



# Innovation

Research and Development Newsletter

January 2023 Issue 50



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Medipex NHS Innovation Awards 2022

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# Editorial



Welcome to a new year and edition 50 of Innovation. We ended 2022 with the launch of our new strategy as well as a short film that showcases what research is about. Please

take a few moments to watch the film and share with anyone who you think would like to learn more about us. I'd like to take this opportunity to thank everyone who was involved in developing the strategy and we look forward to working with all stakeholders to ensure its delivery in 2023 and beyond.

In this edition you can learn about how the Trust is entering a new partnership with Akrivia Health, helping to harness the information held within patients' electronic records. Akrivia Health are leaders in processing of mental health data and have the largest set of real-world data in neuroscience. This partnership will help to streamline processes within service evaluation, auditing and research and development.

The Research department have also been considering how they ensure the research we offer is inclusive. This has been supported by a survey asking people what they view as inclusive. Read Annalisa's article to learn more.

We also highlight an Innovation award we have received from Medipex in recognition of the Consent4Contact process we set up, giving service users the opportunity to indicate they would like to be approached about research.

And finally, you will notice we have a new logo and branding to support the launch of the new strategy. We hope you like our new look. As part of an ongoing commitment to ensure we provide outstanding communication to you our stakeholders, we are reviewing Innovation. We need your feedback to ensure a re-freshed Innovation serves your needs. Please complete the short survey and have your say. To gather feedback from people and give us the time to re-design Innovation, we will release the next version of Innovation in the summer. If you need anything from us in the meantime, please get in touch directly on [research.lypft@nhs.net](mailto:research.lypft@nhs.net).

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**Head of Research and Development,**  
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# Efficacy of Clinical Supervision in NHS professionals

## Background

Clinical supervision is widely implemented across mental health services, owing to its positive effects for patients, organisations, and staff. It has been proposed that it can act as a buffer against burnout for healthcare staff. A variety of workplace and supervision factors have been found to impact clinical supervision effectiveness. Research however is limited, inconclusive, and a large proportion of research has been conducted solely with nursing staff.

## Aims

The study aimed to a) determine if a variety of workplace and supervision factors predicted clinical supervision effectiveness; and b) establish if clinical supervision effectiveness predicted burnout, amongst a variety of National Health Service mental health staff (medical, allied health, and nursing staff).

## Methods

The study adopted a cross sectional design; data was collected via an online survey. The recruited sample was 204 mental health staff (89 allied health staff, 81 nursing staff, and 34 medical staff) from two NHS Trusts. The Manchester Clinical Supervision Scale (MCSS-26) was used to measure clinical supervision effectiveness, and the Maslach Burnout Inventory (MBI-HSS) was used to measure burnout. In terms of analyses, linear regression analyses and multiple regression analyses were conducted.

## Results

Main findings suggested that supervision frequency, supervision duration, choice of supervisor, workplace setting, supervisee profession, supervisee sex, and change in supervision duration during Covid-19 were all significant predictors of clinical supervision effectiveness. Additionally, clinical supervision effectiveness significantly negatively predicted burnout.

## Conclusion

Workplace and supervision factors should be considered in supervision practice across professional groups. Policies need to promote effective clinical supervision practice.

## Recommendations

It is suggested that supervisees are given a choice of their supervisor and receive supervision for at least of 46-60minutes once every 1-2months. Clinical supervision should be a protected clinical activity, where it is embedded into standard working practice. It is recommended that current clinical supervision policies are reviewed to consider supervisee choice, supervisee safety, as well as the frequency and duration of practice

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# How do supervisors respond to decision making by their supervisees?

## The impact of supervisee and supervisor characteristics

Exposure therapy is a type of therapy used to treat anxiety disorders. Exposure therapy aims to reduce a person's fear or anxiety response to a particular object or situation. During exposure therapy, a therapist might ask a client to repeatedly engage with the situation or object that causes the client anxiety so that the client can become more confident in their ability to cope. Although there is a large amount of evidence that demonstrates the effectiveness of exposure therapy, it can be challenging for the client, to begin with. Therapists also report that it can feel stressful to ask clients to do something that may increase their anxiety in the short term, even though there is evidence to suggest that it will be helpful in the long term. Therapists sometimes avoid using exposure therapy with clients even though it would be an appropriate treatment for the client's anxiety. The systematic review and empirical study that form this thesis aimed to develop a further understanding of which therapist factors influence the use of exposure therapy.

The first half of this Doctoral Thesis is a systematic review. The review investigated which therapist factors are associated with a therapist's intent to use exposure therapy. The findings showed that therapist factors such as younger age, more positive beliefs about exposure therapy, identifying with a Cognitive Behavioural Therapy therapeutic orientation, increased education, lower levels of anxiety and receiving training in exposure therapy were associated with a therapist's increased use of exposure therapy. The quality of the studies included in the review was low, the implications of this and recommendations for future research were discussed.

The second half of the thesis is an empirical study investigating the role of supervisee and supervisor characteristics on the advice a supervisor gives their supervisee whilst using exposure therapy to treat social phobia. The empirical study found that a supervisor's negative beliefs about exposure therapy were associated with advising supervisees to delay the implementation and prioritisation of delivering exposure therapy, as well as other therapeutic elements. In contrast to previous research, no effect was found of supervisee anxiety, gender or supervisor anxiety on the advice given to supervisees. The strengths and limitations of this study are discussed, along with the implications for clinical practice and recommendations for future research.

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# Alternatives to self-harm recommended on mental health self-help website: a scoping review

Less than half of all young people with mental health difficulties will seek professional treatment. Due to the private nature of self-harm it is estimated that only 1:28 young males and 1:18 young females who self-harm ever present to hospital. Self-help supports improved coping strategies and life changes without reliance on a clinical intervention which could be used to reduce self-harming behaviours.

The study objective is to review self-help alternatives to self-harm on mental health websites that can be accessed by young people. Google, Bing, and Yahoo search engines were used to search for appropriate websites. Eighty-two unique websites on mental health were identified, of which 55 met the inclusion criteria. A total of 1177 self-help suggestions were found for those struggling with self-harm urges. The average number of suggestions per site was 42 (Range 3–252). The main techniques suggested were: seeking social contact/help, physical activity, displacement/mimicking techniques, relaxing/comforting techniques, sensory techniques, fun/diverting techniques, aggressive techniques, creative/reflective techniques.

This review found not all strategies were suitable for young people and that the large number of possible strategies could be challenging for a young person to navigate. However, mental health self-help websites were generally of high quality and gave a range of potentially helpful strategies. The categories created from this review could be used as a guide to consider with the young person when making an individualized self-help plan to manage self-harm urges. Further research is required to assess if and how these techniques could be used individually or in combination to reduce self-harm.

**Clare Fenton and Ellen Kingsley**  
Leeds and York Partnership NHS Foundation Trust



Photo taken from [burst.shopify.com](https://burst.shopify.com) by Matthew Henry



# Impact of lockdown relaxation and implementation of the face-covering policy on mental health

## A United Kingdom COVID-19 study

### Background

Pandemic mitigation policies, such as lockdown, are known to impact on mental health of individuals. Compulsory face covering under relaxed lockdown restrictions gives assurance of less transmission of airborne infection and has the potential to improve mental health of individuals affected by restrictions.

### Aim

To examine the association of the lockdown relaxation and the implementation of the face covering policy on the mental health of the general population and sub-groups in the United Kingdom using interrupted time series model.

### Methods

Using a web-based cross-sectional survey of 28890 United Kingdom adults carried out during May 1, 2020 to July 31, 2020, changes in mental health status using generalised anxiety disorder (GAD-7), and impact of events scale-revised (IES-R) scales are examined, at the dates of the first lockdown relaxation (July 4, 2020) and the subsequent introduction of face covering (July 24, 2020) in United Kingdom. A sharp regression discontinuity design is used to check discontinuities in mental health outcomes at policy-change dates.

### Results

Average GAD-7 scores of participants were 5.6, 5.6 and 4.3 during the lockdown period, the lockdown relaxation phase and the phase of compulsory face covering, respectively, with lower scores indicating lower anxiety levels. Corresponding scores for IES-R were 17.3,

16.8 and 13.4, with lower scores indicating less distress. Easing lockdown measures and subsequent introduction of face covering, on average, reduced GAD-7 by 0.513 (95%CI: 0.913-0.112) and 1.148 (95%CI: 1.800-0.496), respectively. Corresponding reductions in IES-R were 2.620 (95%CI: 4.279-0.961) and 3.449 (95%CI: 5.725-1.172). These imply that both lockdown relaxation and compulsory face-covering have a positive association with mental health scores (GAD-7 and IES-R).

### Conclusion

The differential impact of lockdown and relaxation on the mental health of population sub-groups is evident in this study with future implications for policy. Introduction of face covering in public places had a stronger positive association with mental health than lockdown relaxation.

Full article can be read at: [www.wjgnet.com/2220-3206/abstract/v11/i12/1346.htm](http://www.wjgnet.com/2220-3206/abstract/v11/i12/1346.htm)

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### Other researchers

Saseendran Pallikadavath, Mohammad Mahbubur Rahman, University of Portsmouth, Portsmouth; Mustafa G Soomro, Solent NHS Trust; Pranay Rathod, PPI Representative; and Peter Phiri, University of Southampton.

# Client's perspectives and the efficacy of Dramatherapy for Early Psychosis

## Background

Dramatherapy is not a standard treatment pathway within Early Intervention in Psychosis (EIP), but it appears evident that it has a place in locations where treatment options are insufficient for some within this population.

## Aims

To review service evaluation data following an 8-year period of Dramatherapy in EIP. We wanted to understand how Dramatherapy was relevant to recovery from the client's perspective and evaluate the specific change ingredient present in Dramatherapy interventions.

## Methods

We carried out a thematic analysis upon 47 client feedback questionnaires following a period of Dramatherapy.

## Results

The analysis illustrated two main themes; clients' "experience of Dramatherapy" and "the process of change". Findings indicated the importance of a place to reflect using theatrical techniques. They valued the method of co-produced sessions which prioritised shared experience engendering peer support which enabled clients to gain new perspectives together. Dramatherapy supported clients to become more communicative with others, more able to engage in activities and develop new perspectives.

## Discussion

Dramatherapy is a much-required additional intervention for those experiencing psychosis and for EIP settings which are dominated by cognitive approaches. Client perspectives have been able to demonstrate the value of dramatic techniques in their recovery.

Read the full paper here: [www.tandfonline.com/doi/full/10.1080/17522439.2022.2141843](http://www.tandfonline.com/doi/full/10.1080/17522439.2022.2141843)

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**Other Researchers**  
Lauren Bradley, Alex Perry and Remennie Brooks, Community Links.



# The use of locum doctors in the NHS

We conducted a national survey of NHS Trusts and GP practices to understand why and how locums are engaged, supported and managed.

We received online survey responses from 605 (16.2%) GP practices and 98 (51%) NHS Trusts.

NHS Trusts and GP practices regularly require locums and prefer known locums who are trusted and familiar with processes and patients. NHS Trusts and GP practices were unfamiliar with the NHS England national guidance for supporting locums and while key processes like verifying documentation and completing induction were followed, far fewer reported providing feedback and support for appraisal. NHS Trusts and GP practices were concerned about the cost of locums and the impact of locum use on continuity of care and organisational development. Care provided by locums was viewed as the same or sometimes worse compared to care provided by permanent doctors.

Locum working is an important resource for NHS Trusts and GP practices which enables them to staff and provide services, but our research raises a number of concerns about the robustness of arrangements for locum working and about aspects of the quality of care. Future research should consider the arrangements for locum working and the performance of locums and permanent doctors, investigating the organisation of locums in order to achieve safe and high quality care for patients.

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Photo by Matthew Henry

# Research Heroes

## in LYPFT

Research heroes are individuals who are part of a hidden army of staff supporting research across the organisation. We want to take the opportunity to celebrate their contribution and thank them for making a difference.

### Starting small in Research

**Jennifer McIntoch, Professional Lead for AHPs, Dietitian; Hannah Curran, Specialist Dietitian; Emma Pearce, Speech and Language Therapist**

These heroes have been undertaking small research projects that for a range of reasons are already having an impact.

Jennifer, Hannah and Emma have all been completing projects funded by a small pump priming grant provided by the Research and Development Department. Jennifer and Hannah are conducting a Randomised Control Trial of Continuous enteral feeding vs Bolus Feeding for Adolescents with Anorexia nervosa. Emma is exploring the unmet communication needs of patients living with dementia in the LYPFT OPS inpatients units.

Hannah says: 'for me it's a fantastic opportunity to pursue my interest in research, gain real insight into what service-users are experiencing and is a chance to make a difference to future practise.'

Jennifer explains: 'being involved with the nasogastric (NG) feeding research has enabled me to step back and start to understand the bigger picture regarding NG feeding for young people with eating disorders across the region.'

Emma says: 'the role of speech and Language therapists is not well understood in dementia and older persons mental health, my research looks at the importance of communication for older people with cognitive changes and dementia.'



Jennifer McIntoch



Hannah Curran

## Participant referrals to research

**Dr Sajir Al-sajir**  
Speciality Doctor, OPS ENE CMHT

The context of this award nomination is a health worker who identified a potentially eligible individual and sends or directs them to the research team to be considered for participation in the research study. They can be a Clinician, AHP or other health worker involved in providing care/support to service users and their friends /relatives.

Why Dr Sajir - He was one of the clinicians that was involved in supporting Counted Research Study (Communication about treatment options in memory assessment services). Dr Sajir made referral from his caseload and also took part as a participant clinician in the study. He demonstrated great commitment, confidence in operating effectively in his role to support recruitment and participation and maintains a very positive attitude at every stage.

His contributions played a part in achieving the desired result to recruit to time and to target for the study, and most importantly it gave the eligible participants an opportunity to contribute to and to be involved in research.

Dr Sajir said: "I believe that our involvement and support to Research is vital in improving patients care. I was impressed by our research team efforts where they worked passionately and tirelessly throughout the process. I enjoyed my experience and I will be delighted to be involved in future projects. I believe these projects could shape and improve patient and their relatives care as well as experiencing with our services".



**Dr Sajir Al-sajir**

## Interventionists delivering research

**Luke Woodhouse is a Physical Health Clinical Nurse Educator (RMN); Anita Lawson, a Health Care Assistant.**

Intervention studies usually require clinical staff training to deliver a new programme or therapy to service user participants and are vital in the development of new treatments. We'd like to celebrate two clinical colleagues who have supported our studies as interventionists.

Luke Woodhouse is a Physical Health Clinical Nurse Educator (RMN) who trained as a MyTry Specialist earlier this year for the SCEPTRE study. Luke became the sole MyTry specialist for the study and delivered the programme to all participants. The pilot could not have run without him, we are extremely grateful, and thrilled that he is able to continue for the feasibility phase next year.

Luke said "I was keen to support the study as it's looking at bridging the gap that exists in smoke free interventions for patients who want to continue to be smoke free following discharge from acute mental health wards. It was great to build therapeutic relationships and support participants to remain smoke free which has a massive impact on their long-term physical health."

Anita Lawson, a Health Care Assistant, showed her commitment as a DIAMOND coach earlier this year. Her participants spoke highly of her and of the service she provided. We are delighted that Anita will continue working with us for the DIAMONDS randomised controlled trial.

Anita said "Diabetes can cause serious complications that can sometimes be prevented through self-management. I was motivated to be able to guide people to learn ways to make behaviour changes that can improve their health, empower them to manage their condition and give them control over the way they feel day to day".

R&D are taking referrals for the next stage in the DIAMONDS study. If you work with someone who has type 2 diabetes and a serious mental illness we might be able to offer them the opportunity of joining the study. Contact Lisa Hackney on **07980 956795**, [lisa.hackney1@nhs.net](mailto:lisa.hackney1@nhs.net)

## Celebrating STRATA study

### The Leeds Autistic Diagnostic Service (LADs)

The STRATA study aims to test whether Sertraline is an effective treatment for anxiety in autistic adults. The LADs team actively identify eligible patients, randomly allocate participants to receive Sertraline or a placebo, prescribe the medication, and monitor participant safety. They also collaborate with other organisations to recruit externally to their service.

Dr Alwyn Kam said "The STRATA study is a really innovative research trial to be involved in! It is truly exciting to be part of the discovery and exploration of yet to be answered questions - particularly in the field of autism."

Dr Conor Davidson, Dr Alwyn Kam and Dr Keri Lodge from the LADs team currently work together supervising staff and study delivery. The STRATA central study team have praised their efficiency in recruitment and contribution to the research.

Dr Conor Davidson said "I have thoroughly enjoyed becoming a Principal Investigator for the STRATA study. It has helped develop my service's research profile and has led to a number of new exciting opportunities."

Their involvement with STRATA has also led to a strong collaboration between LADs and the Research Department, resulting in exciting upcoming opportunities for this clinical service and their patients.

Dr Keri Lodge said "We share the research and development team's enthusiasm for embedding research within clinical teams, and I'm excited about our future research plans."

The STRATA study is recruiting.



Leeds Autism  
Diagnostic Service

# DIAMONDS RCT

Do you have diabetes and a severe mental illness?

## We need you



People with **severe mental illness** are more likely to have **diabetes**



**Poor management** of both of these conditions can lead to **shorter lives**



A tailored programme like **DIAMONDS** can help, but **we need you...**

## Our project



**DIAMONDS** is a 6 month supported self-management programme to help people make **lifestyle changes** to live better with diabetes and mental health



We are running a study to find out if the **DIAMONDS programme works**



We need **adults from different backgrounds** who have diabetes and a severe mental illness to participate

## How you can help



**Get in touch** to find out more using the **details below**



**Meet** with a member of the team to find out if you can **take part**



Your participation could help us to **improve your health**, and the lives of people like you

Get involved: Lisa Hackney on 07980 956795

FUNDED BY  
**NIHR**

National Institute for  
Health and Care Research



# How Akrivia can support research

The Trust is entering a new partnership with Akrivia Health, helping to harness the information held within patients' electronic records. Akrivia Health are leaders in processing of mental health data and have the largest set of real-world data in neuroscience. This partnership will help to streamline processes within service evaluation, auditing and research and development.

## How is the data used?



Identifiable data (eg name, DOB, ethnicity, diagnosis) is extracted by Akrivia from CareDirector and anonymised, to protect patient privacy, and structured into a useable format. This data is available for the Trust to inform direction of services in the future, identify areas of research that will benefit our service user populations and help the auditing of services. The data is further processed and enters a larger database containing anonymous, aggregated information from other NHS partners of Akrivia Health. This pool of data is used to identify possible trends within mental health and inform policy and strategies on a national level.

## Is the data safe?

Akrivia Health meet the highest standards required for data storage and the data remains in the UK. The data is anonymised, upholding safeguarding and privacy of patients. Project groups who request access to the anonymous data will be examined, to ensure authenticity of projects and data requests. The aggregated data can be shared between registered and authorised partners in the Akrivia Health Network and industry partners, including approved researchers.

## Can service users opt out?

The process will comply with the national data opt-out but also provide a local data opt out specific to Akrivia Health. This can be accessed by sending an email to [akriviaadmin.lypft@nhs.net](mailto:akriviaadmin.lypft@nhs.net), where service users can contact for further information or request to be removed from the Akrivia data extract. This will be communicated via a social media campaign, on the Trust website and through leaflets and posters in waiting areas.

## How will this benefit service users?

Access to useable, long-standing information about service users, is an invaluable resource for the Trust. Allowing us to participate in previously rejected research studies, evaluate services over time and identify evidenced based benefits and improvements. We can look at disease outcomes and intervention efficacy, allowing us to implement successful interventions much more quickly.



## What do service users and clinical staff think?

Support for the implementation of Akrivia Health in the Trust has been enthusiastic from service users and staff involved in initial consultations.

**'This is critical for research in the Trust'** – Help from Experts by Experience for Researchers (HEER) group member

**'I think it is useful, efficient and is an improvement'** – Young Persons Advisory Group member

**'It will impact on how patients use services because new things can be found out about how things are run and what might not be working well'** – Young Persons Advisory Group member

**'The advent of electronic health record systems brings huge potential benefits for individual service users and clinicians. Akrivia allows us to use these existing electronic health systems to benefit the population as a whole. This gives us the ability to use large-scale data to answer complex questions about the population we serve, where we were previously unable to. It is an exciting and innovative opportunity which we are relishing'** – Dr George Crowther, Consultant in Old Age Liaison Psychiatry, LYPFT

**'It is impossible to know if you are helping or harming without knowing what has happened to those who used the service before. This is particularly the case for young people using mental health service as there is very little research to guide clinicians. The ability to examine specific aspects of the service we offer to assess if and how it has helped will enable us to improve our service and be responsive to changes in needs in the population we serve. Beyond this it can also help inform and improve services across the country as what is helpful for some maybe helpful for many; informing research trials'** – Dr Clare Fenton, Consultant Child and Adolescent Psychiatrist, LYPFT

If you would like to hear more about the Akrivia Health partnership or to find out how it might benefit your service, please get in touch with **Zoe Jackson - [zoe.jackson14@nhs.net](mailto:zoe.jackson14@nhs.net)**

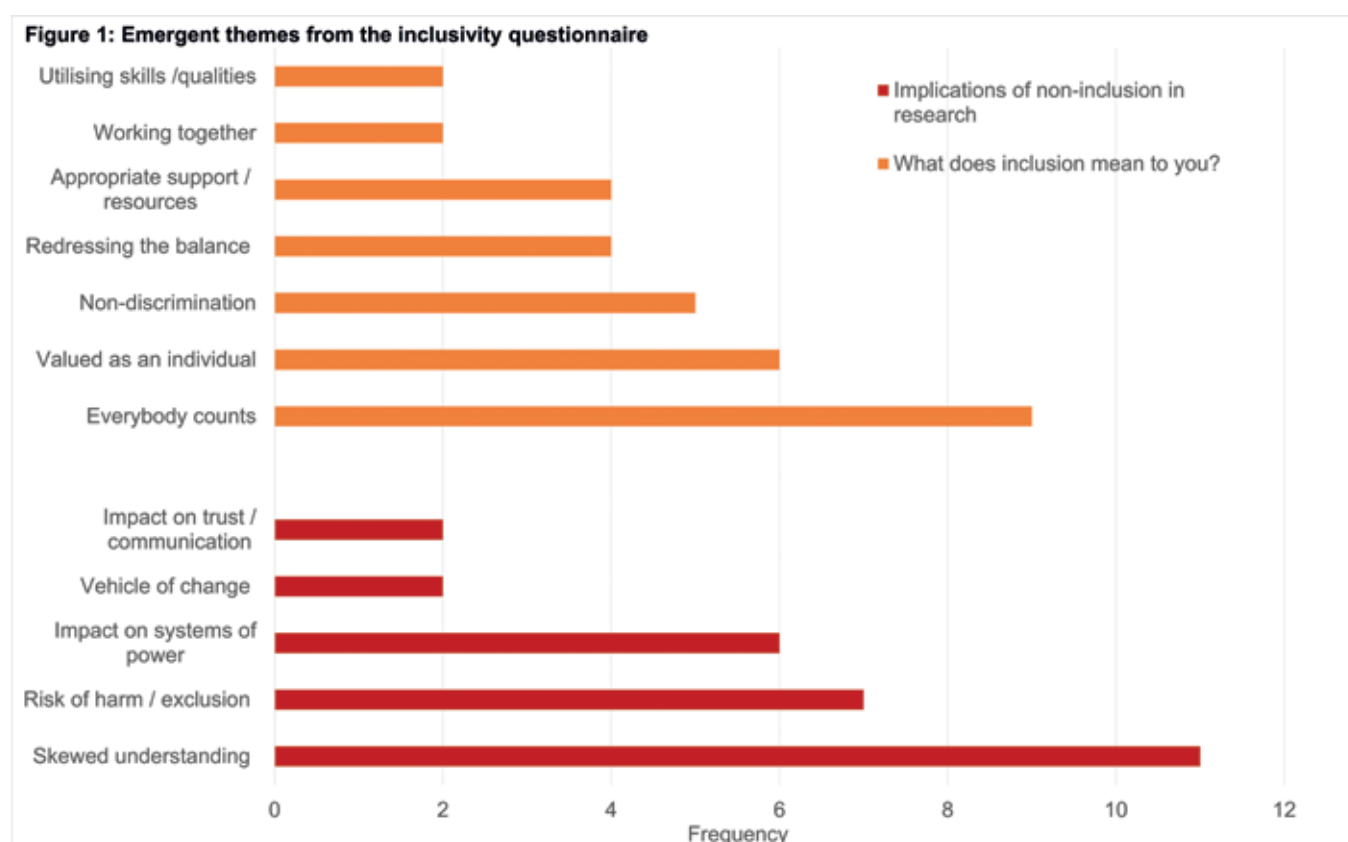


# What does inclusion mean to you?

## A snapshot of inclusivity and its perceived impact on research

In February 2022, Research and Development invited members of the Workforce Race Equality Network (WREN), the Disability and Wellbeing Network (DaWN) and Rainbow Alliance to offer their views on inclusivity. This included staff, service users and carers associated with the Trust with an interest in matters pertaining to protected characteristics. The aims were to discover what inclusivity meant to people, and the perceived impact of non-inclusion in healthcare research.

Seventeen people provided written responses to a questionnaire asking two simple questions: 'What does inclusion mean to you?'; and 'What do you think are the implications of non-inclusion in mental health and dementia research?' Responses were coded and themes (displayed in Figure 1.) were agreed by two researchers.



## **'What does inclusion mean to you?'**

Perhaps unsurprisingly, when asked what inclusion meant to respondents, the most cited theme was that "everybody counts," for example:

**"...everyone is listened to and their opinions and views can be expressed the same as anyone else."**

It was also important that everyone is valued as an individual:

**"Inclusion means being considered as an individual and having all aspects of my being/identity treated with respect."**

Non-discrimination was another key area, for example "considered normal, not other," and:

**"Able to contribute without feeling that they are only there because of their specific circumstances."**

Inclusion meant doing more than considering everyone on an individual level, it meant "going beyond getting everyone involved" and taking action to "push against" what is stopping involvement in the first place to redress the balance:

**"Action and language that works against exclusion of people who are historically or newly excluded."**

Providing appropriate support and resources was important, allowing research to be "user friendly for all":

**"...every person having what they need...to be able to access services appropriately and in a reasonable time frame."**

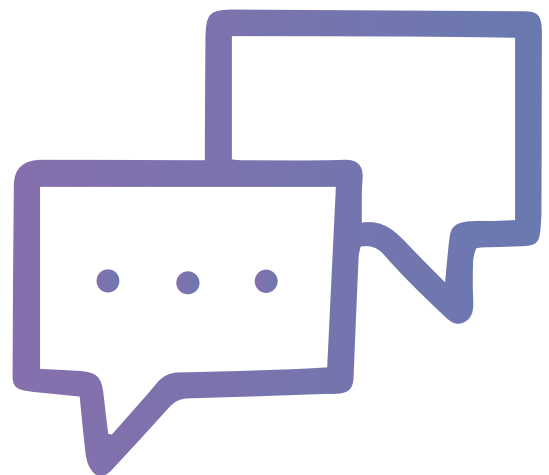
Inclusion was also thought to mean "being part of a team," working together in a group to overcome problems and "learn something new." It also meant employing specific skills or qualities, namely "active listening" and being "open to change."

## **'What do you think are the implications of non-inclusion in mental health and dementia research?'**

When asked about the implications of non-inclusive research, the most mentioned topic was that results would be "non-representative," "...meaning poorer outcomes, further exclusion and inaccuracy of research." It was suggested that not representing the whole population in question would lead to "skewed understandings and thinking" and consequently:

**"Decisions are made about people that might be well meaning but have no impact on those who need the help."**

**"...anything which is put in place as a result of the [non-inclusive] research will further widen the health inequality in the UK for people with protected characteristics, thus continuing the cycle of health inequality."**



# Watch

## 'The World Turned Upside Down'

### A film about dementia and communication

The content of this article has been taken with consent from [www.alzheimers.org.uk/blog/watch-world-turned-upside-down-film-about-dementia-and-communication](http://www.alzheimers.org.uk/blog/watch-world-turned-upside-down-film-about-dementia-and-communication). For anyone who might know someone in their life who would benefit from advice in caring for a person with dementia please contact the Alzheimer's Society Dementia Support line 0333 150 3456.

Co-created by people affected by dementia, the IDEAL research project has released a new film that focuses on the importance of effective communication around dementia.

### What is 'The World Turned Upside Down' about?

The World Turned Upside Down is a film that delves into the reality of living with dementia and caring for a person with dementia. The film depicts both a play and the process of creating it, as well as the audiences' reflections during the play.

Co-created with people affected by dementia, the play explores scenarios at different points of characters' experiences with dementia, from getting diagnosed and sharing that diagnosis with family members to caring for a loved one living with dementia.

### Exploring communication around dementia

Before watching the film, you can download a screening pack created to accompany the film. This pack helps to guide the viewer through the film, offering discussion questions around the different scenarios. Watching and sharing the film with the screening pack is a great learning resource, a tool that can be used within groups to discuss some of the key issues explored in the film.

### Watch 'The World Turned Upside Down'

[www.youtube.com/watch?v=\\_\\_A255O5vAk&feature=emb\\_imp\\_woyt](http://www.youtube.com/watch?v=__A255O5vAk&feature=emb_imp_woyt)

The artwork for 'The World Turned Upside Down' was designed by Willy Gilder, a person living with dementia who expresses his experiences through art. Willy regularly posts pictures of his art on Twitter, under the handle [@willygilder01](https://twitter.com/willygilder01).

## Who created the play?

'The World Turned Upside Down' comes from a large dementia research project called IDEAL, which is an Alzheimer's Society Centre of Excellence. IDEAL has been running since 2014 and is based at the University of Exeter. It focuses on improving the lives of people with dementia and carers living in the community.

## Where did the idea come from?

The idea for 'The World Turned Upside Down' arose from discussions between Director Paul Jepson and Professor Linda Clare, who leads the IDEAL research programme. Through these discussions they decided to use theatre to share research findings in a way that could make a difference to people's lives and portray what it is like to live with dementia in a realistic way.

The programme's research findings have already helped lots of people living with dementia and carers, through resources like the Living with Dementia Toolkit.

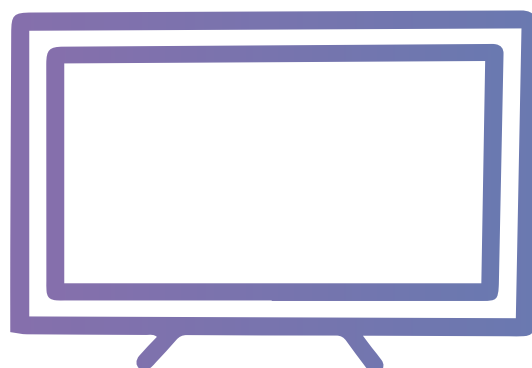
## What does IDEAL do?

IDEAL has over 50 research publications that are helping Alzheimer's Society and other dementia organisations, as well as clinicians and practitioners, improve and rethink how we can best support people affected by dementia.

## Watch the film and share your thoughts

You can watch 'The World Turned Upside Down' on Youtube.

Let the IDEAL team know what you thought of the film by emailing [IDEAL@exeter.ac.uk](mailto:IDEAL@exeter.ac.uk)



# SPACES

## feasibility trial

### Would you like to help out with a research project?



Are you living with Schizophrenia, Bipolar or Schizoaffective Disorder?

Have you thought about increasing your physical activity?

Would you like to help us test out a new physical activity programme for people living with severe mental ill health?

Please get in touch for more information - please be aware, asking for more info does not mean you have to take part

Speak to your care coordinator or your GP to find out more:



EMAIL – [hollytaylor2@nhs.net](mailto:hollytaylor2@nhs.net)



TELEPHONE – 0113 8558307



# Medipex NHS

## Innovation Awards 2022

### Improved processes and systems' LYPFT joint winner

Medipex is a healthcare innovation hub for NHS organisations across the Yorkshire & Humber and East Midlands regions and industry and academia internationally. They recently held their 15th NHS Innovation Awards and Showcase for 2022.

On 12th October 2022, over a hundred delegates from the NHS, universities, companies and charities all came together online to celebrate the innovative achievements of NHS colleagues from across the country. Highlights of the event included two keynote speeches, one from headline sponsor EEE Corp Group, with their CEO Negin Bemanzadeh talking about how to make an idea investable and take it global and the second from Sameer Kothari, CEO of Zilico Ltd. who inspired the audience with the story of ZedScan's journey from an NHS workshop into clinical practice to diagnose cancer.

Following a series of break-out sessions the event moved on to showcase twenty NHS competition finalists. The range and quality of innovations entered for the awards was inspirational again this year (visit [www.medipexawards.co.uk](http://www.medipexawards.co.uk)) and it is anticipated that many new collaborations, and opportunities for shared learning, will occur as a result of the event.

LYPFT were fortunate to have been picked joint winner alongside Leeds Teaching Hospitals NHS Trust for the development of their 'eTAROT tool' in the 'Improved processes and systems' category. This category focuses on innovations that are designed to improve efficiencies and outcomes for service delivery organisations.

LYPFT received this award for our 'consent to contact' initiative; you may remember reading about in Issue 44 of Innovation magazine. Consent for contact was an initiative that sees the clinical care teams asking service users whether they would like to be contacted about research ongoing in the trust; and whether the service user consents or not noted within their electronic medical records. If a service user agrees they are giving consent for our research team to check their electronic medical records to determine eligibility to studies prior to directly contacting them. The service user then chooses if they agree to or not to participate. This register enables us to approach patients directly, increasing service user access to opportunities to take part in quality research projects and contribute to improve understanding of mental health conditions and wellbeing.

**R&D team**  
**LYPFT**  
[research.lypft@nhs.net](mailto:research.lypft@nhs.net)



Winner of Medipex  
NHS Innovation Awards  
and Showcase 2022

# Library

## training dates

The Library and Knowledge services team are currently delivering information skills training courses remotely. The team are delivering one-to-one training to request this you will be required to complete a training request form [www.leedslibraries.nhs.uk/courses/one-on-one-request.php](http://www.leedslibraries.nhs.uk/courses/one-on-one-request.php).

### The following courses are free to all Trust staff.

#### Cochrane library training

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

#### Critical appraisal

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

#### Current awareness

Aimed at staff who wish to set up and use email and RSS alerts and feeds to support their practice or professional development.

#### E-journals and e-books

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

#### Google and beyond

Aimed at 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.

#### NHS OpenAthens account

Aimed at staff who wish to better understand their Athens account and learn about the e-resources that are available to them.

### You may also be interested in accessing the introduction \*videos below:

- Critical Appraisal
- Literature Searching
- BMJ Best Practice
- Royal Marsden Manual
- Anatomy Resources
- Journals A-Z
- Browzine
- Kortext
- Registering for an NHS OpenAthens Account
- TRIP Database

These videos can be found here:

[www.leedslibraries.nhs.uk/training/training-videos](http://www.leedslibraries.nhs.uk/training/training-videos)

\*Please note Library and Knowledge services do not accept the responsibility for the content of these videos which have been produced by suppliers and external organisations.

For more information about any of our library courses; visit: [www.leedslibraries.nhs.uk/home/](http://www.leedslibraries.nhs.uk/home/)

# National Institute for Health Research (NIHR)

## funding opportunities

The NIHR Clinical Research Network Portfolio is a database of studies that shows national clinical research study activity. 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 help with study promotion, set-up, recruitment, and follow-up.

The Research Design Service ([www.rds-yh.nihr.ac.uk/](http://www.rds-yh.nihr.ac.uk/)) provides guidance and support that you will need to access when making an application for NIHR funding. They also provide funding to enable service users, carers and the public to contribute to the development of your research bid.

Funding stream	Deadline
HSDR	Commissioned, stage 1, 24 Mar, 1pm
HTA	Commissioned, stage 1, 29 Mar, 1pm
PHR	Researcher-led, stage 1, 4 April, 1pm Researcher-led, stage 1, 15 Aug, 1pm

### Funding streams:

- 1 Efficacy and Mechanism Evaluation (EME):** Researcher-led and aims to improve health/patient care. Its remit includes clinical trials and evaluative studies.
- 2 Health Services and Delivery Research (HS&DR):** Funding research to improve the quality, effectiveness and accessibility of the NHS, including evaluations of how the NHS might improve delivery of services. It has two work streams, researcher-led and commissioned.
- 3 Health Technology Assessment (HTA):** Funds research to ensure that health professionals, NHS managers, the public, and patients have the best and up-to-date information on the costs, effectiveness, and impacts of developments in health technology.
- 4 Invention for innovation (i4i):** Funds research into advanced healthcare technologies and interventions for increased patient benefit in areas of existing or emerging clinical need.
- 5 Programme Grants for Applied Research:** To produce independent research findings that will have practical application for the benefit of patients and the NHS in the relatively near future.
- 6 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.
- 7 Research for Patient Benefit (RfPB):** Generates research evidence to improve, expand and strengthen the way that healthcare is delivered for patients, the public and the NHS.

For further details about funding opportunities through the NIHR, visit:  
[www.nihr.ac.uk/researchers/funding-opportunities](http://www.nihr.ac.uk/researchers/funding-opportunities)

  
**National Institute for  
Health Research**

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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of Mental Health Care*

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