Getting to ‘GRIPS’ with Evidence-Based Care

Much is now written about evidence-based care, highlighting the importance of those providing health and social services basing their practice on the latest available research. But such evidence is often difficult to obtain and READ is one way in which the School of Nursing and Midwifery is making the results of its research more widely available. However, we are constantly seeking new and creative ways to reach the widest possible audience. One initiative about to be launched is a series of GRIP (Getting Research Into Practice) reports. There will be two types of GRIP report. Short reports of 4 pages will summarise key findings from major studies carried out within the School, and stress their implications for practice. The short reports will be available on the School’s website, but will also be produced in hard copy for widespread dissemination amongst students and practitioners locally and further afield. Full GRIP reports will also be produced for selected studies and will provide a more detailed account of research findings, but again with an emphasis on their practical application. Watch out in future editions of READ, and on the School’s Website (www.shef.ac.uk/snm) for further details and availability of the GRIP reports.

The first reports in the GRIP series will be available shortly and will focus on the findings of the AGEIN (Advancing Gerontological Education in Nursing) Project. AGEIN, a major longitudinal study of the way that student nurses experience and view work with older people, is the largest study of its kind ever undertaken in the UK. It has several important messages about how to make work with older people a more attractive and rewarding career option. An interactive multimedia training package based on the AGEIN Project and comprising a CDRom, video, and training guide, is currently being evaluated. It is aimed primarily at student nurses and their mentors and explores how to create a positive learning environment, especially in long-term care settings. If you would like more information please contact Dr Sue Davies (Tel: 0114 222 9869, Email: s.davies@sheffield.ac.uk).

Finally, we would like to add a big ‘thank you’ to those of you who took the time and trouble to comment on the first edition of READ. From your feedback we seem to be on the right track, but we would value your further thoughts and reflections. Please feel free to email Helen with any suggestions (h.c.mason@sheffield.ac.uk).

Happy READing!

Mike Nolan, Amanda Cowan and Helen Mason, Editorial Team
What’s going on?

Welcome to New Research Staff

READ would like to welcome the following new members of research staff:

Nadine Edwards is employed on a part-time basis for one year to research ‘The experience of public participation on MSLCs (Maternity Services Liaison Committees)’.  

Suzanne Fawden has joined the Palliative and End-of-Life Care Research Group as a Research Secretary to assist with a number of projects.  Suzanne is an experienced medical secretary and professional musician.

Patty Hempshall joined the CARER Department in March 2004 on a six-month part-time secondment as a Research Associate to contribute to research being undertaken by Professor Kate Gerrish and Professor Susan Read on advanced nursing roles.  As a clinical nurse specialist in infection control at Sheffield Teaching Hospitals Trust, Patty has first-hand experience of nurses in advanced clinical roles to contribute towards the project.

Bardy McNair has recently joined the CARER Department as a Research Associate to work with Professor Kate Gerrish on research in the field of ethnic and cultural diversity.  Bardy is seconded part-time for a period of six months from her post as physiotherapist at Sheffield Teaching Hospitals NHS Trust.

Rachel Morgan is employed on a one-year full-time contract to research ‘Why do midwives stay and why do midwives return?’.  

Anita Sargeant has joined the Palliative and End-of-Life Care Research Group as a Research Fellow to work on an one-year project entitled ‘User Involvement in Palliative Care: a scoping study’.  The project is funded by St Christopher’s Hospice, London and is being undertaken in collaboration with the National Council for Hospice and Specialist Palliative Care Services.  Anita is an experienced palliative care nurse and has recently completed her PhD at the University of Southampton.

New Externally Funded Projects

- Empowering front-line staff to deliver evidence-based care: the contribution of nurses in advanced clinical roles (Department of Health).
- Thinking about the future: promoting comfort, choice and well-being for older people facing death (part 1) (Help the Aged).
- User involvement in Palliative Care: a scoping study (St Christopher’s Hospice).
- A peer education service for advance care planning: a development study with older people (The Health Foundation).
- Advocating for work and care (Final Report and Conference) (Wigan and Leigh Crossroads Care Scheme).
- Evaluation of youth services contraceptive outreach (Doncaster East PCT).

CARER Departmental Resear

As part of its strategy to promote research and scholarship the Community, Ageing, Rehabilitation, Education and Research (CARER) Department makes regular grant awards to support small research projects undertaken by staff early in their research careers, in partnership with more experienced colleagues.  Projects are often pilot or pre-protocol work that may lead to larger studies of policy and practice relevance.

Three CARER Departmental Research Grants were awarded during the 2001-2 financial year, six in the following year, and further funds have been made available for this purpose in 2004.  Below is an indication of the projects funded to date.

- Advocating for work and care (Final Report and Conference) (Wigan and Leigh Crossroads Care Scheme).
- Evaluation of youth services contraceptive outreach (Doncaster East PCT).
Royal College of Nursing
International Nursing Research Conference
21-24 March 2004

Conference Overview

The School of Nursing and Midwifery had a strong presence at the annual Royal College of Nursing International Nursing Research Conference, which was held in March 2004 at the University of Cambridge.

Professor Kate Gerrish (CARER Department), as Chair of the RCN Research Society, had been actively involved in planning the highly successful conference. Nearly 600 delegates from as far away as Australia, Iceland, Japan, Thailand, South Africa, Canada and the USA, as well as mainland Europe and the United Kingdom, participated in the four-day event. With four plenary papers, one hundred and twenty concurrent sessions, ten symposia and seventeen workshops there was plenty to capture participants’ interests.

Researchers from Sheffield presented a total of ten concurrent sessions, one poster and one workshop, with each of the School’s four research clusters being well represented.

Julie Skillbeck presented a paper (co-authored by Sheila Payne and Christine Ingleton) on the methodological challenges of recruiting carers to palliative care studies. The theme of user involvement in research was continued by Josie Tetley, who drew upon her doctoral research in considering how to improve users’ involvement in research in older people. Two papers focused on social disadvantage and exclusion. The first, by Gina Higginbottom, examined the meaning and consequences of hypertension for individuals of African Caribbean origin and their perceptions of primary care services. In the second paper, Sue Peckover (co-author Robert Chidlaw) presented the findings from an exploratory study examining equality within district nursing practice.

Researchers involved in the Practice Development and Education for New Roles cluster presented papers on a range of research studies. Three papers focused on aspects of clinical practice: Marilyn Kirshbaum presented findings from a critical review of the benefits of physical exercise for breast cancer patients, Ann McDonnell provided an overview of findings from her doctoral research exploring the impact of acute pain teams on patient outcomes, and Angela Tod reported on a study identifying factors influencing people who are overweight to access weight loss services. The educational theme was explored by Lorraine Ellis, who presented the findings of a study mapping the provision of professional doctorate programmes in the UK and exploring stakeholder perceptions of such programmes. Finally, two presentations focused on new role development. Mick Ashman and Sue Read presented a poster on the findings of a national survey of progress with the implementation of the modern matron role in England, which has been commissioned by the Department of Health. Maxine Simmons, a doctoral student within the School, provided an overview of preliminary findings from an ethnographic study exploring the development of nurse consultant roles.

Other presentations included a collaborative paper, by Sue Peckover and Lorraine Ellis, examining the implications of the introduction of research governance for post-graduate nurse education, and a workshop on writing for publication by Kate Gerrish.

Next year’s conference, which will be held in Belfast, Northern Ireland from 8-11 March, promises to be just as stimulating.

For further information on the conference please contact Professor Kate Gerrish (Tel: 0114 271 5597, Email: k.a.gerrish@sheffield.ac.uk).

Kate Gerrish
Professor in Nursing Practice Development

Enabling partnerships in carer assessments: the way forward (Department of Health).

Awareness of and attitudes towards mental illness – a study of members of Parliament (Sheffield Health and Social Research Consortium).

Establishment of an academic and research base in prison healthcare (Department of Health).

Evaluation of prison mental health in-reach service (National Forensic R&D).

If you would like further information about any of these projects please contact Helen Mason in the first instance (Tel: 0114 226 6849, Email: h.c.mason@sheffield.ac.uk).

Search Grants

■ Evaluation of a Project Nurse Role for Preventing Hip Fractures within Care Homes
  Donna Doherty & Jean Glover

■ Exploring the Feelings and Resource Needs of Nurses Regarding Listening and Talking To Older People about Death and Dying: A Developmental Study
  Amanda Clarke & Helen Ross

■ Management and Organisation of Respite Care Services in Specialist Palliative Care
  Christine Ingleton, Mike Nolan, Sheila Payne, Gill Scott & Kath Steele

■ Exploration of the Lived Experience of Practicing Tai Chi in a Tai Chi Club for Older People in North Derbyshire
  Sara Morris-Docker

If you would like more information about any of these small-scale research projects, please contact Helen Mason Tel: (0114) 226 6849,

Email: h.c.mason@sheffield.ac.uk in the first instance.
User Involvement in Palliative Care: a Scoping Exercise

A team of researchers from the Palliative and End-of-Life Care Research Group, led by Professor Sheila Payne of the University of Sheffield, are undertaking a scoping study. The study is designed to identify and evaluate current models of user involvement within palliative care. It is funded by St Christopher’s Hospice and is being undertaken in collaboration with the User Involvement Steering Committee of the National Council for Hospices and Specialist Palliative Care Services (NCHSPCS). The aims of the study are to:

- Undertake a review of research, policy and practice literature within and outside of the palliative care field to identify what is currently known about user involvement.
- Identify and make recommendations about appropriate methods for eliciting user views and user involvement within palliative care.
- Offer potential models of best practice to establish and sustain user involvement, and to seek feedback on the acceptability of these models.
- Advise the NCHSPCS on the development of guidelines for facilitating user involvement, and to make recommendations for further research and for organisational development.

The study will consist of a number of phases:

**Phase one**
Will involve a review of the research, policy, practice and ‘grey’ literature about user involvement.

**Phase two**
Key informants will be identified and their views on user involvement obtained through face-to-face and telephone interviews. Site visits will be undertaken to observe different models of user involvement in action. A thematic analysis of the data will be undertaken.

**Phase three**
A consensus-building exercise will be held in which key informants will be invited to comment on the strengths and weaknesses of the different models of user involvement identified. The informants will then help shape a programme of organisational development, education and support to increase the opportunity for user involvement in palliative care.

Funded by the Health Foundation  
November 2002-May 2005

Phase 1 of this study involved a survey of UK adult bereavement services provided by hospices and specialist palliative care services. The survey results have been presented at conferences for social workers and for bereavement service coordinators. In addition conference papers have recently been given at the Palliative Care Congress, Warwick, and at the International Working Group of Death, Dying and Bereavement in Arizona. A draft paper for Palliative Medicine has also been written.

A summary of the survey results has also been sent to all 248 respondents. Since September 2003 we have been engaged in Phase 2 of the project, which involves conducting organisational case studies of five selected UK adult bereavement services. These case studies are aimed at examining the role of professionals and volunteers in providing these services and to assess the views and outcomes of bereaved people who have used and not used these services. To date we have completed two of these case studies.

Our preliminary findings confirm the important role played by volunteers in the provision of bereavement support but also highlight differences between services in the degree to which they offer support to such volunteers. Further, discussion groups and interviews involving bereaved people who have chosen not to use services have demonstrated that it is not what services offer but the pre-existing social support networks and attitudes towards managing grief that often determine whether people decide to access bereavement support.
The Views of Older Chinese People about Cancer and Palliative Care Services

A new research project exploring the views of older Chinese people about cancer and end-of-life care is being jointly undertaken by the Sheffield Palliative Care Studies Group and the Department of Sociological Studies at Sheffield University. The Project is funded by The Health Foundation and conducted by Professor Sheila Payne, Dr Jane Seymour, Dr Ruby Chau, Dr Margaret Lloyd and Alice Chapman.

Recent advances in cancer treatment have led to the provision of a range of care services for cancer patients at different stages of their diseases. However, there is evidence that ethnic minority groups may experience disadvantages in relation to accessing cancer and palliative care. Explanations to account for such differences in ethnic patterns of health service usage may include issues such as language barriers, culture insensitivity, isolation and lack of awareness of services. A recent review of the literature on the palliative care needs of black and ethnic minority groups, commissioned by The National Council for Hospice and Specialist Palliative Care Services (2001), has highlighted the lack of research on the views and needs of Chinese people. Clearly there is a need to explore such issues further.

The aims of this project are:

- To elicit knowledge, attitudes and beliefs about cancer held by older Chinese people.
- To gain an insight into their perceptions and experiences of accessing cancer and palliative care services.
- To examine any preferences about end-of-life care.

The Project will be conducted in two phases over two years

Phase 1 – Older Chinese people from communities in Sheffield and Manchester will be invited to join focus groups to discuss their understandings of cancer, palliative care and end-of-life care.

Phase 2 – Individuals from both communities will be interviewed to explore their views on cancer and palliative care choices.

The overall aim of this Project is to make policy recommendations for improving access to cancer and palliative care services for older Chinese people.

Reference


If you would like further information about this project please contact Alice Chapman, Research Associate (Tel: 0114 222 8304, Email: a.chapman@sheffield.ac.uk).

Anita Sargeant
Research Fellow

The outcomes of the scoping exercise are to develop policy and practice guidelines for user involvement in palliative care by offering guidance on possible models of involvement, and the organisational infrastructure necessary to achieve and sustain them. The exercise will identify education needs of service users and health care workers to enable user involvement to occur, and highlight future potential collaborative research. Two key documents will be created. A Briefing Paper for the NCHSPCS summarising the recommendations of how to involve users and carers and an Occasional Paper for the NCHSPCS providing a longer review of the literature about user involvement in palliative care.

The Research team comprises of:

Professor Sheila Payne (University of Sheffield), Dr Merryn Gott (University of Sheffield), Professor David Oliviere (Director of Education St Christopher’s Hospice), Professor Neil Small (University of Bradford), Anita Sargeant (University of Sheffield).

If you would like to know more about any aspect of the study please contact Anita Sargeant (Tel: 0114 222 8308, Email: a.r.sargeant@sheffield.ac.uk), or Professor Sheila Payne (Tel: 0114 222 8296, Email: s.a.payne@sheffield.ac.uk).

We have arranged to continue our research at three more services by the end of this year.

If you would like to know more about any aspect of this project please contact David Reid (Tel: 0114 222 9878, Email: d.reid@sheffield.ac.uk), or Professor Sheila Payne (Tel: 0114 222 8296, Email: s.a.payne@sheffield.ac.uk).

David Reid
Research Fellow

Alice Chapman
Research Associate
Empowering Front-Line Staff to Deliver Evidence-Based Care: the Contribution of Nurses in Advanced Clinical Roles

The Department of Health has commissioned the School of Nursing at the University of Sheffield to undertake a 2-year project to investigate the role that nurses in advanced clinical roles play in empowering front-line nursing staff to provide evidence-based practice.

The research aims are to:

■ investigate the ways in which advanced clinical nurses promote evidence-based care among front-line staff;

■ identify factors that facilitate or inhibit this aspect of their role;

■ examine the impact of evidence-based practice on job satisfaction and patient/carer experiences;

■ make recommendations for how the role can be further enhanced.

Study 1: Professional doctorates for nurses in the UK: mapping and perceptions (Funded by the Royal College of Nursing Trevor Clay Scholarship)

Summary

The concept of a University doctorate has always been clear in most peoples’ minds. As the highest degree that can be awarded, the Doctor of Philosophy (PhD) represents the pinnacle of advanced learning and scholarly enquiry. Over the last decade the United Kingdom has witnessed the introduction of an alternative form of doctoral preparation for nurses and other health care disciplines known as the professional or taught doctorate, a doctorate not unlike the USA model. This important initiative continues to generate considerable interest, and whilst it has come under increased scrutiny in the USA, it remains relatively under researched and under theorised in the UK. This study sought to provide an initial understanding of programmes currently operating in the UK. The study comprised a reconnaissance exercise mapping the range of existing provision and the ongoing development of programmes, together with the views of key stakeholders as to the value of the professional doctorate relative to the more traditional PhD.

Summary of main findings

■ Number of programmes

The first professional doctorate for nurses and midwives in the United Kingdom was launched in 1995. At the time of writing twenty-three Universities in the UK offer a professional doctorate for nurses, whilst a further ten plan to introduce such a programme in the next two years. A further fifteen institutions indicated that a professional doctorate was on their strategic agenda as a possible future initiative. By the year 2005 thirty-three institutions in the UK will offer a professional doctorate for nurses, indicating a significant increase in provision over the last decade, a trend which seems set to continue.

■ Continuum of programmes

Analysis of the programme documentation (n=19) and interviews with fifty-five senior academics suggested that the professional doctorate may be conceptualised...
An experienced research team is working together to conduct this research. The project team comprises Professor Kate Gerrish, Professor Susan Read, Professor Mike Nolan, Dr Mark Limb and Ms Angela Tod.

If you would like to know more about any aspect of the project please contact Professor Kate Gerrish (Tel 0114 271 5597, Email: k.a.gerrish@sheffield.ac.uk).

Kate Gerrish
Professor in Nursing Practice Development

The study will involve a national survey by postal questionnaire of 2000 nurses in advanced clinical roles in a wide range of hospital/primary care settings. This will be followed by 30 intensive site visits and 6 in-depth case studies of nurses utilising innovative approaches to promoting evidence-based practice. The case studies will investigate the part that advanced clinical nurses play in promoting evidence-based practice from the perspective of different stakeholders. Information will be collected in a variety of ways including interviews, observation, documentary analysis and surveys. Stakeholders within the practice environment of advanced clinical nurses whose opinions will be sought include front-line staff, patients/carers, managers, and the multi-disciplinary team.

The anticipated outcomes include:

- research report and executive summary for wide distribution;
- written guidance for policy and practice addressing the education and service implications arising from the study;
- case study materials and guidance for teaching purposes;
- publications in peer reviewed academic and professional journals.

Other Health Care Professions

along a continuum, from a highly structured highly modularised programme, to a minimally prescriptive model of provision not unlike the Doctor of Philosophy. Professional doctorates may be located at any point along this continuum dependent upon the characteristics and features of each programme. This provides a useful frame of reference for considering the attributes of each doctorate relative to the PhD, the model normally used as the touchstone for the development of the professional doctorate. Regardless of where programmes were located along this continuum there was little standardisation and much variability evident amongst programmes.

- Educators’ attitude towards the professional doctorate

Educators’ attitudes towards the professional doctorate fell into one of three broad categories: enthusiastic, ambivalent or sceptical. Over half the educators were enthusiastic, with several championing this form of provision. Others were less convinced and were ambivalent over whether the professional doctorate was a positive initiative or represented a lowering of standards, compared to the more established ‘tried and tested PhD’. Conversely, there were several educators who were sceptical and doubted entirely the merits of such a doctorate on the grounds that it was essentially ‘dumbing down the PhD’ and was perceived by students as ‘an easier option’. Educators’ attitudes towards the professional doctorate may be explained with reference to the perceived strengths and limitations of these programmes and their concerns.

The next phase of the study involves studying a range of programmes for nurses and allied disciplines purposively selected from the continuum of provision in order to obtain the views of students and their managers as to the perceived impact of the professional doctorate on practice.

Study 2: Doctoral education for nurses in the USA: an exploratory case study (Funded by a Worldwide University Network Fellowship)

This study was prompted by the findings of the reconnaissance of professional doctorates in the UK and the need to further develop an empirical underpinning for these programmes. This research provides a detailed account of doctoral provision for nurses at two Universities in the USA. Key stakeholders were interviewed, including over forty-academics, administrators and students and relevant documentation content analysed.

The preliminary findings of this study provide a useful comparison for the UK mapping exercise.

For further details concerning either of these studies please contact Dr Lorraine Ellis (Tel: 0114 222 9776, Email: l.b.ellis@sheffield.ac.uk).

Lorraine Ellis
Senior Lecturer
Helping Family Carers Return to Work

Almost one in ten people aged between 45 and 65 are likely to become a family carer in any one year. Demographic trends mean that this figure will increase substantially in the coming years. Many carers who have left work to care wish to re-enter employment, and such individuals were the focus of the Advocating for Work and Care project funded by the Community Fund and carried out by the School of Nursing and Midwifery in collaboration with Crossroads and Add-a-Voice in Wigan and Leigh. The project, now successfully completed, examined the experiences of 26 carers, those of their families and those for whom they cared. In addition, an action research element sought to support carers in seeking employment.

The project found that many carers wanted to work for a number of reasons:

- so they could be what they chose to be (self-identity)
- for the social aspects of working
- for financial reasons
- personal achievement
- giving something back
- because of a work ethos
- for health reasons (e.g., respite, avoiding depression)

Social Disadvantage and Exclusion

Prison Mental Health Projects within the Mental Health Section, ScHARR

The Mental Health Section at the University of Sheffield School of Health and Related Research (ScHARR), has developed a programme of work relating to the mental health of prisoners.

Current and recent projects included in the programme are:

Mental Health Services and Prisoners: A Review

A systematic review of secondary and primary research has been undertaken by Charlie Brooker, Julie Repper and Mike Ferriter. The review appraises work related to the mental health problems in prisons relevant to the development of:

- Prison primary care services
- NHS community mental health services in-reaching into prisons
- The clients to be referred
- The services

and to identify gaps in knowledge to inform the development of a prison mental health services research agenda.

Evaluation of Prison Mental Health In-reach Services

Mental health in-reach is intended to be the vehicle for the improvement in mental health services for prisoners in line with the objectives set out in the UK Government’s NHS plan. Mental health in-reach services comprise multidisciplinary teams similar to community mental health teams that serve the general population.

Together with the Universities of Manchester and Southampton, and the Institute of Psychiatry, we have been commissioned to describe and evaluate the mental health prison in-reach programme in prisons in England and Wales. The evaluation will provide evidence about the success, effectiveness and feasibility of the objectives of the prison mental health in-reach initiative in relation to government priorities.

Evaluation of the Prison Mental Health Collaborative

The Prison Mental Health In-Reach Collaborative, launched in November 2002, is a structured way of bringing about improvements in services. It is a fundamental part of the Prison Mental Health Modernisation Agenda.
Charlie Brooker and Carol Saul have been commissioned to evaluate the Collaborative using a range of methods, ranging from national surveys to site-based case studies. The evaluation will explore what is the ‘added value’ of the collaborative approach and in which areas the method presents strengths and weaknesses. The costs of taking part in the Collaborative will also be explored.

Many carers were already in economically precarious situations, and relatively small changes in their circumstances could have a marked effect on their employment. A partner’s change of shifts, for example, could make work almost impossible, and small health problems for themselves or the person for whom they cared also had long-lasting effects on their motivation and ability to work. The family unit therefore often opts for what is safe. Such safety is not provided by employment unless the rewards are more substantial and long-lasting than is presently possible. More attention might therefore be given to the provision of formal care services, the way the benefit system operates, and the unpredictable burdens of providing care for a sick or disabled relative.

For all carers in the study we were surprised at the lack of neighbourhood or family support they could draw on to extend their availability for work. Despite this the family unit, defined in many forms but usually residential, was the central locus for decision-making about finding work. Those individuals providing episodic care were more likely to be able to find and maintain employment than those who had constant care responsibilities. Moreover, as the ability to work was heavily influenced by formal care service provision, which was seldom available over the working day and, since alternative care was not available or not affordable, many carers were likely to choose part-time employment. These limitations meant carers were often in low paid jobs, working below their full potential. Unsurprisingly the additional income carers received was seldom huge but, if it exceeded the Invalid Care Allowance earning limit, often meant a loss of this benefit. Choosing to work therefore became even less viable on monetary grounds, despite the other benefits it provided.

We also observed that, by giving up work, carers had sacrificed earning, pensions and long-term financial security. That many live on the margins does not only impoverish their lives, but has intergenerational effects on the lives and life-chances of their children also. Given the above findings, several recommendations have been made in the final report available, at a small fee, from the address below.

Paul Ramcharan, Reader in Cognitive Disability, Samuel Fox House, Northern General Hospital, Herries Road, Sheffield, S5 7AU (Tel: 0114 271 4460, Email: p.ramcharan@sheffield.ac.uk).

Establishment of an Academic and Research Base in Prison Healthcare

The Mental Health Section at ScHARR is collaborating on a project to develop an infrastructure to establish and sustain a strong programme of research and development into prison healthcare. Over the next three years the aim is to:

- Develop a multi-disciplinary, multi-agency network focused on prison healthcare innovation, dissemination, and evaluation.
- Develop a network of prisons prepared to host research into prison healthcare.
- Develop a commissioning programme for R&D into prison healthcare.
- Develop and evaluate an innovative new system for providing integrated primary medical and dental care to remand prisoners, as a demonstration of the capacity of the new network infrastructure to deliver timely and appropriate evidence to support prison healthcare development.
- Establish systems for ensuring that research into prison healthcare is readily accessible to front line policy makers and professionals.

Prison Mental Health Care Pathways Project

The aim of this project is to develop a robust description of the mental health care pathway for prisoners travelling through the prison system by describing and integrating standards and best practice into a single care pathway. The resulting document will be a description for use by local clinicians, PCTs and mental health trusts to assess the competency of the mental health service being provided at their prison. It will provide a best practice guide for clinical and managerial development of local services and ultimately a template for commissioning.

If you would like more information on this programme of work please contact Charlie Brooker, Professor of Mental Health (Tel: 0114 222 0767, Email: c.g.brooker@sheffield.ac.uk), or Carol Saul, Research Fellow (Tel: 0114 222 0824, Email: c.saul@sheffield.ac.uk).

Charlie Brooker
Professor of Mental Health

Paul Ramcharan
Reader in Cognitive Disability
is the best way to achieve this. Of course partnerships occur at several levels and here we focus on the collaborative partnership we have forged with colleagues in Sweden, who share our vision of working with older people and their family carers. Below you will find a taster of the ‘smorgasbord’ of current initiatives. Enjoy!

Åldre Väst Sjuhärad: Making a reality of working together

Åldre Väst Sjuhärad is a Research and Development Centre based at the University College of Health sciences in Borås, West Sweden. The main aim of the Centre is to promote partnerships between older people, their family carers, service providers and practitioners in order to improve quality of life and quality of care. Although only founded in 2000 the Centre has already established its own way of ‘working together’, and has undertaken several innovative projects. Recently the Centre hosted a major two-day conference, attended by approximately 400 people on each day. Older people, and organisations representing older people, formed a significant proportion of delegates, as did local politicians, service providers and practitioners.

The conference comprised a mixture of ‘main hall’ presentations, which all delegates attended, and numerous concurrent events that people chose to attend depending on their own interests. Mike Nolan, who is a Visiting Professor at Borås, gave a ‘main hall’ presentation on the ‘Åldre Väst Model of Working’ (Magrunsson et al 2001, 2002, Nolan et al 2003), and also took part in a symposium describing the COAT (Combined Outcome Assessment Tool) Project, which is a joint initiative between the School, involving both Mike and Janet Nolan, and Äldre Väst Sjuhärad (watch out for more information in the next edition of READ).
References
Mike Nolan
Professor of Gerontological Nursing

Maximising the Quality of Life of People with Dementia

As we age the chances of developing dementia increases and, whilst the effects are as yet incurable, it is still possible to enjoy a good quality of life. In Borås, West Sweden, we have been working with a group of people with early dementia over the last eight months to develop an online interactive educational and support programme to help similar people and their family carers to maintain a full and active engagement with life.

Group members were recruited mainly from medical centres in Borås, and comprised a diverse range of individuals with varied life and work experiences.

For the first five months we met on a weekly basis for two hours, and subsequently on a fortnightly basis. Sessions were facilitated by Anette and Helen, two experienced assistant nurses who work at a local day centre for persons with dementia. Initially the sessions consisted of group discussions about specific topics, such as learning to live with dementia, ways of communicating with others, hobbies and interests and so on. With the group members’ permission, these sessions were tape-recorded and the lively discussions used as a basis for writing text for the programme. This was then reviewed by the group members who gave their comments and suggestions.

Group members also agreed to participate in video recordings, and this became an important part of the programme that highlighted the engagement and positive contribution that the group made.

Each session also included computer activities, which involved members learning how to use a computer and trying out a range of computer exercises. These sessions were organised by Ida, a computer programmer. Each session had a break for coffee and cake, a vital Swedish tradition that enabled everyone to come together and chat about their experiences.

In between meetings Lennart and I, with the help of Karin, who provides secretarial support, had weekly meetings with Anette, Helen and Ida to discuss the previous session, and to consider any issues that arose from Anette, Helen and Ida’s taped reflections. This helped us to plan for the work ahead.

We now have a draft programme comprising the following sections: Introduction, What is dementia, Being with others, How we manage our situation, activities, computer activities, planning ahead, help and support. We will now be refining the programme with the help of the group members, following which it will be tested with a new group of persons with early dementia and their family carers in the autumn. Each group member will have the opportunity to continue to meet one another at a local community centre.

Everyone is unanimous that working on the project has been a positive experience. In particular the members described how much they have enjoyed the meetings, especially the computer sessions, and ‘surfing the Internet’. One member of the group spontaneously said to me at a Christmas ‘get together’ we had ‘since I’ve started coming to these group meetings I’ve been able to think again, I’d stopped doing that before I came here and now I’ve got new thoughts and I’ve made new friends’. He then turned to me and asked ‘do you think this what we are doing here - this will be research that will help others’. We sincerely hope so.

Elizabeth Hanson has a Visiting Readership at the School of Nursing and Midwifery, University of Sheffield. Mike Nolan and John Keady (University of Wales, Bangor) provide advice to the project.

If you would like more information about the project please contact Elizabeth Hanson (Email: Elizabeth.Hanson@hb.se).

Elizabeth Hanson, Lennart Magnusson, Helen Arvidsson, Anette Claesson, Ida Bengtsson, Karin Claesson

Ingrid Hellström, Mike Nolan and Ulla Lundh

Members of the COAT project team with Lena Nordholm, Pro-Vice Chancellor, University College Borås (second left) and Lennarth Johansson, Board of Health and Welfare (far right).
The University’s health-related education and research activity came under the microscope in March when Sir Nigel Crisp, Chief Executive of the NHS and Department of Health, visited Sheffield. Representatives from the Faculty of Medicine met informally with Sir Nigel before a series of presentations from the various schools profiled the current educational and research innovations. This created a favourable impression with Sir Nigel, reinforcing the University’s national and international profile as a leading higher education institute.

Sir Nigel made a most interesting presentation himself, offering a personal view of his expectations for the strategic development of health services over the next four years. He used a ‘balanced scorecard’ to identify key target areas, these being: improvements in service delivery, improvements in health outcomes, staff experiences and motivation, and patient experiences and satisfaction. A major drive towards more local responsibility and accountability with greater opportunities for patient or user involvement is likely. Increasingly, money and resources will follow patients. There will be new ways of tackling chronic disease with a shift from a sickness to a chronic care model. This will place greater emphasis on self management and self care, with better use of ICT resources, strengthening of a commitment to provision of care across time and space, and care that is proactive and not just reactive. Accordingly there will be a greater emphasis on choice-making by patients and their families, public health, health protection and recognition of the value of health as a contributor to the economy. A challenging agenda indeed, but one that the School and the University as a whole should be well placed to respond to.

Gordon Grant
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Acknowledgements

The Editorial Team wish to thank all those who have contributed to this issue of READ.

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