**Public Involvement Opportunities with the** **Better Care North Partnership**

**Type of Opportunity**

Patient-Public Involvement & Engagement Contributor (known as Public Contributor[[1]](#footnote-1) for short) with the Better Care North Partnership.

**Time Commitment**

This is variable from as little as 4-5 meetings per year during the three-year term of the Partnership, to meeting 8 times or more per year and taking part in further activities. Meetings and activities are likely to take place by online teleconference or telephone for the foreseeable future.

**About the** **Better Care North Partnership**

The Better Care North Partnership aims to improve care and services for patients by supporting the better use of data and designing tools to achieve this. The partnership will focus on older people who are living with frailty, meaning those who have more difficulty recovering from health problems[[2]](#footnote-2).

**About the** **Public Involvement Opportunities**

If you are a member of the public who is enthusiastic about improving care and services for people living with frailty, we’d love to hear from you. This is an exciting opportunity to join one of the country’s trailblazing Health Data Research Partnerships and make a real impact on how health data is used to improve the lives of people living with frailty.

We are looking for people who have knowledge or experience of frailty (whether themselves, or as a carer/relative), and who want to help us in our goal to improve care by making research faster and better.

We are especially keen for people from diverse backgrounds and with different levels of experience to join us. No experience of research or previous activity in public involvement or data is necessary. However, what is essential is that you have the enthusiasm and the confidence to comment, advise, and make recommendations (as a group) reflecting the general views and concerns of patients and the public. As the Partnership is based in northern England, ideally you will live in or have a knowledge of this region.

**What will Public Contributors do in the Better Care North Partnership?**

We are planning various activities to involve Public Contributors in the partnership, but initially we are looking for four Public Contributors - two to join our Oversight Committee and two to join our Executive Committee.

For these roles we are looking for people who are willing to take part in meetings and discussions with some of the research team. As Public Contributors on the Oversight Committee or the Executive Committee your role will be to help us make sure the patient and public perspective is incorporated in our work and decision making. You will help to shape our approach to getting data so that we can make sure people have trust and confidence in this. You will also inform and shape our research projects and our communication with members of the public and key professionals.

***The*** ***Oversight Committee:*** This committee will provide independent advice to the Better Care North Partnership to ensure it works smoothly and meets its objectives. Professor Barry O’Sullivan (University College Cork, Ireland), who is independent of the partnership, will chair the Oversight Committee. The committee will meet 2 times per year. Each meeting will last around 2 hours, although there will be some communication by email, phone and/or post (depending on your preference) between meetings.

***The Executive Committee:*** This committee will be chaired by Professor Sir Munir Pirmohamed (University of Liverpool) who leads the Better Care North Partnership. The other members will be the researchers leading the various projects within the partnership. This committee will monitor how well the partnership is working towards achieving its aims, help the research teams address any challenges and make the most of emerging opportunities. Meetings will take place about 6 times per year and last around 2 hours. There will also be some communication in between meetings by email, phone and/or post.

Public Contributors on each of these committees will also join a ***core Patient and Public Advisory Group*** for the partnership. This will meet about every 3-4 months with Public Contributors from each of the three projects. Meetings will last around 2 hours and take place by telephone or video conference. There will also be some communication in between meetings by email, phone and/or post.

**Other Opportunities**

Finding Public Contributors to join our Oversight Committee and Executive Committee is just the start. As the partnership develops, there will be many more opportunities and roles for members of the public to become involved in the partnership. There will also be opportunities for Public Contributors to extend their roles if they wish, for example, to become involved in one or more of the three projects.

**Will** **training and support will be available to Public Contributors?**

Yes, we will provide training and support for Public Contributors. The people leading on this are Professor Caroline Sanders (University of Manchester) and Professor Bridget Young (University of Liverpool). They will be on hand to introduce Public Contributors to the work of the partnership, discuss any training needs and answer queries. They will ensure that regular contact is maintained with Public Contributors.

**Payment and expenses for Public Contributors**

Payment will be provided for Public Contributors who join the Oversight Committee and Executive Committee and for other meetings/activities. This will cover your time attending meetings and any preparation time outside meetings at a rate of £20 per hour, plus any reasonable travel or other costs. For video call meetings we will pay an additional £5 per meeting to cover internet/wifi costs.

**How do I apply?**

Please review the further particulars and person specification for these roles (see page 4) and further details about the Better Care North Partnership (pages 5-7), then send a copy of your CV together with a covering letter indicating:

* Why you’d like to join the Better Care North Partnership as a Public Contributor.
* What relevant knowledge, skills and experience you would bring to this role.
* Whether you’ve a preference for either the Oversight Committee or Executive Committee.
* While we currently have places for only four people to join the partnership, there will be other opportunities for Public Contributors to join the Better Care North Partnership in the future. Please let us know whether you would be interested in hearing about these other opportunities if your application is not successful on this occasion.

Please send your CV and covering letter to Claire Hutchinson (email - chutch@liverpool.ac.uk) by the closing date of **Friday 11th September 2020**.

Enquiries are welcome - please email either Caroline Sanders (caroline.sanders@manchester.ac.uk) or Bridget Young (byoung@liverpool.ac.uk).

We will contact people who have sent their CVs and letters to us within one month of the above date with the outcome of their application, and to informally discuss the role with shortlisted individuals.

**Further particulars - role and person specification**

***Role purpose***

* To represent the patient/public voice and provide a patient/public perspective to the Better Care North Partnership.
* To prepare for and attend meetings, and actively contribute to discussions in either the Oversight Committee or Executive Committee, and in the core Patient and Public Advisory Group.

***Knowledge, skills and experience***

* Knowledge and/or experience of frailty (yourself or as a carer/relative) and of the issues affecting the health care and services for people living with frailty.
* The ability and confidence to contribute both orally and in writing as relevant to the aims of the partnership - improving health care and services for people living with frailty through the better use of data.
* The ability to share your opinion as well as take account of the views of patients and the wider public as relevant to the aims of the partnership.
* The ability to see issues from different perspectives, especially the perspectives of different people living with frailty and their informal carers, and to listen to and respect the viewpoints of others in the partnership.
* An interest in research and data and a willingness to work in partnership with researchers and health care professionals to achieve the aims of the partnership.
* Resident in northern England or have a knowledge of this region.

**Further details about the Better Care North Partnership**

The Better Care North Partnership was launched in spring 2020 and will run for three years. It is funded by Health Data Research UK (HDR UK) and several other organisations. Fifteen organisations from across the northern regions are involved in the partnership (see page 7). While the partnership is based throughout the north of England, it will benefit patients across the UK. The partnership will focus on three main projects:

* ***Project 1*** is about improving the ways that deterioration in health is identified in residents in care homes.
* ***Project 2*** is aiming to reduce the burden of anticholinergic medicines (medicines used for bladder, bowel and mood problems) for people with frailty in the community.
* ***Project 3*** will help to improve how antibiotics are prescribed for people with frailty in the community so helping to reduce antibiotic resistance.

You can find out more by visiting our website (<https://www.hdruk.ac.uk/about/locations/better-care-north-partnership/>). We provide further details of the partnership and the three projects below.

**Details of the three projects**

***Project 1. Learning care homes***

Project co-leads: Professor Graham King (Newcastle upon Tyne University Hospitals NHS Trust) and Professor Suzanne Mason (University of Sheffield and Barnsley Hospitals NHS Trust).

Around 430,000 older people in England live in care homes. Many have frailty, dementia poor mobility and are near the end of life. When residents become more unwell, care staff often feel they would be better looked after in hospital. However, hospital admission carries big risks including infection, worse confusion, poor mobility and falls. Furthermore, residents often prefer to be treated where they live. We will develop a process to support care home staff when a resident becomes unwell. Staff fill in computer-based forms providing information the resident’s community NHS team can see immediately, instead of waiting for phone calls and patchy information. The community NHS team also see the resident’s GP record and decide how best to help. We will evaluate this referral process by analysing what happens to residents when the referral system is used, specifically whether it leads to fewer/more hospital admissions. We will also test how residents, their families, care home staff and the community NHS team feel about this new referral process and how it could be improved as a continuous ‘learning loop’. Our findings will allow us to refine the process and enable it to be rolled out on a larger national scale.

***Project 2. A learning system to optimise anticholinergic medication prescribing for older people living with frailty***

Project co-leads: Professor Andrew Clegg (University of Leeds & Bradford Teaching Hospitals NHS Foundation Trust), Professor Sarah Rodgers (University of Liverpool).

The NHS needs to improve warnings to GPs about medicines that can be dangerous or harmful for frail older people. Here we focus on anticholinergic medications (ACs) used to treat bladder, bowel and mood problems in older people. Common side effects include confusion and falls that often lead to hospital admission. We plan to develop a score using data from patients’ health records to predict if ACs are likely to increase harm. This score will run in a computer-based system designed with pharmacists and doctors to help them review patients’ medicines and reduce harm from ACs. We will develop the score using information routinely collected by GPs. Anonymous records, with names and addresses removed, from 180,000 older people living in Bradford will be used to see how well the score predicts being admitted to hospital with confusion (delirium) or a fall. We will use similar data from Wales and Wirral to see if we get consistent results. We will test the medication review tool in GP surgeries to see if it reduces risky AC prescriptions, before offering it for national use. Our overall aim is to improve quality of life, clinical outcomes and save NHS and social care costs.

***Project 3. Better antibiotic prescribing in frail elderly people with polypharmacy: learning from practice and nudging prescribers into better practice (BetterRx)***

Project co-leads: Professor Tjeerd van Staa (University of Manchester), Professor Iain Buchan (University of Liverpool).

Antibiotics are medicines used to treat bacterial infections. Frail elderly people are often prescribed antibiotics when they go to their doctor for a variety of reasons; however, it is frequently unclear to the doctor whether or not to prescribe antibiotics. Frail elderly people already receive many medicines (polypharmacy), increasing the risk of side-effects. In addition, frequent use of antibiotics may reduce their beneficial effects. This project, BetterRx, is about optimising the use of antibiotics for better care of frail elderly people. We will use local and national datasets to evaluate the level of polypharmacy in frail elderly people and assess whether different GPs prescribe medicines differently for similar patients. Advanced statistical methods will be used to assess whether antibiotics are effective in frail elderly people, and in which specific contexts and patients. The results will be shared with GPs, pharmacists and the public to develop a shared understanding of problems and potential actions to improve prescribing and outcomes. We will then give GPs regular feedback about their prescribing in frail elderly people and compare it to other GPs. BetterRx will extend the successful Connected Health Cities project (BRIT) that built the computer system we will use for analysing the data and presenting the results to clinicians. Our public advisory group will work with us to conduct a variety of community engagement activities to raise awareness about responsible antibiotic prescribing and use, and regarding the project and associated outputs.

**Who is funding the Better Care Partnership?**

The partnership is funded by a £1.2m investment from Health Data Research (HDR) UK (<https://www.hdruk.org/>) and £2.2m from the partner organisations .

**Which organisations and partners are part of the Better Care North Partnership?**

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| Bradford Teaching Hospitals NHS Foundation Trust | Newcastle upon Tyne Hospitals NHS Foundation Trusts |
| County Durham and Darlington NHS Foundation Trust | Newcastle University |
| Lancaster University | Northern Health Science Alliance |
| The Leeds Teaching Hospitals NHS Trust | Salford Royal Foundation Trust |
| University of Leeds | University of Sheffield |
| University of Liverpool | South Yorkshire and Bassetlaw Integrated Care System |
| Liverpool University Hospitals NHS Trust | Wirral University Hospital NHS Foundation Trust |
| University of Manchester |  |

The partners also include: the four Northern Academic Health Science Networks (The Innovation Agency for the North West Coast of England, AHSN North East and North Cumbria, Yorkshire and Humber AHSN and Health Innovation Manchester) and researchers from Durham University.

1. A Public Contributor is someone who undertakes patient and public involvement (PPI) in research. PPI is where research being carried out ‘with’ or ‘by’ members of the public rather than ‘to’, ‘about’ or ‘for’ them. ‘Public’ means people living with frailty, their friends and family members as well as members of the general public with interests in the care and services for people living with frailty. [↑](#footnote-ref-1)
2. According to Age UK, frailty is when someone's overall resilience is reduced, and they recover much more slowly from health problems. It doesn’t necessarily mean they lack capacity or cannot live a full and independent life. Frailty affects 10% of people aged over 65 in the UK, rising to 25-50% of people aged over 85 years. [↑](#footnote-ref-2)