



West Yorkshire  
Mental Health and Learning Disabilities Research Partnership

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# Innovation

Research and Development  
Newsletter

## NICE Scholarship

Tom Muskett has been awarded one of the first ever scholarships by NICE.

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## National Institute for Health and Clinical Excellence

one of the first ever scholarships awarded by NICE



**Dr Tom Muskett,**  
Research and  
Development  
Manager at the  
Northern School of  
Child and Adolescent  
Psychotherapy  
(NSCAP),

Dr Tom Muskett, has been awarded one of the first ever scholarships by NICE. Only ten of these scholarships have been awarded nationally across all healthcare sectors, with Tom's project the only award in mental health. NICE Scholarships typically involve the design and implementation of a year-long research or evaluation project in an area relevant to a piece of NICE guidance. In addition, scholars are required to act as local ambassadors for NICE and become closely involved in other aspects of NICE's activities. In Tom's Scholarship project, he will examine the implementation within Child and Adolescent Mental Health Services (CAMHS) of

NICE's clinical guidance for the management of moderate/severe depression in adolescents. Tom will receive mentoring from senior individuals within NICE during this project, and will work closely with practitioners and service users across three regional CAMHS to map care pathways for adolescents with profiles of more intractable or complex mental health needs that include depression as a component. He will then conduct detailed semi-structured interviews with practitioners and service users in these services to examine three related issues: firstly, how and why care pathways vary between these specific services; secondly, any apparent practical or organisational barriers to the implementation of NICE's guidance in these services; and thirdly, the involvement of individual service users within these services in decision making about their own care.

The NICE Scholarship is one of several projects that Tom is currently working on at NSCAP, where he is developing several linked research programmes relevant to regional and national child and adolescent mental health services and psychotherapy. For more information about the NICE Scholarship or any of these other projects, contact Tom at [thomas.muskett@leedspft.nhs.uk](mailto:thomas.muskett@leedspft.nhs.uk).

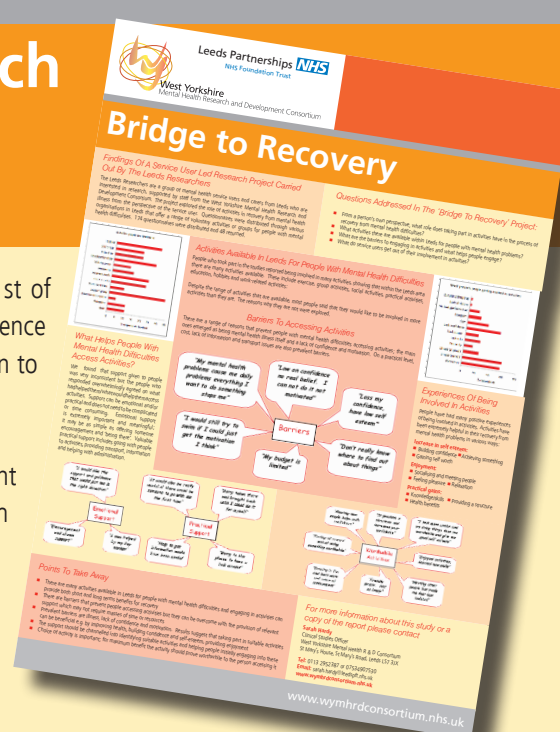


## Mental Health Research Network. Scientific Conference

The MHRN held its national scientific conference in Bristol between the 19th and 21st of April 2010. The conference was organised by the MHRN's West Hub. At the conference prizes were given to individuals from each hub that had made outstanding contribution to the network.

A poster competition was held and this year out of over fifty posters the top prize went to a poster on a service user led research project entitled 'Bridge to Recovery' by Sarah Hardy. The research project itself was supported by the West Yorkshire Mental Health Research and Development Consortium.

Extract from an article in NHIR Service Users in Research Bulletin April 2010 re [sarah.hardy@leedspft.nhs.uk](mailto:sarah.hardy@leedspft.nhs.uk)



## Mechanisms of Change

a therapeutic approach

This research is a psychotherapy process study, looking at the experience of clients in a session of Motivational Interviewing (MI), a therapeutic approach known to be effective in the treatment of substance use problems. Clients were interviewed using Interpersonal Process Recall (IPR) methodology, which is a structured interview method, utilising videotape of the MI session to aid client recall. Clients were asked to comment in the session, describing aspects that they experienced as important. The study then used Grounded Theory (GT) to analyse transcriptions of interviews. Through systematic coding of the data, categories emerged which were structured in a theoretical formulation of the client's experiences of a session of MI. The results suggest that there are multiple intrapersonal and interpersonal factors that are perceived as being important when

thinking about change in a session of MI. Clients reflected that therapist qualities, skills, and the experience of a therapeutic alliance enabled an interpersonal interaction that involved an open discussion about alcohol use. Clients perceived that there were intrapersonal processes that were important in their experience of the session, these were increased awareness, self esteem, self efficacy, autonomy and activation of emotion. The social and clinical context of the session was also described as important. The results from the current study support the presence of factors that have been identified in the literature as mechanisms of change in MI and also highlight the importance of common factors in therapy.

**Sarah Amelia Jones** [mdsaj@leeds.ac.uk](mailto:mdsaj@leeds.ac.uk)



## Introduction to aspire

early Intervention for Psychosis service in Leeds

**aspire** is the Early Intervention for Psychosis service in Leeds (EI). It is one of the 50 EI services that were included in the National Service Framework and Policy Implementation Guide (2000) and has provided a city wide service since 2004. **aspire** is unique to its sister EI services in that the Leeds PCT directly commissioned the service from a mental health voluntary organisation: Community Links. As a consequence, **aspire** is based in primary care. **aspire** maintains strong links and partnerships with CAMHS, Leeds Partnerships NHS Foundation Trust, and other youth and third sector services.

The service is committed to providing evidence based practice and continues to evolve its practice in line with the emerging evidence base. In addition, **aspire** is dedicated to adding to the emerging evidence base in first episode psychosis and has an active research programme which attracts regular interest and placements from trainees from the Clinical Psychology Doctorate Programme at Leeds University and Specialist Registrars in Leeds. **aspire** is involved in providing teaching and training to local universities and local services and regularly contributes to national and international conferences.

### Completed Project

An IPA Analysis of the Links between Discrimination and Paranoia. Current psychological models of psychosis understand the experiences of voice hearing and unusual beliefs as a continuum of experiences in the general population and as a coping strategy for early traumatic experiences.

This study explores the possible links between experiences of discrimination and the development of paranoid beliefs, using a qualitative methodology, for 4 young people experiencing a first episode of psychosis. Interpretative Phenomenological Analysis (IPA) offers an analytic process where the researcher is interpreting and making sense of the participants' interpretation of their experiences.

The experience of a first episode of psychosis led to feelings of loss and the disruption of life plans for participants and each one talked about engaging in a dynamic process of making sense of their experiences of psychosis. The participants described experiences of discrimination (bullying, racism, sexism) as being opportunities to educate themselves about the way people treat each other and this enabled them to develop strategies for survival and protection. Some of these strategies included being overly cautious and making assumptions about the risk and level of threat which were sometimes unfounded. The participants talked about the increasing suspiciousness becoming more of a problem over time, developing into unusual and paranoid beliefs about their safety.

Qualitative methodology does not seek to generalise findings but this study suggests that discrimination can result in a complex interaction of sense making and the search for survival and self protective strategies.

**Gupta Anjula** [anjula.gupta@leedspft.nhs.uk](mailto:anjula.gupta@leedspft.nhs.uk)

# Research Assistants

who we are and what we do



I am **Emma Wells**, one of the newly appointed research assistants working within the West Yorkshire Mental Health and Learning Disabilities Research Partnership. I am a Psychology graduate with an interest in pursuing a career in clinical psychology and mental health research. On completion of my degree I worked as a support worker in residential settings providing health and social care support to young adults with learning difficulties and mental health problems. I was then fortunate enough to secure a research post at Lancaster University where I was involved in a large-scale national research project funded by the Department for Children, Schools and Families which investigated the impacts that short breaks (formerly known as 'respite' care) have on the lives of families with disabled children. I have taken up post as a research assistant within Leeds Partnerships NHS Foundation Trust in order to apply my research skills to mental health-related projects, to learn more about the current research activities, and to contribute to a field of work that I feel is of incredible value. I will be working on a number of National Institute for Health Research portfolio projects such as CEQUEL, OASIS, VIEWPOINT, PAPP, ABC, REAL, and AESOPS and one of my main roles will be to increase participant recruitment to these studies.

**Emma.wells@leedspft.nhs.uk T: 0113 2952441**



My name is **Tendayi Guzha**, I am one of the new Research Assistants within West Yorkshire Mental Health and Learning Disabilities Research Partnership. I am an Applied Psychology graduate from Durham University whose interests lie in mental health. I would like to see a better understanding of mental health issues and contribute to improvements in the services available. I hope to achieve this in my role as a Research Assistant on National Institute for Health Research Portfolio studies.

In my previous job I worked in a residential setting, Woodland Square, as a Clinical Health Support Worker in the areas of learning disabilities, mental health and challenging behaviour. I also volunteered for Mind, the national charity campaigning to promote and protect good mental health.

I have recently started working on Viewpoint, a cross sectional study investigating people's experience of stigma and discrimination in mental health. The study will enable people to voice their experiences, and the research made available from this will hopefully inform and support future clinical practice.

**Tendayi.guzha@leedspft.nhs.uk T: 0113 2954544**



I am **Rebecca Savage**, I work as a part of the Research and Development team within West Yorkshire Mental Health and Learning Disabilities Research Partnership and Leeds Partnerships NHS Foundation Trust. My role within the team is as a Research Assistant which involves different aspects of research in collaboration with local clinicians, the University of Leeds and Community Mental Health Teams. I am also involved in portfolio research in conjunction with The National Institute for Health Research.

Prior to becoming a Research Assistant in Leeds, I worked as a Research Assistant within Derbyshire County Primary Care Trust. I have also worked in a crisis and assessment unit with children and young people. My academic background is in Psychology through which I graduated from Keele University with BSc English and Psychology. I graduated from Durham University with MSc Developmental Psychopathology.

In my spare time I volunteer for Sense, a national charity for children, young people and adults with sensory impairments and co-morbidity of disabilities and disorders. As a Research Assistant within West Yorkshire Mental Health and Learning Disabilities Research Partnership, I will contribute to bridging the gap between research and clinical practice in the field of Mental Health eg by looking at crisis planning.

**Rebecca.savage@leedspft.nhs.uk T: 0113 2952634**



I am **Lucas Coulson** (Research Assistant) Qualified as a Registered Psychiatric and General Nurse in Australia for 15 years, Lucas has an extensive background in Acute Psychiatric Care across a range of community settings, specifically Crisis Assessment and Intervention. He has previously worked at the internationally renowned 'Early Psychosis Prevention and Intervention Centre' at ORYGEN Youth Health with Professor Patrick McGorry in Melbourne, Australia. Lucas was a Senior Clinician on the pioneering 'Youth Access Team', a specialist Crisis Assessment and Intervention Team for young people with First Episode Psychosis and high prevalence disorders. He has previously been the recipient of several peer nominated network

and service awards for outstanding clinical achievement and commitment in his practice. Lucas has been involved with research activities at ORYGEN Youth Health and the Early Intervention Programme for Psychosis (PEPP-Montreal) Montreal, Canada. At present he is undertaking study at Leeds University enrolled in the Post-Graduate Certificate for Health Sciences Research. Lucas will be actively working on National Institute for Health Research portfolio projects and will be based in the South West Yorkshire Partnership NHS Foundation Trust. **Lucas.coulson@swyt.nhs.uk T: 01924 328104**



# Frequently Asked Questions

## everything you need to know

### 1. When is NHS approval required?

If you plan to conduct a research project or service evaluation/development project within Leeds Partnerships Foundation Trust, or South West Yorkshire Partnership NHS Foundation Trust (LPFT, and SWYPFT) you will need to apply for NHS Trust Approval using the West Yorkshire Mental Health and Learning Disabilities Research Partnership procedures – see How do I apply for NHS Approval.

### 2. How do I apply for NHS Research and Development approval?

There are two options for making applications to NHS R&D offices for permission to conduct research. IRAS is a single, integrated research application system that has been designed to capture the information needed to be submitted by researchers for the relevant permissions and approvals to enable the conduct of health and social care research in the UK. IRAS is available at [www.myresearchproject.org.uk](http://www.myresearchproject.org.uk).

This system allows the completion of:

- NHS Research Ethics Committee form – the generic form for obtaining REC approval for the project across the NHS
- NHS R&D Form – the generic form for obtaining research governance approval from all NHS Trusts
- Site Specific Information Form (SSIF) – contains specific local information for local R&D approval of projects, and supplements the NHS R&D form above.

For the partnership information requirements for research projects see Project Approvals Procedure at:  
<http://www.wymhrdconsortium.nhs.uk/folders.htm?categoryID=9&section=6>

For the partnership information requirements for service evaluation/development projects see Project Approvals Procedure at:  
<http://www.wymhrdconsortium.nhs.uk/folders.htm?categoryID=9&section=6>

### 3. Do I need ethical approval?

All research undertaken within the NHS requires both:

- management approval from R&D offices at each site (or in this case the Partnership) and
- approval from an NHS Research Ethics Committee. However, not all of the projects undertaken within the NHS are classified as research.

If you plan to conduct an audit or service evaluation then it would NOT be classified as research for the purposes of ethical review and therefore would not require ethical review by an NHS REC. Please contact us on 0113 2952387 for a leaflet or see the defining research leaflet of the National Research Ethics Website for further guidance at:  
<http://www.nres.npsa.nhs.uk/applicants/apply/research-in-the-nhs/>

### 4. How do apply for ethical approval?

The process of applying for NHS REC approval is explained in full on the National Research Ethics Website. See the following web link for guidance: <http://www.nres.npsa.nhs.uk/applicants/apply/>

### 5. How do apply for social care approval?

If your study involves social care, social work or any aspects of either permission is required from Health and Social Care Council Research Office. Each local authority will have different arrangements in place for research involving social care participants therefore please talk to your Local Research Governance department in the local authority. For

- Kirklees Council the link is <http://www.kirklees.gov.uk/community/health-care/research/research.shtml>
- Leeds City Council [http://www.leeds.gov.uk/Health\\_and\\_social\\_care/Research\\_Governance.aspx](http://www.leeds.gov.uk/Health_and_social_care/Research_Governance.aspx)

If you are using the new Integrated Research Application System (IRAS) this captures information needed to submit for all the relevant approvals. For further detail see: <https://www.myresearchproject.org.uk/>

### 6. When should a research project be registered?

- With NHS Trusts  
All research, service evaluation and audit projects should be registered with the NHS Trust even if the project does not need ethical approval.
- With the United Kingdom Clinical Research Network (UKCRN)  
The Department of Health is integrating the functions of the National Research Register (NRR) into the UKCRNs Portfolio Database. To identify whether your study will be eligible for inclusion in the UKCRN portfolio database please see: [http://www.ukcrn.org.uk/index/clinical/portfolio\\_new/P\\_eligibility.html](http://www.ukcrn.org.uk/index/clinical/portfolio_new/P_eligibility.html)

If you consider your project to be eligible, an application is made as part of the IRAS process. Registration of your project with the UKCRN may also lead to registration within specific research networks, for example the Mental Health Research Network.

- With the Integrated Research Application System (IRAS)  
Please check question 3. Do I need ethical approval? First. If so, it is a good idea to start the application form as soon as you have developed your research protocol as the process of gaining ethical approval can be quite lengthy.

### 7. When is an Audit appropriate?

For guidance please see the partnership leaflet:  
[http://www.wymhrdconsortium.nhs.uk/siteDownloads/0800\\_6\\_Audit%20evaluation\\_1.pdf](http://www.wymhrdconsortium.nhs.uk/siteDownloads/0800_6_Audit%20evaluation_1.pdf)  
Also further information can be found at the National Research Ethics Website at:

<http://www.nres.npsa.nhs.uk/EasysiteWeb/getresource.axd?AssetID=340&type=Full&servicetype=Attachment>

### 8. When is a Service Evaluation appropriate?

For guidance please see the partnership leaflet:  
[http://www.wymhrdconsortium.nhs.uk/siteDownloads/0800\\_6\\_Audit%20evaluation\\_1.pdf](http://www.wymhrdconsortium.nhs.uk/siteDownloads/0800_6_Audit%20evaluation_1.pdf)

Also further information can be found at the National Research Ethics Website at:  
<http://www.nres.npsa.nhs.uk/EasysiteWeb/getresource.axd?AssetID=340&type=Full&servicetype=Attachment>

### 9. When is a research project appropriate?

For guidance please see the partnership leaflet:  
[http://www.wymhrdconsortium.nhs.uk/siteDownloads/0800\\_6\\_Audit%20evaluation\\_1.pdf](http://www.wymhrdconsortium.nhs.uk/siteDownloads/0800_6_Audit%20evaluation_1.pdf)

Also further information can be found at the National Research Ethics Website at:  
<http://www.nres.npsa.nhs.uk/EasysiteWeb/getresource.axd?AssetID=340&type=Full&servicetype=Attachment>

### 10. How do I get started on a research that is part of an academic course?

All academic studies should be approved by your University and you should always seek advice and support from your academic supervisor, particularly about whether you need to gain University Ethical approval. The procedures for academic research will vary depending on your programme of study:

- Undergraduate Projects  
It is unlikely that the nature of the research you are conducting will require NHS or Ethical approval but check with your course supervisor or local Trust if unsure.
- Masters Dissertations  
This type of project is likely to need NHS approval, however guidance should be sought from the partnership on whether ethical approval is needed. Please see: <http://www.wymhrdconsortium.nhs.uk/contact.htm>
- Doctoral Level Research  
This type of project will almost always follow the same process as any other research project in the NHS so please follow the same process for research applications.

Students seeking NHS approval will also need to provide evidence of supervisors comments and/or reviews from university ethics panels (or similar) as evidence of peer review. Students are most likely to be sponsored by their university and should provide a letter confirming the

university's willingness to fulfil the duties as described in the Research Governance Framework.

### 11. When should I consider Intellectual Property and how can it be protected?

At the start of a project a researcher who is intending to publish their findings, or who believes there may be some potential commercial value from their research, should make themselves aware of the Trust's Intellectual Property Policy and the Department of Health's guidance on 'Handling Inventions and Other Intellectual Property' (1998). Please see the link: [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4014377.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4014377.pdf)

Intellectual property is:

'The novel or previously undescribed tangible output of any intellectual activity ---. It has an owner, it can be bought, sold or licensed and must be adequately protected. It can include inventions, industrial processes, software, data, written work, designs and images.' (Department of Health. 1998.) The Intellectual Property Policy in each Trust provides guidelines for the ownership and copyright of published work or research carried out by employees of the Trust. It is designed to:

- Encourage innovation by staff with regard to research and publication;
- Maximise the sharing of good practice;
- Ensure the receipt of income and ownership rights equivalent to the proportion of time and money invested by the Trust;

Where research is to be externally or commercially funded agreement should be reached at the outset as to the ownership of the findings and the apportionment of any income from the work.

Further information can be access via the local NHS IP Hub, Medipex, <http://www.medipex.co.uk/>

### 12. How can I learn more about Research?

RD Info is an organisation to support health and social care researchers. It provides a research helpline, a directory of research funding sources and a directory of research training. For further details please see: <http://www.rdinfo.org.uk/>

Local research courses are also advertised on the partnership website and each Trust's website. You could also visit your local university website for research courses.

**John Hiley** [john.hiley@leedspft.nhs.uk](mailto:john.hiley@leedspft.nhs.uk)

**Rebecca Spencer** [rebecca.spencer@swyt.nhs.uk](mailto:rebecca.spencer@swyt.nhs.uk)

# REACT – Research in Action

## Research Methods Training for everyone!

### A brief history:

Increasing service user and carer participation in health care in general, and research and development activity in particular, has been one of the key themes with the development of the Research and Development Department since its formation in the West Yorkshire Mental Health and Learning Disabilities Research Partnership and its 'Consortium' forerunner.

One of the issues faced by service users and carers working alongside professional colleagues was some lack of understanding of the concepts and skills necessary to undertake research and therefore effectively collaborate on any R&D related activity.

Such skills were provided by on-the-job training for those interested and motivated enough to become involved, or by suggesting attendance on existing courses, aimed at staff. Whilst this led to effective participation by a number of service users and carers, it became apparent that a more targeted course would meet a demand from the various organisations collaborating with the NHS, as well as NHS service user and carer interests.

In 2006 an initial proposal for a course, aimed at providing appropriate training in research skills, to enable service users and carers to participate more effectively was devised by Virginia Minogue, Head of R&D at the time, and Barrie Holt, a service user researcher, working within South West Yorkshire Mental Health Trust, and a graduate of one of the existing staff oriented courses. The resulting course was accredited by the Open College Network at level 2, and was successfully piloted in 2007-8 at Fieldhead Hospital in Wakefield.

Demand for the course was sufficient to run a second cohort in 2009-10, at a different venue, moving round the Consortium Trusts, to Lynfield Mount Hospital in Bradford. The author took on the role as course lead and developed the content in collaboration with Leeds Metropolitan University (LMU) to facilitate the accreditation to receive 30 credits at undergraduate level. This increased the attractiveness of the course, offering an opportunity for graduates to undertake further university study, with the possibility of achieving higher education qualifications.



Support for the course was obtained from the Yorkshire and Humber SHA, who also commissioned its evaluation from LMU.

### Course Content:

#### The aims:

- To introduce people to the research process and all that it involves.
- To develop knowledge and understanding of research skills that can be applied to many aspects of healthcare development
- To increase meaningful service user and carer involvement in healthcare research and development

The course comprised 16 taught sessions and 4 supported self study sessions covering:

- information seeking and appraisal
- study designs and planning of projects
- collecting and analysing data
- presenting and disseminating findings

The course assumed no previous research knowledge, and introduced all aspects of the R&D process in a user friendly way. Sessions were informal with everyone encouraged to participate and help develop each other's understanding, with an emphasis on interactive, practical activity.

Sessions were led by Consortium staff with a variety of research, information management and teaching skills, the team comprising:

- Andy Arnfield – Knowledge Manager, Bradford District Care Trust
- Rebecca Spencer – Research Fellow South West Yorkshire Partnership NHS Foundation Trust
- John Hiley – Consortium Research Governance and Programme Manager

For those wishing to complete the University accreditation, 3 assignments were set, testing the key skills associated with the key areas of the course, including the presentation of the findings from a group project undertaken during the final few weeks.

### How did it go?

The course recruited very well, with 16 participants enrolling in October 2009. Participants included service users and carers sponsored by both NHS Trusts and voluntary sector organisations involved in health services research, along with staff from a similar variety of organisations. Whilst many were based locally, a number travelled long distances, the prize belonging to one participant travelling weekly from Lincoln, often braving the dreadful weather conditions!



Learner evaluations of sessions suggested that without exception that the learners found the sessions both fun and useful, whilst challenging them to develop effectively. End of course evaluations reported very positive reported gains in terms of:

- increased job prospects
- confidence about research
- skills for undertaking research
- general self confidence.

Many participants also valued the opportunity to meet new people and socialise.

These reports support the trainers' views of the group. Improvement of skill and understanding was remarkable, and the quality of the final presentations of brief service evaluation projects excellent comprising:

- an evaluation of an early intervention service from BME service users in Bradford
- evaluations of the relationship between BMI and low mood
- an investigation of healthy eating choices in the workplace this presentation involving the use of sample foodstuffs and a 'rap' performance!

### What happens next?

For the graduates from both course cohorts, many have successfully applied their new skills in the following ways:

- completion of projects related to their sponsoring organisation's activities
- involvement in Trust research project approval panels
- further study, both research based and other courses
- completion of personal projects that have both influenced trust policy and provided routes to employment
- membership of organisational R&D committees and groups.

Whilst the course team feel that this demonstrates remarkable success, we await the outcome of the formal evaluation from the University.

With sufficient support we hope to be able to continue to offer service users, carers and staff an opportunity to increase their participation in, and understanding of, R&D activity, and further the co-production of effective service delivery.

Acknowledgements: In addition to those already named above, I would like to thank Kate Karban and Sue Sherwin for their support and assistance with the accreditation at LMU.



leeds metropolitan university



West Yorkshire  
Mental Health and Learning Disabilities Research Partnership



John Hiley

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## Good Clinical Practice (GCP)

Participation in NIHR Portfolio studies, and other research projects, benefits from the completion of Good Clinical Practice (GCP) training.

Aiming to ensure compliance with all regulatory requirements, requirements of taking informed consent, and preparation for audit by R&D Units and/or MHRA, the course can be completed face to face (recommended) or online. See <http://www.ukcrn.org.uk/index/training/courses/gcp-training.html> for details of courses and booking details.

This training is essential for projects involving clinical trials and/or medicinal products, and should be repeated regularly to maintain up to date knowledge.

Specific training for taking consent can also be arranged in collaboration with colleagues in Leeds Teaching Hospital Trust.

Recent project audits have revealed the need for all researchers to ensure they are compliant with the principles of GCP.

**GET TRAINED NOW! Its free!**

John Hiley



## Executive summary

### Transferring Knowledge into Action

Health-related research had the potential to improve both the quality and efficiency of health services and bring significant benefits to patients, yet the knowledge produced by research does not reliably find its way into organisational or clinical practice. This results in wasted resources and missed opportunities to improve healthcare.

Transferring knowledge into action appears to be a messy process which involves a complex series of interactions between the producers and users of research. We need research that can help us understand this complex process and can form the basis for assessing the effectiveness of various approaches. Our research was designed to (1) gain a better understanding of the processes involved in the knowledge transfer and (2) produce a template to help researchers, practitioners and decision makers plan and evaluate initiatives for transferring knowledge into action.

Our research was carried out in three stages. First, we reviewed 28 published models which explained all or part of the knowledge transfer process. We identified five individual elements which appeared to be crucial to the knowledge transfer process. They were: (1) identifying and communicating about the problem which the knowledge needs to address, (2) analysing the context which surrounds the producers and users of knowledge, (3) developing and selecting the knowledge to be transferred, (4) selecting specific knowledge transfer activities or interventions, (5) considering how the knowledge will be used in practice. We also identified three alternative shapes for the process. They were (1) a linear process involving a stepwise progression between an identifiable start and end-point; (2) a cyclical process where elements are still linked via a stepwise progression, but process follows a repeating cycle; (3) a dynamic multidirectional process where individual elements are not linked in a linear fashion, but can occur simultaneously or in different sequences. We used this information to produce an initial model of the knowledge transfer process.

Second, we carried out fieldwork with three teams from a mental health organisation using a knowledge brokering intervention. This involve one individual working directly with each of the teams to help them think about how to incorporate research –based knowledge into the delivery and evaluation of their services. Using knowledge brokering as a catalyst for the knowledge transfer

process allowed us to observe and gather information in real time about how the process unfolded. **The first team** wanted to find out how they could help to meet the physical health needs of people with serious mental illness; **the second team** wanted to find ways of helping colleagues to choose and implement suitable psychological and vocational therapies across a service area; **the third team** wanted to find the best way of systematically implementing routine outcomes measures across a specific mental health services. The methods used by the knowledge broker included finding, packaging and disseminating a range of evidence for the teams, facilitating discussions between the teams and relevant experts and providing training to help teams access and appraise evidence in the future.

Third, we used the information from our fieldwork to test out initial model and produce a revised model of the knowledge transfer process. We found that all five elements contained within our initial model occurred on multiple occasions with each team and we did not find anything which made us revise or add to these five elements. We found that the five elements did not occur as discrete events and that all of the elements continued to occur throughout the course of the knowledge transfer process. We also found that there were some relatively distinctive patterns formed by each of the elements over the course of the process. Problem definition decreased over time, analysing context decreased but remained relatively central, selecting and adapting the knowledge increased and then decreased selecting and implementing knowledge transfer activities remained constant and considering the ways that the knowledge would be used increased.

We found that there were a wide range of activities associated with each of the five elements. Problem definition involved identifying, reviewing and evolving the delimitation of the problem. The analysis of context involved actively exploring, discovering or revealing context through studying documents asking questions and attending meetings. It also involved considering several types of context including the characteristics of individuals, teams and the wider organisation. Knowledge selection involved locating, classifying, assessing, selecting and tailoring knowledge, as well as considering any practical limitations associated with these activities. In many cases this involved assessing the relevance, credibility and usefulness of different types of knowledge transfer

activities involved clarifying and discussing the intervention, interrogating it into the task at hand and ensuring that this is an iterative process. It also involved choosing management (e.g. gathering, sharing and packaging information), linkage (e.g. bringing people together or facilitating dialogue), capacity development (e.g. helping the team learn from the process and put in place mechanisms to ensure its sustainability after support is withdrawn) and decision and implementation support (e.g. advising, sometimes persuading, as a critical friend or by offering an outside perspective). Knowledge use involved considering the different ways in which the knowledge was likely to be used (i.e. to change practices, change opinions or argue cases) and ensuring that knowledge could be used into the future.

The information from our fieldwork enabled us to produce a revised model of the knowledge transfer process. In order to make the model useful we have operationalised it into practical frameworks for research producers and users, consisting of questions to consider when planning knowledge transfer activities. We recommend that research producers and users (i.e. healthcare teams) use these frameworks as the basis for thinking about issues associated with knowledge transfer rather than using them as a checklist for action. This is because the reality of the knowledge transfer process involves revisiting parts of the model as the process progresses. We suggest that using the frameworks as a planning tool would enable researcher producers and users to integrate knowledge transfer into their day to day tasks. We also suggest that the frameworks can form the basis for organisational decisions about the development of specific knowledge transfer initiatives.

Further research will involve developing the frameworks in conjunction



with research users and producers, testing their applicability in different contexts and testing their effectiveness as tools for planning and evaluating the knowledge transfer process.

**Vicky Ward**  
v.l.ward@leeds.ac.uk

## Funding Available to Researchers

**This year CLRN funding has been allocated directly in 2 ways:**

- 1. Activity Based Allocation: to support existing Portfolio activity**
- 2. Demand-led Responsive Funding stream: to support 'new' Portfolio activity**



This approach allows us to work towards the goal set out in the 2009/10 Operating Framework target for the NHS, which aims to double the number of participants taking part in research studies over the next 5 years. This target, along with a significant increase in budget enables us to provide funding to support existing Portfolio activity, invest a significant sum to 'unlock blocks' and to invest in 'new' recruitment to Portfolio activity, thereby increasing the levels of activity across West Yorkshire.

### Where can I access funding to support EXISTING Portfolio activity?

This year £3,420,596 has been directly allocated to Trusts based on their current activity. This funding was calculated on the basis of the 2008/09 Portfolio activity (with 2.25% uplift for 2010/11) and took into account the number of studies, number of participants and CCRN studies and is to be used flexibly by Trusts to support existing Portfolio activity. If you are already recruiting participants to Portfolio studies you should receive some of this funding via your R&D Department.

### Where can I access funding to support NEW Portfolio activity?

A further sum of £888,303 will be used to fund an open application funding stream. This funding is directly accessible by researchers to undertake 'new' recruitment to Portfolio studies, either to expand current levels of activity or to undertake activity in clinical areas that have not undertaken Portfolio activity previously. Researchers can directly apply to the CLRN for funding to expand or increase Portfolio research activity. Further guidance and the 2010/11 Responsive Funding Application Form are available below.

### Where can I access funding to bridge a short-term gap in activity?

The NIHR Flexibility & Sustainability Funding (FSF) is a new funding stream introduced by the Department of Health in order to attract, develop and retain the research workforce necessary for delivering high quality health research. Funding is intended to bridge short-term gaps in funding (i.e. max of 1 year). Further guidance and the 2010/11 FSF Application Form are available below.

**Please contact Alison Thompson**, Head of Research Partnership tel: 0113 295 2360; [alison.thompson@leedspft.nhs.uk](mailto:alison.thompson@leedspft.nhs.uk) or Dr Dawn Lawson, Senior Manager tel: **0113 384 5703** or **07717 427 610**; [d.lawson@wyclrn.org.uk](mailto:d.lawson@wyclrn.org.uk) if you have any queries or questions regarding the 2010/11 CLRN funding streams.

**Link to funding application forms and guidance:** [http://www.crnc.nihr.ac.uk/index/networks/comprehensive/clrns/west\\_yorks/funding.html](http://www.crnc.nihr.ac.uk/index/networks/comprehensive/clrns/west_yorks/funding.html)



West Yorkshire  
Mental Health and Learning Disabilities Research Partnership

# Contact us and Research Governance Training

**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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## Research Governance Training Session for all Researchers in Leeds

Sessions designed to help researchers understand, and comply with the regulations surrounding grant awards and research governance.

Each session will be delivered in a 1 hour lunchtime presentation. The sessions will be interactive and we will try and answer your burning questions.

### \*Session 1 - Navigating the R&D Landscape

*Was delivered on 4 May and 23 June. Contact [John.hiley@leedsaft.nhs.uk](mailto:John.hiley@leedsaft.nhs.uk) for information.*

### \*Session 2 - How to make a successful funding application

**26th August, NHS Leeds, North West House, Boardroom A**

To include

1. Sources of funding

2. The research team
3. Public & Patient Involvement
4. How to improve your applications

This is a repeat of the session on 5th July delivered at St James' Hospital

**\*Session 3 - Essentials for project management**  
**Wednesday 1st September, Seminar Room 1, Level 7**  
**Bexley Wing, St James' Hospital**  
**REPEATED ON Monday 11th October, NHS Leeds,**  
**North West House, Boardroom A**

1. Record keeping and data storage
2. Participant recruitment/accrual recording and reporting
3. NIHR studies and support funding
4. Approvals extensions and making amendments

**\*All sessions start at 12.30**



The Leeds Teaching Hospitals **NHS**  
Teaching NHS Trust



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