

Let's Talk Research 3

15th & 16th September 2016 – Royal Northern College of Music

Edgewalking:
Exploring novel
approaches
to R&D

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Welcome



Welcome to the 'Let's Talk Research' Conference 2016

Following the success of Let's Talk Research 2015, we are pleased to be holding this year's 'Edge Walking' conference. We are challenging the traditional boundaries in research and development and exploring how to do things differently – giving healthcare professionals even more opportunities to hear and discuss research, learn new tools and techniques and engage with fellow researchers.

Over the next two days we are bringing together the community of health and social care researchers to support the development of capability and capacity of the research workforce, enable collaboration with new and existing colleagues and communicate research and new ideas in novel and creative ways.

This year the Academy of Creative Minds brings the arts and science together in health research. Working with a dynamic, disparate group of artists, from composers to circus performers, directors to writers, health researchers will present their work in uniquely creative ways. Opportunity to engage creatively is available for everyone during the conference through workshops, presentations and networking.

By coming along to this year's conference you have joined the NHS R&D NW Edge Walking community and we want you to have the opportunity to discuss and explore this community. There are 5 community hotspots, themed spaces where you are invited to engage in a range of activities, discussions and conversations based on community, coaching, technology, creativity and communication. You may want to drop in on a hotspot during the conference breaks or spend your time in useful discussions instead of a workshop. The choice is yours.

This year we have also produced a conference newspaper and invite everyone to contribute to editions 2 and 3 by visiting our newspaper office and chatting to our editor in Chief, writer Rob Young. This is a wonderful way of capturing the spirit of the conference and consolidating the community.

We feel confident that over the 2 days you will have a unique experience with opportunity to explore different aspects of research within health and social care. In addition to 4 brilliant keynote speakers we have over 24 workshops delivered by leading academics and clinicians as well as short films and poster tours. We are sure you will find the sessions engaging, informative, interactive and fun!

We know that being part of this conference will not only support your development as a researcher but also fuel your passion for research and help you to connect with like-minded people. We hope that such a focused, health and social care research community will inspire, direct and support you in the next stage of your research journey.

A handwritten signature in black ink, appearing to read 'Stuart Eglin'.

Dr Stuart Eglin
Director
NHS R&D North West



Keynote Speakers

Thursday 15th September 11.45am – Concert Hall

Prof Caroline Watkins



Professor Caroline Watkins is Professor of Stroke and Older People's Care, Director of Research and Innovation for College of Health and Wellbeing, and Director of Lancashire Clinical Trials Unit at the University of Central Lancashire, UK. Her commitment to workforce development is reflected in the appointment as Director of Capacity Building and Implementation for NIHR Collaboration for Leadership in Applied Health Research and Care North West Coast (NIHR CLAHRC NWC).

Caroline's international reputation is evidenced by her award of Fellow of the European Stroke Organisation (ESO) and appointment as Professorial Fellow in Stroke Care at Australian Catholic University, Sydney. She is Education and Training (E&T) Lead for UK Stroke Forum (UKSF) Steering Group and UKSF Scientific Conference Programme and Education Committee. Caroline has recently been appointed as a National Institute for Health Research (NIHR) Senior Investigator, 2016–2020.

Caroline leads a multidisciplinary team of researchers with a large portfolio of clinically relevant research and contributes to stroke service development at a local, national and international level.

Thursday 15th September 4.15pm – Concert Hall

Penny Clough MBE



Penny Clough's daughter Jane was murdered by her ex-partner in July 2010, following years of an abusive relationship.

In the aftermath of this tragedy, Penny and John established the 'Justice for Jane' campaign for victims rights. Amongst other milestones this has seen changes to the Bail law, CPS guidance on laying charges on file and organ donation protocols in cases of homicide or sudden death.

As a consequence of their efforts Penny and John have secured a legacy in Jane's honour that has and will continue to make a difference to the experiences and lives of countless families for generations to come. They continue to campaign for change as ambassadors for Paladin and are proud patrons of Safenet Refuge.

As a mark of how significant a contribution they have made Penny was awarded an MBE in 2012 for their work for victims of serious crime.



Friday 16th September 9.15am – Concert Hall

Prof Sally Spencer

Director of Clinical Research, Postgraduate Medical Institute (PGMI), Edge Hill University



Sally completed her PhD at St George's, University of London, where her work focused on patient-centred outcome measures in clinical trials. She subsequently joined Brunel University where her research continued in PROMs, trials and systematic review, and she delivered a range of postgraduate teaching programmes.

In 2010 she joined Lancaster University as Associate Director of the Lancaster Health Hub where she led a collaborative research partnership with ten regional healthcare organisations. She joined Edge Hill University in Autumn 2015 with the aim of developing and supporting research across the Postgraduate Medical Institute through collaboration with external public and private sector organisations relevant to healthcare.

Her main research interests are patient-reported outcome measures in clinical trials and evidence-based practice. She is actively involved in a number of funded research projects, including multicentre clinical trials. She is an Editor for two Cochrane Collaboration review groups, a member of the board at the Innovation Agency and sits on the Liverpool City Region Health and Life Sciences Board.

Mail: sally.spencer@edgehill.ac.uk

Web: www.edgehill.ac.uk/pgmi/research/

Friday 16th September 11.30pm – Concert Hall

Professor Ged Byrne

Director of Education & Quality



I am a surgical oncologist by profession and continue to practice on a part time basis. Having graduated in Manchester in 1989, I trained in Manchester, Scotland, India and the West Midlands returning to Manchester as a clinical lecturer in 1997.

Having been appointed a senior lecturer and consultant surgeon in 2000, I became Clinical Dean in South Manchester in 2004. I founded the Universities' Medical Assessment Partnership in 2003 and became the founder director of the Medical Schools' Council Assessment Alliance. I also lead the establishment of the UHSM Academy in 2009. In 2010 I became Professor of Medical Education at the UoM and was awarded a National Teaching Fellowship by the higher education academy. In 2012 I became Associate Dean for Communications at the Faculty of Medical and Human Sciences at the University of Manchester and an honorary Professor of Health Sciences at The University of Salford.

I took up the role as Director of Education and Quality for Health Education North West in December 2013 and have since been appointed as Director of Education and Quality for HEE (North). I have a long-standing interest in global healthcare capacity building and education, leading the development of the GuluMan healthcare link and I am the founder director of the Uganda-UK Healthcare Alliance. I passionately believe that education must be globalised for all NHS staff if they are to offer a fit for purpose role in the future of healthcare in the UK.





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Refreshments & 'Conference Community Hotspots'

Tech Spot, Newspaper Stand, Coaching Stop, Community Space, Creative Corner

By coming along to this year's conference you have joined the NHS R&D NW Edge Walking community and we want you to have the opportunity to discuss and explore this community. There are five stands each representing a community hotspot which is a themed space where you are invited to engage in a range of activities, discussions and conversations. You may want to drop in on a hotspot during the conference breaks or spend your time in useful discussions instead of a workshop. The choice is yours.

'Conversation is the way that humans have always thought together. In conversation we discover shared meaning. It is the primal human organizing tool'

(No. 3 of Meg Wheatley's 12 principles for supporting healthy community)

Coaching Stop

Will Medd's 'coaching corner' offers the opportunity for a focused 1-1 conversation during the conference. As well as giving you a taste of coaching, the session will help you find clarity on issues you are grappling with, and challenge you to take actions that will make a difference.

Perhaps you'd like to focus on how to make the most of the conference, or something broader about your fears of working on the 'edge', balancing research and the rest of life, or something else?

Tech Spot

This space is dedicated to technology and in particular how social media can influence research and development. The Tech Spot is also a place where you can charge up your phone or your laptop and problem solve any of your tricky techy issues.

Creative Corner

Find out how creativity and the arts can become part of your research, enhancing the process and improving communication. Talk to artists and performers who are working in this space and find out more about how you can join the NHS R&D NW Academy of Creative Minds 2017.

Newspaper Stand

We will be producing four editions of our conference newspaper over the two days and you are invited to contribute to editions 2, 3 and 4. Talk to our amazing editor in Chief, Rob Young about your ideas for an article or feature and send them to Rob at rob@robyoung.info. Or you can just drink coffee and swap stories in this creative space.

The Community Space

'There is no power for change greater than a community (group of people) discovering what it cares about'

– Margaret Wheatley

Looking for an antidote to the rate of organizational changes and relentless pace?

Join us to have a great conversation about developing communities of practise. Based on master classes led by the world experts Margaret Wheatley and Etienne Wenger, we developed a series of workshops which explored engaging the hearts and minds of people and then looked at community roles and how to design and measure value in communities of practice.



The Academy of Creative Minds **Enabling Researchers to experience the Power of Creative Arts**



Over the last six years, NHS Research and Development North West (NHS R&D NW) has been working with a range of creative artistic professionals to explore how the creative arts can enable research and development professionals to communicate what they do in a more vibrant and engaging manner. The culmination of this work is the new and exciting Academy of Creative Minds programme which NHS R&D NW launched earlier this year.

So what is the Academy of Creative Minds?

The programme takes place over a 6 month period, comprising of a residential and a number of follow on workshops. It is designed to enable researchers and artists to come together to experience how creativity can make a difference to how we tell people about our research and ultimately improve the impact of our research enabling it to influence patient care. Participants work on their own research ideas, and produce creative pieces that are relevant to them and their individual work. The programme aims to:

- **Challenge** researchers to consider the ways in which they disseminate their research findings
- **Empower** researchers to be much more courageous and creative in both thinking and outputs
- **Inspire** participants to bring the arts and science together in health research
- **Increase** confidence to transform communication skills



Our Creative Team

NHS R&D NW has brought together a dynamic, disparate group of artists, from composers to circus performers, directors to writers to deliver The Academy of Creative Minds:



Jana Kennedy – Comedian

Alexander Douglas – Musician

Owen Gaynor – Circus Performer and Director

Kate Marlow – Theatre Director, Coach and Writer

Richard Taylor – Composer

Amina Cunningham – Musician

Rob Young – Writer

Across the course of the programme these remarkable individuals share their 'tricks of the trade' with health researchers, and support with mentoring to build confidence and expertise in using the creative arts to convey research messages in a more powerful and meaningful way.



Is it for me?

Participants from the first cohort have just completed the Academy of Creative Minds and are already seeing the value of taking part in the programme, both personally (in terms of increased self-belief and confidence) and professionally (application of new ways of working, utilising creative approaches in communications). Take a look at some of the comments:

ACM is watering and feeding a seed which sprouted at the residential and is now flourishing! Ideas are popping up and growing like a green bushy plant... My confidence and enjoyment of presenting within the group continues to steadily grow...

I am increasingly making connections between the creative and performing arts and my role within the NHS... and the need to engage and involve my client group, their families and carers. **It is a joy to feel so enabled to combine my creative and clinical skills and I feel the outcome can only be something rather special!**

It was amazing to see how ideas which started out as not much more than a few notes... could be fleshed out into a ten-minute show incorporating songs, music and dancing with everyone working really well together.

If someone had told me this was what I would be doing before the course I might have made preparations for a cross-country... but as it turned out I really enjoyed it.

It's definitely useful (and enjoyable) to move out of my comfort zone (i.e. words, words, words, especially writing them down) and try something a bit different. Also I tend to work alone a lot and sometimes find collaboration tricky but **this feels good... The group atmosphere is excellent – non-competitive, friendly, supportive.**

What perhaps surprised me was how unconfident I felt going into the course... and sense that **I have gained more confidence through taking part in ongoing process with a group of likeminded people.** After attending a session I generally feel refreshed and more motivated.

I'm enjoying working with people who are creative and fun... trying to figure out how we can use our energy and creativity to translate our academic work into plain English... **I'm loving learning different tools and skills I can use in my own work.**

I am beginning to see that I am becoming more imaginative as a person and that barriers that I would have built are lower than before, if even erected in the first place. **It is edge walking and I am a bit wobbly but I haven't fallen down because I have been supported.**

How creative and imaginative people can become when the environment is right and **they have given themselves permission to be free from their self-imposed boundaries...** What fantastic ideas my peers are coming up with.



Want to participate in the next Academy of Creative Minds programme? Get in touch by email to info@researchnorthwest.nhs.uk or call 0161 935 8434



Quick view programme

Thursday 15th September

9.00am	Registration & coffee						
9.30am	Musical Introduction						
9.35am	Welcome & Introduction: Gillian Southgate, Assistant Director, NHS R&D North West						
9.45am	Academy of Creative Minds						
10.45am	The Long Distance Researcher: Dr Stuart Eglin, Director, NHS R&D North West						
11.00am	Refreshments & 'Conference Community Hotspots' (Tech Spot, Newspaper Stand, Coaching Stop, Community Space, Creative Corner)						
11.45am	Plenary: Prof Caroline Watkins, Director of Research & Innovation, UCLAN						
12.30pm	Lunch						
Location	Concert Hall	Carole Nash Recital Room	Conference Room	Seminar Room 3	Lecture Theatre	Seminar Room 2	Mezzanine
1.30pm - 2.30pm	Research in the NHS. How can we all help?	Taking your research 'findings' into a research message	Get animated! An opportunity to explore stop-motion animation	Oral Presentations	Film Presentations	Online communities, tweet chats & journal clubs: What's in it for you?	Poster Tour
2.30pm	Refreshments & 'Conference Community Hotspots' (Tech Spot, Newspaper Stand, Coaching Stop, Community Space, Creative Corner)						
3.00pm - 4.00pm	Hackathons and pizzas	'Going the Edge-Walking Mile' A Patient and Public Involvement Workshop	Get animated! An opportunity to explore stop-motion animation	Oral Presentations	Training & Career Development from the NIHR	Whose Health Is It Anyway?	Poster Tour
4.15pm	Plenary: Penny Clough, MBE						
4.45pm	Closing Remarks						
5.00pm - 6.30pm	Conference Reception						



Friday 16th September

8.30am	Registration & coffee						
9.00am	Welcome: Dr Stuart Eglin, Director, NHS R&D North West						
9.15am	Welcome: Prof Sally Spencer, Professor of Clinical Research Pgmi, Edgehill University						
Location	Concert Hall	Carole Nash Recital Room	Conference Room	Seminar Room 3	Lecture Theatre	Seminar Room 2	Mezzanine
10.00am - 11.00am	Challenging traditional approaches to care practice for people with dementia	Taking your research 'findings' into a research message	Digital Dynamos. Making the most of mobile & social media	Oral Presentations	Film Presentations	Understanding young people's experiences of accessing mental health support with the CAMHS Tiered System and proposed Thrive Model	Poster Tour
2.30pm	Refreshments & 'Conference Community Hotspots' (Tech Spot, Newspaper Stand, Coaching Stop, Community Space, Creative Corner)						
11.30am-12.15pm	Welcome: Prof Ged Byrne, Director of Education & Quality, HEE						
12.15pm	Lunch						
1.15pm - 2.15pm	Training & Career Development from the NIHR	'Going the Edge-Walking Mile' A Patient and Public Involvement Workshop	Digital Dynamos. Making the most of mobile & social media	Risky Business? Involving people with 'lived experience' of suicide in a suicide prevention research study	Oral Presentations	How to obtain and share juicy patient centred insight for impact	Poster Tour
2.30pm - 3.00pm	Best Poster Award. HEE Intern Certificates Presentation. Conference Summary						
3.00pm	Close of Conference: Dr Stuart Eglin, Director, NHS R&D North West						



Workshops

Thursday 15th September – 1.30pm

Title of workshop 1:	Research in the NHS: how can we all help?
Room Allocation / Session Chair:	Concert Hall
Name of workshop lead:	Laura Ainsworth, Lucy Cooper, Dr Clare Mander
Affiliation:	Health Education England
Brief overview of content:	Hear about HEE's role in promoting research and contribute your ideas in an interactive session on topics such as communication of research, engaging your organisation and encouraging others
Title of workshop 2:	Taking your research 'findings' into a research message
Room Allocation / Session Chair:	Carole Nash Recital Room
Name of workshop lead:	Jane Martindale and Rob Young
Affiliation:	Wrightington Wigan and Leigh NHS Foundation Trust/Lancaster University
Brief overview of content:	<p>This workshop will aim to compare the restrictive academic world to a more creative and empowering message which can reach the wider audience.</p> <p>The workshop facilitators will initially present an example of how this qualitative study would be presented to an academic audience and then demonstrate how by using a similar format, this same study can be presented in a more 'impactful' way to both health professionals and to a non medically trained audience.</p> <p>In the second half of the workshop, we shall examine this challenge of using the same source material, our research, to reach two separate audiences, academic and public. Both of these groups have their own language, boundaries and demands, so how do we process our findings to court these disparate groups? While it is essential that our studies adhere to the precincts of academic writing, we are also encouraged to be patient-centred, setting up a dichotomy that is familiar to all and yet rarely investigated: how do we communicate to both groups simultaneously?</p>
Title of workshop 3:	Get Animated! An opportunity to explore stop-motion animation
Room Allocation / Session Chair:	Conference Room
Name of workshop lead:	Ginny Koppenhal
Affiliation:	Zoom Creations
Brief overview of content:	This workshop will give you a taste of stop motion animation and encourage you to consider how these fantastic techniques could convey your health and research messages. You will try various types of animation in a series of quick activities to get your creativity flowing. You will realise how easy (and fun) it is to animate your messages and come away full of ideas. All equipment provided.
Title of workshop 4:	Oral Presentations
Room Allocation / Session Chair:	Seminar Room 3
	<p>If we build it, will they use it? Phase I evaluation of ReaDySpeech, an online therapy programme for people with dysarthria after stroke Claire Mitchell</p> <p>The Mersey Burns App: a validation and usability study Jamie Barnes</p> <p>Research for the Future: an innovative approach to improve recruitment to research Katherine Grady</p>



Title of workshop 5:	Film Presentations
Room Allocation / Session Chair:	Lecture Theatre
Brief overview of content:	A medley of film presentations featuring the work of the NHS R&D North West, Manchester Camerata, National Institute Health Research and Health Education England.
Title of workshop 6:	Online Communities, twitter chats and journal clubs: What's in it for you?
Room Allocation / Session Chair:	Seminar Room 2
Name of workshop lead:	Hazel Roddam
Affiliation:	Allied Health Research Unit, UCLAN
Brief overview of content:	This one hour workshop will provide the opportunity for participants to hear about some exciting new opportunities for them to be able to join online communities that are focused on promoting engagement with applied clinical research. Some of these online forums include signposting new research publications and relevant clinical resources, as well as providing discussion of guided critical appraisal of published papers. We will present a number of recent and current online initiatives on a range of social media platforms, including a new online journal club. Some of the online groups are badged as uni-professional, whilst other initiatives are presented as being multi-disciplinary and inclusive. And many have attracted regular international participation
Title of workshop 7:	Poster Tour
Room Allocation / Session Chair:	Carole Nash Mezzanine
Brief overview of content:	<p>Patterns of energy intake on restricted and non-restricted days in subjects following intermittent energy restricted diets for weight loss Anna Anderson</p> <p>The Study of Resourcefulness in Later Life (SoReLL) Catherine Beaumont</p> <p>An Exploration of the Conservative Treatment of 1st CMC joint Osteoarthritis sourced from 6 specialist Hand Occupational Therapists Su McIlwaine</p> <p>How do staff make decisions about the use of PRN medication in response to behaviour that challenges services Neil Whale</p> <p>Does cereal and milk consumed as a breakfast elicit greater energy expenditure than when consumed as a supper? A crossover intervention trial Stephanie Long</p> <p>Research Nurse to Nurse Researcher – Bridging the gap Helen Reed</p>



Thursday 15th September – 3.00pm

Title of workshop 8:	Hackathons and pizzas
Room Allocation / Session Chair:	Concert Hall
Name of workshop lead:	Lisa Butland
Affiliation:	The Innovation Agency
Brief overview of content:	A hackathon brings together people from a wide range of backgrounds to 'hack' solutions to improve health care. Lisa Butland will show how this energising style of co-creation produces innovations, which have the potential to make a real impact on care – including the importance of pizzas!
Title of workshop 9:	'Going the Edge-Walking Mile' A Patient and Public Involvement Workshop by the Northwest People in Research Forum (NWPIRF)
Room Allocation / Session Chair:	Carole Nash Recital Room
Name of workshop lead:	Carolyn Gamble
Affiliation:	North West People in Research Forum (NWPIRF)
Brief overview of content:	<p>Borrowing methodologies, principals and ideas from very different sectors, this workshop sets out to explore, represent and address matters identified in the NIHR Going the Extra Mile Recommendations report. Some examples of topics to be explored are communication, PPI impacts, and stereotyping and bridging gaps. With a commitment to the 'Edge-Walking' theme – we invite you come along to this unique experience.</p> <p>The workshop is intended for researchers and members of the public who have experience of PPI.</p>
Title of workshop 10:	Get Animated! An opportunity to explore stop-motion animation
Room Allocation / Session Chair:	Conference Room
Name of workshop lead:	Ginny Koppenhal
Affiliation:	N/A
Brief overview of content:	This workshop will give you a taste of stop motion animation and encourage you to consider how these fantastic techniques could convey your health and research messages. You will try various types of animation in a series of quick activities to get your creativity flowing. You will realise how easy (and fun) it is to animate your messages and come away full of ideas. All equipment provided.
Title of workshop 11:	Oral Presentations
Room Allocation / Session Chair:	Seminar Room 3
	<p>Learning from North African Women's experiences of Female Genital Mutilation / Cutting (FGM/C) and their involvement with the NHS.</p> <p>Judith Ormrod</p> <p>Predicting Feeding Difficulties in the Neonatal Setting: Preliminary Findings</p> <p>Sarah Edney</p>



Title of workshop 12:	Training & Career Development from the NIHR
Room Allocation / Session Chair:	Lecture Theatre
Name of workshop lead:	Beth Harris, Rebecca Savage
Affiliation:	NIHR
Brief overview of content:	The NIHR is the UK's major funder of applied health research. All of the research it funds works towards improving the health and wealth of the nation. The NIHR develops and supports the people who conduct and contribute to health research and equally supports the training of the next generation of health researchers. NIHR training programmes provide a unique opportunity for all professionals to improve the health of patients in their care through research. Training and career development awards from the NIHR range from undergraduate level through to opportunities for established investigators and research leaders. They are open to a wide range of professions and designed to suit different working arrangements and career pathways. This workshop will cover the various opportunities and provide guidance on the application process.
Title of workshop 13:	Whose health is it anyway?
Room Allocation / Session Chair:	Seminar Room 2
Name of workshop lead:	Alex Douglas
Affiliation:	NHS R&D NW – Artist Associate
Brief overview of content:	Although the role played by philosophers in health research is peripheral in our contemporary NHS, theories of health go back to classical antiquity. This workshop will offer an opportunity to consider 5 hypothetical case studies: a) Dennis, a 45-year-old white Englishman from Preston; b) Hanna, a 32-year-old Dutch-born lady residing in London; Sue, a 51-year-old resident of a leafy Hampshire suburb; The James family, who hail from and live on a Newcastle council estate; Winston, a 22-year-old black man from a deprived area of Bristol; These different situations/ circumstances will enable an exploration of definitions and conceptions of health and wellbeing from a range of perspectives. The key question we will be exploring is: 'Which of these people are healthy and which are unhealthy?'
Title of workshop 14:	Poster Tour
Room Allocation / Session Chair:	Carole Nash Mezzanine
Brief overview of content:	<p>Clinical evaluation of UrgoStart wound dressings in 'hard to heal' diabetic foot ulcers Helena Meally</p> <p>The use of a single orthotic vs a pair of orthotics in the treatment of unilateral musculoskeletal foot disorders: a pilot randomised controlled trial Kate McCallion Sarah Brooke Kate Laws</p> <p>Attitudes and perceptions of patients and professionals to anticoagulation: warfarin versus NOACs Kimberley Stewart</p> <p>Complications post Dorsal Root Ganglion stimulation (DRG) procedure in patients with chronic neuropathic pain. A retrospective review Grace Madzinga</p>



Friday 16th September – 10.00am

Title of workshop 15:	Challenging traditional approaches to care practice for people with dementia
Room Allocation / Session Chair:	Concert Hall
Name of workshop lead:	Lucy Geddes
Affiliation:	Manchester Camerata
Brief overview of content:	<p>Manchester Camerata is one of the UK's leading chamber orchestras, renowned for innovative collaborations and its research-led community programme. Our work in the community uses music to engage both young people in schools and older people experiencing dementia, mental health issues and social isolation. Lucy Geddes, Manager of Camerata in the Community, and a musician from the orchestra will share new ways of training carers to use musical techniques to stimulate people with dementia. We aim to connect carers across the North West and challenge care settings to think creatively about how best to care for people towards the end of their life. All of our work is grounded in evaluation and research which continues to define the techniques we use. This workshop will provide an insight into these research methodologies and discuss ways of helping carers to communicate with someone who has lost the ability to verbalise thoughts and feelings and maintain relationships with others.</p>
Title of workshop 16:	Taking your research 'findings' into a research message
Room Allocation / Session Chair:	Carole Nash Recital Room
Name of workshop lead:	Jane Martindale and Rob Young
Affiliation:	Wrightington Wigan and Leigh NHS Foundation Trust/Lancaster University
Brief overview of content:	<p>This workshop will aim to compare the restrictive academic world to a more creative and empowering message which can reach the wider audience.</p> <p>The workshop facilitators will initially present an example of how this qualitative study would be presented to an academic audience and then demonstrate how by using a similar format, this same study can be presented in a more 'impactful' way to both health professionals and to a non medically trained audience.</p> <p>In the second half of the workshop, we shall examine this challenge of using the same source material, our research, to reach two separate audiences, academic and public. Both of these groups have their own language, boundaries and demands, so how do we process our findings to court these disparate groups? While it is essential that our studies adhere to the precincts of academic writing, we are also encouraged to be patient-centred, setting up a dichotomy that is familiar to all and yet rarely investigated: how do we communicate to both groups simultaneously?</p>
Title of workshop 17:	Digital Dynamos. Making the most of mobile and social media
Room Allocation / Session Chair:	Conference Room
Name of workshop lead:	Kevin Wyke
Affiliation:	Director, Leap Further
Brief overview of content:	<p>This workshop will give delegates an opportunity to explore the use of mobile devices and social media tools as a support to their work, helping them to connect, collaborate, capture and comment and rapidly get delegates using the mobile devices they have with them to share and learn from their experience at the conference.</p> <p>The session will be hands on and interactive and will introduce the key tools that are available on our own devices to record, note, capture connect and comment on what is happening around us. It will include blogging, micro blogging, photography, video and will support delegates to get set up and become familiar with platforms they want to use.</p>



Title of workshop 18:	Oral Presentations
Room Allocation / Session Chair:	Seminar Room 3
	Priority Setting for End-of-life Care Peter Mellor
	Building research communities through partnership Alison McLoughlin
	Research skills: what do qualified AHPs identify as their needs? Emma Spellman
Title of workshop 19:	Film Presentations
Room Allocation / Session Chair:	Lecture Theatre
Brief overview of content:	A medley of film presentations featuring the work of the NHS R&D North West, Manchester Camerata, National Institute Health Research and Health Education England.
Title of workshop 20:	Understanding young people's experiences of accessing mental health support with the CAMHS Tiered System and proposed Thrive Model
Room Allocation / Session Chair:	Seminar Room 2
Name of workshop lead:	Claire Evans
Affiliation:	Cheshire & Wirral Partnership NHS Foundation Trust (CWP) – Young Advisors
Brief overview of content:	The Young Advisors would firstly introduce the Young Advisors model and how they have worked in partnership with Commissioners to undertake this piece of work. They would then present their report, detailing methods used and identifying key themes including examples of patient stories. As part of this session, it will be key to showcase this innovative way of working which see young people with their own lived experience, capturing the views of other young people.
Title of workshop 21:	Poster Tour
Room Allocation / Session Chair:	Carole Nash Mezzanine
Brief overview of content:	Health Care Professionals' and Families' Views on the Participation of Children and Young People with Life Limiting Conditions in Clinical Trials: A Critical Review of the Literature Emma Whiteley Occupational Therapy Carer Education and Mindfulness Programme for Dementia Caregivers Robert Robinson Critical Reflections of an NIHR Intern Rowan Cooper Analysis of gait patterns before and after foot arthrodesis surgery – a study protocol Max De Sancha Investigation to determine the prognostic value of the validated malnutrition universal screening tool (MUST) in relation to postoperative outcomes in people having lower gastrointestinal (GI) surgery. Amy Gittins Patterns of energy intake on restricted and non-restricted days in subjects following intermittent energy restricted diets for weight loss Jennifer Harvey



Friday 16th September – 1.15pm

Title of workshop 22:	Training & Career Development from the NIHR
Room Allocation / Session Chair:	Concert Hall
Name of workshop lead:	Beth Harris, Helen Harris-Joseph
Affiliation:	National Institute of Health Research
Brief overview of content:	The NIHR is the UK's major funder of applied health research. All of the research it funds works towards improving the health and wealth of the nation. The NIHR develops and supports the people who conduct and contribute to health research and equally supports the training of the next generation of health researchers. NIHR training programmes provide a unique opportunity for all professionals to improve the health of patients in their care through research. Training and career development awards from the NIHR range from undergraduate level through to opportunities for established investigators and research leaders. They are open to a wide range of professions and designed to suit different working arrangements and career pathways. This workshop will cover the various opportunities and provide guidance on the application process.
Title of workshop 23:	'Going the Edge-Walking Mile' A Patient and Public Involvement Workshop by the Northwest People in Research Forum (NWPiRF)
Room Allocation / Session Chair:	Carole Nash Recital Room
Name of workshop lead:	Carolyn Gamble
Affiliation:	North West People in Research Forum (NWPiRF)
Brief overview of content:	Borrowing methodologies, principals and ideas from very different sectors, this workshop sets out to explore, represent and address matters identified in the NIHR Going the Extra Mile Recommendations report . Some examples of topics to be explored are communication, PPI impacts, and stereotyping and bridging gaps. With a commitment to the 'Edge-Walking' theme – we invite you come along to this unique experience. The workshop is intended for researchers and members of the public who have experience of PPI.
Title of workshop 24:	Digital Dynamos. Making the most of mobile and social media.
Room Allocation / Session Chair:	Conference Room
Name of workshop lead:	Kevin Wyke
Affiliation:	Director, Leap Further
Brief overview of content:	This workshop will give delegates an opportunity to explore the use of mobile devices and social media tools as a support to their work, helping them to connect, collaborate, capture and comment and rapidly get delegates using the mobile devices they have with them to share and learn from their experience at the conference. The session will be hands on and interactive and will introduce the key tools that are available on our own devices to record, note, capture connect and comment on what is happening around us. It will include blogging, micro blogging, photography, video and will support delegates to get set up and become familiar with platforms they want to use.
Title of workshop 25:	Risky Business? Involving people with 'lived experience' of suicide in a suicide prevention research study
Room Allocation / Session Chair:	Seminar Room 3
Name of workshop lead:	Yvonne Awenat, Daniel Pratt, Davina Ainslie
Affiliation:	University of Manchester & Manchester Mental Health & Social Care Trust
Brief overview of content:	The overarching aim of this workshop is to share the lessons learnt by researchers experienced with Patient and Public Involvement (PPI) in research with people who have past experience of being suicidal. We aim to provide information to inform and empower other researchers and members of the public of the benefits and challenges of PPI in this complex and sensitive area of research.



Title of workshop 26:	Oral Presentations
Room Allocation / Session Chair:	Lecture Theatre
	An investigation into interface pressure risk of healthy volunteers on modern radiography/radiotherapy surfaces Seth Angmarterh
	Cancer and talking and sex Natalie Hammond
Title of workshop 27:	How to obtain and share juicy patient centred insight for impact
Room Allocation / Session Chair:	Seminar Room 2
Name of workshop lead:	Emily Richards
Affiliation:	NHS Eastern Cheshire Clinical Commissioning Group
Brief overview of content:	Overarching aim (s) of the session: <ul style="list-style-type: none"> • To share the power of 'digging deep', of blended research and how to turn insight into impact. • To provide the audiences with key insight and tips they can take away and apply to their own research.
Title of workshop 28:	Poster Tour
Room Allocation / Session Chair:	Carole Nash Mezzanine
Brief overview of content:	Literature review examining the needs of bereaved parents and current service provision at the Principle Treatment Centre (PTC) for Teenagers and Young Adults (TYA's) with cancer. Kate Law Do Denervated Lungs Need Nebuliser Test Doses? Ruth Bradley Collaborating for research and innovation. Sarah Adcock Writing a Cochrane protocol the story of ACE review 346 Ian Miller Reducing prescribing errors: Technological innovation for feedback delivery Hong Thoong Literature review of Surgical Interventions for the treatment of Necrotising Enterocolitis Imelda Mayor



ORAL PRESENTATIONS

Title:	If we build it, will they use it? Phase I evaluation of ReaDySpeech, an online therapy programme for people with dysarthria after stroke
Name of presenting author:	Claire Mitchell
Affiliation:	University of Manchester and Central Manchester University Hospitals NHS Foundation Trust MAHSC
Names of additional authors and their affiliations:	Audrey Bowen , School of Psychological Sciences, University of Manchester MAHSC Sarah Tyson , School of Nursing, Midwifery & Social Work, University of Manchester MAHSC Paul Conroy , School of Psychological Sciences, University of Manchester MAHSC

Introduction: Dysarthria after stroke limits speech intelligibility, leads to social isolation and affects psychological well-being. Rehabilitation research into dysarthria is limited. We developed ReaDySpeech, an online therapy programme to facilitate therapy delivery.

Aims: To explore the feasibility and acceptability of using ReaDySpeech within usual clinical practice, to inform the design of a subsequent feasibility research trial including when to deliver the intervention.

Method & Procedures: NHS research ethics approval was obtained for a prospective, observational design interviewing speech and language therapists. Therapists were first trained in the use of ReaDySpeech. They identified people 12 weeks post-stroke who agreed to use ReaDySpeech as part of NHS care. Semi-structured and open questions elicited therapists' training and support needs; identified technical issues and improvements for the programme; explored when and how to deliver the intervention, and provided indirect feedback from people with dysarthria.

Outcomes & Results: Six therapists from three NHS Trusts used ReaDySpeech with five people (12-28 weeks post-stroke) in different ways. They found it easy to use, the training/support was sufficient and reported positive feedback from people with stroke. However therapists struggled to identify people at least 12 weeks post-stroke as they had already been discharged, two additional people with stroke had been excluded due to lack of Wi-Fi and three more declined.

Conclusions & Implications: ReaDySpeech was acceptable and generally feasible to use in clinical practice. ReaDySpeech's functionality has been improved for our current phase 2 feasibility trial which has extended recruitment to people earlier in the pathway.

Title:	The Mersey Burns App: a validation and usability study
Name of presenting author:	Jamie Barnes
Affiliation:	Department of Plastic and Reconstructive Surgery, Whiston Hospital, Warrington Road, Prescot L35 5DR
Names of additional authors and their affiliations:	Rowan Pritchard Jones , Whiston Hospital/ University of Liverpool

Introduction: 'Mersey Burns' is a smartphone/tablet application that aids in the assessment of Total Burn Surface Area (TBSA) and calculation of fluid resuscitation protocols in burns. The purpose of this ethically approved study was to assess the speed and accuracy of calculations using Mersey Burns (App) in comparison with the use of a Lund and Browder chart (paper) when a simulated burn is assessed by burns naïve medical students.

Methods: After an introductory lecture and demonstrations, 42 Students were randomised into assessing TBSA and calculating a resuscitation protocol for a simulated patient with 20% burn using either paper with a calculator or the App before reassessing with the alternative. Students were asked to complete an anonymous survey assessing preference and ease of use of each modality.

Results: Mean TBSA estimations were equivalent between modalities ($p = 0.7$). Mean time to completion of calculations were 11.7 minutes (paper) and 4.6 minutes (App) ($p < 0.0001$). The App was more likely to produce an accurate calculation for total fluid volume ($p = 0.0066$), in the first 8 hours ($p = 0.0002$) and the following 16 hours ($p < 0.0001$). Students favoured the app in the following categories: Preference in emergency setting, Confidence in output, Accuracy, Speed, Ease of calculation, overall use and shading ($p < 0.0001$)

Conclusions: Mersey Burns App allows burns naïve medical students to perform calculations more quickly and more accurately than Lund and Browder charts. Students also preferred the App. This suggests a useful role for the App in the care of burns patients by inexperienced staff.



Title:	Research for the Future: an innovative approach to improve recruitment to research
Name of presenting author:	Katherine Grady and Paul Jarvis
Affiliation:	Salford Royal NHS Foundation Trust Funded by NIHR CRN: Greater Manchester
Names of additional authors and their affiliations:	Prof. Peter Bower , Centre for Primary Care, Institute for Population Health University of Manchester

Introduction: To improve NHS care and focus resources effectively, we need a 'research active nation' where people actively help deliver high quality research. 'Consent for approach' is where people give permission to be contacted about a range of future local research opportunities.

Approach: Research for the Future is an innovative NIHR CRN Greater Manchester and NorthWest EHealth collaboration. It consists of a series of 'Help BEAT...' campaigns. Each campaign invites people with a particular health condition to join a database, helping link research teams with those interested in participating. To recruit people to 'Research for the Future', we started sending invitation letters via GPs in addition to more traditional promotional activities.

Outcomes: There are currently 3700+ people on the Help BEAT Diabetes database. 1000 have participated in research in the past year. Respiratory and Heart Disease campaigns will launch soon.

In early 2016, 12 practices sent out invitations to 4045 patients. At present, 209 have signed up (5%) at a cost of £2356 (around £11 per patient). Whilst numbers coming in via GPs are modest, the costs are also small. Should those registering go on to participate in one or more studies, the project may be highly cost-effective.

We are actively exploring ways to increase the proportion of people signing up to 'Research for the Future' through better communication (including radio advertising) and improved patient and public involvement.

'Research for the Future' may provide a useful and scalable approach to meeting the aim of a 'research active nation'.

Title:	Learning from North African Women's experiences of Female Genital Mutilation / Cutting (FGM/C) and their involvement with the NHS
Name of presenting author:	Judith Ormrod
Affiliation:	University of Manchester
Names of additional authors and their affiliations:	N/A

A recent estimate of the number of women affected by FGM/C and those girls at risk (Macfarlane & Dorkenoo, 2014) suggested approximately 60 000 girls from birth to 14 years were born in England and Wales to mothers who have undergone FGM/C. There are also many older women and girls who have undergone FGM/C and have migrated to the UK and are living with the consequences. This study aims to gather the recent experiences of women living with FGM/C and their involvement with NHS professionals within a large Northern city in the UK.

Following ethical approval (UREC 15484) 10 women were interviewed about their experiences of NHS care especially in relation to the consequences of living with FGM/C. The transcripts were audio-taped and transcribed and a thematic analysis undertaken.

Three themes emerged; health concerns which women felt comfortable and those they were reluctant to seek NHS care for, the consequences of living with FGM/C and lastly communication difficulties and avoidance. No woman had been asked (with the exception of midwives and health visitors) about FGM/C.

There are ongoing challenges for many women throughout the lifespan. Provision for psychological support is lacking. Healthcare professionals appear reluctant to ask women (despite The Serious Crime Act, 2015) or to offer support and referral to specialist services. This highlights an urgent need to improve knowledge and communication skills.



Names of additional authors and their affiliations:	Elizabeth Boaden , University of Central Lancashire
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Methods: A retrospective analysis of routinely collected data for all infants admitted to a Level 3 Neonatal Unit in 2015 will be undertaken. Infants will be categorized by gestational age at birth, number of medical complications, and type of medical complications. Primary outcomes are full oral feeding by 37 weeks post-menstrual age (preterms only) and full oral feeding by 40 weeks post-menstrual age (all infants). Data will undergo statistical analysis to determine best predictors of feeding outcomes. Ethical approval is to be sought from University of Central Lancashire and Lancashire Teaching Hospitals.

Conclusion & implications for practice: Results from this study will inform service planning, parent counselling, caseload prioritisation, and identify target populations most in need of specialist feeding interventions

Names of additional authors and their affiliations:

M. Spence, CLAHRC Greater Manchester, Salford Royal NHS Foundation Trust
R. Spencer, CLAHRC Greater Manchester, Salford Royal NHS Foundation Trust
Professor G. Grande, The University of Manchester
J. Diffin, The University of Manchester

1. Education and knowledge for staff and carers
2. Access to 24 hour care and support
3. Equitable Access
4. Advance care planning
5. Care at home
6. Continuity of care

- Advance care planning (62% carers, 56% HCPs)
- Access to 24 hour care (65% carers, 50% HCPs)
- Education and knowledge for staff and carers (73% carers, 34% HCPs)

Next Steps: The shared priorities will be used to develop these research questions and, through further carer input, shape the EoL research delivered across Greater Manchester over the next few years.



Title:	Building research communities through partnership.
Name of presenting author:	Alison McLoughlin
Affiliation:	Lancashire Teaching Hospitals NHS Foundation Trust.
Names of additional authors and their affiliations:	Emily Hurt , Lancashire Teaching Hospitals NHS Foundation Trust.

Within Lancashire Teaching Hospitals NHS Trust the Research and Innovation (R&I) Department and Clinical Librarian Team have developed a strong working relationship to promote research and innovation across the organisation.

Our shared vision includes:

- Capturing innovation in day-to-day clinical practice to show application of knowledge and evidence.
- Sharing resources to support development of R&I knowledge and skills throughout the workforce.
- Supporting nurses, midwives and allied health professionals in developing and publicising 'home grown' research.

We have recently obtained funding for a project to develop and deliver a set of Information Literacy workshops to radiographers within the trust. These workshops will seek to facilitate an increase in research output, as well as an increase in knowledge and skills in information literacy. Working together we allow staff to develop the knowledge and skills they need to access information and create new evidence to achieve better outcomes for individual patients and services as a whole.

Since March 2015 we have worked together with individuals and clinical teams to develop research and information management skills. This collaboration has been mutually beneficial to both departments and has direct implications for patient care, professional development of staff and embedding of a research culture.

This presentation will illustrate a great example of creative collaborative working that has stretched previous boundaries. It will present and discuss how an innovative partnership can lead to an improved research community within an organisation.

Title:	Research skills: what do qualified AHPs identify as their needs?
Name of presenting author:	Emma Spellman
Affiliation:	School of Health Sciences, University of Salford
Names of additional authors and their affiliations:	Yeliz Prior , University of Salford, Julie Marshall , Manchester Metropolitan University Abebaw Yohannes , Manchester Metropolitan University Jane McAdam , University of Salford Duncan Robertson , North West Ambulance Service NHS Trust

Previously, these funds were allocated according to the GMAHPRN multidisciplinary steering group's opinions about what practitioners want. This year the group designed an on-line survey to discover what needs AHPs identified for themselves. The aim was to ensure resources would be allocated on an emic rather than etic basis.

An 18-items Bristol On-Line Survey (BOS®) was designed. Questions related to demographics, confidence regarding research and associated skills training needs. The questionnaire was piloted, then the finalized version was circulated between 2/1/16 and 15/3/16 using Social Media (SoMe) networks and professional distribution lists owned by steering group members. A £50 incentive to complete was offered.

Results: 159 questionnaires were returned. To summarise:

- AHPs report being confident at using research but not undertaking research activities
- All would value further support particularly with writing and networking with other researchers and research groups
- One-to-one support was desired but also free workshops and on-line resources
- AHPs do not make the most effective use of SoMe or online resources, including the GMAHPRN website to access research training and professional/research networks
- Respondents felt managers making difficult decisions about allocating resources did not prioritise research

Outcome: A funding strategy has been developed from these results which will be reported. In addition, the study provides an interesting insight into the attitudes and opinions of AHPs with regards to their role in research.



Title:	An investigation into interface pressure risk of healthy volunteers on modern radiography/radiotherapy surfaces
Name of presenting author:	Seth Angmorterh
Affiliation:	University of Salford
Names of additional authors and their affiliations:	Dr. Andrew England, Jo Webb, Katy Szczepura, Melanie Stephens, Professor Peter Hogg University of Salford

Introduction: Pressure ulcers (PUs) present significant threats to patients. In radiography/radiotherapy, a potential for high interface pressure (IP) on radiography/radiotherapy tables may exist, however no study has investigated this to an acceptable scientific level.

Purpose/methods/results: Investigate whether IP risks exist on radiography/radiotherapy tables; determine the impact of pressure relieving interventions on IP jeopardy areas. An Xsensor pressure mapping system was used to measure IP of jeopardy areas in healthy volunteers (26 females, 23 males; aged 18-59 (mean=34.6±10.5)) on three radiography/radiotherapy tables, after which they completed a pain and comfort questionnaire. ANOVA identified statistically significant differences in the mean IP for head, sacrum, and heels across the three tables ($p<0.05$).

Results indicate high IP values for head ($75.9\pm31.2\text{mmHg}$) on the radiotherapy table. This IP could induce tissue breakdown, thereby increasing the risk of developing PUs in at risk populations. Volunteers experienced most pain whilst lying on the radiotherapy table.

A thin gel intervention, with low radiation attenuation which has no impact on image quality, was assessed to reduce IP risks identified for the head. Pressure mapping was conducted on 20 healthy volunteers; aged 25-53 (mean=34.4±7.0). Paired-samples t-test indicates a statistically significant difference in the mean IP for the head with and without the intervention, mean=62.4±6.1 and mean=83.9±8.1mmHg respectively, $p<0.05$. Similarly, there is statistically significant difference in the PPI of the head mean=159.8±26.8, and mean=205.1±28.2mmHg, $p<0.05$.

Conclusion: IP risk exists for the head on radiotherapy tables. A gel intervention can reduce this risk. Further research is needed to assess at risk populations.

Title:	Empowerment through involvement for people affected by dementia
Name of presenting author:	Beth Luxmoore
Affiliation:	Alzheimer's Society
Names of additional authors and their affiliations:	N/A

Introduction: Public and patient involvement can be an essential component of research and is an ideal way of working in health and social care. Involvement can ensure relevance and appropriateness for the recipient community and can be enjoyable and empowering for participants.

Compared to other conditions, dementia user involvement is in its infancy and organisations are working towards effective ways to include all stakeholders. Alzheimer's Society is committed to making the voice of people with dementia central to all areas of their work including research, service delivery and campaigning.

Approach: The Salford Involvement Project aimed to implement innovative approaches to including people affected by dementia in service development and research. Moving on from standard approaches that may not be inclusive for all people with dementia, the project investigated ways to empower participants by pioneering co-production and user-led approaches.

Through individual consultation with people with dementia, the project reviewed how processes could become more person-centred and inclusive of people with advanced dementia. Experiences were evaluated from the perspective of both the organisation and the person with dementia.

Outcomes:

Project highlights included:

- Establishing a user-led peer-support group in an area lacking community support.
- Co-producing a celebration event around 'living well with dementia'.
- Involving people with dementia in research projects at the Universities of Salford and Manchester.
- Developing conversational approaches to include people with more advanced dementia.

Gaining understanding of how to make dementia involvement work person-centred and adaptive to the needs of individuals.



Title:	Cancer and talking and sex
Name of presenting author:	Natalie Hammond
Affiliation:	Manchester Metropolitan University
Names of additional authors and their affiliations:	N/A

The aim of this study was to explore how cancer impacts on the sexuality of people who have a range of hematological cancers, including if and how patients could be better supported using visual and digital means. We conducted interviews with 12 participants to ask questions about 1.) Becoming ill 2.) Changes to sexual life 3.) Communicating with healthcare staff about sex 4.) Improving support. We analysed the data using thematic analysis whereby themes and patterns in the data are identified and analysed (Branu and Clarke, 2006). Inspired by graphic medicine (Williams, 2010), we worked with 6 artists to transform themes within the data into visual representations. We sought feedback from participants about the artwork*. Ethical approval was granted by the NHS Leeds Central Research Ethics Committee.

Participants stated they found it hard to discuss sexual concerns with their healthcare providers and overall there was a lack of information about such issues. Participants were unsure who to ask for help, and some refused to ask for advice due to embarrassment and the stigma associated with sexual difficulties. Some participants experienced care that could be improved surrounding their sexuality information needs. Findings from this study highlight the importance of sexuality to people and the difficulties some patients had in obtaining information. This emphasises the need for better communication between healthcare providers and patients about sexuality in cancer care. Overall, the findings suggest a training gap for staff involved in cancer care.

*The artwork can be viewed here isrg.shef.ac.uk/Joomla/

POSTER COMPETITION

In your conference pack you will find a voting slip for the poster competition and we are asking all delegates, as you go around the posters, to select the poster which you feel:

‘Engages you the most and communicates its message most effectively’

A voting box will be located on the registration desk and voting closes at **1pm on Friday 16th September.**

The poster prize will be presented during the closing session of the conference.



POSTER ABSTRACTS

Title:	The effects of unimanual and bimanual training on upper limb function in adults with cervical spinal cord injury: a systematic review	
Name of presenting author:	Anna Anderson	Poster Number 1
Affiliation:	Leeds Teaching Hospitals NHS Trust University of Leeds	
Names of additional authors and their affiliations:	J Alexanders , Teeside University S Astill , University of Leeds	

Introduction: Individuals with cervical spinal cord injury (cSCI) have identified regaining upper limb function as their main priority (Anderson, 2004). Unimanual and bimanual training could help achieve this (Field-Fote, 2009). This systematic review therefore aimed to investigate the effects of unimanual and bimanual training on upper limb function in adults with cSCI, and the comparative effectiveness of these interventions.

Methods: 5 electronic databases were searched until the 14th of April 2016. OpenGrey and reference lists of relevant articles were also searched. Published and unpublished studies of any design type which investigated the effects of unimanual and/or bimanual training on upper limb function in adults with cSCI were included. Studies were appraised using a modified version of the Cochrane risk of bias tool. The findings were qualitatively synthesised.

Results: 5 randomised controlled trials and 2 case studies were included. 6 studies included unimanual training, 3 included bimanual training, and 2 compared these interventions. Only one study presented a low risk of bias for a functional upper limb outcome (Hoffman and Field-Fote, 2010). This study's participants received unimanual or bimanual training plus somatosensory stimulation. Upper limb function improved significantly across all participants, with no significant between group differences. The results of the remaining 6 studies largely supported these findings.

Conclusions: Preliminary evidence suggests unimanual and bimanual training, combined with somatosensory stimulation, improve upper limb function in adults with chronic cSCI to a similar extent. However there is a paucity of high quality studies in this area and further research is warranted.

Title:	The Study of Resourcefulness in Later Life (SoReLL)	
Name of presenting author:	Catherine Beaumont	Poster Number 2
Affiliation:	The Academic Unit of Elderly Care and Rehabilitation (part of the University of Leeds) based at Bradford Teaching Hospitals NHS Foundation Trust	
Names of additional authors and their affiliations:	Dr. Rebecca Hawkins , The University of Leeds and The Academic Unit of Elderly Care and Rehabilitation (part of the University of Leeds), Bradford Teaching Hospitals NHS Foundation Trust Dr. Lina Masana , The Academic Unit of Elderly Care and Rehabilitation (part of the University of Leeds), Bradford Teaching Hospitals NHS Foundation Trust. Dr. Andrew Clegg , Academic Unit of Elderly Care & Rehabilitation, University of Leeds, Bradford Teaching Hospitals NHS Foundation Trust Dr. Lesley Brown , The Academic Unit of Elderly Care and Rehabilitation (part of the University of Leeds), Bradford Teaching Hospitals NHS Foundation Trust. Anne Heaven , The Academic Unit of Elderly Care and Rehabilitation (part of the University of Leeds), Bradford Teaching Hospitals NHS Foundation Trust.	

Introduction: Current research focuses on the detection and management of frailty, however, little is known about the experiences of older people who are categorised as frail. This study aims to understand how older people who are frail develop resourcefulness, and how formal services may support and encourage such strategies.

Methods: Participants were recruited from the Community Ageing Research (CARE 75+) Study cohort (CLAHRC Yorkshire and the Humber), which uses a novel cohort, multiple randomised controlled trial (cmRCT) design as a platform for ageing and frailty research. Twenty community dwelling older people with varying degrees of frailty were identified and recruited using a purposive sampling strategy.

Semi-structured interviews were conducted exploring topics including: ageing, health and illness, support, resources and patterns of daily life.

Interview data were analysed using a grounded theory approach. Emerging themes from interviews were shared and discussed during a workshop held with older people and their relatives. The group worked to identify meanings and priority concerns of older people and their carers/supporters from these themes.



Results: Initial findings from interviews highlight how people acquire, maintain, develop or lose resourcefulness in the context of changing health and ageing. The experiences of participants focused around issues, such as: developing practical, flexible strategies to do household tasks; maintaining independence; maintaining a valued role within the family and community; seeking informal and formal help and managing health.

Conclusion: Findings will inform further work with community-dwelling older people with frailty to explore how services can be improved to support and maintain resourcefulness.

Title:	An Exploration of the Conservative Treatment of 1st CMC joint Osteoarthritis sourced from 6 specialist Hand Occupational Therapists	
Name of presenting author:	Su McIlwaine	Poster Number 3
Affiliation:	Bassetlaw District General Hospital	
Names of additional authors and their affiliations:	Dr Rachel O'Brien , Research Mentor, Sheffield Hallam University	

Objective: Osteoarthritis of the CMC joint of the thumb affects 22% of the population over the age of 55. The impact and associated disability levels due to pain, deformity and loss of function are significant.

The aim of the study was to establish whether a consensus between 6 specialist hand Occupational Therapists regarding the conservative management of this condition existed.

Method: Semi Structured interviews were used to collect data and questions focused on therapist's treatment pathways and the clinical reasoning underpinning these decisions. A vignette was used to ascertain a specific example of a treatment pathway. Using a vignette allowed a direct comparison of each therapist's management of the condition in a specific case.

Results: Consensus was evident in specific areas of management and included: joint preservation, activity modification and self management, and also in the need to maintain joint range of motion. Although agreement was reached regarding the need to maintain movement there was little consensus on an exercise regime. In addition there were differences of opinion regarding splinting regime, but all considered splinting important during periods of exacerbation.

Conclusion: There was consensus on specific areas of management of OA 1st CMC joint; however there were also differences in practice which were due to differences in clinical reasoning. Further research using a larger sample would increase the validity of these findings and if a consensus was achieved would provide a protocol for the conservative management of OA of the 1ST CMC joint.

Title:	How do staff make decisions about the use of PRN medication in response to behaviour that challenges services	
Name of presenting author:	Neil Whale	Poster Number 4
Affiliation:	Leeds and York Partnerships NHS Foundation Trust	
Names of additional authors and their affiliations:	Dr Tom Isherwood , Leeds and York Partnerships NHS Foundation Trust Michaela Osborne , Leeds and York Partnerships NHS Foundation Trust	

Introduction: PRN (pro re nata 'as required') medication is often used in response to behaviour of people with learning disabilities which challenges services; however this is criticised in the literature (NHS England, 2016). Direct care staff are left with decisions as to whether (or not) to administer medication; however little is known about the processes involved and the study was undertaken to investigate this decision making further.

Method: Participants were staff that were involved in the day to day care of service users; their service had been supported by the Community Learning Disability Team and they had administered PRN within the last month. Seven people were interviewed using a semi-structured interview schedule (Willig, 2013). The recordings were transcribed verbatim, and the data were analysed using thematic analysis (Braun and Clarke, 2013).

Ethics: The study was reviewed via the IRAS system and approved by the Trust R&D Department.

Results: Core Themes:

- Support by management
- Professional power vs personal knowledge
- Reliance on guidelines
- Judging severity
- Promoting service user opportunities
- Shared responsibility



Conclusion: The study allowed a greater appreciation of the complex processes involved in the use of medication; further research is needed to understand the impact on each stakeholder.

Implications: Clinicians need to appreciate the thoughts and feelings of the staff who support people with behavior that challenges services, and address care staff training needs. Each party requires clarity so that they understand the roles and responsibilities or all involved.

Title:	Does cereal and milk consumed as a breakfast elicit greater energy expenditure than when consumed as a supper? A crossover intervention trial	
Name of presenting author:	Stephanie Long	Poster Number 5
Affiliation:	Doncaster & Bassetlaw Hospitals NHS Foundation Trust	
Names of additional authors and their affiliations:	H. Powers , University of Sheffield – L. Williams , University of Sheffield, A. Ogunmoyale , University of Sheffield – S. Yung , University of Sheffield	

Introduction: Skipping breakfast is common amongst adolescent girls (Sandercock, Voss & Dye, 2010). A recent study found micronutrient status improved when adolescent girls who usually skip breakfast consumed fortified cereal with milk either at breakfast or supper time (Powers et al, 2016). A small but significant weight gain was seen in evening consumers despite no significant difference in energy intake. This research investigates whether energy expenditure is greater when cereal with milk is consumed in the morning compared with the evening.

Method: 12 female participants aged 18-25 years old, of BMI 18.5-25kg/m², were recruited to the randomised crossover trial. Baseline weight and dietary intake were recorded. Participants were randomised to morning or evening cereal consumption for 4 days. After a 'washout' period, they consumed the alternative intervention for a further 4 days. During intervention periods, dietary intake was recorded using food diaries and energy expenditure was measured using an Actigraph monitor. Paired t-test analysis was undertaken.

Ethical approval was granted by the University of Sheffield ethics department, reference number 007629.

Results: Data collected indicated no significant difference between energy expenditure when cereal with milk was consumed either in the morning or the evening. There was no significant difference between energy intake in the two intervention periods.

Conclusion: These results do not support the hypothesis that energy expenditure is greater when cereal with milk is consumed as a breakfast compared with consumption as a supper. However, sample sizes were small. Further research with larger sample sizes is needed to investigate further.

Title:	Research Nurse to Nurse Researcher – Bridging the gap	
Name of presenting author:	Helen Reed	Poster Number 6
Affiliation:	Leeds Teaching Hospitals Trust	
Names of additional authors and their affiliations:	Dr Paul Marshall , University of Leeds Dr Heather Iles-Smith , Leeds Teaching Hospitals NHS Trust/ University of Leeds	

Background: The DOH modernising Nursing Careers report (2008) recognises the need to develop leaders in research through combining academic and clinical careers.² The Finch report (UKCRC 2007) gave impetus to develop the NIHR non-medical career pathway, specifically focussing on Nurses and Allied Health Professionals.³

Introduction: This poster explores my participation in the NIHR/HEE internship and its role in my transition from Research Nurse to Nurse Researcher. The interface and unique elements of Research Nurse and Nurse Researcher roles will be defined along with the enablers and barriers and the organisational support necessary to support these new roles

Approach: A joint approach between the NHS employer and partner Higher Educational Institute (HEI) to the Internship was adopted. Research networking opportunities were identified and dual academic supervision was provided across both organisations. Research expertise and gaps in my knowledge as a research nurse were identified as a critical first step. Additionally, integration and peer support with other professional groups was sourced.

Outcomes: Experience as a Research Nurse has enabled me to understand the culture of research and its delivery; this will prove invaluable as a nurse researcher. The Internship has given me the opportunity to gain further understanding of research methods and creating research questions. In beginning to bridge the gaps in my knowledge, the process of making the shift between the two differing roles has begun.

It has marked a change in mind set, where the joint approach has supported me to explore new ideas, ways of working and possible career paths.



Title:	Clinical evaluation of UrgoStart wound dressings in 'hard to heal' diabetic foot ulcers.	
Name of presenting author:	Helena Meally	Poster Number 7

Affiliation:

Names of additional authors and their affiliations:

T Dickie, Amy Barrett, DA Russell, Leeds Diabetes Limb Salvage Clinic, Leeds Teaching Hospitals NHS Trust¹; Leeds Institute of Rheumatic and Musculoskeletal Medicine, University of Leeds²; Leeds Institute of Cardiovascular and Metabolic Medicine, University of Leeds³

Background: Diabetes affects 4.5% of people throughout the UK; an estimated 2.5% will develop a diabetic foot ulcer (DFU). The cost of DFUs in the UK in 2010-2011 was £306.6 million (0.6% of NHS budget) due to poor healing rates, associated infection, hospitalisation and amputation. UrgoStart, a matrix metalloproteinase dressing with nano-oligo saccharide factor aims to improve healing rates in 'hard to heal' DFUs.

Methods: UrgoStart dressings were applied to 'hard to heal' DFU's in 25 consecutive patients. i.e. DFUs that did not reduce by $\geq 50\%$ or more with 4 weeks of standard therapy, including pressure offloading, debridement and wound care. Wound size and/or time to healing was recorded at baseline, four, eight and 12 weeks.

Results: The average wound duration was 27.5 weeks prior to the application of UrgoStart. One patient was excluded from the evaluation as they died before the initial four week follow-up.

Of 24 patients included in the evaluation, 78.5% had a SINBAD score of <3 , indicating a lower severity of ulceration, achieved healing within 12 weeks; only 50% achieved healing with a SINBAD score of ≥ 3 .

Ten patients did not complete the 12 week evaluation due to infection (n=4), major amputation (n=1) or failure to comply with offloading (n=5).

Conclusions: Although this clinical evaluation has shown UrgoStart may be a useful adjunct in 'hard to heal' DFUs, the basic principles of DFU care must be upheld. Further studies are required to confirm the efficacy of UrgoStart dressings in the treatment of 'hard to heal' DFUs.

Title:	The use of a single orthotic vs a pair of orthotics in the treatment of unilateral musculoskeletal foot disorders: a pilot randomised controlled trial	
Name of presenting author:	Kate McCallion	Poster Number 8
Affiliation:	Newcastle University	
Names of additional authors and their affiliations:	N Kolehmainen , Newcastle University	

Background: Musculoskeletal foot pain is a prevalent problem amongst people of all ages and leads to a poor quality of life, reduced physical mobility, increase in sickness absence and depression. Treatment consists of the supply of an orthotic to control excess movement and correct foot function and self-administered stretching exercise. Orthotics are supplied in pairs for unilateral and bilateral foot pain. This study aims to determine if a pair of orthotics or a single orthotic should be supplied for unilateral foot pain.

Method: This study is a pilot randomised controlled trial. Participants will have been identified as having a unilateral musculoskeletal foot pain following a biomechanical assessment and will be randomised to one of three groups. Group one are supplied with a self-administered stretching exercises, Group two with self-administered stretching exercises and two orthotics and Group 3 with self-administered stretching exercises and one orthotic for the symptomatic foot only. Data will be collected at 4 weekly intervals until 12 weeks, then at 24 weeks post treatment intervention using a Visual Analogue Scale, the ED-QL 5L questionnaire and a quantifiable activity log developed for this study.

Discussion: The expected outcomes are to see a decrease in musculoskeletal foot pain in all participant groups with the largest decrease seen in the orthotic intervention groups. It is expected that the intervention groups which are supplied with orthotics will experience equal reduction in musculoskeletal pain. This may lead to a change in practice for podiatrists by supplying single devices for the affected foot only.



Title:	An Excursion Into The World Of Research As An Adjunct To My “Real Job”	
Name of presenting author:	Sarah Brookes	Poster Number 9
Affiliation:	City Hospitals Sunderland NHS FT	
Names of additional authors and their affiliations:		

This work describes my research internship experience, from my initial “toe in the water” interest. I will describe how I went about utilising the opportunities presented to me, as a complete research novice (but an experienced hands on ICCU nurse). I was allowed free rein in my approach to the internship, and my experiences were largely self-directed, with starting points provided by my academic supervisor.

My internship took me in a number of directions - from areas of direct practical use to integrate current research efforts into my day to day role (NIHR study days) and involvement with Trust research team, networking with those involved in more global projects, to a research Masters “taster” module and then onto developing a professional interest in communication on the ICCU, meeting with former patients and conducting a literature review in an area of mutual concern.

Outcomes of the Internship have been lots of self-discovery (including a latent academic!), a refreshed sense of purpose and ultimately a change in career direction.

Title:	x	
Name of presenting author:	Kate Laws	Poster Number 10
Affiliation:	City Hospitals Sunderland NHS FT	
Names of additional authors and their affiliations:	N/A	

For many clinicians awareness of research is limited by factors such as time, minimal access to projects and lack of understanding of the research process. The Health Education North Clinical Academic Programme Internship Scheme offers an introduction to a range of research processes, providing dedicated time for clinicians to undertake a programme of activities tailored to individual aims, professions and settings.

The specific programme for this internship was designed around prior clinical and research experience, clinical interests and departmental/professional need. The aims were to 1) increase awareness of a range of research processes and 2) develop specific skills in systematic reviews and analysing evidence.

The internship followed a multi-level model with one primary project (involvement in designing a Cochrane Review) with multiple secondary projects (including completing a smaller systematic review and taking part in the consultation phase of a new research project). The internship also afforded formal and informal opportunities for discussion and mentoring.

Qualitative outcomes included increased awareness across a breadth of research activities resulting in informal advocacy for research within the clinical department; increased confidence in systematic reviewing and analysing evidence. A highly reflective focus within the internship resulted in personal development insights such as efficient working practices and career priorities.

Formal outputs include contribution to the Clinical Guidelines for Cerebral Palsy: Early Detection and Early Intervention (International Clinical Guideline for Cerebral Palsy) and co-authorship of a Cochrane Review on ‘Parent training interventions for improving the communication skills of pre-school children with non-progressive motor disorders’ (in process).



Title:	Attitudes and perceptions of patients and professionals to anticoagulation: warfarin versus NOACs	
Name of presenting author:	Kimberley Stewart	Poster Number 11
Affiliation:	City Hospitals Sunderland NHS Foundation Trust & The University of Sunderland	
Names of additional authors and their affiliations:	N/A	

Introduction: Novel oral anticoagulants (NOACs) have been introduced in the last decade, and have provided an alternative to vitamin K antagonists (VKAs) – warfarin being the main VKA used in the UK – for the treatment and prevention of deep vein thrombosis (DVT) and pulmonary embolism (PE), and prevention of stroke and systemic embolism in patients with non-valvular atrial fibrillation (AF). However, despite recommendation by NICE, uptake of NOACs in the UK has been patchy and slow. This literature review aimed to investigate what is known about the attitudes and perceptions of patients and professionals to anticoagulation, particularly with regards to the use of NOACs compared to warfarin.

Method: The literature search was carried out using Pubmed, Medline, Embase and NICE Evidence.

Results and conclusion: Whilst it is recognised that uptake of NOACs has been slow in the UK, lagging behind that of other European countries, reasons cited for this are often based on expert opinion and anecdote; there has been little research carried out investigating attitudes and perceptions towards NOACs in the UK.

Following on from this review of the literature, it is proposed to carry out a research project investigating attitudes and perceptions of patients and professionals towards anticoagulation. This will include qualitative in-depth interviews, with data analysis underpinned by grounded theory.

Identifying barriers to uptake of this new class of drugs will enable development of strategies to improve use of NOACs where appropriate. Additionally, this knowledge may also be transferable to utilisation of future novel agents.

Title:	Complications post Dorsal Root Ganglion stimulation (DRG) procedure in patients with chronic neuropathic pain. A retrospective review	
Name of presenting author:	Ms Grace Madzinga	Poster Number 12
Affiliation:	South Tees NHS Hospitals Foundation Trust Durham University	
Names of additional authors and their affiliations:	Professor Sam Eldabe , South Tees NHS Hospitals Foundation Trust, Dr Amanda Ellison , Durham University	

Aims: Complications are inherent in many novel medical procedures; therefore it is important to investigate occurrence and document their frequency in order to assess the risk benefit ratio of the novel technology.

Background: Dorsal Root Ganglion (DRG) stimulation is used for the management of chronic pain, and is particularly effective in the treatment of neuropathies unresponsive to conventional therapies.

Design: A retrospective review was preferred as it showed patients with similar baseline conditions resulting in different outcome trends.

Methods: Fifty seven patients implanted with a DRG stimulator were followed up over 12 months in a North East England hospital. Data was collected from case notes and case report forms enquiring pain scores and adverse event occurrence.

Results: Data was collected at 1 week, and 1, 3, 6 and 12 months following implant. At 12 months, 68% of implanted patients reported complications. Non device related complications occurred a few hours post implant ie dural puncture (2%). Longer term, device related complications appeared between 4 weeks and 12 months. 'Loss of stimulation' (15%) was of particular interest as the ability to provide stimulation and therefore pain relief, is central to this technique's success.

Conclusion: The rate of complications is higher than expected when compared to conventional therapies. Complications can be associated with the tendency towards diminishing pain relief observed at 6 months. Nondevice related complications can be linked to surgical risk factors, however it is not clear in the case of device related ones. Further studies are required to gain greater understanding.



Title:	Health Care Professionals' and Families' Views on the Participation of Children and Young People with Life Limiting Conditions in Clinical Trials: A Critical Review of the Literature	
Name of presenting author:	Emma Whiteley	Poster Number 13
Affiliation:	Royal Manchester Children's Hospital, Central Manchester Foundation Trust	
Names of additional authors and their affiliations:	Prof Susan Kirk , The University of Manchester School of Nursing	

Introduction: The aim of the literature review: to critically appraise current evidence on children's, parents' and health care professional's views on the participation of children with life-limiting conditions in research.

Methods: Literature review using a systematic approach was conducted. The participant group were children and young people aged 0-18 years, parents of those children and healthcare professionals. The intervention defined as empirical research studies involving children and young people with life-limiting conditions. Five electronic databases used (Medline, Embase, BNI, CINAHL and PsycINFO) using a range of search terms which were combined using Boolean operators. In total 31 papers were included in the review. Each paper was then critically appraised using the appropriate tools.

Results: The findings demonstrated an array of views. Clinicians concerns about recruiting patients with life limiting conditions were multiple and included apprehensions over the consent process, the burden of participation, to issues surrounding risk vs benefit to the child, Devine (2001). Parent's and Children's views were more favourable and listed positives of entering trials, including gaining normalcy and control, helping others and in hope to extend their child's life, Reed et al (2009).

Conclusion: Children with life limiting conditions may be eligible to take part in research but very small numbers are recruited, possibly due to the complex and differing beliefs of both professionals and patients. Further research is needed to investigate the views of health care professionals, parents, children and young adolescents pre-conceived thoughts, in the hope to break down barriers which may hinder recruitment.

Title:	Occupational Therapy Carer Education and Mindfulness Programme for Dementia Caregivers	
Name of presenting author:	Robert Robinson	Poster Number 14
Affiliation:	Tees, Esk and Wear Valleys NHS Foundation Trust – Employer University of Teesside – Supervisor host organisation for internship	
Names of additional authors and their affiliations:	Prof Denis Martin , University of Teesside	

Clinical observations have highlighted that carers often struggle to understand cognitive and functional abilities of a family member with dementia, often taking over activities of daily living for their family member, potentially reducing function and independence. A service review supports the need for a more robust carer education and support programme, with more focus on maximising occupational functioning.

A systematic review has shown carer behaviour to be an issue^{1,2} and mindfulness to be of potential benefit in dementia care³; the systematic review has shown a significant gap in this area; patient and public involvement events also guided the development of an intervention programme for carers.

The main aim of the study is to gain dementia caregiver perspectives of perceived changes following their participation in a four week occupational therapy carer education programme and an eight week mindfulness programme.

The objectives would be to identify perceived changes in areas such as level of engagement in activities of daily living (ADLs), level of carer support provided, as well as knowledge and skill in caring. The study will also investigate any perceived changes to family relationships, levels of compassion, carer stress and burden and if the carer feels more able to cope.

The study will adopt a qualitative approach and will recruit a convenience sample of 10-12 participants who are currently caring for a family member with dementia. Semi-structured interviews will take place three months post intervention which will be coded, audio recorded and transcribed, and thematic analysis used to identify emerging themes.



Title:	Critical Reflections of an NIHR Intern...	
Name of presenting author:	Rowan Cooper	Poster Number 15
Affiliation:	Cumbria Partnership Foundation Trust	
Names of additional authors and their affiliations:	Dr Hazel Roddam, UCLAN	

Purposeful and embedded critical reflection was a key element during the NIHR Clinical Academic Training Programme. Currently working as a Speech and Language Therapist in the Cumbria Community Acquired Brain Injury Rehabilitation Team, ensuring protected time to stop and think, to reflect and critically appraise on the modest as well as the more preponderant challenges and successes was a luxury, and provoked a complex and often unexpected mixture of thoughts and emotions.

By allowing the process of critical reflection to be genuinely socratic, I enabled the evolution of personal, clinical and academic theories from the subconscious to the conscious.

Emerging insight into the possibilities that await as a clinical academic researcher has been poignant, at times bursting with excitement and enthusiasm and at other times unsettling, as the benefits as well as the challenges of achieving this began to materialize.

Embarking on the internship, my aspiration was to develop the foundational skills and knowledge required to defend and promote the quality and value of speech and language therapy interventions which focus on social and vocational participation and to promote research informed clinical decision making.

The NIHR Clinical Academic Training Programme has reshaped me into the inquisitive and tenacious academic I have previously been, the person with whom I identify with as myself and the person with whom I feel most comfortable. My poster is presented visually as a Thematic Analysis of my personal and professional critical reflections and a summary of cogent achievements.

Title:	Analysis of gait patterns before and after foot arthrodesis surgery – a study protocol	
Name of presenting author:	Max deSancha	Poster Number 16
Affiliation:	UHSM	
Names of additional authors and their affiliations:	N/A	

The fusing of certain joints in the foot (known as arthrodesis) is a widely used surgical treatment for certain common foot problems. Fusing joints in the foot may help individuals to walk without pain or improve the shape of the foot to help it function better. Arthrodesis is used to treat many conditions, such as arthritic flat foot, osteoarthritis of the great toe and in bunion corrections. It is well known that fusing foot joints can help with many foot problems. However, less is known about how this type of surgery affects or improves walking patterns (known as gait). Presently, there are few published studies that investigate how arthrodesis surgery affects gait.

To better understand how this type of surgery affects gait, we aim to measure certain aspects of how individuals walk before and after surgery so they can be compared to determine what effect surgery has had on gait. We will use three devices to measure gait: 3D kinematics, Force-plates and in-shoe plantar-pressure measurement. The combined data from these approaches can be used to determine how walking has changed after surgery and whether the studied parameters have improved. To aid our analysis, we will also be collecting gait data using the same techniques from a group of untreated, healthy, age and BMI matched individuals to help us compare the surgically treated group to an untreated group who do not have foot problems.



Title:	Investigation to determine the prognostic value of the validated malnutrition universal screening tool (MUST) in relation to postoperative outcomes in people having lower gastrointestinal (GI) surgery	
Name of presenting author:	Amy Gittins	Poster Number 17

Affiliation: University of Manchester

Names of additional authors and their affiliations: **Dr Sorrel Burden**, University of Manchester

Introduction: Malnutrition means 'poor nutrition' and it is currently costing the NHS £13billion per annum. The impact of malnutrition is wide ranging and detrimental to many physiological systems including cardiac function, the immune system, tissue repair, respiratory function and mental health.

If MUST can be used to identify those at an increased risk of postoperative infections, intensive care days and readmission, it would be extremely useful in promoting the use of MUST in outpatients and preoperative settings. A review of the literature has shown that currently there is a lack of data linking preoperative MUST scores to postoperative outcomes. This research will provide further insight into the importance of nutritional screening for patients pre-operatively.

Aim: To examine the association between risk of malnutrition determined by MUST preoperatively and postoperative complications, usage of acute healthcare resources and overall mortality.

Methods: This Retrospective observational cohort study used extracted data from the Salford Royal Foundation Trust (SRFT) electronic patient record system. Descriptive statistics were used to analyse the data.

Inclusion criteria: People who were admitted to SRFT for lower gastrointestinal surgery between 1 January 2010 and 31 Dec 2015. Only the first operation for lower gastrointestinal surgery for each individual is included. All data was anonymized with all identifiable patient details removed.

Results: Are currently being analysed and conclusion will follow.

Title:	Patterns of energy intake on restricted and non-restricted days in subjects following intermittent energy restricted diets for weight loss	
Name of presenting author:	Jennifer Harvey	Poster Number 18
Affiliation:	Aintree University Hospital NHS Foundation Trust	
Names of additional authors and their affiliations:	Michelle Harvie , Research Dietician, Genesis Centre, Wythenshawe Hospital, Manchester	

Introduction: There is increasing interest for intermittent energy restriction (IER) to be used in weight management. However, limited evidence means there are unproven concerns that these dieting patterns could result in overconsumption of energy on non-restricted days.

This work reports on adherence to restricted days of IER and patterns of energy intake on non-restricted days in subjects following a two day per week IER for weight loss from two previously published trials^{1,2}.

Method: We studied self-reported food records from participants allocated to a 6 month IER1 (Study one n = 44) and a 4 month IER2 (Study two n = 72). We examined energy intake on restricted days, non-restricted days, days immediately before and after restricted days and consistency of days of the week chosen as restricted days.

Results: Energy intake on the five non-restricted days of IER was spontaneously reduced and was considerably lower than the allocated isoenergetic diet (23% lower in Study one, 31% lower in Study two). There were no statistical significant differences in energy intake on days immediately before or after restricted days compared to other non-restricted days in Study one or Study two.

Conclusions: Contrary to concerns of energy compensation IER appears to have a carry-over effect, with spontaneous reduction in energy intake across all non-restricted days including the days immediately before and after restricted days. The majority of subjects chose consistent days of the week as restricted days suggesting habit formation which may contribute to dietary adherence.



Title:	Literature review examining the needs of bereaved parents and current service provision at the Principle Treatment Centre (PTC) for Teenagers and Young Adults (TYA's) with cancer	
Name of presenting author:	Kate Law	Poster Number 19
Affiliation:	The Christie NHS Foundation Trust	
Names of additional authors and their affiliations:	N/A	

Background: A systematic literature review was undertaken to examine the needs of bereaved parents following the death of a TYA with cancer. Synthesis of the literature created 5 themes which highlighted care needs during bereavement; palliative care experience, relationships & 'telling the story', Continuing bonds, Parental needs and Adjusting to new normal.

Key Workers provide expert support to families from diagnosis throughout treatment, end of life care and bereavement. There are approximately 25 deaths per year in the PTC that receives approximately 120-150 referrals each year. The majority of deaths occur in the preferred place of care, exceeding the national average and despite inequity of service provision to those aged between 16-18yrs who continue to fall between adult and paediatric services. Bereavement support is provided depending on need and the families' engagement with support.

Method: MEDLINE, CINAHL and PsycINFO were searched using key words; Parent, Adolescen*, teenage*, 'young adult', 'young person', Neoplasm, Cancer, onco*, tumo*r, carcino*, Bereave*, 'Attitude to death', 'death or dying', fatality.

Implications for practice: The review emphasises the individual and prolonged nature of parental grief and need for continued support from PTC providing flexible and individualised support. This supports current service provision but also informs future practice, ensuring a standard approach to care. The review highlights a need for further research to contribute to knowledge and a qualitative study interviewing bereaved parents is planned to ensure the service continues to meet parent need.

Title:	Do Denervated Lungs Need Nebuliser Test Doses?	
Name of presenting author:	Ruth Bradley	Poster Number 20
Affiliation:	University Hospital of South Manchester (UHSM)	
Names of additional authors and their affiliations:	Professor Ann Caress, UHSM/ University of Manchester	

Lung transplants (Tx) are a palliative treatment where diseased lungs are replaced with healthy lungs from a donor. Patients may receive a single lung (SLTx) or a double lung transplant (DLTx). Non-transplanted lungs have an uninterrupted nerve supply, therefore, they can react to nebulised drugs with bronchospasm. However, after Tx, denervation of the lung occurs as nerves of the autonomic nervous system are severed during surgical resection. Therefore, transplanted lungs are less likely to suffer bronchospasm.

Historically, all patients at UHSM with prescribed antibiotic, antifungal or hypertonic saline nebulisers will undergo a supervised test dose with a physiotherapist, which takes 60-90 minutes, to establish any adverse reactions.

The purpose of this project was to establish whether Tx recipients suffer an adverse reaction and so whether a test dose is a justified use of clinical time.

A retrospective service audit of all nebuliser test doses from physiotherapy notes was completed. 106 test doses from 76 surviving recipients were included (50 male, 26 female); 20 SLTx and 86 DLTx. Ages ranged from 18-66 (median 54.5); days since Tx ranged from 4-7113 (median 37).

Findings: Adverse reactions were only identified with Pentamidine. 22 recipients received Pentamidine. Of these, 3 recipients had a marked (>20%) reduction in FEV1. In 11/22 recipients, median FEV1 reduced by 11.8% immediately after delivery and by 5.5% at 10 and 20 minutes, respectively, post delivery.

Conclusions: These findings suggest that test doses with Tx recipients are only required for Pentamidine.



Title:	Collaborating for research and innovation	
Name of presenting author:	Sarah Adcock	Poster Number 21
Affiliation:	Manchester Royal Infirmary, Central Manchester NHS Foundation Trust Research into Osteoarthritis in Manchester (ROAM), Centre for Musculoskeletal Research, University of Manchester	
Names of additional authors and their affiliations:	Professor Michael Callaghan , Manchester Metropolitan University, Central Manchester Foundation NHS Trust Professor David Felson , University of Manchester, NIHR Manchester Musculoskeletal Biomedical Research Unit	

The Research Experience: I have been using my NIHR internship to meet with the Research Osteoarthritis Manchester (ROAM) team at University of Manchester. I have been able to experience the planning and development of research proposals, patient experience questionnaires, recruitment, funding applications, MRI and gait lab assessments, statistical models, writing for publication and assessing feasibility and research design.

The Research Problem: Delayed bony union or non-union of fractures often require surgical intervention(1). There are many challenges to rehabilitation when there is delayed fracture healing requiring surgery. Patients may be instructed not to put weight on a limb for several months, need additional care input and even may not be able to return to their residence until the fracture is finally healing thus increasing their hospital length of stay. This impacts negatively on patient's quality of life and poses funding problems for the health and social care system (2).

The Research Outcomes: To investigate these issues, I have developed a research question aimed at those at risk of fracture non-union. I have prepared a systematic review (3), and presented a potential randomised control trial (RCT) design for feedback and improvements to the ROAM team led by an internationally renowned researcher Prof Felson.

I have completed case reviews and started testing a validated prognostic tool for non-union with orthopaedic consultants for clinical use. I am developing collaborations for a clinical study testing the effectiveness of a non-operative prevention of those patients at risk of non-union.

Title:	Writing a Cochrane protocol the story of ACE review 346	
Name of presenting author:	Ian Miller	Poster Number 22
Affiliation:	North Cumbria University Hospitals , Cochrane ACE Group	
Names of additional authors and their affiliations:	Cliff Shelton , University of Lancaster	

As part of the HEE Clinical Academic Training Programme I was assigned a Cochrane Systematic Reviews by the Anaesthesia, Critical and Emergency Care Group (ACE) part of the Cochrane Collaboration.

The protocol was written using the standard Cochrane methodology with the assistance of the ACE Cochrane Review Group. This is led by a Co-ordinating Editor and an editorial team including a Managing Editor and Trials Search Co-ordinator. The Cochrane Review Groups provide authors with methodological and editorial support to prepare Cochrane Reviews, and manage the editorial process, including peer review.

The title of the review was : Intravenous versus inhalation anaesthesia for elderly surgical patients (Protocol), this was judged an important review because general anaesthesia has a greater effect on the elderly, one of which is on the brain this can lead to Post-operative delirium (POD) and Post-operative cognitive dysfunction (POCD). Post-operative delirium occurs in around 10% of elderly patients [Rudolph 2011] although this can rise to up to 60% following certain types of surgery [Asaloni 2010]. Complications such as these have adverse effects on post-operative recovery and are associated with an increased length of hospital stay and an increased risk of mortality. [Ballard 2012].

The original draft was completed in March 2016 and following editorial and peer review the title was changed to: Intravenous verses inhalational maintenance of anaesthesia for postoperative cognitive outcomes in elderly surgical patients. This was changed to reflect the primary outcomes of the analysis.

The protocol is due for publication in September 2016.



Title:	Reducing prescribing errors: Technological innovation for feedback delivery	
Name of presenting author:	Hong Thoong	Poster Number 23
Affiliation:	Royal Manchester Children's Hospital Central Manchester NHS Hospitals Foundation Trust Manchester Pharmacy School	
Names of additional authors and their affiliations:	Mary Tully , Manchester Pharmacy School, University of Manchester Chris Keyworth , Manchester Pharmacy School, University of Manchester Jane Ferguson , Alliance Manchester Business School and Manchester Pharmacy School, University of Manchester	

Introduction/Background: Prescribing of medication, is one of the most common interventions that patients receive when admitted to hospital. Prescribing errors can result in preventable adverse drug events, prolong hospital stay, increase the risk of death and cost the NHS an estimated £750 million annually ¹. Consequently, there is a need to develop novel, acceptable ways of providing feedback about prescribing errors to modify future prescribing practices.

Aims and Objectives: To evaluate the acceptability and feasibility of providing feedback to prescribers, via a technological platform (a website) about prescribing errors. The website will deliver personalised feedback to prescribers to help them to change their prescribing behaviour, using if-then plans (implementation intentions, a recognised behaviour change strategy) ², without the need for expert feedback or group meetings.

Method: Data on prescribing errors will be collected and categorised according to the type and severity of error (in accordance with the EQUIP trial categories ³). Prescribers will be able to view their prescribing error data, and construct their own personalized action plans to prevent similar future errors. Qualitative interviews with prescribers will be used to explore issues around feasibility and acceptability.

Results: Preliminary results suggest doctors perceived feedback as important in professional development relating to prescribing practices. Doctors reported that implementation-intentions provide a method of reflective practice which could subsequently be used to shape future practice.

Discussion/Conclusion and implications for practice: The development of a theory-based technological intervention was perceived as an acceptable and feasible method of providing feedback about prescribing errors to doctors.

Title:	Literature review of Surgical Interventions for the treatment of Necrotising Enterocolitis	
Name of presenting author:	Imelda Mayor	Poster Number 24
Affiliation:	Central Manchester Foundation Trust University of Manchester	
Names of additional authors and their affiliations:	Professor Antonino Morabito , Mentor	

Introduction: Despite advances in treatment since it was first described in 1953 (Schmid and Quasier, 1953) Necrotizing Enterocolitis (NEC) remains the most common surgical emergency and cause of gastrointestinal morbidity within the neonatal population. Mortality remains as high as 40% (Henry and Moss, 2005, Fitzgibbons et al., 2009) and the majority of the morbidity and mortality occurs in patients requiring surgical intervention. There are a number of techniques available to the surgical team, however controversy persists as to the most appropriate surgical treatment. This literature review examines the literature surrounding surgical interventions for NEC that have been published within the last 5 years and aims to establish recommended practice based on best available evidence.

Methods: Articles were compiled following a search of the following databases: PubMed, Medline, CINAHL and the Cochrane Library database from January 2011 until April 2016. Abstracts were screened and appropriate literature appraised, their references were hand searched to identify additional literature. Seven articles are reviewed using the Critical Appraisal Skills Programme tool,

Results: It has not been possible to recommend a gold standard surgical treatment for NEC.

Conclusion: The small number of studies, participants and participating hospitals make their results and conclusions difficult to generalise, however this review highlights a number of areas that may benefit from further research such as: the possible effects transportation on the outcomes of neonates with NEC, how the timing of surgery may affect the outcomes of NEC patients, the long term neurodevelopmental outcomes of surviving NEC patients, what influences a surgeons choice of treatment and the cost effectiveness of treatments.



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North West People in Research Forum
Room 402, 4th Floor, 82 King Street, Manchester M2 4WQ

Tel: 0161 935 8433

Email: nwpirf@researchnorthwest.nhs.uk



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Who is your research superhero?

Samantha Jones is a Specialist Trauma and Orthopaedic Researcher at the Royal Manchester Children's Hospital. Here she talks about the fact that sometimes we all need a 'research shoulder' to lean on.

For Samantha, sometimes just a five minute discussion with her research supervisor, Matt Marshall, gives her added inspiration, motivation, understanding, confidence or ideas to take her work to the next stage. Samantha gives a wonderful inspiration to any health professional interested in pursuing a career in research.

I am a Chartered Physiotherapist and work as both a Major Trauma Co-ordinator and Trauma and Orthopaedic Researcher at Royal Manchester Children's Hospital (RMCCH). Since completing my Masters in 2008 I have had a strong interest in research. I have been investigating and collaborating with colleagues on research projects. One of my colleagues mentioned that there was a challenge to see if the Trust who had completed a PhD, Matt Marshall. When I was in the contemplating stage I initially wasn't sure about engaging with research. However, my working relationship with Matt really developed when we were both approached to research (Sharma et al 2015).



I think that everyone should have a research superhero or role model

We see cases frequently in conferences and through research challenges meetings. At the point my application was fully beginning to develop, my supervisor for my application, I contacted a research supervisor, which I found it to write up a paper. I would often get stuck on the smallest questions which seemed to be the most challenging. Matt would always remind me that I had a PhD and that the progress I have made. This is a very important reminder to me about looking towards the next task or goal.

It is a shame and I am a physiotherapist, but bringing my research together helps to create a wider context and deeper knowledge to our discussion. That is a significant challenge and it is important to my research and research. In those of his research, Matt would always remind me that I had a PhD and that the progress I have made. This is a very important reminder to me about looking towards the next task or goal.

For Samantha, Matt's enthusiasm for research is truly inspiring. She calls about research in a clinically focused way and always reminds everyone about the difference it will make to the patient. The regular five or ten minutes of Matt's time provides me with the inspiration, motivation, understanding, confidence or ideas to continue or progress my work. Inspiring me to research, challenge, I think that everyone should have a research superhero or role model. Matt did not only apply for his PhD using the same criteria as research, but this does not mean to me and the challenge I face and is able to give me exactly the right support because of this.

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The Researcher Magazine

created by healthcare researchers for healthcare researchers

Health Education England (HEE), NHS Research and Development North West and the National Institute for Health Research (NIHR) have worked together with a team of early career health researchers and award winning writer Rob Young to produce a new digital magazine to raise awareness of research careers among nurses, midwives and allied health professionals .

Drawing from a bank of stories, news and content, The Researcher focuses on communicating, in an engaging, energising and innovative way, the backstories from healthcare research and researchers.

The first edition was launched in July 2016 and has the theme of 'Breaking boundaries'. It is available to read at http://bit.ly/TheResearcherMag_Summer2016

There will be a further two editions launched over the next 6 months themed

Staying balanced
Maintaining momentum

To join the community visit [#TheResearcherMagazine](https://twitter.com/TheResearcherMagazine) on Twitter or contact amanda.byrne@researchnorthwest.nhs.uk to receive a copy.

Upcoming Activities 2016–2017

ACTIVITY	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Raid Day									
The Researcher									
Change in the NHS: Prototyping a new dynamic change									
Getting Started In Research									
The Resilient Researcher									
Write here, Write now									
The Researcher									
Coaching for research success									
Changing the Conversation									
Stop Motion Animation Course									
HEE / NIHR ICA Programme, Intern Residential, Bolton									
HEE / NIHR ICA Programme, Intern Residential, Leeds									
HEE / NIHR ICA Programme, Intern Residential, Newcastle									
Applications open for HEE / NIHR ICA Programme 2017 / 18									
Getting Started In Research									
The Resilient Researcher									
Write here, Write now									

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NHS R&D North West
Room 402, 82 King Street
Manchester, M2 4WQ
Tel: 0161 935 3434
www.research.northwest.nhs.uk



Become part of the NW research community – join the NHS R&D NW Early Career LinkedIn group:
<http://goo.gl/mkZ15c>

