Leeds and York Partnership NHS
NHS Foundation Trust

R & D Innovation

Research and Development Newsletter

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Completed Projects

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

Innovation Issue 20, April 2015

Welcome from Alison Thompson

I am delighted to welcome you to the next edition of our Trust's Research and Development newsletter.

This wouldn't exist without the abstracts provided by those of you who have dedicated your time and effort to carrying out service evaluations and research for the benefit of our service users, carers and staff. Thank you. I also want to pass on the appreciation of colleagues from a number of other acute, mental health and primary care NHS organisations who have been inspired by the newsletter as they do not yet produce anything similar.

The ten completed projects featured are:

- Primary care health professionals' views regarding the acceptability of a community treatment model for patients with anorexia nervosa
- A Qualitative Study of Non-Response to Psychological Therapy
- ADAPTA Study (Addictions)
- Substance Misuse in Leeds Teaching Hospitals Trust - Patterns of Care
- An evaluation of the Psychological Therapy provision in the Rehabilitation and Recovery service (R&R)
- Observed Practice Implementation project
- Clinician-client interactions in Motivational Enhancement Therapy
- Addenbrooke's Cognitive Examination – III: Diagnostic Utility with the Over 75s in Clinical Practice
- Autism Spectrum Social Stories in Schools Trial - ASSSIST
- ABC Study of Mood Disorders: A Bipolar II Disorder Cohort

Additionally, there is information about experienced people who can help you with research, R&D leaflets, a systematic review course, a primary care research database that can be used as a data source for feasibility projects, a summary of the 12th annual child mental health research networking day, library and other training and funding dates and contact details for two studies that your service users could take part in if they are eligible (back cover).

As ever, in the world of NHS research, I have some hellos and goodbyes to say to team members. Lucy Goldsmith has secured a post-doctoral fellowship with Liz Hughes at Huddersfield University looking at physical and mental health co-morbidities. We expect to continue to work closely with Liz and Lucy. We welcome to the team Poppy Siddell, Carla-Jane Girling and Holly Taylor. They will introduce themselves to you in the next edition of Innovation.

Finally, we have the good news story of drama therapist Louise Combes who has secured a research internship funded by Health Education England. Louise tells you about her experience of this internship. There are more opportunities like this available for nurses, allied health professionals and pharmacists. Contact me to find out more.

Alison Thompson, head of research and development
email: athompson11@nhs.net

Need Help with Research?

The Research and Development Department at Leeds and York Partnership NHS Foundation Trust can put you in touch with experienced researchers who can offer advice and support in the following areas:

- **Genetic and other influences on clinical variation in psychotic disorders**
- **Research into addictions**
- **Ethical issues**
- **Involving people with a learning disability in research**
- **Psychological and dementia care research**
- **The steps involved in preparing a research grant**
- **Mood disorders**
- **Statistics**
- **Service user and carer perspective**

If you would like advice in any of the above areas please email the research department at **research.lypft@nhs.net**

R&D Leaflet - Information leaflet 1

Research, Clinical Audit or Service Evaluation

Clinical audit, service evaluation and research activities frequently involve collecting data from patients or staff. Whilst the ability to distinguish between these activities may be straightforward in some cases, in practice there are frequently grey areas where it may be more problematic.

It is important that projects are correctly classified from the outset as governance and approval requirements are different. This leaflet gives a brief overview to help you decide how to categorise your project and provides sources of further information.

What is the difference between Clinical Audit, Evaluation and Research?

Clinical Audit

"Clinical Audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change" (NICE, 2002, Principles for Best Practice in Clinical Audit, p1)

The aim of all clinical audit activity is to improve patient care and outcomes. It measures existing practice against evidence based clinical standards. Aspects of the structure, process and outcome of care can be selected and evaluated against explicit criteria. Where needed, changes are made at an individual, team or service level and then further monitoring (re-audit) is used to confirm that this has led to an improvement in healthcare delivery.

The Clinical Audit Support Team is the central resource for all clinical audit related activity and the first point of contact for any clinical audit enquiries (Elizabeth Day e.day1@nhs.net).

Service Evaluation

Service evaluation aims to evaluate the effectiveness or efficiency of a service, with the aim of generating information to inform local decision making. It is usually only relevant to the population or setting in which it takes place and results are not generalisable.

If you want to evaluate the effectiveness of your current practice or compare efficiency across areas of practice then it is service evaluation.

Research

"Research can be defined as the attempt to derive generalisable, new knowledge by addressing clearly defined questions with systematic and rigorous methods"
(Research Governance Framework for Health and Social Care, 2005).

Research is another word for 'enquiry'. It is a systematic and rigorous process of investigation that is undertaken to discover facts or relationships and reach conclusions using scientifically sound methods. If you want to investigate the effect of something new on patients/carers or test the effect of something new in an area where current evidence and knowledge is lacking then it is research. Findings should be generalisable beyond the project setting.

Sources of further information

The following resources provide further guidance

Health Research Authority online decision tool
http://www.hra-decisiontools.org.uk/research/index.html

Health Research Authority Defining Research leaflet
http://www.hra.nhs.uk/documents/2013/09/defining-research.pdf

Health Quality Improvement Partnership – A guide for clinical audit, research and service review
http://www.hqip.org.uk/assets/LQIT-uploads/Guidance-0212/HQIP-CA-PD-009-220212-A-Guide-for-Clinical-Audit-Research-and-Service-Review.pdf

R&D Leaflet - Information leaflet 2

Research Governance explained

About us

This leaflet explains the requirements and implications of the Research Governance Framework for Health and Social Care (RGF) in relation to those who host, conduct, participate in and manage health and social care research. The RGF was established by the Department of Health in 2001 (with revisions in 2005 and 2008) and seeks to promote improvements in research quality across the board. It also aims to provide a context in which to encourage creative and innovative research to allow the effective transfer of learning, technology and best practice to improve care.

Research is essential to the successful promotion and protection of health and wellbeing and to modern and effective health and social care services. Research involves benefits and also risks, both in terms of return on investment and potentially for the safety and wellbeing of the participants.

Proper governance is therefore essential to ensure the public benefit from and have confidence in quality research in health and social care. The public has a right to expect high scientific, ethical and financial standards, transparent decision-making processes, clear allocation of responsibilities and robust monitoring arrangements.

Who does the Research Governance Framework (RGF) apply to?

The RGF is not restricted to Principal Investigators, managers or any one professional group. All clinical and academic staff (including student researchers) at all levels have a role to play in the proper conduct of research. Service Users and Carers conducting research themselves are also bound by the RGF.

What type of research does the RGF cover?

It covers all health and social care environments and applies to clinical and nonclinical research. It covers research involving NHS patients, staff and premises and research undertaken by others (industry, charities, universities) within the health and social care systems.

The RGF aims to improve research quality and safeguard the public. It does this by:

- Enhancing ethical and scientific quality
- Promoting good practice
- Reducing adverse incidents, ensuring lessons are learned
- Preventing misconduct

Responsibilities of the researchers' employing organisation

The organisation employing the researcher(s) should promote excellence in research and create a quality research culture; ensuring that researchers understand and work to the required standards. The employing organisation also takes responsibility for ensuring research is conducted, managed and monitored in line with the protocol. Arrangements should also be in place to deal with the exploitation of any intellectual property associated with a project (more details on this in leaflet 7).

Organisations are mandated to undertake regular monitoring and audits of projects to ensure the above.

Responsibilities of sponsors

Sponsors may be NHS trusts, universities, research councils / Department of Health or commercial partners. They take on the responsibility of securing the arrangements to initiate, manage and finance a study. They must ensure the Research Ethics Committee approval has been obtained (applied for by the Chief Investigator) and ensure that arrangements for the management and monitoring are in place; confirming that researchers have the appropriate training, experience and resources to deliver the research and reviewing the progress of the research.

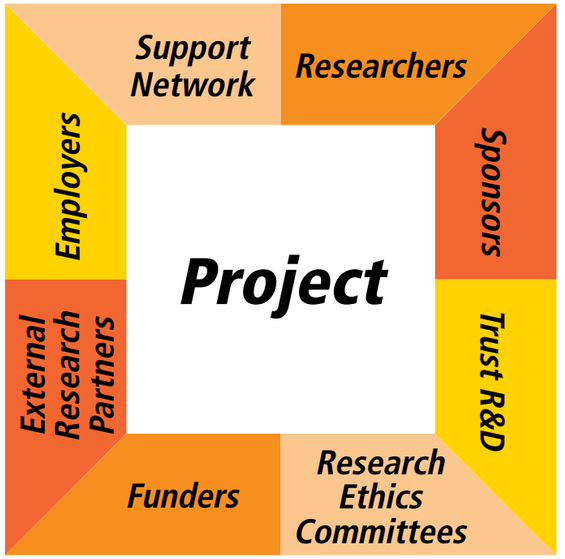
Responsibilities of research funders

The organisation providing the funding for a study has the responsibility to ensure the scientific quality of the research. They also need to ensure that any research undertaken is an appropriate use of funds and that it provides value for money.

Responsibilities of researchers

Researchers and their teams must be aware of and adhere to the following:

- Informed Consent – All studies must have appropriate arrangements for obtaining and recording fully informed consent from all research participants.
- Data Protection Act – Confidentiality and security of personal information must be ensured.
- Health and Safety Act – The safety of participants and other staff must be given priority at all times.



Responsibilities of the Chief / Principal Investigator

The CI / PI must ensure the dignity, rights, safety and wellbeing of the participants in the research. They must also ensure that the research is carried out in accordance with the RGF and that it is subject to the following approvals:

- Research Ethics Committee Approval – All research involving patients and users of the NHS (including volunteers and staff), data, organs (or other bodily material), NHS premises or facilities must be reviewed independently to ensure it meets ethical standards. This must be done before the research commences by an appropriate NHS Research Ethics Committee.
- NHS R&D Approval – This considers issues such as sponsorship and the scientific rigour of the project. It is performed by Trust Research and Development Departments and approval must be given before research commences.
- Monitoring and Auditing – all projects must comply with monitoring and auditing arrangements set down by the sponsor and the host Trust.

Further resources

Research Governance Framework in Health and Social Care (2005 and 2008)

https://www.gov.uk/government/publications/research-governance-framework-for-health-and-social-care-second-edition

For Research Ethics Committee details see
http://www.nres.nhs.uk/

For audit details see the Healthcare Quality Improvement Partnership website
http://www.hqip.org.uk/

Completed Research Projects

Primary care health professionals

GPs and practice nurses, an exploration

Exploration of primary care health professionals (GPs and practice nurses) views regarding the acceptability of a community treatment model for patients with anorexia nervosa.

Aim of the project: To determine whether a community treatment model is acceptable to primary care health professionals in meeting the complex needs of patients with anorexia nervosa.

Methods: A qualitative methods design was employed. Primary care health professionals who have worked with patients with a diagnosis of anorexia nervosa, who have received treatment from the Community Team, were approached. This was via their practice managers who were contacted by email. One to one semi structured interviews with primary care health professionals were conducted and the qualitative data was analysed using content analysis.

Results: Interview data for participants resulted in five categories being shown as evidence that Primary care health professionals viewed the Community Team as offering an acceptable form of treatment to patients with anorexia nervosa. Possible explanations for the service not being viewed as acceptable emerged from discord in the collaborative working relationship as well the service being viewed as placing great amount of responsibility for patients with physical risk on, an already stretched healthcare population.

Discussion: Despite the limitations of this evaluation, there was evidence that the Community Team is an acceptable form of treatment for patients with anorexia nervosa as viewed by primary care health professionals. Due to the small sample of participants further research is encouraged to gain a better understanding of this finding.

Caroline Moyo, LYPFT, caroline.makandamoyo@nhs.net
Supervisor: **Dr Shenaz Ahmed,** Leeds Institute of Health Sciences, School of Medicine and Health, University of Leeds, s.ahmed@leeds.ac.uk

Completed Research Projects

Clinician-client interactions in

Motivational Enhancement Therapy

Motivational Interviewing is an effective treatment for a range of problematic behaviours. However, previous studies have revealed substantial variability in the effectiveness of clinicians. Curiously, the specific clinician behaviours which contribute to positive outcomes have rarely been studied. Previous studies have often focused on the impact of broad categories of clinician behaviour on outcomes; such outcomes have often been overt client behaviours. The current study represented a substantial shift from the dominant methodologies in the MI literature. It aimed to study the effect specific clinician behaviours had upon clients voicing statements that they are preparing for change, and strongly committing to change, in the second-to-second interactions between clinicians and clients.

A secondary analysis of MET sessions was conducted, using recordings obtained during the United Kingdom Alcohol Treatment Trial (UKATT). Recordings were sampled from those clients who achieved and maintained positive changes in readiness to change following the UKATT study. Recordings were parsed and coded, with data being subjected to sequential and regression analyses.

The findings revealed that clinicians' complex reflections were associated with, and predictive of, significantly more strong commitments from clients. Open questions and complex reflections were both associated with significantly more preparatory talk. However, only complex reflections acted as a significant predictor of preparatory talk.

It is concluded that complex reflections and open questions are necessary for the proficient practice of MI, and that clinicians should tailor their approach to match their client's current motivational state. Moreover, the effectiveness of MI is likely attributable to a combination of the 'spirit' of MI and the proficient use of such skills, and possibly other specific skills. It is proposed that future research into MI and other psychological therapies should investigate the role of complex reflections, open questions and other specific clinician behaviours on client outcomes of interest.

Dr Michael Brown, Smith Consultancy Ltd., Michael@smithconsultancy.co.uk
Supervised by **Dr Gillian Tober,** LYPFT gillian.tober@nhs.net

Completed Research Projects

Observed Practice

Implementation project

Allied Health Professionals across the organisation engage in observed practice a process which can be defined as "direct observation of clinical practice by a colleague with the aim of enhancing clinical skills and knowledge" (Morley and Petty 2010).

In order to increase participation in this process we developed a toolkit to support implementation. To inform the content of the toolkit a focus group was carried out with Occupational therapists, who had recently engaged in observed practice as part of their preceptorship programme. The aim of the focus group was to capture their experiences of using the observed practice model, and to understand how those experiences had contributed to their personal and professional development. The group was recorded, the content transcribed and a thematic analysis was conducted. Six common themes emerged from the focus group.

- Anxiety associated with the process of being observed
- Affirming current practice
- Developing practice and growth
- The role structure plays in observed practice
- Relationships
- Choice and flexibility

The toolkit needed to reflect what was learnt from the focus group. The toolkit therefore focusses on observed practice as a development tool that supports the delivery of safe and effective care. It offers a range of paperwork within the same basic framework. This offers choice for different professions, freedom to select the observer and choice of situations, whilst ensuring all are engaged in the basic process. The toolkit is now available as a resource for all staff to support their development in the work place.

Marie-Clare Trevett, LYPFT, **mtrevett@nhs.net**

Completed Research Projects

ASSSIST

(Autism Spectrum Social Stories in Schools Trial)

Lime Tress Research Team has successfully reached its recruitment targets for the completion of the ASSSIST trial.

The trial was to investigate whether Social Stories™ can help children and young people with Autism Spectrum Disorder (ASD) achieve a behavioural goal individualised to their own needs.

Social Stories™ are an intervention designed by Carol Gray (2000) which is not routinely offered in the NHS. A story book using pictures and simple language places the child in a story with positive social coping. By regularly reading or hearing a story in which they star, the child learns to adopt specific social skills. This study was designed to develop a manualised Social Stories™ intervention and test the feasibility of conducting a full scale RCT in mainstream schools.

Students with ASD from 37 mainstream schools in York and it's surrounding area were invited to take part in the study. Fifty people were successfully randomised into the ASSSIST trial, 23 of whom have received the intervention to date. Initial feedback on the intervention has been positive and the team has collected a large amount of feasibility data.

If Social Stories are shown to be successful, they will make a big impact in behavioural difficulties in children with ASD. The findings of the study will be used to develop a full scale Randomised Controlled Trial which in turn can inform the NHS on the best way of commissioning interventions for children with ASD and their families.

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Dr David Marshall, LYPFT, d.marshall@nhs.net
Dr Christine Williams, LYPFT, cwilliams2@nhs.net

Completed Research Projects

ADAPTA Study

An alcohol-focused intervention versus a healthy living

An alcohol-focused intervention versus a healthy living intervention for problem drinkers identified in a general hospital setting (ADAPTA): study protocol for a randomized, controlled pilot trial.

Background

Alcohol misuse is a major cause of premature mortality and ill health. Although there is a high prevalence of alcohol problems among patients presenting to general hospital, many of these people are not help seekers and do not engage in specialist treatment. Hospital admission is an opportunity to steer people towards specialist treatment, which can reduce health-care utilization and costs to the public sector and produce substantial individual health and social benefits. Alcohol misuse is associated with other lifestyle problems, which are amenable to intervention. It has been suggested that the development of a healthy or balanced lifestyle is potentially beneficial for reducing or abstaining from alcohol use, and relapse prevention. The aim of the study is to test whether or not the offer of a choice of health-related lifestyle interventions is more acceptable, and therefore able to engage more problem drinkers in treatment, than an alcohol-focused intervention.

Methods/design

This is a pragmatic, randomized, controlled, open pilot study in a UK general hospital setting with concurrent economic evaluation and a qualitative component. Potential participants are those admitted to hospital with a diagnosis likely to be responsive to addiction interventions who score equal to or more than 16 on the Alcohol Use Disorders Identification Test (AUDIT). The main purpose of this pilot study is to evaluate the acceptability of two sorts of interventions (healthy living related versus alcohol focused) to the participants and to assess the components and processes of the design. Qualitative research will be undertaken to explore acceptability and the impact of the approach, assessment, recruitment and intervention on trial participants and non-participants. The effectiveness of the two treatments will be compared at 6 months using AUDIT scores as the primary outcome measure. There will be additional economic, qualitative and secondary outcome measurements.

Discussion

Development of the study was a collaboration between academics, commissioners and clinicians in general hospital and addiction services, made possible by the Collaboration in Leadership in Applied Health Research and Care (CLAHRC) program of research. CLAHRC was a necessary vehicle for overcoming the barriers to answering an important NHS question – how better to engage problem drinkers in a hospital setting.

Chief Investigator:
Duncan Raistrick, LYPFT, Leeds Addictions Unit
d.raistrick@nhs.net

Full text available at the following address:
http://www.trialsjournal.com/content/14/1/117

Judith Watson[1], Gillian Tober[2], Duncan Raistrick[2], Noreen Mdege[1], Veronica Dale[1], Helen Crosby[2], Christine Godfrey[1], Charlie Lloyd[1], Paul Toner[1], Steve Parrott[1] and On behalf of the ARiAS Research Group, NIHR CLAHRC for Leeds, York and Bradford

Corresponding author: **Judith Watson**
jude.watson@york.ac.uk

Author Affiliations

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[2] Leeds Addictions Unit, 19 Springfield Mount, Leeds LS2 9NG, UK

Completed Research Projects

Substance Misuse in LTHT

Patterns of Care

Reducing alcohol related hospital admissions is a high priority policy issue and Alcohol Liaison Nurses (ALNs) are a government recommended response to this.

There are few qualitative studies exploring the operation of hospital in-reach services. Semi-structured interviews were conducted with 34 ward staff and five ALNs. Data were analysed using thematic analysis. Six themes were identified showing variable knowledge and attitudes among ward staff regarding the treatment of addiction problems, including the existence and role of ALNs. Challenges of working with substance misusing patients were highlighted.

A new approach is recommended for effective partnership working between ward staff and ALNs to support substance misusing patients in a general hospital setting.

In view of the consistency with previous research findings, it is timely to minimise the role of ward staff in relation to patients with substance misuse problems and to set out expectations for the role of ALNs.

Duncan Raistrick, d.raistrick@nhs.net, Addicitons Unit

Completed Research Projects

A Qualitative Study

of Non-Response to Psychological Therapy.

Introduction: There has been an expansion of research into psychotherapy outcomes for both clients who improve and clients who deteriorate as a result of therapy. However, those who fail to respond to therapy have been overlooked. Estimates of non-response to therapy vary from 14% to 60%, yet research with this client group is lacking. Additionally, research suggests therapists are limited in their ability to predict negative outcomes in therapy. If this is equivalent for non-response to therapy, our ability to respond appropriately to these clients may be an issue that needs addressing further. This study aims to begin to understand what sense clients make of therapy which, they feel, has brought about no change.

Method: Eight clients who had completed a course of therapy within psychological therapy services (6+ sessions) and subjectively felt that they had not benefitted from this were interviewed about their experience. An interpretative phenomenological analysis was employed to allow an in depth, inductive study of a new area, in order to develop a model of participants' experiences.

Results: Five themes emerged regarding the therapy experience; 'what I expected', 'how I found my therapist', 'what was therapy like', 'external influences' and 'what I am left with'. These were brought together into a model which allowed further meaning to be drawn from the accounts and the experience understood as a process.

Discussion: The analysis and model were explored in relation to the available literature. This included consideration of attachment theory in relation to managing therapy expectations, facilitating emotional expression and length of therapy required, in addition to seeking further clarity with regard to what is meant by the term 'non-response' in psychological therapy. Novel findings of this research were examined in the context of the strengths and limitations of this particular study. From this, areas of future research and potential clinical impactions were considered.

Author: This research was completed by Kay Radcliffe, as part of the Doctorate in Clinical Psychology. This project was supervised by Dr Carol Martin and Dr Ciara Masterson of the University of Leeds. Kay has since qualified from training and is currently working as a Clinical Psychologist within the Offender Personality Disorder Service in LYPFT.

Kay Radcliffe, umksr@leeds.ac.uk
Dr Carol Martin, c.martin@leeds.ac.uk
Dr Ciara Masterson, c.masterson@leeds.ac.uk
Principal Investigator: **Dr Jacquie Coule,**
jacqueline.coule@nhs.net

The Nottingham Systematic Review Course - Nottingham, UK

Cochrane Schizophrenia Group, Institute of Mental Health, University of Nottingham.

The Nottingham Systematic Review Course
Tuesday 16 June – Friday 19 June, 2015

Who should attend: all people wishing to undertake reviews of randomised studies.

This course will appeal to all those interested in completing a Cochrane-style review. Experienced tutors and facilitators will be available to give you practical and individual advice. After attending the course, participants should be able to understand search strategies, extract data, manage the results of systematic searches, understand the syntheses of the data, apply the methods and conduct reviews independently.

Brief course content:

Day 1: Developing a protocol for a review.
Day 2: Searching and managing references.
Day 3: Extracting and using data.
Day 4: Using RevMan, more sums and Cochrane.

Study methods: Small group teaching, workshops, library-based interactive tutorials with hands on practical work at computer stations and group work.

General Enquiries: Jackie Patrick +44 (0)115 823 1287,
Email: jacqueline.patrick@nottingham.ac.uk
or visit https://szg.cochrane.org/workshops-training-and-events to download an application form.
Course Content Enquiries Email: jun.xia@nottingham.ac.uk

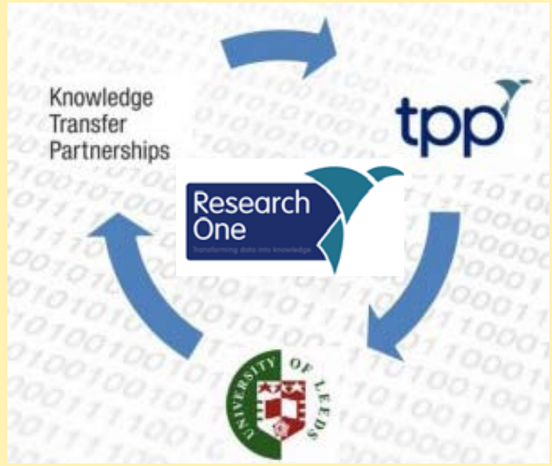
Cochrane Schizophrenia Group
Institute of Mental Health Building
University of Nottingham Innovation Park
Triumph Road
Nottingham, NG7 2TU
External link for more information:
https://szg.cochrane.org/workshops-training-and-events

Leeds and York Partnership NHS
NHS Foundation Trust

ResearchOne
Data Service

Background

Highlighted in the NHS' Five Year Forward View (2014) useful health innovation in the NHS needs to be accelerated, research is vital in providing the evidence needed to transform services and improve outcomes, and collection and use of real time clinical data to speed innovation and support quicker, lower cost clinical research is crucial.



Over the last three years the University of Leeds has worked in partnership with TPP, who develop the clinical information system, SystmOneTM, to create a research dataset of anonymised patient data, **ResearchOne.** The research dataset consists of real but de-identified clinical and administrative data drawn from the electronic patient records currently held on the clinical database SystmOneTM. **ResearchOne** has the potential to become one of the largest healthcare research datasets in the world.

ResearchOne contains linked data from a wide variety of settings across both primary and secondary care. For example, General Practice, Child Health, Community Health, Palliative Hospital, Out-Of-Hours, Accident & Emergency and Acute Hospital can all contribute to the research data set. **ResearchOne** now contains the non-identifiable health record information of over 5 million patients from more than 330 health and social care organisations. It is particularly strong in the Yorkshire and Humber region where over 60% of GP practices use the system. ResearchOne is entirely self-funded and is run as a not-for-profit enterprise which aims to provide world class researchers with access to quality data to drive health and care innovation.

ResearchOne was developed in consultation with the National Research Ethics Service (NRES) and the National Information Governance Board (NIGB) and received full approval from both bodies for an initial 5 year period starting in October 2012.

The Academic Health Sciences Network (AHSN) for Yorkshire and Humber has funded the University of Leeds Health Services Innovation Hub to promote this new service on their behalf for the benefit of the region's research community.

The Project

The project's lead academic, Dr Susan Clamp, Director of the Yorkshire Centre for Health Informatics and academic lead for the Health Services Hub, is providing dedicated expertise for the data service roll out. A project officer will work alongside the Hub team providing longer term dissemination and impact support.

Dr Clamp and Dr Bates form the **ResearchOne** team are aiming to engage with a geographically and organisationally diverse group of establishments engaged in clinical trial feasibility and recruitment. The team will be looking for successful delivery of approximately 15 funded projects to extend the use of this innovative new service for researchers.

More information is available on the ResearchOne website:
http://www.researchone.org/documentation/

If you would like to discuss how to make a project proposal, please contact:

TPP ResearchOne
Mill House
Troy Road
Horsforth
Leeds, LS18 5TN

Tel: 0113 2050082 Fax: 0113 2050081
Email: research@tpp-up.com

R & D

Completed Research Projects

Psychological Therapy provision
in the Rehabilitation and Recovery service (R&R)

Purpose:
The aim of this project was to pilot an alternative model of psychological input from the Psychology & Psychotherapy service (PPS) to R&R units and to evaluate its impact on current barriers to therapy. The alternative model involved having a clinical psychologist (CP) based within one of the R&R units (Towngate House), 2 days per week for six months.

Method:
Numbers of service users (SU) referred to therapy were monitored across the three R&R units. SU outcomes were monitored using the Clinical Outcomes in Routine Evaluation-10 (CORE – 10) before and after therapeutic intervention. Service user and staff experiences were evaluated via semistructured interviews with individual service users and focus groups with members of the Towngate House team.

Findings:
The model of an embedded R & R clinical psychologist resulted in a significantly higher number of service users being referred and accessing psychological interventions. Qualitative accounts indicate that the breaking down of negative perceptions was achieved through joint working and building relationships with the MDT, which was key in overcoming barriers to referral. Changes in clinical outcomes for the group on the CORE-10 were inconsistent, however, qualitative data suggested subjective improvements in aspects related to psychological recovery. Service users reported that accessing psychological interventions during their time in the R&R unit was ideal and that engagement aided their recovery through the learning of CBT strategies, coping techniques and the therapeutic relationship. The team perceived the CP as being beneficial to their learning, influencing practice with clients and introducing psychological perspectives, which increased therapeutic optimism.

Sherell Calame, University of Leeds, umsca@leeds.ac.uk
Supervisor : **Dr Anjula Gupta** Consultant Clinical Psychologist Psychology and Psychotherapy Service, LYPFT, anjula.gupta@nhs.net

Completed Research Projects

12th Annual Child Mental Health
Research Networking Day

The 26th January 2015 saw the 12th Annual Child Mental Health Research Networking Day held at the Learning and Research Centre York District Hospital. The day was extremely well attended and all available places were filled. Attendees came from a variety of settings including several Universities, York City Council and NHS employees from several trusts.

The programme was filled with an exciting mix of presentations ranging from proposals to results and everything in between. The morning included presentations by members of the Limetrees research team about current research proposals including improving social emotional outcomes in deaf children and child psychotherapy for callous, unemotional behaviour. Additionally the results of research into Computerised CBT for adolescents and Neurocognitive markers in autism a MEG study were also presented. This section of the programme provided space for useful discussion around methodological challenges.

After a coffee break came more intriguing results from research into family therapy for self harm, mindfulness training for behavioural difficulties, the relationship between autism traits and eating disorders and finally the role of posture in cognitive testing.

Lunch provided ample opportunity for networking and continuing discussions stemming from the mornings presentations. The afternoon agenda included results from research into autism such as social stories for children with autism and the outcomes from a Delphi consensus completed as part of a project to modify autism assessments so that they are fit for purpose for use with deaf children. The afternoon concluded with two presentations by researchers at the University of York, the first gave results of a study looking at perinatal depression and the latter parental mind-mindedness and its role in children's development.

Dr Barry Wright, LYPFT
PA: Catherine Arthurson; catherine.arthurson@nhs.net

NHS National Institute for Health Research

RfPB Competition 27 launch

The RfPB competition 27, which will include applications for the NIHR multimorbidities in older people theme call, is open for applicants to apply to the programme.

Submission deadline: 1pm, Wednesday 20 May 2015
Declaration and signatures deadline: Wednesday 27 May 2015

Please find below a list of the main changes that have come into place with the launch of this competition:

- This competition is included in the NIHR multimorbidities in older people theme call. (The specification document for this call can be found within the full Guidance for Applicants document (appendix 1) and is also available via the Themed call website.)
- In section 10 (The R&D Contract) of the Guidance for applicants document reference has been made to the drop dead date, informing that funding may be withdrawn if the project has not commenced by this date.
- In the History of this application section a new question is present called 'Funding scheme under which the application was submitted'. This new question compliments the existing question 'Funding body to whom it was submitted' both of which should draw out the overall funder and also specific programme e.g. NIHR and RfPB.
- The contextual help for the question 'Expected Output of Research/Impact' has been updated informing applicants to include information about the anticipated timeframe of any potential impact on NHS services and/or benefit for users of NHS services.
- Some minor changes have been made to the contextual help and guidance throughout based on feedback from applicants, Committee members or the RDS as in previous competitions.

This highlights the main changes that have been made for competition 27 and is provided for your information. Applicants should be following the online contextual help guidance and using the full guidance for applicants document to complete their application.

A Word template of the application form is also available on the RfPB website and can be found here: **http://www.nihr.ac.uk/funding/RfPB_guidance.htm**. If you intend to submit a bid, you are advised to access support from the Research Design Service whose role is to maximise the success rate of bids to NIHR funding streams.

Email : **rds-yh@sheffield.ac.uk**
Or contact your local centre:
Sheffield: Email: rds-yh@sheffield.ac.uk; Telephone: 0114 222 0828
York: Email: rds-yh@york.ac.uk; Telephone: 01904 321 726
Leeds: Email: rds-yh@leeds.ac.uk; Telephone: 0113 343 6966

2015 Internships
Integrated Clinical Academic Programme

Health Education England Integrated Clinical Academic Programme Internships

In the autumn of 2014 Health Education England launched the integrated clinical academic programme internships programme. The highly prestigious internships are funded by Health Education England as the first step onto a clinical academic career pathway and were open to registered Health Professionals.

The fully funded internships are designed to provide a dedicated period of 30 days to enable interns to:

- develop skills and expertise in aspects of clinical academic research
- enhance their ability to apply the skills and become a research champion within clinical practice
- position themselves to make an informed decision about progressing their clinical academic careers
- enhance their ability to apply successfully for further formal research training

The 30 days provide the opportunity for interns to:

- Work with a research supervisor to follow a personalised programme aimed at increasing research skills and expertise
- Participate along with the other interns, in a 5 day educational programme aimed at increasing knowledge and understanding of research, the wider NHS research community and personal development and career progression
- Be supervised and mentored by an experienced research supervisor.

A single internship programme is being run across the Northern region covering the North West, North East and Yorkshire & Humber. Across this region over 220 requests for information were received and 48 applications submitted. Interviews were conducted in December and the 15 internships were awarded to the following people. We would like to congratulate the successful candidates.

North East		
Rachel Clarkson	Adult Nurse	South Tees Hospital Foundation Trust
Lydia Aird	Physiotherapist	Northumbria NHS Foundation Trust
James Faraday	Speech and language therapist	The Newcastle Upon Tyne Hospitals NHS Foundation Trust
Dionne Moat	Chartered Physiotherapist	Northumberland, Tyne and Wear NHS Foundation Trust
North West		
Gina Carey	Speech and language therapist	The Christie NHS Foundation Trust
Tabitha Wishlade	Midwife	Central Manchester NHS Foundation Trust
Alice Travers	Nurse	Central Manchester NHS Foundation Trust
Vivienne Irwin	Speech and language therapist	Liverpool Community Health NHS Trust
Louise Briggs	Neonatal Nurse	Central Manchester NHS Foundation Trust
Katie Whitehead	Nurse	University Hospital of South Manchester NHS Foundation Trust
Yorkshire & Humber		
Louise Combes	Drama Therapist	Aspire
Lyndon Borrill	Staff Nurse	Sheffield Teaching Hospitals NHS Foundation Trust
Matthew Austin	Clinical Physiology	Sheffield Teaching Hospitals NHS Foundation Trust
Maria Paton	Cardiac Physiology	Leeds Teaching Hospitals NHS Trust
Jennifer Harris	Physiotherapist	Doncaster & Bassetlaw Hospitals NHS Foundation Trust

I am so glad I went for the HEE Research internship. Here's why:

- It allows time to take full advantage of the NHS training already available that will improve my research.
- It gives insight into formal study like PHD and MRes and what is involved on a personal level
- It explains existing research systems and what is relevant to my subject
- It has made me the focus. It has been a challenge to consider what I, rather than my workplace is interested in because it is more normal to pursue work place rather than personal goals.

To have Research experts invest time considering things through the lens of my personal career development is a pleasure, a privilege and a revelation. It has changed my research plans for the better.

- This process enables connections with people who are interested in the same clinical population, can really shape thinking and avoid lots of wasted time
- The coaching element during the five study days tackle some hidden obstacles too and this is pursued in smaller groups on the phone throughout the duration. Sharing with speech therapists, occupational therapists, nurses and physiotherapists has been really useful. As an arts therapist I think I have a better idea of how to work with other allied health professionals now.

I am glad I went for it. I would encourage anyone with a developing research idea to consider it, but give yourself some time as you will need to find an academic supervisor to support it.

Louise Combes, Community Links;
louise.combes@commlinks.co.uk

Addenbrooke's Cognitive Examination
III: Diagnostic Utility with the Over 75s in Clinical Practice

Dr Michael Jubb, Psychology and Psychotherapy, LYPFT, michael.jubb1@nhs.net

Supervised by **Prof Jonathan J Evans,** Institute of Health and Wellbeing, University of Glasgow, jonathan.evans@glasgow.ac.uk

Background/Aims:
To examine the validity of the Addenbrooke's Cognitive Examination-III (ACE-III) in detecting early dementia in a UK memory clinic setting for patients aged 75-85 years. To produce advice for health professionals on how they should interpret ACE-III scores for this age group, including taking account of educational differences between patients.

Methods:
The ACE-III was administered to 59 patients prior to diagnosis. The extent to which scores predicted gold standard diagnosis of dementia (55.9%) or no-dementia (44.1%), and the relationship between ACE-III performance and years of education was examined.

Results:
Overall diagnostic accuracy was excellent, area under receiver operating characteristic curve 0.907. Use of the higher published cut-off score (88/100) would result in unacceptably high rate of false positive diagnoses. The lower published cut-off (82/100) gives better overall accuracy but optimal diagnostic performance is for scores below 81. Years of full-time education had a significant positive relationship with total ACE-III scores. Exploratory analysis indicated that optimal cut-offs were different for higher vs. lower education groups.

Conclusions / Recommendations:
The ACE-III has sufficient diagnostic accuracy for dementia in the 75-85 year age group to recommend its use in clinical practice. The higher published cut-off (88) should not be used and the lower published cut-off (82) used with caution. A cut-off of 81 or a more conservative score might be preferred, especially in moderate and low prevalence settings. Routine consideration of patients' educational history is necessary when interpreting ACE-III scores, with further investigation indicated when scores fall close to cut-off values.

Completed Research Projects

ABC Study of Mood Disorders:
A Bipolar II Disorder Cohort

Professor I.N. Ferrier, Newcastle University, i.n.ferrier@ncl.ac.uk

Dr Tom Hughes, LYPFT, tomhughes@nhs.net

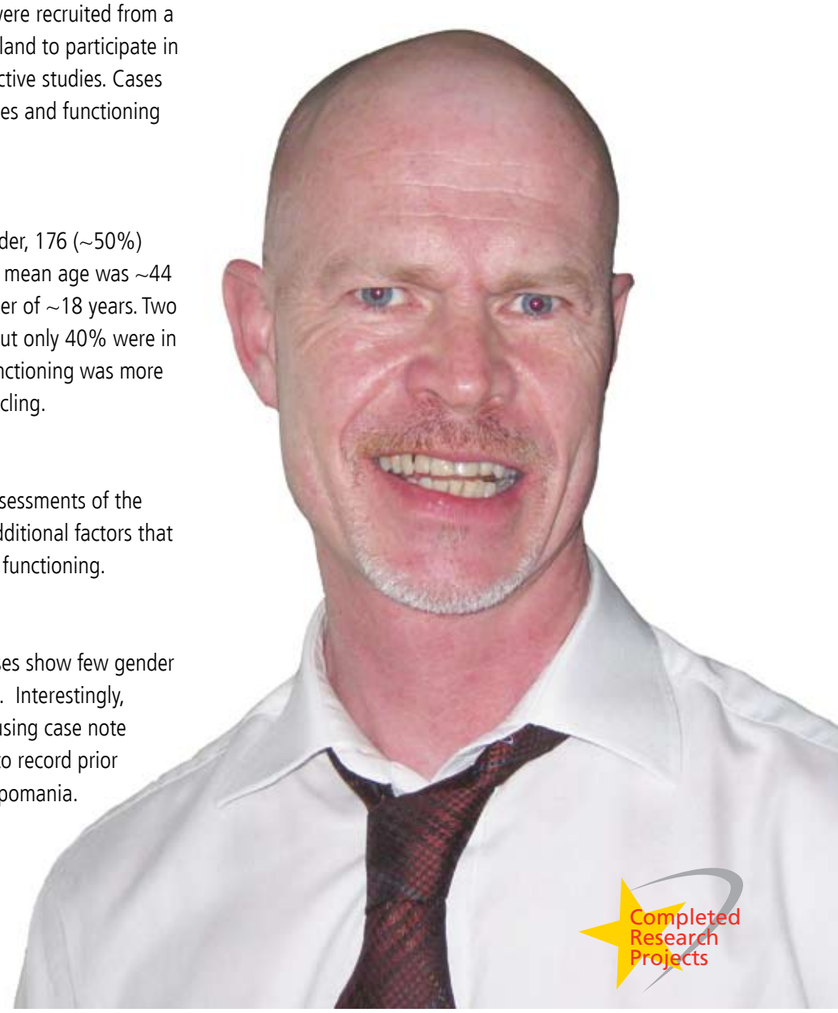
Background
Bipolar II disorder (BP II) is a chronic, frequently co-morbid, complex disorder with similar rates of attempted suicide to BP I. However, case identification for BP II studies (e.g. clinician diagnosis) can increase the risk of recruiting BP spectrum cases. This paper reports on misidentification rates when recruiting from primary and mental health service settings and then describes the clinical characteristics of a carefully defined BP II cohort.

Methods-
A cohort of rigorously defined BP II cases were recruited from a range of health services in the North of England to participate in a programme of cross-sectional and prospective studies. Cases identification, and rapid cycling, comorbidities and functioning were examined.

Results-
Of 355 probable clinical cases of BP II disorder, 176 (~50%) met rigorous diagnostic criteria. The sample mean age was ~44 years, with a mean duration of mood disorder of ~18 years. Two thirds of the cohort were female (n=116), but only 40% were in paid employment. Current and past year functioning was more impaired in females and those with rapid cycling.

Limitations-
This paper describes only the preliminary assessments of the cohort, so it was not possible to examine additional factors that may contribute to the explained variance in functioning.

Conclusions-
This carefully ascertained cohort of BP II cases show few gender differences, except in functional impairment. Interestingly, the most common problem identified with using case note diagnoses of BP II arose because of failure to record prior episodes of mania, not failure to identify hypomania. (n=249)



Completed Research Projects

Completed Research Projects

Occupational therapy
in adult eating disorder services

Methodology:
A qualitative approach based on the interpretive phenomenological approach was utilised. Through thematic analysis, three subordinate themes emerged.

Findings:
The three themes highlighted that the role of occupational therapists (OTs) involved anxiety management; exploring meaningful occupations; and working in a multidisciplinary team (MDT). What makes occupational therapy (OT) in managing anxiety in eating disorders different to the interventions of other health professionals is the use of meaningful activities and real life situations to provide opportunities to develop alternative coping strategies. Use of meaningful occupation as the medium for therapy was what made their contribution to eating disorders unique. The understanding of the role of OT by other members of the MDT varied across the different settings in which the participants worked. Two of the participants articulated that this was a barrier to maintaining an occupational focus in their practice. Balancing generic tasks and tasks specific to OT were also found to be a challenge in this setting. The participants identified several facilitators of overcoming this barrier to promote their role and maintain an occupational focus.

Conclusion:
OTs play an important role in the recovery of eating disorders and have a unique contribution to bring to MDT through their expertise in meaningful occupation and its potential to improve the health and wellbeing of service-users. It is crucial that OTs continue to be confident in and promote their specific skills. With the drive towards wellbeing being prioritised in healthcare nationally and internationally, OTs have a platform to promote their role and how it can contribute to this, both to other staff in their team and to commissioners.

Caris McMullan, Northumbria University,
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Supervisor: **Stephanie Whittington,**
Lecturer at Northumbria University.

Ms Bernadette MacLagan, LYPFT,
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Completed Research Projects

Personality Disorder Network
implementation of discharge recommendations

A two year review of the implementation of discharge recommendations in the Personality Disorder Network

Objectives: To evaluate staff and service user experiences of the current discharge process within the Leeds Personality Disorder Managed Clinical Network and broader factors associated with managing endings.

Design/Method: The evaluation employed a qualitative design in which representative staff (N=7) and service user focus groups (N=6) were conducted to explore participant experiences of endings and discharge. An Interpretative Phenomenological Analysis (IPA) informed thematic analysis methodology was used to collect and analyse the data.

Results: Independent diagrammatic models of staff and service user reflections of discharge were constructed depicting key themes developed from the focus groups. These themes centred on the emotional responses and consequences of discharge and the factors which contributed towards, but also moderated these behaviours. Another significant finding was the notion of 'discharge as a clinical intervention' forming a key part of the work within care co-ordination. Similarly, service users commented on the challenging transitional nature of discharge -"Yes it's going to happen but it's how it is dealt with".

Conclusions: The results provide valuable learning and key recommendations around how to effectively manage discharge within a community personality disorder service.

Kimberley Keane, LYPFT, k.keane@nhs.net
Jana Fusekova, LYPFT, jana.fusekova@nhs.net
Sharon Prince, LYPFT, sharon.prince@nhs.net

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 - **(on request)** 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 - **(on request)** 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 - **(on request)** 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.

N/B: Google, Current Awareness and Making the most of your Athens account on now offered on request.

May	Day	Time	Course	Location
1	Friday	10:00 - 12:00	Cochrane	Bexley
5	Tuesday	09:30 - 11:30	Cochrane	IT Suite, Mount
7	Thursday	09:30 - 12:00	Healthcare Databases	LGI
15	Friday	09:30 - 12:00	Healthcare Databases	IT Suite, Mount
15	Friday	12:30 - 14:30	Critical Appraisal	IT Suite, Mount
19	Tuesday	09:00 - 16.30	Return to Study	St. Mary's Hospital
21	Thursday	09:30 - 10:30	E-Journals	IT Suite, Mount
27	Wednesday	15:00 - 16:00	E-Journals	LGI
28	Thursday	09:30 - 12:00	Healthcare Databases	Boardroom, Bootham Park Hospital
28	Thursday	12:30 - 13:30	E-Journals	Boardroom, Bootham Park Hospital
28	Thursday	14:00 - 16:00	Cochrane	Boardroom, Bootham Park Hospital

June	Day	Time	Course	Location
3	Wednesday	09:00 -16:30	Finding & Appraising the Evidence	LGI
5	Friday	14:00-16:30	Healthcare Databases	IT Suite, Mount
9	Tuesday	14:00-16:00	Critical Appraisal	LGI
16	Tuesday	09:00 - 11:30	Healthcare Databases	St. Mary's Hospital
16	Tuesday	12:30 - 13:30	E-Journals	St. Mary's Hospital
16	Tuesday	14:00 - 16:00	Cochrane	St. Mary's Hospital
18	Thursday	12:00 - 13:00	E-Journals	Bexley Wing
29	Monday	10:00 - 12:00	Google	LGI
30	Tuesday	14:00 - 16:00	Cochrane	LGI

Full details and online booking forms can be found on the training calendar at:
http://www.leedslibraries.nhs.uk/Training/bookingForm.php

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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This is your chance to get involved in research!

ReQoL
Recovering Quality of Life

The ReQoL study aims to develop a new questionnaire to assess the quality of life for people with different mental health conditions. The study team are aiming for the measure to be valid across all mental health diagnoses except dementia. The research is being carried out by The University of Sheffield and funded by the Department of Health. R&D staff working on this study need to screen caseloads to identify and invite eligible service users to take part. WE NEED YOU TO HELP WITH THIS. For more information or to express interest, please contact Alice Locker, 0113 2952441, or alice.locker@nhs.net

The STEPWISE study is an intervention about healthy living and weight loss for patients taking antipsychotic medication. The healthy living intervention is adapted from the highly successful DESMOND intervention for patients with diabetes. The aim of the intervention is to avoid or reduce weight gain due to antipsychotic medication. We need to identify eligible patients. WE NEED YOU TO HELP WITH THIS. For more information or to express interest, please contact Aishia Perkis, 0113 2954544 or aishiaperkis@nhs.net

STEPWISE