

## Increasing recruitment in Host Trust

### Background

The objective of this project is to improve patient recruitment in the Host Trust (AWP Mental Health NHS Trust), directly ensuring that patients of this Trust are screened, and offered opportunities to participate in South West DeNDRoN research studies / Patient Register. The process of this project will identify the real and perceived barriers to recruitment, and ensure no patients are disadvantaged through limitations in the Trust.

Delivery of this project was discussed with staff, and this paper presents the suggestions and ideas and raw information that emerged from those discussions.

### Work themes for engaging with the Host Trust

#### Developing the workforce

- Host Trust increases the number of generic CSOs to work across the 2 research networks.

#### Raising the profile of R&D

- Splash page on a regular basis on network (quarterly if the demand for pages is high, monthly if not). Contact Communications Team.
- R&D Trust road show to be set up. Once a month allocate a “drop in” session for researchers to come and ask questions. Slot is for one hour and venue rotates throughout the Host Trust. Advertised on the intranet and goes into the Host Trust diary as an event.

#### Raising the profile of the research networks

- Updated and informative SW DeNDRoN web pages on intranet.
- Splash page on a regular basis on network (quarterly if the demand for pages is high, monthly if not). Contact Communications Team.
- Attendance at induction (Frequency twice a month) to promote role of network. To be done each month starting March 2012 and attendance shared by all members of the team. Materials and information to be standardised so that each induction set receives the same information the same format.
- Attendance at meetings throughout the Host Trust. List of meetings need to be documented for whole calendar year, with contact details of organisers:
  - Spree (need frequency) Organiser is CD
  - Tmag (need frequency) Organiser is CD
  - Annual nurse conference
- Discuss research informing practice and use the BEST project. Look at the questions and answers they have received and contact the enquirers.
- Draft a poster with team picture on in for display in clinical areas.
- Development of good news stories.

#### Improving recruitment to clinical studies

- Send updates of clinical studies to team secretaries (please specify what is sent and to whom).
- Talk to teams, CMHTs.
- Identify a ward manager/team manager to take charge of an aspect of a study or find a link person within a team who is research interested that can be emailed on a regular (weekly) basis.



- People are interested but can be frightened and not know what it involves or if the patient care will be affected. We could do a half day of training to explain this that they could attend.
- Feedback of all network study results to be advertised on website and newsletter.
- Put people interested in becoming PI's in touch with the Research Directors. This will be added to the recruitment tool.
- Blocks to recruitment to be documented and discussed with R&D Manager and Director if appropriate.
- Engage with Primary Care Liaison Team.
- R&D Dept to highlight studies to research network when approved.
- Slot in newsletter and on website to say thanks to clinicians who have referred participants (Host Trust only in first instance).

### Improving recruitment to consent lists

- Creation of a dementia consent list as part of Bristol Dementia Research Collaborative Group.

### Strategic direction and widening collaboration

- Coordinated thinking with other networks.
- Get more involved with the Universities.



### CSO thought shower

- Thought shower about generic CSO's - DH explained that she wanted to do this as the increase in generic CSO's is an opportunity and resource. Host Trust currently has a couple of individual established centres at KRC. There are 2 non industry studies in Host Trust. There is a lot of potential so we should have a lot more as currently as the Host Trust recruits poorly. Any ideas on how to do this?
- AW suggested we could talk to teams again – CMHT's and anyone that sees dementia patients or does research in Host Trust. They have previously done this but it didn't seem to lead to engagement. AW and KM did this regularly but research isn't at the forefront of clinician's minds, they are too busy to think about it. AW sends updates to the secretaries of teams. PB said it is often cultural but are they too busy to maintain high quality care. Patients need to have the opportunity to be in research. KA said we need to make the load for them as light as possible. We need to try and breakdown for them what it involves.

- It would be useful to get a ward manager or team manager to take charge of an aspect of a study or at least find a link person within a team who is research interested that you can email on a weekly basis. However teams change a lot, even more so recently.
- People are interested but can be frightened and not know what it involves or if the patient care will be affected. We could do a half day of training to explain this that they could attend. Pursuing the idea of having a slot about research on the induction day.
- KA suggested making people more aware of the network. Discuss research informing practice and use the BEST project – look at the questions and answers they've had.
- Feedback results of studies although we often don't get the feedback either. The newsletter could be used for this. Clinicians refer patients to research and then don't hear anymore. If they get feedback they are more likely to feel valued. PB said PCRN try to do this. Building up a trusting relationship is important.
- Coordinated thinking with other networks.
- Get more involved with the Universities.
- Get a splash page. MG informed the team that the intranet for SW DeNDRoN is now nearly complete.
- Try and get a good story about the network in the newsletter.
- MP has found that having a poster with her picture on in the ward has been useful as when she calls up she can refer to it and then people recognise you. MP to send MG a copy.
- DH asked if there were enough PI's? It was felt that there isn't. MHRN have a lot of PI's but they still need more.
- Could put people interested in becoming PI's in touch with the Research Director's. PB agreed. This could be added to the recruitment tool.
- VP queried whether the studies with R&D are always checked for adoption to DeNDRoN.
- Some studies don't get Host Trust interest and miss recruitment. We should document the block and discuss it with MW and JW.
- What about where we are based? Lots of areas are not covered, but the cost of the isolation needs to be looked at. The interaction with other CSO's is important.
- KA suggested attending the Spree event or tmag meetings in Host Trust (these are held in all SBU's). CD organises them. KA will forward the email to DH/MG.
- PB said in South Gloucestershire there is a primary care liaison team that includes dementia and there is one in Host Trust. He will find out about this.
- Let PB know if any observational studies are getting blocked.
- It was felt that it would be beneficial if there were a wider variety of studies to offer.
- JW and MW asked DH to point out the challenges. This will be left on the agenda as a standing item.