Community Research Conducted from an Acute Hospital: Challenges and Solutions
Rogers E; Sheridan R; Hall J; Polverino K; O’Reilly C; James R; Githens-Mazer G; 2015.

PDSafe is a randomised controlled trial to find out whether physiotherapy can reduce the number of falls in people with Parkinson’s Disease. PDSafe uses an intensive exercise programme and methods to change physical behaviours. The trial is based in the community, and is locally ran from the Royal Devon and Exeter Hospital.

- There is an increasing move towards community-based care in the UK. The NHS 5 year forward view states that long-term conditions should be cared for in the community; and that care out of hospital will become a much larger part of what the NHS does (NHS England 2013)
- Consequently research in the community is becoming ever more relevant
- Running community based research trials has many challenges (Friedman et al. 2015)
- The team at the Royal Devon & Exeter have worked together over the past 10 months to overcome the challenges involved in running PDSafe.

**Skills**

**Challenge:**
No experience of PD rating scales for community trial assessments

**Solutions:**
- Research nurses sat in PD clinics for teaching and supervision
- Self-directed learning with video and peer support
- NIHR ran a rater training day
- Competency tests performed

**Recruitment**

**Challenge:**
High recruitment targets from a community-based population.

**Solutions:**
- List of interested patients identified early
- Outreach to community: Delivery of PDSafe presentations to a variety of support groups
- Collaboration with other community professionals, such as PD specialist Nurses
- Presence at PD clinics: Various locations in the region
- Strong links and referral process from PD consultants
- ProDenDron register used

**Geography**

**Challenge:**
Rural community with widespread coverage required

**Solutions:**
- Strategically grouping patients to minimise travel distances
- Establish limits on recruitment catchment areas to ensure that intervention delivery is feasible

**Lone Working**

**Challenge:**
Team members lone-working, and at risk of isolation in their clinical roles

**Solutions:**
- Establish lone working policies, and communication links for when problems occur
- Link with clinicians at other trial sites in Bournemouth and Southampton for peer support