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PrAISED

Promoting Activity, Independence
and Stability in Early Dementia

Implementation Study

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- Research questions
- Research Question 1:
 - Aims
 - Methods
 - Results
 - Summary



Research questions

1. What adaptations are required to the PrAISED intervention to deliver it in routine clinical practice?
2. What factors influence diversity in the PrAISED intervention and dementia research?
3. What services and support are available for participants to help them maintain their activity and health once they have completed the PrAISED intervention?
4. What implementation (spread) strategies can be used to support dissemination and scale-up of the PrAISED intervention?



What adaptations are required to the PrAISED intervention to deliver it in routine clinical practice?

- Deliver a pilot PrAISED service in one NHS Trust
- Characterise the participants and delivery of the pilot service
 - Identify adaptations required to translate PrAISED from a research intervention to a service in routine clinical practice
 - Explore staff/managers perceptions of the PrAISED service
- Identify factors influencing the future implementation/adaptation of PrAISED (or similar interventions)



- Nottinghamshire Healthcare NHS Foundation Trust were recruited to deliver a pilot PrAISED service
- Participant characteristics and the number and duration of therapy visits were recorded on an excel spreadsheet (service evaluation)
 - Descriptive analyses of anonymised data
- 15 semi-structured interviews
 - 7 staff members involved in the pilot service (Nottingham) (2 managers, 5 delivery staff)
 - 8 staff members from non-pilot service sites (Bath, Derby, Lincoln, Oxford) (4 managers, 4 delivery staff)
 - Consolidated Framework for Implementation Research used to develop interview questions / codebook thematic analyses



Pilot service delivery and planned adaptations

- 7 staff were recruited to deliver the PrAISED pilot service
 - New members of the team received shortened PrAISED training
- Aim to recruit 20 participants from targeted areas of high deprivation
- Referrals from City Memory Assessment Service (MAS)
- Inclusion criteria revised and replaced with new eligibility criteria
- Information sheet/consent form replaced with service leaflet
- Clinical assessments as per usual practice
- Intervention adaptation
 - Duration 6 months (April to November 2022) (funding/time constraints)
 - Adapted visit schedule
 - Aimed to retain the principles used in PrAISED RCT



Pilot service characteristics

- 11 participants
- 54.5% male (n=6)
- Mean age 78 years (range 68 to 85)
- 90.9% white British (n=10)
- Mean age leaving school 16 (range 15-18)

- Total of 230 visits conducted (mean 20.9 per participant; range 5-38)
- Visit duration mean 82.1 minutes (mean range 68.0 to 90.9 minutes)
- Duration intervention received:
 - 6 months n=8 / 5 months n=1 / 4 months n=2



Perceptions of PrAISED service

- Operational processes were more complicated to establish in the pilot service
- PrAISED may have freed up resources in other areas
- Therapists enjoyed working on the pilot service
 - Start of participant's dementia journey
 - Collaborative approach with therapists and management
 - High quality support from colleagues and management
 - Felt they were undertaking their true role in rehabilitation





Recruitment of participants

- Challenges with recruitment/referral
- Disappointment with number of participants recruited (but manageable for the pilot)
- Some participants needed more time and would have started later
- Perceived challenges for referral team (Memory Assessment Service)
 - Short-term, temporary service, no time to embed processes
 - New staff/high turnover of MAS team
 - Difficult to understand all the offers and keep up to date (regular training needed)
 - Capacity issues, saw patients but limited time to talk to newly diagnosed patients about all the services/studies they could access
- Broadened out to other areas of Nottingham to increase referrals



Delivering the service

- Pilot service was more like usual practice
 - Shorter intervention, more flexibility
- Capacity of team
 - Small, part-time team
- More flexibility in intervention delivery in the service
 - Number, duration, frequency of visits
- Time constraints led to change in focus of visits
 - Less time with participants
 - Different activities, risk management, quick strategies, less tapering, more written materials and signposting
 - Goal setting continued - prioritise, harder to achieve





Impact of the service

- Perceived benefits to patients from 3-6 month pilot intervention but dependent on referral to other services for sustainability
- Service was well received by participants, with most providing positive feedback as to perceived improvements
 - Increased confidence, not feeling alone, motivated, improved balance and strength





- It was possible to deliver PrAISED as a service:
 - Adaptations were needed to deliver the intervention as a service instead of a research study
 - Operational processes were more challenging
 - It was harder to recruit participants to the service than expected
 - The shorter timeframe for the intervention led to changes in what was delivered, less tapering of visits and more referral/signposting to other services
 - Staff and participants enjoyed PrAISED and reported perceived benefits



Thank you



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