Iconic Studies from the NIHR HS&DR Programme

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The NIHR Health Services and Delivery Research (HS&DR) programme recently identified its most impactful projects. These included Willie Hamilton's iconic studies into the reasons for worse cancer outcomes in England compared to other OECD countries (RP-PG-0608-10045). I recently had occasion to scrutinize the HS&DR publication journal, from 2015 to the present.

I selected nine reports, from the total of over 250, that I thought were most newsworthy. This was simply my opinion, and I invite ARC WM News Blog readers to identify their own selection and reasons.

The most common research methodology was mixed methods. In this category I would nominate the highly influential report by Naomi Fulop and colleagues on stroke units in London.[1] I was also struck by an article from the University of Manchester dealing with payment for performance in the north west of England.[2] This was a natural experiment, using a 'difference in difference in difference' approach. The main article was published in the New England Journal of Medicine.[3] I have to declare a conflict in interest, however, since my colleagues and I were the gallant runners up in the selection process. Although it would seem that, on this occasion, the selection panel got it right!

Among database studies, my nominations include a study showing a correlation between availability of opiate substitutes and deaths.[4] A further study by Griffiths and colleagues showed a relationship between nurse to patient ratios on the one hand and missed clinical observations and deaths on the other hand.[5] I particularly liked this study because it explicated a causal chain.

Among trials, I have three nominations. The first was Rupert Pearse's step wedge trial of a method to reduce deaths after emergency laparotomy involving all the hospitals in England.[6] All the results were harvested from the Hospital Episode Statistics database. The result was null despite a high level of statistical power. I must declare an interest, as I was invited to advise on trial design. My other two selected trials both concern recidivism. One study examined the long term outcomes of a trial in nearly 700 people to prevent adolescent recidivism.[7] This study rendered a null result, but I found it particularly notable because it is one of very few studies into the sustainability of initially promising interventions (see previous article in this blog). The final study by Shaw and colleagues was a randomised trial of support for prisoners with mental health problems when they were released.[8] The study showed that the intervention prisoners remained in touch with their mental health support teams to a greater degree than controls.

Two purely qualitative studies stood out in my estimation. The first examined the reasons for low use of advanced care plans at the end of life.[9] The main barrier turned on the readiness of patients and their families to discuss the issue,

and the capacity of organisations to sensitively recognise the propitious moment to start the conversation. Lastly, Young and colleagues carried out a sensitive study showing that the quality of life for deaf people could be improved by the use of sign language.[10]

As stated above, I would be delighted to hear of alternative or additional suggestions from our readers.

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