



Innovation

Research and Development Newsletter

Mental Health Research Network

Annual meeting held in Cambridge

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Completed Projects

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



Celebrating Research Forum and Staff Changes

We are looking forward to seeing some of you at our next Research Forum morning on 17th November at Wheeler Hall, Leeds. There are only a few spaces left so please contact susan.moore13@nhs.net to book before it is too late or to submit a poster. This event has the following objectives:



- Showcase current research being conducted within LPFT (presentations and posters)
- Increase LPFT staff involvement in research by advertising and promoting projects to staff
- Identify barriers to individuals becoming involved in research
- Inform people about support available from research organisations eg National Institute for Health Research (NIHR) Research Design Service (display stands)
- Discuss advantages of becoming involved in Portfolio studies
- Inform people about existing NIHR portfolio studies in LPFT/ North Yorkshire & York PCT
- Inform people how they can be involved in NIHR Portfolio studies
- Provide opportunity for people interested in research to network

We are delighted to have Dean of Medicine from University of Leeds, David Cottrell as keynote speaker and Simon Gilbody, Professor of Psychological Medicine and Health Services Research, at the University of York & Hull York Medical School to introduce us to his work on

how best to help people with common mental health problems, such as depression or anxiety in primary care. Chaired by Douglas Fraser, Medical Director, the Forum has been funded by the West Yorkshire Comprehensive Local Research Network (WYCLRN) to whom we express our thanks.

We have continued to engage valued and knowledgeable service users in research design, identifying priorities, interview panels, participating in research projects and research governance via the Leeds Researchers group and the R&D Approvals Panel.

A new research project funded by the NIHR has begun. It is being led by David Owens at the University of Leeds and is a feasibility trial looking at a Multicentre Intervention Designed for Self-Harm, using Interpersonal Problem-Solving (MIDSHIPS). David Protheroe is a collaborator.

I would like to thank all staff, service users and carers who completed the questionnaire about community team services for the Leading to Quality project covering Yorkshire and the Humber. It is anticipated that the project results will provide guidance on best practice in community teams and there will be opportunity for one or two teams to engage more fully with the research team about their findings. Please contact research assistant Tendayi.guzha@nhs.net for further details.

Finally it is my pleasure to say how much I have enjoyed working with Alice Kennedy and Elaine McMullan and I and the R&D department wish them both well as they embark on their Doctorate in Clinical Psychology courses. I am delighted to say that Tendayi Guzha will continue working part-time in the R&D team here while also undertaking a Masters in Forensic Psychology. These posts are funded by the West Yorkshire Comprehensive Local Research Network. I would like to introduce you to new members of the R&D team who will fill these gaps and the post vacated by Rebecca Savage in May. Welcome to Alice Locker (Clinical Studies Officer) who will support the Research Clinical Lead, Tom Hughes and co-ordinate the work on NIHR portfolio studies and support the PAPP project; Keeley Rolling, Nic Gill and Cheri Fletcher (Research Assistants) who will support the range of NIHR studies we have ongoing and work on new projects.

Alison Thompson, E: Athompson11@nhs.net

Mental Health Research Network (MHRN) National Scientific Meeting 2011

The Mental Health Research Network (MHRN) held its annual meeting, hosted by the Mental Health Research Network East Anglia Hub, in the scenic and inspiring surrounds of historic Cambridge 6-8 April 2011. The program reflected local, national and international research into developmental and youth mental health.

Key note speaker Prof Peter Jones, Professor of Psychiatry at the University of Cambridge and CLAHRC director described CLAHRC (Collaborations for Leadership in Applied Health Research and Care) emphasizing the need to focus on translating research findings into practice in clinical settings.

Prof Til Wykes, Institute of Psychiatry King's College London and director, MHRN spoke about the key challenges facing the MHRN in the context of change in government and new targets. She highlighted the need for the MHRN to double recruitment by 2015, the need to increase the set up of industry led studies and reduce set-up times in order to improve overall efficiency. With over 350 currently open and an ever increasing number of portfolio studies being opened she acknowledged that further challenges lay ahead for the MHRN to be able to support more studies in the future. Prof Wykes acknowledged the hard work by all that makes mental health research possible and announced the winners of the 2011 MHRN Associate Awards and the 2011 MHRN Involvement Awards.

The 5 main plenary sessions covered:

- the Medical Research Council (MRC) strategy for mental health
- neurobiology of adolescence: implications for mental health,
- Learning Disabilities in young adulthood
- Psychosis risk
- 10 years of early intervention services for psychosis: what have we learned about the management of psychosis?

Other sessions explored Anorexia Nervosa, Autism, Personality Disorders, Psychosis, addictions and bodily distress syndromes. A dinner was hosted by King's College. Drinks were served on the impressive lawns as the sun went down over the River Cam, offering delegates the opportunity to take in the historic buildings and grounds and for a moment a picture perfect Cambridge experience (see front cover). The setting provided an excellent opportunity to network with colleagues from all over the UK. With the walls adorned with paintings of previous scholars it created a great atmosphere to dine with the MHRN North East Hub staff and discuss further collaboration and support on future projects.

Prof Max Birchwood, University of Birmingham closed the meeting with 'What have we learned about the management of psychosis?' after 10yrs of early intervention services. Prof Birchwood provided a succinct rationale for the emergence of early intervention services in the UK, emphasizing the need to intervene in the 'critical period', need to reduce DUP (duration of untreated psychosis), previous high service user dissatisfaction and disengagement from services. He urged that focus now needs to be on increasing clinicians suspicion of first episode psychosis in CMHTs (Community Mental Health Teams) to reduce delayed referrals to specialist services. He called for the integration of specialist early psychosis services with Primary Care, CAMHS and Working Age Adult services to reduce DUP.

Thanks to Saffra Knox and Alissa Harrison of the MHRN North East Hub for supporting LPFT R&D staff in attending the conference and Dr Jesus Perez and the MHRN East Anglia Hub for hosting and organizing the event.

For more information see: http://www.mhrn.info/data/files/MHRN_PUBLICATIONS/HUB_NEWSLETTERS/East_Anglia_Hub_Newsletter_40_May_11.pdf

The MHRN National Scientific Meeting 2012 will be held in Birmingham 25-27th April 2012- <http://www.mhrn.info/events.php/42/mhrn-2012-national-scientific-meeting>

Lucas Coulson (pictured below). **E:** lucas.coulson@nhs.net





Evaluating group psychotherapy on ward 1, Becklin Centre

Establishing and evaluating group psychotherapy on ward 1 Becklin Centre

Aims & Method. In 2009 Grandison et al., published a report in Psychiatric Bulletin showing how they had implemented a weekly psychotherapy group on an inner city acute in-patient ward in London. The group was based on an adaptation of Yalom's (1983) in-patient group psychotherapy. They called the group the 'Communication group'. The ward 1 Becklin centre team set out to see if we could replicate their work and establish a weekly communication group on our ward. We also wanted to add to their work by asking patients to evaluate the group.

Results. Over a two-year period (July 2009 to April 2011) 286 patients attended with 167 (58%) completing evaluation forms. Average scores on the Session Rating Scale (Millar, Duncan, & Johnson, 2007) were acceptable, reaching cut off scores used when evaluating individual psychotherapy sessions. Qualitative statements were collected using the Helpful Aspects of Therapy form and rated according to Yalom's therapeutic factors. The helpful aspects of the group were: a sense of belonging to and feeling accepted by the group; knowing that others in the group shared similar problems; being able to express feelings; & getting advice or suggestions from other group members. Unhelpful aspects were: issues related to the group process e.g.

'awkward silences'; negative behaviour by others e.g. 'dominating' the conversation; and conflict in the group.

Clinical implications. Psychotherapy groups can be established on acute wards, with the right support and structures in place, and the majority of patients who attend them are capable of completing relevant measures to evaluate the group. The feedback from patients has been of enormous value to us clinically in helping us to change and improve the way that we facilitate the group which continues to run on the ward.

References

Grandison, A.L., Pharwaha, B.P., Jefford, A., & Dratcu, L. (2009) The Communication Group: bringing group psychotherapy back to in-patient psychiatry. Psychiatric Bulletin. 33. 138-141.

Yalom, I. (1983) Inpatient group psychotherapy. Basic Books.

Miller, D. S., Duncan, B.L., & Johnson, I. (2007) 'Their verdict is key' (chapter 10) and 'Using client feedback to improve outcome and retention' (chapter 11) In Duncan, B.L., & Sparks, J. (Eds) Heroic clients, heroic agencies: partners for change. A manual for client-directed, outcome-informed clinical services.

Graham Paley and the ward 1 Becklin Centre team
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Dietary Intervention Promoting Fruit and Vegetable Consumption

Effects of a Control Theory Based Dietary Intervention to Promote Fruit and Vegetable Consumption in Young People experiencing a First Episode of Psychosis

Individuals with psychosis are less likely to consume fruit and vegetables, and have poor nutritional knowledge, (McCreadle, 1998). Decline in motivation is a negative symptom of psychosis which may account for poor dietary practice. Motivational interviewing techniques were utilised in research by Rotherham Early Intervention in psychosis team, (Earle et al). However, results identified no significant differences in 'readiness to change healthy eating behaviour' or 'nutritional knowledge' following exposure to motivational interviewing intervention. Individual's sense of control over diet also did not significantly increase over time, and was actually anti-therapeutic for some. Contrary to this, recent meta-analysis of interventions to promote healthy eating conducted by Michie et al (2009) suggest that interventions based on Control Theory (Carver & Scheier, 1982) are particularly effective in changing eating behaviours. The development of taxonomy for behaviour change techniques

(Abraham & Michie, 2008) highlighted techniques of; prompt self monitoring, prompt goal-setting, prompt review of goals and providing feedback on performance to engage people with psychosis are required, informed by research techniques that would provide them with a sense of control.

In the proposed study a goal-setting intervention will be compared with treatment as usual control group. Both intervention and control group will receive educational information derived from the '5 a day (just eat more) leaflet. The intervention group will be encouraged to set goals to increase fruit and vegetable consumption (FV) they will also be provided with '5 a day diaries' to self monitor FV intake on a fortnightly basis. The intervention group will receive feedback two weeks and four weeks following, thus exploring whether the intervention has long term affects in that the intervention will have positive effect or outcome measures: FV consumption and self-efficacy towards eating fruit and vegetables.

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Research meets PARIS What PARIS offers



As of Monday 22nd August 2011 the Research and Development department (R&D) have been allocated an area on PARIS to record research activity. There has been an ongoing process to make this happen between R&D, the Business Analysis team and all the other groups who work behind the scenes.

In Leeds PFT we have not used PARIS in this way before which meant that we had to work out how to meet the needs of the service bearing in mind the importance of sharing relevant information for clinical work. We worked with the business analysts to come up with the best way to use PARIS to suit all users' needs.

The R&D Department (Tendayi Guzha and Elaine McMullan) submitted a request for write access and a place to record information on PARIS to the Information Governance Standing Support Group (IGSSG) and Clinical Information (PARIS) Standing Support Group (CI (P) SSG). They gave authorisation for a 'Research Details' area on the 'Central Index' section on PARIS and a 'Research and Development' tree in the 'Casenotes' section to record research activity. Final approval was given on 14th July 2011.

Rationale for R&D to use PARIS

The Research and Development department need to access PARIS because there has been no way for us to record contact with service users electronically. This meant that our research contact was not accessible to people outside the R&D department. Therefore the only indication that a service user was involved in a research study was when the clinician involved with the study included this information in the service user's paper case notes.

We have, where possible, put relevant information in service user's paper medical records however there is soon to be a migration to electronic only files which would have meant we would have been unable to record research activity in a service user's medical record. This is extremely important not only for sharing information but where a study protocol requires information to be stored in the participant's medical record, this includes the electronic record.

The process was for clinicians to put the research information into PARIS rather than the research assistants or clinical studies officers who work on the study with the clinician. This impacted on clinicians' time and caused delays in putting the information into PARIS.

Another issue is that people involved in the studies are often out-patients. If they were admitted into hospital there was no easy or prompt way to know whether that person was currently involved in a research study (especially important for randomised drug trials).

What PARIS offers for clinical practice

Research staff can now take responsibility for recording research activity

in the Trust, reducing clinicians' workloads. It also guarantees a timely and accurate recording of service user contact.

All PARIS users can now see if service users are involved in a research study. This has clinical importance as there may be an impact on the service-user's presentation (e.g. side effects of a new trial medication) and clinical decisions made about a service user's care. For example, if a service user is on a drug trial the clinical team will have access to study information which may impact upon their decision on treatment options.

Further details are provided on PARIS for clinicians to contact the R&D team if needed. This includes contact details of the lead Research Assistant in LPFT and the Principal Investigator.

What PARIS offers for the audit of research

A record will be made of when a research study is discussed with the potential participant/service user and when consent is taken. This is required to demonstrate research adherence to protocol and timeframes. When audited this time delay needs to be clear and our ability to use PARIS case notes enables us to evidence this. If this is not evidenced easily it can result in a prolonged visit by the Medicines and Healthcare Regulatory Authority (MHRA) which could have financial implications for the Trust.

Evidence of the research activity which has taken place, by whom and when, will be documented and used for research purposes. This coincides with some of the reports which the department needs to extract.

Summary

The Research Assistants (RAs) and Clinical Studies Officer (CSO) have been authorised to record contact with service users electronically. The information will be of clinical relevance only. All R&D information not required to be in a person's medical record will be kept in the site file or study folder within the R&D department.

Research information on PARIS can be found in:

- Central Index, Research Details (summary)
- Casenotes, Research and Development (detail)

Our ability to use PARIS will lead to open communication between all professionals involved with the service user. This is vital for risk assessment including the service-user's risk to self, others and their vulnerability. This ensures safe practice is being carried out and service user care needs are kept as a priority.

Thank you to everyone who helped create and enable this process to take place.

Written by Tendayi Guzha **E:** tendayi.guzha@nhs.net
Assisted by Elaine McMullan **E:** Elaine.mcmullan@nhs.net



Anorexia Nervosa, Fit to Drive?

Perceptions of staff and service users

Patients with anorexia nervosa may exhibit myriad symptoms that are not mentioned in the DVLA guideline. It is the relationship of symptoms to driving that is of importance. The degree to which symptoms are present varies and it is currently left to the healthcare professional under whose care the patient falls to make the clinical judgement but at present there are no clear guidelines surrounding fitness to drive in eating disorders.



There is a widely differing clinical practice, with some services recommending cessation of driving at Body Mass Index (BMI) <17 and others advocating a case-by-case strategy.

Literature search showed that there is no current research paper or book that explores this issue. A recent discussion among specialists within the RCPsych Eating Disorder Division showed widely differing attitudes; eg using BMI as sole indicator vs broader evaluation of mental/physical capacity. The lack of research exploring the staff and service users' perception of driving formed the basis of this research proposal.

This was an original research study and it aimed to compare perceptions of staff and patients on the fitness to drive of individuals with anorexia nervosa. It also addressed which aspects of a person's well-being (low BMI, physical or psychological symptoms) influenced opinions on whether or not the individual was deemed fit to drive.

Design

This was a cross-sectional design, in which both service users and staff were asked to complete a questionnaire, containing a series of 15 fictitious clinical stories, or vignettes, with carefully modified attributes. The vignettes described presentation of individuals experiencing

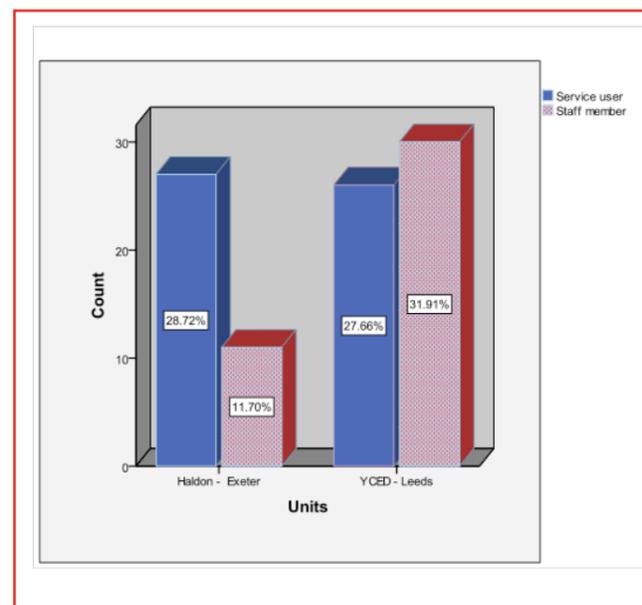
various complications of eating disorders. Vignettes were written as a case of physical (vignettes 2, 4, 5, 9 and 11) or psychological (vignettes 3, 7, 8, 10 and 14) ill health or as a case of very low BMI (vignettes 1, 6, 12, 13, 15). For each, participants were asked to indicate whether they thought the person should be permitted to drive or not. If the participant was not sure there was a column to mark 'Don't know'. Other data collected were age, gender, subgroup (staff member/service user). Extra information such as employment status, body mass index, diagnoses and whether or not the participant holds a driving licence was collected for service users. We used vignettes since they were easy to answer and provide global information on staff and service users' views of people with anorexia nervosa and their fitness to drive.

Ethical and R&D approvals were obtained prior to commencing to study.

Main Findings

- Two eating disorders units (The Haldon unit in Exeter and the Yorkshire centre for eating disorders [YCED] in Leeds) participated in the study. We received 94 responses, 53 service users and 41 staff members. Breakdown of responses are shown in Figure 1.

Figure 1 – Breakdown of responses from participating units (n=94)



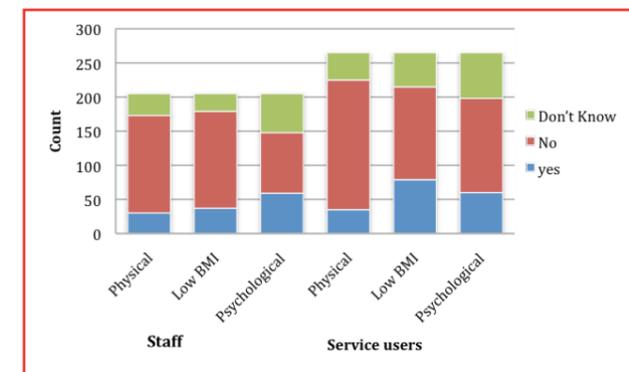
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Summer Issue now available to view on their website

- Staff from different disciplines (nurses, psychiatrist, dietitians, occupational therapists, health support workers) returned completed questionnaires. The response rates from YCED and the Haldon unit were 75% and 37% respectively of the total number of staff on the units at the time.



Figure 2 – Staff and service users responses to the three categories



(physical, low BMI and psychological)

Figure 2 illustrates the following results:

- The majority of respondents (70.8%) in both groups indicated that physical symptoms (dizziness, fainting, confusion, muscle weakness, headaches and abnormal physical tests results eg ECG) were indicators that the person should not drive.

- A higher percentage of service users (29.8%) said that a person should be able to drive with a low BMI in comparison to the responses from staff (18%). A slightly higher percentage of staff (69.2%) indicated the person should not drive with low BMI.
- A lower percentage of staff and service users (43.4% and 52% respectively) believed the person should not drive because of psychological reasons in comparison to the physical (69.7% and 71.6%) and low BMI (69.2% and 51.3%) categories.
- There were no statistically significant differences between staff and service users' views as who should/shouldn't drive in response to the three categories (physical, Low BMI and Psychological).

In conclusion, it appeared that physical symptoms were the main indicators that a person should not drive followed by low BMI and then psychological factors.

Dr Saeideh Saeidi (PhD), Dr John F Morgan & Dr Rachel McKie, Yorkshire Centre for Eating Disorders, Leeds Partnerships NHS Foundation Trust

WYCLRN
Summer Issue Newsletter

now available to view
on their website:

http://www.crnc.nihr.ac.uk/about_us/crn/west_yorks/news/newsletters.htm



Survey of Complex Wounds

cross-sectional study of a UK population

Background

Complex wounds, such as leg ulcers, pressure ulcers and diabetic foot ulcers are common in the UK and throughout the developed world. Their prevention and management has a considerable impact on both healthcare professional time and healthcare services resources. Despite the financial and social costs, surprisingly little is known about the number, nature and care of complex wounds in the UK.

Primary objectives:

- Point prevalence of all complex wounds.
- Point prevalence of individual types of complex wounds.

Secondary objectives:

- Estimate the point prevalence of complex wounds in intravenous drug users.
- Describe the characteristics of those with complex wounds.
- Describe the characteristics of those managing the treatment.
- Describe the care currently provided for different types of complex wound.

Methods/design

A multi-service, cross-sectional survey of complex wounds was undertaken during two weeks in Spring 2011 in the following areas: community and primary care services; mental health services; acute services; and independent care providers such as nursing homes and hospices. Health care professionals were asked to complete a data capture form for each complex wound on their caseload during the survey data collection period.

Results

There was an excellent response rate from health care professionals' right across Leeds. Over 1100 completed forms were returned. Data quality was very good. Results are being analysed over the next couple of months and will then be disseminated to health care professionals, service managers, service commissioners, patients and carers in Leeds.

Professor Cullum

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Depressive symptoms among older people

Background

Depression is common among older people but more common among those living in care homes. Depression is not easily detected among older adults because of the presentation, and the tendency for older people not to complain of depression, particularly those living in care homes. In general, care homes staff have limited training in recognising depression. Depression is undertreated and residents may not receive a therapeutic dose of antidepressant. The true prevalence of depression among care home residents is uncertain.

Method

This feasibility study aimed to explore the level of depression among older people in care homes by comparing the outcome of an assessment by care home staff with the outcome of a diagnostic clinical interview, using ICD-10 criteria and the 30-item Geriatric Depression Scale (GDS), conducted by a psychiatrist.

Results

In all, 47 older people from four care homes were interviewed by a psychiatrist. Of them 39.1% (18/46) of residents were prescribed

an antidepressant and were no longer depressed; 8.7% (4/46) were prescribed an antidepressant and remained depressed; and 6.5% (3/46) of residents assessed as being depressed, had not been prescribed an antidepressant. That is, 54% (25/46) of residents had been or were currently depressed. Using ICD-10 criteria, the sensitivity of the GDS at a threshold of 10 and 11 were 100%. In total, 89.4% of residents received a correct diagnosis (presence or absence of depression) using GDS at the 11 threshold.

Summary

The prevalence of depression in these homes was 54%. Of the residents with depression, 72% (18/25) were managed with an antidepressant and 28% (7/25) were receiving ineffective or not treatment. The 30-item GDS can provide more useful information than a home care staff assessment for identifying depression. More research should explore the value of training home care staff to administer the 30-item GDS to optimise the management of depression in older people in care homes.

Jane Morrell, Stephen Curran, Annie Topping, Kausarjan Shaik, Venkatash Muthukrishnan and John Stephenson

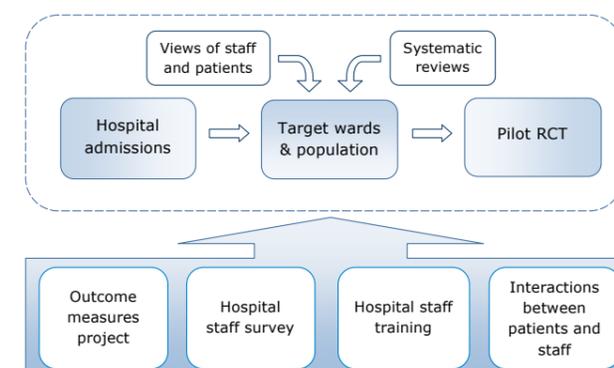
Addiction Research in Acute Settings

National Institute for Health Research (NIHR)

National Institute for Health Research (NIHR) Collaborations for Leadership in Applied Health Research and Care (CLAHRCs) encourages partnerships between academic and healthcare organisations with the aim of conducting high quality applied health research to improve patient care.

The Leeds, York and Bradford CLAHRC consists of five themes, one of which is the Addiction Research in Acute Settings (ARIAS) theme. ARIAS involves a close partnership between the University of York and Leeds Addiction Unit and specifically aims to investigate ways of improving the physical and mental health of those misusing alcohol or illicit drugs.

Figure 1: A diagram showing the relationship between projects within the ARIAS programme of research



The first phase of the research programme has involved establishing data on the number of alcohol-related hospital admissions in Leeds, views from primary care staff and patients regarding their experiences of the current screening and referral process for patients with substance related admissions, and systematic reviews to determine appropriate screening and assessment instruments, as well as evidence-based interventions within hospital settings for this patient group.

The culmination of phase one has led to the design of a pilot Randomised Controlled Trial (RCT) which will be conducted within Leeds Teaching Hospitals NHS Trust (LTHT). This trial aims to explore the relative acceptability and effectiveness of an alcohol focused intervention and a healthy living intervention for patients with alcohol related hospital admissions. It is hypothesised that the healthy living intervention with its broader focus will have greater acceptability and therefore be more effective than a more alcohol focused behaviour changed intervention in a non help seeking population of problem drinkers.

Further research to complement phase one and the pilot RCT are shown in Figure 1 and involve the following projects:

- 1. Outcome measures project:** This is a mixed methods research project that aims to explore the views of service users, their friends and family on the relative importance of outcome measures for addiction interventions.
- 2. Hospital staff survey:** This study has three main aims (i) to measure staff attitudes towards problem drinkers; (ii) to measure the frequency with which staff approach and refer problem drinkers to a specialist nurse and (iii) to measure change in attitudes and behaviours over a six month period.
- 3. Hospital staff training:** A training programme has been designed to increase the identification of patients admitted and referral to specialist nurses by all care givers in wards within LTHT.
- 4. Interactions between substance using patients and staff in hospital.** This is a qualitative study of the relationships between care staff and problem drinkers and drug users admitted to hospital.



For further information about this programme of research please contact:

Dr. Judith Watson – ARIAS Project Manager, University of York
T: 01904 321 306

Helen Crosby – Researcher, Leeds Addiction Unit
T: 0113 295 2773

Library Training Dates

Courses free to Leeds NHS staff

Course Descriptions

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

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

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

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

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

Healthcare Databases - This course focuses on searching healthcare databases such as Medline and CINAHL

| November | | | | |
|------------|-----------|---------------|--------------------|----------|
| Date | Day | Time | Course | Location |
| 03/11/2011 | Thursday | 09.30 - 12.00 | H/C databases | LGI |
| 04/11/2011 | Friday | 10.00-11.00 | ejournals | Mount |
| 08/11/2011 | Tuesday | 14.00 - 15.00 | ejournals | LGI |
| 09/11/2011 | Wednesday | 14.00 - 15.30 | Current Awareness | Armley |
| 16/11/2011 | Wednesday | 09.30 - 11.00 | Google | Bexley |
| 21/11/2011 | Monday | 14.00 - 16.00 | Cochrane Library | Mount |
| 22/11/2011 | Tuesday | 14.00 - 16.30 | H/C databases | Bexley |
| 29/11/2011 | Tuesday | 10.00 - 12.00 | Critical Appraisal | Mount? |
| December | | | | |
| Date | Day | Time | Course | Location |
| 01/12/2011 | Thursday | 09.30 - 11.00 | Google | Bexley |
| 05/12/2011 | Monday | 14.00 - 16.00 | Cochrane Library | LGI |
| 07/12/2011 | Wednesday | 09.30 - 10.30 | ejournals | Armley |
| 08/12/2011 | Thursday | 09.30 - 12.00 | H/C databases | LGI |
| 08/12/2011 | Thursday | 14.00 - 16.00 | Critical Appraisal | Mount? |
| 13/12/2011 | Tuesday | 12.30-13.30 | ejournals | Bexley |
| 14/12/2011 | Wednesday | 09.30 - 11.00 | Current Awareness | Armley |
| 12/11/2011 | Monday | 13.30 - 16.00 | H/C databases | Mount |

Please contact the LGI Library on **0113 3926445** for more detailed information and to book onto a course. Full details can be found on: <http://www.libraries.leeds.nhs.uk/Training>

All courses are completely free to Leeds NHS Staff and have duration of 2.5 hours or less.

New Opportunity - Lay committee members needed NIHR research for patient benefit programme

The National Institute for Health Research Central Commissioning Facility (NIHR CCF) is looking for patient and public representatives (lay members) for the Research for Patient Benefit (RfPB) programme to take a part in the work of the ten regional advisory committees.

The committees meet three times a year with individuals from clinical, academic and methodological backgrounds to discuss and decide which applications to the programme should be recommended for funding. Lay members take a full committee role and have the key task of providing the patient and public perspective in the research assessment processes. There are up to three lay members on each committee at present.

Committee experience and some healthcare background are useful. For example, you may be a service user or a carer, been a member of an ethics committee, or have worked with volunteer groups in

a health related role. You must also reside in England. If you are interested and would like to know more please contact Liz Scott, Patient and Public Involvement (PPI) Assistant Programme Manager, using the contact details below.

Lay members of the Research for Patient Benefit programme are also invited to take part in an annual PPI workshop where they can update their knowledge of the programme and network with other members and the RfPB programme team from the NIHR CCF.

For further information on the NIHR Research for Patient Benefit programme, please go to the website www.ccf.nihr.ac.uk/rfpb/ppi

If you would like to be considered or would like more information, please contact Liz Scott by email to: liz.scott@nihr-ccf.org.uk
T: 020 8843 8041

Include Me In Pan-Leeds research project

Include Me In is a research project that is following the progress of the Independent Living Project that is moving people with mental health difficulties or learning disabilities from hostel accommodation to their own tenancies.

In particular the research is evaluating the experiences of service users, carers and staff to find out how the changing services are making a difference to people's lives.

The design of the original research proposal and successful bid for funding from the Big Lottery involved representatives from a number of relevant organisations and groups in Leeds including Leeds Adult Social Care, Leeds Partnerships NHS Foundation Trust, Leeds Metropolitan University and voluntary sector groups as well as user and carer representatives. The research continues to involve a number of partners with a management group comprised of representatives from Adult Social Care, Leeds Metropolitan University and Progress Housing who are the housing providers for the project. The Research Advisory Group is chaired by Alison Thompson from LPFT and this is also attended by users and carers and representatives from local organisations.

A central feature of the research is the involvement of 10 co-researchers, users and carers who have been recruited and trained

to undertake the research. This has involved questionnaire design, undertaking interviews, analysis and dissemination, including conference presentations. The work is supported and co-ordinated by two full-time researchers and a part-time administrator based at Leeds Metropolitan University.

The research was launched in the autumn of 2009 and will run until June 2012. During this time hostel residents have been interviewed before their move into new accommodation and again as they settle into their new homes. The 'after move' interviews will continue to the end of 2011. The original proposal emphasised the importance of social inclusion and a DVD is being produced by the end of the project. This will be circulated to service users and staff and include short video films and other material to illustrate what social inclusion means and how it can be promoted.

Further information about the progress of the research will be available in the Interim report that is due out at the end of September by contacting the Senior Researcher, Kim Willcock at Leeds Metropolitan University.

Kate Karban, E: k.karban@bradford.ac.uk

Further information contact the Senior Researcher, Kim Willcock, **E:** K.Willcock@leedsmet.ac.uk

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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R&D Forum

Thursday 17th of November,

Wheeler Hall, Leeds City Centre 09:00am -13:00pm

Leeds Partnerships NHS
NHS Foundation Trust

Call for posters

Have you been running a research project within the Trust?
Showcase it at the forum - poster prizes available!

Speakers to include - David Cottrell (Leeds University), Simon Gilbody (York University) and Tom Hughes (LPFT)

Please contact the R&D department to book a place or for further information **susan.moore13@nhs.net** or **0113 29 52387**