



The Promoting Activity, Independence and Stability in Early Dementia (PrAISED) Intervention: Implementing an Exercise Programme in the Voluntary Sector and Leisure Industry.

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Introduction

The 'PrAISED intervention' is a person-centred programme of exercise and daily activity aimed at maintaining independence and well-being for individuals with dementia. It was designed to be delivered by professionals in the UK National Health Service (NHS) and is currently being tested in the PrAISED randomised controlled trial (RCT). However delivering the PrAISED intervention in the NHS is potentially expensive and this is likely to restrict its uptake across the UK. In order to predict and identify some of the issues which may be raised by implementing the PrAISED intervention outside the NHS, Damschroder's (2009) Consolidated Framework for Implementation Research (CFIR) was used in the design of a prospective consultation exercise.



Damschroder's (2009) CFIR

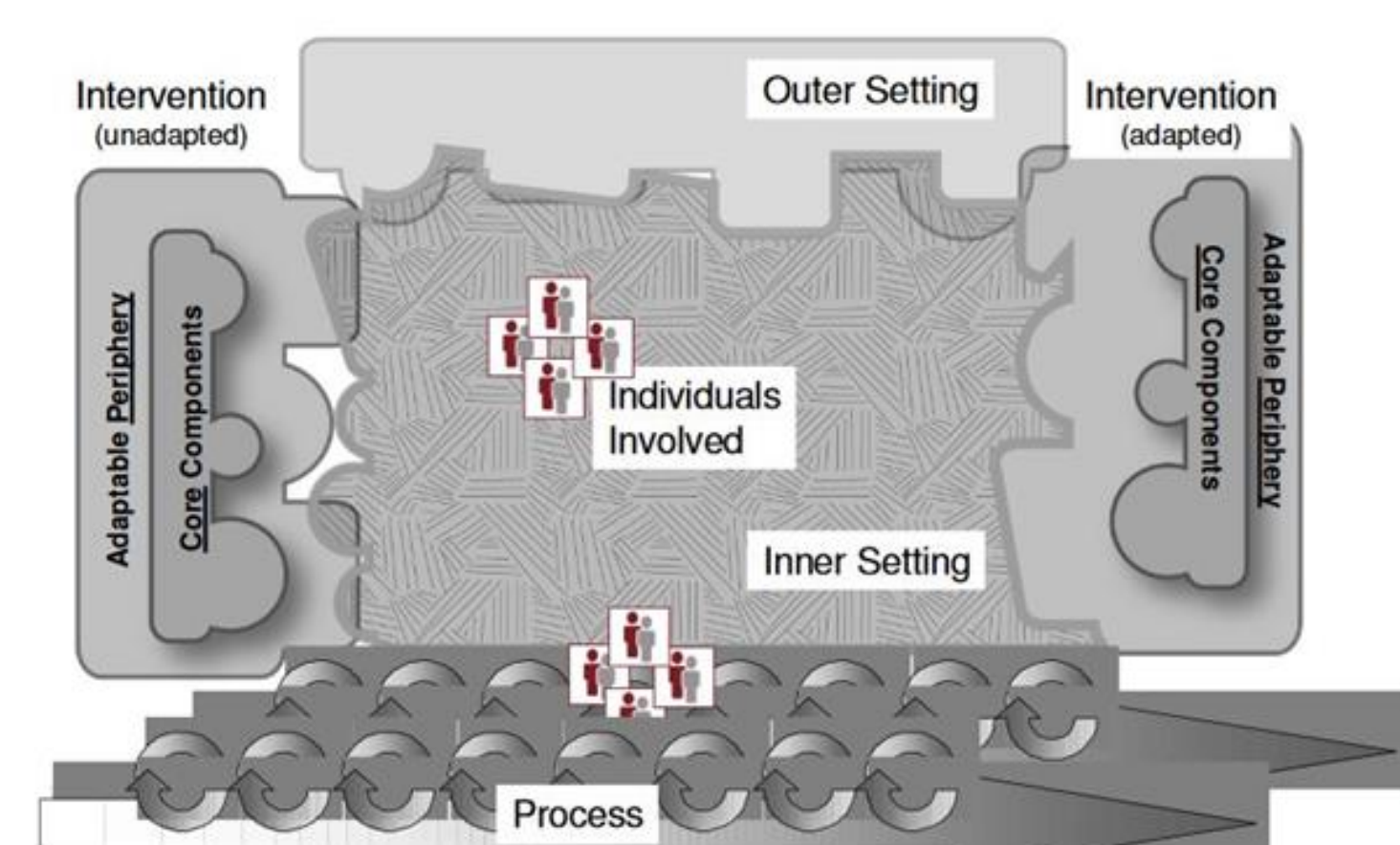


Figure 1. CFIR Framework (Damschroder et al., 2009).

The CFIR has five domains; the intervention, inner setting, outer setting, individuals involved and process. An unadapted intervention (left-hand side of figure 1) is introduced into a specific setting and progresses toward an adapted intervention (right-hand side of figure 1) corresponding to how the intervention is adopted in a practice setting. The core components of the intervention remain unchanged, but the interventions non-essential (peripheral) components, may be adapted to the specific setting. This adaptation is dependant on the characteristics of the 'inner setting' and the 'individuals involved' in delivering the intervention.

Methods

One-to-one discussions were undertaken with key health and social care professionals, chosen if they had knowledge of the current PrAISED intervention and/or experience of working in the third or leisure sectors (the sectors where the PrAISED intervention might be delivered in the future). The informants were a convenience sample of: three occupational therapists; two physiotherapists; a manager of a health and social care team and a local authority commissioning manager. All of the discussions were conducted using an interview schedule, developed with the relevant sections of the CFIR in mind, and data were analysed using a thematic approach (Braun and Clarke, 2006).

Findings

Informants felt that the PrAISED intervention could be delivered in the third and leisure sectors, however a number of significant areas of potential concern as well as some areas of opportunity were raised. There were many reasons why the fidelity (and hence effectiveness) of the PrAISED intervention might not be maintained during the change from delivering the intervention in the NHS to the third and leisure sector. This view was based on perceived differences in organisational and governance structures and working practices. The informants felt strongly that, in order to be effective, the intervention needed to be highly personalised which is inevitably resource intensive as this implies interventions that are one-to-one (rather than group) and home based rather than located in a communal facility. It was presumed that, for many reasons, the third and leisure sectors would find this difficult to operationalise. From a positive perspective, the informants also recognised that the third and leisure sectors might be more likely to carry out innovative developments of the intervention, which might improve access, market penetration and efficiency.



References

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- Damschroder, L., Aron, D., Keith, R., Kirsh, S., Alexander, J. and Lowery, J. (2009). Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. *Implementation Science*. 4:50, pp.1-15.

