An exploration of barriers and enablers to the implementation of a complex specialist vocational rehabilitation for people with traumatic brain injury in the NHS

Key findings
A systematic review of the literature found descriptions of barriers and enablers in trials reporting complex interventions, even when a study had not set out to do this. Adherence to prescribed interventions, what participants and service providers found acceptable, and causes of attrition, were the most frequently reported factors.

The quality of intervention delivery, and factors related to how successfully interventions were delivered, were rarely reported.

Experienced occupational therapists can be trained to deliver an early specialist traumatic brain injury vocational rehabilitation intervention (ESTVR) in a clinical trial, and deliver it with fidelity.

Factors positively influencing intervention delivery in the trial were:
- Expert mentoring.
- Community rehabilitation experience.
- An adaptable intervention.

Barriers to delivery were:
- Lack of access to NHS systems.
- Lack of backfill and support from local managers.

Some factors both helped and hindered delivery:
- Communication with study participants.
- Acceptability of the intervention.
- Individual and changing needs of study participants.
- Interagency working.

Project aims
To understand factors that affect the delivery of complex rehabilitation interventions in clinical trials in the NHS.

- Understand the barriers and enablers to implementing complex interventions as reported in previous trials for people with long term neurological conditions (LTNC).
- Determine whether NHS therapists can be trained, using a manual, face-to-face teaching and mentoring, to deliver a complex vocational rehabilitation intervention as part of an NHS rehabilitation trial.
- Examine whether therapists delivered the intervention as trained, and to
- Understand factors affecting intervention delivery from the perspective of the therapist, other NHS staff, commissioners, service users and employers.

Background
Findings from research do not always translate into improved patient outcomes because of difficulties implementing health interventions (Grimshaw et al 2012). Being able to distinguish between the effectiveness of interventions and factors affecting their implementation is critical to moving interventions of proven effectiveness into everyday clinical practice (Proctor et al 2011).

To improve clinical outcomes for people with LTNC we need to understand barriers and facilitators to the implementation of the complex interventions they receive (Bosch et al 2006).

An exploratory mixed methods study was used to explore factors affecting the delivery and clinical implementation of a vocational rehabilitation intervention aimed at preventing job loss for people with traumatic brain injury.
Methodology

This project used data from the FRESH feasibility randomised controlled trial (HTA 11/66/02 (Radford et al 2015)), which delivered ESTVR to people with traumatic brain injury across three English NHS sites. Mixed methods were used to explore implementation factors through three studies. Study one systematically reviewed published studies to understand barriers and enablers to implementing complex interventions for people with LTNC. In study two a training package was developed for occupational therapists to deliver ESTVR (3 days training, an intervention manual and mentoring). Therapists were interviewed about their experience of the training package and to identify necessary improvements. Study three examined whether the therapists delivered ESTVR as trained using content proformas and fidelity checklists, triangulated with clinical notes and mentoring records. Barriers and facilitators to intervention delivery were explored through interviews with therapists, people with traumatic brain injury, their employers and NHS staff.

Recommendations

- Rehabilitation researchers should use fidelity and implementation frameworks to describe and record barriers and enablers to intervention delivery in rehabilitation trials. This would result in improved trial design, effectiveness outcomes and expedite the translation of research findings into improved patient outcomes.
- Training for occupational therapists delivering trial interventions should address research processes and factors likely to influence outcomes e.g. contamination.
- Case vignette discussions can assist therapists in learning how to deliver the intervention. Mentoring is important to ensure fidelity by problem-solving implementation issues as they arise.

Publications


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Project Team

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References


