

CLAHRC Birmingham & Black Country Newsletter

Collaborations for Leadership in Applied Health Research and Care (CLAHRC-BBC)

“Improving our health by translating research evidence into local NHS practice”

Hot off the press!



Congratulations to our maternity support services theme (5) who have a paper accepted in the British Medical Journal titled “Effectiveness of strategies incorporating training and support of traditional birth attendants on perinatal and maternal mortality: A meta-analysis”

We are delighted that Krish Nirantharakumar has a paper accepted in Diabetic Medicine titled “Clinical decision support systems in the care of hospitalised patients with diabetes in non critical care setting: systematic review” under both our prevention of cardiovascular disease theme (6) and improving patient safety theme (9).

Congratulations to Shahrads Taheri from our diabetes theme (8) who has had a paper accepted in Diabetes Care titled “Self-reported long total sleep duration is associated with the metabolic syndrome: The Guangzhou Biobank Cohort Study”.

We would also like to congratulate other members of CLAHRC-BBC for their successful publications over the summer.

We are delighted that over the last few months we have seen a flurry of publications coming out of CLAHRC-BBC. Many papers have been published in high impact journals and we currently have a running total of 52 papers published or accepted. Some notable accepted publications to look out for are:

Steering the science of CLAHRC-BBC

CLAHRC-BBC held their fourth successful Scientific Advisory Group meeting on 15th and 16th September in Birmingham. Our scientific advisors attended from all over the country and beyond, in order to help CLAHRC-BBC steer the science of our research and help us to further conceptualise our themes.

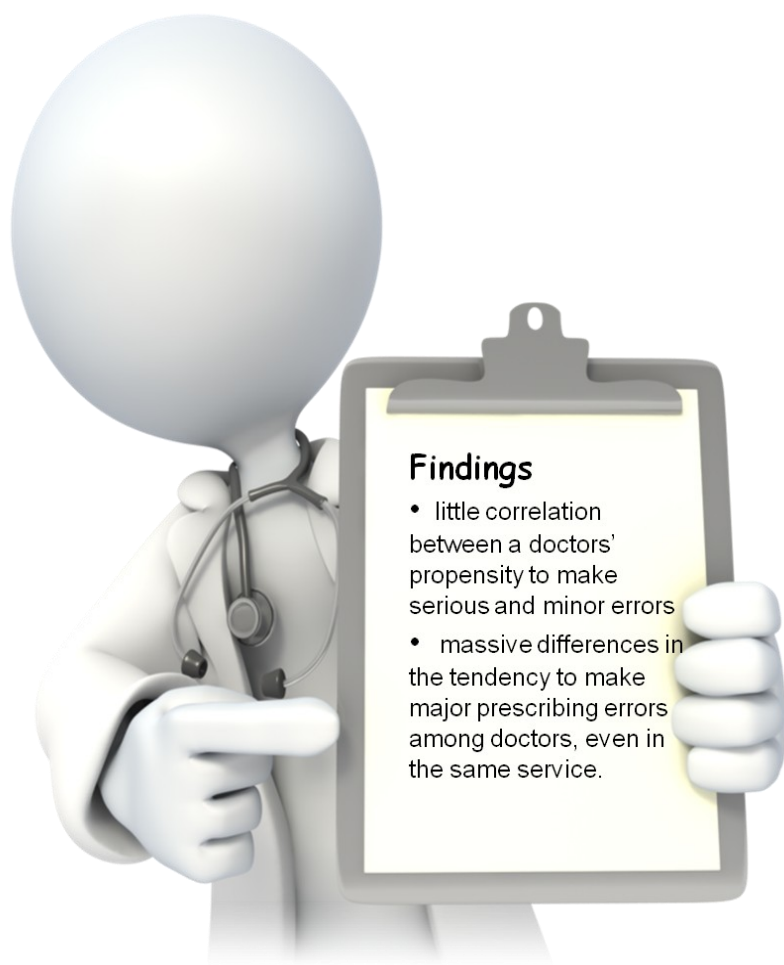
Professor Richard Lilford would like to thank everyone that participated in the lively and useful discussions that took place over these two days.



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CASE STUDY: Improving patient safety by studying medication errors

Theme 9: Improving patient safety - studying an evolving IT system



The primary aim of this project is to address the issue of improving patient safety by using the electronic prescribing system at the University Hospitals

Birmingham NHS Foundation Trust (UHBFT). Over one million prescriptions were analysed to study medication errors over a six month period. Findings show that there is very little correlation between a doctors' propensity to make serious and minor errors. This argues against the idea of an error prone phenotype or 'sloppy doctor'. Nevertheless, there are massive differences in the tendency to make major prescribing errors among doctors, even in the same service.

A new intervention study has therefore commenced to evaluate the effect of providing individualised feedback to junior doctors. This will test the hypothesis that informing doctors that they have high rates of error compared to their peers will result in improved performance.

We also found that the majority of computer generated error messages are ignored as doctors' experience 'alert fatigue'. These results have been subjected to widespread discussion within the clinical governance department within the Trust. A more selective approach to reduce alert fatigue is being designed.

On a reassuring note, we have disproved the hypothesis that August, when new doctors start, is a dangerous month to be a patient. There were no more errors at this time than any

Challenging the role of Patient and Public Involvement (PPI)

Our last PPI Forum meeting took place on 12th August 2011, where Professor Richard Lilford (Director of CLAHRC-BBC) attended to answer questions asked by members of the forum on the role and importance of PPI in applied health research and how this will be taken forward.

Richard was challenged by members on how important he saw the role of PPI in health research for the general medical profession. Richard responded that PPI is terribly important, particularly in identifying priorities for research. Discussions were held around the dangers of using PPI for trivial things, thereby diluting the positive effect PPI can have on services. The group agreed that although it is not expected that managers are always in a position to implement things suggested by PPI groups, it is still

appropriate for them to explain the reasons why suggestions were not taken forward.

Richard informed the PPI forum that CLAHRC-BBC is keen to show a more global collective initiative in regards to PPI. Brief discussions focused on ways to improve PPI recruitment and the importance of applying marketing principles to PPI.

In order to progress with a collective initiative, the PPI forum were asked to provide ideas on how to take forward the idea of combining PPI in developing service delivery interventions with service evaluation and research.

CASE STUDY: 'In our hearts we make the sweets and we give something': South Asian women's perspectives on food preparation

Theme 8: Implementation of effective community care for diabetes

There is a tendency for South Asian (SA) culture to be portrayed as uniform and rigid, and as a negative influence on health. SA diets in particular are implicated in causing obesity and type 2 diabetes as a result of their high sugar and fat content. Diet is also an important factor in self management, underpinning the need for evidence about food choice and preparation, and their sociocultural meanings.

Our implementation of effective community care for diabetes theme (8) aimed to find out how food choice, cooking and eating practices are embedded in social and cultural contexts and in the flow of daily life for South Asian women.



In collaboration with a local artist, we selected the activity of Rangoli with the aim to mirror food preparation and cooking, thus providing a focus for informal conversation and social interaction about food and its role in health.

Rangoli is a popular and decorative South Asian art form, similar to mosaics, through which pictures are made out of rows of colourful materials, often in intricate geometrical patterns. They are temporary pieces of art usually created on the ground with flower petals or coloured chalk to bless a house and its inhabitants, and they are later swept up. Their significance is one of bringing peace and harmony.



In order to reinforce the connection with food we supplied dried cereals, pulses, spices, herbs, rice and other dry foodstuffs as materials for the Rangoli activity. We used large boards as bases onto which the dry foodstuffs could be glued which meant that the Rangoli mosaics were permanent and could be displayed in the community setting after the researchers had left.

The findings from this study were that women's roles in the preparation of food were not just related to skill and duty, but also to their moral worth as women, wives and mothers in nourishing their family. Honouring traditions was seen as a social and moral obligation. Sometimes, these obligations were also linked to religious practice. The women's accounts suggested that they are enmeshed in family and social structures which define who they are and how they prepare food.

To conclude, what, why and how food is prepared is a complex sociocultural phenomenon that is unlikely to be amenable to educational interventions which seek to address a biomedical knowledge deficit. Interventions which are sensitive to the way women construct their identities as social and moral members of a family and community may be more likely to be successful.

Stata Survival



Dr Jennifer Marsh, Lecturer in Medical Statistics at UoB, kindly offered to give an introductory training session on Stata (data analysis and statistical software) for CLAHRC-BBC staff. Eight people attended the two-hour session on Tuesday 20th September.

This was a very useful introductory session aimed at providing basic Stata skills for novice users.

Thank you Jen!

News from the NIHR

The National Institute for Health Research (NIHR) [Annual Report](#) 2010/11 has been published and provides an overview of the NIHR's activities and key achievements over the year. The report demonstrates that the NIHR is providing the best possible research evidence to deliver the best possible health and care services for patients and the public.

The NIHR is seeking to appoint new members, including Chairs, to serve on the Programme Grants for Applied Research sub-panels that consider researcher-led proposals submitted to the programme. Applications are welcomed from clinicians and methodologists with a strong track record in applied health research and from members of the public who wish to contribute to the assessment of research proposals from a service user perspective. The closing date for applications is 31 October 2011. <http://www.ccf.nihr.ac.uk/Pages/OpportunitiesinPGfAR.aspx>

CASE STUDY: Housing and Health

Theme 4: Housing & health—SMART, equal, independent



Under our housing and health theme (4) we are undertaking an ambitious linkage study, which will explore the relationship between housing improvement and health in a large socially housed population in Sandwell.

The context of the project is a policy called Decent Homes which aims to improve the condition of England's social housing stock and is ongoing across the country.

Housing quality is commonly seen as an important health determinant, but despite some thousands of published studies describing the association between housing condition and health,

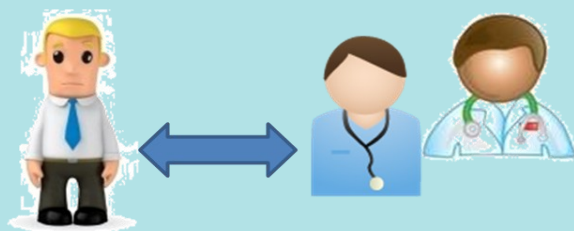
remarkably little work has been done to explore the health impact of improving the material condition of people's dwellings. In fact a review that we recently undertook identified just eighteen studies that met our criteria for comparability to the research question we posed in Sandwell. Also, within this body of work many studies had severe limitations of limited sample size, short term follow-up and losses to follow-up. Overall the evidence base that exists is patchy and difficult to interpret but some of the larger and better designed studies do provide some evidence that home improvements, especially in thermal efficiency, are associated with measurable and cost effective improvements in health.

The technical challenge of this study is to create a dataset that will allow us to model the association between housing improvement and health in a more rigorous way than has been

attempted before. Fortunately in Sandwell we have a large socially housed population with one major management organisation, whose housing stock condition is logged using a common data set. This means that interventions such as improvements to heating or installation of double glazing can be clearly identified. Recent design changes to their data set has enabled this sort of analysis to be undertaken for the first time. A project dataset has now been specified and the Housing management organisation will start to collate the data soon.

The collaboration between the Local Authority, the housing management organisation, the PCT and the University has worked well so far, with a data sharing agreement being made and some interesting ideas for future work beyond the current project being discussed.

Knowledge Transfer



Following a national CLAHRC event around boundary spanning and knowledge transfer, CLAHRC-BBC has set up a knowledge transfer group for particular people working in a boundary spanning role. The purpose of the group is for themes to have the opportunity to discuss knowledge transfer, share their practices, discuss barriers and suggest possible solutions as well as to establish ways in which central CLAHRC-BBC can support knowledge transfer across themes.



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If you have a story or news to share in our next issue, please email Jo Sartori (j.m.sartori@bham.ac.uk)