Consultee Information Sheet

The HIP-HOP Flooring Study: Helping Injury Prevention in Hospitalised Older People
**Invitation paragraph**
You are being invited to act as a ‘consultee’ for someone who is unable to make a decision for themselves. You are being asked to advise the researcher about this person’s wishes and feelings as to whether they themselves would have wished to join this research. Before you decide, it is important for you to understand what it means to be a consultee, as well as why the research is being done and what it will involve. Please take time to read this information carefully and talk to others about the study if you wish. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether you wish to be a consultee.

**What does it mean to be a consultee?**
A consultee is someone who knows a person with a mental incapacity well and is willing and able to offer an opinion as to what that incapacitated person’s wishes would have been did they not have a mental incapacity. You do not have to act as a consultee if you do not want to. If you decide to act as consultee, you will be asked to sign a Consultee Form.

If you think that this person would not have wanted to take part, then the researchers will respect this. Please remember that you are not being asked for your personal views on the research but consider only what the person’s wishes would have been were they being asked to take part in this research. Think about the broad aims of the research, the risks and benefits and what taking part will mean for this person. At any stage, you can advise the researcher that your opinion about the person’s possible wishes about being in the study may be that the person would no longer wish to remain in the study.

**Why have I been asked to be a consultee?**
You may have been chosen because you know the patient personally, either as a friend, partner, or relative, and they would trust you to help with this decision. Or, you may be a member of the care team who looks after the patient (such as member of care home staff, GP, or healthcare professional), and you have the patient’s best interests in mind. Or you may be a member of our ‘Board of Nominated Consultees’ who has received training and help for taking on this role.
What is the purpose of this study?
Sometimes people fall over in hospital. When older people fall over it is a worry, because older people are more likely to hurt themselves. This study is looking at a new type of flooring. We want to see if the type of floor in hospital can help stop people hurting themselves when they fall over.

Why has this person been chosen?
We are studying 8 hospital wards for older people in England. The ward this patient is on is part of our study. We are trying to find out if the people on this ward would like to take part in our study. There will be about 80 patients taking part in our study.

Do patients have to take part?
No. Patients can decide if they want to take part or not. When patients are unable to decide, we are asking for advice from other people. If you want to help give advice, you can keep this information sheet. We will record your advice on a Consultee Form. At any time, you or the patient can decide that they would no longer like to take part in the research. The patient will still get the same level of care.

What will the patient have to do?
If the patient takes part in the study, they will not have to do anything else as part of taking part in this research. They will continue to get their care in hospital as normal.

What will happen to the patient if they take part?
If the patient takes part, they will still be looked after the same as if they were not taking part. We will want to collect some details about the patient from their patient notes. This will include: their age, their sex, why they are in hospital, their medicines, any medical conditions they may have, and whether or not they have fallen over in the past year. If the patient falls during their stay in hospital, we will collect details about the fall and any injuries this caused, and the care they need for their fall.

We will want to find out some more about the patient, 3 months after they leave the ward. We would like to find out about the place the patient is living. For example, we would like to know if they live in their own home or in a care home. We will also like to find out how they are doing. For example, if they have a good quality of life. Also, we would like to find out if they have made many visits to the hospital during this time.
There are 8 hospital wards taking part in this study. We are studying all of the wards for one and a half years. For the first 6 months of the study, all of the wards will stay the same. Then, half of the wards will get some new flooring. We will then study all the wards for one year.

We do not know which type of floor is best. To find out, we need to compare different types of floor. We put wards into groups and give one group a different floor. The results are compared to see if one floor is better. To try to make sure the groups are the same to start with, each ward is put into a group by chance. The patient may or may not be staying in a ward with the new flooring.

**What is the floor like that is being tested?**
The floor looks like a normal floor. The top layer of the floor is made out of vinyl. The floor is a little thicker than normal floors as it has a ‘shock-absorbing’ foam backing. This floor has been designed for its shock-absorbent properties and meets health and safety rules. This is the first time the floor has been tested in hospitals. We want to find out if this floor can help soften the fall if somebody falls over.

**What are the possible disadvantages and risks of taking part?**
As we are interested in the floor, there are no known risks to taking part in the research. If the patient takes part, we would like to collect some information from their patient notes. So we can do this, we are asking for advice as to whether this would be okay.

**What are the possible benefits of taking part?**
We are not able to promise that the study will help this patient. What we learn from this study may help people make better hospitals in the future.

**Will the patient’s taking part in the study be kept private?**
Yes. We will follow good practice and all information about the patient will be handled in private. All of the patient’s details will be kept totally private. Also, details about the patient which leave the hospital will have their name and address taken off, so that no-one will know it is about them.

We will collect details about the patient from their patient notes and by speaking to their health care staff. If they fall over in hospital, the staff will fill out a form. We will use the details from this form for our study. The patient’s details will be stored safely, in a locked filing cabinet and on a computer file. This computer file will have a special password.

The patient’s data will only be used for other studies if you advise that this is okay. Only certain people will have access to view their data with their name on it (i.e.
researchers and people who check the quality of the research). When we have finished with their data we will dispose of it securely. The data with the patient’s name and contact details will be disposed of at the end of the study.

**What if there is a problem?**
If you or the patient is not happy about the study, or any possible harm you or the patient might suffer will be looked at. Please see the people to contact over the page.

**Involvement of other health care practitioners (e.g. the patient’s GP).**
If the patient falls and hurts themselves while they are in hospital, we would like to find out what health care services they need for their fall. For this reason, we would like to tell other health care experts who work outside of the hospital ward of the patient’s part in the research. This is so we can find out what care they have had due to their fall.

**What will happen to the results of the research study?**
We will sum up the data we get from all the patients in the study, and show the results in journals and at meetings. No-one will be able to pick out the patient’s own data in any reports we make. We can send you, and the patient, a summary of what we found at the end of the study (in March 2011), if you wish. We will also sum up the results of the study on our website (www.hiphopflooringstudy.org.uk).

**Who is organising and funding the research?**
The University of Portsmouth is organising the research. The research is being paid for by The Dunhill Medical Trust, which is a research charity. The National Osteoporosis Society is also helping to pay for part of this research.

**Who has reviewed the study?**
All research in the NHS is looked at by an independent committee, called a Research Ethics Committee. These people are there to protect the safety, rights, wellbeing and dignity of patients. This study has been looked at and approved by Southampton & South West Hampshire Research Ethics Committee.
Contact details

For general information about research, and this specific research study, or if you are unhappy with this research study, please talk to one of our researchers:

Amy:
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You can write to us at:
The HIP-HOP Flooring Study,
SHSSW,
University of Portsmouth,
James Watson (West),
2 King Richard 1st Rd,
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For advice about whether you should participate, please contact:
SITE CONTACT –name and contact details for site contact to go in here.
Tel: 
E-mail: 
Address:

If you would like to complain about this research study, please contact your Patient Advice and Liaison Service:
Contact information for local PALS to go in here.

Find out more from our website:
www.hiphopflooringstudy.org.uk –name to be confirmed