NIHR CLAHRCs undertake high-quality applied health research focused on the needs of patients and support the translation of research evidence into practice in the NHS.
What are CLAHRCs?

CLAHRCs are collaborative partnerships between National Health Service, public services and Higher Education Institutions, focused on improving patient outcomes through the conduct and application of applied health research and evidence based implementation.


CLAHRC YH will undertake high quality applied research and evidence based implementation that is responsive to, and in partnership with, our collaborating organisation, patient, carers and the public. The outcome being an improvement in both the health and wealth of the population of Yorkshire and Humber.

This research was funded and supported by the National Institute for Health Research. The views and opinions expressed in this BITE are those of the authors, and not necessarily those of the NHS, the NIHR or the Department of Health.

Method

The objectives of the project:

1. Identify activities that the CLAHRC community has deployed in supporting NMAHPs’ engagement in research
2. Highlight stories of impact on career pathways of NMAHPs
3. Develop case studies of the impact that this capacity building work has had on services, patients and service users.

This mapping exercise was completed in the last six months of 2015. Sources of data used included the training sections of the 2014/15 annual report for each CLAHRC, and consultation with the training leads and programme managers.

Findings

This mapping exercise demonstrates that CLAHRCs are undertaking extensive activity to build research capacity in the non-medical professions. It provides evidence that CLAHRCs are able to contribute to establishing a research culture in these groups, and can be an effective part of the architecture to make change necessary. The sorts of activities undertaken include:

- **Learning by doing activities** designed to provide experiential learning. They ensure protected time away from clinical pressures to gain skills and experience. They do not contribute to formal training or qualifications, but are aimed at enhancing research CVs, and extending expertise.
- **Formal Training (PhD/MSc).** Some provision for PhD and Masters qualifications in clinical research programmes are specifically aimed at clinicians and NMAHPs.
- **Implementation Science Support.** Two CLAHRCs have developed a Master’s programme focusing on implementation science.
- **Research Training/Short Courses/Workshops.** These examples illustrate training for short periods of time, and aim to increase skills in a particular area.
- **Miscellaneous Activity.** Examples include learning sets, mentorship and coaching to support research capacity, communities of practice and peer to peer support.

Contact details: Professor Jo Cooke, Research Capacity Lead | jo.cooke@gst.gst.nhs.uk

Full report: www.clahrc-yh.nihr.ac.uk/capacity-building/outputs
What Happened Next?

Over 900 patients with rheumatoid arthritis have signed up to PIC, with participants concluding they were happier with their care – finding the scheme more accessible and convenient, as well as requiring fewer GP visits than the traditional approach.

As well as being more accessible and convenient when compared to the routine appointment system, Direct Access was also found to have a significant impact on patient satisfaction, helping patients transform the way they manage their condition.

In collaboration with the South West Academic Health Science Network (AHSN) and Plymouth Hospitals NHS Trust, PenCLAHRC are now looking to expand PIC to other patient groups across a much broader range of long term conditions.

References:


Useful Links:
clahrc-peninsula.nihr.ac.uk/research/aHSN-penclahrc-project-patient-initiated-clinics-pic-for-people-with-long-term-conditions
What Happened Next?

We have developed and launched the first free and openly-available comprehensive data resource for international measures relating to patient experience and person-centred care. This Measures for Person Centred Coordinated Care website (www.p3c.org.uk) provides a 'one-stop' information gateway for commissioners, health managers, researchers and others to help improve the role of the patient’s voice in the delivery of health services.

In addition, we have evaluated a number of programmes including: the Newton Abbot Complex Care Hub; the Torquay Children and Families Hub (SWIFT); the Torbay Integrated Care Organisation (ICO); the Somerset Practice Quality Scheme (SPQS); the Somerset Test and Learn Pilots, and; Integrated Care Exeter (ICE).

We anticipate outputs in three areas; (i) service development - we will help to implement and refine new models; (ii) research – will focus on building theory and leading and supporting funding bids, and; (iii) further development of the evaluation framework – including psychometric testing of the Person-Centred Coordinated Care Experiences Questionnaire (P3CEQ).

Resources:
clahrc-peninsula.nihr.ac.uk/uploads/attachments/Projects/Patient%20experience%20measure%20identification.pdf
clahrc-peninsula.nihr.ac.uk/uploads/attachments/Projects/Creating%20and%20measuring%20organisational%20change.pdf

Useful Links:
clahrc-peninsula.nihr.ac.uk/research/person-centred-coordinated-care-p3c

Acknowledgement:
This research was funded by the National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care South West Peninsula (PenCLAHRC). The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health. View more BITEs at www.clahrcpp.co.uk
We think a networks approach works because healthy behaviours are a collective activity and not purely down to an individual, the work and decisions related to long-term conditions are done with members of personal and social networks. We know that diverse networks are good for health and that having a variety of links and connections are better than networks centred on close family members. We have also found that there are health benefits for people who are isolated or live in deprived circumstances but who have connections to community organisations.

The interactive website starts by getting people to map out their social support network and then leads them through a series of questions designed to find out the activities they like or used to do as well as any support they want. They are able to prioritise their preferences which are then linked to a database of local groups and resources and highlighted on a map.

We have been working with people and groups across CLAHRC Wessex to train them in how to facilitate and use GENIE and have undertaken case studies to find out how to implement our approach.

We still have important questions to answer, some very practical such as the best ways to keep information up-to-date on the website, others concern where such an intervention might work best, who could facilitate it and how commissioners could use it to obtain useful data on commissioning services.

GENIE has excited and enthused many people and we hope to expand its use throughout Wessex CLAHRC over the coming year as part of our ambitious programme of getting evidence of what works for patients into practice, so we are looking for potential project partners.

Being used on the Isle of Wight as part of their integrated care system with pilots in UK, Canada, US, Spain, Netherlands, Bulgaria and Greece.

Use of GENIE made healthcare savings of £175 per patient per year with an improvement in health outcomes (blood pressure and quality of life) On the Isle of Wight we found people took up an average of 3 new activities after use of GENIE.

Many hospitals in the United Kingdom face constant disruption to their working due to shortages of medical beds. Cancellations of elective operations, emergency department overcrowding, ambulance handover delays, staff morale, patient safety and experience all suffer as a consequence.

The CLAHRC Wessex Methodological Hub collaborated with an NHS trust to produce evidence about how their service could be reorganised to reduce medical bed pressures.

We developed a computer model of the hospital, from patient admissions in the Emergency Department (ED) to their discharge from an in-patient ward.

The model was used to test a new way of caring for patients with a predicted length of stay of less than three days.

Several hospital wards were used to exclusively manage these patients while the remaining patients continued to be cared for in the same way as before.

The model predicted the impact of the changes across a range of hospital based measures. For example, trolley waiting times in the ED and the number of medical patients who had to be admitted to a non-medical bed due to bed shortages.

Dedicated clinicians and beds for short stay patients do reduce hospital bed pressures and ED overcrowding. However, the benefits are quickly lost if predictions of length of stay are inaccurate. The hospital needs to maintain a minimum of 70% accuracy to work within the current medical bed base and 80% accuracy to begin to reduce ED overcrowding.

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Testing the change to a service in a model provided hospital management with evidence before any changes were made to the real hospital.

An informed decision could then be made about how the change should be introduced.

This avoids expensive, risky and the unclear results of trial and error with the real system.

“We have been working with the team from Wessex CLAHRC for about a year looking at aspects of our Emergency Department and Unscheduled Medicine pathways. This has included hosting two postgraduate students who really engaged with clinical teams and whose work has led to tangible improvements to how patients are seen.

Simulation modelling has also provide useful insights that have formed part of the planning of the larger programme improvement we are now undertaking in unscheduled care and has sparked an interest in the potential of using simulation as a key tool in future projects.”

Dr Howard Buchan, is the Clinical Director for Acute Medicine at the Queen Alexandra Hospital, Portsmouth.
Back Skills Training (BeST) For Sustained Long-term Benefit

Who?
Patients who have had non-specific lower-back pain for longer than 6 weeks.

What?
BeST is a structured training programme delivered to patients with lower back pain. BeST was evaluated in a large multicentre randomised controlled trial. It is underpinned by a cognitive behavioural approach, designed to maximise long-term improvement in physical activity and function.

What is the evidence?
• BeST was as effective as other interventions in the short term, but exceeded them in the longer term
• Significantly reduced pain and disability at 12 months and beyond
• Significantly improved patient satisfaction and quality of life
• Cost per QALY half that of competing interventions for lower back pain

Background
The Back Skills Training Trial (BeST) used a cognitive behavioural approach to target unhelpful beliefs about pain and activity, promoting engaging in leisure, physical and occupational activity.

The BeST trial showed that this approach was both clinically effective and cost effective in treating non-specific lower back pain.

BeST was based on face-to-face training of a small number of NHS staff. Delivering this training into routine practice across the NHS would be costly and complex.

We are developing an on-line version of the BeST training to give greater access to this training throughout the NHS.

About NIHR CLAHRC Oxford
The Collaboration for Leadership in Applied Health Research and Care Oxford at Oxford Health NHS Foundation Trust is a partnership between universities, healthcare commissioners and the NHS in Oxford and the Thames Valley.

This research was funded by the National Institute for Health Research (NIHR). The views expressed are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health. View more BITEs at www.clahrccpp.co.uk

References


More information:
www.backskillstraining.co.uk
(Going live August 2015)
contact@backskillstraining.co.uk

Our website:
www.clahrc-oxford.nihr.ac.uk

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@CLAHRC_Ox
‘Early Intervention in Psychosis’ (EIP) in the NHS

Background

Psychosis is a common, disabling disorder that costs the UK economy an estimated £11.8 billion per year.

The NIHR CLAHRC Oxford through its ‘Early intervention and service redesign’ theme – in collaboration with Janssen Healthcare Innovation and the Oxford Academic Health Science Network – evaluated the impact of EIP services across the Thames Valley Area over a three year period.

The findings were fed back to clinicians, service managers and commissioners. Through our collaboration partners, Trusts and commissioners have been supported in developing local plans for service improvement. In each Trust this has led to positive plans for improving EIP services, including plans for reinstatement of EIP services in one Trust where they had been dismantled.

About NIHR CLAHRC Oxford

The Collaboration for Leadership in Applied Health Research and Care Oxford at Oxford Health NHS Foundation Trust is a partnership between universities, healthcare commissioners and the NHS in Oxford and the Thames Valley.

There is clear evidence that EIP services reduce costs, significantly reduce mental health bed days, attendances at A&E and improve occupational outcomes for patients.

Who?
Young people aged 16–35 presenting with a first instance of psychosis.

What?
In RCTs EIP services, specialist community treatment teams, have been shown to reduce inpatient bed use, improve clinical outcomes, and reduce costs. Yet many EIP services have either been lost, or strayed from the original model. The NIHR CLAHRC Oxford examined whether using EIP services in NHS practice, outside of an RCT setting, would also result in improved outcomes and cost-savings.

What is the evidence?
• Savings to the NHS of £5,200 per patient in EIP per year
• 38% of young people with psychosis under EIP employed or in education, compared with 25% of those not under EIP
• 10% fewer admissions per person per year for EIP
• 31% fewer inpatient bed days per year for each person under EIP

About NIHR CLAHRC Oxford

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This research was funded by the National Institute for Health Research (NIHR). The views expressed are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health. View more BITEs at www.clahcpp.co.uk

Other contacts:

Oxford Academic Health Science Network (AHSN):
www.oxfordahsn.org

Janssen Healthcare Innovation:
www.janssenhealthcareinnovation.com

Contact us:
www.clahrc-oxford.nihr.ac.uk
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@CLAHRC_Ox

Visit www.clahrc-oxford.nihr.ac.uk/research/early-intervention-and-service-redesign for further updates.
Background

In 2012, seven per cent of live births in England and Wales were premature (born before 37 weeks). Babies born prematurely may need special care, are more likely to die and are more likely to have disabilities, or develop health problems in adult life than those born at full term.

‘In 40 per cent of cases, the cause of premature birth is not known,’ says King’s College London researcher Professor Jane Sandall who is leading the CLAHRC South London maternity and women’s health research team. ‘However, we do know that some women are at higher risk of giving birth prematurely. This includes women who have previously given birth prematurely, or women who have previously had a late miscarriage.’

Professor Sandall and her colleagues want to develop a better way of supporting women who have a higher risk of preterm birth. Working with Lewisham Clinical Commissioning Group, they are trialling a new-style service at Lewisham Hospital in south-east London.

One of the features of the service is that pregnant women receive maternity care from a single midwife or a small group of midwives through pregnancy, birth and postnatally. Women who have this sort of continuity of care – building a relationship with their midwife over time – are more likely to give birth naturally and less likely to experience preterm birth.

At the moment, few pregnant women in England have the opportunity to get to know their midwife in this way. As part of their work in Lewisham, the CLAHRC South London research team have been gathering the evidence on the health benefits of continuity of care.

Making the case for continuity of midwife care

Working with colleagues at three other universities, Professor Sandall conducted a review of the international evidence on continuity of care (Sandall et al 2015). This looked at the results from 15 trials involving 17,674 women. The review showed that women who have received continuity of care from a midwife they know, rather than receiving medical-led or shared care, are:

- 24% less likely to experience preterm birth,
- 19% less likely to lose their baby before 24 weeks gestation, and
- 16% less likely to lose their baby at any gestation.

These women are also more likely to have a vaginal birth, and fewer interventions during birth, and are likely to have a more positive experience of labour and birth.

Who is this relevant to?

These findings have wide-ranging implications for policy makers, health professionals and researchers. Evidence from the review has already had a significant influence on recent policy developments in relation to maternity care in both the UK and abroad. For example:

- The results were cited as a key piece of evidence to inform models of care in Ireland’s first National Maternity Strategy - Creating A Better Future Together 2016-2026, published in January 2016.
- The review informed the National Maternity Review for England published in February 2016 (Better births – Improving outcomes of maternity services in England), led by Baroness Julia Cumberlege as part of the NHS England Five Year Forward View.

Baroness Cumberlege said: ‘The review provided, for the first time, evidence of the benefits of continuity of midwife care for women and their families in terms of lower perinatal mortality and preterm birth, as well as a better experience for women. This new evidence directly influenced our work in the NHS England Five Year Forward View for maternity care, and resulted in continuity of care becoming one of our seven key priorities […] The challenge now is to establish how we can make these models of care work in practice across England.’

What next?

It is this practical challenge that the CLAHRC South London team are working on in Lewisham. It was also the subject of a think tank held at Green Templeton College, Oxford, in October 2015. The CLAHRC team led a report summarising the conclusions of the think tank. The report focuses on how to implement continuity of care, and features testimony from mothers, midwives, doctors and NHS managers. Read it here: www.clahrc-southlondon.nihr.ac.uk/news/2016/new-report-looks-widening-access-continuity-midwife-care

References:


For more information about CLAHRC South London, visit: www.clahrc-southlondon.nihr.ac.uk

This is a summary of independent research carried out at the National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care South London at King’s College Hospital NHS Foundation Trust. The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health.
Developing the new outcome measures

The research team has worked with palliative and end of life care professionals and managers, patients and family members in south-east London to determine the most appropriate outcome measures to use, and to support their introduction into specialist services. The project is called Outcome Assessment and Complexity Collaborative (OACC).

Six short outcome measures have been chosen, each one taking just a few minutes to complete. These measures capture information about a patient’s:

- physical symptoms, such as pain and breathlessness,
- emotional issues, such as anxiety and depression, and
- other concerns, such as information needs, practical needs and family support needs.

Implementing the measures in south London

Two end of life care nurses, known as Quality Improvement Facilitators, have worked with provider organisations in south London to help them implement the OACC measures. So far, nine provider teams in south London are now routinely using the OACC outcome measures. These organisations collect outcomes data and return it to the central research team for analysis. This enables providers to better understand their patient population and the difference they make through their provision of palliative care.

Achieving impact in the UK and internationally

The CLAHRC South London team are now working with national organisations such as Hospice UK, provider organisations across England, Public Health England, and NHS England, as well as healthcare organisations abroad, to help facilitate the adoption of palliative and end of life care outcome measures into routine practice. Working with Hospice UK, the team has produced OACC outcome resource packs to support palliative and end of life services to implement the measures, which more than 200 providers across the UK have taken up. They also ran monthly webinars for services, with more than 300 participants.

A series of ‘Train the Trainer’ workshops have been launched by the team with Hospice UK, to prepare other professionals across the sector to become trainers in using the OACC measures. CLAHRC South London researchers are working with CLAHRC North West London to roll out OACC in their area.

References:

For more information about CLAHRC South London, visit: www.clahrc-southlondon.nihr.ac.uk
For more information about OACC on the Cicely Saunders Institute website, visit: www.kcl.ac.uk/fsm/research/divisions/cicelysaunders/research/studies/oacc

This is a summary of independent research carried out at the National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care South London (CLAHRC South London) at King’s College Hospital NHS Foundation Trust. The views expressed are those of the author[s] and not necessarily those of the NHS, the NIHR or the Department of Health.
CLAHRC BITE

“We don’t do dementia.” May 2016


Black African and Caribbean elders (BACE) present later to dementia specialist services, often in crisis and leading to poorer outcomes.

In their work towards producing an intervention to encourage access to dementia services, CLAHRC researchers have heard first-hand perceptions and beliefs among Black adults that prevent them from approaching their GP when they have concerns about memory problems - an early indicator of dementia.

The study comprised semi-structured focus groups and interviews, recruiting 50 participants across a range of age groups and socio-economic backgrounds.

Focus groups and interviews revealed five main beliefs and perceptions preventing people's seeking help for dementia:

- Forgetfulness is not indicative of dementia
- Dementia is not an illness affecting Black communities
- Memory problems are not important enough to seek medical help
- Fear of lifestyle changes
- Confidentiality, privacy and family duty

“An old person starting to forget...it’s part of growing old.”

“When you talk about dementia...this is an old White peoples disease.”

“...You would just feel that you’re wasting the GPs time.”

“I would be thinking that the help is within the family, so I wouldn’t look for external help.”

Recommendations for practice

The results of this study suggest that a more targeted approach towards Black adults regarding dementia is needed, in order to reduce healthcare inequalities. The paper recommends designing an intervention which;

a) includes key information about dementia, symptoms and support available

b) encourages Black adults to seek help earlier from their GP for memory problems

c) allays worries about loss of autonomy, breach of confidentiality and freedom of choice

Next steps

CLAHRC researchers are now trialling the intervention they have developed to overcome some of the barriers to help-seeking for memory problems in Black African and Caribbean British communities.

Useful links:


Project information - http://www.clahrc-norththames.nihr.ac.uk/memory-problems-black-african-and-caribbean-groups/

NHS website - http://nhs.uk/dementia

Alzheimer's Society website - http://alzheimers.org.uk

About CLAHRC NT:

NIHR CLAHRC North Thames conducts ground breaking research that will have a direct impact on the health of patients with long term conditions and on the health of the public. We bring together world-leading universities, the NHS, local authorities, patients, the public, industry and charities. The NIHR fund CLAHRCs in order to improve the health and wealth of the nation through research. Visit us at www.clahrc-norththames.nihr.ac.uk and follow us on Twitter @CLAHRC_N_Thames

This research was funded by the National Institute for Health Research (NIHR). The views expressed are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health. View more BITes at www.clahrcpp.co.uk
Academic medicine faces significant challenges in attracting and retaining medically qualified, clinical researchers. In a BMJ editorial CLAHRC researchers set out their blueprint for improving pathways to a clinical academic career.

CLAHRC researchers identified key factors influencing postdoctoral career progression within academic medicine for doctors. These will also be relevant to other health professionals developing a clinical academic career:

- **Mentorship** - doctors who experience supportive mentorship and positive role models tend to report greater career satisfaction and confidence
- **Work environment** - a workplace that is inclusive, respectful, and attentive to the needs of early career clinical academics
- **Access to funding** - those in debt or unable to obtain research funding may be unable to advance their academic careers
- **Intrinsic motivation** - junior clinical academics who value research highly pursue this career path even if career success is uncertain

Academic medicine faces significant challenges in attracting and retaining medically qualified, clinical researchers. Clinician academics are health professionals involved concurrently in clinical practice and research. Within practice they develop a research-led care environment for patients and challenge existing practice. Within academia they bring front-line NHS perspective to focus research on improving patient outcomes and health systems.

In 2005 the UK government established the National Institute for Health Research (NIHR) Integrated Academic Training Programme for Doctors and Dentists, a training pathway to generate a “pipeline” of world class future clinical academics. It encourages junior doctors with an interest in research to advance from an academic clinical fellowship, and after completion of a PhD, to clinical lectureship. An evaluation of postdoctoral career progression, focusing on the experiences of medics currently enrolled in a PhD program and those who have recently submitted their PhD will shortly be undertaken by CLAHRC researchers in conjunction with University College London’s Academic Careers Office. In advance of this CLAHRC researchers examined existing evidence on clinical academic career progression.

**References**

Clinical academics’ postdoctoral career development
Veronica Ranieri, Helen Barratt, Naomi Fulop, Geraint Rees
BMJ 2015; 351 :h6945

Editorial: www.bmj.com/content/351/bmj.h6945

A Cross-Funder Review of Early-Career Clinical Academics: Enablers and Barriers to Progression
Led by Medical Research Council, prepared by IFF Research
www.mrc.ac.uk/documents/pdf/review-of-early-career-clinical-academics

**Useful links**

- CLAHRC North Thames/HENCEL Fellowship scheme
  www.clahrc-norththames.nihr.ac.uk/hencelclahrc-fellowship-programme

- NIHR Integrated Academic Training Programme for Doctors and Dentists
  www.nihr.ac.uk/funding/integrated-academic-training-programme.htm

- UCL School of Life and Medical Sciences (SLMS) Academic Careers Office
  www.ucl.ac.uk/slms/aco/cat/homepage

**About NIHR CLAHRC North Thames**

A university, NHS, local authority partnership to conduct and then promptly implement the most important world leading research of direct relevance to patients and the public.

www.clahrc-norththames.nihr.ac.uk/
Follow CLAHRC North Thames @CLAHRC_N_Thames

**Developing future research leaders - the CLAHRC/HENCEL Fellowship**

To increase NHS research capacity and develop research leaders of the future, CLAHRC North Thames’ Academy has launched an exciting Fellowship scheme with Health Education North Central London (HENCEL). The scheme is aimed at nurses, midwives and Allied Health Professionals with some research experience who want to take their clinical academic career to the next level. It offers opportunities for front-line NHS staff to develop research skills on a one year secondment to an academic environment, attending conferences and contributing to academic papers. They also act as research ambassadors at their “home” Trust whilst working towards applying for a major research grant.

**Summary**

CLAHRC researchers examined the experience of doctors pursuing a clinical academic career using i) career tracking data for PhD graduates from major funding bodies to see if they were subsequently active in research, and ii) a recent Medical Research Council review of career paths and progression for early career clinical academics.

- **Mentoring** - supportive mentors protect and encourage trainees' personal and career development and, consequently, promote both greater independence of thought within research and a desire to remain within clinical academia.
- **Environment** - junior clinical academics express a desire to work in an environment that is inclusive, respectful, and attentive to their needs in an institution that is committed to their career progression.
- **Funding** - difficulties in acquiring research grants feature strongly in early career researchers' accounts. Those who experience financial pressure, such as debt, and are unable to obtain research funding may be unable to advance their academic careers.
- **Intrinsic motivation** - trainees' internal motivation and reasoning for becoming a researcher may influence their career path. Intrinsically motivated junior clinical academics who perceive research to be highly valuable pursue it even if career success is uncertain. These junior academics find their role intellectually stimulating and discovery exciting.

**CLAHRC BITE**

Developing the next generation of clinical academics

February 2016

Postdoctoral career development could be helped by mentoring, improved work environment, and better access to funding.
References


Background

Current policy is premised on the idea that most patients want to die at home, with a consequent key aim of enabling more patients to die at home. Success is measured by the proportion of patients dying at home or in care home (“usual place of residence”).

The paper, a systematic review of UK studies reporting preferences for place of death, found that it cannot be stated that most patients wish to die at home. The researchers investigated preferences for place of death by health diagnosis. The proportions of these preferences were then recalculated to include ‘missing data’: the views of those whose preferences were not asked, expressed or reported or absent in studies. Missing data were common. Across all health conditions when missing data were excluded the majority preference was for home: when missing data were included, it was not known what proportion of patients with cancer, non-cancer or multiple conditions preferred home.

Published in November 2015 in the journal PLOS ONE (1), the review was also cited in a NIHR dissemination centre theme review report in late 2015 (2).

The paper’s conclusion that it is unknown what proportion of UK patients prefer to die at home or elsewhere has significant implications for both policy and practice. It has been discussed by senior policy officials, including Professor Bee Wee, NHS England’s National Clinical Director for End of Life Care. This CLAHRC research and research of other academics is being used to dissuade policymakers from using ‘death in usual place of residence’ as an ambition target for End of Life Care provision.

What is NIHR CLAHRC East of England?

The National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care (CLAHRC) East of England is a five year programme of applied health and social care research which focuses on the needs of people with complex problems, often vulnerable, when multiple agencies are involved in their care: young people, frail older people, those with dementia, learning disabilities, acquired brain injuries or mental ill health.

The CLAHRC East of England collaboration encompasses some thirty-six organisations, with research hubs in the Universities of Cambridge, Hertfordshire and East Anglia working closely with individuals and organisations involved in the whole care pathway.

Service users and carers are at the heart of what we do, in parallel with an ambitious public health research programme. Co-production and collaboration at all stages of the research process are fundamental to making a positive impact through applied health research.

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For more information:

Website: http://www.clahrc-eoe.nihr.ac.uk/2015/11/uncertainty-about-where-patients-want-to-die-not-everyone-chooses-home/

Contact: CLAHRC core team at CLAHRCoffice@cpft.nhs.uk

Disclaimer: The research was funded by the National Institute for Health Research. The views expressed are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health.

CLAHRC EoE is hosted by Cambridgeshire and Peterborough NHS Foundation Trust
What? PsyMaptic is a freely available online tool to help guide commissioning of early intervention services (EIS) in the NHS for people suffering with a first episode of psychotic illnesses.

Why? Early Intervention services are being re-commissioned throughout England. PsyMaptic is helping healthcare planners, commissioners and other key stakeholders to plan and commission services based on valid and reliable data.

How? Research findings on the epidemiology and heterogeneity in the incidence of psychotic disorders were translated into the tool, and have been included in new guidelines from the National Institute for Health and Care Excellence (NICE).

Background
A series of epidemiological studies on the incidence of psychotic disorders and associated factors demonstrated that such incidences are heavily determined by socio-economic context. This evidence prompted Dr James Kirkbride and Professor Peter Jones to develop a statistical model of previously collected first episode data, including spatially structured neighbourhood-level random effects within characteristics that could be derived from the ONS census. Regression models estimated risk coefficients across combinations of different socio-demographic and socio-environmental factors and provided a framework for the PsyMaptic prediction tool. The tool was updated in 2014 on the basis of fresh data released from the 2011 England census.

Impacts so far
- PsyMaptic is directly available to the NHS at all levels and to the public.
- Public Health England (PHE) has incorporated the PsyMaptic predictions into their www.fingertips.phe.org.uk health indicators gazetteer.
- Health Education England is currently using the predictions in their Workforce Planning Guidance.
- NICE have incorporated the findings into latest guidance of EIS commissioning.
- All 211 CCGs in England have used these tools since December 2016, reporting into the Royal College of Psychiatrists Centre for Care Quality Improvement as part of a survey commissioned by NHS England.
- Information from PsyMaptic, Fingertips and the workforce planner have formed the basis of commissioning decisions between each CCG and all NHS and social care providers in terms of the size and composition of EIS from April 2016. This represents a total spend of some £60m and a total workforce of 1,500 staff treating around 12,000 new patients per year. This has been the first time mental health commissioning has operated on such a granular level of evidence.

PHE has commissioned further research to extend the PsyMaptic approach to a broader range of conditions and allow a wider range of evidence-based commissioning decisions in mental health services.

What is NIHR CLAHRC East of England?
The National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care (CLAHRC) East of England is a five year programme of applied health and social care research which focuses on the needs of people with complex problems, often vulnerable, when multiple agencies are involved in their care: young people, frail older people, those with dementia, learning disabilities, acquired brain injuries or mental ill health.

The CLAHRC East of England collaboration encompasses some thirty-six organisations, with research hubs in the Universities of Cambridge, Hertfordshire and East Anglia working closely with individuals and organisations involved in the whole care pathway.

Service users and carers are at the heart of what we do, in parallel with an ambitious public health research programme. Co-production and collaboration at all stages of the research process are fundamental to making a positive impact through applied health research.

For more information:
PsyMaptic website: http://www.psymaptic.org/
CLAHRC website: http://www.clahrc-eoe.nihr.ac.uk/2016/05/what-is-served-early-intervention-research-supported-nice-guidelines/
Contact: CLAHRCoffice@cpft.nhs.uk

Disclaimer: This is a summary of research supported by the NIHR CLAHRC EoE programme. The views expressed are those of the authors and not necessarily those of the NIHR, NHS or Department of Health.

CLAHRC EoE is hosted by Cambridgeshire and Peterborough NHS Foundation Trust
The Bigger Picture

Type 2 Diabetes (T2DM) is a major challenge to the NHS with 2.5 million people diagnosed with the condition and costing the NHS 10% of its budget. The complications include blindness, stroke and amputation. Early detection of the condition leading to earlier interventions may reduce complications, reduce costs and improve health outcomes. Those with pre-diabetes are at high risk of developing T2DM in the future, research shows that T2DM can be prevented in this group.

The Leicester/Diabetes UK Self-Assessment (LSA) score uses readily available data such as age, BMI and family history to identify a person’s risk of having undiagnosed T2DM or prediabetes. If it is high they are encouraged to see their GP. The LSA has been taken by more than 700,000 people on the Diabetes UK website and is widely used by national pharmacy chains such as Boots to support diabetes risk programmes. It also formed the centrepiece of the largest ever campaign by Tescos in collaboration with Diabetes UK. This score is recommended by NICE.

The LSA has been translated into Gujurati and other South Asian language translations are planned as these communities form a high risk group. We have also developed a risk score for GP systems using routinely available data to support early identification of high risk people.

Who needs to know?
The general diabetes-free population.

What have we found?

- Using a self assessment scorecard can identify people with undiagnosed type 2 diabetes or pre-diabetes.
- The score is easy to use and non-invasive.
- It is suitable for use in multi-cultural populations.

What is CLAHRC?
The National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care (NIHR CLAHRC) East Midlands is a partnership between university, NHS, industry, third sector and public partners across the region.

We are one of 13 English CLAHRCs funded by the NIHR. Our mission is to undertake high quality applied research into mental health, chronic disease, care of older people and stroke survivors and the implementation of evidence to improve services and patient care across the region, and achieve “Healthier living for longer”.

This is a summary of a piece of CLAHRC research. The BITE (Brokering Innovation Through Evidence) series is designed to make research more widely available to clinicians and patients.

Our website
www.clahrc-em.nihr.ac.uk
Risk score website
www.diabetes.org.uk/riskscore
Contact us
clahrc@nottingham.ac.uk

This is a summary of independent research funded by the National Institute for Health Research (NIHR). The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or Department of Health.

The Evidence

Findings and implications

Increased rates of suicide and self-harm both in terms of relative and absolute risk occur when people with depression start, change or stop antidepressants.

Combined use of more than one antidepressant, venlafaxine, mirtazapine or trazodone increase self-harm and suicide rates in people with depression more than SSRI or tricyclic antidepressants.

Some of this increased risk with venlafaxine and combined antidepressants is due to prescribing of these drugs selectively in people with more severe and difficult to treat depression.

Patients prescribed antidepressants for depression need to be followed up by a health professional (face to face, telephone, remotely by prescriber or another health professional e.g. pharmacist, nurse) within one week and at one month of stopping and starting antidepressants.

Who needs to know?

Prescribers of antidepressants in primary and secondary care, and pharmacists.

What have we found?

Increased rates of suicide and self-harm, both in terms of relative and absolute risk, occur when people with depression start, change or stop antidepressants.

What is CLAHRC?

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Our website
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The Evidence


What is NIHR CLAHRC West Midlands?

The Collaborations for Leadership in Applied Health Research and Care (CLAHRC) is a partnership between universities (Birmingham, Warwick and Keele) and a number of health and social care organisations in the West Midlands. We are funded by the National Institute for Health Research with a mission to undertake high-quality applied health research focused on the needs of patients to improve health services locally and beyond.

For further information, visit: www.clahrc-wm.nihr.ac.uk

The research is funded by the National Institute for Health Research. The views expressed are those of the author and not necessarily those of the NHS, the NIHR or the Department of Health.

Findings:

- The study revealed a 5% increase in home dialysis uptake in study hospitals, compared with the rest of England.
- 93 patients and 96 staff were interviewed across four hospitals in the West Midlands.
- Factors that influenced the uptake of home dialysis included:
  - **Facilitators**
    - The Commissioner’s pay-for-performance scheme.
    - Funding for specialist staff and dialysis machines.
    - Support from renal clinical leads, individual champions for home dialysis, and enthusiastic home therapy nursing teams.
    - Ongoing support through phone, home visits, and out-patient appointments.
  - **Barriers**
    - Lack of training for non-specialist staff.
    - Pre-dialysis education was described as an “information overload” by patients, and didn’t focus enough on the effect of home dialysis on their lives.
    - Many patients experienced emotional distress when learning that they would need dialysis, but there was a lack of emotional support in place for patients.

Recommendations for Practice

Four service elements need to be in place to encourage patients to opt for home-based self-care: information, guidance and support for patients; high-quality training in the use of dialysis machines; ongoing technical assistance and support for patients once they are on home dialysis; emotional and psychological support to help patients adjust to end-stage renal failure.

Barriers and Success Factors for Home Dialysis Treatment and Influence of a Target on Uptake Rates

**Background**

- Government policy around the world favours shifting services from hospital to community, with an emphasis on home-based care and self-care.
- There is considerable potential for a large-scale shift towards home-based self-care for patients on dialysis with end-stage renal failure.
- Uptake of home dialysis in England fell from 31% to 18% between 2002 and 2009.
- In April 2010, the service commissioner for the West Midlands introduced a five-year target to increase take-up of home dialysis to 35%.
- This study investigated the effect of the pay-per-performance target and examined the barriers and facilitators to increasing the uptake of home dialysis, as an exemplar of the challenges involved in shifting from hospital-based to home-based care for a group of patients with complex medical needs.

Reference

End stage CKD is growing at an estimated 6% each year: diagnosing and treating this disease effectively as early as possible is hugely important.

What next?
We’re currently consulting with Greater Manchester’s clinical commissioning groups to explore options for potential future improvement work in light of these findings.
At a regional level, the evaluation findings were used extensively to support NHS England and the respective clinical commissioning groups in meeting the then newly established Primary Care Standard for Greater Manchester concerning access to general practice:

"By the end of 2015, everyone living in Greater Manchester who needs medical help will have same-day access to primary care services, supported by diagnostic test, seven days a week."

Key outputs and impacts

- As a direct result of the evaluation findings, innovations and changes in service delivery, such as extended access to general practice, have been refined and implemented at scale.
- We identified six enablers of primary care innovation. These have formed the basis of a checklist to guide commissioners involved in future primary care service redesign initiatives.
- We identified several issues that have been taken forward as part of the wider strategic agenda. The findings have provided a fundamental basis for the development of primary care information management and technology, information governance and workforce strategies, and have supported the development and implementation of GP federations.
- Our interim findings contributed to the design of the successful Greater Manchester bids for the first and second wave of the Prime Minister’s Challenge Fund, worth a total of £10.7 million.
- We identified future lessons for individuals and organisations attempting to orchestrate innovation, particularly in relation to the design and governance of such initiatives.
Yorkshire Health Study

The Yorkshire Health Study (YHS) is a regional, longitudinal health study following the lives of thousands of people in Yorkshire.

As part of the Public Health and Inequalities theme of NIHR CLAHRC YH, the YHS aims to provide a facility for health research that will improve the health and wellbeing of local people.

Recruiting to time and target is a challenge for health research. Less than a third of multicentre publically funded UK trials recruit their target numbers of participants and the short term nature of many trials (typically 6 months - 1 year) mean they are less effective for investigating treatments to long-term health conditions.

The YHS is a rapid and economical research facility for recruitment to a range of health studies (including randomised control trials) which provides up to date information on the health needs, behaviours and resource use of the local population.

Method

In Stage 1 of data collection (2010-2012), GP practices in South Yorkshire were contacted and 43 practices agreed to participate giving a 50% acceptance rate. Consenting GP practices mailed out invitation letters and an 8 page Health Questionnaire to all adults aged 16-85 in their practice. Data was collected on a wide range of topics including long-term health conditions, health services usage, weight and weight management and quality of life.

Stage 2 of recruitment (ongoing) uses a citizen recruitment strategy involving a media campaign and projects targeted at recruiting particular groups.

Findings

27,806 completed questionnaires were returned in Stage 1 (15.2% response rate). The majority gave consent to be contacted again (81.7%) and NHS data linkage (79.7%). To date 22 studies have used the research facility to recruit participants to a wide range of studies, including weight management, type 2 diabetes, depression, bereavement, ageing, physical inactivity, statins, breastfeeding and Attention Deficit Hyperactivity Disorder.

Next steps

As part of the Stage 2 of recruitment we are expanding the study across the wider Yorkshire and Humber region with the aim of increasing the cohort’s size from 27,806 to 100,000. This strategy involves a media campaign, individual projects, and partnership working with a wide range of organisations including NHS, Local Authority, commercial and sport.

What are CLAHRCs?

CLAHRCs are collaborative partnerships between National Health Service, public services and Higher Education Institutions, focused on improving patient outcomes through the conduct and application of applied health research and evidence based implementation.

Nine CLAHRC pilots ran 2008 - 2013, becoming established NIHR Infrastructure from 2014 with 13 CLAHRCs across England. CLAHRC YH will undertake high quality applied research and evidence based implementation that is responsive to, and in partnership with, our collaborating organisation, patient, carers and the public.

The outcome being an improvement in both the health and wealth of the population of Yorkshire and Humber.

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This research was funded by the National Institute for Health Research. The views and opinions expresses in this BITE are those of the authors, and not necessarily those of the NHS, the NIHR or the Department of Health.
**Who needs to know?**

Clinicians who treat Patients presenting with a seizure in Accident & Emergency Departments. Patients who regularly present with seizures at hospital and their relatives.

**What are we researching?**

Patients who attend Accident & Emergency Departments (AED) as a result of a seizure, and we want to find out if actively helping these patients to attend an early appointment at a neurology clinic will make the changes that reduce readmissions, re-attendances and improve quality of life.

**What are the benefits of the research?**

If the new care pathway proves successful, it could be implemented more widely across the North West Coast and UK through the Academic Health Science Networks (AHSN).

**Dedicated Nurses in the AED of three Merseyside hospitals identify those who attended in the previous 24 hours with a seizure and offer them an appointment at a seizure clinic within the following fortnight.**

Consent is also being sought from the patients to complete questionnaires related to outcome measures that will allow us to analyse the patient’s views on the appropriateness and benefits of the new scheme in action.

**Reference**


**What is CLAHRC NWC?**

The Collaboration for Leadership in Applied Health Research and Care North West Coast (CLAHRC NWC) is a partnership between Universities, NHS, Industry and Public Partners across the region. We are one of 13 CLAHRCs funded by the National Institute for Health Research (NIHR).