

CLAHRC NWC Quarterly *News for Partners and Public across the North West*

January—March 2016

Issue 1

The mission of the NIHR CLAHRC NWC is to work collaboratively with Partner organisations and other stakeholders, including members of the public, to co-produce and conduct high quality, leadership enhancing, applied research designed to decrease health inequalities and improve the health of the population of the North West Coast.

Welcome to our new Bulletin!

Welcome to the new CLAHRC NWC Quarterly, which will contain news and views from around the North West Coast on the applied research being carried out with the aim of making a big difference to the quality of service user/ patient experience across our region.

In each edition I will flag up in this column some of the key messages I want all Partners and Public of the CLAHRC North West Coast to know about and be updated on.

Something I am keen to promote is to capture and publish news from each of

our key programme themes, so the progress we are making can be easily identified and disseminated while showing delivery of our Partner priority in these areas.



tion. It has been produced in response to requests by our Partners and is designed to be shared in Partner organisations for the benefit of its staff and public.

We plan to use this publication to make the CLAHRC NWC, an organisation with a memory, and produce an archive of our key progress milestones as we continue to develop and deliver.

We actively welcome engagement and any views on this publica-

It is only by working in partnership that we can continue to deliver world-class research in the North West Coast region.

Please feedback comments / stories to us for the next edition.

Mark Gabbay
Director of
CLAHRC NWC

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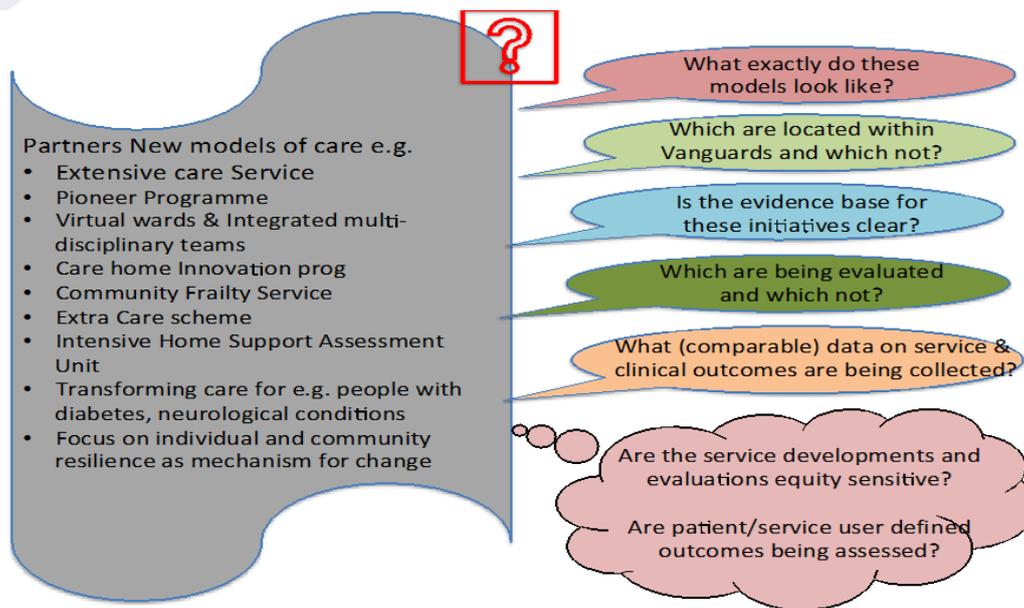
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All change as new priority gets on track

After several meetings between Partners and the Engagement Team, a new single strategic Priority has been identified and agreed for all CLAHRC NWC research moving forward. This is:

Which models of out of hospital treatment and care are most (cost) effective in reducing health inequalities, improving population health, and reducing emergency admissions.

In response, a two-stage strategy has been agreed by the CLAHRC NWC Steering Board; Stage One will involve conducting a scoping exercise of proposed new models of care by Partners in the North West area (examples below), to answer the questions highlighted.



The exercise will seek to identify gaps in evidence underpinning these initiatives, how have health inequalities been considered in their design and assess what evaluations are in place for collecting data both on their impact on to patient defined outcomes and the wider expectations in the health economy. Work should be completed by end of June 2016.

Stage Two will see the outputs presented to Partners with a view to prioritising rapid reviews to fill any gaps in underpinning evidence of the new models; assessment of existing tools for assessing outcomes/expectations; agreeing the support level for on-going evaluations and discuss case studies of the new models of care for further dissemination. This work will continue until 2018. Updates on the Programme will be provided via the Partners Forum.



This new priority enables our Theme Leads and Managers to continue their partnership work helping Partners to ensure their models of care really are delivering benefits for patients across the North West Coast.

Jennie Popay, Director of Engagement NIHR CLAHRC NW Coast

Public Health Theme progress continues in Communities

The Public Health Team of CLAHRC NWC are working with Local Authority Partners who have each identified a 'Neighbourhood for Learning' (NfL) in their area (10).

The aim is to work in these districts, finding out how local people and organisations can become better equipped not only to respond to social, economic and environmental change but also to shape it in ways they want.

This includes measures that can be expected to improve health and, eventually, decrease health inequalities.

By bringing together Partners, Local Authorities, Health Providers, Voluntary Bodies, Community Groups and local Residents we want to see what changes can be brought in Communities through building of new relationships, networks and put into practice locally existing research evidence.

If you want to find out more about the work in a specific community, contact us to discuss our work in the Neighbourhood for Learning. Details below of first batch where work is underway.



Local Authority	Neighbourhood for Learning	CLAHRC NWC Contact
	Wensley Fold /Mill Hill	Sarah Mosedale 01524 594658
	Claremont Ward	Ana Porroche-Escudero 01524 593313
	Town Ward (in Ellesmere Port)	Rory McGill 0151 794 5283
	Worsley Ward Haslingden) St Georges Ward (Preston)	Glenn Simpson 0151 794 5283

Household Health Survey data

Cross theme household health survey (phase 1) has been successfully completed by a total of 4319 participants surpassing our target of 4300. A Data Governance Board has been established to oversee data security and use. A Longitudinal Research Resource (ILRR) is being created by incorporating survey data with other local and national datasets. Analysis is being conducted by a team consisting of university, NHS and local authority Partners, and public representatives. For further information on the survey or to discuss involvement in the data analysis, please contact Dr Jason McIntyre

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Director awarded prestigious status for research work



“My aim, and that of my research team, is to improve stroke care through research, and then support its implementation into practice.”

Professor Caroline Watkins, UCLAN

A senior member of the CLAHRC NWC Management Team has gained national recognition for her contribution to health research.

The University of Central Lancashire’s Professor Caroline Watkins (*pictured, left*) has been awarded Senior Investigator status by the National Institute of Health Research (NIHR), which finances and oversees research across the NHS.

Senior Investigators are the NIHR’s pre-eminent researchers and represent the country’s most outstanding leaders of clinical and applied health and social care research.

Recognised for her outstanding contribution to patient-focused research and leadership, Professor

Watkins was also commended for her strong interactions with patients and the public, as well as policy makers.

Professor Watkins said: “My aim, and that of my research team, is to improve stroke care through research, and then support its implementation into practice. This award demonstrates NIHR’s commitment to increasing the capacity for research into stroke nursing, through supporting the development of high quality nursing researchers.”

As Director of CLAHRC NWC Capacity Building and Implementation, Professor Watkins has led the introduction of Internship roles and CLAHRC NWC funded

PhD studentships in North West Universities, to drive forward health inequality research across the region.

Professor Watkins’s research portfolio spans the entire stroke care pathway, including being the lead for the CLAHRC NWC research into psychological support for stroke survivors.

Dr Pierre Martin-Hirsch, Director of Research and Innovation, at CLAHRC NWC Partner Lancashire Teaching Hospital NHS Foundation Trust, said: “This award will support our mission to enhance research capability at the trust, supporting our provision of excellent evidence-based care.”

Public help shape new research ideas in Mental Health

Over the last year a series of 3 public engagement events called “Research Have Your Say” have been held. The aim being to initiate research into inequalities in mental health care led by service user groups and the public across the NWC region. The events were facilitated by the academics and public advisors of the Improving Mental Health theme in the CLAHRC NWC. The main research idea that developed from the events concerns increasing understanding between mental health service users and mental health care professionals to reduce stigma, and improve the quality and appropriateness of the care provided. 33 service users and members of the public from across the NWC region participated in the events, and of these 5 people have agreed to form a core working group with a further 6 providing input as necessary to develop the research proposal for submission to an external funding body .

Assessing the impact of point of care testing for infection in children with chronic diseases on health outcomes and health inequalities

The Paediatric Outpatient Parenteral Anti-microbial Therapy (pOPAT) service at Alder Hey Children's Hospital supports the delivery of home intravenous antibiotics. pOPAT is a model of care that is child and family-centred, with care taking place in a child's home. But we want to make sure that all children can benefit from this service, especially the

most disadvantaged, who potentially have most to gain from pOPAT. In CLAHRC NWC funded cohort study, all children with chronic conditions receiving pOPAT will be identified.

The aim is to assess factors that predict the uptake and outcomes of the pOPAT service, and how these vary on the basis of

socio-economic conditions (SECs). After informed consent, we will collect baseline data on diagnoses, household and family SECs, including postcodes that can be linked to small-area based measures of deprivation and other contextual factors (e.g. ethnicity, household smoking, overcrowding). Children will be followed-up to assess how these exposures relate to health outcomes.

Alder Hey Children's 
NHS Foundation Trust

We will also collect qualitative data and data on costs for an economic evaluation. We are currently recruiting for an intercalating MPhil student to contribute to the research.

Research into new dosing methods to improve patient safety

Oral anticoagulants (OACs) are effective for the prevention and treatment of thromboembolic events that occur in patients with Atrial Fibrillation (AF). Warfarin is the most widely used OAC, however it has a narrow therapeutic range and it can take time to determine each patient's optimum dose. Initiating warfarin risks bleeding events until the optimum dose is found.

Genotype-guided dosing offers a method of dosing which can potentially improve the



safety of warfarin dosing.



With funding support from CLAHRC NWC, NWC AHSN and in conjunction with the University of Liverpool and several Hospital

Trusts, the aim is to implement this dosing method into clinical practice and evaluate whether similar results are achieved in a 'real world' setting.

The genotype-guided dosing will be implemented in three sites and a further three sites will act as controls. The aim is to recruit 300 patients overall, 150 in each arm, and follow them for 12 weeks.

The study will compare the implementation and control groups to assess whether the genotype-guided dosing improves patient health outcomes such as, time in therapeutic range and number of bleeding events. It will also measure the cost-effectiveness of implementing this dosing practice and determine whether there has been an impact on service use and patient quality of life.

In addition, the study will assess both staff and patient views on the acceptability of the dosing method and will evaluate the implications of introducing genotype-guided dosing for staff and the patient pathway.

Partnership work seeks to increase uptake of bowel screening

As a part of the CLAHRC NWC *Evidence for Change* initiative, Liverpool City Council Public Health working with their collaborators Cancer Research UK, NHS England, Public Health England, Liverpool CCG, Liverpool Community Health Partners and a panel of public advisers from the Black, Asian and Minority Ethnic community (BAME), are seeking to reduce health inequalities within their locality by increasing the uptake of bowel cancer screening. Their work focuses upon three disadvantaged neighbourhoods, where preventable premature death from the disease is amongst the highest in England. Their research has uncovered two key aspects of practice that they seek to change (a) GPs in the locality record ethnicity and language on an ad hoc basis (this may be due to patients electing not to disclose or errors by the GP practice when inputting the data); (b) communication between the National Bowel Cancer Screening Hub, the GP and the patient is complex and a failure in this communication may lead to the patient not undertaking the screening test. Further funding and support has been pledged to enable the team to pilot and evaluate new processes that seek to raise awareness within the community. *Project Team pictured above,*



Putting a CAP on seizure admissions to AED

The Care After Presenting with Seizures (CAPS) project has recruited its first participants. CAPS is concerned with patients who attend Accident & Emergency Departments (AED) as a result of a seizure, and aims to find out if actively helping these patients to attend an early appointment at a neurology clinic will make the changes that reduce re-admissions, re-attendances and improve quality of life. CLAHRC NWC have set up a dedicated nurse in three hospitals in

Merseyside (Arrowe Park, Warrington and University Hospital Aintree), who will identify all who attended the emergency department in the previous 24 hours with a seizure and offer them an appointment at a seizure clinic (being run by The Walton Centre) within the following fortnight. Consent will also be sought from the patients to be contacted at a future date to complete questionnaires related to Patient Reported Outcome Measures (PROMs), and Patient Reported Experience Measures (PREMs)

which are being developed by a PhD student. These will allow us to analyse the patients' views on the outcomes and appropriateness of the new scheme.

It is anticipated that by offering rapid access to clinics this will ensure that patients receive specialist care, be offered the most appropriate drug treatment and receive advice on how to

best manage their seizures. This should lead to an improvement in seizure control, which may improve quality of life and reduce the likelihood of re-attending AED. If the new care

pathway proves successful, it could be implemented more widely across the North West Coast and across the UK through the Academic Health Science Networks (AHSN).

Alan Rimmer (*pictured, above*), a participant for the project, said: "I've already met AED staff at a CLAHRC NWC engagement meeting and discussed patient experiences in AED presenting with epilepsy."



Stakeholders cooking on gas to make Liverpool homes safer

CLAHRC NWC has teamed up with Partner Liverpool Clinical Commissioning Group (LCCG) to help facilitate and evaluate a strategy for the implementation of its “Safer Homes” initiative.

The project involves installations of Stove Guard - a cooker fire prevention, carbon monoxide and gas de-

tection-shut off system that will save lives in homes across Liverpool.

A cohort of vulnerable older people will be used as a sample, identified through referral pathways of GP's, NHS Trusts and Merseyside Fire and Rescue Service, to kick-start the installations.

“This is a product enabling vulnerable older people to live independently for longer in their



homes and reduce re-admission to hospital”, said Pooja Saini, Manager for the Knowledge Exchange Theme at CLAHRC NWC.

Trials of the scheme have already been taking place in Liverpool and service user

input was obtained via the YMCA where stove guards were fitted for a pilot study, resulting in no further incidents and a reduction in call outs for the fire service.

Sarah researches doctor-patient communications



PhD student, Sarah Allen (*pictured*), is exploring socioeconomic differences in doctor-patient communication with head and neck cancer patients to understand whether these differences can be reduced using the Patient Concerns Inventory (PCI).

“The CLAHRC NWC funds my PhD in Health Services Research. Head and neck cancer patients may experience a number of concerns following treatment such as fear of

recurrence, disfigurement, and issues with feeding and speech. These may be a result of the cancer itself or the treatment. If a patient informs their Consultant of any concerns they are experiencing during follow-up consultations, then they may be able to address these and potentially improve quality of life for the patient.

The Patient Concerns Inventory (PCI) may be a useful tool to improve doctor-patient communication. It is a 56-item question prompt list which allows the patient to select any issues which they wish to discuss in their consultation, including physical, treatment-related, social-care and psychological concerns. This is completed prior to the consultation and given to the healthcare provider, which thus facilitates the consultation being focused around patient's needs.

My research project aims to explore if and how doctor-patient communication differs by SES in head and neck cancer review consultations, and whether the PCI might influence doctor-patient communication; potentially reducing socioeconomic differences in communication between healthcare-providers and patients methods for example.” Sarah's research is predominantly being carried out at Aintree University Hospitals NHS Foundation Trust.

Public Adviser Keith gives you the lowdown!!

What motivated you to become a Public Adviser?

Got a Story?

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Since 1993 I have been involved in my local area, Blackpool & Fylde, working towards improving Mental Health services. My motivation, through Patient and Public Involvement (PPI) opportunities with healthcare providers, is to help develop a cultural change in the local population's understanding and awareness of Mental Health illness and wellbeing. I have worked with numerous organisations across Lancashire and contributed to the national framework *No Health without Mental Health*.

What does the role involve?

I became involved with the CLAHRC NWC Mental Health Theme as it provided me with an opportunity to express my opinions and use my experience to help shape research ideas which respond to health inequalities across the North West. As a Public Adviser I regularly attend the public-led *Have Your Say* events facilitated by the Theme team and Senior Management Team, which is not just a learning curve for my own development, but enables me to work with others to generate research ideas that will be considered seriously by Partners of the CLAHRC NWC who are delivering front-line services.

Describe your experience of being a Public Adviser to CLAHRC NWC

Feel like I'm a very lucky person to be helping advise on future research projects that will improve the local population's health!

Spotlight shines on Public Reference Panel

The first 'Focus on...' workshop co-ordinated by the CLAHRC NWC Public Reference Panel, took place during March. The Panel are developing a series of short films to help the general public, partners and other stakeholders understand more about the work and overarching principles of CLAHRC NWC. For March's workshop the Panel invited members of the Public Health Team – Professor Jennie Popay and Dr Ana Porroche-Escudero - to come and talk to the group about health inequalities. The group learned about this key CLAHRC NWC topic and shared their knowledge by translating the topic into their own language for the first short film which is available on the new *Be Involved* pages of the CLAHRC NWC website at

<http://www.clahrc-nwc.nihr.ac.uk/be-involved/Focus-on-workshops.php>