Responding to COVID-19

We are in extraordinary circumstances. Since COVID-19 was declared a global pandemic in March 2020, it has caused unprecedented disruption to our everyday lives, not least to our health services. HSRU staff left our building on 18th March and have been living our lives at home ever since. It is a testament to the resilience, flair and creativity of all our staff that despite the circumstances we face, research and research impacts continue at pace, albeit with an additional focus on COVID-19.

The ways in which HSRU colleagues have assembled to address this acute issue has been wide ranging - promoting rigorous evidence, involved at policy decision making level, collaborative, open, and volunteering to help others.

Examples include conducting rapid reviews for NHS decision makers; generating a glossary of COVID-19 lay terms for patients and the public; repackaging of ongoing research; and non-stop expert reviewing of research proposals for national funders and editorial and peer review activities for major journals. Day to day conduct of ongoing studies has been transformed rapidly. New ways of delivering clinical studies online to our thousands of patient participants have been developed. There are long standing ramifications for the way health services in Scotland will be delivered and the need now for rigorous and timely health services research cannot be underestimated. Stay safe.

Craig Ramsay, Unit Director
Re-opening dental practices after COVID-19 lockdown

The COVID-19 pandemic has resulted in major disruption of many health services including dental services. Dental practices in the United Kingdom and across the world were forced to stop all routine face-to-face dentistry during lockdown. With the increasing easing of restrictions, dentistry needs to find a way forward to resume services. This can be particularly challenging since dental professionals are potentially exposed to high risks of transmission, partially due to the use of dental instruments that generate aerosols and that are a substantial part of routine dental work, such as scale and polish. Policy and decision makers asked what should dental services look like when they re-open?

To help answer this question, HSRU's Craig Ramsay and University of Dundee's Jan Clarkson led a rapid review of international guidelines to summarise the main recommendations from recent international guidance documents on the reopening or restructuring of dental services. The review, published for the first time on the 6th of May 2020 on the Cochrane Oral Health webpage, spanned across 16 countries and four continents. Key considerations involved how to assess patient’s risk before appointments and how to reduce contamination risk to patients and dental professionals. It has been very well received resulting in attention from policy makers and the British media. It has been shared with 120 Chief Dental Officers across the world, highlighted in the Scottish Government’s daily briefings as a major contribution and downloaded tens of thousands of times. It has informed the Scottish Dental Clinical Effectiveness Programme’s guidelines for the re-opening of dental services in Scotland. With the UK now re-opening dental services, there is a new way forward.

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Using patient experience data

Two new papers have recently been published from Louise Locock’s led study on how frontline staff use patient experience data for service improvement, funded by NIHR Health Service and Delivery Research Programme.

One paper, in BMJ Open Quality, examines the role of ‘team capital’ in supporting frontline staff teams to make change. Ethnographic case studies were conducted in six general medical wards in England. Each ward put together its own core team of staff to work on quality improvement projects to improve patient experience. The research team found that teams with a wider mix of staff - not just from different disciplinary backgrounds but also with a broader mix of grades and seniority - tended to make more progress than uni-disciplinary teams with staff at a similar grade. More mixed teams were able to draw not just on the resources, networks and insights from senior staff such as consultants, but also from healthcare assistants, ward clerks, junior doctors, pharmacists and staff from their hospital’s central patient experience team.

A second paper from the study, in Sociology of Health and Illness, questions the nature of what we mean by ‘data’ in the context of patient experience, normally assumed to be formally recorded (e.g. survey results, interviews, or written feedback). Drawing on the sociology of everyday life, we show how front-line staff worked with a ‘wilder’, less formal notion of data. In addition to consulting organisationally sanctioned forms of data, they used their own embodied interactions with patients, carers, other staff and the ward environment to shape improvements. The ‘data’ staff found useful involved face-to-face interaction and dialogue; were visual, emotive, and allowed for immediate action.

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Simulation Training for Local Emergencies

The THISTLE (Trial of Hands-on Interprofessional Simulation Training for Local Emergencies) study aimed to find out whether a labour ward emergency training package (PROMPT - PRactical Obstetric Multi-Professional Training (Second Edition)) for all health professionals reduced the risk of full term babies being born in poor condition as shown by an Apgar (Medical assessment of newborn: - Appearance, Pulse, Grimace, Activity, Respiration) score of <7 at 5 minutes (<75mins). THISTLE was a stepped-wedge cluster randomised controlled trial (RCT). Eligible sites were Scottish maternity units with ≥900 births per year. The training intervention included a two-day PROMPT Train the Trainers (T3) programme with subsequent unit-level implementation of local PROMPT courses for all maternity staff. The expectation was to implement ‘in-house’ PROMPT courses in their own hospitals within six months of attending the T3 training. Twelve maternity units were included. The primary outcome was the proportion of term babies with Apgar <75mins.

Of 87,204 eligible births, 1,291 infants with an Apgar<75mins were delivered in the study maternity units. The overall Apgar<75mins rate observed in the randomised units was 1.49%, increasing from 1.32% pre-intervention to 1.59% post-intervention. The ‘intention-to-treat’ analysis indicated a moderate but non-significant reduction in the rate of term babies with an Apgar scores <75mins following PROMPT training (OR=0.79 95% CI 0.63 to 1.01). However, when a second analysis took into account the variation between units when introducing the local training, there was no improvement in the Apgar scores (OR=1.01 95% CI 0.84 to 1.22).

PROMPT training, as implemented, had no effect on the rate of Apgar <75mins in Scotland during the study period. Further research is required to understand why the positive effects observed in other single-unit studies have not been replicated in Scottish maternity units, and how units can be best supported to locally implement the intervention authentically and effectively.

Experiences of care

Louise Locock is a co-investigator on two new studies led by Dr Sara Ryan from the Health Experiences Research Group, University of Oxford.

One study, funded by NIHR School for Social Care, will use a ‘Capability Approach’ to explore how learning disabled people can be supported to lead flourishing lives. This highlights the importance of people being able to do the things they value, which is key to wellbeing.

The second project, funded by NIHR Health Service and Delivery Research, tests the use of experience-based co-design as a quality improvement approach in social care, using support for people experiencing loneliness as an exemplar.

Behavioural Science in trials

Can the challenges of trial participation be better understood and addressed by re-framing research participation as a behaviour? A team from HSRU are leading research within an international project that aims to use behavioural science to understand and improve participation in clinical trials. The project, funded by the Canadian Institute for Health Research, is being led by Dr Jamie Brehaut (pictured) based at the Ottawa Health Research Institute. The 4-year project brings together methodologists, trialists, health psychologists, patients, and clinicians from a range of specialties and across a range of countries. The project will develop theory-informed, participant-oriented guidance and tools to help trialists and patient organisations optimise clinical trial participation.
Recent publications


Supporting #WomenInSTEM
HSRU’s Magaly Aceves-Martins is the spokeswoman and coordinator in Europe of the programme “Women Leaders in STEM”. This is a unique mentoring programme in the areas of Science, Technology, Engineering and Mathematics (STEM) for Latina Women. If you want to know more, visit WOMEN LEADERS IN STEM webpage.

University honours Janet Darbyshire
Professor Janet Darbyshire CBE received her honorary degree from University of Aberdeen in recognition of and for the significant impacts she has made in clinical trials for over 40 years.

Public engagement award winner
Congratulations to Clare Robertson for winning the 2020 Principal’s Prize for Excellence in Public Engagement.

Editorial team: Craig Ramsay, Caroline Burnett, Karen Beveridge and Zoe Batham
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