

NHS R&D NORTH WEST

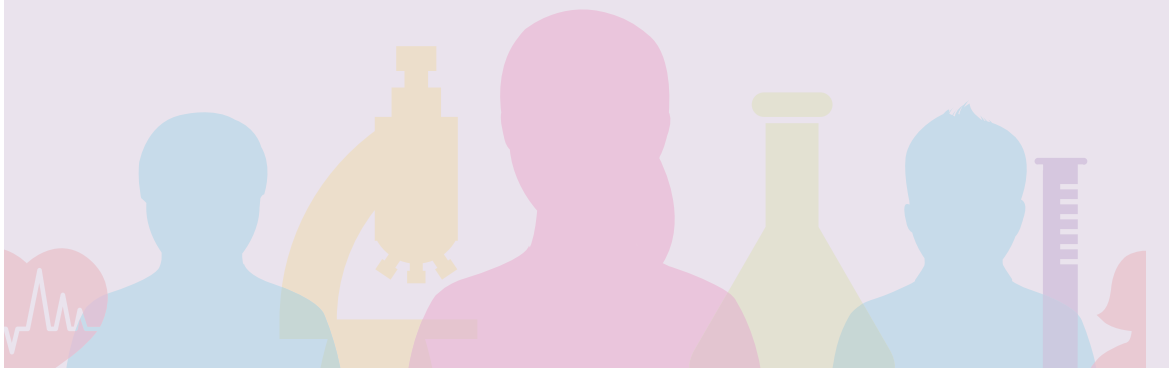
Let's Talk Research 4

14th September 2017 – Royal Northern College of Music

Building Community



INNOVATION AGENCY
Academic Health Science Network
for the North West Coast



Welcome



Welcome to the 'Let's Talk Research' Conference 2017.

Following the success of our previous Let's Talk Research conferences, we are pleased to be holding our fourth conference this year "Building Community". This theme continues to challenge the traditional boundaries in research and development and look at how to do things differently – there are even more opportunities to hear and discuss research, learn new tools and techniques and engage with fellow researchers.

The conference this year is a one-day packed event bringing communities together and supporting the development of capability and capacity and enabling collaboration and communication with new and existing colleagues.

By attending this year's conference, you will have received a wristband in your welcome pack which now makes you part of the Let's Talk Research community and we want you to have the opportunity to discuss and explore this community. Throughout the day there will be opportunities for you to engage in conversations, discussions and activities with fellow researchers from health and social care.

After the success of last year's conference newspaper we will again be producing a newspaper and invite everyone to contribute 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.

I am sure that over the course of the day you will experience a research conference like no other and have the opportunity to explore different aspects of research within health and social care.

We have 4 inspiring keynote speakers, over 20 workshops delivered by leading academics and clinicians and over 25 posters prepared and presented by the HEE/NIHR ICA interns. And in addition to all of this we have the highly acclaimed Lemn Sissay MBE speaking at our after conference dinner. We are sure you will find all 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.

Professor Stuart Eglin

Chief Executive
NHS R&D North West

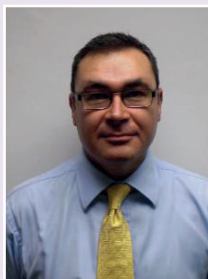
Keynote Speakers



9.45am

Professor Jenny Popay

Jenny is Professor of Sociology and Public Health in the Division of Health Research where she is director of the Centre for Health Inequalities and co-director of the Liverpool & Lancaster Universities Collaboration for Public Health Research (LiLaC). She is also Director of Engagement and Public Health Lead for the NIHR Collaboration for Leadership in Applied Health Research and Care for the NW Coast. Jennie has worked as a teacher, policy maker and researcher in academia and in the public and voluntary sectors. Her research interests include the social determinants of health and health equity; the evaluation of complex public health policies / interventions; community empowerment; and the sociology of knowledge. She has held public appointments with the Commission on Health Improvement, the Commission on Patient and Public Involvement in Health and the Bevan Commission in Wales and was inaugural chair of the national charity The People's health Trust.



11.45am

Warren Heppollette

Warren has played a central role to bring devolved powers and budgets to Greater Manchester over the past three years and has been appointed as Executive Lead Strategy and System Development for the Greater Manchester Health and Social Care Partnership. Warren joined the NHS in 2006 and has been Director of the Association of Greater Manchester PCTs (developing joint commissioning and leadership arrangements across the PCTs) and Director of Policy & External Relations for NHS Greater Manchester (supporting the transition to the new NHS arrangements). In 2012 Warren joined NHS England as the Greater Manchester Area Team's Director of Operations & Delivery with responsibility for performance, CCG assurance and emergency preparedness. Warren started his career as a neighbourhood housing officer 20 years ago. He progressed to become Stockport Council's policy manager for health & social care supporting public health partnership developments between the council and the local NHS.

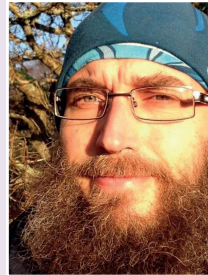
Keynote Speakers



1.15pm

Professor Alison Chambers

Alison Chambers is Pro-Vice-Chancellor of the Faculty of Health and Social Care at MMU. She qualified as a Chartered Physiotherapist in 1985 and worked in clinical practice for 10 years prior to moving into higher education in 1995, gaining a masters and doctoral degree in Education. Over the past 20 years, she has held a number of senior roles, most recently as Pro-Vice-Chancellor and Executive Dean at Buckinghamshire New University prior to moving to MMU. She has experience of developing successful business/university partnerships and is a strong advocate for student-centred higher education that places emphasis on graduate employability. She takes a keen interest in ensuring that service user and carer involvement helps to shape the education of health professionals at all levels. A Professor of Healthcare Education, she has led the development of innovative education programmes across health and social care and beyond in collaboration with employers, supporting workforce transformation and the development of new roles. Her current research activity is concerned with professional identity and its influence on everyday clinical practice.



4.15pm

Julian Stodd

Julian Stodd is a writer and consultant on the Social Age. He specialises in exploring learning design, the role of communities, social collaborative technology and social leadership. Author of nine books, including 'Exploring the World of Social Learning', 'The Social Leadership Handbook', 'Social Leadership: My 1st 100 days' and over 1700 articles and blog posts, Julian works on strategy and delivery with many global organisations. You can find his latest writing at www.julianstodd.wordpress.com.

Julian is the founder of Sea Salt Learning, where he helps organisations get fit for the Social Age. Clients include financial services, military, manufacturing and petrochemical, as well as healthcare, NGOs and charities. Julian splits his time between writing and working around the world, exploring the strategy and implementation of learning, leadership, cultural and organisational change.

After Dinner Speaker



Lemn Sissay MBE

Lemn Sissay MBE is the author of several books of poetry alongside articles, records, public art, and plays. He was the official poet for the London Olympics. His Landmark Poems are installed throughout Manchester and London in venues such as The Royal Festival Hall and The Olympic Park. Bishop Desmond Tutu unveiled his landmark poem Gilt of Cain. Lemn was official poet for The FA Cup 2015. His Desert Island Discs was pick of the year for BBC radio 4 2015. He is Chancellor of the University of Manchester. His life story is nothing short of incredible.

He is associate artist at Southbank Centre, patron of The Letterbox Club and The Reader Organisation. He is a regular contributor to radio and TV and a prolific speaker inspiring audiences on a weekly basis across the globe. His new book Gold From the Stone was published in August 2016. Google "Lemn Sissay" and all the returning hits will be about him. There is only one Lemn Sissay in the world.



I'm engaged

Dr Cristina Vasilica, Research Fellow, University of Salford talks about her passion for involving patients in research using social media.

I want to engage patients in research. The rise of social media presents researchers with opportunities to empower the public to make changes to their behaviour which impacts positively on their health.

My research applied social media strategies to healthcare. I wanted to engage patients and the public in the process of sharing information. Together with renal patients, we set up the Greater Manchester Kidney Information Network (GMKIN).

‘Social media presents researchers with opportunities to empower the public’

A longitudinal study of the network examining the impact of social media showed positive health and social outcomes such as increased confidence, self-efficacy, and re-engagement with employment. Fundamental to the success of GMKIN was developing meaningful relationships with and among service users through light discussions, social opportunities and supporting individuals to take on leadership roles.

Rob Finnigan was one such leader and he has a profound influence within the network. He actively contributes to the process of collecting, writing and pushing user generated content, stimulating patients' engagement and bonding. I truly admire his dedication and passion to make the network a success, he sees the value of sharing information and communicating with others in a similar situation.

Hear more about the opportunities that social media channels provide in the following webinar:

Beyond a paper; How to get your research (and you) out there!

To read about Rob Finnigan's experience please [click here](#).

Patient and Public Involvement (PPI)

- INVOLVE is funded by the NIHR to support public involvement in NHS, public health and social care research. It's website contains information and resources which will be helpful as you develop and undertake your research. <http://www.invo.org.uk/>
- The NIHR Research Design Service Patient and Public Involvement Guide <http://www.nihr.ac.uk/funding/how-we-can-help-you/RDS-PPI-Handbook-2014-v8-FINAL.pdf>
- PPI Webinar, Find out more about how to include patient and public involvement in your research by watching this webinar: <http://bit.ly/PPIwebinar2016>

Tell us how you involve patients and public in your research
#TheResearcherMagazine

Quick View Programme

Thursday 14th September							
8.30am	Conference registration, workshop sign-up & coffee						
9.15am	Welcome & Introduction to the Conference Community						
9.45am	Plenary: Prof Jenny Popay, Director of Engagement & Lead of the Public Health Theme, Division of Health Research, Lancaster University						
10.30am	Refreshments & Community Networking & Posters						
Location	Concert Hall	Carole Nash Recital Room	Conference Room	Seminar Room 3	Lecture Theatre	Seminar Room 2	Lower Con-course
10.45am - 11.45am	Social Movement in Action	Using digital & social media to build communities	How to write everything	Connecting through Conducting	Classroom Caligraphy or Models of Merit	Developing our Communities	Poster Tour
11.45am	Plenary: Warren Heppollette, Executive Lead - Strategy & System Development, Greater Manchester Health & Social Care Partnership						
12.30pm	Lunch						
1.15pm	Plenary: Alison Chambers, Pro-Vice Chancellor, Health & Social Care, MMU						
2.00pm-3.00pm	Oral Presentations	Oral Presentations	Oral Presentations	Oral Presentations	Oral Presentations	Oral Presentations	
3.00pm	Refreshments & Community Networking & Posters						
3.15pm - 4.15pm	Movers and Shakers – developing & mobilising communities of practice	Using digital & social media to build communities	Increasing ethnic minority recruitment to health research	Academic Report: The movie	Online Communities	Developing our communities	Poster Tour
4.15pm	Plenary: Julian Stodd, Captain & Founder, Sea Salt Learning						
4.45pm	BEST POSTER AWARD. HEE/NIHR ICA CERTIFICATE PRESENTATION						
5.00pm	Close - Prof Stuart Eglin, Chief Executive, NHS R&D North West						
5.30pm	Drinks reception						
6.30pm	Dinner						
8.00pm	After dinner speaker: Lemn Sissay MBE						
9.00pm	Close of Conference						

Workshops

10.45am

Title of workshop 1:	Social Movement in Action
Room Allocation:	Concert Hall
Workshop lead:	Jacqueline del Castillo and Nick Ponsillo
Affiliation:	NESTA and University of Chester

Dramatic change in how we experience health has been brought about time and time again by people fighting for their rights, supporting each other and demanding what they need. The victories of social movements can provide insight into how people, health care organizations and policymakers might work together to expand and invent new ways of addressing under-resourced, marginalised or under-developed health and wellbeing issues.

For over a year, Nesta has been involved in NHS England's Health as a Social Movement programme exploring the potential of social movements to bring about community-wide change. This interactive workshop will experiment with putting insight into practice, encouraging participants to experience social movements and their growth from the inside out.

Title of workshop 2:	Using digital and social media to build communities
Room Allocation :	Carole Nash Recital Room
Workshop lead:	Kev Wyke
Affiliation:	Leap Further Ltd

Dramatic change in how we experience health has been brought about time and time again by people fighting for their rights, supporting each other and demanding what they need. The victories of social movements can provide insight into how people, health care organizations and policymakers might work together to expand and invent new ways of addressing under-resourced, marginalised or under-developed health and wellbeing issues.

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Workshops

Title of workshop 3: How to write everything

Room Allocation: Conference Room

Workshop lead: Rob Young

Affiliation: -

We all write, every day, but none of us are trained. Emails, cv's, posters, reflective journals, academic reports... there are so many different formats, it's a minefield. The plan is, we stagger through and do our best. As plans go, it's pretty casual. So, why not spend one hour, with an

award-winning writer, learning some 'tricks of the trade'? A warm and witty workshop in how to write everything from a Post-It note to a movie. Non-writers welcome.

Title of workshop 4: Connecting through Conducting

Room Allocation: Seminar Room 3

Workshop lead: Alex Douglas

Affiliation: University of Central Lancashire, NHS R&D NW

The words 'community' and 'communication' share an etymology from Old French: *communité* meaning "commonness, everybody." Further back in the Latin, they represent different-yet-still-related concepts; as such, these words and the realities they represent are inextricably intertwined. Without requiring any musical experience (or even ability!) and led by a professional conductor/director of many different genres, this workshop will offer its participants an opportunity to engage with the concept and praxis of conducting a musical group with a view to both inspiring and enabling some new ideas regarding how a more creative approach to communication within a given community can bolster the output of that community for the better. Not everyone

will lead (conduct) a choir or an orchestra, but everyone can lead (conduct) their audience, their stakeholders, their colleagues, beneficiaries and reach out to others in other communities – including those with the means to support (financially and otherwise) the work that they are doing!

Given the increasing challenges faced by health researchers in the current socio-political climate, re-thinking communication is key to leadership renewal and community resilience. Music was never just about music; come and explore for yourself!



Workshops

Title of workshop 5:	Classroom Calligraphy or Models of Merit
Room Allocation:	Lecture Theatre
Workshop lead:	Foluke Campbell
Affiliation:	University of Salford

I first fell in love with the process of reflection some 20 years ago when as part of my Masters I was required to keep a reflective journal and submit 3 reflective assignments. I was a newly appointed manager and was experiencing burn out which I only recognized as I was reading about it in the literature. I was able to put mechanisms in place to redress the imbalance in my work load. Over the years I allowed this flame to die down to an ember, but the rise in the popularity of reflective practice across many professional groups in recent years has fanned the embers and I am able to glow once again with passion for reflective practice.

The workshop is an attempt to build the research community, fan the reflective embers, and promote interest, understanding and

engagement of practitioners in critical reflective practice. The overall aim being that it will stimulate practitioners into developing research into their own practice.

This workshop will examine several models / theories and questions which arise from the literature on Critical Reflective Practice. Practitioners will analyze material supplied and using their practice experience/ knowledge work to co-create pragmatic critical reflective models. The workshop will conclude with an examination of the models produced to identify if they are just a class room exercise i.e. calligraphy or if they have merit and could be used in practice or for research

Title of workshop 6:	Developing our communities
Room Allocation	Seminar Room 2
Workshop lead:	Vajramudita Armstrong
Affiliation:	Vajramudita Ltd

'There is no power for change greater than a community discovering what it cares about', Margaret Wheatley'

I use this quote with almost every piece of work I'm doing with leaders. We are usually talking about how to lead change, how to create cultures of engagement, innovation and creativity. More and more I see my work as helping leaders and communities to have great conversations and find myself exploring the question of how we bring our humanity back into our work.

So lets get together and take a look at the communities that we are part of or want to create, and discover what we care about – not what we think we are supposed to care about, but what we really care about.

In this workshop you'll look at the community(ies) you are already in or would like to create using a constellation tool .

Workshops

Title of workshop 7: Poster Tour
Room Allocation Carole Nash Mezzanine

Are we being NICE? A review of physiotherapy service provision for people with brain tumours.

Alison Gullvag

A Scoping Exercise to Gauge the Incidence of Early Post Stroke Fatigue for Patients at Newcastle Community Stroke Services.

Deborah Sylva

Is Acupuncture an effective treatment for overactive bladder symptoms in women?.

Emma Hargreaves

Dual antibiotics for non-cystic fibrosis bronchiectasis.

Haley Harrison

A pilot study for reducing radiation and contrast dose for Computed Tomography Pulmonary Angiography (CTPA).

James Hughes

The Drama of an internship.net.

Jane Bourne

Stroke survivors' evaluation of wrist worn accelerometers and a data interpretation interface used with the intention of facilitating autonomous long term community-based rehabilitation of upper limb impairments.

Jane Farmer

What are the experiences of community nurses and community therapists when integrating their working practices and what are the lessons learnt for future integration projects?

Jane Gardiner

HEE/NIHR funded internship summary, Sept 2016/17.

Jean Mercer

The Maastricht Interview: New Perspectives in the understanding of distressing voices.

Jessica Paz Hidalgo

IODISES Study: Investigation of Østergaard's Directive in Imaging Synovitis on Contrast Enhanced Magnetic Resonance Imaging (MRI) Scans.

Josephine Barrett

Comparison of two scanning systems in the treatment of Plagiocephaly and Brachycephaly in infants aged 4-6 months treated with the STARband Cranial remoulding Orthosis.

Kate Chauhan

Exploratory study to determine the influence of nutritional status on clinical outcomes for patients receiving palliative care and discharged on home parenteral nutrition.

Kellie Owen

Workshops

2.00pm

Title of workshop 8: Oral Presentations
Room Allocation Concert Hall

Messages from Millennials: learning from young people to shape study design

Georgina Ritchie, Grete Smith and Paula Lawrenson

The Wroughtington Wigan and Leigh Patient Research Advisory Group – our story – warts and all

Jane Martindale and Madeleine Jackson

GMKIN – The power of sharing information and peer support communities

Dr Cristina Vasilica

Title of workshop 9: Oral Presentations
Room Allocation Carol Nash Recital Room

Lancashire and Cumbria Innovation Alliance Test Bed: lessons learned

Sandra Varey and Christine Milligan

Knowledge into Action: Exploring the transfer of learning for healthcare professionals

Jane Dowson

An Evaluation of the Impact of Open Visiting on Patients, Relatives and Carers Using Realist Evaluation Methodology

Helen Hurst

Title of workshop 10: Oral Presentations
Room Allocation Conference Room

Transforming the landscape for non-medical clinical academics - 'The Leeds Way'

Dr Heidi Siddle

Developing a culture of collaborative working among pharmacy clinical trials staff

Julie Shenton

Workshops

Title of workshop 11: Oral Presentations
Room Allocation Seminar Room 3

Building research capacity in the workforce:
an evaluation of the NIHR CLAHRC North West
Coast Internship Scheme

Joanna Harrison

Re-imagining undergraduate education –
creating a resilient graduate workforce for an
integrated place based health and social care
system – a new paradigm

Dr Martin King

Exploring the research culture of nurses and
Allied Health Professionals (AHPs) in a research
focused and a non-research focused healthcare
organisation in the UK

Dr Manju Luckson

Title of workshop 12: Oral Presentations
Room Allocation Lecture Theatre

Measuring Comprehension of Individuals During
a Mock Medical Informed Consent trial using
Artificial Intelligence

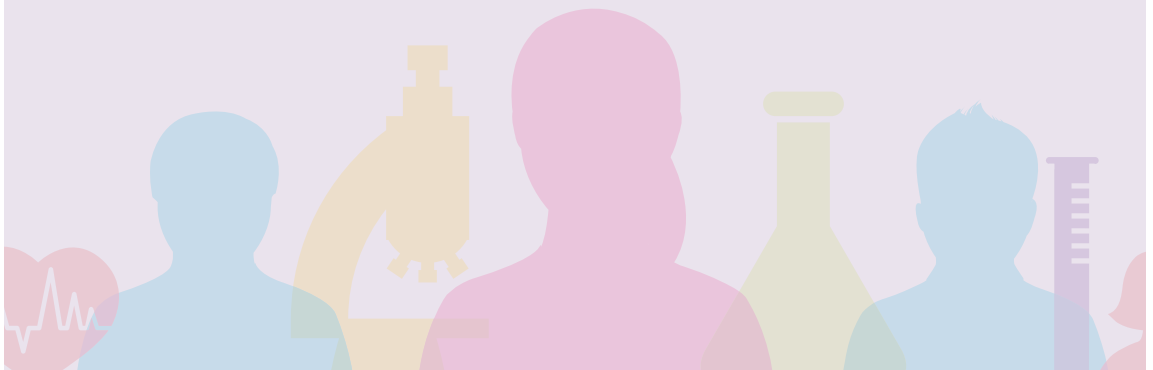
Keeley Crockett

REmote MONitoring of Rheumatoid Arthritis
(REMORA) study

Peter Mellor

Culturally adapting health measures for ethnic
minority groups: An illustration using the
Addenbrooke's Cognitive Examination Version III

Nadine Mirza



Workshops

Title of workshop 13:	Oral Presentations
Room Allocation	Seminar Room 2

Effectiveness of Cognitive Behaviour Therapies for Post-Stroke Depression: Meta-analyses

Jackie Liu

Development, content and delivery of psychological intervention for sub-threshold depression: A Systematic Review

Mrs. M Safari

The challenges of evaluating a parenting intervention for mothers admitted to a mother and baby unit

Kim Cartwright and Anja Wittkowski

3.15pm

Title of workshop 14:	Movers and Shakers – developing, supporting and mobilising communities of practice
Room Allocation:	Concert Hall
Workshop lead:	Juliette Kumar
Affiliation:	The Innovation Agency

In this session, Juliette Kumar of the Innovation Agency, the Academic Health Science Network for the North West Coast, will share experiences of developing and managing communities of practice to support achievement of strategic goals. The communities of practice used as examples are those that the Innovation Agency has developed and include; the Innovation Scouts, who are focussed on supporting a culture of innovation; the Q community, a network of Quality Improvement Experts and the Clinical Evidence Champions, who are working to improve the use of evidence in the clinical commissioning cycle.

The session will begin with the theory of communities of practice and offer practical examples drawn from the members own experiences on how to create and maintain a community of practice. Further, the presenter

will describe how they have managed the tension between bringing a community of practice together that supports achievement of organisational and systems objectives whilst acknowledging the individuals own pressures in delivering services locally.

There will be a focus on how the communities can and should play a key role in spread and adoption of innovative ideas and approaches for improved quality in health and care and for effective knowledge transfer.

Finally, there will be a discussion on the wider benefits that communities of practice can bring to individuals and organisations, and the challenges faced in terms of measuring success and demonstrating impact.

Workshops

Title of workshop 15:	Using digital and social media to build communities
Room Allocation :	Carole Nash Recital Room
Workshop lead:	Kev Wyke
Affiliation:	Leap Further Ltd

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 16:	Increasing Ethnic Minority Recruitment to Health Research
Room Allocation :	Conference Room
Workshop lead:	Dr Waheed Waquas, Yumna Masood, Nadine Mirza
Affiliation:	University of Manchester

People from ethnic minorities are reported to have higher rates of physical and mental disorders. Despite this, they are underrepresented in clinical research. This reduces the generalisability of research findings across multiethnic populations and hinders development of accessible health services.

Researchers often face difficulties to recruit ethnic minority participants to clinical research due to low levels of cultural competence and limited resources. There is no training currently available to meet these needs. It was

proposed that specialised training could equip researchers with the confidence to work with ethnic minorities, and skills to develop culturally sensitive recruitment strategies, leading to an increased ethnic recruitment.

We have developed a training programme for researchers called SHAMIL aimed to increase the recruitment of ethnic minority participants to health research. Preliminary evaluation of SHAMIL shows that it enhances knowledge, confidence and skills in the researchers.

Title of workshop 17:	Academic Report: The Movie
Room Allocation:	Seminar Room 3
Workshop lead:	Rob Young
Affiliation:	

There's a sense of trepidation when beginning an academic report, like warming up before a marathon. Some people sprint off at top speed while others have a plan, a strategy, a mental Sat Nav. Rob Young knows all about narrative.

He's an award-winning writer and former BAFTA Screenplay Judge. In this light-hearted lecture, he shows you the easy-way to plan a narrative that will get you through the journey. It's the literary equivalent of catching the bus.

Workshops

Title of workshop 18:	Using on-line communities to develop on-line communities
Room Allocation:	Lecture Theatre
Workshop lead:	Leslie Robinson
Affiliation:	University of Salford

The Word of Mouth Mammogram e-Network is an award-winning hub which promotes on-line discussion of breast screening through communities of practice.

The WoMMeN research team comprises a diverse group of practitioners, patients and academics who set about creating WoMMeN in 2013. In so doing they developed their own research community of practice too. The workshop will use the WoMMeN experience to explore issues associated with setting and sustaining an on-line patient and practitioner community for breast screening. It will also illustrate how social media can be used as a research tool to collect data and support a research community.

There will be 3 specific sections:

1. Practitioner attitudes towards online patient and practitioner communities (results of workshop based research)

2. Employer attitudes towards online patient and practitioner communities (results of policy analysis)
3. Illustration of how Facebook and other Social Media can be used to create patient and practitioner research communities

The workshop will be delivered by:

- Geraldine Shires: Mammographer, the Nightingale Breast Screening Unit;
- Bev Scragg: Advanced Practice Mammographer, Burnley Breast Screening Unit;
- Leslie Robinson: Senior Lecturer. University of Salford.

Title of workshop 19:	Developing our communities
Room Allocation:	Seminar Room 2
Workshop lead:	Vajramudita Armstrong
Affiliation:	Vajramudita Ltd

'There is no power for change greater than a community discovering what it cares about', Margaret Wheatley I use this quote with almost every piece of work I'm doing with leaders. We are usually talking about how to lead change, how to create cultures of engagement, innovation and creativity. More and more I see my work as helping leaders and communities to have great conversations and find myself exploring the question of how we bring our

humanity back into our work. So let's get together and take a look at the communities that we are part of or want to create, and discover what we care about – not what we think we are supposed to care about, but what we really care about. In this workshop we'll get clearer on 'what we care about' by looking at our personal values, and how they show up in our community (ies).

Workshops

Title of workshop 20: Poster Tour
Room Allocation: Carole Nash Mezzanine

One nurse's first steps on a journey to become a qualitative researcher.

Lorna Ingoe

Do people with communication impairment feel supported to access healthcare discussions?

Louise Kelly

Patient Information & Cholangiocarcinoma; is what is used what is needed?

Lynne McCallam

Voice Therapy Intervention in Head & Neck Cancer: Development of a Systematic Review Protocol.

Mandeep Bhabra

Osteonecrosis in teenagers and young adults with cancer – a literature review.

Nicola Chesman

Managing complex fungating wounds.

Sharon Gardiner

Use of thoracic ultrasound by physiotherapists: a scoping review of the literature.

Simon Hayward

Developmental Language Disorder (DLD) in Cleft Palate: a Scoping Review.

Stephanie van Eeden

Hip Precautions Following Total Hip Arthroplasty – A Qualitative Metasynthesis Protocol.

Stephen Williams

Physical Assessment of Arteriovenous Fistulae: A Missed Opportunity?

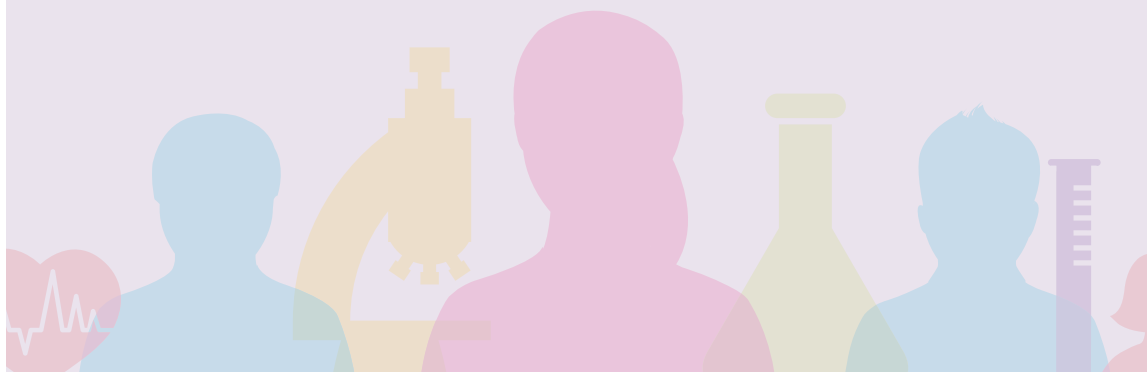
Victoria Jackson

Brushing up on Oral Hygiene – a new solution?

Claire Jennings

Exercise in Parkinson's Disease. An Evidence Based Service Review.

Rachel Watterston



THE BIG INNOVATION CONVERSATION



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Academic Health Science Network
for the North West Coast

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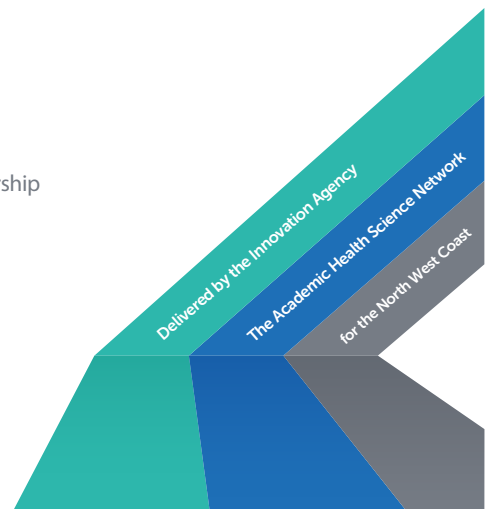


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Abstracts

ORAL PRESENTATIONS

Title:	Messages from Millennials: learning from young people to shape study design
Presenting author:	Georgina Ritchie, Grete Smith and Paula Lawrenson
Affiliation:	University of Central Lancashire
Additional authors & Affiliations:	Grete Smith, Paula Lawrenson, Janine Arnott, Karen Whittaker, University of Central Lancashire

This presentation shares learning from working alongside young people as part of a patient/public involvement (PPI) youth-club event. The aims were:

1. Develop realist evaluation (RE) programme theories for how ChatHealth (a text messaging school nursing service) worked;
2. Informing design of study documents.

The outcomes were three-fold.

1. **Provided cross-generational** perspectives on text messaging as a point of access to health services for millennials and younger people. This contributed to shaping programme theories about Chathealth - needed to support a theory driven methodology for the local service evaluation.
2. **PPI activity had a developmental impact on researcher.** Generational unfamiliarity with the youth club context and associated anxiety was not a barrier to a successful event. Positive outcomes were due to young people's active engagement, event preparation, and drawing on the skill-mix of the team.

3. **PPI activity appeared empowering for the collaborating young people.** Having a choice over activity formats and means for contributing, allowed the young people to be the experts. They freely shared their knowledge and applied their thinking to discussions.

PPI activities are critical to developing studies that reach across generations. This event directly informed the development of RE programme theory by capturing the ideas and explanations of ChatHealth held by young people. The young people directly informed the content and design of study materials and data collection tools.

Implications: thorough consideration should be afforded to the format of the activity, the team facilitating it and the requirements of the particular group involved in the research.



Abstracts

Title:	GMKIN – The power of sharing information and peer support communities
Presenting author:	Dr Cristina Vasilica
Affiliation:	University of Salford
Additional authors & Affiliations:	Prof Paula Ormandy, University of Salford Mr Rob Finnigan, Patient, Greater Manchester Kidney Information Network Manager

Background: Online communities are specialised non-geographical bound groups formed through social communication and relationships between members (De Valck et al., 2009), though building a community takes time (Richardson et al., 2010). Patient engagement with these types of communities improves health outcomes (Merolli et al., 2013).

Methods: This paper explores the mechanisms applied in the development of a sustainable award winning community of renal patients. The Greater Manchester Kidney Information Network (GMKIN) (www.gmkin.org.uk) project progressed in two phases: development and a 12-month in-depth longitudinal study (questionnaires, interviews with 14 patients, observation).

Results: The findings focus on an engagement strategy using the principles of social capital theory to stimulate conversations. The community manager role was significant in creating an environment that stimulated conversation (social and health), which empowered other members. The continuous influencing role required a perception and empathy, to encourage/coax people to respond and comment, to feel safe to join conversations. The content (meeting and greeting, patient experiences, feelings and coping strategies),

contributed to community engagement. Engagement in the community resulted in satisfaction of information needs, increased self-efficacy and well-being: 'It has given me purpose. I have not allowed things like fatigue or lack of concentration to stop me helping others.' (patient).

Conclusion: The use and application of online engagement strategy creates a sustainable and vibrant community. Strategies such as influencing and activating people to post content, results in co-produced relevant content of shared knowledge and experience. This enabled people with CKD to better manage and live with their long-term condition.

Abstracts

Title:	The Wrightington Wigan and Leigh Patient Research Advisory Group – our story – warts and all
Presenting author:	Jane Martindale and Madeleine Jackson
Affiliation:	Wrightington Wigan and Leigh NHS Foundation Trust, Honorary Researcher Lancaster University
Additional authors & affiliations:	Madeleine Jackson, Joy Winstanley Wrightington Wigan and Leigh NHS Foundation Trust,

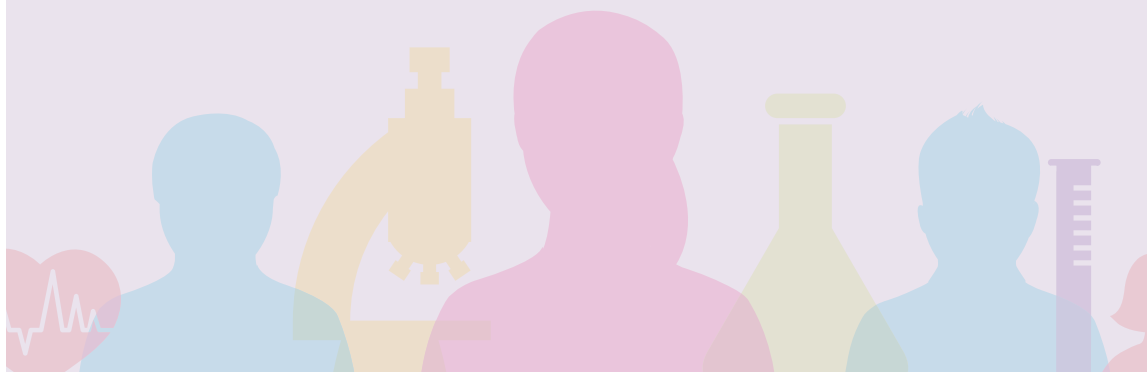
Involvement in research encompasses getting service users actively involved in the research process itself rather than being the participant or subjects of the research.

Our group was formed almost by chance funded as part of an NIHR Clinical Lectureship award and was a leap of faith into the unknown. We are totally committed to help researchers with patient involvement and we would like to share our experiences. We learned how to identify and approach people who may wish to be involved in research; we negotiated the 'red tape' delivering a 'home grown' educational programme, which covered all aspects of research from vocabulary to methodology.

We are a small group, but as our services are becoming more sought after we have realised that we need to grow in diversity and numbers. Hence we have 'connected' with our Communications and Engagement Teams, we have been brave and 'advertised' and 'shared'

our expertise. Not quite film stars yet but we have written our scripts and faced the cameras producing a promotional video which we then posted to our website and sent via social media platforms.

As a group we have grown together in knowledge and skill and flown the 'Research banner' for our Trust; helping researchers from Aberdeen to Warwick not just in Wigan. We aspire to continue to give advice and wisdom to promote the research community and sharing our experiences to inspire as wide an audience as possible.



Abstracts

Title:	Lancashire and Cumbria Innovation Alliance Test Bed: lessons learned
Presenting author:	Sandra Varey and Christine Milligan
Affiliation:	Lancaster University
Additional authors & affiliations:	Dr Sandra Varey, Dr Ceu Mateus, Dr Tom Palmer, Ms Alejandra Hernandez, Ms Joann Wilkinson, Lancaster University

Introduction: The LCIA Test Bed is a partnership between the NHS, industry (led by Philips) and Lancaster University, and is one of seven NHSE funded Test Beds located across England. Two neighbouring Vanguard sites in the Fylde Coast and North Lancashire/South Cumbria are delivering the Test Bed which aims to determine the most effective and cost-effective ways of supporting frail older people with dementia and other long-term conditions to remain well in the community using a combinatorial range of technologies and interventions. The Test Bed involves fourteen partners, which has presented significant benefits and challenges in the setting up and management of such a large and complex programme. The evaluation team undertook research to identify lessons learned from the LCIA Test Bed experience that might prove useful for similar complex multi-organisational programmes.

Approach: Four focus groups and five individual interviews were undertaken with key partners to explore benefits, barriers and lessons learned. Participants included members of the LCIA Test Bed from the clinical operations groups (n=11), the technology innovators (n=4), the evaluation team (n=2) and the project management board (n=5). The data were transcribed and thematically analysed. Ethics approval was gained from HRA and Lancaster University REC.

Outcomes: Key lessons included the importance of:

1. Longer and more realistic lead-in times for future programmes;
2. Clear and coherent project governance structures;
3. A streamlined collaboration agreement;
4. Having a clear mobilisation plan in place before start-up;
5. Engaging clinicians in technology design decisions from the outset.

Issues around communication, recruitment of the 'right people' and organizational are also key ingredients of a successful programme.

Abstracts

Title:	An Evaluation of the Impact of Open Visiting on Patients, Relatives and Carers Using Realist Evaluation Methodology
Presenting author:	Helen Hurst
Affiliation:	CMFT
Additional authors & affiliations:	Ellen Martinez, Angela Smith, Jane Griffiths, Carrie Hunt, CMFT

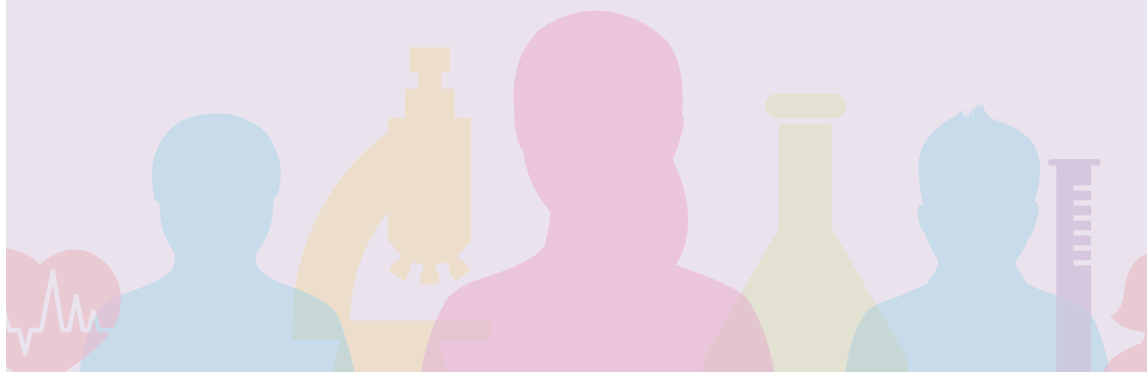
Background: Open visiting in adult settings is variable across different services with some offering more flexible approaches. The principles of patient and family centred care are at the heart of open visiting and supports their involvement in care planning (1-2), fostering an equal partnership in health care delivery. Findings from the literature report reduction in complaints, increased patient, relative/ carer satisfaction, reduction in patient anxiety and improved communication (3). No studies have examined in detail any improvement in outcomes from introducing open visiting relating to patient safety such as falls or provide causation links to any such improvements. Following a pilot of open visiting where positive outcomes were observed this project aims to evaluate the impact of the implementation of open visiting.

Methods: The study will use the framework of realist evaluation. Realist evaluation has been gradually used more in health research to

evaluate complex interventions. The evaluation aims to understand what works for whom and in what circumstances. Realist evaluation considers contextual issues and causation as cognitive responses of people and not the intervention. Mixed methods will be used including interviews, observations, questionnaires and quantitative data on all patient safety outcomes. Data analysis follows the realist approach to configure contexts, mechanisms and outcomes throughout three phases of the study.

Results: Data is currently being collected and a full report of findings will be available within the next two months.

Conclusion: This study aims to influence future policy decisions and implementation strategies for open visiting.



Abstracts

Title:	Knowledge into Action: Exploring the transfer of learning for healthcare professionals
Presenting author:	Jane Dowson
Affiliation:	Marie Curie Palliative Care Institute Liverpool, University of Liverpool
Additional authors & affiliations:	N/A

It is important that any training in communication skills should have a long lasting, positive, sustainable change upon clinical and professional practice, and ultimately for subsequent positive outcomes for patients and families. Many training and education programmes evaluate well but measures of perceived effectiveness are limited to the delivery of training only and rarely follow up learners once they return to work. Research evidence shows that effective communication between clinicians and patients is not automatic following training and healthcare organisations need to adopt effective learning approaches that can deliver immediate and improved services, not only for its users but also to improve the working and learning environment for its employees (Kasasbeh et al, 2016). Successful and effective learning transfer can be guided by a shift in the behaviours that course participants focus on through a reflexive and action learning approach that extends beyond the traditional "end of course evaluation" and moves towards

change management (Weber, 2014). The research study sought to explore the utility and feasibility of a transformational action learning approach that aimed to facilitate and support enduring changes in behavior beyond the traditional learning curve. Using multiple methodological approaches and change as an iterative process (Leonard, 2015) the research sought to explore, measure and understand the learning and transfer experience of healthcare professionals following communication skills training within Palliative and End of Life Care. The study found credible evidence to suggest that the solution-focused action learning approach not only significantly improved knowledge, skills and confidence but acted as a catalyst for continuous and cascaded learning across the participants' organisations.

Abstracts

Title:	Transforming the landscape for non-medical clinical academics - 'The Leeds Way'
Presenting author:	Dr Heidi Siddle
Affiliation:	The Leeds Teaching Hospitals NHS Trust & University of Leeds
Additional authors & affiliations:	Dr Carole Burnett, Leeds Teaching Hospitals NHS Trust, Dr Elizabeth McGinnis, Leeds Teaching Hospitals NHS Trust and University of Leeds, Dr Denise Ross, Leeds Teaching Hospitals NHS Trust, Professor Anne-Maree Keenan, University of Leeds and NIHR Leeds Musculoskeletal BRC, Dr Heather Iles-Smith, Leeds Teaching Hospitals NHS Trust and University of Leeds

"The Five Year Strategy" of Leeds Teaching Hospitals NHS Trust (LHT) has a goal to 'become a centre of excellence for specialties services, research, education and innovation'. We are a team of non-medical clinical academics using innovative approaches to support colleagues in achieving this goal Trust wide.

Through joint working with key senior representatives from LHT and the University of Leeds we formed a Non-Medical Research Leadership Group. Outputs from this group include a Non-Medical Clinical Academic Pathway to support staff engaging in research activity and developing personal integrated Clinical Academic Careers (CACs). A Human Resources memorandum of understanding (MoU) (modelled on the existing MoU for medical and dental staff) has been developed and is being implemented to generate joint appointments. A Research Implementation Group will ensure the continued success of these significant developments.

1. We have instigated 'Research Clinics' providing opportunities for clinicians to identify ways to engage in research activity; develop ideas; disseminate findings; and provide advice and examples of 'juggling' research with clinical commitments.
2. A Tool Kit has been developed to help NHS managers 'talent spot' potential clinical academics with examples of 'backfill' solutions.
3. A LHT guide has been produced and mentors have been identified to support staff with national competitive funding applications (HEE/NIHR ICA Programme) to develop personal CACs.
4. We have developed a number of joint posts and engaged with the national agenda regarding CACs.

Research capacity building activity has already achieved improved success for staff obtaining external funding and will ensure that non-medical CACs are sustainable.



Abstracts

Title:	Developing a culture of collaborative working among pharmacy clinical trials staff
Presenting author:	Julie Shenton
Affiliation:	NIHR Clinical Research Network West Midlands
Additional authors & affiliations:	Jenny Warmington, NIHR Clinical Research Network West Midlands

Within NIHR Clinical Research Network West Midlands (CRN WM) we have developed a community of practice (CoP) for pharmacy clinical trials staff working in secondary care. The CoP provides staff with a network of peer support as well as encouraging collaboration through the sharing of learning and expertise between Trusts.

To develop the CoP quarterly face-to-face pharmacy clinical trials staff meetings have been introduced and an online platform is in development to support members outside of the meetings.

Over the last 6 months, work has undertaken to further develop a culture of collaboration within the CoP. Johnson and Scholes' Cultural Web1 has been used to help the group better understand their culture and facilitate discussions about

how to develop the culture going forward. In addition, to further support the development of the culture to one of increased collaboration, a mission statement has been introduced.

The introduction and development of the CoP has been facilitated by myself (Lead Pharmacist CRN WM) and Jenny Warmington (Senior Pharmacy Technician CRN WM). However, the development of the CoP has very much been led by the members themselves. Each face-to-face meeting has a session specifically for collaborative working where staff are encouraged to share learning and good practice as well as discuss issues or dilemmas with others, and the online platform supports these interactions outside of the meetings.

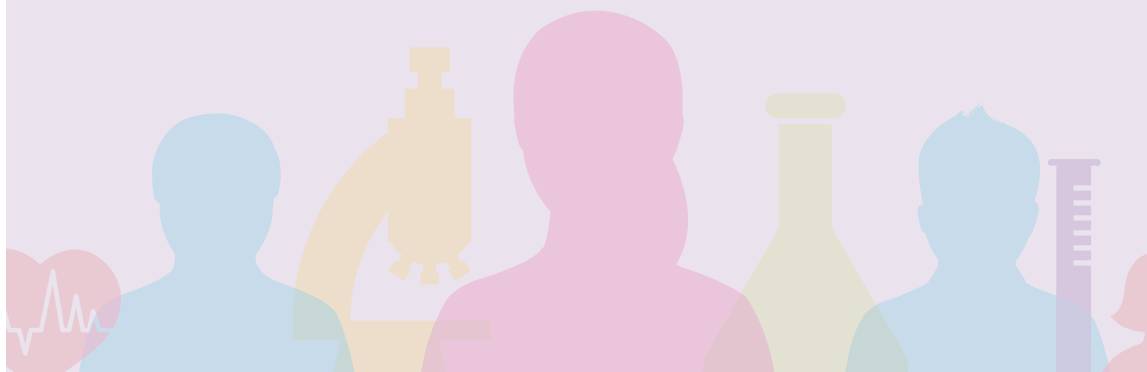
Abstracts

Title:	Building research capacity in the workforce: an evaluation of the NIHR CLAHRC North West Coast Internship Scheme
Presenting author:	Joanna Harrison
Affiliation:	University of Central Lancashire
Additional authors	Dr George Georgiou, Dr Josephine Gibson
& affiliations:	University of Central Lancashire

Introduction: Internship schemes have been one of the traditional routes of entry for building research capacity in organisations and individuals for some time, and are a fundamental component of the Integrated Clinical Academic pathway developed by HEE and the NIHR. The internship scheme managed by CLAHRC NWC also focuses on raising awareness of Health Inequalities, which are substantial in the North West of England, and consideration of these issues in health and social care research. Interns have been appointed from across the NHS and local authority partners involved in CLAHRC NWC, and have received bespoke training and support in research methods and assessment of Health Inequalities. Using evaluation, we aim to explore the experiences of the interns in undertaking the internship scheme with a view to improving delivery for future interns.

Approach: An evaluation of the internship scheme is underway and we have approached two cohorts of interns from the past two years (20 interns). Through semi-structured interviews, we are exploring interns' experiences of the application process, the training and support provided, dissemination and implementation activity, progress undertaken to date and reflection of the internship process as a whole. We will consider the impact of these internships on research capacity building, promoting a culture of research, consideration of Health Inequalities when planning research projects, career development and any lasting legacy at an individual and organizational level.

Outcomes: Interviews and analysis are currently underway. Findings will be presented and used to improve the scheme for future interns.



Abstracts

Title:	Exploring the research culture of nurses and Allied Health Professionals (AHPs) in a research focused and a non-research focused healthcare organisation in the UK
Presenting author:	Dr Manju Luckson
Affiliation:	Central Manchester University Hospitals NHS Foundation
Additional authors	Trust, Manchester Metropolitan University (MMU)
& affiliations:	Prof Carol Haigh MMU, Dr Fiona Duncan MMU

There is a gap in the knowledge about the research culture of nurses and Allied Health Professionals (AHPs) in the UK, and the influence of a dedicated research strategy and funding. The primary aim of this research was to explore the influence of research focused exposure on the research culture of nurses and AHPs in the UK and identify if there was a difference in the research culture between a research focused and non-research focused clinical area. This is a unique and novel mixed methodology study in this field using a 'Research Capacity and Culture Tool' as an online survey, three focus group discussions and 5 semi-structured interviews with senior managers. Descriptive statistics of the survey indicated that there was a difference ($p=0.001$) in the mean score of the research culture between the hospitals, but not between nurses and AHPs ($p=0.12$). Qualitative results

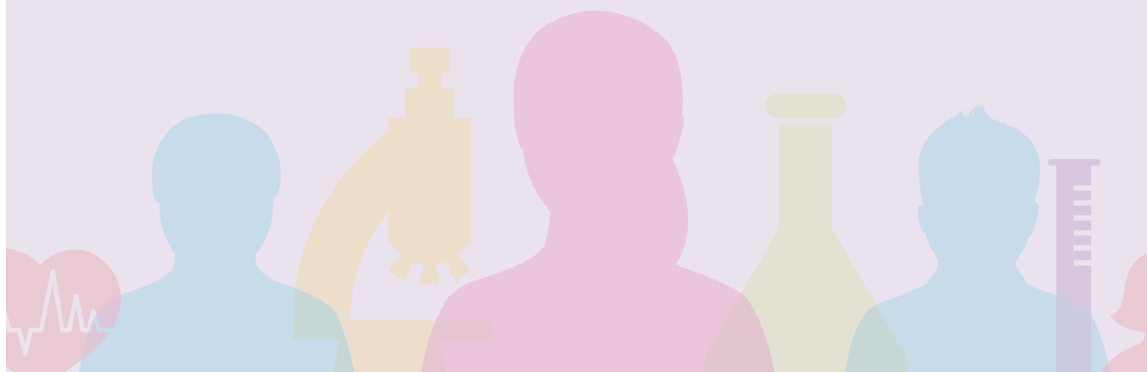
from the framework analysis were congruent and supported the survey results and provided empirical evidence to support a whole level approach in order to improve the research culture. The findings showed that there may not be any difference in the research culture between professional groups. Also, there were crucial communication issues which were hampering the research culture and there was a lack of support at the middle management level which needed to be tackled to improve the research culture. The study highlighted the need to include communication within the Cooke's Framework if evidence based practice is to influence the quality of patient care.

Abstracts

Title:	Re-imagining undergraduate education – creating a resilient graduate workforce for an integrated place based health and social care system – a new paradigm
Presenting author:	Dr Martin King
Affiliation:	Manchester Metropolitan University
Additional authors & affiliations:	Laura Jackson, Dr Eula Miller, Manchester Metropolitan University, Dr Shirley Woods-Gallagher, Manchester City Council, Manchester Metropolitan University, Angela Hook, Salford University

Led by Manchester Metropolitan University, the project aims to explore change in respect of undergraduate health and social care education in relation to the new landscape of integrated HSC services, as outlined within the NHS Five Year Forward View (NHS England, 2014). The project uses Action Research Methodology to create a 'community of inquiry', engaging varying levels of stakeholder groups within Greater Manchester, from service users and clinicians to charitable organisations, amongst others. Focus groups, interviews and strategic interactive events form a staged data gathering process. Thematic analysis allows for pinpointing and examining key themes from the transcripts, which feed into the next stages of our inquiry. Ethical clearance has been granted via Manchester Metropolitan University's HPSC Ethical Committee. Early findings include the

impact of professional identity upon effective integrated working; professionals having a limited understanding of each other's roles; the need to communicate with and utilise community services more effectively and for students to have more opportunities for IPL. Pockets of excellence and effective inter-professional working appear to exist. The project team is committed to exploring this and further work in such areas across GM is taking place. An online platform has now been set up, for the purposes of communicating outcomes and updates. It is envisaged this space will be used in the larger form as a forum to enlarge an ongoing dialogue with everyone who has participated in the project thus far. It will also provide a space for future consultative work.



Abstracts

Title:	Measuring Comprehension of Individuals During a Mock Medical Informed Consent trial using Artificial Intelligence
Presenting author:	Keeley Crockett
Affiliation:	Manchester Metropolitan University
Additional authors & affiliations:	Fiona J. Buckingham, James O'Shea Manchester Metropolitan University, Kathleen. M. MacQueen, Mario Chen, Family Health International 360, Durham, NC 27713, USA, Zuhair Bandar, Silent Talker Ltd.

The aim of the study was to see if the comprehension level of a human could be determined from only the non-verbal behaviour of a participant by an artificial intelligence based system (known as FATHOM) during a mock medical informed consent trial. The study entitled 'Enhancing Local Verbal and Non-verbal Communication for Informed Consent Processes in Tanzania Study#10159' (Simpson et al.,2010) was developed by experts at Family Health International 360 (FHI-360) and informed by Manchester Metropolitan University (MMU). The field study was executed in the Mwanza region of Tanzania in collaboration with the National Institute for Medical Research (NIMR). The female participants underwent a mock informed consent process for a sexual and reproductive health clinical trial where their comprehension was assessed. Eighty female participants aged eighteen to thirty five who had not participated in a clinical trial before

were recruited to participate in a video recorded interview on learning task topics of high and low comprehension. Ethical approval was obtained from NIMR's Medical Research Coordinating Committee, the Protection of Human Subjects Committee at FHI-360 and MMU's Academic Ethics Committee. FATHOM detected patterns of human comprehension/non-comprehension from multiple channels of non-verbal facial behaviour during the informed consent trial with a consistent accuracy of 84%. The impact of FATHOM is that moderators of informed consent process would be able to use the system as a tool to identify whether participants comprehended specific features of the informed consent process and then dynamically adapt their approach until the participant adequately understands (Buckingham et al.,2012).

Abstracts

Title:	Culturally adapting health measures for ethnic minority groups: An illustration using the Addenbrooke's Cognitive Examination Version III
Presenting author:	Nadine Mirza
Affiliation:	Centre for Primary Care, The University of Manchester
Additional authors & affiliations:	Dr. Maria Panagioti, Centre for Primary Care, The University of Manchester, Muhammed Wali Waheed, Leicester Medical School, The University of Leicester, Waqas Waheed Centre for Primary Care, The University of Manchester

Introduction: The need for health measures for ethnic minority groups exists as language and culture impacts scores. We proposed a multi-method approach to develop a culturally adapted version of any health measure and illustrate this by selecting a cognitive assessment scale. Our choice was the Addenbrooke's Cognitive Examination Version III (ACE-III). We demonstrated its adaptation for British Urdu speaking South Asians before assessing its suitability.

Methods: Combined information from a systematic review of all primary publications of the ACE-III and its predecessors and questionnaires sent to ACE-III adapters resulted in guidelines on ACE-III cultural adaptation. Potential ACE-III Urdu items were developed with these guidelines and their cultural appropriateness assessed through focus groups with British Urdu speaking lay persons. Their feedback was presented within an experts' consensus meeting to finalise the ACE-III Urdu. Its cultural validity was assessed through cognitive interviews on its' acceptability and understanding.

Results: We identified 32 publications and received 7 questionnaires to develop our guidelines for how the ACE-III is culturally adapted item-by-item. Our focus groups consisted of 12 participants and resulted in an ACE-III Urdu draft, presented to two psychiatrists with knowledge of the target language, culture and cognitive assessment scales. The finalised ACE-III Urdu was validated across 25 Urdu speaking lay persons.

Conclusion: The cross cultural implications of our development of guidelines on adapting the ACE-III and ACE-III Urdu allow for the methodology to be used to develop guidelines for adapting other health measures and assessing their suitability for an ethnic minority group.



Abstracts

Title:	REmote Monitoring of Rheumatoid Arthritis (REMORA) study
Presenting author:	Peter Mellor
Affiliation:	NIHR Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Greater Manchester
Additional authors & affiliations:	Professor Will Dixon, University of Manchester & Arthritis UK Centre for Epidemiology, Dr Lynn Austin, Dr Caroline Sanders, Dr Jillian McCarthy, University of Manchester, Dr Susan Howard, NIHR CLAHRC Greater Manchester

REMORA is a collaboration between Arthritis Research UK Centre for Epidemiology, The NIHR CLAHRC Greater Manchester, The University of Manchester, and Salford Royal NHS Foundation Trust with the aim of producing a patient-facing smartphone app that supports clinical care and research. The app is designed to monitor the disease activity of patients with Rheumatoid Arthritis (RA) and is the first of its kind to link to the electronic patient record (ePR).

REMORA was co-designed by RA patients, researchers, IT specialists, NHS staff, clinicians, and a PPI group of 7 RA patients. 3 questionnaires (daily, weekly, monthly) based on validated tools for measuring RA were included within the app to measure pain, fatigue, and the impact of RA on patients' daily lives. Patients were interviewed before being taking part in either a one-month or three-month app testing period, during which they used app data to influence treatment decisions in real clinical consultations.

Using the app improved patients' knowledge of their condition, supported self-management, and encouraged patients to be more active in their care. By linking the data to ePR, patients were able to view self-reported data during clinical consultations for the first time, allowing them to enter into a shared decision making process about treatment with their rheumatologist.

The integration of data into ePR allowed clinical staff to identify peaks in disease activity and actively respond to the patient's needs, incorporating previously unseen data into clinical decision making. REMORA has the potential to make patient care more meaningful, efficient, and cost-effective.

Abstracts

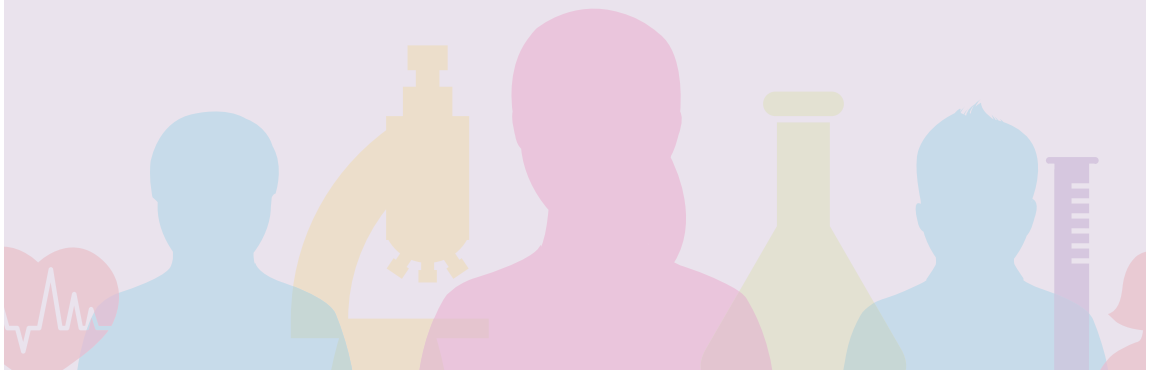
Title:	Effectiveness of cognitive behaviour therapies post stroke depression: meta analysis
Presenting author:	Jackie Liu
Affiliation:	University of Manchester
Additional authors & affiliations:	N/A

Introduction: A 2003 study showed that lifetime prevalence of major depressive disorder was 16.2% amongst the general population in the USA. 12-month prevalence was as high as 6.6%, both these figures being significant results. (Kessler et al. 2003). Strokes are debilitating diseases, often leaving patients disabled and potentially depressed. In fact, approximately one in three stroke patients suffer from a diagnosis of depression (Gaete et al. 2014). Cognitive behaviour therapies (CBTs) have been widely used since the 1980s to treat various mental disorders including depression. This study examines the effectiveness of CBT in patients suffering from post-stroke depression, looking at how effective it can be in a condition that is affected by both the disabilities brought on by stroke and the potential pathophysiological mechanisms affected by stroke.

Method: A literature search of systematic reviews was performed. Then inclusion criteria of adults (age equal and over 18 years), stroke patients and confirmed diagnosis of depression was applied. Each relevant individual randomised controlled trial is to be sourced and their data extracted. A meta-analysis will be performed with the relevant data. This project is still ongoing, thus we do not have the data yet. This is intended to be finished by June.

Ethics: No ethical approval is required.

Results: We believe that the results will show that CBT is an effective therapy in treating patients with post-stroke depression and should be considered as a main treatment in future patients.



Abstracts

Title:	The challenges of evaluating a parenting intervention for mothers admitted to a mother and baby unit
Presenting author:	Kim Cartwright and Anja Wittkowski
Affiliation:	Greater Manchester Mental Health NHS Foundation Trust
Additional authors & affiliations:	Dr Anja Wittkowski, The University of Manchester, Holly Reid, Greater Manchester Mental Health NHS FT

Introduction: Currently, mother and baby units (MBUs) do not systematically offer an intervention that combines parenting skills with psychological coping^{1,2,3}. This multisite feasibility study aims to test whether 60 women admitted to a MBU can be recruited, engaged and retained in a randomised controlled trial of the Baby Triple P Positive Parenting Programme, an eight-week-intervention designed to enhance positive parenting skills and confidence and mother and infant wellbeing.

Methods: The study has received NHS Ethics Approval (ref: 16/NW/0510). Participants are randomised to receive Baby Triple P plus MBU care or MBU care only and include women with an infant aged 0-12 months admitted to two different MBUs. Outcomes include parenting competence and confidence, maternal mental health and mother-infant interaction assessed via self-report and observer questionnaires at baseline and 10 and 26 weeks post-baseline. Feasibility of recruitment, randomisation and engaging women in the intervention and completing study measures are being recorded. Intervention acceptability is being explored via interviews with mothers and staff.

Results: Ten mothers have been recruited from one MBU to date (10-04-2017). This presentation will highlight the challenges of conducting the study in this setting which have included: developing an efficient recruitment pathway and timely completion of observer measures that do not impinge on MBU staff's routine duties, timely completion of intervention sessions particularly following discharge, severity of mothers' mental health problems, length of admissions and preventing researchers being unblinded. The implications of these challenges will be discussed.

Conclusions: Solutions to challenges identified can inform planning a full-scale trial.

This abstract presents independent research funded by the NIHR under its Research for Patient Benefit (RfPB) Programme (Grant Reference Number PB-PG-1014-35059). The views expressed are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health.

Abstracts

Title:	Development, content and delivery of psychological intervention for sub-threshold depression: A Systematic Review Mrs. M SAFARI
Presenting author:	The University of Manchester
Affiliation:	Waheed MW, Waheed W, Leicester Medical School, The
Additional authors & affiliations:	University of Leicester, Van Marwijk, The University of Manchester

Background: The number of people with depression is increasing globally; depression is set to become the leading cause of disability worldwide by 2030. Treatments for depression have limited usefulness and have only led to a 35% reduction of cases of depression, as compared to those receiving no treatment. People with untreated depression symptoms are at an increased risk of persistent depression with poor outcomes.

One of the major risk factors for depression is sub-threshold depression. Sub-threshold depression is a condition where the person has developed some of the symptoms of depression but the number of symptoms, and their severity, is lower than the threshold that we would use to diagnose someone with depression. There is growing evidence that psychological interventions can help in preventing sub-threshold depression developing into depressive disorder.

Methods: This review aims to look at the development, content and delivery of psychological intervention for sub-threshold depression. We will focus on (1) Type, format

and mode of delivery used (2) Different types of intervention delivery models (3) Details of intervention delivery including facilitator's characteristics, training and supervision (4) What adaptations are used and required to make these interventions culturally and contextually appropriate.

A review protocol was followed in accordance with preferred reporting items for systematic reviews and meta-analyses (PRISMA statement). Studies selection and data extraction was undertaken by two independent reviewers.

Results: The literature search generated 336 eligible references and 23 studies were included. Diagnostic criteria for subthreshold depression showed great variability.

Conclusion: There is a need to identify cost-efficient and long-lasting interventions in order to prevent development of Subthreshold-Depression into major depressive disorder. Our review demonstrates how they are developed, their content, delivery methods and any cultural adaptations. This will help in further refining these interventions and evaluating in diverse populations.

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 3pm.

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

The Intern

EARLY CAREER RESEARCH

How was it for you?

Hong Thoong is a Lead Pharmacist in Paediatric Medicine at Royal Manchester Children's Hospital. Here, she talks about her experiences as an HEE/NIHR Intern.



Why did you decide to apply for an HEE/NIHR Internship?

At undergraduate level, I was introduced to research ideas, such as methodology and report writing. But how can I apply these skills in my day-to-day clinical practice? How can I improve patient safety? And demonstrate the impact I have made?

I embarked on the HEE/NIHR Internship, with the aim of gathering vital insights into how I can improve the way my care is delivered. It provided me with a better understanding of what research involves and how to apply this to my career.

What has been your proudest moment?

My proudest moment within my Internship is knowing that I am able to bring unique skills to the research team.

As a clinical pharmacist, I was able to help with their website. Ultimately, my proudest moment was improving patient care.

Did you break any boundaries? And if so, what were they?

Writing this! As a pharmacist, I have an inherent desire just to solve problems not promote what I have done.

I have broken the boundary of self-promotion and not being shy in this area. I hope to break the myths that research is 'hard to do' and 'difficult to integrate within daily working life'.

What did you learn that wasn't on the course?

I learnt that collaboration is the secret to success and that I don't yet have all the skills required for in-depth research. With time, I can learn from my fellow researchers as they may learn from me. Every member of the research team brings their own unique skill set and this results in stronger research.

What three things will you take back to your practice?

To inspire colleagues to take up research, to answer robustly and show that research is easily integrated within our daily lives.

Biggest challenge as an intern?

My biggest challenge has been personal rather than any external factors. Overcoming the guilty feeling that I'm away while the team is busy running around. Fortunately, as part of the internship, I have been able to backfill some of my clinical work to help relieve pressure on the team.

What does it feel like to be a researcher?

I'm not sure I feel like a 'proper' fully-fledged researcher. Or whether I ever will.

Some days I feel like I'm actually faking it.... but most like I am learning new skills. I enjoy the challenges that research brings and am fortunate to have the opportunity.

What do your friends and family think you do all day?

They think I'm mad for wanting to do all this studying and research. They don't understand why I do it when it won't mean a guaranteed promotion. I explain that I want to improve patient care and patient safety. I think actions speak louder than words.

"I have thoroughly enjoyed my internship. I have gained valuable insights into the experiences of being a clinical academic and that integrating research into daily work is far easier than I had once thought."

Read more on [HEE/NIHR Internship](#)

Share your experience of early career research
[#TheResearcherMagazine](#)

Poster Abstracts

Poster Number 1

Title:	Are we being NICE? A review of physiotherapy service provision for people with brain tumours
Presenting author:	Alison Gullvag
Affiliation:	Leeds Teaching Hospitals NHS Trust
Additional authors & affiliations:	Professor Susan Short, Leeds Teaching Hospitals NHS Trust

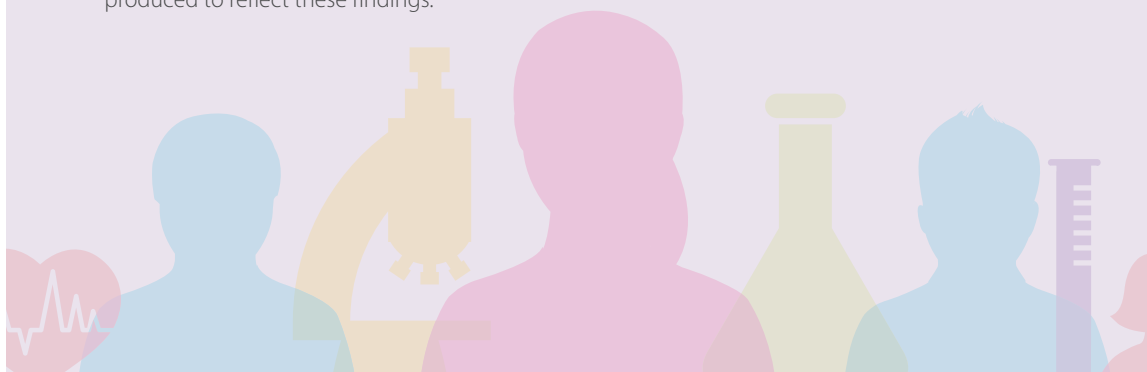
Introduction: To meet the recommendations of the 2006 NICE guidelines for brain tumours, a new service was commissioned in Leeds to support the region in meeting the needs of this patient group. Eight years on the service has evolved and changed. The current evidence base has been reviewed, the physiotherapy service pathway updated and the process of utilising patient and public involvement (PPI) to inform change and service development is underway

Methods: Enrolment in the HEE/NIHR internship programme. Collaboration with Professor Short, Neuro-Oncologist as a learning supervisor and mentor. Literature search and review of the evidence base. Investigation into utilising PPI to inform or corroborate service design and development.

Results: A thorough literature search concluded that there is a vast demand for timely rehabilitation. Needs vary greatly dependent on tumour grade and tumour location, and access to services needs to be visible and expeditious. A new and evidence based pathway has been produced to reflect these findings.

Conclusions: This clinical pathway, starting at diagnosis, ensures opportune and exceptional communication between professionals, avoiding delays in accessing appropriate treatment at the right time throughout the course of disease.

The next step needed to thoroughly corroborate the service design is to utilise PPI via focus group, patient interviews and questionnaires. For this to go ahead applications for funding from an appropriate source will need to be made, but will ensure the service is meeting the needs as identified by the patient, not solely the professional.



Poster Abstracts

Poster Number 2

Title:	A Scoping Exercise to Gauge the Incidence of Early Post Stroke Fatigue for Patients at Newcastle Community Stroke Services
Presenting author:	Deborah Sylva
Affiliation:	Newcastle Community Stroke Services, Newcastle upon Tyne Hospitals NHS Foundation Trust, Newcastle University,
Additional authors & affiliations:	Alison Sweeney, Newcastle Upon Tyne Hospitals NHS FT, Newcastle University. Dennis Lendrem, Newcastle University, Julia L Newton, Katie L Hackett, Newcastle Upon Tyne Hospitals FT and Newcastle University

Introduction: Post stroke Fatigue (PSF) is a recognised problem following stroke and can interfere with rehabilitation, functional ability, and quality of life (Smi Choi-Kwon et al, 2005). Evidence about individual fatigue patterns and experiences are limited, especially in the acute stages. (Eva-Lotta Glader et al, 2002)

Methods: Fatigue was quantified in community patients, who were ≤ 15 days post stroke. Changes in fatigue levels were monitored over 4 weeks' post discharge from hospital using the 'Fatigue assessment scale' (FAS) (Willemien et al, 2011). The FAS was completed at baseline and then at 4 weeks. Data was collected from consecutive patients over 3 months. A paired t-test compared fatigue scores at baseline and week 4 and exploratory analyses were conducted to identify predictors of fatigue at baseline and week 4.

Results: 32 patients completed the measures. Initial FAS scores were high with a mean of 27.1 (SD 7.8) out of a possible 50. There were no statistically significant differences in fatigue scores at either baseline or week 4. Fatigue

levels appeared to be independent of type of stroke, gender, cognitive impairment or whether the patient had undergone thrombolysis treatment. Fatigue was negatively correlated with age: the older a stroke patient, the lower the fatigue scores. However, the only independent predictor at week 4 was fatigue at baseline

Conclusions: Fatigue is present in stroke patients, persists during the acute rehabilitation period and may be more severe in younger patients.

Implications for Practice: Clinicians should consider fatigue when planning stroke rehabilitation programs.

Poster Abstracts

Poster Number 3

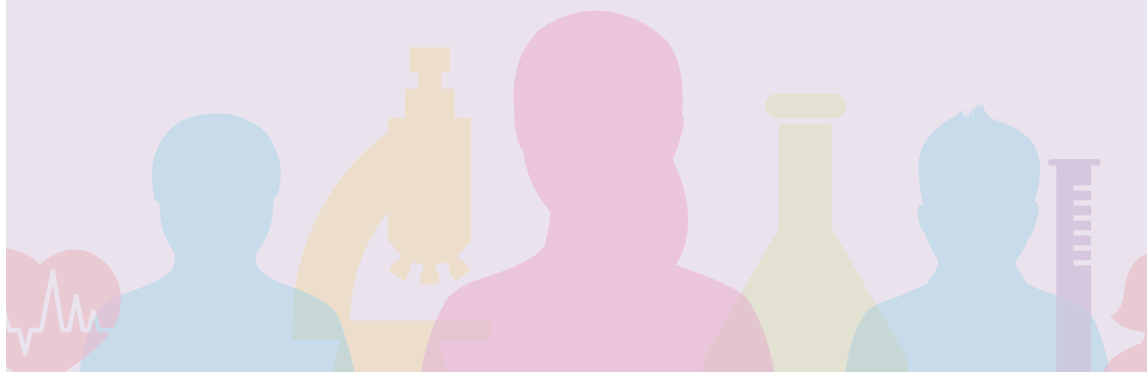
Title:	Is Acupuncture an Effective Treatment For Overactive Bladder Symptoms in Women? A Review of the Literature
Presenting author:	Emma Hargreaves
Affiliation:	Newcastle upon Tyne Hospitals Foundation NHS Trust
Additional authors	J Alexanders, Teeside University
& affiliations:	S Astill, University of Leeds

Overactive bladder (OAB) is a common complaint affecting 11.8% of the population¹. The cost of treatment for OAB was estimated at \$12.02 billion in 2000. Abnormality of neural pathways and integrated function is thought to be a mechanism underlying OAB². Subcutaneous needling in acupuncture may mediate the nervous system by sensory stimulation and have an effect on neurotransmitters, therefore it is postulated that acupuncture may have an effect on OAB symptoms. The safety of acupuncture has been investigated; the risk of adverse events is low. The literature review aimed to identify and appraise studies investigating the use of acupuncture to treat OAB.

Papers identified were appraised using the Physiotherapy Evidence Database Appraisal Tool (PEDro) and the Standards for Reporting

Interventions in Clinical Trials of Acupuncture (STRICTA).

The search process identified 9 studies. Some of these studies were of poor methodological quality, however more recent studies have demonstrated a positive effect, giving symptom relief comparable with first line medication. This literature review has demonstrated that there is some evidence to support the use of acupuncture in the treatment of symptoms of OAB, and that the outcomes of this treatment may be comparable to the use of first line medication³. However there are several areas that require further investigation to establish acupuncture as a valid treatment modality, these include: optimal techniques, long term outcome, point selection and cost effectiveness.



Poster Abstracts

Poster Number 4

Title:	Dual antibiotics for non-cystic fibrosis bronchiectasis
Presenting author:	Haley Harrison
Affiliation:	Southport and Ormskirk NHS Hospital Trust
Additional authors & affiliations:	Prof Sally Spencer, Edge Hill University/Cochrane Airways Group, Felix Lambert, Edge Hill University

Introduction: Bronchiectasis is a long-term persistent condition that affects the lungs. The pathological process of bronchiectasis leads to disruption of the normal epithelial barrier which allows inhaled pathogens to colonise the airways and cause clinical episodes of infection (Cole 1986). A cycle of persistent bacterial infection and pulmonary inflammation causes long-term structural damage (Cole 1986, Pasteur 2010). Severe bronchiectasis is associated with increased hospital admissions, chronic respiratory failure and death.

Antibiotics are the frontline therapy in bronchiectasis for both prophylactic prevention and acute care, with the aim of eradicating colonizing pathogens (Cole 1986; Pasteur 2010).

Though dual antibiotic therapy is more commonly administered over a short duration to treat patients with acute exacerbations that are colonised by multiple strains of bacteria,

with varying antibiotic resistance, rather than prophylactically over a long period. The current benefits (fewer infections) and risks (antimicrobial resistance) of dual antibiotics for prophylaxis and acute care in non-cystic fibrosis bronchiectasis are unclear and the European bronchiectasis consortium (EMBARC) identified the need to evaluate the evidence on a range of antibiotic therapies, including dual antibiotics (Aliberti 2016).

A systematic review of clinical trials of dual antibiotics for bronchiectasis is required to establish the evidence base and inform best clinical practice. Most importantly, the review will highlight the need for new research to improve the evidence base and inform future care. This project aimed to develop and publish the rationale, objectives, and methods (protocol) for a systematic review on the Cochrane Library.

Poster Abstracts

Poster Number 5

Title:	A pilot study for reducing radiation and contrast dose for Computed Tomography Pulmonary Angiography (CTPA)
Presenting author:	James Hughes
Affiliation:	Leeds Teaching Hospitals NHS Trust
Additional authors & affiliations:	Dr Jim Zhong, Dr James Barren, Dr Carole Burnett, Leeds Teaching Hospitals NHS Trust

Introduction: Pulmonary embolism (PE) is a potentially fatal blockage within the arteries of the lungs, typically diagnosed by CTPA, where the patients' bloodstream is rapidly infused with contrast dye to delineate blockages while the chest is scanned with x-rays.

Aims: To reduce the radiation and contrast burden to patients with suspected PE while maintaining diagnostic efficacy

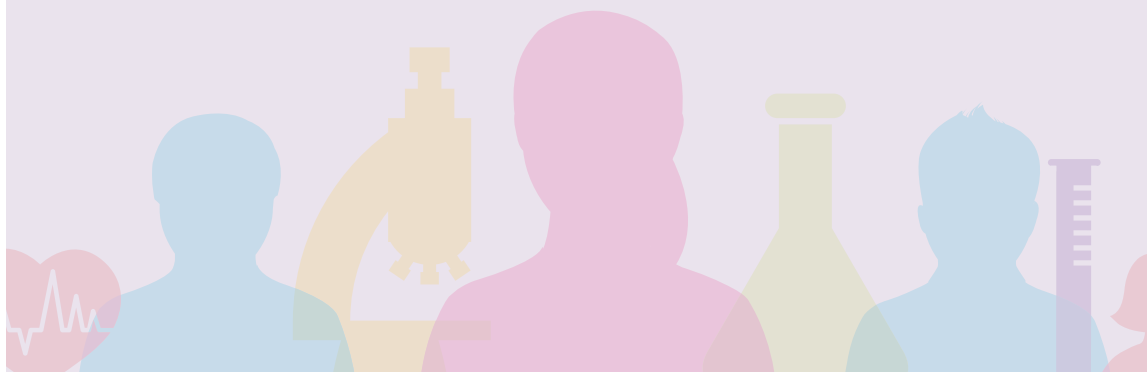
Methods: A low radiation and contrast dose CTPA protocol successfully trialed at other sites was implemented[1]. 16 patients with suspected PE were scanned using the protocol and their scans compared with 16 randomly selected standard protocol CTPAs (matched for age and gender) by two radiologists, independently assessing for image quality and contrast enhancement under Royal College of

Radiologists guidelines. Doses for all scans were recorded. The image quality and dose results were analysed via Wilcoxon signed rank tests in R studio.

Results: Median contrast enhancement within the Main Pulmonary artery was better for the low dose protocol ($P < 0.01$) with lower radiation dose ($P < 0.01$).

Image quality and number of non-diagnostically enhanced vessels between the two protocols did not differ significantly ($P = 0.08$ and $P = 0.3$ respectively).

Conclusions: The low dose protocol is diagnostically equivalent with the current CTPA protocol, whilst significantly reducing radiation dose and reducing contrast dose in a typical patient population.



Poster Abstracts

Poster Number 6

Title:	The Drama of an internship.net
Presenting author:	Jane Bourne
Affiliation:	Northumberland Tyne & Wear NHS Foundation Trust
Additional authors & affiliations:	N/A

I was accepted onto the HEE/NIHR ICA Internship program in 2016 starting last September. Part of my week has therefore been to learn more about a Clinical Academic Research Career. I have attended different modules that have helped to develop my skills within research such as the difference between qualitative and quantitative data and understanding how media can help us share our practice. My main focus has particularly been on Systematic Reviews and I had intensive training on reviews for three days at York University. Currently I am preparing a systematic review on 'Dramatherapy groups, mental health and working age adults'. I have registered the review with Prospero and it is the first review registered within my profession.

I also presented at Reginal conference for a travel award Grant that I had been shorted listed for. I was thankfully awarded £1000 to travel to another area and learn about an intervention to then bring it back to my service area. I visited Wales in June to learn about Gesture Basted Therapy and am currently preparing to implement it into my service area shortly.

I applied and was short listed for both Manchester and Leeds's NIHR ICA Program Clinical Research Masters.

The experience and the people I have met have been amazing. I have learnt so much and this has improved my clinical work and will continue to do so.

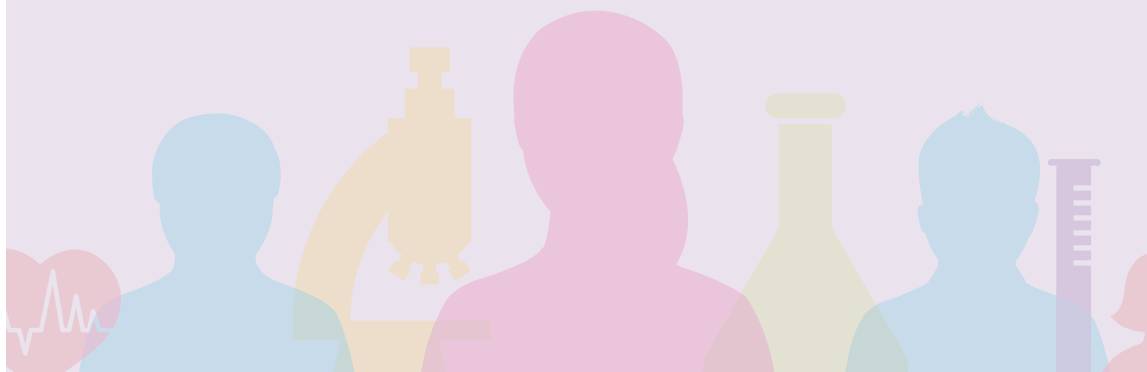
Poster Abstracts

Poster Number 7

Title:	Stroke survivors' evaluation of wrist worn accelerometers and a data interpretation interface used with the intention of facilitating autonomous long term community-based rehabilitation of upper limb impairments.
Presenting author:	Jane Farmer
Affiliation:	Gateshead NHS FT, Newcastle University Open Lab
Additional authors & affiliations:	Dr Medeline Balaam, Emma Simpson, Open Lab, Newcastle University, Lesley Carr, Gateshead NHS Foundation Trust

As digital solutions become more commonplace and current healthcare resources become further constrained, there is an increased focus in Human Computer Interaction (HCI), and within healthcare, to understand how digital technology might be used in community stroke rehabilitation. Wearable digital technology, such as wrist worn accelerometers, have the potential to provide an unobtrusive support mechanism to patients while encouraging self-management through accessing and interpreting sensor data. Despite a growing interest, there is little research focused on both therapist and patient perspectives to inform the design and development of wearable devices and data interpretation interfaces. We collaborated with long term stroke survivors and

generated further research avenues from the qualitative data detailing their user experiences wearing the devices. We contribute to the existing knowledge base through seeking an understanding of both patient and therapist needs in sensor-based approaches to stroke rehabilitation, and describe an exemplar technology which speaks to both stakeholders' needs. As the evolution of wearables continue, our work helps to inform researchers working in this field. We conclude that shared decision making could be facilitated through devices and interfaces supporting patients' understanding of their data, underpinning the transition of agency from therapist to patient.



Poster Abstracts

Poster Number 8

Title:	What are the experiences of community nurses and community therapists when integrating their working practices and what are the lessons learnt for future integration projects?
Presenting author:	Jane Gardiner
Affiliation:	Sheffield Teaching Hospitals NHS Foundation Trust
Additional authors & affiliations:	Dr Kate Grafton , Sheffield Hallam University

Sheffield Teaching Hospitals NHS Foundation Trust (STH) community services are going through a significant time of change, driven by the need for efficiency savings and the continued need to improve patient care.

Traditionally, the community nurses and therapists work in separate silos and, with the exception of a few referrals between the professions, their paths rarely cross. However, it has become accepted that to deliver effective and safe healthcare, integration of working practices by healthcare professionals is required (Dogba et al., 2016).

Although this is not a new concept, it is central to The Five Year Forward View (NHS, 2014) which outlines a number of new models of care including that of Multispeciality Community Providers. This model outlines the need for disciplines within Primary and Community Care to work in a more integrated manner to provide coordinated, out of hospital patient care (NHS, 2016).

STH has identified that there is a need for better communication between community nursing and therapy teams. It was therefore decided to perform a pilot integration project, bringing together the working practices of community nurses and therapists. The primary aim of which was to enhance patient care by improving communication and reducing inefficiencies.

This evaluation used interviews to understand the opinions of those involved in the pilot integration, to assess how effectively the integration process was performed and identify any lessons learnt for future integration projects. The purpose of which was to produce recommendations for service level managers to ensure that future projects are performed efficiently.

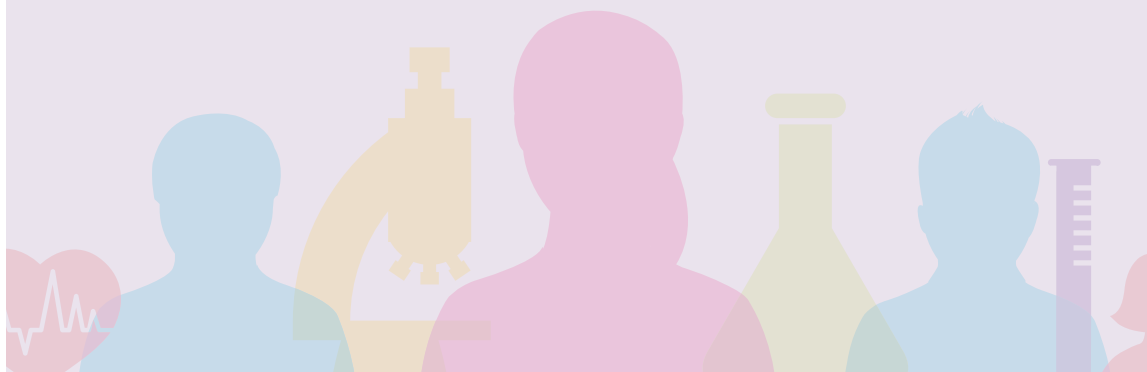
Poster Abstracts

Poster Number 9

Title:	HEE/NIHR Funded Internship Summary Sept 2016 - 2017
Presenting author:	Jean Mercer
Affiliation:	Central Manchester Foundation Trust
Additional authors & affiliations:	Ms Nailah Brown, Prof Iain Bruce

I am a Paediatric Clinical Nurse Specialist in MPS (Mucopolysaccharidoses) I, IV and Gaucher Disease based in the Dept. of Genomic Medicine at St Marys Hospital in Manchester. After successfully gaining a place on the Internship programme in Sept 2016, I aim to present an overview of the work undertaken during my thirty days of Clinical supervision in the MPS II patients (also known as Hunter syndrome). MPS II is caused by a deficiency in the activity of one of the Lysosomal enzymes (iduronate-2-sulfatase), it is X-linked, recessively inherited disorder that affects mainly males, and has a prevalence of 1 in 100,000 male live births. MPS II is one of over 50 Lysosomal storage diseases. Deficiency in an enzyme leads to storage of chemical within each cell causing accumulation and malfunction within the cells; consequently there are multi-systemic manifestations of the disease.

From the work that was commenced on measuring Core Outcomes for Ear, Nose and Throat (ENT) in (MPS II); we intend to systematically review articles relating to the above, identify some outcomes that have been measured and list outcomes to be discussed via a Delphi process, in the last quarter 4 of 2017. I will present the PRISMA flow diagram used to extract the information and show you a list of outcomes that we have formulated from this. In addition to this I will present how my learning has expanded and how the knowledge gained will be utilized within my clinical area and in the future.



Poster Abstracts

Poster Number 10

Title:	The Maastricht Interview: New Perspectives in the understanding of distressing voices.
Presenting author:	Jessica Paz Hidalgo
Affiliation:	Greater Manchester Mental Health NHS Foundation Trust.
Additional authors & affiliations:	N/A

This poster is focused on the Maastricht Interview. The Maastricht Interview is a questionnaire that was primarily designed as a research tool by Marius Romme, Dutch Psychiatrist, Sandra Escher, a social worker and a service user with distressing voices, Patsy Hages. It was created to gather information of the experience of voice hearing. However, it also seems to have a therapeutic effect in the recovery process.

The questionnaire consists of 13 areas that explore different aspect of the life of the voice hearer, such as their experiences in childhood and traumatic events; the characteristics and content of the voices and the emotions which triggers the voices. It also gives a lot of importance to the coping mechanisms used by the voice hearer and the contextual background in which all these experiences started.

Ultimately, it aims to build a construct which summarises the information mentioned above. This construct is used as a way forward to decide the best action to take in term of what psychological approaches are the most pertinent for an effective recovery of the sufferer. In some cases, cognitive behavioral therapy will be advised in some other cases trauma focused therapy might be seen as the next step.

The Maastricht Interview is part of the new perspectives and psychological approaches, that have its root in the Hearing Voices movement. They advocate for engaging with the voices and decipher the meaning of these experiences, in order to provide a deeper understanding of the root of the problem.

Poster Abstracts

Poster Number 11

Title:	IDISES Study: Investigation of Østergaard's Directive in Imaging Synovitis on Contrast Enhanced Magnetic Resonance Imaging (MRI) Scans
Presenting author:	Josephine Barrett
Affiliation:	Leeds Teaching Hospitals Trust
Additional authors & affiliations:	Carole Burnett, Leeds Teaching Hospitals Trust

Introduction: Osteoarthritis is the most common musculoskeletal disease. It is a disease of the whole joint with synovitis (inflammation of the joint lining) being described as part of the pathological process [1]. Post contrast Magnetic Resonance Imaging (MRI) is the gold standard for visualising synovitis [2]. Østergaard's [3] paper states that MR imaging of synovitis in the knee must be carried out within the first ten minutes of administering a gadolinium based contrast agent.

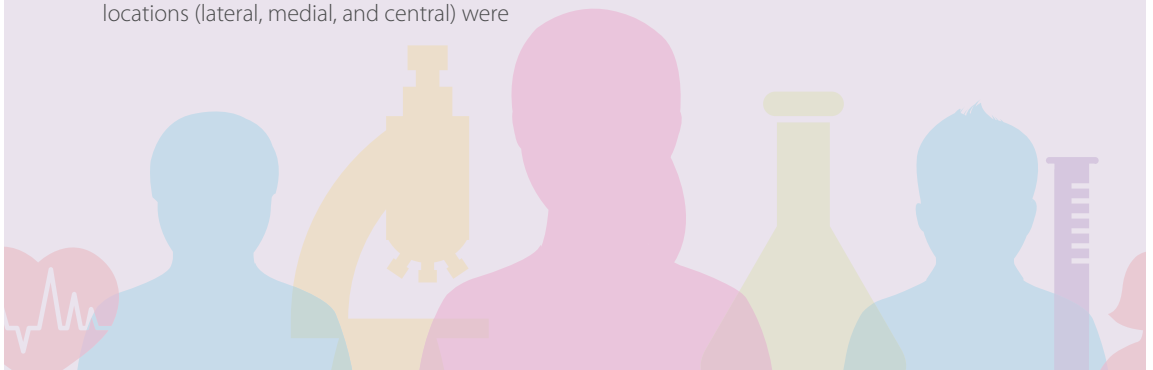
Aim: To examine whether the area of synovitis in the knee measured on contrast enhanced MRI scans changes significantly within the ten minutes post gadolinium administration previously recommended by Østergaard.

Methods: The images of ten patients recruited to the COSMOS study (REC number 12/YH/0238, RR12/10208) were examined retrospectively. Each patient had post contrast sagittal knee MRI scans at five different time points within the recommended ten minutes. Three image locations (lateral, medial, and central) were

examined at each time point and the area of synovitis were measured, a total area of synovitis was calculated from these values. The results were compared using a repeated one way-ANOVA in SPSS.

Results: The results showed that there is a significant difference in volume of synovitis in the knee at the five different time points, $F(1.36, 14.92) = 74.304$, $p < .001$. In pair wise testing, all five of the different time points differed significantly from each other $p < .001$.

Conclusions: There is a significant difference in the area of synovitis measured within Østergaard's recommended acquisition time.



Poster Abstracts

Poster Number 12

Title:	Comparison of two scanning systems in the treatment of Plagiocephaly and Brachycephaly in infants aged 4-6 months treated with the STARband Cranial remoulding Orthosis.
Presenting author:	Kate Chauhan
Affiliation:	Steeper Group- working for Leeds Teaching Hospitals NHS Trust
Additional authors	E M A Hensor, Leeds Teaching Hospitals NHS Trust
& affiliations:	H J Siddle, University of Leeds

Introduction: To complete a retrospective audit of data collected using the original STARscanner™ (VORUM) static, laser scanning system compared to the newer, mobile and less expensive SMART Soc™ (Orthomerica) photographic system.

Methods: Head circumference, cephalic ratio (CR) and diagonal difference (DD) of infants treated using the STARband cranial remoulding orthosis (CRO) for plagiocephaly and brachycephaly were recorded at baseline,

6 and 12 weeks of treatment. The results of 12 infants aged 4-6 months scanned with the STARscanner™ were compared with 12 age-matched infants scanned using the SMART Soc™. All scans were taken and aligned by the same clinician. Analysis of covariance compared CR and DD at baseline (adjusting for initial head circumference), and 12 weeks (additionally adjusting for baseline severity). Substantive descriptive differences at $p < 0.1$ were of interest.

Table 1: Demographic and clinical details of the infants scanned using the two systems

Scanning Technique	STARscanner™	SMART Soc™	
Gender	9 Male: 3 Female	7 Male: 5 Female	
Age- (months): mean SD	5.1 (0.8)	5.0 (1.0)	
Condition	2 Plagiocephaly: 10 Asymmetrical Brachycephaly	5 Plagiocephaly: 7 Brachycephaly	
Baseline	STARScanner™	SMART Soc™	Difference (90% CI), P value
Circumference (mm): mean	422.0	438.1	-16.1 (-26.4, -5.7), $p=0.014$
Cephalic Ratio: mean*	0.97	0.92	0.05 (0.01, 0.09) $p=0.059$
Diagonal Difference: mean*	15.3	13.9	1.4 (-3.5, 6.3), $p=0.625$
12 weeks	STARscanner	Smart Soc	
Change in circumference (mm): mean (90% CI)*	19.9 (17.0, 22.8)	20.1 (17.2, 23.0)	-0.2 (4.5, 4.2), $p=0.948$
Change in Cephalic Ratio: mean (90% CI)**	-0.04 (-0.05, 0.03)	-0.04 (0.04, 0.03)	0.00 (-0.01, 0.01) $p=0.557$
Change in Diagonal Difference: mean (90% CI)**	-8.6 (-9.6, -7.6)	-8.3 (-9.3, -7.3)	-0.3 (-1.8, -1.2), $p=0.720$

*Estimated at mean baseline circumference ** Estimated at mean baseline circumference and Severity

Poster Abstracts

Poster Number 12 Cont...

All shapes improved with both scanning systems at 12 weeks; there were no differences in the treatment effect. At 12 weeks changes in CR and DD were negatively associated with initial values (both $p=0.001$); change in CR was not associated with baseline circumference (CR $p=0.984$) but there was a small positive association for the DD ($p=0.064$).

Conclusions: The type of scanning system has no effect on the measured extent of head shape correction achieved. Infants with a larger head at baseline may have a smaller change in DD correction following treatment. Infants with a higher level of severity at baseline show a greater improvement initially following treatment.

Poster Number 13

Title:	Exploratory study to determine the influence of nutritional status on clinical outcomes for patients receiving palliative care and discharged on home parenteral nutrition.
Presenting author:	Kellie Owen
Affiliation:	Central Manchester University Hospitals NHS Foundation Trust, The University of Manchester (current employer: Salford Royal Foundation Trust)
Additional authors & affiliations:	Sorrel Burden, The University of Manchester

During an internship provided by the National Institute of Health Research a protocol was devised with the aim of exploring the influence of nutritional status on clinical outcomes for patients receiving palliative care and Home Parenteral Nutrition (HPN).

There is controversy and widespread variation in the use of HPN during palliative care. Only eight percent of the United Kingdom HPN population have cancer which is a stark contrast to the 20 – 60% in the USA and Europe. Patients and health professionals rely on standard nutritional assessment measures including weight, height, percentage weight loss and body mass index when tracking an individual's response to nutritional treatment. However, the metabolic changes and multi-factorial nature of cancer cachexia make it difficult to manage and assess impact of treatment using these standard measures alone.

This study seeks to assess the presence of cancer cachexia and the changes to skeletal muscle mass using CT imaging whilst patients receive Home Parenteral Nutrition (HPN) during the palliative oncology phase of their illness. The specific objectives are; to determine the outcomes for patients who are in receipt of palliative care and on home parenteral nutrition over the previous ten years and, establish if body composition measurements used to assess nutritional status and degree of cachexia are predictive of survival in patients in receipt of palliative care and home parenteral nutrition. This study could be a step towards developing a pathway for the assessment and treatment of patients with advanced cancer requiring home parenteral nutrition.

Poster Abstracts

Poster Number 14

Title:	One nurse's first steps on a journey to become a qualitative researcher
Presenting author:	Lorna Ingoe
Affiliation:	Gateshead Health NHS Foundation Trust
Additional authors & affiliations:	Dr Susan Hrisos, Newcastle University

What did I want to do?

1. To understand the intrinsic mechanisms of qualitative research
2. To observe successful examples of Patient and Public Involvement (PPI)

Why did I want to do it?

Standing still was no longer an option

How was I going to get there?

1. MSc Public Health Program – attended the "Introduction to Qualitative Research Methods" and "Further Qualitative Methods" courses
2. Self-learning
3. Data Analysis Clinics
4. PPI seminars and meetings

What did I achieve?

1. A good grounding in qualitative research with a mixture of theory, practical examples and group work.
2. Practice in analysing transcripts of naturally occurring discussions and interviews.
3. Met members of the public and patients who were interested in furthering clinical research.

What did I learn?

1. It's OK to change your sampling method during a qualitative research study as long as you've mentioned that this might happen in the funding and REC application and document your reasons for doing so during recruitment.
2. When using topic guides, start with an ice-breaker question, a limited number of open-ended questions and consider using photos and videos
3. What a person says they do and why they do it in an interview may not be true!
4. Examination of language, rhetoric, arguments between individuals and the use of emotive claims and counter-claims is a lengthy and technical process.
5. There is a difference between people as research "subjects" in clinical trials versus people as research "partners" in PPI.
6. Some patient groups are under-represented in clinical research. Barriers to their participation in trials must be addressed.

Poster Abstracts

Poster Number 15

Title: Do people with communication impairment feel supported to access healthcare discussions?

Presenting author: Louise Kelly

Affiliation: Leeds Teaching Hospitals NHS Trust

Additional authors N/A

& affiliations:

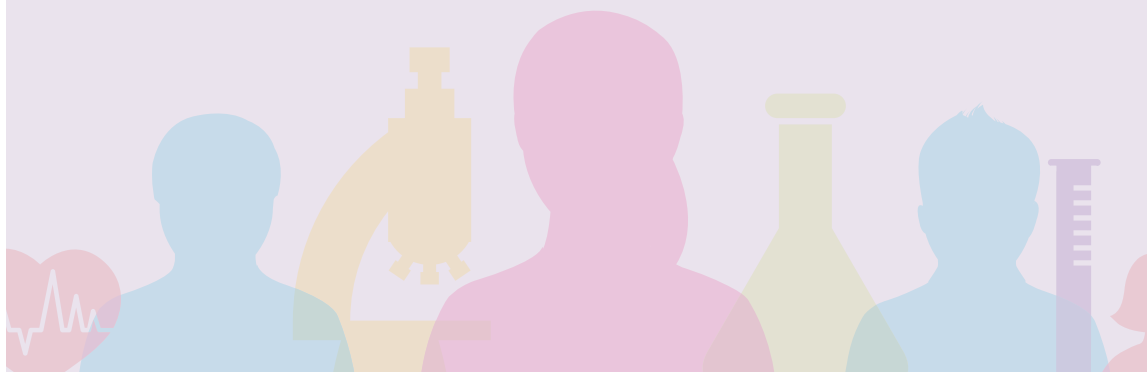
Aphasia is a condition which impacts on an individual's ability to communicate and understand information. Approximately one third of stroke survivors experience aphasia (Stroke Association 2017). Speech and language therapists (SLTs) support and provide therapy for people with aphasia (PwA), however where health professionals are not used to interacting with PwA, discussions and decision making around care can be difficult, despite recent legislation which requires the NHS to provide information in an accessible way (Accessible Information Standard 2015).

Research into perceptions of PwA regarding discussions about their care is limited, therefore a scoping review of the literature was undertaken. Studies which did not establish the opinions of PwA themselves were excluded, as were studies which related to care received from SLTs. Due to

the limited research in this field, perceptions of adults with other communication impairments (e.g. learning disability) were included.

53 studies were identified which related to people with communication impairment and decisions about care. 11 studies were included. Key themes included: the need to use strategies to include the PwA and not only refer question and information to carers; the need for clear, simple information in verbal and written format; for clinicians to receive appropriate training.

These findings should be used to guide improved access to services for people with communication difficulties. Further research is also indicated into decision specific discussions, for example around end of life care wishes, which are currently lacking in the literature.



Poster Abstracts

Poster Number 16

Title:	Patient Information & Cholangiocarcinoma; is what is used what is needed?
Presenting author:	Lynne McCallam
Affiliation:	The Christie NHS Foundation Trust
Additional authors & affiliations:	N/A

Introduction: The need for patients to be involved in the decision making process in planning, delivering and evaluating their care is well established (1). Delivering this poses the question, does the information that we provide encourage or hinder informed decision making?

This study aims to review the information available for those diagnosed with a cholangiocarcinoma; opinion was sought from patients and the health care professionals (HCP) involved in their care.

Methods: Two surveys were undertaken;

1. A group of 13 Clinical Nurse Specialists (CNS) based across the UK were asked for their opinions
2. A group of 22 patients with Cholangiocarcinoma based in a single cancer center were asked for their opinions

This study assessed the amount and types of information provided to patients with cholangiocarcinoma

Results: This study found that CNS's carried out a large range of activities, but often felt time is limited; 66% of CNS's roles span multiple disease groups. 7% felt that patients receive enough disease-specific information

90% of patients received some disease-specific information at diagnosis, this was mainly provided verbally. The majority of patients would prefer this information to be verbal, written & electronic (DVD or online); with emphasis on written formats

Conclusions: This study highlights that information is on the whole provided verbally; however a multi-format approach is preferable. There are currently no written or online patient information available for patient or HCP use.

From this study a national joint working party led by the author has been developed to address this gap in provision.

Poster Abstracts

Poster Number 17

Title: Voice Therapy Intervention in Head & Neck Cancer: Development of a Systematic Review Protocol.

Presenting author: Mandeep Bhabra

Affiliation: City Hospitals Sunderland NHS Trust.
Newcastle University

Additional authors Dr. Joanne Patterson, Newcastle University

& affiliations:

Introduction: Head & Neck cancer and its treatments can have a debilitating impact on patients' voice quality and vocal function causing long term or permanent changes. This can negatively influence patients' quality of life including loss of employment.

Adherence to a voice rehabilitation programme after treatment may prove useful. Emerging evidence demonstrates positive trends in vocal improvement across a range of outcome measures. A review of voice rehabilitation in head and neck cancer is therefore required to assess the validity of this treatment approach to address patients' needs.

Objective/Aims: To investigate voice rehabilitation/therapy and review its effectiveness in patients who received treatment for head and neck cancer.

Methods: Following a literature review, a PICO framework was developed to formulate the review question and highlight concepts to determine the search strategy. The selection criteria were defined. Data extraction and assessment of bias tools were modified after discussion with methodologists. Narrative data synthesis is planned.

Results: Systematic review protocol is developed and approved by Newcastle University Systematic Review board. Pending PROSPERO registration and publication.

Conclusions: Voice rehabilitation is a complex intervention however emerging data demonstrates promising outcomes after head and neck cancer treatment. The systematic review protocol enables an investigation of the literature to determine the strength and robustness of current evidence.

Future planning: Completion of Systematic Review as part of MSc Dissertation.



Poster Abstracts

Poster Number 18

Title:	Osteonecrosis in teenagers and young adults with cancer – a literature review
Presenting author:	Nicola Chesman
Affiliation:	The Christie NHS Foundation Trust
Additional authors & affiliations:	N/A

As with many cancer specialities, there is a growing focus on survivorship amongst professionals working with young people, as more and more teenagers and young adults (TYAs) are living with complex and long-lasting side effects of cancer and its treatment. Osteonecrosis (ON) is a recently established long-term side effect of treatment for TYA cancers. It can be defined as the death of bone tissue, leading to chronic pain, poor mobility, reduced function and surgical intervention.

A literature review of current evidence around osteonecrosis in young people with cancer revealed that:

1. Incidence ranges between 4.5% - 44.6%, dependent on sample ages, diagnoses, treatments and study designs
2. ON is more prevalent in TYAs than in other age groups, with those aged 10-20 at the time of their cancer diagnosis at greatest risk
3. ON affects multiple joints

1. There is no consensus on best treatment, with options ranging from basic analgesia and physiotherapy, to restriction of weightbearing, total joint replacement and modification of anti-cancer treatment
2. Only 2 published studies consider the impact of ON on individuals. Both suggest physical limitations from the condition, but both have methodological limitations
3. There is no published evidence exploring the impact of osteonecrosis on TYAs with cancer.

Anecdotal evidence from young people affected by ON suggests the condition causes unpredictable, chronic pain; restricted activities of daily living; increasing dependence on others; low mood and feeling unable to cope. This is not currently reflected in the literature, and is an area for further research.

Poster Abstracts

Poster Number 19

Title:	Managing complex fungating wounds
Presenting author:	Sharon Gardiner
Affiliation:	The Christie NHS Foundation Trust
Additional authors & affiliations:	N/A

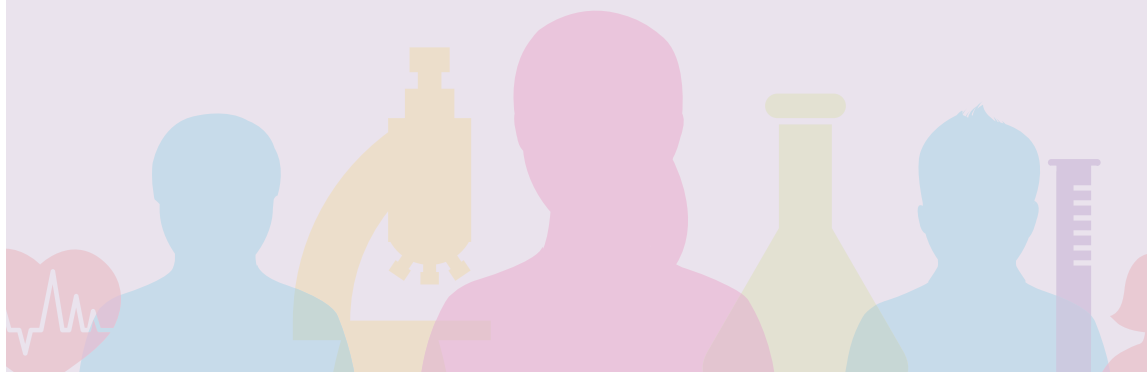
Introduction: Research and guidance into the management of fungating malignant wounds suggest practice of a ritualistic nature with many papers suggesting further research is needed. A recent study was conducted by Guest et al (2015) identifying the burden of chronic wounds on health services and suggests methods in which to heal these wounds to manage the burden. Data was collected on chronic wounds across all health boards to enable them to make predictions for future wound care. However fungating malignant wounds had been excluded from the data set as these types of wounds don't offer potential to heal like other wounds. Despite this research taking place only last year still there is little emphasis on the importance of FMWs – patients are living longer with a cancer diagnosis it is likely we will see an increase in these type of complex wounds.

Methods: Literature search was conducted using CINHAL MEDLINE and EMBASE using key words and varying terms used to describe a fungating malignant wound.

Results: 93 articles (however many of these weren't research papers some were heavily biased and sponsored by industry so difficult to ascertain reliability of the findings).

Conclusions: Fungating malignant wounds pose a challenge for patients and clinicians. They often cause significant distress for patients due to them having a multitude of symptoms and for clinicians they are a challenge as they do not respond to normal wound care products in that they are unlikely to heal without the help of specialist treatments such as chemotherapy and/or radiotherapy.

Implications for Practice: Further research is needed into the management of FMW's. I am currently developing a patient held pathway to help clinicians manage the various symptoms of a FMW which will be patient held and enable other professionals such as district nurses involved in the patients care know what to do to manage the symptoms effectively.



Poster Abstracts

Poster Number 20

Title:	Use of thoracic ultrasound by physiotherapists: a scoping review of the literature.
Presenting author:	Simon Hayward
Affiliation:	Blackpool Teaching Hospitals NHS Foundation Trust
Additional authors & affiliations:	Dr Jessie Janssen, University of Lancashire

Introduction: Diagnostic thoracic ultrasound (TUS) use by physiotherapists to examine the pleura, lung parenchyma and diaphragm is gaining in popularity to aid the diagnosis of pulmonary conditions. The aim of this scoping review is to explore the emerging evidence surrounding physiotherapy use of TUS to inform future research and clinical practice.

Methods: A systematic electronic search was conducted on multiple databases up until November 2016. Inclusion criteria: primary research reporting the use of diagnostic TUS; a physiotherapist as part of the study design or as the chief investigator; English language.

Results: Twenty six papers were selected including five RCTs. Studies were published between 1997 and 2016. Common patient populations included; chronic obstructive pulmonary disease (COPD) and the critically ill. Twenty three reported on the use of TUS to scan the diaphragm but only three papers involved scanning the pleura and lung parenchyma. All scanning up until 2013 was performed by a non-physiotherapist, however, since 2013 eight papers report a physiotherapist as the TUS operator.

Conclusions: Most papers looked at the use of TUS to assess the diaphragm and demonstrates a lack of research aimed specifically at assessing the pleura or lung parenchyma. Selected papers were heterogeneous in their participant populations and methodology making generalisability difficult but does show the potential diverse uses of TUS. The evidence suggests that even within this emerging discipline, critical illness and COPD are two popular research areas. The potential of TUS is promising and its impact on patients from diagnosis through to monitoring long term outcomes needs further exploration.

Poster Abstracts

Poster Number 21

Title:	Developmental Language Disorder (DLD) in Cleft Palate: a Scoping Review
Presenting author:	Stephanie Van Eeden
Affiliation:	Newcastle upon Tyne Hospitals Foundation NHS Trust
Additional authors & affiliations:	Helen Stringer, Newcastle University

Introduction: Around 1000 babies are born every year in the UK with cleft palate +/- lip. Speech is the most important outcome from surgery carried out to correct a cleft palate. Despite improvements in surgery and provision of speech therapy to children with cleft palate, up to 20% of children continue to have persistent speech problems in their first year at school. It is unclear why this is and reasons including genetics, neural development and linguistic processing have been suggested¹.

Aim: To carry out a review of the literature on language problems and linguistic processing in cleft palate.

Methods: A scoping review following described methods^{2, 3} was carried out. A search for articles published from 1990 onwards was carried out using the Healthcare Databases Advanced Search (HDAS).

Stage	Exclusions	Number of papers
Initial search	n/a	1616
Study Selection	Cleft lip only; non-cleft palatal problems	126
Consensus review by title and abstract	Syndromes; learning difficulties; hearing difficulties; single case studies and small case series	17
Back-search and grey literature	As above	11

Twenty-eight papers were included in the final review. The following themes were found:

1. Early language delay (N=14)
2. Reading difficulties (N=5)
3. Auditory processing disorder (N=9)

Conclusions: There is a growing evidence base of language disorder and related problems in children with cleft palate. However, studies have small numbers and it is difficult to draw conclusions due to different methodologies. Further research into the influence of auditory processing on language and speech in this population is needed.

Poster Abstracts

Poster Number 22

Title:	Hip Precautions Following Total Hip Arthroplasty – A Qualitative Metasynthesis Protocol
Presenting author:	Stephen Williams
Affiliation:	Leeds Beckett University
Additional authors & affiliations:	Kate Thompson, Leeds Beckett University

Introduction: Osteoarthritis is one of the 10 most debilitating diseases in developed countries. Surgical management is indicated when conservative treatment measures fail. A primary total hip arthroplasty is the most common surgical approach elected to correct hip osteoarthritis. Following this procedure, restrictions of certain movements, collectively known as 'hip precautions', are routinely prescribed to try to prevent post-op dislocation. However, an abundance of research has determined that dislocation rates following this procedure are unaffected by the use of hip precautions. This discrepancy in clinical practice compared to empirical evidence has been investigated by a number of qualitative studies. To date this evidence has not been synthesised. This proposed metasynthesis will seek to further explore and understand the barriers to clinical change in this area.

Methods: A robust method for synthesising qualitative research reports will be described. The proposed study will follow common steps for metasynthesis as described by Erwin, Brotherson and Summers (2011). Steps include; 1. Formulate a clear research problem and question, 2. Conduct a comprehensive search

of the literature, 3. Conduct careful appraisal of research studies for possible inclusion, 4. Select and conduct metasynthesis techniques to integrate and analyse research findings, 5. Present synthesis of findings across studies, and 6. Reflect on the process.

Conclusions: This study will seek to further develop the depth of the evidence base regarding the use of hip precautions. The findings will contribute to debate in this area and provide a platform for further experimental work and clinical change.

Poster Abstracts

Poster Number 23

Title:	Physical Assessment of Arteriovenous Fistulae: A Missed Opportunity?
Presenting author:	Victoria Jackson
Affiliation:	Central Manchester Foundation Trust
Additional authors & affiliations:	Helen Hurst, Sandip Mitra , CMFT, University of Manchester

Introduction: Arteriovenous fistulae (AVF) remain the gold standard of vascular access used for haemodialysis (HD). There is currently no consensus on standardised methods of monitoring of AVF and assessment techniques in dialysis units and practices are variable. Physical assessment (PA) in comparison to technology is a cost effective, simple method of detecting AVF dysfunction which can be performed at the bedside. The purpose of this literature review is to determine if current evidence supports PA of AVF as a good predictor of outcomes to allow for timely intervention if required.

Methods: A literature search was performed using databases: CINHAL, PUBMED, MEDLINE and BNI using relevant search terms. Studies included were those peer reviewed, published after 2008, in English and related to AVF only. 7 key papers were identified and critically analysed for validity and relevance.

Results: Physical assessment has been shown to be effective at detecting varying dysfunctions comparable to technology based surveillance methods. Physical assessment is a skill that can

be taught with studies showing that skill specific training is more effective than experience alone in detecting AVF dysfunction.

Conclusions: The evidence demonstrates PA of AVF is a highly effective method of detecting varying causes of dysfunction and is a skill that can be taught. It is convenient and can be performed relatively easily. However, research into the most effective physical assessment techniques, nurses ability to physically assess the AVF and its impact on routine clinical practice in HD is lacking.



Poster Abstracts

Poster Number 24

Title:	Brushing up on Oral Hygiene – a new solution?
Presenting author:	Claire Jennings
Affiliation:	Paediatric Critical Care, Royal Manchester Children's Hospital, CMFT
Additional authors & affiliations:	N/A

Introduction: Good oral hygiene has been shown to reduce the risk of developing a ventilator-associated pneumonia (VAP) (1). There is a perception within critical care that oral hygiene is a low priority task (2) and this was confirmed in our Trust's Quality Care Round. A new product to the UK - Sage Q4Care – was introduced that was user-friendly and visible at the bedside.

Objectives

1. Review current awareness and practice for oral care
2. Introduce Sage Q4Care pack after training and monitor compliance
3. Assess impact of training/education after 4 week trial

Methods: A retrospective audit was completed to ascertain compliance with oral care prior to intervention. Training in the use of the new product was supported by Sage, and champions were identified to continue training. Staff completed pre/post-trial questionnaires on product evaluation and their understanding of oral hygiene, and thematic analysis was used to assess qualitative feedback from parents and patients.

Results: 50% of all staff were trained prior to commencing the trial. Compliance in oral care increased from 10% to 65% within 4 weeks of introduction, and is now sustained >80%. 100% of staff responded that the product improved oral hygiene, with all critical care staff recommending its ongoing use. Outstanding feedback was received from staff and families supporting the patient experience.

Conclusions: With a robust training programme, implementing champions, and staff approval, excellent oral hygiene has now been firmly embedded in practice.

We are now undertaking a retrospective/prospective audit of VAP incidence to identify if product usage decreases VAP rate.

Poster Abstracts

Poster Number 25

Title:	Exercise in Parkinson's Disease. An Evidence Based Service Review
Presenting author:	Rachel Watterson
Affiliation:	The Leeds Teaching Hospitals NHS Trust
Additional authors & affiliations:	Professor Rory O'Connor, Leeds University, Dr Denise Ross PhD MCSP, Leeds Teaching Hospitals

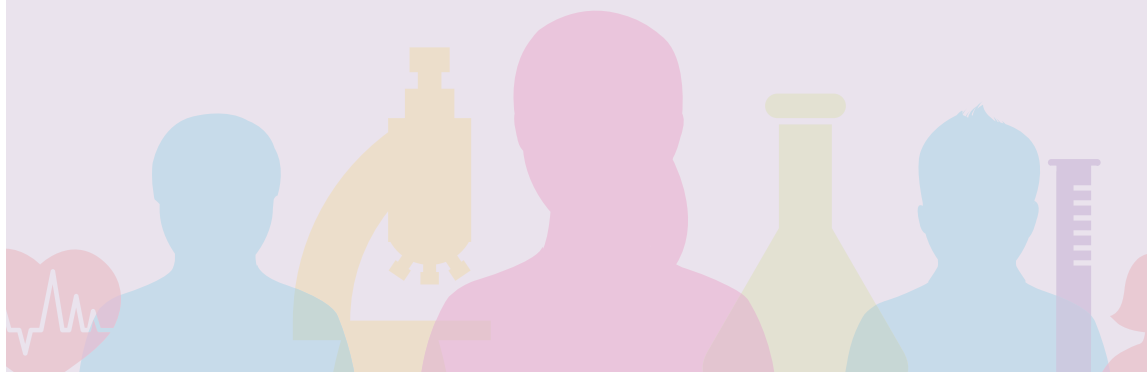
The physiotherapy team at Chapel Allerton hospital have been running an exercise and education group for people with Parkinson's disease for 10 years. We were keen to develop this group to be as effective as possible as well as exploring the development of a group for patients in the earlier stages of the disease using the best available evidence.

Background: The effect of exercise in Parkinson's disease has a growing body of evidence. As part of the HEE/NIHR Internship a literature review was conducted to look at the effects of exercise in Parkinson's Disease.

Outcome: The literature review guided development and planning of the group including type of exercise, number of sessions and intensity of exercise to produce the best outcomes.

The literature review highlighted common outcome measures used and enabled us to choose those appropriate to monitor effectiveness.

This has also provided a basis to explore future research possibilities for this group of patients.



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