



***Catalyst Event Report on***

***Collaborating for Care***

***Wednesday, 7<sup>th</sup> September, 2016***

Edge Hill University, Ormskirk

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## **Purpose**



This Catalyst event was delivered by the Post Graduate Medical Institute at Edge Hill University and NHS Research & Development North West. It was designed to develop excellent research in health by bringing together academics from Edge Hill University and external partners who have a shared interest in improving health and social care.

It is hoped the event allowed attendees to begin collaborative work across departments and organisations by stimulating cross disciplinary research, collaboration and knowledge exchange with a view to developing innovative bids for internal Edge Hill University funding through the Research Institute Thematic awards (RITA)

The event was conducted using a forum known as 'Open Space'. The method is designed to enable people with mutual interests to meet and progress ideas in a short period of time. Participants have control over what is discussed and can choose to include themselves in various forums generated on the day. At the conclusion of the various forums, decisions are made about outcomes and further steps to progress them. Participants are expected to contribute further via the networks developed on the day.

A summary of the Open Space discussions, including the names of participants and those expressing an interest in being contacted at a later date, form the basis of this workshop summary.

The discussions are not presented in any particular order and do not reflect the popularity or the merit of the research themes. Some themes are closely interlinked and could be collated.



## ***Presentations***

### ***Professor Sally Spencer, Director of the Post Graduate Medical Institute, Edge Hill University.***



Professor Sally Spencer set the scene for the day with a short presentation on the role of the Post Graduate Medical Institute at Edge Hill University and its main aims to:-

- Lead innovation in professional education,
- Develop applied research to drive evidence-informed care
- To provide a partnership forum for enterprise and innovation.

She also outlined the aims for the Research Institute Thematic Awards (RITA) and the award themes which are:-

- Improving patient care
- Improving delivery of healthcare
- Improving professional practice through education and training
- Improving public health and promoting healthy lifestyles.



The overall ambition is to generate REF-able high quality research outputs and to support the generation of external funding bids.

Sally's slides from her presentation have been disseminated to all delegates.

## **Convenor Reports**

### **Group 1 Needs and experience of young adults with life limiting conditions**

**Convenor name:** Kate Knighting

**Participants:** Joanne Kieran, Suzanne Simpson

#### **Key points from discussion:**

- Accessing short breaks/ respite care availability of appropriate providers.
- Young adults with learning disabilities as well as healthcare complex needs
- Crisis for carers/ parents, loss of support once become adults including day care and respite care/ short breaks
- Lack of continuity of opportunities and access to facilities/ training.
- Independent living and education opportunities family/ young adults experience also professional experience of changing roles – filling gaps to not let families down even when not in the role anymore
- Inconsistency and lack of training for agency staff – relationships, pressure of parents to provide care or training to care staff – governance/safety concerns
- Lack of trainers and support workers to provide care
- Practical support often what's needed rather than personal care e.g. 20 mins to take someone to a bus or help them with shopping.
- Personal budgets and families employing people.
- Early on set dementia in adults with learning difficulties who are now surviving longer – lack of psychiatric input. Detection (diagnostics) and personas experience gaps.
- Introduction of equipment when patient/adult becomes larger – parents can be resistant, – moving and handling training and equipment
- Experience of agency carers/ personal budgets providing care and demands of role v what family/ person want/ need?
- Establishment of a capable community to provide practical support/ roles e.g. helpful shopping/ putting bins out etc – intervention study
- Similarities/ differences and barriers for different groups e.g. health needs, learning difficulties, availability, access and barriers

#### **Next Steps:**

- Identify priorities for research by scoping the literature – explore partners and involvement of psychology for similarities study idea.

## **Group 2 Use of patient activation/ motivation in patient education programmes in LTCS**

**Convenor name:** Jenny Thain

**Participants:** Professor Paola Dey

### **Key points from discussion:**

- PHD students LTC – o/ms around self-mix
- Validation work in our population
- Focus Groups – is it useful, patients relevant
- Health Economics
- Service evaluation – cost effective with license – service efficiency



### **Next Steps:**

- Run some focus groups initially

## **Group 3 Preparation of clinicians for practice in low resource settings**

**Convenor name:** Jeremy Brown

**Participants:** Steve Jones, Peter Leadbetter, Nicola Schinaia, Barbara Jack, Kate Knighting, Saad Alshukri

### **Key points from discussion:**

- Evidence in undergraduate setting anecdotal in postgraduate setting
- Can you prepare for such a transition
- Define 'low resource setting'
- Potential leadership and management collaboration. International office/human geography/ other professions
- Value of work overseas
- UNCR (areas not countries) WHO VSO
- Gender/ status/ culture
- Motivations for going overseas
- Methodology
- Study population
- Recruitment
- Volunteering





### Next steps:

- Establish how many doctors work abroad
- Other professional experiences – EHV departments
- Talk to HEE/ LSTM/Specialty schools
- Develop methodology literature search

### Group 4 How prepared are newly qualified nurses for care of the dying

**Convenor name:** Stephen Mason

**Participants:** Barbara Jack, Jeremy Brown, Norrairie Mhlanga, Kathryn Low, Peter Leadbetter, Gemma Whitely

### Key points from discussion:

- Audit: what is currently being taught in the undergraduate curriculum
- One key issue is around communication and how information is shared with patient and loved ones
- Time, space, capacity for the newly qualified nurse
- Found in medical education – how to translate the quality of training into their role as qualified i.e. they may have had training but how are they using it
- Discussion around the brief intervention model.
- Scenario/ OSCE how effective compared to real life
- What about reflection – with the preceptorship nurses how they feel 3/6 months
- Move to mandatory training for qualified nurses on end of life care
- People aware of skills deficit tend to after education, but what about others
- What about post grad training issues
- How do people respond to emotional issues – resilience – burnout – long term skills? Some work has been done in medical communications)

### Next steps:

- Scoping exercise to find out what is being caught and what experiences they are having
- From that case study approach – could look at exit into practice and then at 6 months whilst on the preceptorship programme (but we know all trusts do not have good programmes – qualitative focus (reflective approach)
- Already have interest from Florence Wishgate prof of nursing at Glasgow – joint post Glasgow Acute Hospital Trust as a co applicant.

## **Group 5 Smart technologies for better healthcare**

**Convenor name:** Ardhendu Behera

**Participants:** Ella Pereira, Whitney Curry, Nicola Schinaia, Jenny Thain, David Britt

### **Key points from discussion:**

- Patient specific – analyzing data, behavior analysis for better support
- Monitoring everyday activity – motivate for better healthy life
- Hardware technology is evolving – better apps for maximum profit
- Usability – can everyone use it? Too complex?
- Visual data for better modeling of human/ patient behavior
- Context dependent application for better healthcare
- Smart technologies could narrow the communication gap between patients and physician's
- Data collection for infectious diseases
- Smart application for specific diseases – the apps could be customized
- Understanding patient activity in a rehabilitation center
- Adaptive systems which learn from patients activity and provide support – robot as a personal comparison

### **Next Steps:**

- Identify the proposal related to this topic
- Follow up the possible proposal

## **Group 6 Domestic violence**

**Convenor name:** Judith Mills

**Participants:** Derek Heim, Sandra Wright, Lucy Blake, Vicky Karkou

### **Key points from discussion:**

- Link to the tavistock programme (love and violence) (learning from domestic violence partnerships – online PDF. )
- Link to Birmingham group – family approach to alcohol misuse
- Consider creative approaches to therapy.
- Consider eco psychology

### **Next Steps:**

None recorded

## Group 7 Improving assessment and treatment of brain injured patients – invisible deficits

**Convenor name:** Suzanne Simpson

**Participants:** Gemma Whiteley, Joanne Kiernan, Sally Spencer, Dr Kayvan Shokrollahi, David Britt

### Key points from discussion:

- Part of Ax – risk Ax early warning system
- Approaching outer agencies/legal for funding pathways
- Better links – legal system to access support, e.g. finances, equipment, 1:1 specialing/supervision due to challenging behaviours
- Apps/ games to identify deficits – technology to Ax cognitive deficits
- Capturing wider issues from carers, professionals, charities
- PTSD clinically in place (non-standard lit) Queen Elizabeth, veterans publications, police literature – how do they identify the problems, what tools do they use?
- Carers retrospective journey – D/C patients what's being missed? Qual data? Diary keeping by carers
- Lived experience in forming Ax tool – what's needed to be Ax, education from patients and carers
- Treatment – evaluation of cog rehab pack currently used at WCFT (pre and post assessment)
- BIRT rolling out in patient group
- Approaching art groups, IT and animations to design rehab leaflets – different formats
- Consider 'easy read' link in with speech and language therapy
- Would need to evaluate some outcome for each different format

### Next Steps:

- PTSD what's being used, literature search
- Capturing the lived experience to qual data, what's different since injury?



## **Group 8: Barriers to activity in obesity**

**Convenor name:** Paola Day

**Participants** Jenny Thain, Nicola Relph, Sandra Knight, Julie Kirby, Norraine Mhlanga, Whitney Curry, Judith Mills

### **Key points from discussion:**

- Health works Blackpool – universal reversal – employee/ health and wellbeing.
- Relevant balance
- Fear of injury
- Improve confidence/ interacting/ life skills
- What works for who?
- Compare active obese and non-active obese



### **Next Steps:**

None recorded

## **Group 9 Working with dietitians in NHS to improve diet options and patient care**

**Convenor name:** Claire Blennerhassett

**Participants:** Lesley Briscoe, Jayne Charnock, Clare Austin, Derek Heim, Paola Dey

### **Key points from discussion:**

- Nutrition knowledge and delivery by health professionals (confidence)
- How to get nutrition heavy messages out at appropriate times – pre conception, midwife, dietitian referral after diagnosis
- RITA – starting point
- Systematic R/V
- IBS and education (communication English)
- Diet messages – how to deliver for low education/media group
- Opening intermittent fasting to wider population
- Group responsibility/ peer support with hospital.



### **Next Steps:**

- Arrange cross department faculty meeting

## **Group 10 Psychiatry and self-inflicted burns, sport/ exercise and burns**

**Convenor name:** Kayvan Shokrollahi

Participants:



### **Key points from discussion:**

- Strong potential for RITA with sport exercise research in burns
- Strong potential for RITA with psychiatric self harm
- Strong potential for STIGMA/ burns project and Professor Heim

### **Next Steps:**

None recorded

## **Group 11 Can insights from sports psychology improve clinical performance**

**Convenor name:** John Sandars

**Participants:** Derek Heim, Catherine Wilkinson, Clare Austin

### **Key points from discussion:**

- Potential innovative ideas
- Relevance to sports psychology
- Linked to brain scanning
- Linked to biofeedback
- Coaching model
- Focus on prepared

### **Next Steps:**

- Discuss with psychology and sports (Andy Levy)
- Explore what's already been done in practice
- Pilot with paramedics and use sports psychology

## Group 12 Enhancing impact of health professionals education on patients health?

**Convenor name:** John Sandars

**Participants:** Cathy Sherratt, Steve Jones, Kathryn During, Sally Spencer, Julie Kirby, David Britt, Norraine Mhlanga, Jeremy Brown

### Key points form discussion:

- A lot of public money spent on training
- Need for measurement tool to reassure impact training into practice
- Important for patient benefit perspective
- Need for holistic measure of end point education
- Need for organizational performance measures
- Initial scoping study
- Block of training into practice and for organization culture
- Measurement of what intervention and trying to do

### Next Steps:

- Multifaceted evaluation tool
- Base tool on understanding theory of change of the intervention
- Involve multiple stakeholders
- Participatory action research approach to develop tool
- Ideally needs to be all stakeholders.



## **Group 13 Maternal and foetal health and wellbeing**

**Convenor name:** Lesley Briscoe

**Participants:** Kathryn Drury, Cathy Sherratt, Julie Kirby, Lucy Blake,  
Norraine Mhlanga, Kayvan Shokrollahi

### **Key points from discussion:**

- Tan et al – scars, burns and healing journal
- Gendered issues- appagression – asylum seeks
- Emmication – women's rights – values based, feminist issues
- Children's wellbeing when conceived through IVF – Fetal alcohol syndrome
- Reasons why and why not parents decide to tell or not tell their children about IVF



### **Next Steps:**

None Recorded



## Feedback

- *Successful format, facilitating, active participation by all. Enormous enthusiasm generated, hopefully leading to formal*
- *Project development. Ideas exchange made the day worthwhile.*
- *Very useful and creative*
- *Very good to finally meet colleagues in health and social care (FOHSC)*
- *Great to hear so many ideas.*
- *More thought provoking.*
- *Transferable skills to support motivations.*
- *Very relaxed atmosphere to share ideas. Very well facilitated. Thank you.*
- *Good model and having the space to develop. Well organized a good venue. Thought there*
- *Would be more staff from across the University which would be beneficial for the RITA's.*
- *Good to have external colleagues with us.*
- *My first catalyst event. Found it creative and effective. I didn't have any (expectations) but*
- *Found it an effective way of getting projects established*
- *Would have liked to have met more AHP's. Open space is very effective.*
- *Very useful and made some good links.*
- *It was more than what I expected.*
- *Very inspirational ideas.*
- *Good part was focusing with a couple of potential ideas for research.*
- *Having done this process before, I knew it would be engaging and an opportunity to network. Always a very engaging process and great networking.*
- *Excellent opportunity to meet and network with new people / organisations.*
- *Space was created for exploration and discussion. It is my hope that this will be followed through with concrete projects.*



## **Next steps**

The event report will be circulated to participants and other interested parties. It will also be available to the general public on the NHS Research and Development website. Contact details have been circulated to discussion convenors to facilitate further development of the proposals outlined. The PGMI team may contact discussion convenors to offer additional support and track progress of bid development / successful application for funding.

The PGMI would appreciate ongoing feedback with regards to the progress of any of the issues raised on the day from any of the people who attended the event even if they were not a convenor.

Thank you to everyone who attended on the day and contributed to all the discussions detailed in this report and a big thank you to all convenors for raising their questions.

