Welcome to the PEACH newsletter. The project has been funded by the Dunhill Medical Trust and is hosted by the University of Nottingham. We are evaluating whether comprehensive geriatric assessment can be implemented in care homes across South Nottinghamshire.

PEACH Quality Improvement Collaborative news:
On Thursday 7th September the PEACH quality improvement collaborative will be coming together for the third time. These findings are being shared recent research evidence from related care home studies. Members of the PEACH team, Adam Gordon, and Julienne Meyer, were part of a previous project called the Optimal study which revealed great insights into ways that the NHS and care home sector can work together summarised in a short video which can be accessed [here](#). There will be some time at the PEACH event for the collaborative to reflect on how they can apply these findings when implementing their own quality improvement interventions. There will also be dedicated time for the collaborative groups to: reflect on the work they have done so far; plan what they will do next, and discuss how they can work together to make it happen.

Focus on……
Each newsletter delves deeper into how the quality improvement work is progressing. In this edition both the Nottingham City and West groups update us on their exciting progress so far.

**Nottingham City**

What quality improvement intervention is the Nottingham city group working on?
We’re setting up multidisciplinary team (MDT) meetings to discuss the needs of residents, care home workers feel, are in need of a MDT review. We are initially piloting this in 2 homes, one nursing home (Acacia) and one residential home (Seely Hirst). Each home has care staff involved in the collaborative and have been a valuable resource to help move this forward.

How does this improve care from the perspective of the care home resident and the caregiver?
As a group we recognised that care staff are closest to the residents and spend the most time with them, therefore have a good grasp of their specific needs. This led us to using care staff to select residents they felt required a multidisciplinary review. During our MDT meetings we will ensure that the residents needs are discussed, from the perspective of the resident themselves, their relatives, and the care home staff.

What has the group done so far?
We have processed mapped the various steps needed to pilot our first meeting. This initially involves the care home workers completing a screening/assessment tool, for residents selected To receive the MDT intervention. We have developed this tool as a group, with the aim of working out what the resident needs are.

What helped to achieve that?
As a collaborative we have had regular meetings to discuss progress, and plan how to take this work forward. Involving the GP aligned to our first care home has been invaluable and the first MDT meeting has been scheduled during her regular ward round visit to the home.

What is happening next?
We are getting ready for our first meeting. Our group will then re-convene at the PEACH event in September to reflect, and discuss what we may do differently next time. We are looking forward to giving this a go!
**Nottingham West**

**What quality improvement intervention is the Nottingham West group working on?**

In Nottingham West we’re working on implementing multidisciplinary team (MDT) meetings for newly admitted care home residents. Carrying out a MDT review on these residents will enable us to take a proactive approach to detect their needs, produce a care plan, and put the necessary referrals in place.

**How does this improve care from the perspective of the care home resident and the caregiver?**

An Age UK representative has been involved in developing our quality improvement initiative. This has been key in ensuring the MDT meeting focuses on the needs of the resident and what they perceive to be important. In preparing for the meeting we are collating these needs and wishes from the perspective of the resident themselves, their relatives, and carers which then form part of the meeting discussion.

**What has the group done so far?**

Our first new care home resident was discussed at an existing GP meeting in July. We piloted the review meeting with a care home whose manager was part of the existing collaborative group, and involving the GP aligned to this home has been key in operationalising our MDT meeting.

**What helped to achieve that?**

We quickly realised that assessing residents using paper templates would limit our ability to share information which highlighted a need for an electronic method of collating and storing information to make it accessible. After a productive training session with Andy Evans, the programme director of Connected Notts, we were able to utilise an existing resource called eCGA which is compatible with SystmOne. This tool was piloted during our July meeting. Our Primary Integrated Community Services care team were also actively involved, co-ordinating the MDT meeting in July.

**What is happening next?**

The initial MDT meeting was a success but we realised that tweaks were needed to the tool. We plan to spend some time at the PEACH event in Sept with Andy Evans to take this forward. We also plan to reflect on our first meeting to refine the process, and plan the next one. Watch this space……!

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**Recruitment Update:**

The resident outcome team have been busy throughout the summer months. Kathryn and Annabelle continue to visit the 24 engaged care homes each month to collect data from residents. With their help we have recruited 166 residents into the study and 46 relatives acting as consultees, including this lovely lady to the left who recently celebrated her 100th birthday. They are still actively recruiting residents into the study so if you have had any new residents that you think are appropriate for the study please let the team know when they are next in your care home and they would be happy to discuss the study with them or their relatives.

Alongside this, Adeela has been out with the team engaging with care home staff to complete the quality of life questionnaires that we ask the residents. This sub-study has been named APRICOT(Assessing Proxy Reliability in Care homes Outcomes Testing) and idea behind APRICOT is to examine the reliability of using staff as consultees. She is collecting data for 3 months so that she can assess the level of agreement of the responses between residents who have capacity and the staff that care for them.
In this edition we introduce you to Ms Adeela Usman. Adeela joined the PEACH study as a medical statistician in November 2016 after completing her Masters in Public Health here at the University of Nottingham. She is a trained pharmacist from Sudan with a speciality of pharmacotherapy. Her career change came from a research interest in improving and evaluating service delivery and she is keen on applying advanced statistical methods and innovative ways to evaluate quality improvement interventions. Adeela has enjoyed the challenge of having to think outside the box when it comes to applying statistical methods to the innovative PEACH methodology. Outside work Adeela enjoys walking outside in nature despite the changeable weather she has come to know and love!! She loves to put a smile on the faces of all she comes into contact with both young and old alike.

I would like to take this opportunity to thank you for all your contributions and support for the PEACH study over the last 3 months. We hope you all had a lovely summer and look forward to seeing many of you once again at the September collaborative event.

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As part of the next PEACH event on Thursday 7th September 2017, each group will have the chance to discuss their individual questions or needs with a specialist on the PEACH team. Each group has been asked to submit their key questions/needs to Reena Devi (reena.devi@nottingham.co.uk), who is co-ordinating the event, to enable the right expertise to be available to assist each group on the day.