CGAH@H Trial

RCT CGA HAH - Randomised Controlled Trial Comprehensive Geriatric Assessment in a Hospital and Home Setting

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Surpassing Previous Limits!

The need to evaluate alternative systems to deliver healthcare to older people.

This NIHR funded randomised controlled trial of admission avoidance hospital at home with Comprehensive Geriatric Assessment (CGA) vs. inpatient CGA is designed to provide evidence on how to provide acute hospital level care to a greater number of older adults, who have complex health needs, with a fixed or shrinking hospital resource. We also seek to address the concern that the acute hospital setting may not be the best place for the care of frail older people, for example a potential benefit from delivering CGA in a hospital at home setting might be a reduction in delirium.

Mikkel Ostergaard. 2005. A home help carer holding the hand of an old man. ARTstor: MOS00792DEN

In the absence of robust evidence there is a tendency for different service models to evolve within the NHS. There is a risk that some of these service models are short lived, modest in scope and have potential to divert resources from other parts of the health system or duplicate services. Our plans are ambitious as we aim to recruit 1552 participants over two years. We are making good progress and recruited over 200 participants by the end of 2015.

Recruitment

Site	Accrual to date	Final Recruitment Target for site
Aneurin Bevan (Wales)	31	222
Lanarkshire (Scotland)	37	222
Fife (Scotland)	24	222
Bradford (England)	101	273
Royal Devon and Exeter (England)	8	25
North Devon (England)	2	15
Lothian (Scotland)	33	222
Belfast (Northern Ireland)	Opening 2016	60
Southern Trust (Northern Ireland)	Opening 2016	TBC
Guy's & St Thomas (England)	Opening 2016	TBC

CGAH@H Coordinating Team

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The Current Evidence Base

Nurses at Work, Spiderpictures.com

The Cochrane Review of Admission Avoidance Hospital at Home combines data from 6 small trials recruiting a total of 912 older people; and the largest trial included in this analysis recruited 199 participants. The evidence indicates possible health benefits, however with a high level of uncertainty. Evidence on the cost to the health service, and the family, of admission avoidance HAH vs inpatient CGA is also uncertain due to inconsistency in the reporting of this data. This is an inadequate evidence base to justify widespread implementation of this type of care. The randomised controlled trial of admission avoidance hospital at home with Comprehensive Geriatric Assessment (CGA) vs. inpatient CGA is a unique opportunity to obtain randomised evidence of the effectiveness, cost-effectiveness and patient acceptability of providing CGA in an acute hospital at home setting. This evidence will guide the planning of healthcare services to deal with the challenge of the growing older population.

References

Shepperd S, Doll H, Angus RM, Clarke MJ, Iliffe S, Kalra L, Ricauda NA, Wilson AD. Hospital at home admission avoidance. Cochrane Database of Systematic Reviews 2008, Issue 4. Art. No.: CD007491. DOI: 10.1002/14651858.CD007491.

"Hospital-at-Home services have become part of mainstream care for older people recovering from acute conditions in the UK. They provide treatment and support during the recovery stage of an illness. However, we know rather less than we should about the effectiveness and safety of Hospital-at-Home services when they are used as an alternative to admission to hospital. This research is designed to plug this important gap in our knowledge."

— Prof. John Young

Focus: Aneurin Bevan Health Board

The Gwent & Torfaen Frailty Programme is a well established service consisting of two components:

- A Hospital at Home Rapid Response Service set up with a view to managing patients within their own environment rather than in a hospital setting.
- Reablement services designed to support early discharge and rehabilitation within a person's own home.

The teams are Consultant led and consist of Doctors, Nurses, Occupational Therapists, Physiotherapists and the Voluntary Sector. Elements of the Programme include:

- Rapid Medical Services– community based CGA; if a Hospital at Home approach is indicated individuals are provided with sub acute care for up to 2 weeks.
- Rapid Nursing Services- nurse led assessment & initiation of treatment/intervention.
- Rapid Social Care- urgent assessment and provision of social care for up to 2 weeks.
- Reablement Services – a programme of intensive support and therapy aimed at maximising function for up to 6 weeks.
- Falls Assessment – typically involving therapy and nursing staff with access to diagnostics and consultant clinical opinion where necessary.

Questions of efficacy are often raised regarding the provision of such services. As a result, local Principal Investigator Professor Pradeep Khanna was keen for Aneurin Bevan University Health Board to participate in the Comprehensive Geriatric Assessment in a Hospital at Home Research Study.

Since initiation in February 2015, there has been a steep learning curve. A number of obstacles have been faced, lessons have been learned and solutions found.
At the outset there was reticence existed amongst the clinical teams as it was felt the study challenged the ethos of the service provided. This problem has been dealt with by:

- Provision of GCP training and In-house training to Frailty staff to raise awareness of research procedures and the CGA H@H study.
- Daily attendance at the Frailty ward rounds by the Research Nurse
- Regular meetings between the Principal Investigator and the Frailty teams

The reluctance of patients to risk hospital admission proved greater than envisaged.; and the referral pathway amplified this. The problem has been minimised by:

- Provision of GCP training and In-house training to Frailty Consultants and Doctors in order that individuals are consented and randomised at the initial point of contact.

It was anticipated that difficulties could emerge when patients were randomised to receive hospital based care, particularly at times of bed shortages. This problem has been offset through:

- Frequent meetings with senior managers, Consultants and clinicians within the Medical Assessment Units and Accident & Emergency departments
- Distribution of the trial protocol, trial posters and the referral pathway within the clinical areas
- Reassurance of the 2:1 randomisation ratio

The current situation is encouraging;. The Research Team receives excellent support from the local Research and Development team, and the confidence of our clinical teams in relation to the research continues to grow and the study is now embraced and welcomed by all. Steady and improved recruitment is apparent. With the imminent opening of Elderley Frailty Units within the Royal Gwent and Neville Hall Hospitals, as well as the changes taking place within the Torfaen Frailty team, it is predicted that recruitment will continue to improve

We would like to extend our appreciation for the support received from colleagues in the Nuffield Department of Population Health, University of Oxford and also from the other study sites. The regular teleconferences organised by Oxford have been extremely useful; learning from the experience of others has provided valuable insight and assistance.

- Prof Pradeep Khanna & Georgia Matthews

H@H Trial Day

In 2016 we would like to hold day long meeting for our teams and other interested parties to network, and hope to schedule some interesting discussions and talks. As well as taking the opportunity to provide updated training and discuss any changes made to the trial we hope this will foster a sense of community between our teams across the UK.

Please register your interest at the trial email address: :

cgahahrct@ndph.ox.ac.uk

Once we have collected information on how many people are interested in taking part we will contact you to explore the best dates for the Trial Day and approach people to be speakers.

Our Clinical Collaborators

Huge thanks to our dedicated and hardworking teams up and down the Country!

Aneurin Bevan

PI:

Professor Pradeep Khanna

Nurses & Researchers:

Dr Jaideep Kitson

Dr Ebrahim Feghenaby

Dr Arifa Sheikh

Mary Sanders

The Newport Community Resource Team

The Torfaen Community Resource Team

Lanarkshire

PI:

Dr Graham Ellis

Nurses & Researchers:

Audrey McAlpine

Linda Macliver

Dina Bell

Derek Esson

Berni Welsh

The Hospital at Home Team

The ACE Team

Fife

PI:

Dr Angela Wilkinson

Nurses & Researchers:

Kay King

Laura Marshall

The Hospital at Home Team

North Devon

PI:

Dr Anthony Hemsley

Nurses & Researchers:

Geraldine Beltcher

Jane Hunt

The Community Team

Devon and Exeter

PI:

Dr Anthony Hemsley

Nurses & Researchers:

Samantha Keenan

Angie Bowring

The ACE Team

The Stroke Research Team

Bradford

PI:

Professor John Young

Nurses & Researchers:

Fizz Gull

Dr Maj Pushpangadan

The Ward 3 Team

Lothian

PI:

Dr Scott Ramsay

Nurses & Researchers:

Amanda Fairbairn

Dr Latana Munang

Dr Jane Rimer

Ellen Huthersall

The REACT Team

Opening Soon…

Belfast

PI:

Dr Jan Ritchie

Nurses & Researchers:

Dr Dominic Hart

Nurses to be confirmed

Southern Trust

PI:

Dr Patricia McCaffrey

Nurses & Researchers:

Catherine Douglas

Guy's & St Thomas

PI:

Dr Rebekah Schiff

Nurses & Researchers:

Dr Tania Kalsi

Nurses to be confirmed