



Innovation

Research and Development Newsletter



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Annual Research Forum 2017



Articles about recently completed research projects are marked with this symbol.

SAVE THE DATE: Our next Annual Research Forum will be on Thursday 9 November 2017.

It seems a long time since the first edition of Innovation in Summer 2009. Twenty-seven issues later and eight Annual Research Forum events on, we are still learning about how best to inform people about research and get the findings into practice. I am having ideas about how to improve the way we do these things as I type this editorial! In the R&D Team we are screening outcomes from the high quality nationally funded studies in order to update colleagues at meetings such as the Clinical Governance Councils and Clinical Team meetings. The main route for research outcomes to influence clinical practice is via the National Institute for Health and Care Excellence (NICE) guidelines.

A new policy briefing advocating for more and better funded mental health research has just been published by the charity McPin Foundation. See <http://mcpin.org>

I am delighted to welcome Leah Kelly to the team as a new Research Assistant who has replaced Carla Girling. Carla has moved to Sheffield to further develop her research experience and reduce her commute and we miss her. Leah introduces herself in this newsletter. We also said goodbye to Jules Beresford-Dent in March as she also reduces her commute and takes her research experience and skills to benefit the University of Bradford's team at the School of Dementia Studies. I extend a warm welcome back to Lisa Hackney who has returned to the team after maternity leave.

This relatively short newsletter contains four completed projects and the usual information about current courses, training, funding opportunities and library training dates.

A correction is required to the article 'Introducing psychological formulations in Assertive Outreach Teams' on page 13 of the last edition of Innovation (Issue 27). The definition of formulation in the context of the article should have read: 'Team Psychological Formulation refers to the process of facilitating a group or team of professionals to construct a shared understanding of a service user's difficulties. It provides a structured way to integrate information from members of a multidisciplinary team (MDT) and generate hypotheses to inform intervention planning (Johnstone, 2014)'.

If you have any feedback about this newsletter or would like to visit the R&D department and find out more about what we do, please contact:

Alison Thompson, Head of Research and Development

Email: athompson11@nhs.net or 0113 8552360



Increasing the use of formulation in the Care Homes Team

National guidance suggests care home teams should develop non-pharmacological interventions for people with dementia living in care homes as an alternative to antipsychotic medication. This evaluation intends to address any barriers to using formulation in the Care Homes Team, with the aim of increasing its use to develop practice and improve service user care.

The use of biopsychosocial formulation is recommended for service users with dementia who present with complex challenging behaviours (British Psychological Society, 2013). This approach seeks to understand and address the underlying cause of any challenging behaviour by interpreting it as an expression of unmet need. As the majority of people seen by the Care Homes Team are those with dementia and challenging behaviour it was agreed that increasing the skill and confidence of team members in the use of formulation was an important aspect of developing clinical practice within the team.

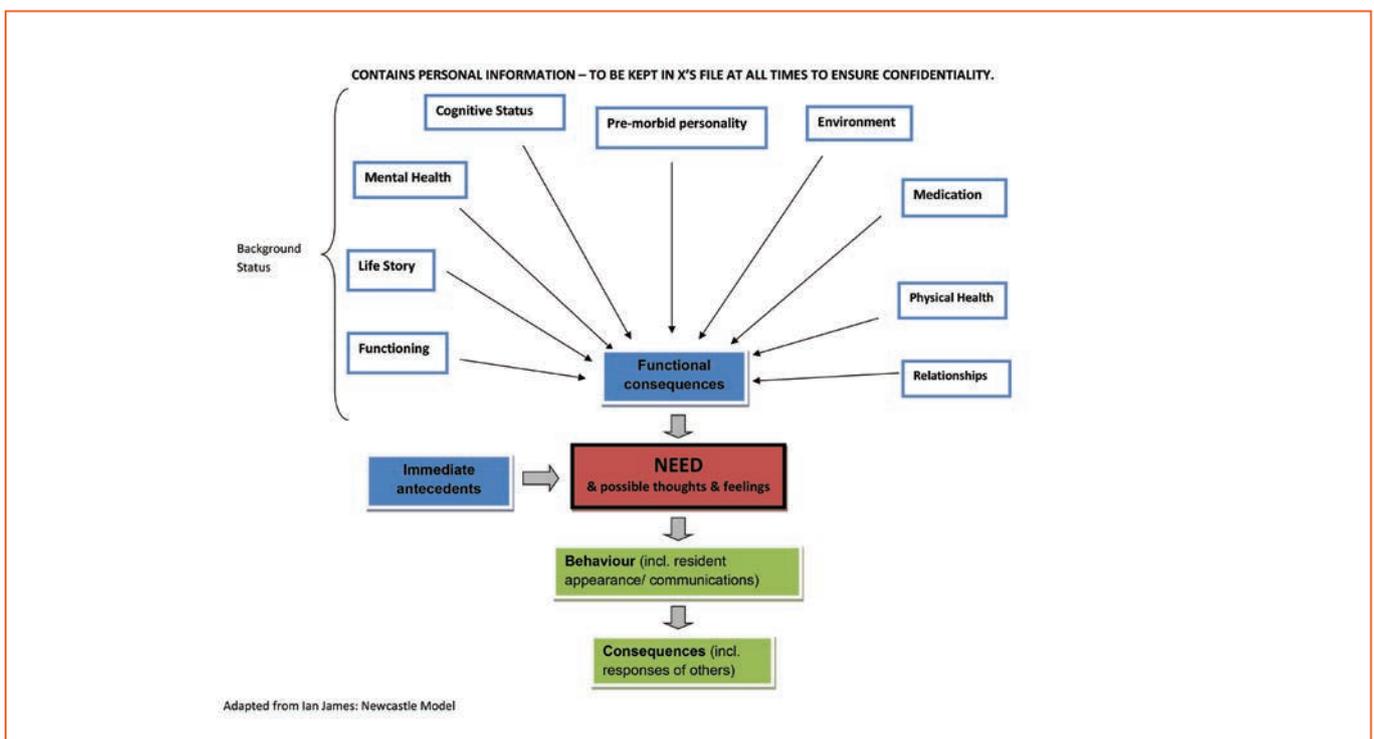
Team members were asked to complete a questionnaire to establish how often they were using formulations in their clinical practice and to identify any perceived barriers to doing this. Following this,

a plan was agreed as a basis for increasing use of formulation by team members. The questionnaire was later repeated to see the impact of this plan.

The outcomes were as follows:

- there was an increase in the number of formulations that staff were involved in
- there was an improvement in the degree to which staff rated formulation discussions as useful in both the multi-disciplinary team and care homes
- formulations more frequently informed care plans and improved outcomes for service users.

A further plan has now been put in place to support ongoing development of the use of formulation by the Care Homes Team.





Sharing lived experience in mental health interventions

Practitioners sharing lived experience with service users is considered controversial. In 2015, 200 practitioners and 111 service users at Leeds and York Partnership NHS Foundation Trust responded to a survey about sharing mental health and other types of lived experience. Half the practitioners questioned reported personal mental health lived experience.

Thirteen of those who responded to the survey took part in focus groups to discuss the issues raised. They described almost 500 real-life examples of practitioners sharing things with service users. They rated the helpfulness of different types of hypothetical disclosure, including mental health lived experience. They also rated how helpful it is when practitioners in different job roles shared mental health lived experience, e.g. peer support workers, doctors and nurses.

Almost all of the given real-life examples were well made and well received. Practitioners favour disclosures such as hobbies and pastimes which they perceive as less risky, and tend to avoid sharing mental health lived experience which they see as the domain of peer support workers. In contrast, service users value the sharing of mental health lived experience most highly, and value it when this experience is shared by practitioners in all job roles except for non-clinical staff.

Sharing mental health lived experience carries risk if it is not done correctly, but can also bring benefits when carried out successfully. Stigma, isolation, despair, and disengagement may be decreased by disclosure and increased by non-disclosure. Fear of disclosure appears to be out of proportion to actual risk. In practice, most practitioners make helpful disclosures that do not lead to negative consequences.



Jonny Lovell, University of York, jl1155@york.ac.uk

Supervised by: Professor Martin Webber, University of York

Journeying through Dementia



Do you have dementia or provide support to someone who does?



The **Journeying through Dementia Research study** is based on the idea that what we do in our everyday lives is important for our general health and wellbeing. We want to find out whether attending the Journeying through Dementia programme can help people with early stage dementia to live a healthy and fulfilling life.

Please contact the study team for more information:



Crystal

Holly

Telephone: Crystal on 01138 554431 or Holly on 01138 558307

Email: c.romain-hooper@nhs.net or hollytaylor2@nhs.net

The Journeying through Dementia research study is funded by the National Institute for Health Research's Health Technology Assessment theme (14/140/80). The study is a partnership between the Universities of Sheffield, Bradford, Hull, Nottingham, Manchester and Sheffield Hallam in conjunction with a number of NHS trusts including Sheffield Health and Social Care Foundation trust. Journeying through Dementia is a registered trial (ISRCTN: 17993825)



Evaluation of a CAT group in a Secondary Adult Mental Health care service

A 16 session group based on Cognitive Analytic Therapy (CAT) was developed and facilitated within the Psychology and Psychotherapy Service. CAT brings together understandings from cognitive psychotherapies (such as Cognitive Behavioural Therapy) and from psychoanalytic approaches into an integrated therapy.

CAT aims to help people to understand the origins of their distress, which are often rooted in early experiences, and how their difficulties may be maintained by the ways that they have learned to cope or to manage their problems, feelings and needs.

Six people started the group (five women and one man) with one person dropping out at session six. The group was evaluated using two outcome measures: the CORE and Inventory of Interpersonal Problems (IIP), which were completed at the start and end of the group. The CORE is a 34-item measure of psychological distress and comprises 4 domains: Well-being, Symptoms, Functioning and Risk. The IIP is a self-report instrument that identifies a person's most salient interpersonal difficulties. It includes items such as 'hard to be sociable', 'hard to be open', 'too caring' and 'too dependent'. In the final session all the group members showed a reduction in their CORE outcome measures and four out of the five showed a reduction in their IIP scores.

Three months after the group finished, participants were invited to attend a follow up group, which three of the group members were able to attend. Following the completion of the same outcome measures two of the group members showed an increase in their CORE scores and all three showed an increase in their IIP scores (from the final session).

At the follow up session a focus group was also completed with the three participants and was led by a Trainee Psychologist who had not been involved in the facilitation of the group. The focus group indicated that the participants found the group supportive and that they wished the group had been longer. Opinions differed as to whether the participants would have preferred the group to be more or less structured, but there was a general consensus on the elements they found helpful. These included a therapeutic letter written to the group by the facilitators and having the opportunity to explore and challenging their problematic patterns.

In terms of data collection, a small sample size makes generalisation of findings difficult. However, the qualitative data provides some indication that elements of the group can be helpful. Further groups are planned for the service but using an open group format, where participants can stay for up to 24 sessions and new group members can join every eight weeks. Ongoing evaluation is likely to identify the most effective elements of the group for participants in order for them to be able to maintain any positive changes after the group.



The evidence for easy-read for people with intellectual disabilities

Producing accessible information for people with intellectual disabilities has been seen as a priority for the past 20 years. Easy-read resources are now widely available and several guidelines have been produced to support their development. However, little is known about the effectiveness of easy-read resources and the specific components that make it effective.

A systematic review of the literature in electronic databases (Medline, Embase, BNI, CINAHL, HMIC, PsycINFO, ERIC, PubMed, and Cochrane Library), conducted between November 2013 and January 2014, found 11 publications that attempted to evaluate the impact of easy-read resources. The large variation in methodology among studies prevented a direct comparison of results; however, there were mixed findings concerning the impact of adding illustrations to written text on comprehension.

A reader's level of familiarity with symbols emerged as an important factor, particularly with more abstract symbol systems that require some learning. Photographs and illustrations were generally found to be helpful, although it was acknowledged that these can be confusing and clear explanations are needed to ensure the correct message is conveyed. The format and level of difficulty of the text played an important role in the overall accessibility of information and particular linguistic features were associated with increased understanding.

The methodological limitations of these studies were also considered and used to inform recommendations for future research. More attention needs to be focused on evaluating and distributing easy-read information, as well as producing it.

Easy-read¹ was created to help people with learning disabilities understand information easily. Easy-read uses pictures to support the meaning of text. It can be used by a carer to talk through a communication with someone with learning difficulties so that they can understand it. Easyread is often also preferred by readers without learning disabilities, as it gives the essential information on a topic without a lot of background information. It can be especially helpful for people who are not fluent in English.



1. [www.gov.uk. Guidance on Accessible communication formats.](https://www.gov.uk/government/publications/inclusive-communication/accessible-communication-formats#easy-read-and-makaton) [ONLINE] Available at: <https://www.gov.uk/government/publications/inclusive-communication/accessible-communication-formats#easy-read-and-makaton>. [Accessed 13 March 2017].

Rebekah Joy Sutherland, Former intern at LYPFT, rebekah.shao@gmail.com

Supervised by: Dr Tom Isherwood, LYPFT, tom.isherwood@nhs.net

National Institute for Health Research (NIHR) CLAHRC

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

The CLAHRCs (Collaboration for Leadership in Applied Health Research and Care) were set up to improve patient outcomes across the geographical area covered by the Collaboration through three key interlinked functions:

- conducting high quality applied health research,
- implementing the findings from research into clinical practice,
- increasing the capacity of NHS organisations to engage with and undertake applied health services research.

Our Trust is involved with this Collaboration in a number of ways. The design and implementation of our smoke-free policy was supported by NIHR CLAHRC YH. We are an integral part of the Mental Health and Co-Morbidities theme which has generated the new mental health outcome measure Recovering Quality of Life (ReQoL), featured in previous issues of Innovation; DIAMONDS, the development of a self-management programme for those with diabetes and Serious Mental Illness and the smoking cessation research project SCIMITAR+.



Research Capacity Building (RCB) is a process of individual and institutional development that leads to higher levels of skills and greater ability to produce useful research.

The research capacity strategy for the NIHR CLAHRC YH is adapted from an evidence-informed

framework (Cooke 2005). It aims to support individuals, teams, organisations and networks to develop, and undertake, research that is useful to health services, academia and the wider economy.



Reference: Cooke, J. A framework to evaluate research capacity building in health care. BMC Family Practice 2005, 6:44



In the Trust we have had success working with Jo Cooke to offer staff opportunities such as research internships and there are plans for funded PhD places for nurses and allied health professionals and other non-medical staff.

See <http://clahrc-yh.nihr.ac.uk/> for further details.

A warm welcome...

My name is Leah Kelly and I am a new Research Assistant at the Trust.

I have a BSc (Hons) in Human Biology and Psychology, and an MSc in Cognitive Neuroscience where I undertook a Medical Research Council studentship in biomedical imaging. The aim of the studentship was to help develop brain imaging techniques used in clinical settings. Working with patient groups and in research was the perfect combination for me and I am enjoying my role with LYPFT where I can continue working in this field. Before I started my studentship I worked as a support worker in various mental health settings with both adults and children.

Since starting at the Trust in January I have taken the STEPWISE trial into its final stages and completed the remaining 12-month follow-up visits. STEPWISE is a randomised controlled trial investigating whether a group education programme can help people who are

experiencing schizophrenia, schizoaffective disorder or first episode psychosis to maintain or reduce their weight when compared to usual care. Following this, I will be working on the Yorkshire Health Survey and the Health and Wellbeing Survey. Both surveys are orientated towards gathering information about lifestyles. The Yorkshire Health Survey is open to everyone who lives in Yorkshire and the Health and Wellbeing Survey is open to those who have a diagnosis of schizophrenia, psychosis, bipolar or any associated disorders.

I am excited about research in clinical settings and I hope the lives of patients will be improved as a result of the research I undertake in my role. I look forward to meeting staff, service users and carers when promoting the research projects we are running in the Trust.



Leah Kelly, Research Assistant leah.kelly@nhs.net

NIHR Public Health Research Information Events

Save the Date

The National Institute for Health Research (NIHR), with the support of the regional Research Design Services (RDS), is hosting events throughout the country giving you an opportunity to gain a greater understanding of the NIHR Public Health Research (PHR) programme.

The PHR programme funds research to generate evidence to inform the delivery of non-NHS interventions intended to improve the health of the public and reduce inequalities in health. The scope of the programme is multi-disciplinary and broad, covering a wide range of interventions that improve public health.

PHR funded research will serve a variety of key stakeholders including: decision-makers in local government; primary care organisations and other local public services; third sector organisations; relevant national agencies (e.g. NICE) concerned with improving public health and reducing health inequalities; researchers; public health practitioners and the public.

During the events senior PHR programme staff will be joined by RDS colleagues and a local PHR funding panel or board member who will provide informative presentations. These presentations will later be followed by a Q and A session.

Researchers currently developing, or considering developing, a proposal for submission to PHR for funding are invited to take advantage of a one to one session (subject to availability) with PHR programme and RDS staff to discuss their proposed study.

More detail including how you can reserve a place at one of these events will follow.

Events are being arranged in the following areas:

Date	Venue
Wednesday 24 May	Birmingham
Friday 14 July	Bristol
Thursday 23 November	Newcastle
TBC	Liverpool

Additionally, an **interactive webinar** will be held on Wednesday 20 September 2017

Registration to these events will be **FREE** and refreshments will be provided.

RDS YH Grant writing workshops

The National Institute for Health Research (NIHR)-funded Research Design Service Yorkshire and the Humber (RDS YH) is one of ten regional services across England that offers design and methodological support to health researchers who are developing research applications. RDS YH covers South Yorkshire, West Yorkshire, North and East Yorkshire and North East Lincolnshire.

RDS YH is offering FREE one-day grant writing workshops in Sheffield and York. The workshops are aimed at researchers in applied healthcare who are interested in submitting a grant application to NIHR. To get the most out of the workshop, come with a research question for a proposal that you would like to develop.

If you are a first time applicant, have been unsuccessful with an NIHR application in the past or simply want to understand what makes a good grant application, then this workshop is for you.

The workshop will provide practical and contextual advice in answer to the following questions:

- What do NIHR and funding panels look for in a research proposal?
- What should you be thinking about at the outset (is your idea unique, needed and/or a priority for NIHR or the funder?)
- How should you frame a research question?
- What are the key elements of a strong funding proposal?

- What should your research team look like?
- Who needs to be involved (public involvement, user involvement, specialist involvement etc.)?
- What is involved in study design?
- How do you deliver if the grant is successful?
- How can you think about impact?

To book your place on the course in Sheffield, visit: <http://bit.ly/2lu99RX>

To book your place on the course in York, visit: <http://bit.ly/2IEI80i>

Date	Venue
Wednesday 17 May	Sheffield
Wednesday 27 September	York

The Nottingham Systematic Review Course

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, and 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.

For general enquiries and bookings, contact Jackie Patrick on 0115 823 1287 or jacqueline.patrick@nottingham.ac.uk. For course content enquiries, please contact Jun.xia@nottingham.ac.uk.

Date	Venue
Tuesday 20 - Friday 23 June (four day course)	Institute of Mental Health Building University of Nottingham Nottingham NG7 2TU



NIHR funding opportunities

The NIHR Clinical Research Network Portfolio is a database of clinical research studies that shows 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 on to the portfolio can access infrastructure support and NHS service support costs to aid with study promotion, set-up, recruitment, and follow-up.

Funding stream	Deadline
Health Services and Delivery Research	Researcher-led – 19 January 2017, 1pm
Health Technology Assessment (HTA)	Primary Research (EoI to full) – 1 June 2017, 1pm
Programme Grants for Applied Research (PGfAR)	Competition 24 (Stage 1): 26 July, 1pm
Programme Development Grants	Competition 19: 25 April 2017, 1pm
Research for Patient Benefit (RfPB)	Competition 32 (Stage 2): Date/time in July TBC

Funding streams:

- 1. Efficacy and Mechanism Evaluation (EME):** Researcher-led and aims to improve health/patient care. Its remit includes clinical trials and evaluative studies.
- 2. Health Services and Delivery Research (HS&DR):** Funding research to improve the quality, effectiveness and accessibility of the NHS, including evaluations of how the NHS might improve delivery of services. It has two work streams, researcher-led and commissioned.
- 3. 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.
- 4. NIHR Fellowships:** Support outstanding individuals to become the health research leaders of the future by contributing to research costs needed to complete an identified research project.
- 5. Programme Grants for Applied Research:** To produce independent research findings that will have practical application for the benefit of patients and the NHS in the relatively near future.
- 6. Programme Development Grants:** Intended to meet the further development needs of those intending to apply for a Programme Grant for Applied Research.
- 7. Public Health Research (PHR) Programme:** Funds research to evaluate non-NHS interventions intended to improve the health of the public and reduce inequalities in health.

For further details, see: <http://www.nihr.ac.uk/funding/programme-grants-for-applied-research.htm>



**National Institute for
Health Research**

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 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 and e-books – Aimed at staff who wish to use e-journals and e-books to support their practice or professional development.

Google training – (on request) Aimed at 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) Aimed at staff who wish to better understand their Athens account and learn about the e-resources that are accessible to them.

The Current Awareness and Making the most of your Athens account courses are now offered on request as a tutorial. Please contact

libraryandknowledgeservices.lypft@nhs.net for more details.

Full details and online booking information can be found at: <http://www.leedslibraries.nhs.uk/Training/bookingForm.php>

MAY				
9	Tue	10:00-12:00	Critical Appraisal	IT Suite, The Mount Annexe
11	Thur	09:00-16:30	Return to Study	RiO Training Room, St Mary's Hospital
15	Mon	13:00-15:00	Using the Cochrane Library to find high quality information	Bexley IT Suite, Bexley Wing, SJUH
15	Mon	10:00-12:30	Using healthcare databases effectively to support your work	Bexley IT Suite, Bexley Wing, SJUH
17	Wed	09:00-16:30	Finding and appraising the evidence	Bexley IT Suite, Bexley Wing, SJUH
22	Mon	10:00-12:00	Google and beyond	Library, Stockdale House
JUNE				
2	Fri	13:30-15:30	Using the Cochrane Library to find high quality information	Bexley IT Suite, Bexley Wing, SJUH
2	Fri	10:00-12:30	Using healthcare databases effectively to support your work	Bexley IT Suite, Bexley Wing, SJUH
5	Mon	10:00-12:00	Google and beyond	IT Suite, The Mount Annexe
8	Thur	14:00-16:00	Critical Appraisal	Meeting Room 1, Stockdale House
8	Thur	09:00-16:30	Return to Study	RiO Training Room, St Mary's Hospital
15	Thur	09:00-16:30	Finding and appraising the evidence	Library and Evidence Research Centre, LGI
19	Mon	10:00-12:30	Using healthcare databases effectively to support your work	IT Suite, The Mount Annexe

Contact us R&D

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

For more information please contact:

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SAVE THE DATE: Annual Research Forum 2017

Date	Venue
9 November 2017	Horizon, Leeds.

The annual Research Forum is an all-day event hosted by Leeds and York Partnership NHS Foundation Trust's Research and Development and Library and Knowledge Services Teams. Its purpose is to showcase some of the research and evaluation work that our Trust and academic staff have completed in the previous year.

The Forum is held in November, in part to coincide with the completion of the projects from the Doctorate in Clinical Psychology course at the University of Leeds. Around 90-100 delegates attend, including service users, carers, nurses, allied health professionals, psychologists, academics, researchers and psychiatrists.

The projects are presented either in plenary or workshop sessions by the researchers or in poster

form. There are typically 15-20 posters and these will be judged by delegates attending the event, with prizes awarded for 1st and 2nd places.

Registration and poster submission details will be available shortly, and a full programme of the event will be advertised in the autumn.

This is a FREE all-day event, including lunch.