

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”

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CASE STUDY: Lighten Up!

Theme 6: Evaluation of targeted prevention of cardiovascular disease in primary care



We are delighted to report that a randomised controlled trial to compare a range of commercial or primary care led weight reduction programmes with a minimal intervention control for weight loss in obesity has been published in the British Medical Journal.

The Lighten Up trial assessed the effectiveness of a range of weight management programmes on weight loss in Birmingham. 740 men and women who were overweight with a co-morbid disorder identified from general practice records participated in the trial under six different services.

Some trial participants were allocated to commercial weight loss operators such as Weight Watchers, Slimming World and Rosemary Conley. They were provided with vouchers to attend the programme for twelve weeks. The Size Down Programme is an NHS group-based

intervention led by food advisors from the local community and trained by the dietetics department. Participants in this group followed a prescribed course of six sessions with follow up weighing sessions at 9 and 12 weeks.

Trial participants randomised to the general practice or pharmacy arms attended twelve one to one sessions in the general practice or pharmacy. Staff delivering these programmes had attended a 3 day adult weight management training course delivered by dietitians experienced in the management of obesity. Trial participants were also allocated to a group where they had a choice of any of the 6 programmes.

The primary outcome measure was weight loss at three months when the programme ended. Secondary outcomes included weight loss at one year, self reported physical activity and the percentage of participants achieving 5% and 10% weight loss at one year.

It was found that all programmes achieved significant weight loss from the start until the programme end, and all except general practice and pharmacy provision resulted in significant weight loss at 1 year. Only the commercial programmes had significantly greater weight loss than the comparator group at the programme end. At one year, only Weight Watchers had significantly greater weight loss than the comparator group. The primary care programmes were the most costly to provide. Participants allocated to the choice arm did not have better outcomes than those randomly allocated to a programme.

To conclude, commercially provided weight management services are more effective and cheaper than primary care based services led by specially trained staff, which are ineffective.

[Find out more here](#)

Don't Stay Silent!

Theme 3: Early detection and interventions in psychosis

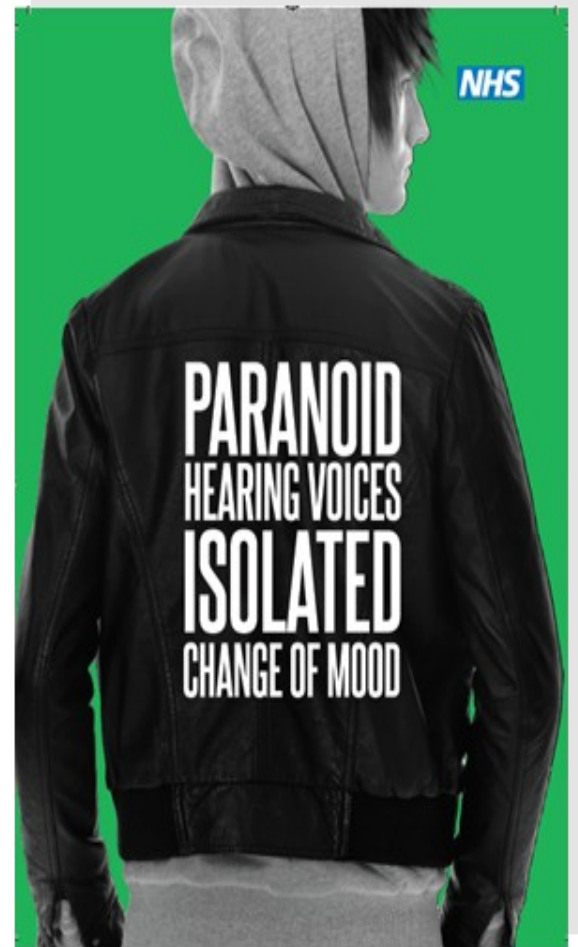
Our early detection and interventions in psychosis theme launched a health promotion campaign at the beginning of this year across the South Birmingham region. This involves intense activities orchestrated over an 18 month period; so far the campaign has been advertised in local newspapers, on posters on 100 buses and via community engagement talks.

This theme in CLAHRC-BBC is examining in-depth aspects of treatment delay in relation to individuals who have developed psychosis but are not yet receiving treatment. This delay – referred to as the Duration of Untreated Psychosis (DUP) - can be substantial, commonly over a year with associated negative outcomes across a range of qualitative and quantitative health and symptom measures.

The campaign is aiming to target young people (age 14-25) in the South Birmingham area who may be experiencing symptoms of psychosis for the first time. The overall aim is to encourage these young people to contact services and get help quickly for their symptoms. What we know at the moment is that young people in this area wait an average of six months before getting help which can result in poorer long term outcomes.

We want young people to be aware of the symptoms of psychosis, know where to seek advice and to provide a dedicated advice line for those concerned about psychosis. The campaign is running alongside the new youth focused clinical service which was introduced in South of Birmingham in July 2011. The Youthspace clinical team is a new youth friendly mental health service operating alongside the existing Community Mental Health Teams and is focusing on providing immediate assessments for all young people, aged 14-25 years.

Look out for our posters and pick up our leaflets in your local shopping centre, listen to regular slots on community radio and read about the latest news on our campaign on our website and other community blogs.
www.youthspace.me/psychosis



Congratulations!



Congratulations to Dr Sarah McDowell who was awarded her PhD in Pharmacoepidemiology from the School of Clinical and Experimental Medicine, University of Birmingham on 16 December 2011.

Sarah is our Senior Research Associate working on CLAHRC-BBC's improving patient safety theme 9 and is pictured here alongside her theme 9 colleagues.

Radio research: health, body shape and size

Nicole Samuda (PhD student) and Dr Shahrad Taheri undertook some radio research to study how African Caribbean communities talk about health, body shape and size, on "The Chat Back Show" radio BBC WM 95.6FM on Wednesday 14th and 21st December.

This project has the potential to generate knowledge about the lay health beliefs of this particular seldom heard community that could be useful for clinical practice, the development of support services and public health communication.



CASE STUDY - Acute Cholecystectomy: the lost emergency

Theme 1: From structure to function: health service redesign

CLAHRC-BBC's Theme 1 is studying several clinical 'tracers' as part of its work to observe how change affects acute hospitals, and how to get evidence into practice.

Two of these tracers (acute coronary syndrome (heart attacks to you and me), and acute cholecystectomy, (the surgical removal of gallstones) are being used as exemplars of how three different NHS Trusts deal with unplanned care; some interesting findings are emerging, especially for gallbladder disease (GBD).

For patients with straightforward GBD, treatment used to be divided into two: a few days (often in hospital) on antibiotics and painkillers, then a planned admission some weeks later for surgical removal of the diseased gallbladder.

More recently, the advice is to combine the two procedures: a short time on medical treatment followed (on the same admission) by surgery. This is safer, more acceptable to patients, and cheaper for the NHS, but despite the recommendation that 80% of patients should be treated this way, only about 20% are nationally.

Our studies suggest several interesting explanations:



Diagnostic weak links:

the diagnosis of GBD is usually confirmed by an ultrasound scan, but in some Trusts scanning was in short supply, especially 'out of hours' and at weekends. The delays caused by this shortage often made surgery in the acute phase impractical, and so patients were sent home for elective treatment.



Surgical theatre availability:

in other Trusts, it was the availability of operating time and space which was limited; there aren't enough emergency theatres (or too many operations), those seen as less urgent get postponed, and so GBD patients get sent home un-operated.



Clinical attitudes and customs:

these varied within and between departments, but affected doctors' and nurses' behaviour, and hence the lengths of stay and numbers of admissions.



GBD is the lost emergency:

overall, the key finding is that GBD is not serious or urgent enough to keep its place when times get tough, but is still an acute condition that warrants urgent treatment, a conundrum that is only now being acknowledged.

These findings are being fed back to the Trusts as part of our collaboration, and actions are in place to address the problems identified. This exercise will be repeated in a years time.

Don't miss these events....

USING SOCIOLOGY TO HELP PREVENT CARDIOVASCULAR DISEASE – DISSEMINATION EVENT 28 & 29 MARCH 2012

Sociology has provided a fresh perspective on some of the key issues in prevention of heart disease. These include attitudes towards lifestyle and its effect on health, responses to health checks or screening and lay epidemiology. CLAHRC-BBC Theme 6 - Investment in prevention (evaluation of targeted prevention of cardiovascular disease in primary care) are organising an event to showcase some of the ideas that have emerged from research in this area.

The event is on **28th & 29th March 2012** at **Winterbourne Gardens in Birmingham**, and will consist of a dissemination event on the first day, followed by a specialist methodology workshop on the second day.

Topics to be covered include:

- The roles and attitudes of general practitioners and other primary care practitioners (nurses, health care assistants, pharmacists)
- Understanding different 'lay' responses to risk assessment; to lifestyle advice; and to prophylactic medication
- Identifying interactions where prevention becomes an issue (opportunistic or systematic screening; local organisational logics)
- The medium and long-term issues of preventive medicine use (responses to side effects; media stories; medicines review, long term compliance with treatment)

Registration is £40 per day. Overnight accommodation is offered for the night of the 28th at £60 for bed & breakfast, and £85 for dinner, bed & breakfast.

For further information about this event please click [here](#) to go to our website pages

If you wish to register for this event, please click on the following link: <http://www.bhamonlineshop.co.uk>

Anyone attending the event will receive 6 clinical CPD credits from the Royal College of Physicians.

E-prescribing: everything you want to know but were afraid to ask A symposium for the health service Tuesday 27th March 2012

As part of a multidisciplinary collaboration between the Universities of Edinburgh, Birmingham and Nottingham, we are undertaking a project to investigate the implementation, adoption and effectiveness of ePrescribing systems in English hospitals. Whether you need a system, are implementing a system, or are looking to expand and enhance your capability in this area – this symposium is for you.

£60.00 Delegate Fee includes refreshments and lunch

Register here: <http://www.crfr.ac.uk/events/eprescribing/index.html>



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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)