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New ways of working for adult social care workers

Submission date
24/04/2025

Recruitment status
No longer recruiting

Registration date
01/05/2025

Overall study status
Completed

Last Edited
03/11/2025

Condition category
Other

[ ] Prospectively registered
[ ] Protocol
[ ] Statistical analysis plan
[ ] Results
[ ] Individual participant data
[ ] Record updated in last year

Plain English summary of protocol

Background and study aims
The population of England is getting older, and that means more people need social care, for example, support with personal care, either in their own homes or in care homes. Social care workers deliver this care. They may also need healthcare, which is delivered by community nurses. This can lead to problems, including too many visits from health and social care staff or missed visits. Also, there is a shortage of social care workers, which puts a lot of pressure on health and social care systems. Re-thinking the roles of the people providing these services might help to solve these problems. This is called 'blending roles', where social care workers take on some of the community nurses' tasks. While this is happening in practice, there is not currently enough evidence on how well it works and what it achieves. This research is focused on understanding the blending of the roles of community nurses from the NHS and care workers from the private sector care providers in Greater Manchester. The people involved will be asked how blended roles affect the experience of people receiving care, affect working conditions for care workers, and impact the quality of adult social care. To improve the evidence on blended roles, this research will examine existing information and studies to understand what is already known. It will involve talking to health and social care workers, people receiving care and/or their families, and others involved in blended roles to gain insights into their experiences. Additionally, a framework will be developed to measure the effectiveness of blended roles and recommend what information needs to be collected, which will help in evaluating their success. The gathered information will then be used to create a toolkit that will guide the implementation of blended roles in a way that is effective for people who use services.

Who can participate?
Adult workforce or service users with the capacity to consent, who have taken part in the blended roles pilots.

What does the study involve?
The study team have already worked closely with health and social care partners and representatives of people receiving care to design this research. More meetings will be held with them to plan and review our data collection, design the toolkit, and decide how to share our findings. The project report and toolkit will be widely available to the health and care services, policy makers and those affected by the changes. This is so that blended roles can be used

effectively to improve the experiences of both social care workers and people receiving care. Easy-to-understand summaries will also be created so that people receiving care understand why their care is changing. Finally, workshops will be held to share the findings in a way that suits the needs of different groups involved.

What are the possible benefits and risks of participating?
Participant involvement will help us to better understand how blended roles work and to make systems for blending roles more effective, which may improve working experiences and care quality. Care workers and service users will receive a £25 voucher for taking part in an interview, which they can keep even if they later withdraw from the project.

While taking part in the interview will be generally low risk, it may be that talking about experiences could cause distress to participants. If that is the case, the interview will be stopped, and participants will be offered support. It may be that participants then feel able to continue the interview, but if not, the interview will end, and they will be helped to seek support from other sources. The information participants provide will be confidential and anonymous, and it will be ensured that their employment/ care is not affected by them being involved. However, if the information suggests that they or others are at serious risk, concerns will be reported to the NHS sponsor and advice will be sought on how to proceed.

Where is the study run from?
Manchester Metropolitan University, Business School, UK

When is the study starting and how long is it expected to run for?
October 2024 to September 2026

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

Who is the main contact?
Prof Carol Atkinson, c.d.atkinson@mmu.ac.uk

Contact information

Type(s)
Public, Scientific, Principal investigator

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Additional identifiers

Integrated Research Application System (IRAS)
336422

National Institute for Health and Care Research (NIHR)
206546

Study information

Scientific Title
New ways of working for adult social care workers

Study objectives
The study investigates a new way of working for adult social care workers. It examines blended roles (delegated healthcare) pilots in Greater Manchester to understand enablers, barriers, benefits and intended outcomes. It aims to produce a toolkit to guide role out of delegated healthcare in other locations and an evaluation framework to facilitate an economic evaluation of delegated healthcare interventions.

Ethics approval required
Ethics approval required

Ethics approval(s)
Approved 16/12/2024, NHS Health Research Authority and Health and Care Research Wales (2 Redman Place, Stratford, London, E20 1JQ, United Kingdom; +44 (0)300 330 9416; contact@hra.nhs.uk), ref: 24/WM/0235

Primary study design
Observational

Study design
Single-centre cross-sectional interview-based study

Study type(s)
Other

Health condition(s) or problem(s) studied
Delegated healthcare pilots

Interventions
The intervention will examine implementation and experiences of blended roles in Greater Manchester generally and in three boroughs, Oldham, Rochdale and Tameside, in more depth. The intervention seeks to identify enablers of/ barriers to the implementation of blended roles, alongside their benefits and intended outcomes. There will be interviews with GM borough leaders (10), NHS service leads and adult social care commissioners (6), adult social care providers (6), community nurses (20), care workers (20) and service users (20). Total interview numbers will be 90. Participants in the study will take part in one interview that will last between 30 and 60 minutes. The interview will be face-to-face or on Teams as preferred by the participant. Where face-to-face, it will be at the participant’s workplace, care home or own

home. Participant involvement from first contact to interview completion is likely to be around 2 weeks.

Intervention Type
Other

Primary outcome(s)
The enablers, barriers, benefits and intended outcomes of delegated healthcare measured using data collected during interviews with stakeholders at one timepoint

Key secondary outcome(s)
The following secondary outcome measures will be assessed during interviews at one time point with each participant. Each interview will explore their experiences and outcomes, including:
1. Borough leads/NHS service leads/ASC commissioners: measures of cost effectiveness of blended roles, examples include reduction of admissions to hospital, reduced district nursing costs
2. Adult social care providers: improved business operations, examples include improved recruitment and retention
3. District nurses: improved working experiences, examples include reduced workloads, ability to focus on more complex cases
4. Care workers: improved working experiences, examples included more training, more meaningful work, improved pay
5. Service users: improved care, examples include more timely administration of insulin, which increases service user control and ability to eat at preferred times

Completion date
30/09/2026

Eligibility

Key inclusion criteria
1. Anyone, workforce or service user, who has taken part in the blended roles pilots.
2. Service users must have the capacity to consent.

Participant type(s)
Employee, Health professional, Resident, Service user

Healthy volunteers allowed
No

Age group
Mixed

Lower age limit
16 Years

Upper age limit
100 Years

Sex

All

Total final enrolment
92

Key exclusion criteria
Not meeting the participant inclusion criteria

Date of first enrolment
02/01/2025

Date of final enrolment
01/10/2025

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
Tameside and Glossop Integrated Care NHS Foundation Trust
Tameside General Hospital
Fountain Street
Ashton-under-lyne
United Kingdom
OL6 9RW

Sponsor information

Organisation
Tameside and Glossop Integrated Care NHS Foundation Trust

ROR
https://ror.org/01knk7v72

Funder(s)

Funder type
Government

Funder Name
National Institute for Health and Care 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

Individual participant data (IPD) sharing plan
The datasets generated during and analysed during the current study will be stored in a publicly available repository, ManMet's espace (https://e-space.mmu.ac.uk/)

• The type of data stored: Interview transcripts and some organisational documentation that will be analysed
• The process for requesting access: Request from the Principal Investigator, Prof Carol Atkinson, c.d.atkinson@mmu.ac.uk
• Timing for availability: From 6 months after the study ends
• Whether consent from participants was required and obtained: Participant consent was required and obtained
• Comments on data anonymization: Data was fully anonymised so that participant identity is protected
• Any ethical or legal restrictions: Normal ethical protocols apply, and ethical approval was been given by the NHS HRA
• Any additional comments: No

IPD sharing plan summary
Stored in publicly available repository

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Study website	Study website	11/11/2025	11/11/2025	No	Yes