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FRESH - Facilitating Return to work through Early Specialist Health-based interventions

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<https://www.nottingham.ac.uk/go/fresh>

### What is Fresh?

Otherwise known as 'Working after Brain Injury' FRESH is a feasibility randomised control trial designed to test whether an early job retention intervention for supporting people with Traumatic Brain Injury (TBI) to return to work that was developed in Nottingham, can be delivered in three new NHS trauma centres (Preston, London and Leeds) and whether we can measure the effects and cost effectiveness of this intervention compared to usual NHS rehabilitation. The findings will inform the design of a definitive trial.

Congratulations to Richard Morris and Julie Phillips who both had their abstracts accepted at the 11th World Congress on Brain Injury at The Hague, The Netherlands 2-5 March, 2016. FRESH will be well represented at the conference where Kate Radford is also an invited speaker in a symposium on 'Return to Work After Acquired Brain Injury: An Overview of Vocational Rehabilitation Interventions'.

Also Julie Phillips received the 2015 VR Award for 'Vocational Rehabilitation Practitioner' well done Julie.

**FRESH study progress:** The final 12-month follow-up's are being collected. Lancashire CTU have been chasing the postal follow-ups in Preston and London and Lyndsay has been collecting data in person in Leeds. The data is being entered and checked for completeness and reports prepared for presentation to the December Steering Committee Meeting. Analysis and preparation of the HTA Monograph and other outputs will begin in the new year.

**Process evaluation update:** All the participant, employer and NHS staff interviews are now complete. Although employers were a difficult group to pin down for interview, we have some very encouraging feedback from them about the ESTVR intervention:

"I think [participant]'s been very fortunate that he has been able to tap into that resource and get that sort of support in order to get him back into being a human being. When he first started he did talk about how he thought that was it, he'd never do anything again and his outlook on life now is very, very different to when he first started. And I think without the support he has had, I don't think he would be in such a positive place. It's hard once you've had such a traumatic injury as that I think it's probably quite difficult to try and get to a positive place after it, but he has, he has managed to find something that keeps his passion alive. And that's what I think people in similar circumstances need. I think it's a crying shame that we can't give it to everybody."

"FRESH OT was superb, brilliant, absolutely fantastic. And you could tell that it gave him hope. And because he got hope that actually made him better. Do you understand what I mean? But she also, when he had the setback, she was able to support him and to move it on."

"But with a brain injury it's panic, oh my God, it's a brain injury, that's a big thing that, we don't know what to do with that. So I think it helped having somebody explaining to us that it is dealable with, this is what will happen, you just need to go through these steps and it will all be okay. So I think if he hadn't come with that initial support it might have taken us longer to find a way to accommodate him."

"It was really, really useful for us to have FRESH OT's support because there was absolutely no way what we would have understood how to manage within our ill health management procedures, the long-term sickness. Obviously a brain injury's massively different to anything that any of us, even our HR manager, has dealt with before. So it was really useful for us to know that [participant] had that support on her side, to make sure that she could understand our point of view as well."

### FRESH Follow-Up Questionnaire Response Rates:

We calculate the response rate for questionnaires received at the Lancashire CTU. We divide the number we receive by the number due and express this as a percentage. We are now not expecting any questionnaires from 3 and 6 month follow ups. It may be possible to collect key return to work data for these follow-up time-points when we collect the 12 month follow-up questionnaires. We still expect to get another 17 12 month questionnaires: 9 from Preston, 2 from London and 6 from Leeds.

| Time-point | Participant | Carer |
|------------|-------------|-------|
| Baseline   | 100%        | 94%   |
| 3 month    | 83%         | 81%   |
| 6 month    | 79%         | 72%   |
| 12 month   | 69%         | 69%   |

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