the situations portrayed within the vignette. The interviews and the vignettes offered a complementary technique to enhance data collection and provided an in depth understanding of decision-making from the perspectives of nurses answering the study's 'what' and 'how' questions.

PHD proposal- what are the blocks to innovation for nurses / ACP's in primary care

Anna Young

This is a provisional abstract: The expectation would be that it would be picked to pieces by the attendees to help shape the proposal further:

Aim: Nurses / ACP's are increasingly embracing research as part of the 4 pillars of nursing / advance practice. Despite this, there is a gap in seeing this research embedded into practice in primary care. The innovation we see is often small scale, localised and dependant on goodwill, enthusiasm and drive to make the changes, with very little reward. Using my first-hand experience of workforce change through embedded research, I am curious as to why more people aren't utilising their research to change practice and where the blocks are for this happening. This sits alongside an often lack of opportunity for clinical nurses to develop in both their research and leadership and they are often absent at the decision making table – thus missing an important and integral perspective in decision making.

Methodology: Manley and Jackson (2020) venus model of CPD / change states that for learning to have an impact it has to transform individual practice, skills, knowledge and workplace culture. Using an e-Delphi model of research to draw out themes from nurses / ACP's, GP practices, PCN's and ICB leads. This would enable a wide range of experience and levels of 'blockage' to be explored and link the individual experience of practitioners to the structures of primary care and gatekeepers.

Results: I would expect the results to be wide ranging but that there would be common themes.

Wider implications: As the NHS is going through significant changes, utilising the skills and knowledge of nurses / ACP's is paramount to maximising resources. Clinicians who undertake research do so from a patient driven perspective and enabling this research to shape the wider development of healthcare is key to ensuring excellence and a wider contribution to leadership.

Utilising these results would allow for structural changes to how ICB's engage nurses / ACP's and what resources are needed to link the current research / innovation provision to work that is already being done. It could also shape how universities approach modules around research and how they design their courses.

The implementation and impact of video group consultations by healthcare professionals in primary care general practice: a semi-structured interview study

Ellie Scott, Dr Alice Moulton, Professor Gwenllian Wynne-Jones, Dr Laura Swaithe, Dr Andrew Finney,

Background

The impact of the COVID-19 pandemic stimulated a digital shift, significantly impacting the ways in which healthcare services are run with the need to adapt to newer ways of working (Greenhalgh, Koh, and Car, 2020). Video Group Consultations (VGCs) are one approach to delivering care in general practice, using a virtual platform to consult with a group of patients with the same or similar health condition (Birrell et al., 2020). Yet, little is yet known about the ways in which VGCs are implemented and the associated impact of the approach from healthcare professionals' perspectives.

Aim

To explore the implementation and impact of VGCs by healthcare professionals in primary care general practice.

Methods

Semi-structured interviews explored the implementation and impact of the approach by general practice staff who had delivered, implemented, or previously been involved with VGCs, recruited by purposive, random and snowball sampling. Interviews were conducted virtually via Microsoft Teams, and manually transcribed from a dictaphone. Interview topic guides were developed iteratively and inductively. Data analysis adopted the principles of Reflexive Thematic Analysis (Braun & Clarke, 2022), in which a reflexive diary was kept throughout the study. Data was collected between February-July 2023.

Results

A total of 14 participants were interviewed from a range of healthcare roles across various primary care settings. Preliminary results suggest a consideration of the context surrounding the implementation of VGCs, how implementation is conceptualised and understood, the processes involved with implementation and the ways in which impact is captured. The context, conceptualisation and processes associated with implementation determines what is considered as impact and the various ways in which this is measured.

Discussion

There is an apparent diversity in the contextual, conceptual, and logistical processes involved with the implementation of VGCs, which creates difficulties in establishing universal impact, scale-up and sustainability of this approach into practice. Gathering experiences of the ways in which VGCs have been implemented into aids a greater understanding of how the approach can work across primary care settings.

Conclusion

A range of healthcare professional roles and practice locations captured diverse thoughts and experiences of implementing VGCs in primary care general practice. Initial findings suggest healthcare professionals have varying understanding of what constitutes as a 'VGC', which has led to barriers in establishing coherency, implementation and scale-up of the approach. Further research is yet to be conducted exploring patients' perceptions and experiences of VGCs for a more comprehensive understanding of the viability of the approach into general practice.