Leeds and York Partnership NHS
NHS Foundation Trust

R & D Innovation

Research and Development Newsletter

Annual Research Forum

Pages 11-13

Successful Research Funding Bids

Page 3 and 10

Patients Benefit from Research

Page 18

Completed Research Projects

Completed Projects

to read about projects that have recently been completed simply look out for the symbol

R & D

NHS
National Institute for Health Research

Innovation Issue 16 February 2014

Welcome from Alison Thompson

Welcome to the 16th edition of Innovation. Research and development activity continues to expand in the Trust and with the formation of new academic partnerships that are resulting in bids for research grants, notably in the areas of personal budgets, peer support work, child psychotherapy, lifestyle choices for people with schizophrenia and dramatherapy.

I extend a very warm welcome to the following who have recently or will soon take up new research posts: Helen Phillips, Elizabeth Edginton and Jules Beresford-Dent and congratulations to Aishia Perkis on her promotion within the R&D team. Sadly we have said goodbye to two team members who have taken up new opportunities in other NHS Trusts. Nic Gill and Vishal Sharma have both worked tirelessly to successfully engage and involve our staff and service users in nationally funded research. Susan Moore, our Research Administrator, has decided to retire and enjoy more time with her grandchildren. Susan is the longest serving member of the R&D team, having worked in the Trust for over six years. What she doesn't know about NHS research and research governance isn't worth knowing! She retires at the end of March and will be sorely missed.

We learnt, in more detail, about current and completed projects at our Annual Research Conference in October 2013. A full report follows of the ten presentations that ranged from unveiling the mysterious field of intellectual property, to the everyday challenges facing clinical and academic researchers. Additionally, prizes were awarded to the top two posters, as voted by delegates. We also welcomed representatives, with informative display stands, from a number of internal and external research-related partners. Look out for the date of our next conference which will be in November 2014.

You will also find eleven completed projects, covering the new five year Collaboration for Leadership in Applied Health Research and Care, flyers for conferences, posters, training opportunities, research funding and news from other linked organisations.

Take a look at our updated webpages at http://www.leedspft.nhs.uk/professionals/RD You will find a very simple 3-step guide to help you decide if your work is service evaluation or research, how to apply for Research & Development approval and the registration forms you need. You will also find a list of publications authored by Trust staff, as well as contact details for the R&D team, useful links to other research-related organisations, universities and where to access training. We would welcome comments on any further improvement suggestions you have for these webpages.

Please contact me if you have an article to be reviewed for inclusion in our next edition or for any evaluation or research information you need.

Alison Thompson, head of research and development
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RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS

2014 International Congress of the Royal College of Psychiatrists in London.

The deadline for abstract submission is Friday 07 March 2014 - a number of prizes and bursaries are available to accepted authors.

Call for new research papers and posters

The emphasis will be on short papers and posters for dissemination of research findings. Trainees are particularly encouraged to submit abstracts and there will be prizes for the best oral and poster presentations by trainees. If you are submitting a paper or a poster, please follow the instructions below.

Deadline for submissions: Friday 7 March 2014. Late submissions will not be considered

Submit your abstract via http://www.rcpsychic2014.com/

CLAHRC Yorkshire and Humber

Trust joins University of York to tackle health challenges

Researchers at Leeds and York Partnership NHS Foundation Trust (LYPFT) and the University of York will be working together to address the levels of smoking and alcohol misuse amongst people using mental health services after successfully securing funding from the National Institute for Health Research (NIHR).

The project is one of eight topics being researched and developed as part of the Collaboration for Leadership in Applied Health Research and Care Yorkshire and Humber (CLAHRC YH), which has been awarded a £10million grant by NIHR. A further £14million has been match funded by NHS providers (including LYPFT), commissioners, universities and local authorities to carry out the research projects. Due to commence in January 2014 and continue for five years, the work carried out by all CLAHRC Yorkshire & Humber research teams will respond to the current health and social care challenges in the region and aim to develop new ways of delivering and re-designing health services. Throughout all themes, there will be a strong focus on helping people to self-manage complex long term conditions. Severe mental illnesses such as schizophrenia, bipolar illness and chronic depression result in early death e.g. those with schizophrenia die around 15-20 years early. About a third of people with serious mental illness also have problems with drugs and alcohol, with alcohol being the most prevalent. Around 30% of people with a long term condition such as diabetes, ischaemic heart disease or chronic respiratory illness also have a mental health problem. Research shows that smoking levels amongst people with severe mental illness (SMI) such as schizophrenia is higher than general population yet 50% have a desire to quit.

The theme, being led by Professor Simon Gilbody from the University of York, alongside the LYPFT Research & Development Team and clinical staff, will look at how smoking and addiction interventions are currently delivered in mental health services and how this can be improved to reduce the levels of smoking and alcohol misuse. There will be a focus on tailoring interventions to meet the specific needs of a service user. Throughout, people using mental health services will be involved to provide insight and opinion on the research objectives, findings and proposed interventions.

Speaking about the work, Professor Gilbody, said: "This is a very exiting collaboration between the Mental Health and Addictions Group at the University of York and our partners in the Leeds and York Partnership NHS Foundation Trust. Smoking is one of a number of priority areas we will work on over the next five years. Our research will help us understand what approaches work and how best services can meet the needs of users and carers. The investment by NIHR at this time and at this level of funding is a reflection of the quality of the proposed research collaboration and the vision of local mental health services. We are delighted that this investment has been made in mental health and that local users of services will be the first to benefit from access to innovative approaches to improve their health. The challenge is to ensure our research collaboration has a long-lasting impact in the NHS."

Dr Tom Hughes, associate medical director for research at LYPFT, said: "The Trust is very pleased to be involved in this project. It is important that the NHS becomes even more patient-centred and cost-effective. In order to achieve these things we need robust evidence that redesign of services takes account of patients' views and delivers outcomes that matter to them."

Alison Thompson, Head of Research and Development at LYPFT, said: "This is a valuable opportunity for the NHS, partner organisations and service users to work together to tackle some of the challenges experienced by people with mental and physical ill-health. This research will build on current best practice and further improve the health and lives of people you may know. LYPFT is also looking forward to contributing to other CLAHRC themes, particularly evidence-based service transformation, following the evaluation of a major service redesign we are completing with the Universities of York and Leeds."

Further information about the Collaboration for Leadership in Applied Health Research and Care programmes in Yorkshire and Humber can be found at http://clahrc-sy.nihr.ac.uk/resources-clahrc-yorkshire-humber.html

NHS

Leeds and York Partnership NHS Foundation Trust
& Tees, Esk and Wear Valleys NHS Foundation Trust

Mental Health Research Centre

Research & Development

Inaugural Annual Conference 2014

FRIDAY 14 MARCH 2014

9.00am - 4.00pm, Durham University
Wolfson Research Institute, Stockton on Tees

Please join us to learn & understand more about research which matters to service users & carers

Keynote speaker:

Dr Jonathan Sheffield OBE, Chief Executive of the National Institute for Health Research Clinical Research Network

Speakers, workshops and a poster session will present our work across the Trust's speciality areas, and our Research Centre themes of primary care and youth mental health

If you would like to attend please register online now at:
www.dur.ac.uk/school.health/mhrc/conf

To submit an abstract for our poster competition please click here for further information and guidance:
www.dur.ac.uk/school.health/mhrc/conf/abstract

Durham University

Wolfson Research Institute for Health & Wellbeing

Completed Research Projects

Psychiatric trainees experiences

of CBT, training in Yorkshire

Aims and Objectives

This study aimed to explore the experiences of CBT training in core trainee psychiatrists in Yorkshire. It concerned their perceptions of the training itself, the challenges encountered in the process and the outcomes gained. It also aimed to discover whether the RCPsych guidelines are being adhered to, as well as identify the barriers that lead to negative experiences of CBT training and identify the factors that facilitate a positive training experience. The objective was to identify improvements to CBT training for core trainee psychiatrists to enable trainees to meet the RCPsych objectives and ultimately become more competent and psychologically aware psychiatrists.

Methods

Semi-structured telephone interviews and face-to-face interviews were used for data collection with seven participants. Interpretive Phenomenological Analysis (IPA) was employed to explore the participant's experiences of CBT training in Yorkshire. IPA is a qualitative tool which is rooted in Husserl's phenomenological philosophy and enables the exploration of an individual's perception of events and how an individual "makes sense" of experiences (Smith 1996; Smith 2003). Therefore, it was deemed appropriate for analysing trainees' perceptions about their CBT training.

Conclusion

The findings of this exploratory study highlight several aspects of CBT training that affect trainees' experiences.

A number of barriers to training have been identified; chiefly a lack of time for training, a shortage of available cases for training purposes and difficulties arising due to problems with the patient (firstly, difficulty engaging with the patient and secondly, difficulty if the patient chooses not to complete therapy).

In regards to the shortage of cases, further inquiry would be beneficial to elucidate the feasibility of targeting the long waiting lists for both the patients and the trainees by enabling trainees to take on a broader range of patient cases, perhaps even from primary care. In so doing, it would relieve the pressure on the trainee to complete one 'ideal' CBT case, and thus the patient being a barrier would have less impact. It was briefly highlighted that it could be beneficial to provide a follow up course that can be accessed freely to ensure that skills are maintained over time. Literature suggests that further dissemination and accessibility of the RCPsych guidelines is warranted.

A number of factors that facilitated a positive experience of CBT training in Yorkshire were identified. Supervision was highly valued and deemed to be an important facilitating factor during the training.

Further research could be useful in order to elucidate how the benefits of supervision are mediated and thus enable similar supervision groups to be conducted elsewhere.

The positive impact of learning from peers during Balint group discussions is a new theme that has not been identified elsewhere in the literature. Further exploration of the beneficial effect of learning from peers is an avenue worth exploring.

In accordance with the new guidelines, this study suggests that psychiatric trainees in Yorkshire have become more emotionally intelligent and are able to prescribe CBT accurately and evaluate its effect intelligently. However, further experience is deemed necessary in order to feel confident to deliver CBT competently, although their overall confidence about psychotherapy increased. Nonetheless, trainees gained a broader perspective of models of mental illness and learnt transferable skills, which influenced their clinical practice.

In conclusion, this study has provided an insight into the experiences of core trainee psychiatrists in Yorkshire. It has identified barriers to target in order to improve CBT training and has highlighted the factors implicated in a positive training experience in Yorkshire.

This research paves the way for further research in other deaneries across the country in order to gain a clearer insight into the experiences of core trainee psychiatrists at large, with the aim of improving CBT training and ultimately, enabling psychiatrists to become more emotionally intelligent, competent and confident.

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R & D

Completed Research Projects

One-year Mirror-image
evaluation of Paliperidone

Dr Jamshid Nazari (ST5), Michael Dixon (Pharmacist), Dr Tariq Mahmood (consultant Psychiatrist)
Leeds and York Partnership NHS Foundation Trust

Background
Paliperidone palmitate is one of the latest antipsychotic depots to become available in the UK. A Cochrane review has shown it to be more efficacious than placebo and equivalent to Risperidone depot. However, there is no comparative data with other depots.

Aims
To evaluate the effectiveness of Paliperidone depot injections in reducing the rate of relapse and service use in patients with a Psychotic or Bipolar Disorder.

Methods
This is a retrospective cohort study with a mirror-image design, of patients who were discharged on Paliperidone Depot acting as their own controls. Additionally, patients who were discharged on another depot antipsychotics form a control group. Data obtained from electronic and paper records were compared with similar data for one year prior to commencement of Paliperidone and with the data of the control group.

Results
There was a statistically significant reduction in the number of admissions after one year treatment with Paliperidone (P =0.002) and number of days as an inpatient (P= 0.0098). When comparing the Paliperidone group with the group treated with other depots there was no statistically significant difference in number of admissions (P = 0.9475) or number of days as an inpatient (P = 0.9449) after one year of treatment.

Clinical implication
Our results show that Paliperidone could reduce the service use although when compared with the other available depots there seems to be no difference.

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Completed Research Projects

Older adults
who have heard voices

Research into the subjective experiences of hearing voices has increased over the past two decades. However, most research has focussed on adults of working age, whilst little research has been done to understand older people's subjective experiences of voices. This is particularly so for older adults who have heard voices since an early onset of psychosis.

Five participants (two male, aged 68-75) were recruited from the local Community Mental Health Team (CMHT). They were interviewed about their subjective experiences of hearing voices, and the data analysed using interpretative phenomenological analysis.

The results of the analysis yielded four master themes and eleven superordinate themes. The master themes showed that participants were 'experiencing a relationship with the voices' characterised by their negative perceptions of the voices as powerful and controlling, and leading to varied emotional and behavioural responses. Secondly, the voice-hearing experience resulted in an 'alteration to sense of self in the world', where participants felt a sense of loss, stagnation and alienation. At times participants were also 'struggling to understand' their voice hearing experience as they sought to make sense using various frameworks. Finally, participants also displayed both 'improvement and hope' and 'deterioration and despair' when looking back over their lives and considering their futures.

The most fundamental implication for clinical practice is the value of opening up dialogue about people's subjective experiences; to understand people's unique frameworks and relationships with voices. Importantly the research highlighted that services need to support service-users' social integration and self-efficacy in coping.

Mary Hardacre email:ummeh@leeds.ac.uk

Burnout, perceived stress and available support for Staff in a Crisis Assessment Service, Leeds (CAS)

Authors : [1]Anuradha Menon (ST7 Dual trainee in General Adult Psychiatry, CRHT, Leeds, and Psychoanalytic Psychotherapy, Southfield house, Leeds)
[2]Claire Flannigan (Consultant Psychiatrist, Crisis Resolution and Home Treatment Service, Leeds)
[3]James Johnston (Consultant Psychiatrist in Psychotherapy, Department of Psychotherapy, Southfield house, Leeds)

Background and Aims
As mandated by the NHS Plan (Department of Health, 2000), almost all English catchment areas are now served by CRTS (Crisis Resolution and Treatment Service).[1,2]

Acknowledging that long-term effectiveness of service models requires a consideration of staff as well as patient outcomes, this study focuses on levels of burnout and sources of satisfaction and stress in CRHT staff.

Earlier work on explanations for stress and satisfaction in mental health professionals qualitatively evaluated Inpatient and Community staff views of work and stress, concluding that the latter, in comparison to the former, felt more rewarded in their work, but also felt a more burdensome sense of personal responsibility.[3]

The study also aimed to follow on from a similar survey done in the same team (originally the CRHT) in 2012.[11] CAS had retained most of the original staff of the CRHT, but the change to service delivery[8] meant that the remit of the team had changed to that of an SPA (Single- point- of -access) which included assessment of crisis and triage, but not home-based treatment.

Materials and Methods
The study population (N=50) included the clinicians in the CAS (Crisis Assessment Service) team, Leeds.

Our study was designed to target generic and specific issues around stress in the CRHT workplace. Some of the ideas considered in studying the interplay of stress and support systems were highlighted in previous work by Reid et al [3-4].

The survey included an unstructured section which enquired about subjective experiences around a stressful episode. This material was used to identify significant themes using qualitative research techniques.

The Maslach Burnout Inventory-Human Services Survey (MBI-HSS)[5] which is a validated instrument in comparable populations was included to quantify 'burnout' and link this to the survey results.

The survey packs were handed out by a neutral member of the admin team in November/December 2012 and collected until the team away day, on 24th April 2013. The responses were anonymised.

Results
The survey response rate was 62%. Demographics indicated a predominantly male gender distribution, and 48% of the clinicians were older than 40. Just under half of the clinicians were from a nursing background (49 %) and although the majority were fairly experienced in mental health (84% had >5yrs experience) the majority were relatively new to crisis–type work (55% had spent <3 years in the CRHT). 45% clinicians stated that they saw 1-3 clients per day, while 39% stated that they saw 3-5 clients per day on average and all received formal supervision.

48% of the clinicians said they were married, and 58% identified themselves as having no religious affiliation.

68% of all clinicians (N=31) identified a combination of contact with colleagues and work with patients as the most rewarding aspects of their job. Compared with the results of the previous survey in the same team (Menon etal, 2012), variety of work was identified less often as a positive aspect of the job.

Fig. 1
The 'internal' and systemic demands on the clinicians seemed to be equally significant based on subjective rating. We identified 'internal' demands as a subjective experience of work (for eg: 'responsibility for patients') and systemic issues included demands imposed by the organisation on clinicians. Interestingly this is very similar to the previous survey results.[11] External demands included clinically challenging issues (e. g: 'risk of suicide') and this was identified as less problematic by clinicians than the other two as compared to previous findings.[11]

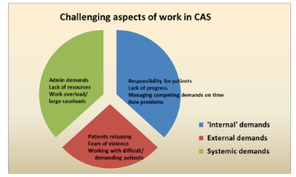


Fig.2
Out of 31 respondents, 'talking to colleagues' was identified twice as often as a coping strategy of choice during stressful situations at work. 39% of clinicians used it as their first choice. The other popular choices were talking to friends/family and time management techniques.

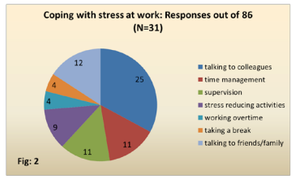


Fig: 2

Fig.3
Clinicians described a stressful episode at work from which the researchers identified themes using qualitative research techniques. Results highlighted the central importance of patient suicide and violence in determining responses to stress. 'Self-doubt' was reported most often, closely followed by fear of reprisal from the organisation. We propose a pattern to this process (Fig: 3) and consider possible explanations in the discussion section.

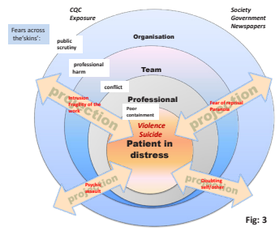


Fig: 3

Table 1(2013)

Table 1.
The MBI-HSS[5] (N=43) showed moderate to high burnout with high emotional exhaustion and high levels of depersonalisation, with moderate levels of personal accomplishment.

MBI-HSS[5] item (N= 43)	Survey scores Mean (SD)	Reference range Low	Average	High
Emotional exhaustion	21.8 (11.57)	≤ 13	14-20	≥ 21
Depersonalisation	7.2 (4.63)	≤ 4	5-7	≥ 8
Personal accomplishment	32.5 (8.29)	≤ 34	33-29	≥ 28

Fig 4.
The Psychoanalytic Reflective practice group was well attended (68%) and felt to be useful (100% of attendees). Clinicians identified 3 key aspects as most significant: that the group helped problems to feel 'shared' (81%) was supportive (71%), and helpful with difficult patients (66%).

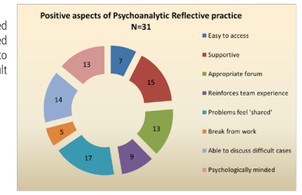
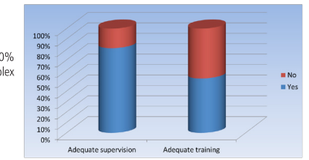


Fig 5.
Most of the CRHT staff (78%) felt that supervision was adequate. 60% of clinicians felt that specific training was inadequate for complex clinical work.



Discussion
Emerging research specific to the staff groups involved in working in CRHTS suggests that this type of team structure may be more sustainable when compared to Assertive outreach (AOT) and Community mental health team (CMHT), with reference to workforce morale.[6]

The MBI-HSS[5] scores identified a moderate to high degree of burnout with high scores on emotional exhaustion and depersonalisation, and low levels of personal accomplishment. This is a team of experienced clinicians predominantly older than 40, that identifies 'internal' (subjective) and systemic demands as equally significant. We noted that in situations involving stress, clinicians used informal peer supervision to a greater extent than formal supervisory structures. The medical members of the team, however, used formal supervision as a coping strategy to a greater extent. We think this may reflect differences in professional background and training requirements between clinicians.

On examining 'perceived' stress by focussing on a specific self-reported stressful episode, we found that clinicians were affected most powerfully by clinical scenarios of patient suicide and violence.

In our previous work,[11] we conceptualised a series of layers between the distressed patient and the organisation, a series of 'skins' which seems permeable to bidirectional flow of projective processes. A 'psychic assault' sustained by the patient reverberates through the system. The idea of 'skin' as a metaphor for containment in early object relations and extended to link with the containing function of professionals and organisations has been well described. [7,8] Thus clinicians reported self-doubt in response to clinical failures and we noted that this may be projected on to the organisation, resulting in a fear of reprisal. The work in a CRHT seems to feel 'fragile' at these times, and clinicians report feeling that the entire team becomes 'traumatised'.

In the present study we found themes of poor containment, inter-professional conflict and fear of organisational scrutiny that are experienced at the 'skins' around the patient in distress. The patient's distress is mirrored by the clinician's subjective experiences around stressful events.

Stress and Burnout in CRHT teams has been previously studied by us with reference to the Northumberland Tyne and Wear NHS Trust.[10] Some aspects of this previous piece of work are comparable to the current study. Of note are the similar patterns with regard to coping choices by clinicians and the issues identified as challenging in CRHT work. However there are significant differences in size, context and structure of the two teams as well as a comparatively more well-established Psychoanalytic Reflective practice group in the CRHT, Leeds. This study is therefore limited by the lack of comparison with similar CRHT teams nationally.

Conclusions
The survey identified a higher degree of burnout as compared to the previous one done in 2012, in the same team.[11] We wonder if it reflects the impact of organisational and staffing changes over the past year and how this influences clinical work. Peer supervision is valued particularly as a source of support at times of stress. However crisis type work can be time-intensive and emotionally demanding of the clinician and often there is little time to think and reflect in a safe space.

We note that the robust Psychoanalytic reflective practice group seems to serve an important supportive function as well as to reinforce team experiences. The group seems to offer a safe space for clinicians to value and work with their countertransference responses to stressful experiences at work.

Self-identified themes indicate that patient suicide and violence are experienced as serious clinical failures. This seems to create profound self-doubt in the clinician's mind, with a projected fear of retaliation resulting in what could be thought of as a paralysing 'organisational paranoia.' We have conceptualised a series of 'skins' between aspects of the service and the survey identifies how clinicians experience 'attacks' across these. Appropriate use of reflective practice could potentially address the clinicians' need to get in touch with realistic aspects of loss and mourning.

We plan to repeat the survey in the future as well as compare our findings with other crisis teams nationally.

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This Project has been approved by the Research and Development Department, Leeds and York Partnerships NHS Foundation Trust.

R & D

Evaluation of Transformation
Update

Background

In the spring edition of Innovation we told you about a partnership project between the Trust and the Universities of York and Leeds and independent research organisations Firefly Research and Real World Group. The project is externally funded through Leeds, York and Bradford CLAHRC (Collaboration for Leadership in Applied Heath Research and Care) and NHS Leeds and has enabled an external evaluation of some of the changes to community mental health and learning disability services undertaken as part of the 'Transformation' Programme. Specifically the team are seeking to examine the impact of introducing the Single Point of Access (SPA), the Locality Teams and how 'ageless' service provision is working for different groups.

Staff tracker group

The evaluation team have worked with staff from the redesigned services to understand their experiences of the new service model. More than 40 staff, from a variety of roles and covering the SPA and Crisis Assessment Service and the 3 Locality Teams, volunteered to join the evaluation's 'staff tracker group' and have been working with Firefly Research to complete telephone interviews to share their experiences on a range of topics.

The first round of interviews were completed between March and May 2013 and the feedback formed the basis of a formative report prepared by Firefly and presented to the Trust in June 2013. A supplementary report focusing specifically on the experiences of staff working in the Community Learning Disability Teams (CLDTs) was presented to the Trust in August 2013.

A summary of both of the reports has been shared via Trust wide email and importantly shares how the Trust is using the learning from the reports in practice. A second round of interviews with the tracker group has been completed in November 2013 and the analysis of the feedback will be included in the final report from the evaluation which will be available in March 2014.

Leadership and Team Working Survey

In June 2013 all staff that work in the new community service model were invited to take part in a survey organised by Real World Group. The survey sought to examine the impact of the changes on leadership and teamwork in the new services. We were really pleased that so many of the staff invited to take part were able to make time to respond and share their views (34% response rate). The report from the survey was presented to the Trust in September 2013 and a summary of the report will be made available in due course.

What next?

The project is funded until March 2014 and we still have a lot of work to complete! Our study examining the experience of people that use the new Trust services, and their care givers, is underway and is being led by Mary Godfrey from the University of Leeds. This work is known as 'Journey into Mental Health and Learning Disability Services' and to date a small number of rich and detailed interviews have been completed. This work will continue to the end of the year and the report will be available in March 2014.

Firefly Research are working with Volition members to examine the experiences of Voluntary and Community Sector organisations that work with the Trust on a regular basis. Volition has supported Firefly to put them in touch with their members and a number of interviews took place in November and December 2013.

The final summative report from the evaluation will be available in March 2014 and will bring together the analysis of data considered in the 6 work streams that have made up the evaluation. The report will shed light on how and why the service changes introduced in community mental health and learning disability services as part of the Transformation Programme have affected service quality, service efficiency, and the Trust's workforce.

Want to find out more?

If you want to find out more about the evaluation, or to access the summary reports from the evaluation, then please visit the Research and Development Staff Net page or contact Jules Beresford-Dent, Evaluation Project Manager, on 0113 29 52425 or julesberesford-dent1@nhs.net.

Effectiveness of a nurse led hospital in-reach team and assertive follow-up of frequent attenders with alcohol misuse complications – a retrospective mirror image evaluation

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Jamshid.nazari@nhs.net Leeds and York Partnership NHS Foundation Trust

Introduction
Alcohol dependence affects 4% of people aged between 16 and 65 in England and over 24% of the English population consume alcohol in a harmful way. Physical comorbidities are common, including gastrointestinal disorders (in particular liver disease), neurological and cardiovascular disease.[1] It has also been shown that there is a direct dose-response relationship between alcohol consumption and risk of death.[2]

In England, £2.7bn is the estimated alcohol related annual cost to the NHS (in 2006/7 prices).[3] These figures compare with a previously estimated cost of £1.4bn - £1.7bn per annum (in 2001 prices).[4]

Estimates of the number of alcohol-related admissions to hospital are calculated using a method developed by the North West Public Health Observatory (NWPHO). Thirteen conditions are wholly attributable to alcohol consumption and 34 were partially attributable.

In England, In 2010/11 there were 198,900 admissions where the primary diagnosis was attributable to the consumption of alcohol and 1,168,300 admissions to hospital based on both primary and secondary diagnoses. [5] In 2010 there were 8,790 alcohol-related deaths in the UK.[6]

Patients with physical problems related to the use of alcohol or drugs often present to general hospitals in an unplanned, emergency fashion these patients are at increased risk of re-admission. This group of frequent hospital attenders may be difficult to engage but may benefit from more proactive intervention, a more joined-up management approach and the development of an enhanced general hospital alcohol liaison service.[7]

Leeds Addiction Unit (LAU) which is a community specialist drug and alcohol treatment unit has a hospital in-reach team that engage with people admitted to Leeds Teaching Hospitals NHS Trust (LTHT) with alcohol and drug related health problems. The service provides specialist assessment, facilitates early discharge from hospital and delivers all aspects of care including assessment, treatment, monitoring and follow-up. The treatment is based on Social and Behavioural Network Therapy (SBNT) with the principal aim of mobilising or developing positive social network support for change in drinking or drug using behaviour.

Aim
To evaluate the effect of LAU hospital in-reach team in reducing the rate of relapse and hospital service utilization in people with alcohol dependence.

Method
This is a retrospective cohort study, with a mirror-image design where patients act as their own control. We included all patients who had wholly alcohol attributable admission(s) to LTHT during a four-month period between Jan – April 2013 and received treatment from LAU after their discharge.

Data was collected from electronic and paper notes. There were three electronic datasets (LAU hospital activity records, PARIS from Leeds and York Partnership Foundation NHS Trust, and LTHT alcohol related admissions dataset obtained from LTHT informatics department) as well as another data set from paper triage forms. All the above four data sets were merged together using SPSS.

Primary outcome measures such as number of hospital admissions, number of days in hospital and number of A&E attendance related to the patients who engaged with LAU were analysed to find out any difference in service utilization between 3 months pre and post LAU intervention. *(Figure 1).*

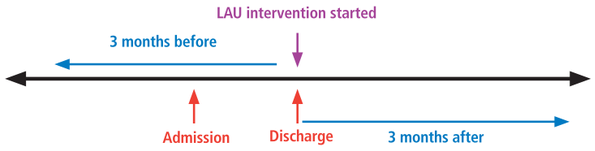

Figure 1. Diagram of the Mirror Image Analysis

Results
– There were 17,212 alcohol related admissions to LTHT during the four months study period, with 15,503 partially attributable to alcohol, and 1,711 wholly attributable which was related to 1,145 patients (Mean hospital admissions = 1.49, Mean hospital days= 5.7). LAU saw 286 patients in ≥ one occasion at least during one of their admissions. Of 64 who engaged in alcohol treatment 50 had wholly alcohol attributable admissions. *(Figure 2)* .

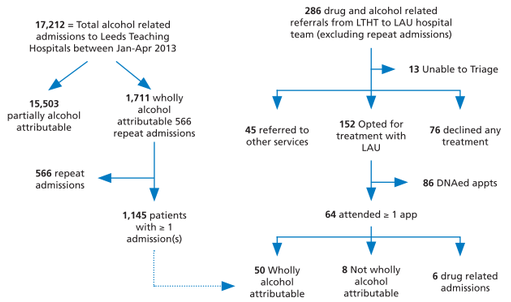

Figure 2. Diagram of data origin.

– Of the 1,711 wholly alcohol attributable admissions to LTHT 70% were females and 30% males. Nearly half of the admissions were in the age range of 40 - 59. 1299 (75.92%) admissions were to St James Hospital, 398 (23.26%) to Leeds General Infirmary and 14 (0.82%) to other hospitals in Leeds.

The main wards to admit these patients were J26, J22, J29 and L01, which had 11.3%, 11.2%, 11% and 10.8% of admissions respectively.

– LAU triaged 286 patients in LTHT hospitals during the four months. 222 (77.6%) were referrals from St James hospital, 60 (21.0%) from LGI and for 4 (14%) the source of referral was not recorded. Nearly three quarter of patients were seen, or referred from, the following wards: J26 (64, 22.4%), J29 (40, 14.0%), L01 (34, 11.9%), J91 (25, 8.7%), J47 (19, 6.6%), J92 (14, 4.9%) and J22 (14, 4.9%). For 285 (90.2%) patients the main substance was alcohol and 21 (7.3%) were drug related and for 7 (2.4%) the data was missing. 224 (78.3%) were not in treatment for their substance use at the time of triage and 62 (21.7%) were receiving treatment (19 from LAU and 43 from other services).

Treatment options after triage:
– Out of 286 referrals received, 152 (53.1%) opted for receiving treatment from LAU and were given an OPC appointment. 76 (26.6%) declined treatment and 45 (15.7%) were referred to other services. 13 (4.5%) were not triaged after referral due to different reasons including: patient was too unwell to be assessed, patient self-discharged prior to be seen, patient not on the ward when assessor arrived or patient died in hospital.

– Of 152 who agreed engagement with LAU and were given an OPC appointment 64 (43.4%) attended one or more OPC appointments with LAU and 86 (56.6%) did not attend OPC appointment. 64 patients who attended appointment(s), 6 had drugs related problems and 8 had non- wholly alcohol attributable admissions.

Mirror Image analysis results:
50 patients who had wholly alcohol attributable admissions and attended the appointment(s) with LAU entered the mirror image analysis. We used Wilcoxon Signed Ranked Test which showed statistically significant reduction in service utilization. (Table 1)

Table 1.

Service utilization (50 patients)	3 months Before hospital admission	3 months after LAU intervention	P value
No of hospital admissions	78	41	< 0.001
No of days inpatient	790	146	<0.001
No of admissions to A & E	111	113 (50 were related to only 2 patients)	<0.05

– Table 2, a cross-tabular calculation of three outcome measures, shows that 34 (69.4%) patients had fewer hospital admissions 3 months after compared to 3 before, 39 (79.6%) had fewer days in hospital and 33 had fewer A and E attendance (A&E data for one patient was missing).
– 25 patients showed reduction in all three primary outcomes as had fewer hospital admissions and fewer hospital days and fewer A&E attendances. Only 3 patients had increase in all three primary outcomes.

Table 2.

Change in Number of days in hospital			Change in Number of admissions: Fewer	More	Equal	Total
Fewer	Change in A & E	Fewer	25 (64.1%)	1 (2.6%)	4 (10.3%)	30 (76.9%)
		More	3 (7.7%)	0	2 (5.1%)	5 (12.8%)
		Equal	4 (10.3%)	0	0	4 (10.3%)
		Total	32 (82.1%)	1 (2.6%)	6 (15.4%)	**39** (100%)
More	Change in A & E	Fewer	0	2 (28.6%)	0	2 (28.6%)
		More	0	3 (42.9%)	0	3 (42.9%)
		Equal	0	2 (28.6%)	0	2 (28.6%)
		Total	0	7 (100.0%)	0	7 (100.0%)
Equal	Change in A & E	Fewer	1 (33.3%)	0	0	1 (33.3%)
		More	1 (33.3%)	0	0	1 (33.3%)
		Equal	0	1 (33.3%)	0	1 (33.3%)
		Total	2 (66.7%)	1 (33.3%)	0	3 (100.0%)
Total	Change in A & E	Fewer	26 (53.1%)	3 (6.1%)	4 (8.2%)	**33** (67.3%)
		More	4 (8.2%)	3 (6.1%)	2 (4.1%)	9 (18.4%)
		Equal	4 (8.2%)	3 (6.1%)	0	7 (14.3%)
		Total	**34** (69.4%)	9 (18.4%)	6 (12.2%)	49 (100.%)

Conclusion
This mirror-image study shows that patients who engaged in treatment with LAU had less hospital service utilization and reduction in the number of admissions and number of days in hospital.

References:
1. *NICE clinical guideline 115 – Feb 2011*
2. *White et al. BMJ 2002;325:191*
3. *The cost of alcohol harm to the NHS in England, Department of Health, 2008.*
4. *Alcohol misuse: how much does it cost? Cabinet Office, 2003*
5. *The NHS Information Centre (2012) Statistics on alcohol: England.*
6. *Office for National Statistics; Mortality statistics - Deaths registered in 2010.*
7. *Alcohol and drug misuse, risk of re-admission to a general hospital and psychiatric contact. Goldbeck R et al, Scott Med J. 2012 Feb;57(1):60.*

Evaluation, Trials and Studies

HTA - 12/28/05: STEPWISE: STructured lifestyle Education for People WIth Schizophrenia

Chief Investigator Professor Richard Holt, Local Co-investigator Dr Stephen Wright

Obesity management for schizophrenia sufferers
18 December 2013

Research into the benefit of introducing a supported diet and exercise programme to tackle schizophrenia related obesity has been funded by the National Institute for Health Research Health Technology Assessment (NIHR HTA) Programme.

Those affected by schizophrenia have a high chance of being overweight and this can greatly affect both their general well-being and treatment of their condition. Developing additional conditions such as diabetes and heart disease is also a concern for those with obesity.

"Although it is perceived that lifestyle changes are difficult for those with schizophrenia, short term studies have shown that, with appropriate support new diet and exercise habits can be adopted," says Professor Richard Holt, the lead researcher based at the University of Southampton.

The study, will be based on an approved weight-loss education model that was developed in Leicester for those with diabetes. The programme proved very effective at assisting people with eating healthily and exercising more. It has already been successfully adapted for minority ethnic groups and for people with learning disabilities.

Four hundred and twelve people with schizophrenia will be recruited to the trial, scheduled to start in December 2014, by invitation during routine clinical visits. As the further conditions associated with obesity also pose a risk, in addition to measuring people's body weight during the study, blood glucose and cholesterol levels will also be monitored.

"We hope that this trial will really help with finding a solution for the challenging problem of obesity in people with schizophrenia," says Professor Holt. "If the programme proves successful, our findings could definitely benefit those affected by the condition. Additionally, their carers and healthcare professional could be greatly assisted by having clear guidance on implementing lifestyle change."

Further information about how our service users can get involved will be in the next edition of Innovation or contact the R&D department research.lypft@nhs.net

Research and Development Forum
2013

The annual Research & Development forum was held on the 16th October at The Village Hotel, Headingley chaired by Dr Jim Isherwood, Medical Director, and Dr Tom Hughes, Associate Medical Director for Research & Development. Presentations were given by both academic and LYPFT staff, covering a variety of topics and overall, feedback for the event was very positive.

The presentations are summarised below:

OK Diabetes: an example of research with people with mild to moderate learning disability' ***Professor Allan House***
Allan spoke about the OK Diabetes project which is being conducted in LYPFT. Significant health inequalities for individuals with a learning disability (LD) have been identified over the years. The evidence suggests that for numerous reasons those with a LD are more likely to be overweight and suffer from Type II diabetes, and have comparatively lower levels of healthcare when compared to the general population. To date it has been unclear whether supported self-management programmes would be appropriate and of benefit in improving the health of this population. This study will investigate the possibility of developing a community programme for people with a mild/moderate LD.

As part of Phase 1 the team have identified individuals from a LD population who have Type 2 diabetes, and have characterised their current diabetes management and control plan. From this the team will develop a self-management programme in conjunction with third-sector partners to ensure suitability.

The focus of the presentation was on the main challenges experienced in Phase 1:

Challenge 1: ***Identifying Potential Participants***
Identifying potential participants was not an easy task as the LD register does not cover everyone. The team based their decision on a functional assessment as advised in the Royal College of Nursing guidelines.

Challenge 2: ***Defining Supported Self-Management***
The outcome of the review of existing material was that patients need more practical help. Therefore specific leaflets for people with a LD and diabetes were produced which looked at diabetes management, as well as the long term impacts on the individual's family and carers.

Challenge 3: ***Adherence to the Self-Management Programme***
The team are currently looking at ways of monitoring participant adherence to the programme to assess its effectiveness, as well as the wider implementation of whether such a programme is feasible.

Allan concluded by saying that more needs to be done to identify people with symptoms of diabetes, and GPs assessments alone were not enough. Furthermore, existing interventions have too narrow a focus on treating the disorder without taking into account the wider impact on the individual and carers.

The Yorkshire & Humber Academic Health Sciences Network (YH AHSN): Partnerships for Health & Wealth ***Dr Dawn Lawson***
Although the NHS has been labelled 'World Class' in terms of developing knowledge, r there is a need to improve how this evidence is put into clinical practice. The aim of the YHAHSN is to develop the ability to spread 'Good Practice' across the NHS by improving the methods used to share knowledge between Trusts utilizing financial resources more effectively.

The network received funding of £3m in 2013/14 in order to improve patient experience and health, whilst also creating wealth. These objectives are particularly relevant due to the current financial climate and existing pressures experienced by the NHS.

By understanding the expertise within an organisation and sharing this knowledge across the network, a supportive partnership across the Yorkshire and Humber region can be created to improve patient outcomes.

The necessity to improve the health and wellbeing of staff at work to increase the efficiency of the workforce and the importance of supporting local companies and employers to meet any unmet clinical needs was highlighted. Working alongside external organisations has additional benefits as using industry can create sustainable wealth.
Ideas and suggestions to improve the network and partnership working are welcomed. Contact details can be found at www.yhahsn.org

Intellectual Property, Research & Development ***Ann Starkey***
Ann Starkey, Deputy CEO of Medipex Ltd provided an overview of the role of Medipex and explained what Intellectual Property (IP) is and why it is important in research. It is important to note that knowledge itself can be classed as Intellectual Property. Medipex's aim is to help NHS members maximise the potential of their research, their ideas and their knowledge base. Further information about intellectual property and related topics can be found on their website at http://www.medipex.co.uk/ .

Translating Strengths and Difficulties Questionnaire (SDQ) into British Sign Language (BSL) ***Helen Philips***
Helen gave the background to the study which involved translating the three versions of the Strengths and Difficulties questionnaire into British Sign Language.

There is a higher prevalence of mental health problems in the deaf community possibly as a result of communication barriers between deaf children and hearing parents at an early age. Translating diagnostic

Research and Development Forum
2013 (continued)

tools into BSL is important to provide valid assessment of mental health problems in the Deaf community.

Helen spoke about the additional issues when working with deaf young people, regional variations and the barriers the team encountered. It was particularly important to stress that language was being assessed not the participant's mental health. The study is now complete and is being written up.

Improving physical health and wellbeing for people with severe mental ill health *Prof Simon Gilbody*

Professor Simon Gilbody presented details of the SCIMITAR pilot trial, which looked at whether a smoking cessation service, designed for people with severe mental illness (SMI), could improve their chances of cutting down or quitting.

A large proportion of people with SMI smoke and they tend to be heavier smokers than the general population. People with SMI die on average 25 years earlier than those without SMI and the causes can be directly linked to smoking in combination with other risk factors such as poor diet and lack of exercise.

As most people with SMI receive income from benefits and smoking is expensive, it is harder for them to make positive lifestyle choices in terms of diet, housing and leisure activities with reduced finances.

Smoking is the single most important readily-modifiable risk factor for early death and poor health. People with SMI have greater healthcare needs but NHS smoking cessation services are not seen as responsive or accessible by those with SMI. However, a desire to quit smoking has been demonstrated within an SMI population. The SCIMITAR pilot looked at the active components of an effective quit smoking service such as behavior change techniques and Nicotine Replacement Therapy (NRT). The intervention was delivered by trained smoking cessation therapists with a mental health background.

Early findings suggest that NRT was the mainstay of the treatment together with the longer and more intensive period of engagement (e.g. in people's homes with a CPN). Participants connected with the stop smoking service in a way they did not do with others; a very promising start for further work.

MIDSHIPS – a randomised controlled trial to evaluate problem-solving therapy for adults attending the Emergency Department following self-harm. The story so far: the feasibility stage and its lessons for a large multicentre trial

MIDSHIPS is an individually randomised control trial (RCT) exploring the practicability of implementing a large scale RCT of interpersonal problem-solving therapy (PST) plus treatment-as-usual (TAU), compared with TAU alone, for adults who attend hospital due to self-harm.

62 participants were recruited from Leeds an d York Partnership NHS Foundation Trust following attendance at the Emergency Department (ED), and were randomised on a 1:1 basis to receive PST plus TAU, or TAU alone. Those randomised to receive PST were treated by trial-specific therapists within LYPFT. The main outcome measure was a return to hospital due to self-harm within 6 months. This was established through data linkage through HSCIC (Health and Social Care Information Centre) which proved to be valuable and reduced costs as the study team did not have to contact participants for this follow up data.

Dr David Owens talked through the study time-line which demonstrated the long process involved from submitting a bid for funding through to study set up and participant recruitment. There were several set-backs along the way one of which was recruitment of staff which took a lot longer than anticipated.

The study is currently in follow–up and a multi-centre trial is planned for the future.

Sustaining a research focus in a busy clinical team in which nobody has any spare time or money! *Dr Stephen Wright*

Steve's presentation focussed on how to maintain research in a busy clinical team. He gave an overview of aspire, an early intervention service which began in 2005. The service is run by Community Links and is a unique partnership between primary and secondary care. He discussed the service's participation in the First Episode Research Network and touched on other research projects the service has been involved in since it began.

He outlined many of the barriers to research in a busy clinical environment but went on to define some of the key reasons to conduct research. Primarily in using research as the platform for testing assumptions to continue to improve services. Steve also highlighted the benefits of supervising an Extended Student-led Research or Evaluation Project (ESREP) including closer working relationships with interested and motivated students, encouraging excellence and increasing student interest in the speciality area, as well as gaining supervisory and teaching experience. Further information can be obtained by ringing the ESREP Coordinator on 0113 206 6774.

Steve concluded by encouraging others to create a research forum within their teams where ideas can be discussed, ensuring that mechanisms are in place to feedback results of research to staff, patients and families. He also suggested that anybody embarking on research within the Trust should make use of all the advice and support available through the Research and Development Department.

Evaluation research in a `real world' setting *Jules Beresford-Dent and Dr Natalie Johnson.* Using the Trust's Transformation Programme evaluation as a case study Jules Beresford-Dent, and Dr Natalie Johnson outlined the evaluation which is a partnership between CLAHRC, University of York (TRiPLaB), Firefly Research, University of Leeds, Real World Group and LYPFT.

Natalie set out the reasons for evaluating organisational change which included having an opportunity to share learning points and highlighting areas of uncertainty and confusion. The barriers to evaluation included its perception as a political act, challenges in engaging staff and the resources required in terms of cost and time.

The aims of the evaluation included assessing the impact of the Transformation Programme on the quality and efficiency of services and on the workforce to inform the rollout of future phases of the Programme. As the Transformation programme rolled out more slowly than was anticipated the scope of the evaluation was limited to changes made in phase 1 and 2 to Leeds based community services.

Key challenges included engaging with service users and carers about the transformed services, availability of routine data and the changing nature of the programme itself. Surveys have also been undertaken to find out how staff working in transformed services were finding the changes. It was acknowledged that thorough evaluation should include negatives as well as positives.

The final summative report will be available in March 2014. Further information can be found on StaffNet.

Autism Spectrum Disorder Traits and Eating Disorders *Vanessa Huke.* Vanessa spoke about her study looking into whether there is a relationship between those with anorexia and autistic spectrum personality traits. She confirmed that, based on longitudinal studies, 18% of those with an eating disorder have an Autistic Spectrum Disorder (ASD), and that those with eating disorders share many traits as those with ASD, but that the clinical importance of this is unknown. The current pilot study hypothesis was that ASD will predict poor treatment outcomes and can be associated with the severity of eating disorder. So far the data does not confirm these hypotheses but it does seem that those with ASD were more likely to complete eating disorder treatment than those without ASD. It was suggested that further studies are needed to explore this.

Mental Health Service Users' Experience of the Care Programme Approach: A Qualitative Description. *Eddie Devine*

The introduction of the Care Programme Approach (CPA) had a massive impact on staff and service users and carers and aims to have the service user experience as its core. Eddie's nursing experience encouraged him want to investigate whether the CPA has made a positive impact on service users. He went on to develop an evaluation with York service user groups and the support of care co-ordinator. Semi-structured interviews were conducted with six service users and from an analysis of the data a number common themes emerged including regarding CPA as being `service driven' not driven by personal needs and CPA meetings not being connected to the rest of their care

This led Eddie to make the following recommendations to improve service user experience of CPA:

- to focus more on creating strategies and goals than solving problems.
- to make CPA meetings more controlled by the service user
- to set goals that are SMART, rather than far off or long term.

The limitations of this study were its size and Eddie would like to extend the scope to include input from care coordinators and analysis of CPA notes. The results have been presented within the Trust to service users and the Planning Care Standing Support Group, with the aim of writing them up and disseminating them further.

Poster prize

Alison Thompson closed the day by presenting the poster prizes. Dr Steve Wright won the first prize for his poster on research into the use of a distress thermometer and problem checklist to examine the clinical effectiveness of a psycho-oncology intervention. Dr Paul Blenkiron accepted the second prize on behalf of Hitesh Joshi, Anokh Goodman and. Mark Hollingworth for their survey into club drugs in the early intervention service.

Alison expressed her gratitude to all Clinical Studies Officers, Research Assistants and Trial co-ordinators working on NIHR research projects; she acknowledged that they are the individuals who make the research happen and added that this was applauded at the recent NIHR Health Technology Assessment (HTA) conference.

Positive feedback was received and the R&D team would like to thank the speakers, poster presenters, information stall holders and the delegates. Look out for next year's forum which we hope will be even bigger and more successful.

Copies of all the presentations can be found on StaffNet. Alternatively, please contact the department for a copy by emailing research.lypft@nhs.net.

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CLINICAL IMPACT OF A PSYCHO-ONCOLOGY SERVICE: USING THE DISTRESS THERMOMETER TO EVALUATE SYMPTOMS, OUTCOME AND PATIENT SATISFACTION

York Teaching Hospital NHS Foundation Trust

Leeds and York Partnership NHS Foundation Trust

1. **Paul Blenkiron*** (Consultant Liaison Psychiatrist, Leeds & York Partnership NHS Foundation Trust, NICE Fellow & Hon. Senior Lecturer, Hull York Medical School,)
2. **Alexander Brooks and Richard Dearden** (Trainees in Clinical Psychology, Cancer Psychology Service, York Teaching Hospital NHS Foundation Trust)
3. **Joanne McVey** (Consultant Clinical Psychologist, Dept of Psychological Medicine, York Teaching Hospital NHS Foundation Trust)

Background

NICE recommends the use of structured tools to improve holistic care for patients with cancer. The Distress Thermometer and Problem Checklist (DT) is commonly used for screening in physical health settings. Prospective research suggests that the DT can help to facilitate communication and monitor changes in psychological distress over time. However, to date it has not been integrated into the clinical pathway within specialist psycho-oncology services.

Aims & Hypothesis

We used the DT to examine the clinical effectiveness of psycho-oncology intervention, ascertain factors linked to an improved outcome and evaluate patients' satisfaction with their care.

Method

111 adult outpatients referred to York Psycho-oncology Service completed the DT at their first appointment. ndividuals offered a period of psycho- ncology care re-rated their emotional stress, problems and service isfaction measures on the DT at harge.

Extreme distress

No distress

10 9 8 7 6 5 4 3 2 1 0

Results

Median distress scores decreased significantly (from 6 to 4, Wilcoxon's z = -4.83, p<0.001) indicating a large clinical effect (Cohen's d = 1.22). Frequency of emotional problems (anxiety, depression and anger) fell significantly by 15-24%, despite no significant change in patients' physical health or practical problems. Number of emotional problems was the best predictor of distress at discharge (beta = 0.468, p = 0.002). Satisfaction was high and correlated with lower distress scores (r= -0.42, p=0.005) and fewer emotional problems (r = -0.31, p = 0.04) at discharge but not with number of appointments attended. Qualitative thematic analysis showed patients particularly value supportive listening and advice on coping strategies delivered by professionals who are independent from their physical care.

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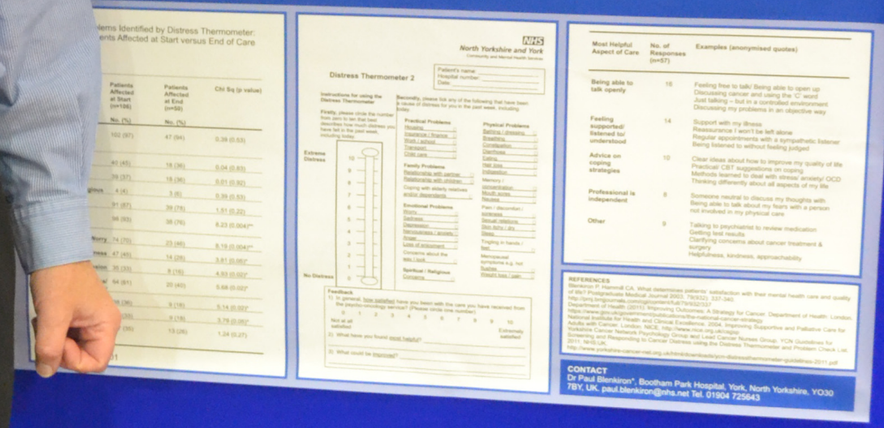
n acceptable and useful tool for enhancing the delivery of structured psycho-oncology care. It also provides evidence to support veness of specialist psycho-oncology interventions.



community links aspire

Leeds Addiction Unit

Leeds and York Partnership NHS
NHS Foundation Trust

CLUB DRUG USE IN AN EARLY INTERVENTION IN PSYCHOSIS SERVICE

Authors: Hitesh Joshi, Anokh Goodman, Mark Hollingworth & Stephen Wright

INTRODUCTION

- The trends in club drug use are rapidly changing owing largely to the internet and scientists' ability to develop artificial drug analogues which mimic brain neurochemistry sometimes with the potential for dependency. Drugs including mephedrone, ketamine and GHB/GBL are being used increasingly and the impact on the mental health of the users is of concern.
- There are now a few "club drug clinics" around the country which have been commissioned to help treat these addictions.
- Reports indicate that some club drugs may be associated with the onset or exacerbation of psychiatric problems such as psychosis and depression.
- There are no major studies relating to the prevalence of club drug use in the early intervention in psychosis population.

OBJECTIVE

- To gain an appreciation of the prevalence of club drug use in an early intervention in psychosis service population. This would allow for more robust, relevant and integrated services to be set up to help with first episode psychosis and co-morbid club drug use.

INCLUSION CRITERIA

- Any clients that were on the case load of the Leeds Early Intervention in Psychosis Service.

EXCLUSION CRITERIA

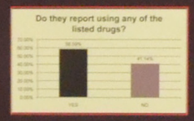
- Nil, although completing the questionnaire was entirely optional.

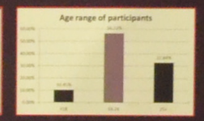
METHOD

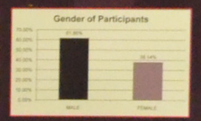
- We were able to obtain 99 questionnaires from the case load of the early intervention service in Leeds during the study period.
- Data was collected over 2 month by care coordinators using a questionnaire which considered past and current club drugs use, as well as more commonly known substances.

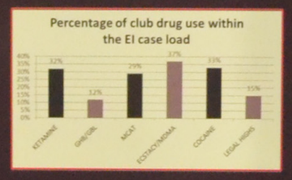
DISCUSSION

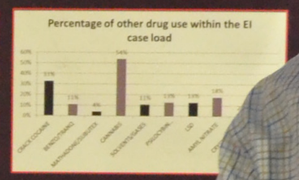
- Almost 60% of the participants who completed the questionnaire had taken one or more of the drugs listed, indicating that drug use across the board is certainly a major issue impacting the clients on the EI case load. This could potentially be having a detrimental impact on the mental health of clients with on-going use, and make treatment for psychotic symptoms much more challenging and dangerous.
- Results also indicate that a reasonable proportion of clients have used club drugs. This is an interesting finding as it highlights that when working with a younger case load, clinical assessment must include detailed questioning around club drug use specifically, and as clinicians we need better education around changing trends as newer drugs emerge.
- The results indicate that specialist services may need to adapt to accommodate club drug use as current s tend to be set up around more established substances.
- Clients who completed the survey generally did not respond to the parts of the questionnaire which enqui about more recent drug use. This finding is possibly due to clients not wanting their care-coordinator know their on-going substance misuse.
- Cannabis is still by far the most popular drug of choice, and the link between it's use and psychosis is well documented. Synthetic cannabinoids also form the largest single group of new (and currently legal!) psychoactive substances (3)











DRUG	AGE OF FIRST USE
Ketamine	20
GHB/GBL	20
MCAT	23
ECSTACY/MDMA	17
COCAINE	18
LEGAL HIGHS	19
CRACK COCAINE	25
BENZOS/TRANQ	19
METHADONE/SUBUTEX	24
CANNABIS	14
SOLVENTS/GASSES	14
PSILCYBIN (MUSHROOMS)	16
LSD	17
AMYL NITRATE (POPPER)	16
CRYSTAL METH	31
HEROIN	19

LEGAL HIGHS

The most commonly reported legal highs were: Benzo Fury, Festivals, Pink Panthers, Acid Head.

LIMITATIONS

- Care-coordinators' varied understanding of club drugs
- Due to the limited time frame we were unable to capture were relatively few who declined outright. to participate.
- The nature of the subject matter suggests that non-disclosure of drug taking could lead to an underestimate substance use.

REFERENCES

1. Club Drugs: merging trends and risks, National treatment agency for substance misuse (2012)
2. Bowden-Jones, O (2013). 'Legal Highs' and other 'club drugs': why the song and dance? The Psychiatrist, 37: 185-187.
3. Meacher, Baroness M.C. (2013), Drug policy reform – the opportunity presented by 'legal highs' The Psychiatrist, 37: 249-52

Second prize winner, Dr Paul Blenkiron

First prize winner, Dr Steven Wright

Completed Research Projects

Mindfulness Group Programme

The journey so far

Dr Kamila Hortynska, Clinical Psychologist on behalf of in-service Mindfulness SIG, Leeds Psychology and Psychotherapies Service

Context

Mindfulness Based Cognitive Therapy (MBCT) is a NICE (2004) recommended treatment for the relapse prevention in depression. There is very strong evidence that MBCT halves the risk of further depression in people who have had 3 or more episodes already. This has been re-emphasised by the most recent NICE (2009) guidance for depression as a key priority for implementation as well as a campaign by the Mental Health Foundation, see 'Be Mindful' website for interest. Although, MBCT is not recommended as a 'first line' treatment for other disorders, there is growing evidence that mindfulness can help reduce anxiety and worry, sleep problems, eating problems, the experience of chronic pain and more (e.g. Hofmann, Sawyer, Witt, & Oh, 2010). Therefore the mindfulness groups we offered were trans-diagnostic and participants had high levels of co-morbidity.

What does it involve?

MBCT is a skills-based training held over 8 weeks in a group format. In sessions lasting about two hours, clients are taught mindfulness skills as well as other skills and theories drawn from cognitive behavioural therapy. In simple terms mindfulness means being present with non-judgemental awareness of whatever is one's experience (in thoughts, emotions or body sensations). There is a significant commitment to home practice asked of group participants (45min a day).

Mindfulness Groups Programme and Outcomes

Since February 2013 we delivered five 8-week MBCT programs within Psychology and Psychotherapy Service. The first three have been fully evaluated and remaining two finished only in late November and are currently being evaluated.

The first 8 week course was for clinicians only and intended as an initial capacity building activity and a way of facilitating mindfulness skills and knowledge development among staff. A range of staff took part (4 clinical psychologists, 6 CBT therapists, 1 psychodynamic therapist, 1 occupational therapist). A summary of feedback and outcomes for this course are presented in the separate section below.

The remaining 4 groups were predominantly for service users from both Adult and Older Adult Services. Difficulties among participants included a range of complaints: recurrent depression, anxiety, PTSD symptoms, history of early trauma, worries, rumination, panic attacks, work stress, chronic pain, self-criticism, self-blame, social anxiety, different health problems, suicidal ideation. Average clinical CORE score at the start was 16.5 (moderate level) ranging from 27.9 (severe level) to 7.6 (low symptoms level). Average drop in total CORE score was 13 points (ranging from 30 to -2).

Summary of outcomes – service users

- Very high rating of importance of the course 8.7/ 10
- Best outcomes were seen in clients with higher scores. Reliable change index was calculated on CORE scores and reduction in four clients' scores reached clinically significant level
- Overall outcomes were consistent with those found in other services (e.g. Oxford Secondary Care Service)
- Additional in between sessions support needed to be offered to only one participant, three have been contacted after non-attendance.
- Very high attendance rate. Out of 88 sessions 7 missed unplanned and 2 were pre-planned. 1 person dropped out after session 2

Summary of outcomes – staff

- High rating of importance of the course 7.6/ 10
- Very high attendance. Out of 88 sessions 4 missed due to snow, 6 pre-planned. Only 3 missed unplanned (that person did not complete the course)
- Additional support offered to 1 participant in between session
- Additionally, there were significant changes in staff's level of understanding of mindfulness for self and clients and an increase in ability to co-facilitate mindfulness courses in the future if needed. **See Table 1** in the next section for staff's perceived competence in mindfulness pre and post MBCT.

Since July 2013 we have also delivered monthly Mindfulness maintenance sessions for graduates of mindfulness courses open to both staff and service users. And offered four staff members an opportunity to develop their mindfulness skills further by co-facilitating MBCT courses.

Lessons learned so far

- Collect the feedback straight away regardless if participant is a staff member or a service user
- Monitor attendance as we go along
- In the initial assessment of prospective participants emphasise the amount of homework even more strongly and take more time to explain the concept of "coming closer to the experience" as one of the key learning points of the course

Table 1. Staff's perceived competence in mindfulness pre and post MBCT.

	Average self-rating before MBCT	Average increase in rating after MBCT
Level of understanding of mindfulness	4.8	3.5
Ability to confidently and appropriately refer clients to MBCT groups	4	4.5
Explain mindfulness to clients	4.2	3.8
Use mindfulness with clients	3.7	4
Level of confidence to co-facilitate MBCT course if needed	2.7	4.1

Table 2. Staff's perceived understanding of mindfulness and its benefits pre and post training

	Average self-rating before the training	Average increase in rating after the training
Understanding of mindfulness in general	4.2	2.8
Knowledge about clinician's benefits of practicing mindfulness	2.9	3.9
Clinical application of mindfulness	3	3.1

understanding of mindfulness and its benefits pre and post training

Since January 2012 we have also been facilitating weekly mindfulness drop-in practices for staff at Aire Court, who want to develop skills in guiding mindfulness practices for their clients and deepening the experiential understanding of it for themselves. In April 2013 we also started a drop-in session at Resource Centre at St. Mary's Hospital. Those sessions last around 15-20 minutes, and on average have been attended by 8 and 4 staff members and at the most 16 and 13 respectively.

Raising the profile of Mindfulness among staff

Over the last 12 months we delivered five MBCT programs and four two-hour orientation sessions for staff within Psychology and Psychotherapy Service. However before that, to start raising the profile of mindfulness and its positive impact on both clients and staff since the summer of 2012 we offered three workshops on "Mindfulness and its benefits". We aimed to emphasise the need for congruence and integrity when using it clinically as recommended by the Good Practice Guidelines developed by Centre for Mindfulness Research & Practice at Bangor University. These workshops were open to any staff working at Aire Court or St Mary's Hospital and were attended in total by over 30 members of staff from CMHT, ISC, Memory Service and LAU. Most of participants found it very useful and every participant said they would recommend it to a colleague. See Table 2 for changes in staff's perceived

Summary

The mindfulness group programme can be seen as having succeeded on a number of levels and it offers significant benefits for the future. It is closely aligned with the NICE guidelines and CBT strategy for the service. It is an initiative which yields benefits for both service and patient populations and is compatible with a variety of other therapeutic approaches. Additionally it can run across services and patient populations.

Based on what is now a substantial and varied cohort of participants, it proved popular and effective and there has been a low attrition rate. Having started successfully, the initiative is poised to continue to be of benefit to the service, depending on the results of current review. We hope to be able to keep developing and offering the service in the years to come.

Kamila Hortynska email: kamila.hortynska@nhs.net

Completed Research Projects

Engagement in research:
benefits for health-care performance

S Hanney,[1]* A Boaz,[2] T Jones[1] and B Soper[1]
[1]Health Economics Research Group, Brunel University, Uxbridge, UK

[2]Faculty of Health, Social Care and Education, St George's, University of London and Kingston University, London, UK
***Corresponding author**

Background: There is a widely held assumption that research engagement improves health-care performance at various levels, but little direct empirical evidence.

Objectives: To conduct a theoretically and empirically grounded synthesis to map and explore plausible mechanisms through which research engagement might improve health services performance. A review of the effects on patients of their health-care practitioner's or institution's participation in clinical trials was published after submission of the proposal for this review. It identified only 13 relevant papers and, overall, suggested that the evidence that research engagement improves health-care performance was less strong than some thought. We aimed to meet the need for a wider review.

Methods: An hourglass review was developed, consisting of three stages: (1) a planning and mapping stage; (2) a focused review concentrating on the core question of whether or not research engagement improves health care; and (3) a wider (but less systematic) review of papers identified during the two earlier stages. Studies were included in the focused review if the concept of 'engagement in research' was an input and some measure of 'performance' an output. The search strategy covered the period 1990 to March 2012. MEDLINE, EMBASE, PsycINFO, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Web of Science and other relevant databases were searched. A total of 10,239 papers were identified through the database searches, and 159 from other sources. A further relevance and quality check on 473 papers was undertaken, and identified 33 papers for inclusion in the review. A standard meta-analysis was not possible on the heterogeneous mix of papers in the focused review. Therefore an explanatory matrix was developed to help characterise the circumstances in which research engagement might improve health-care performance and the mechanisms that might be at work, identifying two main dimensions along which to categorise the studies: the degree of intentionality and the scope of the impact.

Results: Of the 33 papers in the focused review, 28 were positive (of which six were positive/mixed) in relation to the question of whether or not research engagement improves health-care performance. Five papers were negative (of which two were negative/mixed). Seven out of 28 positive papers reported some improvement in health outcomes. For the rest, the improved care took the form of improved processes of care. Nine positive papers were at a clinician level and 19 at an institutional level. The wider review demonstrated, for example, how collaborative and action research can encourage some progress along the pathway from research engagement towards improved health-care performance. There is also evidence that organisations in which the research function is fully integrated into the organisational structure out-perform other organisations that pay less formal heed to research and its outputs. The focused and wider reviews identified the diversity in the mechanisms through which research engagement might improve health care: there are many circumstances and mechanisms at work, more than one mechanism is often operative, and the evidence available for each one is limited.

Limitations: To address the complexities of this evidence synthesis of research we needed to spend significant time mapping the literature, and narrowed the research question to make it feasible. We excluded many potentially relevant papers (though we partially addressed this by conducting a wider additional synthesis). Studies assessing the impact made on clinician behaviour by small, locally conducted pieces of research could be difficult to interpret without full knowledge of the context.

Conclusions: Drawing on the focused and wider reviews, it is suggested that when clinicians and health-care organisations engage in research there is the likelihood of a positive impact on health-care performance. Organisations that have deliberately integrated the research function into organisational structures demonstrate how research engagement can, among other factors, contribute to improved health-care performance. Further explorations are required of research networks and schemes to promote the engagement of clinicians and managers in research. Detailed observational research focusing on research engagement within organisations would build up an understanding of mechanisms.

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Completed Research Projects

Decision-making
in acute mental health care

Background
Inpatient mental healthcare has changed over recent years, budgets are being 'squeezed' and care continues to be required even if there are no beds in local hospitals. This is acknowledged by the findings from Keown et al (2008) who identified that significant proportions of patients were being admitted to private inpatient mental healthcare. This research originated from the increasing concern that significant numbers of patients within Leeds mental health services were being sent out of area for acute mental healthcare.

Aims
The aim of this research was to examine decision-making; specifically identifying factors Consultant Psychiatrists take into account when discharging patients from acute mental health wards. The study wished to identify the external and internal influences that impact on consultants' decisions to discharge back to community settings. It also looked into discharge barriers that impact on decisions and whether or not patient gender influences discharge decisions.

Method
The study used a cross-sectional design; purposive sampling was the method chosen for identifying research participants. The objective was to obtain their views through the use of semi-structured interviews around discharge decision-making.

Results
The data identified that Consultant Psychiatrists use structured clinical judgments as their approach in decision-making. Various themes were highlighted as impacting on a Consultant Psychiatrist's decision to discharge such as 'risk', 'delays' and an assortment of 'discharge strategies' which included periods of leave, health improvement and appropriate aftercare.

Implications and recommendations
Implications for practice are already being explored by the Trust with new approaches to accommodation and reviews of existing community and inpatient care pathways. It is hoped that these changes begin to address the communication and service restraints that impact on the discharge of patients from acute mental health inpatient wards.

Adrian M Elsworth email: adrian.elsworth@nhs.net

Completed Research Projects

Service evaluation
of after care referral outcomes

Aims & Hypotheses: To review the assessment outcomes for individuals with suicidal and self-injurious presentations, with regard to the proportions referred into secondary mental health services, in particular admissions to inpatient care or intensive home treatment. CRHTT professionals make more referrals within secondary mental health services than trainee doctors; individuals assessed by CRHTT professionals are more likely to be accepted to the home treatment caseload.

Background: Historically, trainee doctors in psychiatry made initial assessments of those presenting with mental health crises; this role is now increasingly completed by teams of professionals from non-medical backgrounds. The York services have divided responsibilities for new assessments allowing the opportunity to compare the two groups and observe whether outcomes differ significantly.

Methods: This project is a retrospective service evaluation. Initial data was the contemporaneous records of both junior doctors and the CRHTT. Secondary data collection was undertaken using the local electronic Core Patient Database (CPD). Individuals included were those over 18 years presenting with suicidal ideas or self-injury. Overall there were 283 included cases - 218 seen by junior doctors and 65 by the CRHTT.

Results: 39.4% of those assessed by the CRHTT were accepted onto their caseload, compared to 11.0% of those seen by doctors. An uncorrected Chi-squared test reveals this difference in after-care recommendations are statistically significant (X2 = 11.14, p=0.0004, 95% CI 0.638, 0.903). CRHTT assessments are more likely to result in recommendations for 'intensive psychiatric treatment' than those by junior doctors.

Conclusion: Though further research is necessary from this study it appears CRHTT professionals are more likely to admit newly presenting individuals onto the home treatment caseload than trainee doctors.

Dr Jennifer Elizabeth Hyland email: jennifer.hyland@doctors.org.uk

R & D

Training & Events

Good Clinical Practice (GCP) Training

These courses are available to all staff who are working on NIHR Portfolio Research.

How to book:
Go to the NIHR Learning Management System and click 'REGISTER' to be taken to the form. You will need to enter your name and work email address, and choose a user name and password. Then you will be taken to a form to complete some details. These should be self-explanatory, apart from the following boxes:

- Network/Organisation - choose CCRN
- Local Network/Organisation - choose CLRN West Yorkshire
- NIHR Portfolio Trial Title - if you are not working on a portfolio study at present, enter the words 'Research Ready'

Once you have submitted the form you will be sent an activation email which will allow you to log back in and book the course you require.

Introduction to GCP - Course Dates

Tuesday 11 March 2014, 09:30 - 16:30
Bradford Royal Infirmary, BD9 6RJ

Friday 14 March 2014, 09:30 - 16:30
Airedale General Hospital, BD20 6TD

Thursday 1 May 2014, 09:30 - 16:30
Huddersfield Royal Infirmary, HD3 3EA

Thursday 22 May 2014, 09:30 - 16:30
Pinderfields General Hospital, WF1 4DG

Monday 14 July 2014, 09:30 - 16:30
Bradford Royal Infirmary, BD9 6RJ

Thursday 18 September 2014, 09:30 - 16:30
Bradford Royal Infirmary, BD9 6RJ

Friday 10 October 2014, 09:30 - 16:30
Airedale General Hospital, BD20 6TD

GCP Refresher Course
This is a course for those who have attended the Introduction to GCP course and have experience of working on clinical trials.

Monday 10 March 2014, 13:30 - 16:30
Huddersfield Royal Infirmary, HD3 3EA

Wednesday 30 April 2014, 13:30 - 16:30
Pinderfields General Hospital, WF1 4DG

Friday 16 May 2014, 09:30 - 12:30
Airedale General Hospital, BD20 6TD

Wednesday 11 June 2014, 09:30 - 12.30
Bradford Royal Infirmary, BD9 6RJ

Wednesday 11 June 2014, 13:30 - 16:30
Bradford Royal Infirmary, BD9 6RJ

Thursday 3 July 2014, 09:30 - 12:30
Huddersfield Royal Infirmary, HD3 3EA

Thursday 3 July 2014, 13:30 - 16:30
Pinderfields General Hospital, WF1 4DG

Thursday 11 September 2014, 13:30 - 16:30
Huddersfield Royal Infirmary, HD3 3EA

Other Local Training/Events
Commercial Research: A Masterclass
An interactive workshop designed to help researchers improve collaboration with pharma companies, identify strategies to achieve successful site selection and improve delivery of commercial research.

Thursday 6 March 2014, 9:00 - 13:00
The Annexe, 34 Hyde Terrace, Leeds, LS2 9LN
Please contact industry@wyclrn.org.uk to book a place.

CLINICAL RESEARCH MANAGEMENT
Essential Project Management Skills in Clinical Research
Effective project management underpins high quality clinical research. How can we ensure that our time and energy is focussed in the most productive way?

Monday 10 March 2014
The Annexe, 34 Hyde Terrace, Leeds, LS2 9LN

Effective Risk Management in Clinical Research
This one day course explores the identification, assessment and management of the risks encountered in clinical research for anyone involved in clinical research in the NHS.

Thursday 27 February 2014
The Annexe, 34 Hyde Terrace, Leeds, LS2 9LN
To book a place please email a.hemingway@wyclrn.org.uk

Yorkshire and Humber Informed Consent Workshops
Informed Consent Workshops are for those currently working on, or with experience of, clinical trials who will be obtaining informed consent from study participants. All workshops are available to eligible employees from across the Yorkshire and Humber networks.

Thursday 20 March 2014, 09:15 - 16:00
The Annexe, WY CLRN, 34 Hyde Terrace, Leeds LS2 9LN

Monday 28 April 2014, 09:15 - 16:00
Seminar Room 6, Medical Education Centre, R Floor, Royal Hallamshire Hospital, Sheffield S10 2JF

Monday 15 September 2014, 09:15 - 16:00
The Annexe, WY CLRN, 34 Hyde Terrace, Leeds LS2 9LN

Places must be booked through the NIHR Learning Management System (LMS). If you have registered on the LMS and need help with your booking please email a.hemingway@wyclrn.org.uk

Completed Research Projects

Dietary Choices in Acute Adult Mental Health Inpatient Units

Dr Venkata Yelamanchili, Dr Madhu Kewalramani

Introduction:

Increased mortality and morbidity are associated with major mental illnesses due to metabolic syndrome. Weight inducing psychotropic agents can increase this risk.

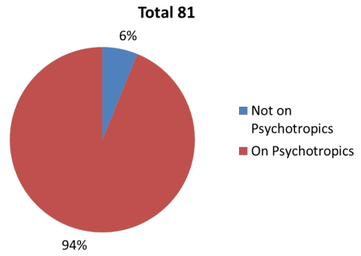
Metabolic Syndrome
a cluster of disorders comprising
- obesity (central and abdominal),
- dyslipidaemias,
- glucose intolerance,
- insulin resistance (or hyperinsulinaemia) and
- hypertension –

is highly predictive of type 2 diabetes mellitus and cardiovascular disease.

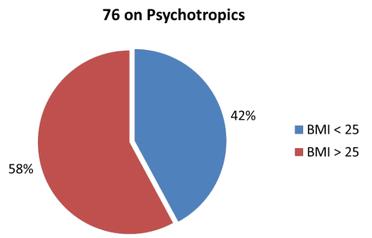
Aim:
To look at dietary choices made by Inpatients.

Method:
All inpatients (n=81) in adult mental health wards are included in this study. We recorded whether they are on psychotropic medications or not, their BMI's and their dietary choices on a particular day. The menus clearly differentiate unhealthy choices from healthy choices.

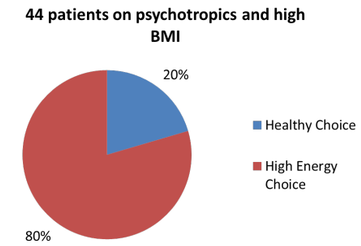
Results
Majority (94%) are on psychotropic medications



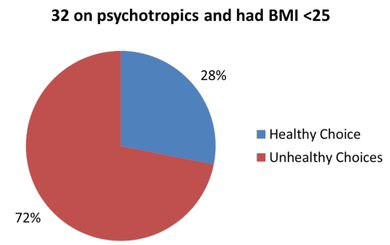
More than half (58%)of these inpatients who are on psychotropic medication are obese (BMI> 25)



80% of obese patients taking psychotropics made an unhealthy dietary choice



72% of patients who are not obese made an unhealthy dietary choice



Conclusions:
Our study results show that more than half are obese and majority of inpatients made unhealthy dietary choices. All of them are at risk of developing metabolic syndrome

Discussion
It is well known fact that mental illness itself decreases life span or increases mortality. Cardiometabolic risks are leading cause of death. These risks are further enhanced by weight inducing psychotropic agents. There is lots of guidance on how to monitor and prevent these risk factors but at the ground level the reality is something different which is highlighted in this study.

In order to decrease the risk of metabolic syndrome in inpatients there should be regular encouragement and support to modify their dietary habits. Designated "Healthy Living" teams can provide this input for all inpatients as part of their care. Encompassing this input in the care plan will ensure continued support in the community after discharge. This will decrease the burden on NHS.

Finding the Evidence Training Dates
Courses free to Leeds and York NHS staff

Cochrane Library Training - This course focuses on the skills required to search the Cochrane Library effectively to retrieve high quality evidence to support work and study.

Critical Appraisal - This course focuses on why it is important to appraise journal articles, how to go about doing this, and how to obtain further help.

Current Awareness - Aimed at all Leeds and York NHS staff who wish to set up and use email and RSS alerts and feeds to support their practice or professional development.

Healthcare Databases - This course focuses on searching healthcare databases.

E-Journals & E-books - Aimed at all Leeds NHS staff who wish to use e-journals and e-books to support their practice or professional development.

Google Training - Aimed at all Leeds and York NHS staff who wish to gain skills in searching Google for information to support their work,practice or professional development.

Making the Most of your Athens Account - This course is aimed at all Leeds and York NHS staff who wish to better understand their Athens account and learn about the e-resources that are accessible to them.

February				
11/02/14	Tuesday	13.00-14.30	Current Awareness	Bexley IT Suite
13/02/14	Thursday	9.00-11.00	Cochrane Library	RIO Training Room, St Mary's Hospital
13/02/14	Thursday	11.30-12.30	E-journals and e-books	RIO Training Room, St Mary's Hospital
13/02/14	Thursday	13.30-16.30	Healthcare Databases	RIO Training Room, St Mary's Hospital
18/02/14	Tuesday	10.00-11.00	E-journals and e-books	The Boardroom, Bootham Park Hospital
18/02/14	Tuesday	13.00-15.00	Cochrane Library	The Boardroom, Bootham Park Hospital
19/02/14	Wednesday	10.00-11.00	Making the most of your Athens account	IT Suite, Mount Annexe
20/02/14	Thursday	9.00-11.30	Healthcare Databases	LGI library
24/02/14	Monday	14.00-15.00	E-journals and e-books	IT Suite, Mount Annexe
28/02/14	Friday	9.30-11.30	Cochrane Library	Bexley IT Suite

March				
04/03/14	Tuesday	14.30-16.00	Google	RIO Training Room, St Mary's Hospital
06/03/14	Thursday	14.00-16.00	Cochrane Library	Bexley IT Suite
12/03/14	Wednesday	14.00-16.00	Healthcare Databases	IT Suite, Mount Annexe
13/03/14	Thursday	9.00-10.00	E-journals and e-books	LGI library
18/03/14	Tuesday	14.00-16.00	Critical Appraisal	St Gemma's Hospice
20/03/14	Thursday	10.00-11.30	Making the most of your Athens account	RIO Training Room, St. Mary's Hospital
20/03/14	Thursday	14.00-15.00	E-journals and e-books	RIO Training Room, St Mary's Hospital
21/03/14	Friday	9.30-12.00	Healthcare Databases	Bexley IT Suite
24/03/14	Monday	10.00-12.00	Cochrane Library	IT Suite, Mount Annexe
25/03/14	Tuesday	14.00-15.30	Current Awareness	LGI library
27/03/14	Thursday	10.00-11.00	Making the most of your Athens account	The Boardroom, Bootham Park Hospital
27/03/14	Thursday	13.00-15.00	Healthcare Databases	The Boardroom, Bootham Park Hospital

Please contact the LGI library on 0113 3926445 for more information. Full details and online booking forms can be found on the training calendar at: http://www.leedslibraries.nhs.uk/training/calendar/

Funding opportunities
for National Institute for Health Research (NIHR) Portfolio Studies

The NIHR Clinical Research Network Portfolio is a database of clinical research studies that showing the clinical research activity nationally. Clinical trials and other well-designed studies involving the NHS, funded by the NIHR, other areas of government and non-commercial partners are automatically eligible for portfolio adoption. Studies that are adopted onto the portfolio can access infrastructure support and NHS service support costs to aid with study promotion, set-up, recruitment, and follow-up.

Funding streams:
Research Design Service YH: Involving patients and public in developing NIHR portfolio grant applications. One grant per bid.

1. Research for Patient Benefit (RfPB): Funds high quality investigator-led research projects that address issues of importance to the NHS. It funds research into everyday practice in the health service. Proposals are identified by health service staff, and developed by them with appropriate academic input. All proposals must show evidence from systematic reviews to ensure patient safety and value for money.

2. Health Technology Assessment (HTA): Funds research to ensure that health professionals, NHS managers, the public, and patients have the best and up-to-date information on the costs, effectiveness, and impacts of developments in health technology. For instance, It funds response-mode clinical trials, primary research, and assesses the effectiveness of new technologies through technology assessment reviews for NICE.

3. Programme Grants: Aimed at leading researchers who are able to demonstrate an impressive track record of achievement in applied health research. Each programme funds a series of related projects which form a coherent theme in an area considered as a priority or need for the NHS.

4. Programme Development Grants: Are intended to meet the further development needs of those intending to apply for a Programme Grant for Applied Research and hence improve the chances of success for suitably qualified research teams and their academic partners in preparing a high quality programme grant proposal.

5. Efficacy and Mechanism Evaluation (EME): Researcher led and aims to improve health/patient care. It's remit includes clinical trials and evaluative studies.

Research grants		**Submission deadline**	**Submission outcome**	**Amount per bid**	**Duration**	**Further details**
RfPB	Competition 24	May 2014	Late November 2014	£350K	Up to 3yrs	www.ccf.nihr.ac.uk/RfPB/Pages/home.aspx/
HTA	Commissioned	08 May 2014		No limit	No limit	www.hta.ac.uk/funding/index.shtml
Programme Development Grant	Competition 11	04 March 2014		Up to £100K	Up to 18mths	www.ccf.nihr.ac.uk/PGfAR/PDG/Pages/calls.aspx
Programme Grant	Competition 16	18 March 2014	Late March 2015	Up to £2M	Up to 5yrs	www.ccf.nihr.ac.uk/PGfAR/apply/Pages/calls.aspx
EME	Researcher-led	27 February 2014		No Limit	No Limit	www.eme.ac.uk/funding/Researcher-led.asp

R & D

Contact us

Research and Development

Innovation is a newsletter for sharing and learning about research. This includes information about projects being carried out in your area. As such we welcome any articles or suggestions for future editions.

For more information please contact:

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Study Advice Drop-In Sessions

The West Yorkshire Comprehensive Local Research Network (WYCLRN) Research Facilitator Team will be hosting regular 'drop-in' sessions (with one-to-one appointments available) across West Yorkshire for all members of research teams involved in NIHR Portfolio studies in the NHS, including:

• Research Nurses • Study Coordinators • Clinicians • Academics and Postgraduate research students • Chief Investigators wanting help with study set-up • Principal Investigators wanting to participate in an existing study

The sessions will offer the opportunity to:

• Bring any study specific issues • Bring general queries for discussion and review • Provide advice and guidance on issues relating to IRAS and the CSP processes

Please telephone Rachel de Souza on 0113 3925898 if you have any queries on the above. If you wish to be sent details of the drop-in sessions or to book an appointment slot, please email csp@wyclrn.org.uk. Details of future dates can be found at www.crncc.nihr.ac.uk/about_us/ccrn/west_yorks/training

NB: All studies design queries should be sent to the NIHR

West Yorkshire
NIHR Comprehensive Local Research Network

NHS
National Institute for Health Research