

# 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”**

### Public Health Knowledge Exchange Forum



On 14<sup>th</sup> April, CLAHRC-BBC established our first Public Health Knowledge Exchange Forum, held at the studio on Cannon Street in central Birmingham from 5pm-7pm.

A select number of local public health and NHS practitioners and Chief Executives of our Trust partners attended. The idea of the forum is that it is a place where the World’s knowledge on public health can be reconciled with information needs of local public health practitioners.

CLAHRC-BBC has some capacity to harness information from around the World by means of systematic review. At the same time, CLAHRC-BBC has established a network of organisations who are contributing to a programme of local implementation and evaluation.

We deliberately kept the format of the meeting as open as possible, but the overall aim of the event was to begin to think about how the emerging new world of public health may collaborate more productively with the University of Birmingham to our mutual advantage. Before the forum, we encouraged our guests to think about any particular local issues

that they might like to share with the group and consider areas in which they felt we might be able to offer some constructive co-working.

Discussion at the forum was facilitated by Dr Jonathan Shapiro, points were raised around how we get research into public health practice in a timely manner, effective promotional campaigns for children’s health which will lead to benefits and outcomes and how to raise the profile of research in NHS organisations .

At the end of the forum, it was agreed that in order to take this forward we create two groups, one focused on the GP clusters and one focused on Local Authorities. Two to three topics should be discussed each time suggested by NHS practitioners.

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### CLAHRC-BBC Deputy Director Announced



I am Tom Marshall, Senior Lecturer in Public Health and recently elevated to the role of Deputy Director of CLAHRC Birmingham and Black Country . The convoluted path from medical school in University of Edinburgh to my present role takes in some overseas clinical work, training as a GP, health economics and a Harkness Fellowship in health policy before arriving in academic public health.

My interests are mainly in health services research, in particular the prevention of cardiovascular disease in primary care. I am fascinated by the potential of electronic primary care records as a tool for research, to evaluate service developments and to improve care. I recently obtained a grant to investigate the potential for using electronic records for earlier diagnosis of bowel cancer. I also have interests in quality improvement and in patients preferences in relation to prevention. I am also co-investigator in a large clinical trial of a fixed-dose, combination therapy (Polypill) for prevention of cardiovascular disease in Iran.

A friend once introduced me to someone with the words – this is Tom, he is interested in everything. He was not far from the truth.

## Communicate, communicate, communicate!

'**Talk tabloid, not broadsheet**' was one of the key messages from health trust staff when asked how CLAHRC-BBC could better communicate its work.

They also urged academic teams to deliver more timely findings, raise their profile and explain how their research is benefiting staff on the frontline.

On the up side, CLAHRC-BBC's time, resources and knowledge were described as 'invaluable'; its principles were fully supported and the potential benefits for patients, services and staff were welcomed.

These topline findings come from a report compiled by Theme 1's communications secondees – Sarah Conlon (SWBHT), Fiona Pendleton (WHT) and Carole Cole (UHB) – who interviewed a total of 28 people within the three trusts to gauge their opinions of CLAHRC-BBC and Theme 1 in particular.

The interviews were semi-structured but conversation was developed around the interviewee's responses, depending on their knowledge of, engagement with, and interest in the CLAHRC and its various themes.

After writing up their notes, Fiona, Sarah and Carole compiled a list of recommendations that could be used to improve communication, accountability and collaboration between the Theme 1 team and the three trusts.

These included:

- Offering tentative conclusions about every stage of the CLAHRC so the trusts can review findings
- Coming up with measures that can undergo scrutiny
- Devising 'quick wins' to engage clinicians
- Using key workforce groups to push the messages out and ask those clinicians involved to help to deliver messages
- Avoiding the term 'CLAHRC' in the first instance when relaying information: telling the story first then explaining where it's come from

One potential quick win was to drop 'academic' language: a barrier but one that could be easily overcome by using Plain English to help engage a wider audience. In the words of one interviewee: 'Write like a red top rather than an academic.'

Theme 1 lead Dr Jonathan Shapiro said: "Part of our brief is to develop a better understanding of the CLAHRC and its principles within the trusts and to create new avenues that assist the dissemination of findings, and ways of working, into the trusts.

From the work done so far by Fiona, Sarah and Carole, it is apparent there is still a long way to go but, by establishing this link with their respective trusts, we hope that this may be solved directly."

## New faces for Theme 1 From structure to function: health service redesign

Theme 1 has recruited three communications officers – one from each of the participating trusts – to help build bridges between academics and NHS staff.

Sarah Conlon (Sandwell and West Birmingham Hospitals NHS Trust), Fiona Pendleton (Walsall Hospitals Trust) and Carole Cole (University Hospital Birmingham) came on board in February and have spent their first few weeks meeting team members and talking to people within their trusts to gauge opinion about CLAHRC-BBC.

It is hoped their involvement will give Theme 1 more access to the trusts while allowing healthcare staff to better understand the research team's methods and findings.

Theme 1 Lead Dr Jonathan Shapiro explained: "By engaging individuals who have an understanding of the 'culture' of their trust, and the ways in which it functions, we hope they can inform the development of appropriate strategies within the CLAHRC theme."

The secondees' first project has been to interview key members of each trust to establish how the CLAHRC-BBC, and Theme 1 in particular, is perceived.

They set up meetings with a total of 28 staff – ranging from executives and managers to clinicians and frontline staff – and used a semi-structured approach to capture feedback which formed the basis of a report and presentation (see separate story).

## CLAHRC-BBC Latest News



Congratulations to Dr Jamie Coleman from Theme 9 (improving patient safety: studying an evolving information technology system) who has published a paper in The Journal of the Royal Society of Medicine. The paper titled "Can an electronic prescribing system detect doctors who are more likely to make a serious prescribing error?" is published in May 2011 edition.

Congratulations to our medical sociologist Dr Sabi Redwood who has published a paper in the BMC Medical Informatics and Decision Making, titled "Does the implementation of an electronic prescribing system create unintended medication errors? A study of the sociotechnical context through the analysis of reported medication incidents".

Over two days at the beginning of May, CLAHRC-BBC held an Academic Away day where all Theme Leaders came together to discuss future sustainability plans of CLAHRC-BBC.

Our fourth Scientific Advisory Group meeting will be held on 15<sup>th</sup> and 16<sup>th</sup> September to help us shape future plans for continuing CLAHRC-BBC.

## NIHR Funding Opportunities

There are a number of NIHR funding opportunities with calls for proposals currently open. Some of these include:

- NIHR HTA calls for proposals for commissioned research
- NIHR SDO Programme: research into promising local innovations in healthcare delivery in the NHS
- Public Health Research Programme

For more information please visit: <http://www.nihr.ac.uk/proposals>

## Staff Profile



**Name:** Ruth Mellor

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My name is Ruth Mellor and two weeks ago I joined as the new Theme Manager and Research Fellow for CLAHRC Theme 7: Optimisation of the management of stroke and Transient Ischaemic Attack (TIA), led by Prof Richard McManus.

Prior to this I was studying for my PhD at the London School of Hygiene and Tropical Medicine, working in the field of sexual health.

I have been fortunate to have the opportunity to work in a number of fields and environments: craziest one being catching butterflies in the Panamanian rainforests; most humbling learning about HIV/AIDS education in Nigeria; most exciting working in a sexual health think tank in New York at the time Sarah Palin was discovered to have a pregnant teenage daughter; and most thought provoking researching transgender people's quality of life when interning at the Scottish Government. I do not yet know what category this job will come under, but I look forward to finding out!

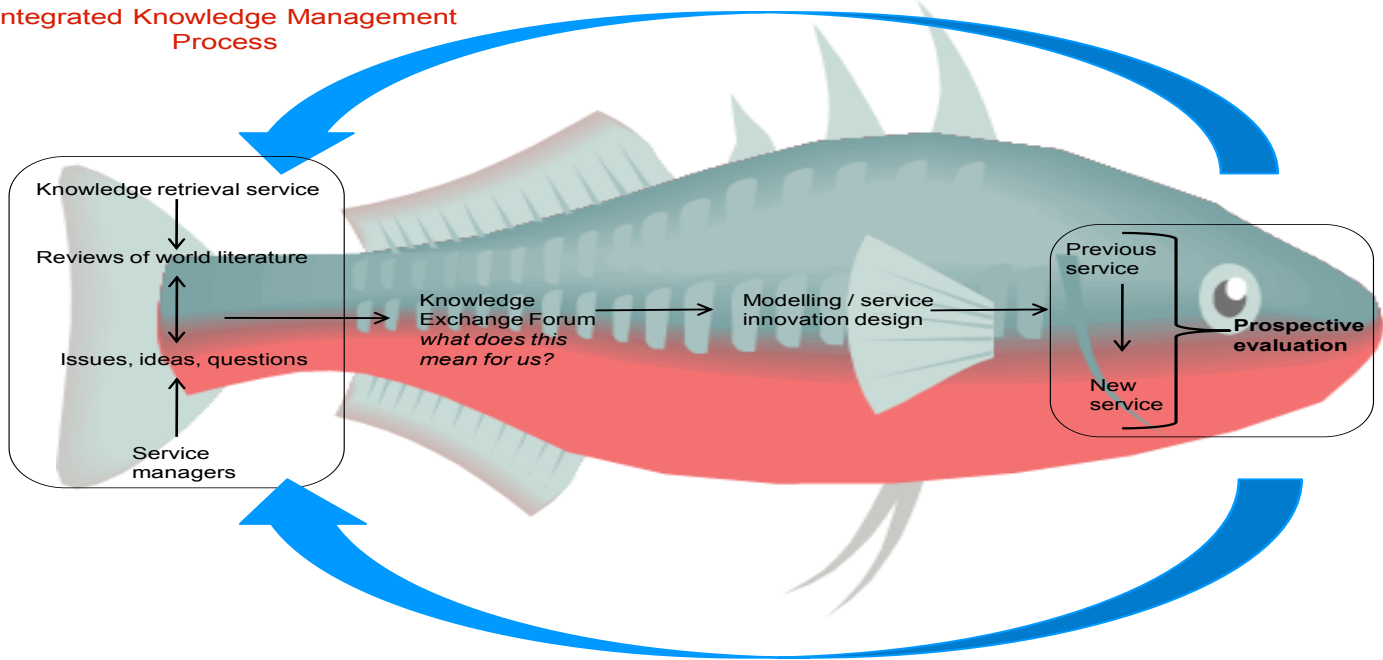
I have joined CLAHRC theme 7 at the half way point. We have an excellent team in place investigating the Stroke and TIA patient pathway. In the CLAHRC spirit we are working in primary and secondary care, with further links to the West Midlands Ambulance Service and the Birmingham and Midlands Eye Centre. Our project relies on a whole host of hard working individuals from our research nurses recruiting on the wards,

economists modelling parts of our data, to the patient volunteers and our wider stakeholder group guiding us.

The team has made good progress with the quantitative data collection and between primary and secondary care almost 400 patients have been recruited so far. I am excited about joining the project near the start of the qualitative component, we hope to interview stroke and TIA patients, health professionals and commissioners. Giving us an opportunity to understand barriers and solutions to them, at different levels, to help influence evidence-based change.

Moving from London has been a bit of a change, so thank you for the warm welcome I have received here. It is a privilege to have joined the University of Birmingham, and I am basking in the red brick and the delights of the Barber Institute Museum and Winterbourne gardens, not to mention the splendid farm shop cakes!

## Integrated Knowledge Management Process



NB: We use different evaluation methodologies across our nine themes but they are always prospective by design. Patients and the public are involved in at all stages of the process

CLAHRC-BBC is paying increasing attention to working with NHS partners and with patients and the public, not only to evaluate new service developments, but to determine what those developments should be. An intellectual framework for this integrated knowledge management process is shown above.

## CLAHRC PhD Medical Sociology Tutorials

Birmingham and Black Country CLAHRC Medical Sociology tutorials were set up in 2009 to provide a forum for PhD students from across the nine research themes to meet and discuss theoretical and methodological issues relevant to their work.

As sociology of health and illness is a theme which cuts across all of the CLAHRC BBC research themes, a need was identified to provide some social science input which united the PhD projects and highlighted the medical sociology perspective. These sessions have since evolved according to the needs of the student researchers, with Dr Nicola Gale and Dr Sabi Redwood acting as facilitators who provide structured support and guidance, often posing challenging questions about our research which we may have not considered.

Topics covered over the past eighteen months have included: health inequalities, gender, ethnicity, classic sociology theories, health policy analysis, reflexivity, models of health and illness, qualitative analysis methods, theoretical underpinnings (ontology/epistemology), healthcare systems and organisation of health care, developing our own theories and writing-up. The group also took part in a debate chaired by Professor Richard Lilford entitled 'Qualitative research is not valuable in health research'. This really encouraged us to think about the value and purpose of qualitative methods within the context of applied health research.

Not only do these tutorials provide excellent teaching and learning opportunities, they are also a great excuse for PhD students from

across different themes to get together once per month. During these tutorials we regularly have the chance to present our work to others in a safe, non-judgemental and supportive environment, which has helped to improve our confidence as well as improving our presentation skills. We often use the tutorials as a platform for testing out our ideas and theories and are always encouraged to provide each other with feedback. This often results in us challenging our own assumptions, as well as each other's. We really value the time given to these CLAHRC PhD tutorials, which are as much about sharing experiences and giving peer support as they are about acquiring new knowledge.

**Gemma Heath, Elaine Cameron, Manbinder Sidhu, Sandhya Duggal, Rowena Yeats**

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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](mailto:j.m.sartori@bham.ac.uk))