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**Health and Social Care Research in Lincolnshire – 2019 update**

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East Midlands Research into Ageing Network (EMRAN) is a research collaboration across the East Midlands to facilitate collaborative applied clinical research into ageing and the care of older people. EMRAN was set up with support from NIHR CLAHRC East Midlands.

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## **A Health Needs Assessment for people living with neurological conditions in Lincolnshire**

**Principal Investigators:** Professor Mo Ray, Dr Kelly Sisson, Thomas George, Emily Scott

**Funding Body:** Lincolnshire County Council

**Dates:** 2017-2018

**Summary or outline of project:** The Healthy Ageing Research Group (HARG) in the School of Health and Social Care at the University of Lincoln were asked by Lincolnshire County Council to conduct a health needs assessment for people living with neurological conditions in the county. This consisted of three phases:

- A scoping review of previously published research on services for adults living with neurological conditions in the UK
- Information analysis from local and national datasets to explore how many people in Lincolnshire were affected by different neurological conditions and what services they used
- A survey of people living with neurological conditions, their carers, voluntary sector organisations and healthcare professionals to hear about their perceptions and experiences of neurological services in Lincolnshire

The results from the scoping review show that there are variations in the quality of experience patients have when accessing treatment, diagnosis and information. This may be put down to the lack of knowledge healthcare professionals have of neurological conditions. Carers also reported poor preparation and training when caring for someone living with a neurological condition. End-of-life services are not appropriately designed for those with neurological conditions, and there is poor access to mental health services, with services users often feeling dissatisfied with their experiences. Better planning and support is required for children moving from child to adult services.

The dataset analysis showed that more people are affected by stroke in Lincolnshire (2.15%) than across England (1.7%), with rates being highest in eastern areas and lowest in western areas of the county. These rates are linked to the rates of health behaviours such as smoking which are risk factors for stroke – a condition which is more common in more economically deprived areas of the country. Epilepsy, Parkinson's disease, cerebral palsy and multiple sclerosis were also common in Lincolnshire.

For more information, please contact Professor Mo Ray (mray@lincoln.ac.uk)

Key Words: Health Needs Assessment, neurological conditions, carers

## **Housing prototypes for the 'wellbeing' of elderly in Lincolnshire**

**Principal Investigators:** Dr Primali Paranagamage, Dr Rebecca Herron, Dr Eliseo Luis Vilalta-Perdomo and Dr Jennifer Jackson

**Funding Body:** Research Investment Fund from University of Lincoln

**Dates:** 2013-ongoing

**Summary of Project:** Half of the increase in total number of households will be occupied by older people by 2026; therefore 'housing the elderly' is a priority for the UK (DCLG 2013). In Lincolnshire, between 2002 and 2012 the population of those aged 65 plus increased to approximately 22%, showing an increase of 3% than the national average. By 2021, it is projected that the largest increase will be in the 75 plus age group from an approximately 68,000 people to 93,000. As the demographic profile of the population changes, strategies that encourage people to stay independent, active and safe to participate and contribute to society assume importance (Darzi 2008). The priority is to "plan for homes and communities so that people can live out their lives, as long as possible, independently and safely with their families and friends around them... Housing is central to health and wellbeing, so services need to be planned and integrated to reflect this" (DCLG 2011). There is a strong need for a holistic approach to understand how homes and neighbourhoods can sustain the changes of a life time to envision future housing prototypes for the wellbeing of the elderly (ENABLE AGE 2004).

**2.0 Aims and Objectives:** This research aims to develop a holistic approach to decision making that facilitates 'wellbeing' of the elderly in future housing prototypes in Lincolnshire. Central to this understanding is how several systems work together, such as changing care models and ways of delivery, demands by changing demographics of family types, emphasis on preventive medicine and delay of morbidity and life expectancy, and wellbeing variables of the elderly related to activities, functional ability, personal beliefs and attitudes, home and personal finances (Jackson 2011, Gallaway 2005), and social networks that build social capital (Paranagamage 2010). It is accepted that to enable this, local services such as housing, health, social care, leisure, transport and education etc. would need to be integrated to work as a whole system facilitating independent living balanced by needs for interdependence with family, community and

neighbourhood. Strategies to promote independent living need to be underpinned by requirements for maximising resources and empowering older people to remain physically as well as economically active; and providing housing in a way that promotes social inclusion and wellbeing (Byrd 2009).

The decision support tool would model the interaction of the range of systems that impinge on one another to recommend pathways for the conceptualization of elderly housing. This would enable all stakeholders concerned with the provision of housing for older adults in the public and private sector, to holistically envision elderly housing both now and in the future. The research will proceed to bridge the gap in its translation to a conceptual prototype of housing. The research will also validate and refine the tool and prototype by working with local housing associations and Age UK involved in the delivery of elderly housing in Lincolnshire. The objectives are 1) to create a decision support tool 2) to develop a conceptual model for housing prototypes 3) work with local housing associations and Age UK to pilot the transition of the conceptual model to design 4) develop feedback mechanisms to validate and monitor work stages

#### Work package 1 - Establishing database

This WP aims to draw together the diverse knowledge, information and existing datasets on variables affecting wellbeing of the elderly such as physical performance in ageing (ELSA 2009), older people's housing typologies (Hanson 2001), extending to European typologies (Oswald 2007), the I'DGO consortium work (2008) on getting outdoors and wellbeing, social relationships (Herron2013) and integration capacities within the neighbourhoods (Bowling 2007); all integrated factors that research suggests are critical to older people's wellbeing (ENABLE AGE 2004; Mette2005). This work will continue into the main project to establish robust definitions of wellbeing as applicable to residential environments of older people in Lincolnshire.

#### Work package 2 - Experiences and perceptions of wellbeing in internal and outdoor environments

This work package will define and model the interaction of wellbeing variables of the elderly living in their own homes in Lincolnshire. One workshop will be conducted during the scoping study to explore issues that are specific to Lincolnshire among those living in the outskirts of the towns and cities but also of those who live in the cities. Individual perceptions such as perceived housing-related constraints; perceived social pressure to leave their homes; satisfaction with the neighbourhood and with the social environment

(Rioux 2005) will be explored. The research questions include the following. How do restricted abilities as much as major illness or disability affect and impinge on the use of their own homes? What are its effects on wellbeing variables related to residential environments, for example control, autonomy, or socialising? Do such variables vary in different typologies of housing? Are there new classifications / typologies that arise? Informed from the findings of WP1 and WP2 this work package may be refined and extend to the main project as further case studies.

### Work package 3 - Integration of service delivery for independent living

During the scoping stage, the policy changes and goals being pursued by the national and local government that raise the need for both physical and behavioural changes in residential dwellings and neighbourhoods will be broadly reviewed. Some of the issues highlighted in new care pathways have an emphasis on early intervention and prevention, choice and control, universal services and encouraging more self-care as opposed to professional care. One workshop will be conducted with stakeholders from Lincolnshire County Council, local councils, AGE UK, and local housing associations (LACE, Longhurst) to understand how integrated service delivery influences elderly housing in the future. This package will need further work during the main research project with interviews held with a range of stakeholders, particularly older adults to understand the dynamics in detail before they can be modelled in relation to the wellbeing variables.

### Work package 4 – Holistic approach to older people’s wellbeing to changes in residential dwellings and neighbourhoods

This work package will investigate the adaptive capacity of older people’s wellbeing to the dynamics above. The interrelationships between the different value-factors or constituent elements of wellbeing will be analysed to provide a general framework for decision-making and will bring together P1, P2 and P3. The intention of this package is to derive a theoretical construct for predicting the impact of physical environment on the older people’s wellbeing. It is recognised that both the old people’s perceptions of wellbeing and the social, economic, and physical environment within which they live are constantly changing. This can cause problems particularly if the rate of change in the environment is faster (or slower) than that of the older people’s perception of wellbeing. Thus, a better formed understanding of these dynamics is crucial to facilitate a holistic approach of wellbeing. The research will address: What conclusions could be arrived at in a holistic approach to wellbeing of older people living in their own homes. Can a

framework or model be proposed in relation to built environment variables of owner occupied homes? What social, economic and environmental factors will be considered in the holistic approach of wellbeing?

#### Work package 5 - Developing housing prototypes

Translating knowledge into practice information and recommendations for policy will be an important objective of this package. Key stakeholders' involvement in the research will provide clear and appropriate policy and practice routes to dissemination and further exploration which should extend beyond the life of the project. Resulting from knowledge and usage of WP5, this work package will develop conceptual prototypes for elderly housing that respond to the demands of an ageing society in Lincolnshire. Working with stakeholders this work package will involve helping and using expertise to translate the conceptual model to a physical shape of house, home and neighbourhood to understand the practical implications.

#### Work package 6 - Dissemination, Monitoring and feedback

The research team will actively participate in the development of housing prototypes with housing associations. They will also participate in dissemination events and stakeholder forums run by organisations in the steering group committee. A monitoring and feedback mechanism has to be developed to collect data on how the tool is used to improve the translation into the design and delivery of elderly housing for the future.

For more information, please contact Dr Primali Paranagamage  
(pparanagamage@lincoln.ac.uk)

**Key Words:** Housing, care models, social capital, built environment



## **Ethical issues in self-funded social care: co-producing knowledge with older people**

**Investigators:** Dr Lizzie Ward (Principal Investigator), Dr Philippa Locke, *Professor Mo Ray*, *Dr Claire Markham*, Dr Denise Tanner and Dr Llinos Mary-Jehu.

Lincoln based co-researchers: Mike Astill, Dave Bray, Nigel Cobbold, David Gaskill, Kate Holley, Ruth Kent, Lucie Kew, Steve McCarthy, Sarah Tripp, and Lissie Wilkins

**Funding Body:** Wellcome Trust Collaborative Award in Humanities and Social Science

**Dates:** 2017-2020

**Summary or outline of project:** The research takes an innovative approach to researching self-funding through co-production with older people and knowledge exchange with key stakeholders in three research sites: Brighton and Hove, Solihull and Lincolnshire.

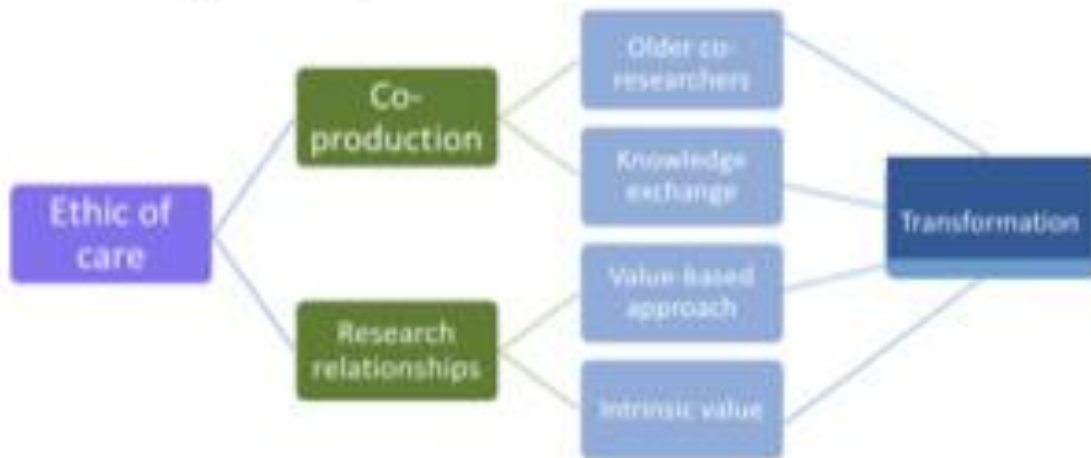
The number of older people funding their care has increased within the context of transformations in statutory social care, the impact of austerity and cuts to social care funding. There is little research on self-funded care, despite its significance to policy and practice. Older people's perspectives are marginalised in policy and practice, which are dominated by managerial concerns of resource allocation and service provision, and in research, where their voices are largely absent.

At its core this project is a collaboration between academics, social care commissioners, providers, practitioners and older people in three research sites. Its overarching aim is to generate 'co-produced knowledge' of self-funding through accessing lived experiences of older people and seeking the views of informal carers, family members who are supporting older people and those who commission and provide care services. In doing this we are aiming to gain an understanding of ethical dimensions of self-funded care with a view to helping to transform policy and practice.

The key goals to achieve our aim are to:

- Understand older people's experiences of self-funding
- Develop theoretical understanding of the ethical issues involved in self-funded care
- Engage with older people, practitioners, health and care services' commissioners and providers to transform understanding of self-funded care and produce accessible outputs to impact policy and practice.

## Our approach grounded in care ethics



- Human beings as relational
- Care as fundamental to human survival and flourishing
- Connectedness and interdependency
- Power dynamics of care relationships
- Care and social justice

Through this co-produced project we are aiming to produce knowledge and understanding about self-funded care that will lead to the production of creative outputs. These will be co-designed with our co-researchers and community partners.

For more information, please contact Dr Claire Markham (cmarkham@lincoln.ac.uk)

**Key Words:** Self-funding, social care, co-production

## **Predictors and Outcomes of Ambulance Calls to Care Homes for Emergencies in people with Diabetes (POACCHED)**

**Investigators:** Prof Niro Siriwardena, Professor Graham Law, Dr Murray Smith, Professor Mo Ray, Viet-Hai Phung, Anne Spaight, Keith Spurr, Amanda Brewster, Professor Kamlesh Khunti, Dr Iskander Idris

**Funding Body:** National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care East Midlands (CLAHRC EM)

**Dates:** April 2018 - December 2018

**Summary of project:** This study is primarily an evaluation of diabetes emergency calls from care homes to an ambulance service. Our overall aim is to evaluate the demographic and clinical factors which predict ambulance conveyance to hospital together with health service costs of ambulance calls to patients with diabetes-related problems residing in care homes.

Our objectives are:

- To determine the extent to which socio-demographic attributes such as age, sex, deprivation and clinical factors such as reason for call, and other factors listed below (in ii below) are associated with ambulance calls for patients with diabetes-related emergencies resident in care homes.
- To explore which factors predict whether patients are conveyed to hospital following an ambulance attendance for a diabetes-related emergency.
- To conduct a health economic analysis.

We will describe data in terms of rates of calls to patients in care homes for diabetes-related problems using funnel plots to identify outliers, as well as comparing these to rates for other types of calls. Multivariate logistic and multilevel regression will be used to explore predictors of conveyance to hospital when an ambulance is called to a patient with diabetes-related problems considering factors such as patient age, sex, distance to hospital, rurality, deprivation and other clinical and demographic described above. Episodes will be costed using the National Schedule of Reference Costs for NHS Trusts and NHS Foundation Trusts for different types of call, e.g. call only ('hear and treat') attendance only ('see and treat') and attendance followed by transport to hospital ('see, treat and convey').

The findings from this study will:

- Inform development of educational interventions and pathways for ambulance and care home staff to reduce preventable call-outs and hospital admissions for diabetes emergencies through better integration of patient care in care homes and health services.
- Increase knowledge of organisational, patient and clinical factors leading to hospital admission following diabetes emergencies in care home residents.
- Publish new evidence based data on the scale, nature and costs of diabetes emergencies in care homes.
- Reduce risk of hypoglycaemia, hyperglycaemia and dehydration in people with diabetes in care homes.

For more information, please contact Professor Niro Siriwardena  
(nsiriwardena@lincoln.ac.uk)

**Key Words:** Diabetes, care homes, ambulance, call outs

## **The impact of polypharmacy on health outcomes in older patients: A retrospective cohort using CPRD database**

**PhD student:** Irene Boateng

**Supervisors:** Carlos Rodríguez-Pascual, Paul Grassby, Zahid Asghar

**Funding Body:** University of Lincoln

**Dates:** 2017-2020

### **Summary:**

The main objective is to analyse the relationship between polypharmacy and one and five-year mortality, hospitalisations, adverse drug reactions and falls requiring hospital admission, adjusted for relevant confounders in patients aged 75 years and older. Secondary objectives are to analyse potentially inappropriate prescribing, and to study factors related with polypharmacy.

These objectives will be achieved through a cross-sectional and retrospective cohort study using CRD database. We will retrieve the number of drugs prescribed at the index record date. Polypharmacy will be defined by different cut-off points of 5, 8 and 11 prescribed drugs. Potentially inappropriate prescribing will be assessed with the

Screening Tool of Older People's Prescriptions (STOPP) criteria, and under-prescribing with the Screening Tool to Alert to Right Treatment (START) criteria. Study outcomes include mortality, urgent hospitalisations, adverse drug reactions (ADR) and falls requiring hospital admission. Confounders will include age, sex, previous falls, previous hospitalisations, comorbidities, cognitive impairment and the e-frailty index.

Relationship between polypharmacy and outcomes will be summarised with odd ratios (OR) and hazard ratios (HR) with their 95% confidence interval obtained from logistic and Cox regression analysis adjusted for confounders. To avoid over-adjusting, we will include in models only those comorbidities not included in e-frailty index.

For more information, please contact Carlos Rodriguez-Pascual,  
[crodriguezpascual@lincoln.ac.uk](mailto:crodriguezpascual@lincoln.ac.uk)

**Key Words:** Polypharmacy, Frailty, mortality, falls, hospitalisations, elderly.

## **'He means the world to me': Human rights implications of separating older people from their pets in residential care/nursing homes**

**Investigators:** Professor Marie Fox, *Professor Mo Ray*

**Funding Body:** Dunhill Medical Trust

**Dates:** 01/11/2018 – 30/04/2020

### **Summary:**

Consequent upon an ageing population, a growing number of older people are deciding to move to or being placed in residential care. As a result, they are often separated from their pets, notably dogs and cats, since many care home policies do not permit companion animals. These animals frequently end up in rescue kennels or being euthanised. This loss can cause an older person grief and distress, especially if their animal cannot easily be rehomed. Many of these pets will end up with animal charities and rescues which are already over-burdened with abandoned animals. It is arguable that, in disregarding the wishes of the older person and negatively impacting their health and well-being, such policies may contravene both the principles of the Care Act 2014, which emphasises the importance of patient-centred care. Further they may violate Article 8 or other provisions of the European Convention on Human Rights, which protects the right to private and family life which is also enshrined in the Human Rights Act 1998.

In this timely study we will accurately assess the proportion of care homes which currently permit companion animals. We will explore the rationale for either permitting pets or not by conducting interviews with residents, their families, plus staff and managers of residential care homes in two locations (one urban and one rural) in England. These interviews will explore the health, wellbeing and rights implications of residents being able to co-exist with their pets. Our interviews will seek to uncover the lived reality of separation from companion animals who an older person may have regarded as a friend or family member. This study will then go on to analyse whether separating older people from their pets potentially breaches care regulations and human rights law. It will consider how policies could be framed which are compliant with human rights standards and which recognise the shared vulnerability of older people and their companion animals. We will assess the arguments for and against legislation which would formally require care homes to implement a policy regarding companion animals.

For more information, please contact Professor Mo Ray ([MRay@lincoln.ac.uk](mailto:MRay@lincoln.ac.uk))

**Key Words:** Human rights, care homes, pet therapy

## **Changes in Inflammatory Markers during Pulmonary Rehabilitation based on Exacerbation States in COPD (CIMPRES-COPD)**

**PhD Student:** Alex R. Jenkins

**Supervisors:** Dr Arwel W. Jones (First Supervisor), Dr Neil S. Holden

**Funding Body:**

University of Lincoln in partnership with the Doctoral Training Alliance (DTA) for the University Alliance (UA)

**Dates:**

June 2016 – August 2018

**Summary:**

Chronic obstructive pulmonary disease (COPD) is a progressive inflammatory lung disease leading to impairments in physical capabilities. Disease progression can be seen to be accelerated as a result of flare-ups (exacerbations) with subsets of patients being more at risk of repeated flare-ups (frequent exacerbators). Pulmonary rehabilitation, an exercise and education based programme, is a cornerstone treatment in the management of COPD demonstrating improvements in exercise capacity and quality of life. Pulmonary rehabilitation has recently been seen to reduce the risk of having flare-ups of COPD. However, the mechanisms to describe this phenomenon have not yet been

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explored. In the healthy population, regular exercise has been shown to reduce inflammation and the risk of respiratory infection. This study aimed to assess the inflammatory responses to a pulmonary rehabilitation programme in COPD.

This project has now completed recruitment and analyses are underway. Preliminary findings from this study suggest that pulmonary rehabilitation can reduce certain markers of systemic inflammation at rest which have been labelled as biomarkers for flare-ups. However, other recognised biomarkers have not been reduced at rest as a result of pulmonary rehabilitation.

Acute bouts of exercise in the context of pulmonary rehabilitation were seen to elevate markers of systemic inflammation in accordance with the usual inflammatory response seen with exercise in a healthy population. Continued exercise training in pulmonary rehabilitation did not reduce the acute inflammatory response to exercise in patients with COPD by the end of the course.

Final data analyses are underway with manuscripts in preparation to be submitted for peer-review before the end of 2018.

For more information, please contact Alex Jenkins ([aljenkins@lincoln.ac.uk](mailto:aljenkins@lincoln.ac.uk))

**Key Words:** COPD, pulmonary rehabilitation, inflammation, phenotypes

### **Exploring the effects of Bingocize®: An interactive community-based physical activity intervention for older adults in the UK**

**Investigators:** Hannah Henderson, Geoff Middleton, Anna Mongan, Georgia Clay, Daniel Martin, David Broom (external; Sheffield Hallam University)

**Funding Body:**

College of Social Science (internal University of Lincoln funding)

**Dates:**

May 2018 – May 2019

**Summary or outline of project: (200-1000 words)**

Bingocize® is an interactive game, played on a tablet, which uses the traditional game of bingo integrating low-level exercise and health education messages during sessions, designed to engage older people. In partnership with Dr. Jason Crandall (Western Kentucky University; developer of Bingocize®) and our partner Age UK in Lincoln, we

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are investigating the effects of Bingocize® with older people from Lincolnshire. We are to exam the effects on mobility, independence and cognitive function of older people after a 10-week period of playing the interactive game. Our findings will establish the portability and feasibility of the current game format for the intentions of a larger trial in the UK.

**For more information, please contact** Geoff Middleton ([gmiddleton@lincoln.ac.uk](mailto:gmiddleton@lincoln.ac.uk))

**Key Words: i.e. Dementia, physical activity (3-5 if appropriate)**

Older adults, executive function, physical activity

### **Physical activity following pulmonary rehabilitation in patients with Chronic Obstructive Pulmonary Disease (COPD)**

**PhD Student/Principal Investigator:** Hayley R. Robinson

**Supervisors:** Dr Arwel W. Jones, Prof Mo Ray

**Funding Body:**

University of Lincoln in partnership with the Doctoral Training Alliance (DTA) for the University Alliance (UA)

**Dates:**

June 2018 – November 2019

**Summary or outline of project:**

Chronic Obstructive Pulmonary Disease (COPD) is a common and preventable condition, characterised by persistent respiratory symptoms and airflow limitation. Physical inactivity predicts poor prognosis across the course of the disease, however people with COPD have significantly lower levels of daily physical activity compared with age matched healthy individuals. Pulmonary rehabilitation is a comprehensive intervention designed to improve the physical and psychological condition of people with a chronic respiratory disease, often resulting in increased exercise capacity, however increased exercise capacity does not directly translate to an increase in daily physical activity and long-term behaviour change.

This mixed methods study includes a feasibility cluster randomised controlled trial with a qualitative process evaluation to test the acceptability of a multicomponent intervention to promote physical activity following pulmonary rehabilitation in patients with COPD.

The intervention includes providing patients with a pedometer and step diary and inclusion in a WhatsApp group with fellow pulmonary rehabilitation graduates. Study

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duration for patients is 55 weeks, and total study duration is 82 weeks. The results from the feasibility study will inform if/how the intervention was successful or should be changed ahead of a definitive trial that may optimise future clinical practice.

This feasibility study is currently being conducted across Lincolnshire Community Health Services, NHS Trust. Researchers are currently working alongside health care professionals and patients with COPD to continue to improve and develop the study prior to a larger trial. The results of the study will be disseminated at conferences and written in manuscripts to be submitted for peer review.

For more information, please contact Hayley Robinson ([hrobinson@lincoln.ac.uk](mailto:hrobinson@lincoln.ac.uk))

**Key Words:** COPD, pulmonary rehabilitation, physical activity

## **Health Literacy Intervention Evaluation: Utility in Patient Facing Pharmacy Provision**

**Investigators:** Nicki Walsh and Dr Sarah Chaudhary (Lincolnshire County Council)

**Funding Body:** Lincolnshire County Council

**Dates:** 2018 - ongoing

### **Summary**

Health Literacy refers to the personal characteristics and social resources needed for individuals and communities to access understand and use information and services in order to make decisions about their health and wellbeing (WHO 2015). It encompasses both an individual's inherent capacity, but equally the system's response and the appropriateness of the information, support and services it provides

The study will be undertaken by Bishop Grosseteste University (BGU) in partnership with Public Health England (PHE), based at Lincolnshire County Council, and Lincolnshire Co-operative pharmacies. The aim is to evaluate the utility in practice of Health Literacy education provided for staff working in Lincolnshire Co-operative pharmacies by PHE. While this evaluation is not specifically targeted at evaluating a service catering to the care of older people, it is evaluating a patient facing service which addresses polypharmacy, frailty and cognitive decline which is relevant to many older people.

## Objectives

- To evaluate health literacy training, post intervention.
- To assess the benefit to practice of health literacy training.
- To explore the understanding that poor Health Literacy can affect consumers.
- To discover the usability of the health literacy training in day to day practice

## Methods

100 staff working in Co-op pharmacies were assessed on their knowledge of health literacy prior to the intervention being delivered. An online survey was created using Survey Monkey and distributed internal via the Co-op's own internal email system. We are currently awaiting responses ahead of analysis and will be prompting staff working in pharmacies to respond. Once data collection is completed, this will be analysed and the results will form part of the discussion with further literature review. Further developmental work will be considered as part of the recommendations.

For more information, please contact Nicki Walsh (nichola.walsh@bishopg.ac.uk)

**Key Words:** Health Literacy, Pharmacy, patient facing customer services.

## Investigating mental capacity assessments for deprivation of liberty authorisations (DOLS)

**Principal Investigators:** Jim Rogers and Lucy Bright

**Funding Body:** College of Social Science Research Fund, University of Lincoln

**Dates:** February - July 2018

## Summary

The research project investigated the approaches of different groups of assessors to the mental capacity assessments which are required to be conducted as part of Deprivation of Liberty Safeguards (DOLS). Four case study vignettes were given to participants. Three groups involved in the DOLS assessment process were interviewed by telephone about the factors that may influence their capacity assessments. The groups were: best interests assessors (BIAs); mental health assessors; and DOLS signatories who are

employed by local authorities to scrutinise and quality assure the assessments completed by the named assessors.

### **Findings**

Most assessors did not refer to the required two stage test of capacity or the 'causative nexus'. The latter requires that assessors must make clear that it is the identified 'diagnostic' element which is leading to the inability to meet the 'functional' requirements of the capacity test.

The normative element of capacity assessments was acknowledged by a number of assessors who suggested that judging a person's ability to 'weigh' information, in particular, is a subjective and value based exercise, which is given pseudo objectivity by the language of the MCA. A number of elements of good practice were also identified.

### **Research limitations**

Participant numbers were small (n= 21), and we relied on self-report rather than actual observations of practice or audit of completed assessments

### **Practical Implications**

The findings will be of relevance to all of those working in health and social care who have to undertake assessments of mental capacity, and will also be helpful to all of those tasked with designing and delivering training in relation to the Mental Capacity Act 2005 (MCA). They also have relevance to policy makers in the UK who are looking at reforms to DOLS regulations, and to those in a range of other countries which have legislation similar to the MCA.

### **Originality/Value**

Much existing literature exhorts further training around the MCA. We suggest that an equally important task is for practitioners to understand and be explicit about the normative elements of the process, and the place of ethics and values alongside the more cognitive and procedural aspects of capacity assessments.

### **Keywords**

Mental Capacity, Deprivation of Liberty Safeguards, Vignette Case Studies, Ethics, Professional Values.

## Outputs

Rogers, Jim and Bright, Lucy (2018) Decision Making in Relation to Mental Capacity. In: 2nd UK Mental Disability Law Conference, 26th to 27th June 2018, University of Nottingham.

Rogers, Jim and Bright, Lucy and Scott, Emily (2018) Mental Capacity Assessments and Deprivation of Liberty Safeguards. In: JUSWEC, 3rd and 4th September 2018, Canterbury Christ Church University.

Rogers, J., and Bright, L. (2018). *Investigating mental capacity assessments for deprivation of liberty authorisations (DOLS)*. University of Lincoln

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## **SPICT-4ALL (Supportive and Palliative Care Indicators Tool) in Care Homes Study**

### **Principal Investigators:**

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### **Funding Body**

Pending funding

### **Dates**

TBC

### **Summary**

SPICT is a tool designed for health professionals that is evidence based. Originally designed by University of Edinburgh, it is now translated into multiple languages and in use in over 20 countries. It focuses on deterioration and in so doing ensures that the initial conversations between health professionals is easier. St Barnabas Hospice collaborated with the SPICT team to develop a version for people who were not health professionals, called SPICT-4ALL. Relatives and carers have the day to day contact with people and are often in a better position to recognise deterioration. SPICT-4ALL empowers relatives and carers to converse with health professionals and it is hoped to lead to earlier identification of palliative care and better planning with consequent improved outcomes.

Care homes recruited, interactive education delivered to care home staff by face to face (6 homes) and through Project ECHO (11) - tele-mentoring with evidence base, by St

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Barnabas Hospice. Short term outcomes measures assessed by St Barnabas include improved identification and anticipatory care plans. Medium and long term outcomes assessed by University of Lincoln include reduced inappropriate hospital admissions, reduced ambulance calls, reduced transport to hospital, reduced costs, and reduced deaths in hospital.

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**Key Words:** Palliative Care, Early identification, Care Homes, SPICT, SPICT-4ALL