Exploring the impact of Patient, Public and Community Engagement and Involvement in the design and development of the Evaluation of the Recovery Navigator Programme in the North East and North Cumbria

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Today

- Background
- The intervention
- Study design & methods
- Findings
- PPCEI input and changes
Background

- North-East England suffers disproportionately from alcohol harms. This was made worse by the COVID-19 pandemic.
- People who come into emergency departments on a regular basis from alcohol problems have high levels of need, often due to their mental ill health.
- Most are not getting the support they need, which impacts on their long term recovery and causes significant cost to the NHS.
- There is currently limited evidence on how to effectively support the transition from hospital to community-based support for heavy drinkers.

Alcohol is the leading risk factor for early mortality, ill-health and disability among 15-49 year-olds in England.

North East has highest alcohol-related death rates in England.

NE England had largest reduction in mental and financial wellbeing during pandemic.
The intervention

• A new role called a **Recovery Navigator** is being introduced across the North East and North Cumbria (NENC) Integrated Care System (ICS)

• Recovery Navigators will support patients in their journey from emergency care into the community

• They will support around alcohol use to those who for various reasons do not benefit from standard support

• Support will be enhanced and holistic, focusing on what matters to the patient
Study aim

This practitioner-led study aims to evaluate a new North East North Cumbria (NENC) Integrated Care Systems (ICS) model of care, Recovery Navigators, that will provide enhanced support regarding transition back into the community for a vulnerable population with high health needs.
Design

The Recovery Navigator evaluation project is a mixed-methods study with four work packages:

- **Work package 1 (WP1)**: Analysis of Key Performance Indicators to quantify the work of the RN and the patient cohort they work with.

- **Work package 2 (WP2)**: Analysis of routinely recorded and locally agreed data flows across multiple agencies to quantify the added value the RN potentially brings through enabling patients to uptake system-wide services.

- **Work package 3 (WP3)**: Interviews with patients, carers, and staff in key services to explore views on/experiences of the RN service and perceived impact on health/wellbeing and uptake of system-wide support.

- **Work package 4 (WP4)**: NHS staff survey exploring attitudes relating to alcohol care.
Methods - the initial plan

- Semi-structured interviews with approx. **n=20 staff** and **n=20 patients** from across NENC ICS

- **Staff interviews:** Focus on how Recovery Navigator role was put in place, how has it been adapted into routine care, barriers and facilitators

- **Patient interviews:** Focus on what care they received from Recovery Navigator, what worked well, what would they change

- Interviews transcribed and analysed using a two step approach:
  1. Reflexive thematic analysis approach
  2. Normalisation Process Theory
Findings

• The findings will shape the future implementation of the Recovery Navigator role across and beyond the region.
• May lead to improvements in patient care.
• Identify practice and policy recommendations.
• Builds an evidence base for the use of Recovery Navigators in supporting individuals with heavy alcohol use and mental health needs across NENC ICS.
Patient, Public and Community Engagement and Involvement (PPCEI) involvement

- Four areas of input have been established, based across the NENC ICS region

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<th>Group 1 &amp; 2</th>
<th>Group 3</th>
<th>Group 4</th>
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<tr>
<td>Two regional groups including members with experience of heavy alcohol use, carers and support staff</td>
<td>Virtual group including carer of someone with heavy alcohol use and mental health difficulties and a member of public</td>
<td>Two members with lived experience will sit on the project management group</td>
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PPCEI changes

1. Interviews: Include carers
Will now interview staff (n=20), patients (n=20) and carers (n=6)

2. Study materials: More accessible
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Study team

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