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Achieving quality and effectiveness in dementia using crisis teams

Submission date
05/11/2020

Recruitment status
No longer recruiting

Registration date
04/03/2021

Overall study status
Completed

Last Edited
14/07/2025

Condition category
Mental and Behavioural Disorders

[_] Prospectively registered
[X] Protocol
[X] Statistical analysis plan
[X] Results
[_] Individual participant data

Plain English summary of protocol

Background and study aims
This study is called the 'Achieving Quality and Effectiveness in Dementia Using Crisis Teams' or AQUEDUCT study. Previous research undertaken as part of the AQUEDUCT programme found that Teams Managing Crisis in Dementia (TMCD) vary greatly in terms of team names, eligibility criteria, staffing, duration of contact with the person with dementia, and interventions available. The AQUEDUCT research programme aims to provide a best practice model against which TMCDs can evaluate their provision of crisis care for people with dementia; teams can then use the online Resource Kit to strengthen their provision of care. The aim of the AQUEDUCT study is to investigate the use of an online resource kit by clinical practitioners working in community TMCDs in the NHS in England.

Who can participate?
This study involves TMCDs managing mental health crises in dementia in community settings, and practitioners, people with dementia and carers associated with these TMCDs. People with dementia and carers can only take part in the study if they have received clinical input from a TMCD because of a mental health crisis.

What does the study involve?
TMCDs will be randomly allocated to one of two groups. Practitioners in the intervention group (15 TMCDs) will receive training in the use of an online password-protected resource kit and will use it with all instances of dementia crisis screened into their service over a 6-month period. The Resource Kit has two elements: a 'best practice tool' that TMCDs can use to evaluate their practice, and a collection of templates and documents (which can be downloaded by the team) to help practitioners improve their practice. TMCDs (15 TMCDs) in the control group will not have access to the resource kit and will conduct treatment as usual (TAU) for the same period. The study will look at how the Resource Kit is used in practice and the impact it has, particularly on related costs such as hospital admissions. The findings from this study will help the research team to evaluate how useful the Resource Kit has been and whether it helps to improve the practice of clinical staff in TMCDs.

What are the possible benefits and risks of participating?
There will be no immediate benefits to participants for taking part in this study; however, they

may be introduced to some new ideas about best practice for crisis teams which manage dementia. The research team cannot promise that the study will help participants directly, but the information obtained from this study may help to improve the work of crisis teams in the future. If a person with dementia, carer or TMCD staff member chooses to take part, they will be contributing to a National Institute for Health Research (NIHR) study that could have an impact on how TMCDs across England will operate. The research team considers there to be minimal disadvantages to participating in this study.

Where is the study run from?
Institute of Mental Health at the University of Nottingham (UK)

When is the study starting and how long is it expected to run for?
January 2019 to November 2023

Who is funding the study?
National Institute for Health Research (NIHR) (UK)

Who is the main contact?
Prof. Martin Orrell, m.orrell@nottingham.ac.uk
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Contact information

Type(s)
Scientific

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Type(s)
Public

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Additional identifiers

EudraCT/CTIS number
Nil known

IRAS number
289982

ClinicalTrials.gov number
Nil known

Secondary identifying numbers
IRAS 289982, CPMS 48057

Study information

Scientific Title
Achieving quality and effectiveness in dementia using crisis teams (AQUEDUCT): a randomized controlled trial of a resource kit for teams managing crisis in dementia

Acronym
AQUEDUCT Main Trial

Study objectives
The 'Achieving Quality and Effectiveness in Dementia' (AQUEDUCT) research programme aims to improve care for people with dementia experiencing a mental health crisis. This randomized controlled trial (RCT) will investigate use of an online Resource Kit by clinical Teams Managing Crisis in Dementia (TMCDs) on hospital admissions and costs, as well as the experience for people with dementia and carers receiving input.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Approved 09/03/2021, HRA and Health and Care Research Wales (HCRW) Approval (Psychiatry and Applied Psychology, Faculty of Medicine & Health Sciences University of Nottingham Institute of Mental Health University of Nottingham Innovation Park Triumph Road, Nottingham, NG7 2TU, United Kingdom; +44 (0)7791598280; linda.oraw@nottingham.ac.uk), ref: REC 21/WM /0004

Study design
Pre-post group-comparison multicentre randomized controlled trial

Primary study design
Interventional

Secondary study design
Randomised controlled trial

Study setting(s)
Community

Study type(s)
Quality of life

Participant information sheet
Not available in web format, please use the contact details to request a participant information sheet

Health condition(s) or problem(s) studied
People with dementia experiencing a mental health crisis and carers receiving clinical input from a dementia crisis team (Team Managing Crisis in Dementia - TMCD)

Interventions
This pre-post group-comparison multi-centre RCT will be carried out with 30 dementia crisis teams (TMCDs) across England.

Once consent has been obtained from each Team Managing Crisis in Dementia (TMCD), the TMCD will be entered onto a web-based randomisation system and be randomly assigned to one of two arms, either RK (using the Resource Kit) or TAU (treatment as usual) with equal opportunity. The allocation will be determined by a computer-generated pseudo-random code using random permuted blocks of varying size, stratified by the population size (number of people with dementia) in each TMCD catchment area. The block size will not be disclosed. Patients, carers, outcome assessors and statisticians will be blinded to TMCD arm allocation until the data analysis is completed.

Practitioners in the intervention arm (15 TMCDs) will receive training in the use of an online password-protected Resource Kit and will use it with all instances of dementia crisis screened into their service over a 6-month period. The Resource Kit has two elements: a 'Best Practice Tool' that TMCDs can use to evaluate their practice, and a collection of templates and documents (which can be downloaded by the team) to help practitioners improve their practice.

TMCDs (15 TMCDs) in the control arm will not have access to the Resource Kit and will conduct Treatment as Usual (TAU) for the same period.

Intervention Type
Other

Primary outcome measure

Number of mental health hospital admissions measured using hospital admissions records for people with dementia in the geographical catchment area covered by the TMCD (as defined by postcode) at baseline and 6 months

Secondary outcome measures
1. Number of acute/general hospital admissions measured using hospital admissions records for people with dementia in the geographical catchment area covered by the TMCD (as defined by postcode) at baseline and 6 months
2. Client satisfaction measured for people with dementia and carers using the Client Satisfaction Questionnaire (CSQ-8) once post discharge from the TMCD
3. Quality of life measured for people with dementia and carers using the Quality of Life Questionnaire (EQ-5D-5L) once post discharge from the TMCD
4. General health measured for people with dementia and carers using the General Health Questionnaire (GHQ-12) once post discharge from the TMCD
5. Work acceptance and action measured for TMCD practitioners using the Work Acceptance & Action Questionnaire (WAAQ) at baseline and 6 months
6. Work engagement measured for TMCD practitioners using the Work Engagement Scale (Utrecht – UWES) at baseline and 6 months
7. General health measured for TMCD practitioners using the General Health Questionnaire (GHQ-12) at baseline and 6 months
8. Staff sickness levels measured for TMCD practitioners using TMCD staff sickness records at baseline and 6 months

Overall study start date
01/01/2019

Completion date
30/11/2023

Eligibility

Key inclusion criteria
Teams (TMCDs) managing mental health crises in dementia in community settings, and practitioners, people with dementia and carers associated with these TMCDs. No age range criteria are set for any participants.

Participant type(s)
Mixed

Age group
Mixed

Sex
Both

Target number of participants
384

Key exclusion criteria

Teams (TMCDs) will be excluded for the following reasons:
1. Team is not defined by service/NHS Trust as having a role in dementia mental health crisis management
2. Team does not meet the following definition for mental health crisis: providing urgent mental health assessment and intervention for people with dementia in the community
3. A major service reorganisation is planned over the study period, or is anticipated in the near future
4. NHS Trust and team are not able to demonstrate capacity and capability to complete required research activities
5. Team is co-located with another team taking part in this study; sharing the same site is acceptable but sharing the same office is not
6. Team shares immediate management structures with another team taking part in this study; sharing a management structure above the level of team leader is acceptable but sharing a team leader is not
7. Core clinical staff for team do not operate separately from another team taking part in this study; this includes a requirement that core clinical staff must not engage in clinical cross cover with another team taking part in this study
8. Team shares core administrative staff with another team taking part in this study
9. If a team leader who has been exposed to the intervention becomes lead for a team in the control arm of the RCT, that latter team will then be excluded

Date of first enrolment
01/01/2021

Date of final enrolment
01/09/2023

Locations

Countries of recruitment
England

United Kingdom

Study participating centre
Nottinghamshire Healthcare NHS Foundation Trust
Duncan Macmillan House
Porchester Road
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NG3 6AA

Study participating centre
Devon Partnership NHS Trust
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Sponsor information

Organisation
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Sponsor type
Hospital/treatment centre

Website
http://www.nottinghamshirehealthcare.nhs.uk/

ROR
https://ror.org/04ehjk122

Funder(s)

Funder type
Government

Funder Name
National Institute for Health Research

Alternative Name(s)
National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United Kingdom

Results and Publications

Publication and dissemination plan
Both the study protocol and statistical analysis plan are available. The researchers intend to publish the study protocol in a peer-reviewed journal before the study end date (November 2022). They intend to publish study outcomes 1 year after the study end date (i.e by November 2023).

The AQUEDUCT research team will identify a variety of channels for dissemination to patient and public involvement (PPI) representatives, research sites, and other key stakeholders. Findings will be relevant to healthcare professionals working with older people in settings where people with dementia and carers are likely to request support leading up to or during a mental health crisis. This work may prove useful for service commissioners, other health and social care professionals, and researchers both nationally and internationally. Results from this study will be written up for suitable peer-reviewed journals and presented at relevant conferences and events. The Resource Kit will not be made available for widespread dissemination until the trial has ended, in order to avoid contamination of sites seeking to participate; however, once the trial is completed, a programme of implementation and long-term dissemination of the online Resource Kit will begin. Participants can request a copy of results from the Chief Investigator; this information will only be provided after the final study report has been completed.

Intention to publish date
30/11/2024

Individual participant data (IPD) sharing plan
The datasets generated and/or analysed during the current study during this study will be included in the subsequent results publication.

IPD sharing plan summary
Published as a supplement to the results publication

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol file	version v20	08/11/2020	04/03/2021	No	No
Statistical Analysis Plan			04/03/2021	No	No
Protocol article	version 10	18/01/2022	20/01/2022	Yes	No
Protocol file		01/10/2022	23/11/2022	No	No
Results article		11/07/2025	14/07/2025	Yes	No