

HS&DR Programme – Application Plain English Summaries

To assist applicants to the HS&DR programme, the following three recently funded project Plain English Summaries are provided. These were highlighted as good quality examples of an easy to read overview of the whole study, during the application assessment process.

16/48/07: Evaluating the NHS Diabetes Prevention Programme (NHS DPP): the DIPLOMA research programme (Diabetes Prevention – Long term Multimethod Assessment) (Professor Matthew Sutton). [Link to project web page](#)

Project Plain English Summary

Background

Type 2 diabetes is a common health condition that can cause serious health problems and reduce people's quality of life, as well as costing a lot of money to treat.

Some people are at higher risk of diabetes, and can be identified with a blood test. If people at risk make changes to their lifestyle (more exercise, losing weight), they can substantially reduce their chances of getting type 2 diabetes.

The NHS and Diabetes UK are introducing a new scheme called Healthier You: the NHS Diabetes Prevention Programme (NHS DPP). People in England who are at risk of type 2 diabetes will be offered a practical course which will help them change their lifestyle. The aim is that this course will improve peoples' health and reduce their diabetes risk.

The people introducing the NHS DPP need to know if it really works to prevent diabetes and whether it is a good use of NHS resources. We have designed a project which will help answer these questions.

Research plan

We will look at data from the NHS DPP and from other sources, to see what types of patients are invited onto the course. We will also talk to patients and NHS professionals to understand how people are invited, and whether different ways of inviting people help or hinder certain people from attending.

We will use this data to see if the NHS DPP is being used by those who need it most.

We will talk to NHS clinical staff and managers responsible for the NHS DPP programme throughout England. We will ask them how they set up the service, what issues they believe help and hinder the programme, and whether they consulted with patients and their carers.

We will watch as the NHS DPP is delivered to patients at risk of diabetes. We will check to see if it is done well, and what might be improved. We will look at data collected by the NHS DPP to see if registered patients finish the course and show good outcomes, such as healthy levels of blood sugar, feeling more confident about their health and losing weight.

We will make sure we feed all this information back to the people running the NHS DPP so they can make improvements as they go along.

The biggest challenge we face is testing whether this new NHS DPP is better at preventing type 2 diabetes than what the NHS currently does, and whether it is a good use of scarce NHS funds. To test this, we will use data that the NHS already collects in GP medical records. First, we will see if there are fewer cases of diabetes in these records after the NHS DPP is introduced, compared to the number of cases before. Then we will compare patients who were offered the course, with patients who are similar, but did not use the course. This will let us judge if the DPP is really preventing diabetes.

Finally, we will take all the data we have collected and data from other research and develop what is called an 'economic model,' to determine what potential costs savings and benefits the NHS DPP might bring to the NHS over the longer term.

Benefits

Our team has the necessary skills and experience to do this. We have done similar work in the past on other national programmes.

The research will benefit patients by testing whether the NHS DPP is effective, and providing information to improve the service.

A Research Advisory Group (with 3 patients with experience of diabetes alongside clinical experts) will play an important role in helping us to identify the benefits to patients and the NHS.

14/70/73: Interactional practices of decision making during childbirth in maternity units (Professor Ellen Annendale). [Link to project web page](#)

Project Plain English Summary

Background to the research:

Government policy states that women in labour should be involved in decisions about their care and treatment. We know what is said during labour matters for how women experience birth. However, policy recommendations to staff about how to communicate with women in labour are not based on evidence about what actually happens in birth. This is because most existing research is based on interviewing or surveying women some weeks after birth, so the details of what was said in labour are lost. We need research that provides details of actual talk about decisions during labour. The details of talk matter because as other studies of communication in medical settings have shown, even small changes in use of words can make a difference to what happens in healthcare e.g. one study in a GP setting showed that changing from 'is there anything else?' to 'is there something else?' increased the number of reported symptoms told to the doctor.

We aim:

- To find out how decisions are reached and communicated through the talk that happens between staff, women in labour and their birth partners when giving birth in maternity units.
- To provide staff and women with detailed information about the effects of talk during labour. For example, consider the difference between, 'we need to...', which suggests that a decision has already been made, and 'how do you feel about...', which invites a woman's view.
- To inform and empower staff, women and birth partners to communicate in ways that promote choice.

To do this, we will:

- Video (or audio record if women prefer) the labours of 50 low-risk, full-term women and write down in full what was said and how it was said (e.g. laughing, sighing). Recording will take place only when all parties (women, partners and staff) agree to it. Women will have the explicit right to change their mind at any point during the recording, and request that the recording is stopped and/or not used for the project.
- Analyse how decisions are discussed using Conversation Analysis, which is the leading research method for understanding how talk works.
- Use questionnaires before birth to ask women about their expectations and after birth to ask about their satisfaction.
- Look at patterns between how satisfied women were with their experience and the kinds of talk that actually happened during birth.
- Conduct one-to-one interviews with selected doctors and midwives to ask about what they think is helpful and unhelpful in giving women choice.

To help understand the viewpoint of our labouring women participants, patients and the public will be involved at all stages of our research. One of our research team is a member of the public and we will set up groups for other patients and the public to make sure that our information sheets and methods protect the interests of women in labour (and their birth partners).

Pilot Study: We know this research will raise ethical and practical issues. We will first perform a pilot study to check whether aspects of the research design will work in the main study. For example, to check that enough staff, women and partners are willing to take part and that the videos are clear enough to use in the research.

Promoting the findings:

Findings will be circulated to other healthcare staff through workshops and academic publications. We will share findings with women (and families) through relevant websites and organisations that inform pregnant women of their choices.

16/02/18: An evidence synthesis of holistic services for refractory breathlessness in advanced malignant and non-malignant disease (Dr Matthew Maddocks). [Link to project web page](#)

Project Plain English Summary

What is the background to this research?

Breathlessness affects over 2 million people in the UK every year. People with advanced stages of disease often experience shortness of breath, or breathlessness, which is present even when they are resting or performing very light everyday activities such as moving around the home. It is frightening for patients and families, causing a lot of anxiety and panic. Severe breathlessness that does not settle, or comes on unexpectedly, is often the reason for people calling an ambulance or coming to the emergency department.

Breathlessness is hard to treat. There are few effective drug treatments, and non-drug treatments are preferred. These include finding comfortable positions, using fans to cool down, or pacing activities. Some people find exercise programmes helpful, but for many others these are too difficult to get to, or are too much of a commitment to take on. Breathlessness services that offer a range of treatments to manage the symptom in each person in an individual manner are known as “holistic” services. These can involve staff from palliative care, physiotherapy, occupational therapy, and respiratory medicine. They encourage people and their family members to self-manage by teaching them ways to cope with breathlessness, to feel less distressed, and to be more in control.

What will we do?

In this project we will provide a detailed review of holistic breathlessness services. We aim to find out firstly, how acceptable they are to the people accessing them and other health professionals, secondly, how effective they are at improving the burden of breathlessness and other symptoms to improve quality of life, and thirdly, if they offer good value for money. We will also find out which people are most likely to benefit from these services and if certain types of service are more effective, e.g. those offered at home as compared to in a community practice. We will invite NHS patients, managers, and health care professionals involved in caring for people who are breathless to review the findings. Together, we will make recommendations to help policy makers, commissioners, and health care professionals make informed decisions about the value and use of holistic breathlessness services in the NHS.

Why is this research important?

These services may reduce distress and suffering among the large and growing number of people with advanced disease who are breathless. By

helping people manage their breathlessness better at home, they may also help avoid visits to the emergency department.