NHS
Leeds and York Partnership
NHS Foundation Trust

R & D

Innovation

Research and Development Newsletter

www.leedsandyorkpft.nhs.uk/research

July 2017 Issue 29

Contents

Completed Research Projects

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.

Another financial year has begun since the last R&D newsletter. Research activity in the Trust during 2016/17 will be reported as part of the Trust's Quality Account. Headlines are:

- 1196 service users, carers and staff were recruited to research conducted in the Trust
- 74 research studies were undertaken in mental health and learning disabilities
- 25 publications were produced involving Trust staff

£2.3m was awarded to the Trust in 2016/17 from National Institute for Health Research funding programmes. This funding was granted for two trials:

1. Alleviating Specific Phobias Experienced by Children Trial (ASPECT/Phobia): non-inferiority randomised controlled trial comparing the clinical and cost-effectiveness of one session treatment (OST) with multi-session cognitive behavioural therapy (CBT) in children with specific phobias
2. (I-SOCIALISE) Investigating SOcial Competence and Isolation in children with Autism taking part in LEGO-based therapy clubs In School Environments.

This edition of Innovation contains articles about eight completed projects, information about research publications involving Trust staff and where to find them, and national funding opportunities.

The completed projects cover a broad range of clinical specialties and services:

- Evaluation of the Pathway Development Service for people with personality disorder
- Accessibility and implementation in NHS services of an effective depression relapse prevention programme: learning from mindfulness-based cognitive therapy through a mixed-methods study (ASPIRE study)
- Chronic Fatigue Syndrome/Myalgic Encephalomyelitis in the NHS: specialist services
- Knowledge and attitudes of gastroenterologists towards eating disorders
- Critical time Intervention for Severely mentally ill Prisoners (CrISP)
- Memory support worker evaluation
- Evaluation of the Compass Project, an integrated psychology and occupational therapy informed intervention for women in the criminal justice system with personality difficulties
- Finding out about NIHR research internships

The next edition of Innovation will introduce Helen Cooke, our new volunteer Patient Research Ambassador for the Trust. Helen will share her hopes and plans for the role.

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, contact:

Alison Thompson, Head of Research and Development

athompson11@nhs.net or 0113 8552360

Completed Project

An **Evaluation** of the **impact** of the **Path**

The Pathway Development Service (PDS) provides independent reviews of care for service users with a diagnosis of personality disorder who are at risk of moving into secure hospitals or whose pathway out of hospital is blocked. Informal feedback from services has been generally positive; however it has been challenging to formally measure the impact of the PDS reviews on service users due to the large number of possible variables involved in progressing a successful pathway. This evaluation therefore aimed to better understand the impact of the service.

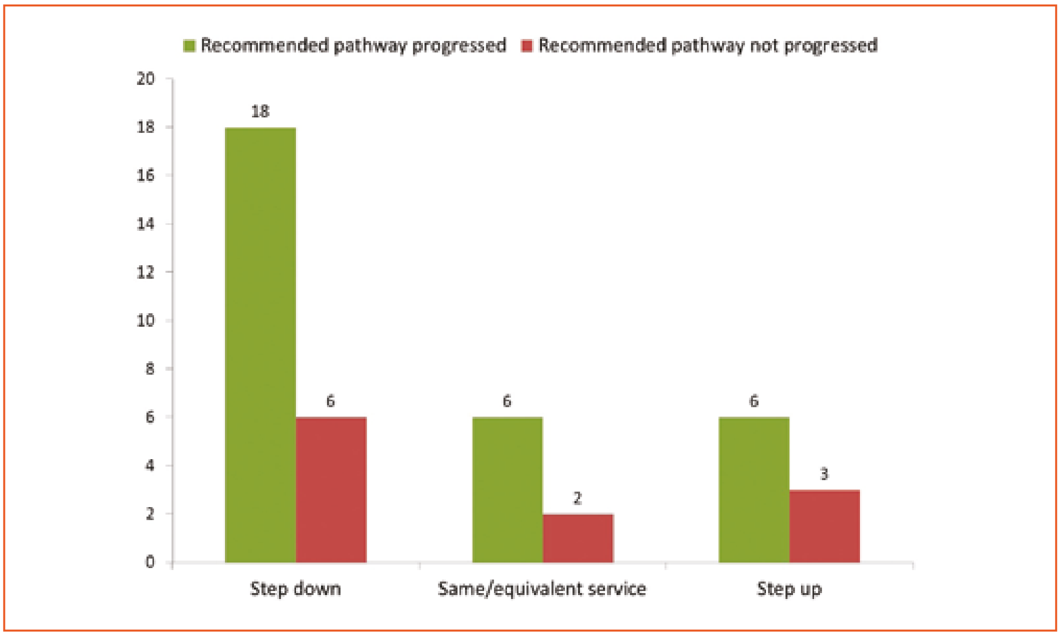
Methodology

Section 1: Pathway outcome data was collected for 41 service users previously reviewed by the PDS to identify how many had ‘stepped down’ into the community or less secure services, how many stayed in the same placement, and how many ‘stepped up’ into more secure care. Outcomes were compared with the PDS review recommendations.

Section 2: Telephone interviews were conducted with six members of frontline staff working across the range of hospital settings where reviews have taken place. The interviews aimed to elicit staff experience of PDS reviews, including helpful aspects and obstacles to implementing PDS recommendations.

Discussion

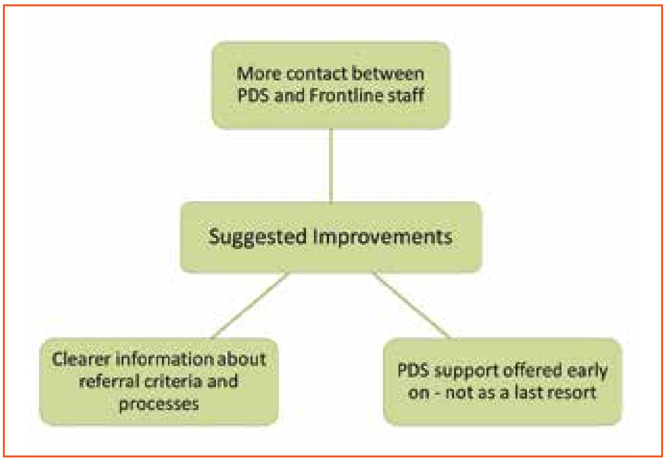
It is encouraging that almost 75% of service users reviewed by the PDS have progressed along recommended pathways, with over half stepping down to the community or a less secure service. Frontline staff responses suggest that PDS Reviews support timely discharge and that an independent and thorough review of care and pathway options is welcomed. There are inevitably differences of opinion between the PDS and clinical teams regarding the complex needs of service users with personality disorder. This feedback is consistent with anecdotal feedback from service commissioners and locality case managers. However, without a control group it is not possible to definitively state that any pathway progression is a direct result of PDS intervention, and the small sample of staff interviewed is unlikely to be representative of all staff involved in PDS Reviews. This reflects

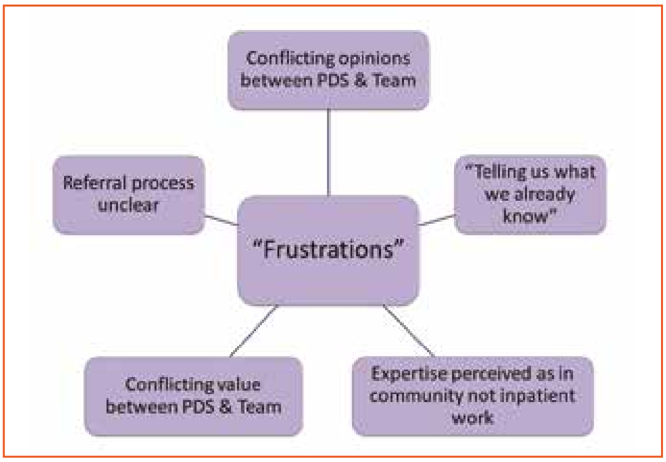


way Development Service

the challenge of finding a meaningful model of evaluation for any service that provides an 'indirect' intervention with clinical teams. The complex question of whether a PDS review 'adds value' to creating meaningful pathways for individuals with personality disorder has not been comprehensively answered using a simple evaluation methodology.

Further evaluation is therefore being piloted that focuses more explicitly on the experience of service users, clinical teams and case managers. Gaining a better understanding of stakeholder experience will inform future service developments and enable the PDS to support teams more effectively in creating meaningful pathways for service users with personality disorder.





Ruth Sutherland, LYPFT, **ruthsutherland1@nhs.net**

Completed
Project

ASPIRE

This study looks at the ‘accessibility and implementation in UK services of an effective depression relapse prevention programme’ using mindfulness-based cognitive therapy (MBCT). Depression affects as many as one in five people, who will often find it recurs throughout their lifetime.

Mindfulness-based cognitive therapy (MBCT) is an effective psychosocial approach that aims to help people at risk of depressive relapse to learn skills to stay well. However, there is an ‘implementation cliff’, access to those who could benefit from MBCT is variable and little is known about why that is the case, and how to promote sustainable implementation. This study fills a gap in the literature about the implementation of MBCT.

Objectives

The objectives of the study were to describe the existing provision of MBCT in the NHS, develop an understanding of the perceived costs and benefits of MBCT, and to explore the barriers and critical success factors for improving its accessibility. We aimed to bring together the evidence from multiple data sources to create an explanatory framework of the how and why of implementation, and to co-develop an implementation resource with key stakeholders.

Design

This was a two-phase qualitative, exploratory and explanatory study, which was conceptually underpinned by the Promoting Action on Research Implementation in Health Services framework.

Methods

Phase 1 of the study involved interviews with participants from 40 areas across the UK about the current provision of MBCT. Phase 2 involved 10 case studies purposively sampled with differing degrees of MBCT provision, and from each UK country. Case study methods included interviews with key stakeholders, including commissioners, managers, MBCT practitioners and teachers, and service users. Observations were conducted and key documents were also collected. Data were analysed using a modified approach to framework analysis. Emerging findings were verified through stakeholder discussions and workshops.

Results

Phase 1: access to and the format of MBCT provision across the NHS remains varied. NHS services have typically adapted MBCT to their context and its integration into care pathways was also highly varied even within the same trust or health board. Participants’ accounts revealed stories of implementation journeys that were driven by committed individuals that were sometimes met by management commitment.

Phase 2: a number of factors emerged that explained successful implementation. Critically, facilitation was the central role of the MBCT implementers, who presented themselves as ‘champions’ of implementation, created networks and over time mobilised top-down organisational support. Our explanatory framework mapped out a prototypical implementation journey, often over many years. This involved implementers working through grassroots initiatives and over time mobilising top-down organisational support, and a continual fitting of evidence, with the MBCT intervention, contextual factors and the training/supervision of MBCT teachers. Key pivot points in the journey provided windows of challenge or opportunity.

Limitations

The findings are largely based on informants’ accounts and, therefore, are at risk of the bias of self-reporting.

Conclusions

Although access to MBCT across the UK is improving, it remains very patchy. This study provides an explanatory framework that helps us understand what facilitates and supports sustainable MBCT implementation.

Future work

The framework and stakeholder workshops are being used to develop online implementation guidance.

Jo Rycroft-Malone, Bangor University, j.rycroft-malone@bangor.ac.uk

Other researchers: Heledd O Griffiths and Rebecca Crane, Bangor University, Andy Gibson, University of the West of England, Stewart Mercer, University of Glasgow, Rob Anderson, University of Exeter, Willem Kuyken, University of Oxford

Completed Project

CFS/ME in the NHS

The aim of this study was to find out to what degree adults who have been diagnosed with chronic fatigue syndrome (CFS), also known as myalgic encephalomyelitis (ME), benefit from attending specialist CFS/ME services in the NHS.

Participants included service users diagnosed with CFS/ME who have received treatment from specialist services within LYPFT and at nine other NHS sites. The research was based on clinical data and data obtained through questionnaires that patients were asked to complete when they were first assessed at a specialist service and then again 12 months later.

Our analysis of these data showed that although one third of patients reported substantial overall improvement in their health, advising that they felt 'very much' or 'much better', CFS/ME is a long term condition that persists for the majority of adult patients even after receiving specialist treatment.

Dr. Simon M Collin, University of Bristol, **simon.collin@bristol.ac.uk**

Completed Project

Knowledge and attitudes of gastroenterologies towards eating disorders

This study aims to examine the knowledge and attitudes of gastroenterologists towards individuals with eating disorders.

Method

Gastroenterologists were asked to complete an online questionnaire measuring knowledge and attitudes towards eating disorders via the British Society of Gastroenterology newsletter. Knowledge questions were based on the academic literature, standard diagnostic criteria and national guidelines for eating disorders. Attitude items covered beliefs about risk factors and treatment, confidence levels in diagnosis and treatment and clinicians' experiences of managing individuals with eating disorders.

Results

Gastroenterologists' knowledge of eating disorders was variable and attitudes towards eating disorders were less stigmatizing than those seen in other doctor groups.

Discussion

There is a need for greater education of gastroenterologists regarding the diagnosis and management of eating disorders and a need for increased engagement with national guidelines. Implementing training programmes, making information readily available and increased inter-service partnership working could contribute to addressing some of these issues.

Dr. William Rhys Jones, LYPFT, **r.jones9@nhs.net**

Alzheimer's Society
United Against Dementia

NHS
Leeds and York Partnership
NHS Foundation Trust

Evaluation of Memory Support Workers

Background

The Memory Support Worker Team was formed in October 2015 following agreement by the Leeds Citywide Dementia Board to complement the Leeds and York Partnership NHS Foundation Trust (LYPFT) Memory Services. The team is line-managed within LYPFT, who have subcontracted the Alzheimer's Society to provide the 14 team members to work in collaboration with the 13 Leeds Health Care Integrated Neighbourhood Teams (INT) and GP practices.

The evaluation of the Memory Support Worker (MSW) Team was carried out with support from a sub group of the Community Dementia Services Operational Steering Group. There has also been input from the Alzheimer's Society, who completed an evaluation adapted from their 'Making Evaluation Count Tools' in the form of a questionnaire.

Objectives and method

The objectives of the evaluation were:

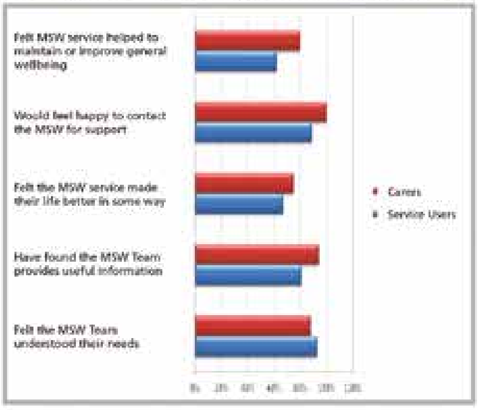
- to assess the effectiveness of the MSW Team in supporting people with memory problems and their carers
- to assess the impact of the MSW Team on other services involved in the assessment and management of people with dementia
- to identify good practice
- to identify recommendations for improvement within the service

The data were collected from COGNOS, the LYPFT data system, a questionnaire, a survey, focus groups and semi-structured interviews.

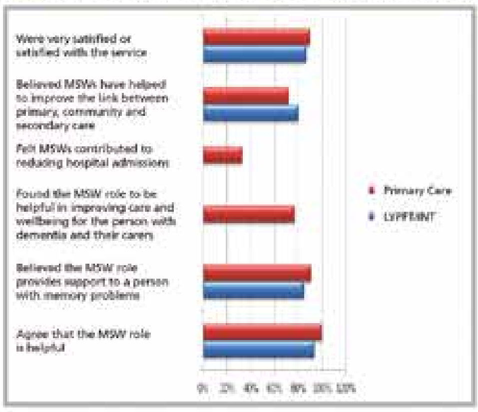
Main findings

The MSW Team has received around 120 new referrals per month (approximately 30/week) since its introduction in October 2015.

Responses from service users and carers surveyed



Responses from health care professionals surveyed



ers

Themes from the focus groups

Three focus groups were facilitated by a PhD student who interviewed six Memory Support Workers, seven Trust staff, two people living with dementia and five carers.

The following themes emerged from these conversations:

- Memory Support Workers are involved in a diverse range of cases with service users requiring varying intensity of support dependent upon their individual needs. MSWs use their experience and knowledge through integrated working to make appropriate referrals on to the relevant person, therefore providing a seamless service for the person with dementia.
- The team works in an integrated manner alongside primary care and the Memory Service, and have provided tailored support, removed barriers to making referrals and enhanced joint-working practices to provide a better standard of care.
- MSWs improve the quality of care by allowing the service user to take charge of their own health and wellbeing by providing sufficient relevant information. They also provide support for the service user and carer by helping them to attend appointments, explaining the importance of diagnosis, and supporting them throughout the process.
- MSWs provide practical support that 'enables people to attend dementia-related appointments', releases clinical time spent on signposting and allows capacity for the Memory Services to further develop their post diagnostic support model. Early diagnosis has also been possible through MSWs as well as easy referral to the memory service 'without the need for complicated forms'.
- Whilst some service users and carers feel that MSWs help the service user to stay out of hospital, there is currently no feasible way to measure this.

Recommendations

- Continue to collect all relevant data to demonstrate the effectiveness of the MSW Team; for example caseload, size and activity, using external sources where appropriate
- Improve communications and awareness among GPs through promotion of the role of MSWs
- Act on some of the findings to develop the team provision, for example discussing development needs with MSWs

For more information about the project, contact:

Lynn Welsh
Memory Support Team Manager
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Alison Gordon
Clinical Operations Manager, Dementia and Specialised Citywide Community Teams
alison.gordon2@nhs.net

Completed Project

Evaluation of the Compass Project

The Compass Project is an integrated psychology and occupational therapy informed intervention. It offers a service to women being managed by the National Probation Service who have personality difficulties. It combines group and individual work for women to learn about their personality functioning, to better understand the meaning of their daily activities, and to develop and enact individualised plans for activity. Compass is delivered by the Yorkshire and Humberside Personality Disorder Partnership (YHPDP) of the Leeds Personality Disorder Services within LYPFT.

Sample

Eight women took part in the Compass evaluation between February 2015 and September 2016, involving two separate groups based in two locations.

Outcomes

The women's views about the process of engaging with the Compass Project and how they viewed any outcomes were captured at various points using questionnaires and focus groups. The questionnaires included the CORE (Core System Trust, 2016) to measure psychological distress, and the Occupational Self-Assessment (OSA: Baron et al, 2006) to measure perceived competence in activities of daily living and a person's sense of identity. The questionnaire data indicated positive self-rated changes for participants. The themes that emerged from the focus groups provided strong endorsement for the therapeutic value of the group work component of the Compass work, whilst reflecting the personal struggle of doing this work. Some positive personal changes were identified by participants. Each focus group led to real-time adjustments to the service model.

Conclusion and future directions

The number of eligible women able to engage with Compass groups was relatively low, although overall attendance at sessions was high for the regular members. This indicated that the original model was greatly valued by a small number of women but was failing to meet the wider needs of the target population for the service. Restructuring was required to engage effectively with the complexity of this population in order to shift the fundamental question about eligibility from 'are you ready to join our service?' to 'how can Compass meet your current needs?' The overall Compass model has since been redesigned to enable a continual flow of eligible women to engage with a wider range of intervention modules. Group cohorts remain available but less emphasis is placed upon group participation as the primary intervention strategy.

Given the modest sample size this evaluation cannot make broad conclusions about the wider effectiveness of the Compass approach for this client group. However, the data gathered will contribute towards future evaluations based upon single cases to more fully evaluate its impact upon individuals. The Working Alliance Inventory (WAI; Horvarth, 1992) has also been recently introduced to measure the impact of Compass involvement upon the relationship between the service user and their probation officer. Despite the evaluation limitations noted above, the evaluation process so far has led to a better understanding of what meaningful outcomes might look like for this client group. For example, comparing rates of violent re-offending does not appear particularly relevant for females as many tend not to be repeatedly re-convicted. In addition, the context of the violent offending for women involved with the Compass Project suggests that increases in protective factors provide more meaningful evidence of risk reduction. These factors are likely to include improved psychological functioning, a sense of positive identity, and how the daily activities are part of this identity. Future evaluation will focus upon how to evidence changes in protective factors more systematically.

The process of designing, delivering and evaluating Compass has generated significant amounts of information about how to effectively engage women offenders with personality difficulties within the community. This has been a pioneering process because of the absence of a pre-existing framework for this type of endeavour and therefore it contributes to the evidence-base for this population.

Lisa Maltman, LYPFT, **lisamaltman@nhs.net**

Completed Project

Identifying **barriers** to the implementation of **PROMs**

Rationale, aims and objectives

Patient-reported outcome measures (PROMs) are gaining increasing attention within mental healthcare, yet can be difficult to implement into routine practice. To increase uptake, it is recommended to explore the barriers to uptake guided by a theory base, with this information then used to design a tailored improvement strategy. The aim of this study was to explore the barriers to collecting and using a specific PROM within a single setting to inform the design of PROMs promotion strategies.

Methods

This study explored staff perceptions of relative advantage and the compatibility with norms and complexity of using the Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) in routine practice. This was done through structured group discussions with mental healthcare teams in one Foundation Trust, guided by 'diffusion of innovation' theory.

Results

Respondents perceived some advantages to using SWEMWBS, notably patient involvement, but also highlighted the burden of paper-based data collection and the poor quality of feedback reports. There was also scepticism regarding the suitability of the tool, particularly for certain groups of patients and concerns about use of PROMs for performance management. Views were mixed regarding compatibility with existing outcome measures.

Conclusions

To increase uptake, it is recommended that the positive perceptions of relative advantage, compatibility and ease of use identified in this study should be promoted, including through messages delivered by senior staff and tailored educational strategies. Negative (mis)perceptions should be similarly challenged and barriers around paper-based data collection and feedback reports systematically targeted.

Dr. Andria Hanbury, University of York, **andria.hanbury@york.ac.uk**

Finding out about NIHR research internships

Claire Paul, the Trust's Healthy Living Service Manager, is about to complete a National Institute for Health Research (NIHR) research internship. Here she reflects on the experience and describes what's involved.

What is the NIHR post masters research internship scheme?

It's a scheme open to nurses and Allied Health Professionals (AHPs) with a masters qualification, who are working in the NHS in Yorkshire and Humber. The scheme provides:

- 'learning by doing' in a research environment
- 25-35 days protected time (with backfill funding)
- exposure to a range of research roles, including direct participation in an ongoing research project with the support of an experienced research supervisor

There is also an option to do an internship after your first degree, i.e. before you complete a masters degree.

The scheme is designed as a springboard to further research activity, via a clinical academic pathway or by being more research active in clinical/leadership roles.

How are interns supported?

Each intern sets their own objectives alongside an academic who also provides supervision. There were 12 interns from across Yorkshire and Humber in my group. The scheme is run by CLAHRC-YH* who organised three facilitated workshops over the year for us to share learning, support each other and feed back to the organisers. Interns get a travel budget and funding for dissemination activities too.

What attracted you to the scheme?

My trust role already involved some research related work. I was supporting two members of staff to provide interventions in clinical trials in the Trust (SCIMITAR+ and STEPWISE). I also co-led the smokefree survey in the Trust last year. My masters project sparked a more active interest - the internship seemed like a good opportunity to get more experience of real-world research.

Tell us more about what you've been doing

I've been working with Professor Liz Hughes, from the University of Huddersfield. Liz is Chief Investigator for a NIHR funded feasibility study called RESPECT. The study involves providing an intervention to improve the sexual health of people with severe mental illness. I've shadowed specific roles in the RESPECT team and got to grips with a number of research processes e.g. ethical approvals. The study includes four sites across the UK, so I've got a good understanding of what's involved in terms of research governance, service user involvement and the practicalities of a large multi-site study.

I've also (just about!) completed my own small study alongside REPECT. I've been exploring with the CMHT staff who have been recruiting to the RESPECT study, what they think about their involvement. This has included getting the study approved, recruiting participants, interviewing staff, analysing the data and writing it up. I'm also going to contribute to some qualitative work as part of RESPECT by facilitating a focus group at each site.

What have you learnt?

I've learnt a huge amount about health research in practice. I've got a real 'insider's view' of a large study from initial approval, through to recruiting service users and providing an intervention. The engagement with clinical teams is really important for research to succeed. It's sometimes been a challenge to protect the time for internship activities alongside my other work; research can involve intense periods of activity and at other times it can be frustratingly slow. You need to have passion for the research subject to keep going and keep sight of the benefits to service users.

Would you recommend the internship scheme?

Absolutely. Research activity should be shared across all professional groups. This is a great opportunity for nurses and AHPs to get more experience of hands-on research. The scheme is being evaluated and feedback will be posted on the CLAHRC-YH website shortly.

What next?

I'm attending the European Conference on Mental Health in Berlin in October to present the findings of my research – exciting and a bit daunting! The internship has confirmed to me the vital role research has to play in supporting innovation and improving service user care. I will continue to champion research in the Trust, support staff to be more research active and work with partners in CLAHRC-YH. Research is a key part of the AHP Strategy, so these types of opportunities really support and promote this priority.

If you are interested in applying for a research internship, further information is available from **Alison Thompson**, Head of R&D in the Trust (**athompson11@nhs.net or 0113 8552360**) who will provide support for your application.

*Collaboration in Leadership and Applied Health Research and Care – Yorkshire and Humber **www.clahrc-yh.nihr.ac.uk**

Claire Paul, LYPFT, **claire.paul@nhs.net**

Research publications

Leeds and York Partnership NHS Foundation Trust is committed to conducting and promoting research to improve the current and future health and care of the population. The Trust is proud to not only actively conduct research, but also to work in collaboration with other organisations to complete research projects.

Current lists of outcomes from research projects carried out through the Trust, and details of where they have been publicised, can be found on the Research and Development pages of the Trust's website: **https://www.leedsandyorkpft.nhs.uk/research/publications/**.

The publications list consists of studies including: 'Photo elicitation study of a novel in-reach rehabilitation and recovery service' by Penn Smith and Anna Madill; 'A feasibility and pilot trial of computerised cognitive behaviour therapy for depression in adolescents' by Lucy Tindall, Danielle Varley and Barry Wright; and 'How useful are the Adult Asperger Assessment and AQ-10 within an adult clinical population of all intellectual abilities?' by Hayley Kenny and Alison Jane Stansfield.

If you have been involved in a publication that could be added to the publications list, please contact us on **0113 85 52387** or email **research.lypft@nhs.net**.

Zara Brining, LYPFT, **zara.brining@nhs.net**

Completed Project

Critical time intervention for Severely mentally ill Prisoners (CriSP)

Many people in prison have long-term mental health problems. Mental health in-reach teams provide similar treatment and care in prison to that delivered by community mental health teams to the general public, but few people make contact with mental health services on release. Many people become unwell again and may commit further crimes.

We investigated whether or not an intensive model of care, known as critical time intervention, started in prison and continued on release, helped people to keep contact with mental health services in the long term. The intervention involves detailed assessment and planning for services needed after release, and help with sorting out housing/money issues and contacting family.

One hundred and fifty adult men with severe mental illness in prison took part. Half of the men received the new intervention, and the other half received the treatment that prison mental health workers usually offer. At six weeks and six and 12 months, we checked whether or not the participants were still in touch with community mental health services.

Those receiving the new intervention were more likely to have contact with mental health services at the six-week and six-month checks, but not at the 12-month check. This is positive because, in the time immediately following release, individuals are at especially high risk of suicide or drug overdose.

Staff and patients involved in the intervention were very positive about it; however, it was a more expensive way of supporting people. Further studies are needed to see if the intervention can help stop people committing crimes and whether or not it would work for other types of prisoners, for example women and young people.

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Dr Jane Senior, University of Manchester, jane.senior@manchester.ac.uk

Other researchers: Jenny Shaw, Caroline Stevenson, Charlotte Lennox, Alyson Williams, Dawn Edge and Richard Emsley, University of Manchester. Sarah Conover and Dan Herman, Hunter College (New York, USA). Manuela Jarrett, Morven Leese, Paul McCrone, Graham Thornicroft, Henry Cust, Gareth Hopkin and Caroline Murphy, King's College London. Ezra Susser, Columbia University and New York State Psychiatric Institute (New York, USA). Nat Wright, Spectrum CIC.

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 – 7 September 2017, 1pm
Health Technology Assessment commissioned calls	Primary Research (EoI to full) – 3 August 2017, 1pm
	Primary Research (EoI to full) – 28 September 2017, 1pm
Health Technology Assessment researcher-led calls	Evidence synthesis (straight to full): 9 August 2017, 1pm
	Primary Research (EoI to full) – 9 August 2017, 1pm
Invention for innovation	Challenge awards Call 7: mental health (Stage 2) - 27 August 2017, 1pm
Programme Grants for Applied Research	Competition 23 (Stage 2): 7 August 2017, 1pm
Public Health Research	Commissioned - 1 August 2017, 1pm

Funding streams:

1. **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.
2. **Health Technology Assessment (HTA):** Funds research to ensure that health professionals, NHS managers, the public and patients have the best and up-to-date information on the costs, effectiveness, and impacts of developments in health technology.
3. **Invention for innovation (i4i):** Funds research into advanced healthcare technologies and interventions for increased patient benefit in areas of existing or emerging clinical need.
4. **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.
5. **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: **https://www.nihr.ac.uk/about-us/how-we-are-managed/boards-and-panels/programme-boards-and-panels/**

NHS
National Institute for
Health Research

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, LS10 1JR

The 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.

Call for posters: Have you been running a research project within the Trust? Why not showcase it at the Forum? **Complete the poster submission form.**

Book your place: To attend the event, **please book your place online.**

A full programme of the event will be advertised in the autumn.

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

www.leedsandyorkpft.nhs.uk/research