

Multiprofessional funded research makes ‘real’ impact on patient care

The research partnership between the British Kidney Patient Association and British Renal Society has just become stronger. Over the next year, the number of research-funded grant rounds will increase to two per year, doubling the amount of available research funding to support renal research. Paula Ormandy and Paddy Tabor discuss how this work is improving care and service delivery.

■ patient care ■ multiprofessional research ■ funding ■ impact

The research partnership between the British Kidney Patient Association (BKPA) and British Renal Society (BRS) is stronger than ever before. Over the next 12 months, the number of research-funded grant rounds will increase to two per year—this increased and sustained commitment over the next 3–5 years between the two organisations recognises that applied patient-focused multiprofessional research is important, and will make a direct positive impact on service delivery and patient care.

The BRS first introduced the multiprofessional research awards in 2001, sponsored initially by industry funding, because grants to undertake clinical research directly related to patient needs were often difficult to obtain from traditional funding sources, particularly for non-medical professionals. However, since 2010, the BRS formed an alliance with the BKPA that has now flourished into a robust sustainable joint research grant programme.

Applications have involved collaborations between many health professionals, including nurses, physicians, surgeons, dietitians, social workers, counsellors, psychologists, and clinical scientists. The

grants are particularly important as a means of researching best practice and practical solutions for kidney patients. Each year, around five projects are selected from a large number of applications, each one subjected to a rigorous process of peer review and feedback. Over the last 14 years, 57 high-quality research grants have been awarded totalling over £1.4 million allocated funds.

This paper summarises the significant impact this type of funded research has had on patient care, service delivery, evidence-based practice and multiprofessional research career development within the renal community. Investing in and developing the research expertise of the wider multiprofessional team, facilitating and fostering collaboration, and improving both patient care and experience, all underpin the philosophy of this joint grant programme.

Research funded last year

Last year, the BRS/BKPA had over 25 grant applications from different members of

the multidisciplinary team, with patients collaborating within the research as advisors or named co-applicants. Six projects were successful and awarded funding of over £100 000, examining aspects of patient screening, education, care and acceptability of treatment (*Box 1*). All BKPA/BRS grants qualify for portfolio registration and full details can be found on the BRS website (<http://britishrenal.org>).

Improving patient care and service delivery

The research awards have had a direct impact on chronic kidney disease (CKD) patient care, and the delivery of treatment and services. Patient care has been enhanced through improved information resources; education; self-management; greater understanding of depression; exercise programmes; and the use of social media. In practice, funded research has influenced the introduction of new services, clinics, screening and treatment regimens (*Table 1*).

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Box 1. Funded grants in 2014

- Renal patient education: does the reality of treatment live up to the education rhetoric? Kate McCarthy, Renal Health Scientist, University Hospitals Coventry & Warwickshire NHS Trust
- Assessing the acceptability and barriers to implementation among hospital staff of a novel intervention for hospital in-patients at risk of acute kidney injury. Luke Hodgson, Intensive Care Registrar, Western Sussex Hospitals NHS Foundation Trust
- A multi-centre study to assess the validity of a novel renal-specific inpatient nutrition screening tool. Helena Jackson, Renal Dietician, St Georges Hospital
- Improving outcomes in vascular access: the IMPROVA study. Nicholas Inston, Consultant Renal Transplant Surgeon, University Hospitals Birmingham
- Development and validation of a physical activity questionnaire for subjects with chronic kidney disease (CKD-PAQ). Sivakumar Sridharan, Renal Registrar, Lister Renal Unit
- Evaluation of patient and staff acceptability of alternate-day haemodialysis. Enric Vilar, Consultant Nephrologist, Lister Renal Unit

Generating an evidence base for practice

The quality of research can be measured through outputs—from the grants awarded, there have been 56 high-quality, peer-reviewed publications and in excess of 130 national and international conference papers at learned societies, to disseminate research findings. Evidence examples include:

- First study to assess the potential for self-affirmation as a behavioural intervention (Wileman et al, 2014)
- Experiences of family members caring for conservatively managed kidney patients (Low et al, 2014)
- First literature review addressing the role of nutritional intervention and the effect of sarcopenia in kidney transplant outcomes (Chan et al, 2014)
- Identifying fathers' and mothers' skills in managing long-term medical conditions (Swallow et al, 2011)
- Publication entitled '*Seeking normality: life on the kidney transplant list*' (Sque et al, 2011)
- Evidence-based CKD patient preferences and priorities for information (Ormandy and Hulme, 2013)
- Increased understanding of depressive symptoms and survival in CKD patients (Chilcot et al, 2011).

Developing multiprofessional research expertise

The value of high-level research expertise is being recognised among different members of the multidisciplinary team (e.g. counsellors, dieticians, psychologists and nurses), who are securing dedicated time to contribute to programmes of research. The involvement of different disciplines in research both broadens the research environment in kidney disease and nurtures the development of clinical practice.

Research grants have not only provided opportunities for new and different collaborations, but also they have provided a track record of grant capture for early career researchers that has attracted national and research council funding to sustain patient-focused research. Researchers and multiprofessional research teams who have received BKPA/BRS research funding have consistently been recognised, winning awards for their innovative and high-quality research across

Table 1. Examples of research impact on patient care and service delivery

Impact on patient care	Changes to service delivery
<ul style="list-style-type: none"> ■ Improved conservative management ■ Proactive involvement of fathers in child's chronic kidney disease (CKD) management ■ Improved quality of patient information and understanding of patient needs ■ Care packages to reduce salt ■ Intradialytic exercise programmes ■ Social media networks to share patient experiences ■ Self-management packages ■ Improved understanding of depression ■ Novel behaviour change interventions ■ Fibre supplements used routinely in place of laxatives ■ Increased number of registered South Asian organ donors 	<ul style="list-style-type: none"> ■ Combined renal genetic clinics ■ Routine vitamin D screening in CKD clinics ■ Changed 3-monthly dietetic counselling to monthly bone medication/phosphate dietary advice for all haemodialysis patients ■ Introduced body composition monitoring as part of standard care for dialysis patients and measurements in children ■ Review conservative management option at 6–12 months for haemodialysis patients ■ Introduced staff training packages to support intradialytic exercise for national roll out ■ New clinical and laboratory techniques

different disciplines. These include:

- Shortlisted for *British Medical Journal* Health Technology Awards Sport and Exercise Team of the Year 2012
- British Dietetic Association Best New Researcher Award 2012
- Research Network Clinical Researcher of the Year Award 2013
- British Malayali Best Nurse 2013
- Nurse of the Year 2015, *British Journal of Nursing* Awards.

New-look grant rounds

Typical awards range from £5000 to £45000, but the total amount of funding available for the open grant round in October 2015 will increase to £150,000 for the purpose of funding larger research projects. The second grant round in March 2016 will be a themed call, the focus of which will be determined by the BKPA and will focus on patient priorities. This will enable the funding of one or more larger projects up to £100000. This is an exciting development that will increase opportunities for multiprofessional research that directly benefits patients and develops evidence-based practice.

Conclusion

The extensive impact of this modest research fund gives a clear indication that this type of research funding is not only important, but also extremely valuable to the renal community to strengthen

multiprofessional research. BRS/BKPA want to encourage teams to come together and apply for research funding to extend and enhance knowledge of practice and patient care. To promote national uptake and ensure equity of patient care at point of delivery, there is still a need for a significant increase in research funding. Indeed, there remains a high demand for funded multiprofessional research fellowships to help support capability and capacity building across different disciplines in the renal community. **JRN**

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