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LIST OF ABBREVIATIONS

ARC	Auditing Research Capacity
BCRRHRN	British Columbia Rural and Remote Health Research Network
BMC	BioMed Central
BMJ	British Medical Journal
BRHS	British Regional Heart Study
CCRN	Comprehensive Clinical Research Network
CLAHRC	Collaborations for Leadership in Applied Health Research and Care
CLRN	Comprehensive Local Research Network
CVD	Cardiovascular Disease
DH	Department of Health
DRT	Designated Research Team
ESRC	Economic and Social Research Council
HTA	Health Technology Assessment
HTAi	Health Technology Assessment International
ICR	The Institute for Creation Research
LBG	Local Business Group
LOROS	The Leicestershire and Rutland Organisation for the Relief Of Suffering
MHRN	Mental Health Research Network
MRC	Medical Research Council
MS	Multiple Sclerosis
NatCen	National Centre for Social Research
NATSEM	National Centre for Social and Economical Modelling
NCCRM	National Coordinating Centre for Research Methodology
NEAT	New and Emerging Applications of Technology
NHS	National Health Service
NICE	National institute for Health and Clinical Excellence
NIHR	National Institute for Health Research
NPRN	National Physiotherapy Research Network
PCO	Primary Care Organisation
PCRN-EMSY	Primary Care Research Network – East Midlands and South Yorkshire
PCT	Primary Care Trust
PDA	Patient Decision Aid
PPI	Patient and Public Involvement
PROSPeR	Planning Recruitment Options: Strategies for Primary Care Research
RAC	Research Activity and Collaboration
R&D	Research and Development
RCDA	Research Capacity Development Award
RCDAP	Research Capacity Development Action Pack
RCT	Randomised Controlled Trial
RDA	Regional Development Agency
RDS	Research Design Service
RDS EM	Research Design Service for the East Midlands
RDSU	Research & Development Support Unit
RES	Research Education and Support
RFAHP	Research Forum for Allied Health Professionals
RfPB	Research for Patient Benefit
RIAH	Research and Innovation Alliance for Health
RMB	Regional Management Board
SchHARR	School of Health and Related Research
SDO	Service Delivery and Organisation
SHA	Strategic Health Authority
SPSS	Statistical Package for the Social Sciences
UKCRN	United Kingdom Clinical Research Network

1. INTRODUCTION

I am pleased to be able to introduce the fourth Annual Report of the Trent Research & Development Support Unit (Trent RDSU).

The RDSU is funded by the Department of Health to provide high level academic research support to colleagues undertaking health services research, including health-related social care research. It serves a geographical area covering Derbyshire, Leicestershire, Lincolnshire, Northamptonshire, Nottinghamshire, Rutland and South Yorkshire and is based in four Universities (Leicester, Nottingham, Sheffield and De Montfort). The RDSU employs almost 50 full/part-time staff who have a wide skill-mix and include health economists, statisticians, epidemiologists, qualitative researchers, and information specialists, some of whom have health professional backgrounds.

This fourth year has been one of major change both locally for Trent RDSU but also nationally for the provision of support for research design.

In 2007 the National Institute for Health Research (NIHR) released a call for the provision of Research Design Services (RDS) in eight of the Strategic Health Authority regions in England. The remaining two regions had services provided by Research and Development Support Units (RDSU) with contracts through to March 2010 (Trent and the North West).

The University of Sheffield was successful in its bid to the NIHR to provide the Research Design Service for Yorkshire and the Humber (RDS YH). The service commenced on 1 October 2008 and is a White Rose collaboration involving the Universities of Sheffield, Leeds and York. The academic staff of Trent RDSU based in The University of Sheffield transferred to the RDS YH contract with effect from that date and the main focus of Trent RDSU (Sheffield) since then has been the Information Service and administration of the regional award schemes.

With the transfer of the academic staff based in Sheffield to RDS YH on 1 October 2008, activity for these staff is only reported up until the end of September 2008. For staff based in Leicester and Nottingham the activity figures relate largely to the period 1 April 2008 to 31 December 2008 reflecting the change to a RDS from 1 January 2009 and the cessation of some specific RDSU activities, particularly in relation to advice and support and training.

In January 2009, with support from the NIHR, Trent RDSU changed its name to the NIHR Research Design Service for the East Midlands (RDS EM) and began to reconfigure its service provision in line with the remit of the eight new Research Design Services.

In this fourth year, the Trent RDSU/RDS EM has continued to make considerable progress on a number of fronts:

- 2,129 hours of research advice and support were provided;
- 63 training courses were held with 782 participants;
- support for four Designated Research Teams (DRTs) including two newly established Teams and provision of funding through Research Capacity Development Awards (RCDAs) and the User Involvement in Pre-Protocol Work and Conference Awards schemes;
- the Trent RDSU/RDS EM website contains a wealth of information and in 2008/09 there were over 75,150 visits with over 23,000 new visitors to the site. Due to problems with our service provider the site was off-line during April and May 2008;
- at the end of March 2009, 52 projects involving RDSU funded staff were in progress valued at £20,533,757 and 22 projects valued at £2,963,792 were completed in the previous 12 months;
- 23 papers were published in peer reviewed journals;
- production and dissemination of a quarterly Newsletter;
- significant contributions to a number of national initiatives, including the National RDS Directors Committee and UKCRN research networks;

- support for local NHS research groups and alliances.

As Chair of the Regional Management Board (RMB), I would like to thank all the people who carry out and support the excellent research, capacity building and training activities outlined in this report and all members of the Board for their support and commitment. We look forward to supporting NHS and health-related social care researchers in our region for a further 12 months and beyond.

Dr Heather Fortnum,
Chair, Trent RDSU Regional Management Board

2. AIMS AND OBJECTIVES OF TRENT RDSU

Trent RDSU

As the Trent RDSU, during the period 1 April 2008 to 31 December 2008, the aims and objectives were to:

- work with the Department of Health in developing the research and development strategy;
- provide researchers in health and health-related social care with a comprehensive 'one-stop shop' for conducting and supporting high quality research;
- work with organisations to increase their research and development capacity;
- initiate and participate in health services research;
- provide education and training for health professionals and career researchers within its catchment area and maximise the uptake of regional and national training schemes.

The RDSU provided the following services:

- advice and support on a range of subjects either through research clinics held at each centre or through ad hoc sessions, telephone and e-mail communication;
- training, education and support for both new and established researchers;
- undertakes, facilitates and promotes health services research by initiating, leading and collaborating on relevant research;
- an Information Service including one-to-one and group information skills training, a specialist enquiry service and literature and research funding services.

NIHR RDS EM

With the change of name to the NIHR Research Design Service for the East Midlands (RDS EM), effective from 1 January 2009, the aims and objectives of the organisation were revised and these are set out in Section 4 – Summary of Future Direction.

3. SUMMARY AND ANALYSIS OF ACTIVITIES AND PERFORMANCE

Section 3.1 Support and Methodological Advice for NHS Research

3.1.1 Commentary on Activity Throughout the Year

During the period April 2008 to December 2008 the Trent RDSU maintained the provision of high quality methodological advice and support to NHS and social care professionals who are involved in health and health-related social care research.

Advice and support was available at all stages of the research process (from design to analysis and dissemination) and was delivered in a variety of forms, including face-to-face, telephone and e-mail. Face-to-face advice was provided at either ad hoc advice giving sessions, or via a diary of bookable research clinics. Bookable research clinics were available in the following areas:

- general research advice;
- health economics;
- information services;
- qualitative data;
- statistics/quantitative data.

The provision of advice and support varied from one-off sessions to more developed, on-going support delivered over a period of time, and at a number of consultations.

The period January 2009 to March 2009 saw this form of provision phased out with the launch of the new RDS EM service. Advice and support provision continued throughout this period, but with a more explicit focus upon research design, and upon working with NHS and social care professionals in the development of research proposals and funding applications.

3.1.2 Advice/Support Provided

During 2008/09 the RDSU provided 2,129 hours of project-related advice and support, these are summarised by type of organisation and profession in Appendices 1a and 1b.

Academic researchers and medical professionals (not GPs) remain the most significant recipients of these services, and support has been offered to professionals from a range of health and social care organisations. Figures 1 and 2 below indicate the areas of advice given and the form in which it was provided, including preparatory work done in the absence of the person seeking support.

Figure 1: Types of Project-related Advice Given (Booked Advice Clinics and Ad Hoc Sessions)

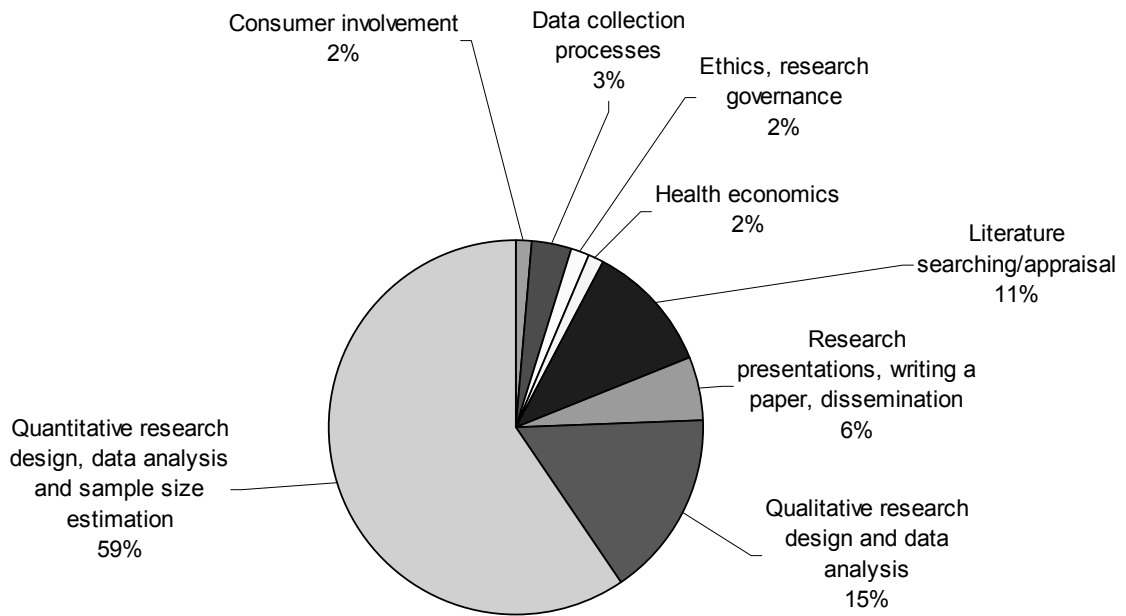
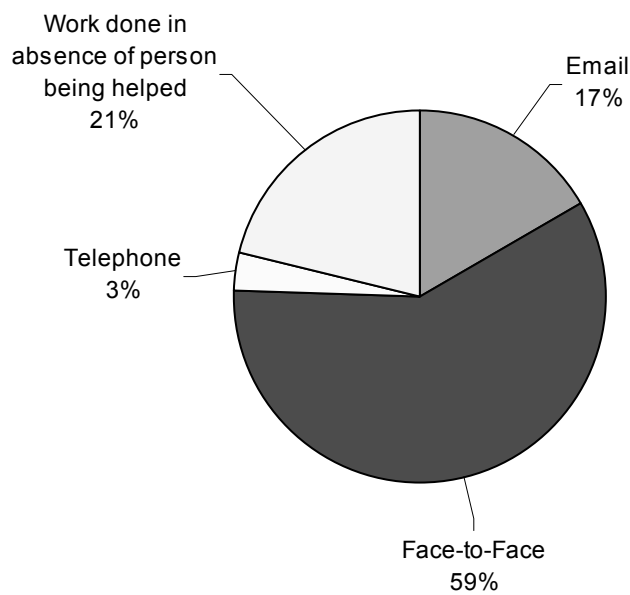


Figure 2: Form in which Project-related Advice was Given (Booked Advice Clinics and Ad Hoc Sessions)

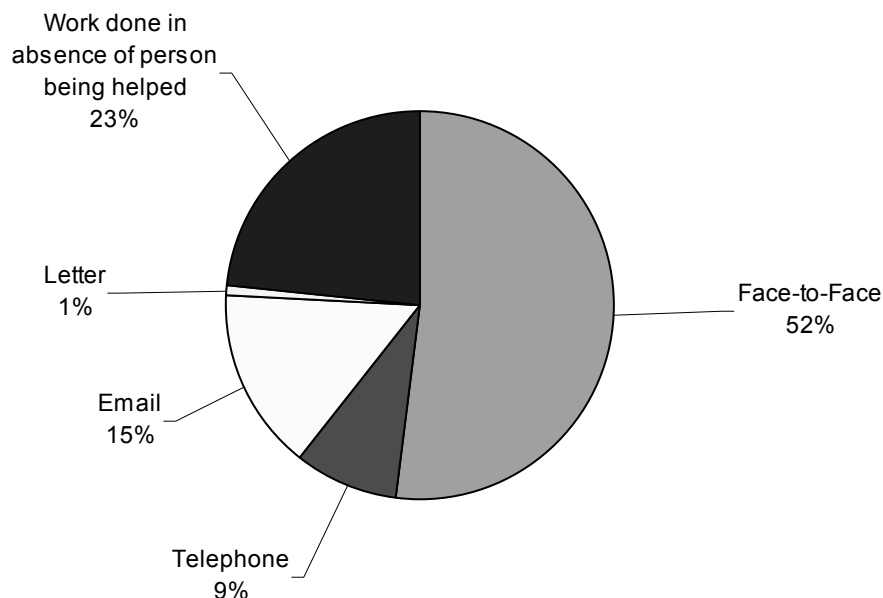


One example where RDSU statistical advice and support has contributed to a successful Research for Patient Benefit bid (Round 3) is given below:

Case Study:
A multi-centre randomised controlled trial of rehabilitation aimed at improving outdoor mobility for people who have had a stroke
After having developed and tested an intervention for improving outdoor mobility after stroke in an exploratory single centre randomised controlled trial, a team of researchers decided to undertake a further study to evaluate the effect of the intervention in a larger population. A RDSU statistician worked with the team in developing a multi-centre randomised controlled trial and provided advice on the design and analysis for the study. The team was successful in obtaining funding and the study has recently started. The RDSU statistician is a co-investigator.

The RDSU also provided 520 hours of advice and support which is not project-related. This “Other Capacity Development” support is general research-related support to individuals, groups or organisations. Figure 3 below indicates the form in which this support was given.

Figure 3: Form in which Other Capacity Development Support was Given



The Trent RDSU also has an Information Service with staff based in Sheffield and Leicester, who travel regularly to other areas of the region, including Nottingham and Lincoln, to provide information-related advice and support. The key features of the Service are detailed below. The RDSU also provides regular e-mail up-dates on news and research activity in the region and the latest funding opportunities and provides reference access to a collection of books, journals and reports.

Enquiries

The enquiry service takes enquiries in person, by e-mail and by telephone. Enquiries range from simple support for database searching and reference management to detailed requests for statistical information. In the period 1 April 2008 to 31 March 2009 the enquiry service responded to a total of 725 enquiries, amounting to 365 hours of support.

Literature Searching

The RDSU Information Service undertakes literature searches on behalf of NHS staff in the region. Requests can be submitted in person, by phone or by e-mail and results can be posted, e-mailed, or both. The service is well used and valued and in the period 1 April 2008 to 31 March 2009 the service undertook 26 literature searches, amounting to 91 hours of support. Examples of some of the topics on which literature searches have been carried out are given below:

Case Study:

The Trent RDSU Information Service has undertaken literature searches on a wide range of topics including:

'Telehealth and COPD'

'Young people's health service needs'

'Methadone and oral health'

'Cognitive behavioural therapy for congestive heart failure'

'Leadership and interprofessional teams'.

One-to-one training

The one-to-one training and advice service allows NHS staff in the region to obtain support for key research methods including literature searching, reference management and critical appraisal. Many staff who attend the RDSU's short courses subsequently attend a one-to-one session to receive advice tailored to their needs and research activities. In the period 1 April 2008 to 31 March 2009, the service undertook 75 one-to-one sessions, amounting to 125 hours of support.

Funding searches

In addition to the regular e-mail up-dates of funding opportunities, NHS staff in the region can request a specific search for funding to meet their needs. In the period 1 April 2008 to 31 March 2009, the Service undertook 17 funding searches, amounting to 34 hours of support.

3.1.3 Quality of Advice and Support

The quality of advice and support is monitored via evaluation forms administered at advice and support sessions. During 2008/09, 157 forms were given out and 79 (50%) were returned. Response rates varied across the geographic sites from 40% to 61%.

The majority of users sought advice at either the planning and design stage (38%) or at the data analysis stage (37%). Few people sought advice on ethical approval (4%) or data collection issues (7%). All those who responded indicated that advice had been delivered at an appropriate level, and 98% felt that the advice had been useful (75% considered the process *extremely useful*).

As part of the evaluation, users are invited to make comments on the service provided by RDSU staff. These were all very positive.

Some examples of comments made by users of the RDSU's advice and support service:

- Very sophisticated, very positive and very supportive. In short "Great";
- Excellent explanation of the topic despite its inherent complexity. Excellent demonstration in how to use SPSS appropriately;
- Very clear and concise, very helpful;
- Found it very helpful, the advisor had read everything and was really prepared for the session;
- They were extremely helpful and completed all the queries that I had;
- Well explained – Data analysed thoroughly – Good clear explanation – very useful indeed;
- Very grateful, I felt very lost without it;

- Very approachable person who responded to my questions very quickly, giving clear, concise and relevant advice and support;
- The service is useful and should continue despite the approaching changes to the Trent RDSU.

3.1.4 Briefing and Up-dates on NIHR Funding

An increasing focus upon NIHR funding streams has led to the development of a series of funding workshops which are run across the region. To date 3 workshops have been run considering the RfPB funding programmes; events have been held in Nottingham, Chesterfield and Lincoln. Workshops both publicise these funding opportunities and also offer information about them. Topics addressed included:

- bid specifications;
- Directors' comments;
- hints and tips;
- frequently asked questions.

69 participants have attended these events. Further events, addressing these and other funding programmes, are planned as an integral part of the RDS EM service.

3.1.5 Future Direction of Advice and Methodological Support

Transition to the new, design focused RDS EM service is bringing about changes in both the substantive focus and in the mechanisms used for delivering advice and support.

Substantively, advice and support giving now focuses upon working with researchers in developing and designing high quality research proposals for submission to national, peer-reviewed funding competitions. All aspects of research design are supported, including: focusing ideas and refining questions; methodological issues; building a research team; effective bid writing; and, involving patients and carers in research. Our more general, broad-focused provision of research advice and support will be phased out in the new service as we focus more explicitly upon increasing the number and quality of bids made to NIHR funding streams, with a particular concern for the Research for Patient Benefit programme.

The mechanism for delivering advice and support is being adapted to address this objective. Bookable research clinics have ceased, with the RDS EM committed to offering advice and support in a flexible and responsive fashion convenient to those seeking our assistance. Multi-disciplinary teams of RDS EM staff are working with researchers to support all aspects of the research design and funding application process; an RDS EM advice co-ordinator acts as a central point liaising between those seeking and those offering advice and support. It is envisaged that support will be on-going (rather than one-off) with the RDS EM encouraging enquiries at the earliest stage of research design development, and remaining involved until funding has been achieved.

Section 3.2 Research Collaborations and Leading Research

Through involvement in research activity as collaborators or leaders, and by providing specialist advice, the Trent RDSU works to:

- encourage local health and health-related social care researchers and research organisations;
- respond to NHS national priorities for health services and health-related social care research;
- support researchers in the development and design of high quality research proposals for submission to national, peer-reviewed funding competitions for applied health or social care research;
- support and lead research collaborations across health and health-related social care organisations, networks, other RDSUs and academic departments;
- facilitate the production of high quality health services research through collaboration with individuals, groups and organisations, and participation in national research networks;
- involve patients in research, through participation in specific projects and in research infrastructure in health and health-related social care organisations;
- deliver research outputs including winning research grants and publishing high quality peer reviewed publications;
- ensure that its research outputs are generalisable and relevant to the wider health context, taking account of current national R&D strategies, and the needs of national disease specific and general research networks.

Trent RDSU staff engage with researchers from health and health-related social care at a variety of levels:

- advice at any stage of a research project e.g. to comment on a proposal (activity is logged but not necessarily acknowledged);
- continuing or on-going support and advice, leading to acknowledgement in a publication;
- as an active key worker or advisory group member and a named author in publications:
 - without time costed in the proposal
 - with time costed in the proposal (e.g. for focus group work);
- as a co-applicant on proposals and a named author in publications;
- as a lead applicant on proposals and first author in publications.

3.2.1 Research Collaborations

Trent RDSU researchers have collaborated extensively in health-related projects with teams from NHS, social care, industry, charitable and academic organisations. Research projects in which RDSU-staff have collaborated are listed in Appendices 2a and 2b. During the period 2008/09, RDSU funded researchers:

- have collaborated or led in 52 on-going projects valued at £20,533,757;
- have completed 22 projects valued at £2,963,792.

Funding organisations have included:

NIHR Research for Patient Benefit (RfPB) Programme, NIHR SDO Programme, NHS HTA Programme, National Institute for Health and Clinical Excellence (NICE), NHS Connecting for Health Evaluation Programme, Patient Safety Research Programme, NIHR NEAT Programme,

Health Services Research Programme, Medical Research Council, Burdett Trust for Nursing, Kidney Research UK, The Health Foundation, Dunhill Medical Trust, MS Society, Diabetes UK, Cancer Research UK, ESRC New Dynamics and Ageing Programme and the Food Standards Agency.

3.2.2 Leading Research

Although the main focus of Trent RDSU activity is to support external research teams, occasionally RDSU staff will act as the Principal Investigator in research collaborations. Examples of research led by RDSU staff include:

- Biomedical Research Unit in Deafness and Hearing Problems (Lead: Heather Fortnum);
- Consultation Outcomes (Lead: Elizabeth Ockleford).

The RDSU believes that collaborating in and leading research is critical for maintaining the credibility of RDSU staff as researchers, for developing their research careers and for initiating research that would not otherwise take place. RDSU-led research projects are included in Appendices 2a and 2b.

3.2.3 Research Publications and Presentations

RDSU staff have contributed to a wide range of articles including 23 publications in peer reviewed journals as well as books and chapters in books, abstracts, letters to journals and conference presentations. Typical examples include:

- Victoria Owen co-authored 'Comparison of a high-resolution magnification narrow-band imaging and white-light endoscopy in the prediction of histology in Barrett's oesophagus.' appearing in Scandinavian Journal of Gastroenterology;
- Jane Dyas co-authored 'Magic bullets for insomnia? Patients' experience of newer (z drugs) versus older (benzodiazepine hypnotics for sleep problems in Primary Care' appearing in British Journal of General Practice;
- Heather Fortnum co-authored the monograph 'The role of magnetic resonance imaging in the identification of suspected acoustic neuroma: a systematic review of clinical and cost effectiveness and natural history' published by the HTA.

Publications and presentations by RDSU staff whilst employed by the RDSU during 2008/09 are detailed in Appendices 2c, d and e.

3.2.4 Maintaining and Developing Expertise within the RDSU

In order to provide valuable advice to others it is critical for staff to maintain and develop their methodological expertise and awareness of the latest developments in NHS research priorities, funding and support infrastructure. In particular a stronger concern for NIHR funding streams (and research design) has led to a specific focus upon the following areas:

- continued familiarisation with the on-going developments in NHS research and development infrastructure, funding, governance and information systems arising from Best Research for Best Health;
- knowledge of funding schemes and processes, in particular Research for Patient Benefit (RfPB), Programme Grants for Applied Research, Policy Research Programme, Invention for Innovation, Research for Innovation, Speculation and Creativity (RISC), Collaborations for Leadership in Applied Health Research and Care (CLAHRCs) and Biomedical Research Units;
- patient and public involvement in research and development. Trent RDSU has continued to work with INVOLVE and has now identified staff to take on PPI lead responsibility at each unit. The leads provide specific advice to researchers but have also been working with RDSU staff

to ensure they gain experience of PPI and an understanding of the benefits of working with the public at all stages of the research process. This has included meetings to explore the role of the RDSU in supporting PPI in health research.

3.2.5 Future Direction

Like the Trent RDSU the RDS EM will remain committed to delivering the national NHS R&D strategy by supporting leading-edge research focused on the needs of patients and the public. To achieve this the RDS EM will work with researchers from the NHS and health-related social care to support the development and design of high quality research proposals for submission to national, peer-reviewed funding competitions for applied health or social care research.

RDS EM staff will work primarily to this end; however it is likely that staff will wish to remain research active in order to maintain their professional skills. In these cases RDS EM staff will be included in research projects as co-applicants, with their potential time commitment costed accordingly.

The RDSU anticipates developing and strengthening relationships with:

- research teams from NHS Trusts and health-related social care;
- National Clinical Studies Groups;
- Royal Colleges and other professional bodies;
- Biomedical and Patient Safety & Service Quality Research Centres;
- the pharmaceutical industry and manufacturers of medical devices;
- NHS Innovation Hubs;
- the UK Clinical Research Collaboration and UK Clinical Research Network;
- Comprehensive Local Research Networks;
- Primary Care Research Networks;
- those who wish to utilise the infrastructure afforded by the Clinical Research Networks;
- National Institute for Health Research and investigators, senior investigators and associates of the Faculty;
- the INVOLVE national advisory group on patient and public involvement in research;
- Universities.

Section 3.3 Learning Events

3.3.1 Training Activity

Over the last year the RDSU has evaluated the provision of all training across the region, including reviewing the existing curriculum and exploring the needs of stakeholders. The reduced number of courses reflects the time taken to redesign and develop new courses with an emphasis on research design that are delivered across all sites.

Table 1: Summary of Short Courses 1 April 2008 – 31 March 2009

Category	Number of Courses
Quantitative methods (including health economics)	27
Qualitative methods	4
Research ethics and governance	2
Questionnaires, surveys and interviewing	3
Information resources	18
Other (including writing for publication, introduction to the research process, building research capacity and user involvement)	9
Total	63

The courses continue to be popular, with 782 attendees in 2008/09 attending 63 courses (Appendix 3a).

Case Study:

The RDSU ran its first ever e-learning course in February 2009. The course attracted over 50 participants and the course materials, which consisted of Word documents and PowerPoint files, were delivered via a wiki site to ensure ease of access to all participants. The course covered the basics of conducting a brief literature search to support a search bid- known as a 'scoping search'. Such searches enable users to get an idea of what research has already been done on their subject, which methodologies have been employed successfully and what 'gaps' there are in the research literature. Feedback on the course was excellent, with many participants remarking that they liked the e-learning format. Comments includes "What a great way to run courses!" and "I found the online access a very good way of doing the course".

The course is being run again later in the year, along with a new e-learning course on searching for qualitative research, in response to popular demand.

The evaluation and booking forms have been up-dated to collect more detailed information on those receiving services from the RDSU. The data collection has now extended to show the attendance pattern of a greater range of professionals and organisations and, in doing so, has reduced the number recorded in the unknown category. Overall, the attendance patterns by professionals or organisations remain similar with the exception of NHS Mental Health Trusts, which have seen a significant increase in numbers (Figure 5).

Figure 4: Attendance of Participants in the Trent RDSU Short Course Programme by Type of Organisation

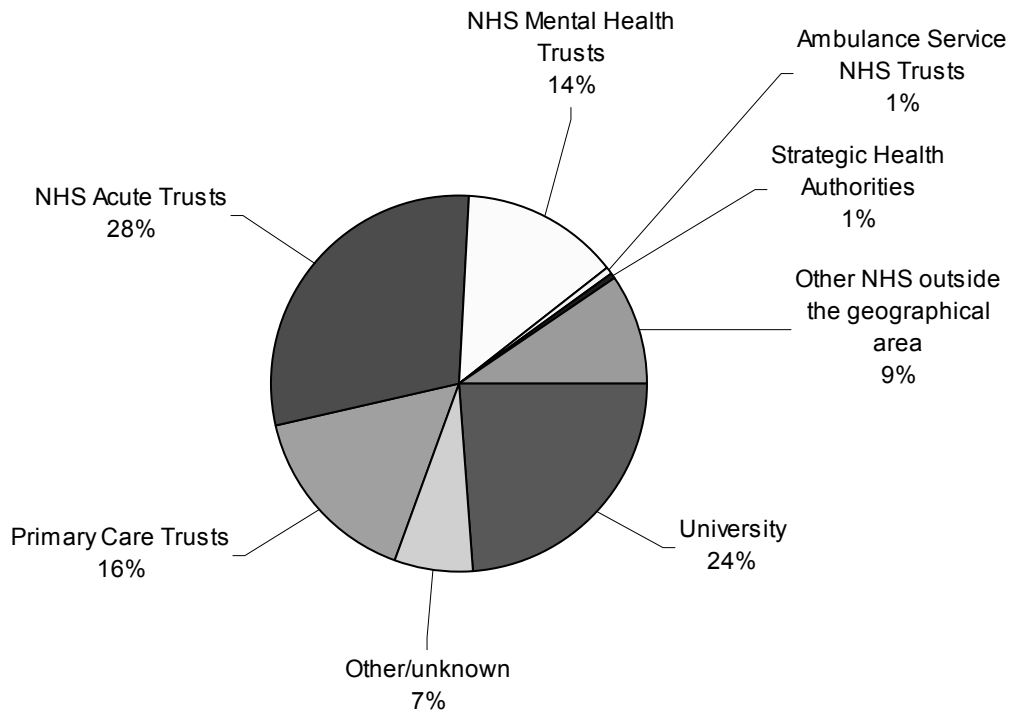
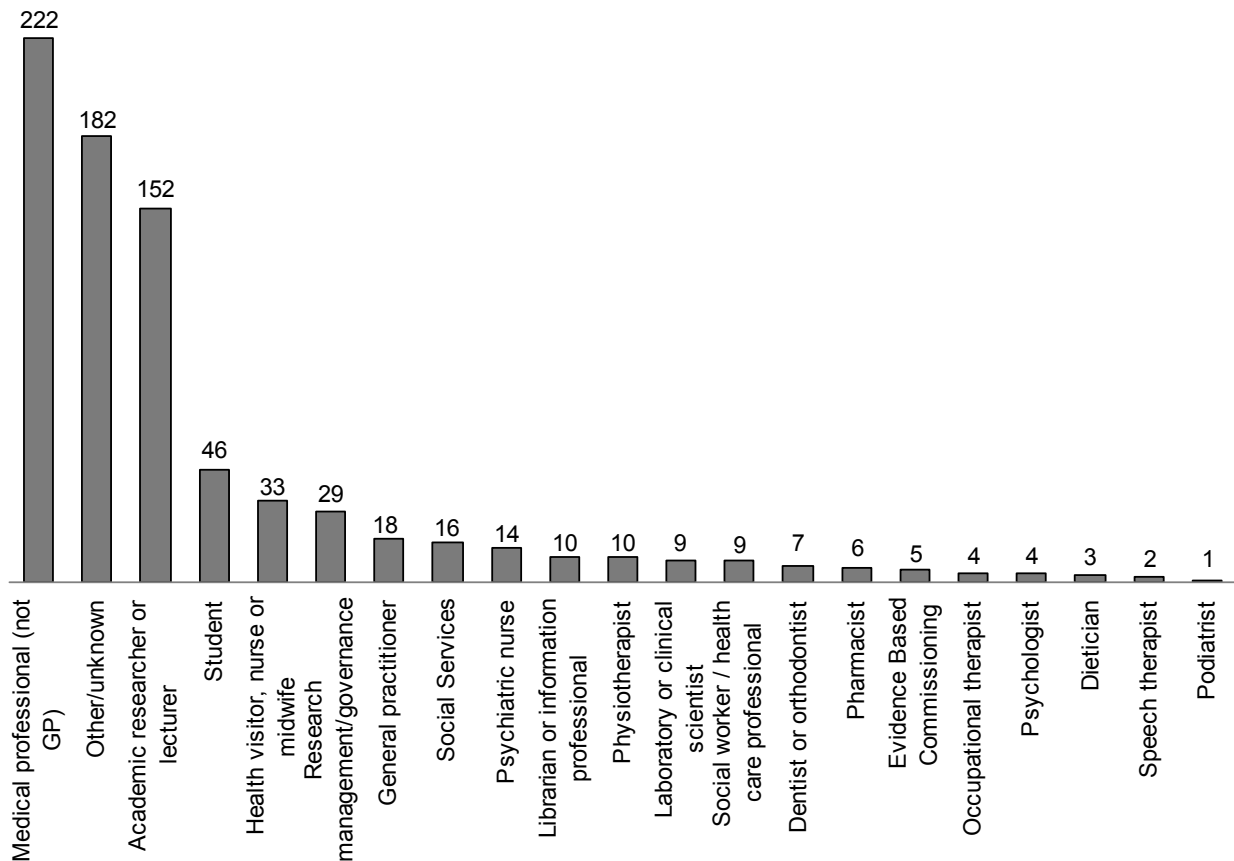


Figure 5: Attendance of Participants in the Trent RDSU Short Course Programme by Reported Profession



3.3.2 Funding Workshops

During the year 2008/09 we began to work more in line with the role of a Research Design Service and began to offer workshops on the NIHR research programmes at venues spread geographically throughout the region. The first three were highly focused on the Research for Patient Benefit (RfPB) programme. The workshops have several purposes. Firstly to outline the components of the funding streams; secondly to give researchers some insight into the requirement of an appropriate and high quality bid; finally to provide an opportunity to meet RDS staff for a one-to-one consultation; and to get to know the help our service can provide.

The three funding workshops held to date evaluated very well and, as a result of comments received, we are planning to hold one specialist workshop with the HTA programme, three exploring the full range of funding opportunities in NIHR programmes, including RfPB; and three specifically aimed at those applying to RfPB.

Table 2: Workshop Events

Location	Date	Number attending
Queens Medical Centre, Nottingham	11.01.08	25
Chesterfield and North Derbyshire Royal Hospital	19.01.09	19
Lincoln University	21.01.09	24

3.3.3 Future Direction

The move towards a RDS service will result in a programme of courses to include access to funding streams, PPI and methodology for research design. These courses will be delivered across the region at NHS Trusts in addition to the RDS locations.

To familiarise all staff with the new training programme, it is intended that all RDS staff will be given the opportunity to attend courses where appropriate.

Section 3.4 Mentoring Researchers and Research Teams

Mentoring is an important aspect of the contribution made by the RDSU to research active individuals, teams and organisations. It is provided in a range of ways:

- **Mentoring research teams.** Mentorship with teams is an important function of an RDSU both at a developmental and capacity building stage and also for teams submitting proposals for grants.
- **Mentoring support for organisations.** The five year vision of the NHS R&D Strategy 'Best Research for Best Health' includes the need to have a thriving research culture within the NHS and a supportive environment for researchers. Local experience has shown that organisational and managerial support is important for their success. The RDSU provides mentoring support for a variety of organisational research groups and networks, and also for research managers and facilitators.
- **One-to-one mentorship on request.** The RDSU also provides mentorship on request to developing HSR researchers including support to research fellows and service users.

A number of RDSU programmes and activities have been intended to facilitate this form of mentorship and research activity development:

3.4.1 Designated Research Teams

In the period of this report, April 2008 to March 2009, four Designated Research Teams (DRTs) have received funding from the RDSU. Each of these showing diversity in the nature of the research that is supported in this highly structured way.

Two of the teams successfully completed their contracts. That led by Dr Stephen Rogers (31 September 2008) and that by Dr Monica Lakhanpaul (31 October 2008). In both teams the lead researchers have gone on to further their research activity and we look forward to continuing our working relationship with them as the NIHR RDS East Midlands.

The following teams were awarded DRT status on 1 April 2008. Both teams have exceeded their annual review targets and will go on with funding for a further year and will complete on 31 March 2010.

The "Falls" DRT led by Mrs Kate Robertson, Occupational Therapist, is a DRT based in Nottingham. The team aims to explore the use of falls prevention interventions in residential care using the Guide to Action Tool for use in the residential setting. Other team members include Marie Ward (Profession Nurse, Clinical Specialist for Falls) and Julia Pollard (Physiotherapist, Professional Lead and Team Leader) with academic support provided by Dr Pip Logan who is a Senior Research Fellow at the University of Nottingham.

Case Study:

An excerpt from the annual report of the "falls" team outlines the project that has received ethical approval and is due to commence data collection.

"The objective of the research is to develop a falls management tool to be used within care homes for older people by care home staff. The tool will aim to highlight factors which may contribute to the risk of an older person falling, and suggest actions which may be taken to reduce or reverse that risk. The "Falls Tool Project" will ask all care home managers within 2 geographical areas of south Nottinghamshire (Nottingham city and Rushcliffe borough) to express an interest in being involved in the project. Purposive sampling will then be used to identify 3 homes to participate in Rushcliffe and 7 in Nottingham city. The care home managers will be the participants and the care home owner will consent to their staff participating in the research by attending a training session on the use of the tool and the tool being used over a 3 month period to identify its usefulness and any changes that need to be made. We will test intra-rater reliability as part of that trial. We will then ask the participants (managers) to anonymously identify 2-3 residents for us to complete a

case study, to identify whether actions were taken as per the tool. Consent for this part of the study will be gained from the individual resident.”

The “Equine therapy” team led Dr Vivien Rushmere, Clinical Psychologist, is based in Lincoln. The initial aim of the project was to develop a programme of equine-assisted activity with quantifiable outcomes, designed to enhance service users’ life-skills and to build confidence and self-esteem in a measurable way. The team also aims to define a model of equine-assisted therapy which facilitates understanding of the therapeutic process and which is amenable to quantitative testing in order to demonstrate evidence-based efficacy. Other team members include Anne Chafer (Non-clinical Training Officer), Penny Blythe (Community Support Worker), Dianne Tetley (Research and Effectiveness Manager), Brian Swallow (Senior Lecturer), Dr Mark Gresswell (Deputy Course Director – DclinPsy), Dr Elizabeth Dower (Consultant Clinical Psychologist) and Dr Anne Thompson, Consultant Psychiatrist) with academic support provided by Dr Mark Curry who is a Senior Lecturer at the University of Lincoln.

Case Study:

A brief overview of the successful first year’s activity of the “Equine therapy group”

- *The research team has attended research training both internally and through Trent RDSU courses;*
- *The research team developed a protocol for phase 1 of the project, which focused on exploring the effects of a 10 week programme of equine assisted activity, on the psychological well-being of 16 service users with complex mental health difficulties;*
- *The protocol achieved both ethical approval and R&D Trust approval and the first 8 participants have completed the programme held at University of Lincoln, Riseholme Campus;*
- *A focus group session to capture qualitative data has been facilitated and analysis of the data is underway;*
- *Quantitative data has been gathered using clinical assessment tools;*
- *The second cohort of participants has been recruited;*
- *Service users have become core members of the research Team. Their involvement has been hugely valuable in every aspect of the research project;*
- *Criminal Records Bureau checks have been completed to enable one service user to co-facilitate future focus groups;*
- *Anne Chafer has successfully registered and commenced her MPhil with the University of Lincoln.*

3.4.2 RCDA Awards

The RDSU’s Research Capacity Development Awards (RCDAs) are aimed at supporting research capacity developments in health and health-related social care and are open to individuals, groups and organisations in the Trent area. The awards have continued to prove very popular and provide the funds required to give practitioner researchers the means to achieve research skills, outcomes and confidence that enable them to continue with research that is relevant and close to practice. Since 1 April 2008, there have been three funding rounds with 56 applications in total, of which 11 were approved for funding. Although there has been a significant increase in the number of applications with the final round attracting 46 applications only 7 were funded. For the majority the low success rate was related to the applications not meeting the guidelines or not being within the scope of the award.

The NHS Trusts and social health care organisations that have received funding in the past year are:

- Derbyshire County Primary Care Trust;
- Derbyshire Mental Health Services NHS Trust;
- East Midlands Ambulance Service NHS Trust;

- Lincolnshire Partnership NHS Foundation Trust;
- Northamptonshire Healthcare NHS Trust;
- Nottinghamshire Healthcare NHS Trust;
- Nottingham University Hospitals NHS Trust;
- Sheffield Care Trust;
- Sheffield Teaching Hospitals NHS Foundation Trust.

As with all research capacity development work, RCDAs are intended to develop sustainable skills and expertise that enable researchers to climb the research ladder. Good examples of these are provided below.

Case Study:

Increasing the profile of the UK Dermatology Clinical Trials Network in the primary care community

A variety of strategies have been employed to do this, namely the distribution of flyers to research interested practices and individuals, attending relevant meetings as an exhibitor and the publication of articles about the UK Dermatology Clinical Trials Network (UK DCTN) in relevant primary care dermatology journals. The Network was also delighted to have been invited to present the work we have been doing on increasing links with the primary care community as an oral presentation at the recent PCRO-PCRN annual meeting.

The combination of these activities has led to a much higher profile of the Network in the primary care community, resulting in an increase in primary care members of almost 400%. This increase of 22 new members is slightly short on the target of 25 stated in the application for the award. However, due to this increased profile we are seeing an ever increasing number of enquiries from primary care and expect that this target will easily be met shortly. In addition, it is hoped that within the next 6 months at least one of these members will become more involved in the Network and join the UK DCTN Steering Committee, as this was also an original target of the project.

Case Study:

The North Trent Consumer Research Panel DOCTER Project

In the past year the lead applicant has produced usable versions of the questionnaire in two versions, one for patients and one for carers. He has made contact with several user groups in the Sheffield area to explore methods of rolling out the questionnaire.

Trent RDSU courses on Ethics and Governance, Basic Statistics, Data Management, Interview Techniques, Questionnaire Development, Health Economics and Critically Appraising Research were attended with the information disseminated at an education day at Sykes House.

The project was the subject of a poster presentation at the INVOLVE conference (11 November 2008) in Nottingham, where it attracted attention from the Breast Cancer Care Association, and members of the research staff at Leeds University, both of whom would like to use the research tools developed. The project has been discussed widely and at many venues the input of Trent RDSU has been highlighted. This will continue to happen during the coming year. It is hoped that by the end of 2009, the pilot will have been completed.

3.4.3 User Involvement in Pre-protocol Research Awards

The user involvement in pre-protocol work award scheme was established in August 2007. It was created in recognition of the lack of resources for pre-protocol work, despite the involvement of patients and members of the public in health care being a priority within the UK. It is good practice for members of the public who are actively involved in health care research to be paid for their time, skills and expertise and inequitable to expect people who are unpaid to work alongside other members of the research team who are paid (www.invo.org.uk). It was proposed, therefore, that a

number of small awards (20 @ £500) be offered to practitioners/researchers in health and health-related social care to promote the involvement of service users in pre-protocol work.

Applicants have to demonstrate that they propose to:

- use the award for pre-protocol work for studies where user involvement is a key requisite of a successful application for funding bodies. Priority is given to National Institute for Health Research (NIHR) Portfolio approved studies;
- involve members of the public, patients or carers in generating and developing ideas and in proposal writing for health and health-related social care research;
- follow good practice guidelines for active public involvement in research (www.invo.org.uk);
- develop an evaluation strategy to monitor service users' experiences of their involvement in pre-protocol work;
- continue to involve service users at an appropriate level in relation to the research design in the study, should it be funded;
- write a short report to reflect on the above and, in particular, to evaluate whether involving service users added value/improved the quality of the research design.

Four awards were distributed in 2008/09 (see table below), with one further application referred for amendment. In total 10 awards have been granted to date.

Table 3: User Involvement in Pre-protocol Research Awards

NHS organisation hosting lead	Focus of Activity	Supporting service users
School of Dentistry, The University of Sheffield	Impact of trauma-related dental care	To establish a network of interested child and carer service-users within primary and secondary dental care
Sheffield Teaching Hospitals NHS Foundation Trust	Proposed research project focuses on understanding the experiences and outcomes of minority and migrant women within maternity services in the UK	Half day participatory development workshop and site visits for one-to-one/small group user consultations
Derby City Hospital	Systematic sample of current patients referred to the local bariatric surgical service	Two focus groups; series of meetings; consultation on detailed design and methods of study; evaluation through feedback surveys and a brief review
NHS Sheffield	Two consultation events and questionnaires on the views of heart failure service users	Funding 1 of the 2 consultation events. Attendance fees, preparation fee, transportation, carer's fees, refreshments at events plus postage for evaluation forms

2008/09 saw the submission of five end of award reports. These reports demonstrated that the involvement of more than 40 service users had been facilitated by this funding across these five projects; involvement either taking the form of participation in consultation events (i.e. focus groups, community meeting), or through on-going involvement in research steering groups.

Feedback was broadly positive about the scheme and the benefits that it offers to those developing research proposals. Key benefits include: successfully refining and focusing research questions, and establishing positive relationships for future service user involvement in research.

Case Study:

To identify dental trauma-specific patient- and parent-centred outcome measures to give greater meaning to the proposed randomised controlled trial

On 19 August 2008 the Sheffield School of Dentistry held focus groups, of both adults and children, to inform the selection of appropriate outcome measures for a dental trauma randomised controlled trial. The focus groups comprised six children (aged 8-15 years) and six parents. The grant proposal was submitted in October 2008.

The focus groups worked very well and provided rich data to identify what aspects of the management of dental trauma were important to the service users themselves. These aspects were translated into outcome measures. This was the first time this approach has been used in dental research to identify outcomes measures for a clinical trial.

Case Study:

Improving alcohol services through research

On 13 September 2007 we held a meeting of local experts to explore the potential for developing large research proposals in relation to the NIHR programme funding. We identified potential topics for research and agreed to hold a service user consultation, which took place on 13 December 2007, with nine service users, three co-ordinators and one invited speaker.

The consultations have generated service users' priorities for research topics. These are weighted towards early intervention, prevention and identification of problems. The problem of stigma and labelling, which has effects on people receiving treatment, occupied much of the discussion, with particular concern about the way that medical records seem to be used to flag up people with a history of alcohol problems. The accuracy of medical records was also a topic of interest for some people. The lack of information about controlled drinking was noted, as well as the complex problems faced by people with more than one diagnosis (e.g. mental illness in addition to alcohol dependence).

It has been relatively easy to engage with interested parties. However, we wanted to hold a consultation event in north Nottinghamshire but it proved impossible to find a suitable venue within our budget.

3.4.4 Conference Awards

The RDSU conference award scheme has had a large fall in the number of applicants from 9 in 2007/08 to only one application in 2008/09. The reason for this reduction is unknown and difficult to interpret due to the positive feedback from previous applicants. All those in receipt of an award have now completed a report on the use of the funding, with one producing an article for the RDSU newsletter.

Case Study:

Using local evidence to support world class commissioning and innovation

On 3 October 2008 NHS Nottinghamshire County hosted the third annual regional research conference. The event was supported by partners from NHS Lincolnshire, the Trent Research and Development Support Unit and the Primary Care Research Network for the East Midlands and South Yorkshire. The aim of the event was to bring together primary care commissioners, practitioners and researchers to share good practice and to learn more about world class commissioning and the role research and evaluation has in supporting it. Over 100 delegates attended from Nottinghamshire, Lincolnshire and Derbyshire and the event was opened by Mr Tom Fremantle, Chairman of the Board for NHS Nottinghamshire County with a keynote address on the scarcity in healthcare settings and how this fits with the World Class Commissioning agenda, delivered by Professor Cam Donaldson from Newcastle University.

The conference report was published in the NIHR Research Design Service for the East Midlands Newsletter in February 2009.

3.4.5 Future Direction

Transition to the new RDS EM service has brought with it a new set of priorities, and activities focused in slightly different areas. One significant part of this has been the reduced priority offered to research capacity building activities such as those described in this section. Consequently the DRT Programme, RCDA Awards and Conference Awards are all being phased out and will cease to be funded or supported after March 2010.

The User Involvement in Pre-protocol Research Awards will however continue in the full RDS EM service, with the explicit objective of facilitating service user engagement in the development of research protocols and grant applications.

Section 3.5 Development of Networks and Reputation

Trent RDSU has engaged extensively with local NHS, social care and academic groups and organisations to promote research opportunities and collaborations. Much of our success in supporting local research has been underpinned by our ability to bring together a wide range of infrastructure and expertise in clinical care and research design and delivery.

3.5.1 Links with Networks in the UKCRN

The RDSU has worked with researchers associated with UKCRN networks across the East Midlands, including:

- Trent Medicines for Children Network;
- Trent Stroke Network;
- East Midlands Mental Health Research Network (MHRN);
- Primary Care Research Network-East Midlands and South Yorkshire (PCRN-EMSY).

RDSU employees are members of the PCRN-EMSY Strategic Board and have worked with the network to summarise the evidence base for maximising recruitment in primary care.

The RDSU also has strong links with the Comprehensive Local Research Networks (CLRN), particularly in relation to mapping and developing educational opportunities for research and in supporting patient and public involvement in the research process. Several members of the RDSU team are also members of research Comprehensive Clinical Research Network (CCRN) Specialty Groups.

3.5.2 Links with Trusts and Health-Related Social Care Organisations

Each RDSU site is informed by local consultation with NHS Trusts and other health-related social care providers in order to shape the service delivered and to inform the development of the training programme in research design.

Trent RDSU staff have regular contact with researchers, clinicians and managers in NHS Trusts throughout the region and are well represented on NHS research steering groups and committees (for further information see Appendix 4), and through extensive professional networks.

The RDSU has organised workshops and events for NHS and other health and social care organisations to explore opportunities to bid for research funding. These have included workshops on Research for Patient Benefit (RfPB) and other NIHR funding streams, up-dates on new NIHR developments, including developments in the process for gaining research permissions, and a series of “outreach” educational sessions, including in support of patient and public involvement in research.

3.5.3 Work with Strategic Health Authorities (SHAs) and other Regional Agencies

The RDSU is keen to work with and support regional developments in research in partnership with Strategic Health Authorities, Healthcare Workforce Deaneries, Regional Development Agencies, NHS Innovation Hubs and other relevant organisations. For example, the RDSU contributed to, and is a key component of, the East Midlands Health R&D Strategy.

3.5.4 Support to Primary Care Organisations

The Primary Care Research Leads (PCRL) Group has continued to be chaired and facilitated by the PCO Co-ordinator on a three-monthly basis. The Group has robust links to the NHS R&D Forum through representation on the Forum Primary & Social Care and Research Governance

Working Groups. This enables members to keep up-to-date from national good practice sources and feed into the Working Groups regional issues that would benefit from a national perspective.

This has been a year of continuing change for PCTs with the move towards the commissioning provider split and developments arising from the national R&D strategy. The Group has played an important role in keeping primary care R&D managers informed and enabling discussion and debate relating to key developments, such as the role of research within commissioning, and providing general support. It continues to foster regional links between PCTs and the research networks with PCRN-EMSY, local CLRN and the East Midlands MHRN hub all represented on the Group. South Yorkshire representatives continue to find it useful to attend as there is no similar forum in the Yorkshire area.

The Research Capacity Development Action Pack (RCDAP) Organisational Support Tool developed in collaboration with this group has now been piloted with 4 member organisations and 8 Ambulance Trusts. The tool has been renamed ARC (Auditing Research Capacity) and an adapted version has been developed with South Yorkshire NHS Trusts as part of the South Yorkshire CLAHRC programme. The PCRL Group has also contributed to the formatting and testing of a primary care research recruitment resource developed by the RDSU called PROSPeR (Planning Recruitment Options: Strategies for Primary Care Research) which is based on evidence from published literature.

3.5.5 PCT R&D Leads E-mail Network

The PCO Coordinator continues to send out a monthly e-mail up-date to a network of people with an R&D role or interests. The up-date contains details of, and links to, latest national policy developments, guidance, consultations and a wide range of other information, both national and local with relevance to the primary care research community. Information is obtained primarily from electronic sources – websites, alerts and bulletins. Summaries are short and practical giving an indication of relevance, importance and timescales where relevant.

In spite of continuing changes in jobs across the research community the membership has remained fairly constant at around 80 people, mostly from the East Midlands and South Yorkshire, but also including representatives from other areas who have expressed an interest in receiving the up-dates. This information service continues to be highly valued by recipients as a means of keeping up to date and in a form that they can cascade on to other people within the organisation.

3.5.6 Future Developments

The RDSU will strengthen existing links and forge new ones in order to further enhance its reputation as an effective provider of high quality research support. To do this, the RDSU will continue to work closely with:

- UK Collaborative Research Networks (topic specific, primary care and comprehensive);
- health care provider organisations;
- emerging health commissioning groups and organisations;
- groups and organisations involved in health-related social care;
- Clinical Studies Groups and Specialty Groups within the networks to provide targeted advice and support to develop research proposals;
- the Strategic Health Authority, industry, Regional Development Agencies and Innovation Hubs in the area;
- patients and the public with an interest in health research.

Representatives of many of these groups help to shape the future direction of the RDSU through membership of the Partners' Council and will be critical as the RDSU makes the transition to an effective provider of research design.

Members of the RDSU also provide advice at a national level on research capacity development as detailed in Appendix 4.

Section 3.6 Information and Communication

The NIHR RDS for the East Midlands promotes its services in a number of ways:

- publicity material;
- quarterly newsletter;
- website;
- conferences;
- Primary Care Trust (PCT) R&D Leads E-mail Network (see section 3.5.5 above).

3.6.1 Publicity and Raising Awareness of the RDSU/RDS

A significant amount of effort is focused on ensuring that researchers from health and social care throughout the region are aware of the range of services that the Trent RDSU and, subsequently, the NIHR Research Design Service for the East Midlands (RDS EM) provide. The change of name from Trent RDSU to the RDS EM, with the resulting change of role, required a major re-design of the organisation's publicity material and a new range of leaflets, flyers and posters advertising the services of RDS EM was produced. All RDS staff will support the marketing of RDS services and will develop and maintain its profile through a range of promotional activities, including participation in networking and publicity events.

3.6.2 Quarterly Newsletter

The newsletter has continued to attract a wide variety of content from both RDS staff and our users. It acts as an ideal method of promoting the RDS and what we do for our users by demonstrating how successful collaborations, between the RDS and researchers in the region, have developed and evolved. Articles over the past year have included 'NIHR Collaboration for Leadership in Applied Health Research and Care (CLAHRC): views from the North and the South', 'Using local evidence to support world class commissioning and innovation' and several articles about the transition of the RDSU to an RDS. We have recently welcomed Andy Tattersall to the editorial board and his contribution to the 'lunch-time web surfers' section has been especially useful. The newsletter has recently changed to a 4-page format to reflect the changing activities of the new RDS EM, but the aim of providing up-to-date information on the latest training, funding and success stories remains that same.

3.6.3 RDSU Website

Traffic to the Trent RDSU website has been varied in 2008/09. The site was down in April and May 2008 due to severe problems experienced by our service provider. Back on-line in June the site started slowly to pick up traffic again and in July, August, September and October the site had a high number of visitors. In total, during the year there were over 75,150 visits with over 23,000 new visitors to the site. In January 2009 the new RDS EM site went live and work was suspended on the Trent RDSU site and there is an overlap where both sites are live. Statistics for the RDS EM website will be available next year. The website is still a popular resource in English speaking countries around the world, particularly in the USA.

Table 4: Website Visits by Country

Country	Visits
United Kingdom	16,280
United States	34,195
Australia	1,194

The resources section on the Trent RDSU website is an important information portal and work is being carried out to revise and up-date this section to come in line with the new remit of the RDS EM. The new set of resource packs has proved very popular with over 11,500 downloads over the 10 months that the site was live compared to over 9,560 last year for the full 12 months.

Table 5: Resource Pack Downloads

Document	Downloads
Introduction to Qualitative Research	6,601
Qualitative Data Analysis	1,302
Presenting & Disseminating Research	648
Introduction to the Research Process	523
Introduction to Evaluating Health Services	489
Ethical Considerations in Research	479
Using Interviews in a Research Project	410
How to Search and Critically Evaluate Research Literature	278
Surveys & Questionnaires	186
Practical Statistics Using SPSS	165
Sampling	163
Using Statistics in Research	158
Experimental Design	144
Managing References	115
Health Economic Evaluation	114
Total	11,775

To utilise the Trent RDSU's services (short courses and advice and support clinics) people must register themselves as users of the services. Registration is free of charge and enables take-up of the RDSU's services throughout the region to be monitored. There are currently 3,594 registered users of whom 891 registered between June 2008 and March 2009. On registration, users disclose their job titles and employing organisation. These are analysed in Appendices 5a, 5b, 5c and 5d. On registration, users can also indicate the research skill stage at which they assess themselves to be and this is analysed in Figures 6a and 6b below. Figure 6a shows the distribution of newly registered users and 6b shows that of all the currently registered users.

Figure 6a: Research Skill Stage of Registered Users (New)

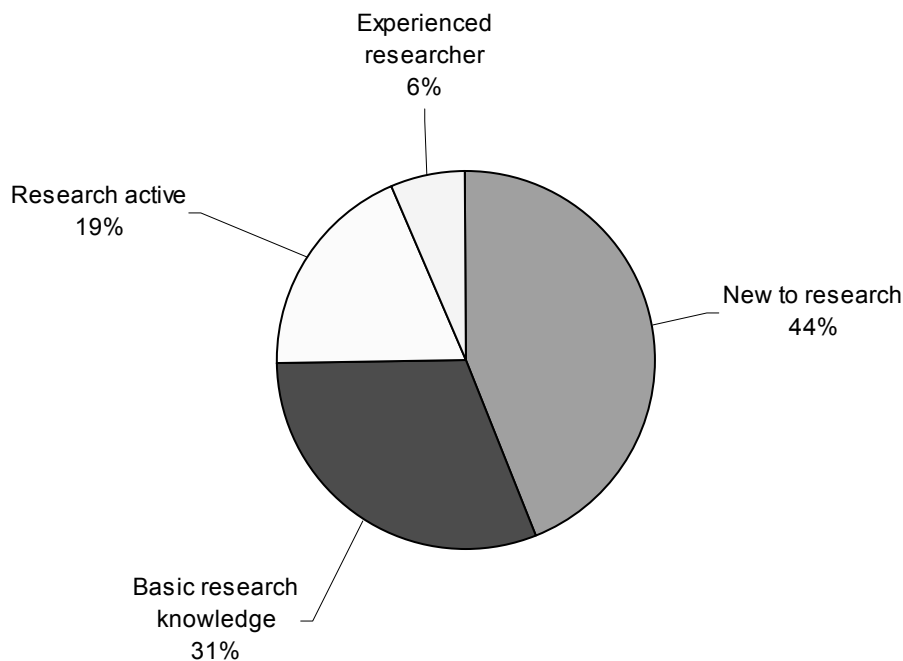
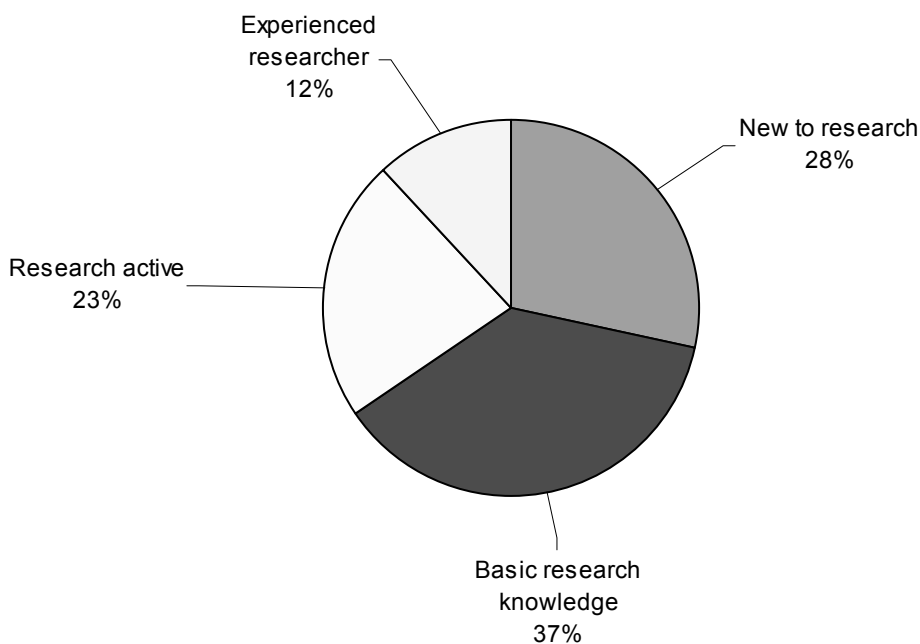


Figure 6b: Research Skill Stage of Registered Users (All)



3.6.4 RDSU Conferences

The RDSU holds a major conference every two years aimed at people from any discipline with an active interest in health services research within the geographical area served by the RDSU. The conference is free of charge. We reported last year on the RDSU conference held at the Walkers Stadium, Leicester on 17 May 2007. Due to the transfer of staff in Sheffield to the RDS YH and the transition to the RDS EM, the next event will be held in February 2010 at Burleigh Court, Loughborough University, with the theme "Making the most of your RDS".

Section 3.7 Patient and Public Involvement

“Involving patients and members of the public leads to research that meets their needs, is more reliable and more likely to be put into practice.” (www.nihr.ac.uk)

This is an important guiding principle in health and social care research, with the input and contribution of patients and members of the public considered an essential element of effective and appropriate research practice. From helping to establish suitable research priorities and pertinent research questions, to designing studies and recruiting participants, and interpreting findings and publicising results, patients and members of the public can make important contributions to the research process. These ideals have informed the activities of the Trent RDSU through 2008/09.

3.7.1 Patient and Public Involvement Activity

Patient and public involvement (PPI) in research activity has been embedded at all levels of the Trent RDSU.

At a strategic level a lay member of the Partners' Council has ensured that this principle has been brought to bear in all decision making processes and in the overall direction of the research service. Amongst the RDSU staff a regional PPI lead and designated individuals in each geographic base have taken responsibility for offering expert advice in this area; these individuals have also contributed to local and regional management groups to ensure that a PPI perspective is evident in all operational decisions. They have also supported the wider RDSU staff in this area, all of whom have been expected to adhere to those principles underlying PPI both in their own research, and in their advice and support giving activities.

Case Study:

Elderly patient experience of moving in and out of care

The RDS was approached a few weeks before this study was due to be submitted, leaving little time for full and proper advice around patient and public involvement in this research. This was a shortcoming of the application and the RDS PPI advisor discussed the benefit of seeking the views of the people who might be affected by moving in and out of care at the design stage of this study. Advice was offered on how the research team could get a small focus group of patients, public and carers together to help steer the development of this research project.

The User Involvement to Pre-protocol Research Award scheme was introduced to the research team, who have now opted to delay their research proposal submission and seek pre-protocol funding to build more robust public and patient involvement in their work.

PPI is a core issue which has increasingly been addressed as a standard aspect in all cases where advice and support has been offered; a half day training session reinforced this aim, and provided all staff with the insight and knowledge to implement this objective. Other events which promote PPI in research include a RDSU workshop delivered to the Involve National Conference, entitled *The Training Needs of Those Involved in Health and Social Care Research*. 2008/09 also saw the development of an *on-demand* PPI workshop which could be tailored and delivered to meet the needs of a range of organisations and research teams. This workshop has been delivered to groups in Derbyshire, Lincolnshire, Leicestershire and Northamptonshire, and more than 100 individuals have attended so far.

Staff from the Trent RDSU have also been active members of the RDS/Involve National Forum.

3.7.2 Future Direction

Patient and public involvement in research remains an important principle in the new RDS service, and the benefits of such activity will be promoted on all occasions where research advice and support is offered. All those who seek help in developing research proposals will be encouraged to work with appropriate service user groups in this, or will at least be encouraged to expose their research ideas and protocols to lay review. Where possible the RDS will actively link research teams with appropriate service user groups, and the maintenance of a panel of lay reviewers is an area of potential development in the new RDS.

Training within the new RDS will also promote patient and public involvement in research, and the *on-demand* PPI workshop will continue to be available to any organisation or research group within the region.

4. SUMMARY OF FUTURE DIRECTION

Over the next year to the end of the current RDSU contract, the staff within the Trent RDSU sites in Nottingham and Leicester, and those remaining at the Sheffield site will continue to provide research support to colleagues applying for research funding and undertaking research in health and health-related social care. We shall continue to develop and evaluate our provision in line with the National Research Design Service (RDS) contracts.

We aim to provide a service that is accessible to researchers throughout the region and is responsive to changes in funder requirements and NIHR priorities. The service will:

- provide an effective support service to researchers throughout the East Midlands for the preparation of proposals for submission to national, peer-reviewed funding competitions for applied health or social care research;
- be delivered by a team of highly experienced methodologists providing a comprehensive range of expertise in research design, including in clinical trials, epidemiological studies, qualitative and social research, systematic reviews and economic evaluations;
- raise awareness of research funding priorities, opportunities and requirements, particularly those relating to Research for Patient Benefit (RfPB) and other NIHR research funding programmes;
- foster appropriate and meaningful patient and public involvement (PPI), particularly in research design;
- foster collaborations between health, social care and academic researchers as well as users of health and social care services, the public and other relevant partners;
- ensure a high quality service through monitoring and review of activities and outcomes;
- support the development of research design skills, including through educational activities where appropriate;
- signpost researchers to other sources of research support outside the RDS.

In terms of developing the service we will:

- explore alternative ways of providing advice, such as, the use of webcams;
- collect information on the longer term impact of the advice given, including information on how the advice has helped individuals and research teams to develop their research and understanding and access funding;
- monitor the take-up of advice and support at all centres, including those remote from the bases, and continue to develop flexible services in the future responsive to needs;
- link with the UKCRN Networks, the Clinical Studies Groups and the Specialty Groups within the networks to provide targeted advice and support to develop research proposals;
- link with the SHAs, industry, regional development agencies and innovation hubs in the area;
- continue links at a national level including work with professional bodies, policy initiatives, health-related social care and user involvement bodies.

5. MANAGEMENT/STRUCTURE/STAFFING OF THE RDSU

Summary of the Management/Structure of the RDSU

Trent RDSU has three sites in four Universities in the East Midlands and South Yorkshire: Leicester (Leicester and De Montfort), Nottingham and Sheffield.

The structure described below has continued with the change of name to the RDS EM, but will be revised subject to a satisfactory outcome in respect of the bid submitted in April 2009 which proposes a reduction to two bases.

Each site has a **Local Business Group (LBG)**, led by a Director, which administers and manages the local organisation and delivery of the activities of the RDSU. The staff of each LBG meet together regularly for information exchange, monitoring of activity, and to make recommendations to the Regional Management Board. Each LBG is informed by local consultation with partners from the NHS, the social and voluntary sector, user groups and universities, which contributes information about the issues and needs of health and health-related social care organisations in research and research capacity building in order to shape RDSU services.

A **Partners' Council** supports the overall direction of the Trent RDSU ensuring that activity is informed by the national agenda. It has an advisory role and enables the RDSU to draw on a range of expertise and informed opinion from senior people who can provide a view from their area, have good links to the national agenda and are able to make a good strategic contribution to the Council. The membership of the Partners' Council is currently under review but the position at 31 March 2009 is set out in Appendix 6a.

The **Regional Management Board (RMB)** comprises an elected Chair, the three Directors, the leads of the Strategic Activity and Special Interest Groups (see below), a representative from each of the four Universities, the Chair of the Partners' Council, and the RDSU Manager. The RMB meets four times per year, and receives reports from each of the LBGs and activity leads. The RMB is accountable to the funder for the activities of the RDSU and has overall management responsibility. It develops the strategic aims and objectives of the RDSU, which are delivered by the LBGs, carries out financial monitoring and reporting, liaises with the funder and negotiates any renewal of the contract term. The membership of the RMB is set out at Appendix 6b.

The RDSU has two categories of activity, as identified in its strategy:

- developing research capacity;
- leading and collaborating in research.

The two **Strategic Activity Groups** of the RDSU reflect these activities:

- the **Research Education and Support (RES) Group** deals with activities relating to developing research capacity;
- the **Research Activity and Collaboration (RAC) Group** deals with activities relating to leading and collaborating in research and advice and support.

Membership of **RAC** and **RES** includes a regional lead for that activity (who acts as chair), the Directors, a lead member (or deputy) from each LBG, and a member of the administrative staff. Other staff may be invited to attend on a regular or occasional basis as required. The groups monitor activity, develop policy and recommend policy decisions to the RMB. Each local lead for the activity seeks opinion from, and feeds back to, their LBG in order to provide liaison and ensure that good channels of communication are maintained. Regional leads attend all three LBGs if and when required.

The RDSU has two region-wide areas of **special interest**, with standing groups representing these:

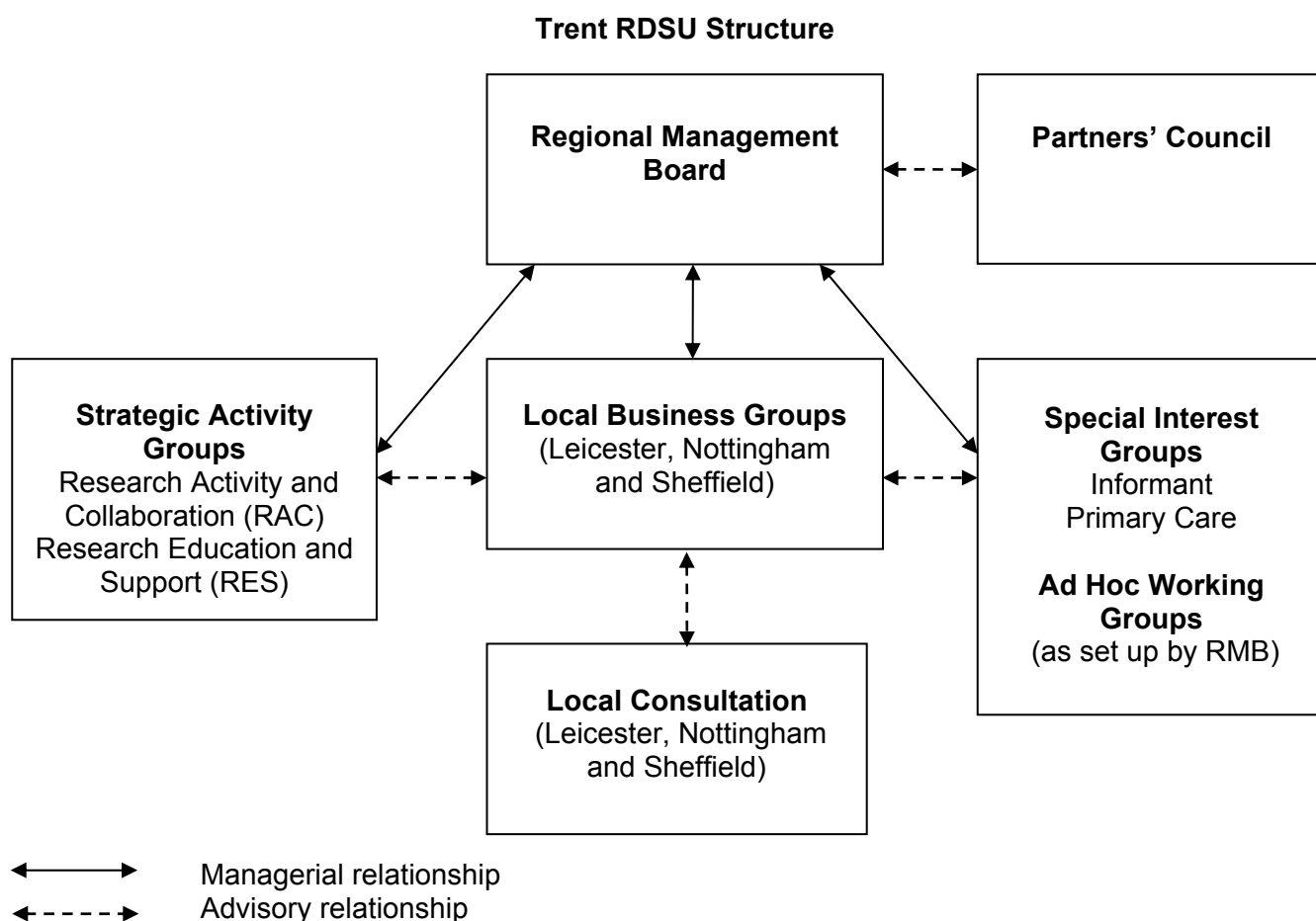
The **Information Resources Management Network (Informant)** monitors and supports the work of the RDSU in providing an information service to the region. The **Primary Care Group** ensures the needs and agenda of primary care are addressed throughout all the activities of the RDSU. Membership of **Informant** and the **Primary Care Group** includes all RDSU staff with a special interest and expertise in the area. Other staff may be invited to attend on a regular or occasional basis as required. The groups monitor activity, develop policy and recommend policy decisions to the RMB.

Ad Hoc Working Groups

These groups are convened, with the approval of the RMB, as working groups in response to particular tasks that need to be undertaken over a limited period, although some may be on-going.

Examples of tasks requiring such working groups might be:

- regional conference planning;
- website revision;
- data gathering for annual report;
- organisation of advice and support;
- research capacity building.



Staff funded through the RDSU contracts and staff changes between 1 April 2008 and 31 March 2009 are set out in Appendices 6c and 6d.

Appendix 1: Support and Methodological Advice for NHS Research

Appendix 1a: Breakdown of Analysis of Hours of Project-Related Advice and Support by Type of Organisation

Organisation	Hours
Primary Care Trusts	100
NHS Acute Trusts	1191
NHS Mental Health Trusts	163
Strategic Health Authorities	11
Other NHS outside the geographical area	44
Universities	348
Other/unknown	272
Total	2129

Note: Anyone wishing to know how many hours of advice and support were provided to their particular organisation should contact their local office of the RDSU.

Appendix 1b: Breakdown of Analysis of Hours of Project-Related Advice and Support by Reported Profession

Reported profession	Hours
Academic researcher or lecturer	259
Dentist or orthodontist	1
Dietician	1
General practitioner	24
Health visitor, nurse or midwife	32
Laboratory or clinical scientist	13
Librarian or information professional	19
Medical professional (not GP)	507
Occupational therapist	13
Pharmacist	11
Psychiatric nurse	2
Psychologist	59
Research management/governance lead	23
Social worker /health care professional	1
Speech therapist	3
Student	27
Other/unknown	1134
Total	2129

Appendix 1c: Other Capacity Development (Not Project-Related) by Type of Organisation

Trust	Hours
Primary Care Trusts	151
NHS Acute Trusts	45
NHS Mental Health Trusts	39
Strategic Health Authorities	31
Other NHS outside the geographical area	47
Other/unknown	207
Total	520

Appendix 1d: Count of Capacity Development Support by Type

Capacity development advice and support	Count
Development of educational activities and learning events	161
Development of research support infrastructure	79
Organisational level	280
Total	520

Appendix 2: Research Collaborations and Leading Research

Appendix 2a: Projects which have completed since 1 April 2008

Access and equity in genetic services: What can we learn from new national screening for common inherited disorders

To examine whether newly introduced national genetic screening services for thalassaemia and sickle cell disorders (common inherited conditions affecting the blood) are being offered to and used by all who need it.

J Kai, H Parker, N Qureshi, S Armstrong, B Modell, M Modell. 2006-2008. £154,004. Department of Health, Health Services Research Programme.

Adult psychiatric morbidity survey

A prevalence study to record the number of adults with Asperger's syndrome and high functioning autism in the UK, and predictors of these conditions.

T Brugha, J Bankart and Scan group. 2006-2008. £550,000. NatCen.

Advocacy at the end of life

To produce a toolkit that can be used in a variety of advocacy sessions on behalf of these disadvantaged older people, with the purpose of highlighting priorities and improvements to provision of end of life care.

A Clarke, JE Seymour, K Froggat, M Gott, M Welton. 2007-2009. £48,000. Help the Aged.

Age discrimination in social care

To assess variations in the allocation of resources, implementation of assessment, care planning and provision of services to older people and younger adults.

S Katbamna, K Phelps, E Regen, C Jagger. 2007-2008. £59,303. Help the Aged.

Building knowledge translation research in rural British Columbia: A collaborative process between Health Authorities

To address the pressing issue of informing and optimizing health care and health services for residents in rural and remote British Columbia (BC).

J Cooke. 2007- 2008. £2,980. British Columbia Rural and Remote Health Research Network (BCRRHRN).

Comparison of review methods for evaluating quality and safety in health care

To determine which of two methods of case note review, criterion-based or structured holistic methods, and which type of professional reviewer, provide the most useful and consistent information on quality of care.

A Hutchinson, SJ Walters. 2004-2008. £47,200. Department of Health.

Contribution of nursing, midwifery and health visiting to protocol-based models of care and its variants on organisational, patient and staff outcomes, and quality and cost of care

An eclectic study that includes a literature review, national survey and selected case studies with prospective data collection.

M Patterson, P Nicholson, EA Lacey, C Turgoose, J Rick, S Dixon, C Murray, J Cooke. 2005-2008. £295,890. NIHR SDO Programme.

Determination of maternal caffeine intakes associated with increased risk to the fetus

To develop a detailed assessment tool for caffeine intake and perform a pilot study to validate measures of salivary caffeine in a small sample of pregnant women and to undertake a prospective study to explore the link between caffeine consumption, caffeine metabolism and Fetal Growth Restriction (FGR).

MS Cooke, MD Evans, J Lunec, J Konje, NA Taub, M Klebanoff. 2002-2008. £345,858. Food Standards Agency.

Endocrine or surgical therapy for elderly women with mammary cancer (ESTeM)

To look at the clinical and economic outcomes associated with different therapies for breast cancer in an elderly population.

L Wyld, S Dixon. 2006-2008. £14,000. Clinical Trials Advisory and Awards Committee.

Estimation of a utilities for health states defined by the flushing symptom questionnaire (FSQ)

Developing and valuing a preference-based health related quality of life measure from the Flushing Symptoms Questionnaire using Rasch analysis.

T Young. 2007-2008. £59,450. Merck.

Evaluation of the NHS national infarct angioplasty project pilot sites

Evaluation of ten pilot sites to determine whether an angioplasty service is acceptable to patients and provides value for money, and to identify barriers to implementing the service and the workforce implications of running the service.

A Wailoo, S Goodacre, A Carter, A O'Cathain, S Capewell, S Campbell, J Wardrope, S Wood, M Jackson, R Stables, F Sampson, M Sculpher. 2006-2008. £275,000. NIHR SDO Programme.

Extending peer education for end-of-life care: Working and learning with older people

To develop further a peer education programme from an earlier project, evaluating its impact and transferability in a range of nursing care contexts and investigating how nurses might benefit from educational materials emerging from the project and be trained in their application to improve services for service users.

JE Seymour, A Clarke, K Froggatt, M Gott, M, Welton. 2007-2009. £200,000. Burdett Trust for Nursing.

Group cognitive behavioural therapy for post-natal depression

Evaluation of the clinical and cost-effectiveness of group cognitive behavioural therapy compared with currently used packages of care for women with post-natal depression.

T Young. 2008-2009. Unfunded. Part of NHS HTA 5 Year Contract to deliver HTA Reports to DH.

Health Promotion Research Bulletins

To produce research bulletins on health promotion topics to support practitioners in evidence-based practice. Nine research bulletins have been produced, which are distributed to Welsh health professionals and are available online.

A Booth, C Keen. 2004-2008. Unfunded. National Assembly for Wales.

Impact of workforce flexibility on the costs and outcomes of older people's services (COOP)

To examine how, and with what impact, workforce substitution and specialisation is influenced by workforce change policies in the context of older people's community and intermediate care services.

S Nancarrow, P Enderby, S Dixon, S Parker, C Mitchell, A Moran. 2005-2008. £297,000. NIHR SDO Workforce Programme.

Long-term health and health care outcomes of accidental injury

To quantify the long-term mortality, morbidity and costs arising in different groups of accidentally injured patients. The results will be used to inform the development of an injury severity scale based around the long-term burden of injury.

J Nicholl, T Young, S Dixon. 2005-2008. £291,270. Department of Health.

Pre-emptive prescribing in terminal care at home

To explore the issues that matter to health professionals, related to prescribing drugs in advance of the patient needing them, for use in the patient's home, in terminal care.

C Faull (LOROS), K Windridge (RDSU), M Hudson. 2006-2008. £8,953. Leicestershire, Northamptonshire and Rutland Primary Care Research Alliance.

Proposal to develop and pilot a comprehensive self-assessment tool incorporating cardiovascular risk to form a platform of questions for 'Lifecheck'

To develop a self assessment questionnaire to form part of a leaflet that would contain the CVD self-assessment questionnaire, a scoring system and an explanation of how that score relates to future risk of CVD.

M Davies, K Khunti, S Hiles, N Taub. 2007-2008. £50,000. Department of Health.

Self administered behaviour intervention following stroke

To investigate the effectiveness and cost-effectiveness of a new model of service delivery for behavioural deficits that can follow stroke.

T Young. 2007-2009. £251,834. BPA Foundation.

Social and mental health problems of young people who repeat self harm

To provide information on young people who self harm and why some go on to repeat self harm.

M Anderson, M Armstrong, A Nadarni, S Armstrong. 2005-2008. £10,050. APSA.

Systematic review of the cost-effectiveness of using family history information in the prevention and intervention approaches for diseases

Part of a linked paper with the Center of Excellence in Health Promotion Economics (CCEHPE) at the University of Chicago, to explore the economic assessment of family history information in the prevention of chronic diseases.

T Sach, N Qureshi, O Odufowora-Sita. 2006-2008. Unfunded.

The concept of futility and decision making in do-not-attempt resuscitation orders

To explore understandings and use of the concept of futility in "do not attempt resuscitation" (DNAR) orders along with decision making and communication between medical staff, patients and families.

L Feathers, C Faull, M Williams. 2006-2008. Unfunded.

Appendix 2b: Projects in progress at 31 March 2009

A variance formula for Harrell's C applicable to sample size estimation

P Silcocks. 2007-2009. Unfunded.

Aromatherapy in labour

The first RCT of its kind looking at the effectiveness of aromatherapy in labour.

L Noor, DM Walker, P Standen. 2007-2010. Unfunded.

Assessing the impact of using e-PAQ on quality and cost of patient care in urogynaecology: A RCT

S Dixon, SJ Walters. 2008-2009. £49,560. Sheffield Hospitals Charitable Trust.

Barriers to early assessment of TIA and stroke (BEATS).

To improve understanding of the facilitators and barriers to the speedy diagnosis of TIA and stroke and make recommendations to reduce delays between suffering a stroke or TIA and receiving effective treatment.

T Robinson, A Wilson, K Windridge, N Taub. 2007-2010. £183,100. NIHR Research for Patient Benefit Programme.

Biomedical Research Unit in Deafness and Hearing Problems

The National Biomedical Research Unit in Hearing is part of the National Institute for Health Research. It is based on a partnership between the University of Nottingham, the Medical Research Council Institute of Hearing Research and Nottingham University Hospitals NHS Trust. It is a core-funded, infrastructure unit undertaking translational research in the hearing sciences. The research programme focuses on three broad areas: Hearing and learning in early childhood, Auditory habilitation in hearing loss, and Tinnitus. A cross-cutting theme of auditory learning underpins all the research areas. Learning will be the common route to improved intervention, through the development of novel, age-appropriate technologies.

H Fortnum, DM Moore, GM O'Donoghue and others. 2008-2012. £3,750,000. National Institute for Health Research.

Cardiopulmonary resuscitation in hospital settings

Focus groups with doctors and medical students to determine mechanisms, concepts of futility, and training and guidelines with regard to cardiopulmonary resuscitation decisions. *L Feathers, F Tyrer, M Williams, I Baker, C Faull. 2006-2009. Unfunded.*

Changes in forensic mental health outcomes over time

An analysis of longitudinal psychometric data collected on individuals in a regional secure unit.

C Duggan, N Huband, L McCarthy, V Owen. 2007-2009. Unfunded.

Changes in Theta Rhythm in Patients with Schizophrenia

It is known that simple meditation techniques which focus on breathing, modifies theta brain activity. This project aims to assess whether this meditation technique affects people which schizophrenia who's theta is already abnormal do to the illness. If positive results are obtained it is hoped to secure funding for a larger trial and in turn, this could result in a non-invasive, patient centred therapeutic intervention.

DM Walker, P Liddle. IMH £500. 2008-2009.

Cluster analysis of dietary data from BRHS in relation to cardiovascular risk markers

Dietary data available for elderly British male population are being analysed by the method of cluster analysis. We hope to find some patterns on how the food is consumed and how this relates to heart disease risk markers.

SG Wannamethee, P Whincup, J Chernova. 2006-2009. Unfunded.

Clustering by health professionals in individually randomised trials (University PhD project studentship)

In an individually randomised controlled trial (iRCT) where the intervention is delivered by a health professional or therapist it seems likely that the effectiveness of the intervention, independent of any treatment effect, could depend on the skill, training or even enthusiasm of the health professional delivering it. This then leads to a potential clustering of the observations for the patients being treated by the same health professional. This study aims to summarise and compare the current methods which have been proposed to account for this clustering.

SJ Walters. 2006-2010. £48,000. *The University of Sheffield.*

Cochrane review of treatments for Lichen planus

To assess the effects of interventions in the treatment of erosive lichen planus – a very painful and debilitating condition affecting the oral, anogenital and oesophageal regions.

R Murphy, M Thornhill, S Cooper, S Cheng, P Silcocks. 2009-2010. *Unfunded.*

Consultation outcomes

3 phase study: Reviewing outcome measuring instruments; Qualitative phase inviting opinions from patients about what is important in a consultation; Developing and piloting a new instrument.

E Ockleford, B McKinley, S Bonas, G Murtagh. 2007-2009. *Unfunded.*

Consultations in primary care: Mental Health Research Network (MHRN) Research Group

To examine the primary care consultation including the initiation of productive talk about emotions, the perceived meaning of mental health diagnoses and its effect upon consulting behaviours, the influence of the power held by patients and practitioners upon treatment decisions, practitioners' involvement of socially excluded patients in decision making, and practitioners with poor mental health skills.

H Middleton, J Dyas. 2006-2009. £5,000. *UK MHRN.*

Creation of a research database of personality disordered offenders treated in medium secure care

Development of a Microsoft Access research database to store clinical, psychometric, psychological and demographic information about a group of offenders with personality disorder in a medium secure unit. The data will be used to investigate the effects of treatment, changes over time, cross-sectional variation in measured characteristics.

C Duggan, N Huband, L McCarthy, V Owen. 2007-2009. £397,050. *Medical Research Council.*

Decision Support Unit

To promote the use of the best methods in analysis to support the NICE appraisal process and provide training in these methods to the stakeholders in the NICE process.

A Wailoo, CJ McCabe, RL Akehurst, A Brennan, J Chilcott, J Brazier, M Sculpher, K Claxton, K Abrams, T O'Hagan, S Palmer, N Cooper, J Oakley. 2007-2012. £1,100,000. *National Institute for Health and Clinical Excellence.*

Development of risk-adjustment method to evaluate systems of emergency medical care (DAVROS)

To develop a method for comparing the survival rates of different systems that takes into account the type of patients using the system. The DAVROS method will allow researchers to distinguish variations in survival rate due to differences in the care provided from variations due to differences in the type of patients treated.

S Goodacre, SJ Walters. 2007-2010. £952,000. *Medical Research Council.*

EHLEIS: European Health and Life Expectancy Information System

To provide annual comparable health expectancy (HE) estimates for all European Union Member States and undertake and disseminate in-depth analyses of inequalities in HE between Member States.

C Jagger, J Dubois (CRLC, Montpellier, France). 2007-2010. £103,444. *European Commission.*

Evaluation of a new model improving access to psychological therapies: IAPT

To evaluate the two NHS Demonstration Sites at Doncaster and Newham, which will make psychological therapy more widely available close to people's homes. To compare (1) the two National Demonstration Sites; (2) places implementing their own innovations with a smaller amount of money than the Demonstration Sites and (3) places who have not made any changes to their services, and will act as a kind of benchmark for the other two.

G. Parry, SJ Walters. 2007-2010. £489,346. NIHR SDO Programme.

Evaluation of a primary care patient decision aid for patients with osteoarthritis of the knee considering total knee replacement

To develop a self completion primary care Patient Decision Aid (PDA) to enable a patient with knee osteoarthritis to make, with their doctor, an informed decision whether to consider knee replacement surgery or alternative treatments. To identify the barriers and facilitators faced by practitioners when using the PDA and the impact on patient decision making preference and satisfaction with the use of this PDA.

C. Mitchell, A. Adebajo, J Cooke. 2007-2009. £6,000. Sheffield Health and Social Care Research Consortium.

Evaluation of patient reporting to the Yellow Card Scheme

To evaluate the pharmacovigilance impact of patient reporting to the Yellow Card System. To report on patient experiences of the Yellow Card System and assess public awareness of being able to report. Offer recommendations for improvements to patient reporting based on the research findings and literature from other countries.

A Avery, P Hannaford, S Shakir, C Anderson, C Bond, H Fortnum, J Krska, V Marshall, E Murphy, M Watson. 2006–2009. £264,811. National Coordinating Centre for Research Methodology (NCCRM).

Evaluation of physical activity levels among adolescents in the South West and North West: Consideration of health issues (SchARR PhD project studentship – Spencer Boyle)

Quantitative survey of 11-15 year olds in the North West and South West of England. To describe and compare self-reported physical activity levels amongst adolescent children, aged 11-15, in the NW and SW regions of England.

SJ Walters. 2005-2009. £48,000. SchARR, The University of Sheffield.

Evaluation of Samaritan's telephone, e-mail and SMS emotional support services

To evaluate the impact and efficacy of the Samaritans confidential helpline, e-mail and SMS emotional support services.

M Anderson, S Armstrong, K Pollock, K Foster, A Butcher, M Osbourne. 2007-2009. £147,666. Samaritans.

Evaluation of the electronic prescription service (EPS) in primary care

To evaluate EPS in Primary Care. Three types of evaluation will be provided: An assessment and confirmation of the safety of the service established against a background of the prior work practices. Insights into the way the service is initially adopted by GP practices, patients and pharmacies/other dispensers in a way that can inform the wider rollout of the service. Assessment of the wider consequences of the uptake and use of the service for patients, pharmacy, PC and the organisational and institutional environment of health care.

ND Barber, S Armstrong, AJ Avery, T Brock, T Cornford, B Dean Franklin, R Elliot, W Venters, J Waring. 2007-2010. £745,608. NHS Connecting for Health Evaluation Programme.

Evaluation of the Leicestershire and Rutland Decisions at life's end (DALE) service

To undertake an evaluation of the Decisions At Lifes End (DALE) service over the duration of the 2 year pilot period. This will mean working with the service as it develops to suggest necessary changes as evidence arises of the need for this. The evaluation team will undertake to network with other POPP evaluations to share learning, and to facilitate the national evaluation.

K Phelps, E Regen, S Katbamna, R Matthews, C Jagger with Leicestershire Social Services. 2007-2009. £138,000. Department of Health.

Extension of mammographic breast screening to the Over 70s: Assessment of efficacy, practicality and patient preferences

To assess whether it is appropriate to discontinue routine breast screening according to age alone from the perspective of both the service providers and service recipients.

L Wyld, SJ Walters. 2007-2010. £228,299. NIHR Research for Patient Benefit Programme.

Getting out of the House

A multi-centre trial to evaluate an outdoor mobility intervention for people who have had a stroke.

P Logan, M Walker, J Gladman, S Armstrong, T Sach, O Newell, S Smith, H Williams, T Avery, T Shaw, J Scott. 2009-2012. £1,357,083. HTA Clinical Trials.

Identification and exploration of the self-care strategies of African Caribbean (AC) and white British people who experience diabetes & hypertension

An ethnographic study.

K Brown, G Higginbottom, N Mathers, J Dyas. 2007-2009. Unfunded.

Improving patient safety in the primary health care of diabetes

To review patient safety in the primary health care of people with diabetes, put in the context of primary care more generally – together with a quantitative analysis of factors that may be associated with adverse patient events, using patient-level data.

R Baker, KK Khunti, NA Taub, J Camosso-Stefinovic, C Weston, R Mehta. 2008-2010. Unfunded.

Information for public health: Learning disabilities register for research

To improve the attributes of the Leicestershire Learning Disability (LD) Register, especially the inclusion of ethnic minorities, reliability, accessibility, archive and research output.

CW McGrother, T Fryers, K Abrams, T Brugha, SA Cooper, A Hauck, S Bhaumik, D Branford, LJ Curtice, CF Thorp, FG Furniss, S Katbamma, JM Watson, N Taub. 2004-2009. £350,061. Department of Health.

Is ageing changing? Health, healthy life and cognition across the generations

A new cohort of the previous MRC Cognitive Function and Ageing Study.

C Brayne, C Jagger, J Bond, F Matthews, A Arthur, I McKeith, R Wittenberg. 2008-2013. £1,950,746. Medical Research Council.

Long-term renal transplant project

Patient and graft survival in a multi-centre UK study of Kidney transplant Outcomes. Summary: An exploration of factors affecting graft survival and patient survival in a cohort of 2,200 patients from five different English centres following first renal transplantation.

J Medcalf, S Carr, J James, J Bankart, J Thompson. 2005-2009. £97,835. Kidney Research UK.

Management of insomnia (REST)

To enable the development of capacity, expertise, leadership and structure for primary care clinicians, including general practitioners and nurses, to lead change for healthcare improvement to provide safe (no needless harm), effective (evidence-based), patient centred (no feelings of helplessness and in accordance with patients reasonable expressed wishes), timely (no needless delay), efficient (no waste and with realistic outcomes) and equitable (fair to all patients) healthcare.

AN Siriwardena, G McSorley, R Ormer, H Middleton, J Dyas, T Sach, J Sithole, S Gibson. 2006-2010. £396,650. The Health Foundation - Engaging with Quality in Primary Care Award Scheme.

Metabolic and social characteristics of responders to insulin therapy among patients with type 2 diabetes

To determine Hba1c levels before and at 12 months after insulin initiation in patients with type 2 diabetes along with weight and cardiovascular risk factors, in order to predict 'responders' to insulin therapy.

I Idris, D Fernando, V Owen. 2008-2009. Unfunded.

Modelling needs and resources of older people to 2030

Future disease patterns and their implications for disability in later life.

M Murphy, C Jagger, E Grundy, R Hancock, R Wittenberg, A Comas-Herrera, L Pickard, J Lindsay. 2007-2009. £943,353. ESRC (New Dynamics of Ageing Programme).

Ondansetron for irritable bowel syndrome.

To identify clinical features which will predict response to Ondansetron in clinical practice in patients with IBS systems with diarrhoea.

Robin Spiller, P Silcocks. 2008-2010. £245,000. Research for Patient Benefit.

Pilot cluster randomised controlled trial of flooring underlay to reduce injuries from falls in elderly care units

To assess the effectiveness of a shock-absorbent flooring to reduce the rate of injuries resulting from falls in Elderly Mental Health and Elderly General Rehabilitation Units in terms of sustainability, and cost-effectiveness.

S Dixon. 2008-2011. £220,170. Dunhill Medical Trust.

PINCER trial

A cluster randomised trial comparing the effectiveness of a pharmacist-led IT-based intervention with simple feedback in reducing rates of clinically important errors in medicines management in general practices.

A Avery, J Cantrill, A Sheikh, S Armstrong, R Elliott, R Howertfgklard, D Kendrick, M Marshall, C Morris, S Murray, R Prescott, J Hippisley-Cox. 2006-2009. £550,000. Department of Health, Patient Safety Research Programme.

PITCH

Pilot study for a trial of ursodeoxycholic acid (UDCA) and/or early delivery for obstetric cholestasis.

J Thornton, P Silcocks. 2009-2010. £155,195. Research for Patient Benefit.

Prevalence of intellectual disability among south Asian and white adults living in Leicestershire, UK

Comparison of the prevalence of intellectual disability among south Asian and white adults on the Leicestershire Learning Disability Register.

C McGrother, J Watson, F Tyrer, N Taub, S Bhaumik, M Donaldson. 2004-2009. Unfunded.

Prevention of Migraine in Children: (P3MC) Randomised Controlled Trial

Two double blind parallel group randomised placebo controlled trial of Propranolol and Pizotifen in preventing migraine in children.

W Whitehouse, P Silcocks. 2008-2010. £1,100,000. HTA.

Psychological treatment for people with multiple sclerosis and low mood: A randomised controlled trial

To investigate whether providing psychological support groups based on cognitive behavioural principles improves mood and adjustment in people with MS compared to no intervention control group.

N Lincoln, C Constaniescu, A Drummond, S Armstrong, C Phillips. 2007-2009. £118,252. MS Society.

Raman spectral imaging for automated Moh's micrographic surgery of high-risk basal cell carcinoma. 2nd Submission

To develop a new, quick and reliable method for automated evaluation of tissue blocks for residual tumour during mohs micrographic surgery.

I Notinger, H Williams, W Perkins, S Varma, I Leach, T Sach, S Armstrong. 2007-2009. £70,000. NIHR NEAT Programme.

Randomised controlled trial and economic evaluation of self-monitoring of blood glucose in type 2 diabetes

To look at the impact of self-monitoring of blood glucose in type 2 diabetes on Hba1c. The economic evaluation will look at the costs of the training programme and short-term effects on quality of life.

S Heller, S Dixon. 2006-2009. £12,750. Diabetes UK.

Realising the potential of the family history in risk assessment and primary prevention of coronary heart disease in primary care

To assess the clinical value of incorporating family history information into the standard coronary heart disease risk assessment offered in British General Practice. *N Quereshi, P Saukko, J Kai, S Humphries, T Sach, P Yoon, S Armstrong, P Evans, O Odufowora-Sita. 2005-2009. £211,335. Department of Health, Health Services Research Programme.*

School-linked sexual health services for young people (SSHYP)

A survey and systematic review concerning current models, effectiveness, cost-effectiveness and research opportunities.

J. Owen, C. Carroll, J Cooke, E. Formby, M Hayter, J Hirst, M Lloyd-Jones, H Stapleton. 2007-2009. £186,540. NHS HTA Programme.

Self assessment of waist circumference for screening for type 2 diabetes & pre-diabetes

To develop and test the effectiveness of a screening strategy for identifying people with diabetes and pre-diabetes in an ethnically diverse population, including self-assessment of waist circumference by patients. Also to assess feasibility, uptake and acceptability of the proposed screening strategy, including identification of cultural and other barriers to waist circumference measurement in patients and health professionals.

K Khunti, S Palmer Hill, M Stone, M Davies, A Farooqi, N Taub, N Seare. 2007-2009. £157,597. NIHR Research for Patient Benefit Programme.

Subjective and objective changes in CAMHS case complexity over time

To measure the change in case complexity in child and adolescent mental health services (CAMHS) over time, and to compare subjective and objective measures of case complexity.

A Thompson, A Nadkarni, S Zafar, V Owen. 2008-2010. Unfunded.

Surgery vs. Imiquimod for nodular and superficial basal cell carcinoma (SINS): A randomised controlled trial

An RCT of excisional surgery vs. Imiquimod 5% cream (Aldara) for nodular and superficial basal cell carcinoma, conducted in three centres: Queen's Medical Centre Nottingham, Solihull Hospital and Chesterfield Royal Hospital. To assess cure rates at low risk sites, cost-effectiveness and cosmetic result. Recurrence at intervals up to five years will also be assessed, the primary assessment point being three years. Genetic markers will also be investigated.

SJ Walters, F Bath, H Williams, W Perkins, L Millard, J Bong, I Zaki, G Colver, P Miller, S Armstrong, G Perks, M Ozolins, J Llewellyn, B Cunningham, G Kemeny, C Jagger. 2002-2009. £269,653. Cancer Research UK.

Systematic review of effect of insular cortex stroke in relation to severe disability/mortality

Systematic review of insular right strokes summarizes available published evidence on right insular stroke as possible predictor for long term outcomes such as death and disability.

J Chernova, TG Robinson, N Shah, F Brodie. 2007-2009. Unfunded.

The Newcastle 85+ study

Biological, clinical and psychosocial factors associated with healthy ageing.

TBL Kirkwood, J Bond, MP Eccles, C Jagger, OFW James, TW von Zglinicki. £2,224,874. 2006-2011. Medical Research Council.

The RATPAC Trial: Randomised assessment of treatment using panel assay of cardiac markers

A pragmatic randomised controlled trial and economic evaluation of a point-of-care cardiac marker panel, comprising of CK-MB, myoglobin and troponin I for the assessment and treatment of low-risk patients presenting to the emergency department with chest pain due to suspected AMI. The trial is in six emergency departments in the United Kingdom.

S Dixon, S Goodacre and others. 2007-2010. £716,500. NHS HTA Programme.

Urinary MMA revisited: A functional biomarker of B12 status application to large scale surveys?

To re-examine the adequacy of the method in current use for monitoring B12 insufficiency. The results will inform the detail of an escalating B12 dose study in elderly people, to determine the validity of urinary MMA as a biomarker of functional B12 status applicable to nutritional surveillance.

H Powers, M Barker, T Young, J Flatley, S Olpin, S Moat. 2008-2011. £544,779. Food Standards Agency.

Appendix 2c: Publications by RDSU-funded staff in peer-reviewed journals

Baird WO, McGrother CW, Abrams KR, Dugmore C, Jackson RJ. Access to dental services for people with a physical disability: a survey of general dental practitioners in Leicestershire. *Community Dental Health*. 2008, 25:248-252

Baird WO, Jackson RJ, Ford H, Evangelou N, Busby M, Bull P, Zajicek J. Holding identifiable information on patient disease registers: the views of people with MS on risk. *Journal of Medical Education*. 2008, 35:92-96

Bhaumik S, **Tyrer F**, McGrother CW, Ganghadaran SK. Psychiatric service use and psychiatric disorders in adults with intellectual disability. *Journal of Intellectual Disability Research*. 2008, 52:986-995

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Appendix 2d: Other publications by RDSU staff including abstracts, letters to journals, books and chapters in books and other publications

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Fortnum H, O'Neill C, Taylor R, Lenthall R, Nikolopoulos T, Lightfoot G, O'Donoghue G, Mason S, Baguley D, Jones H, Mulvaney C. The role of magnetic resonance imaging in the identification of suspected acoustic neuroma: a systematic review of clinical and cost effectiveness and natural history. *Health Technology Assessment*. 2009

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Appendix 2e: Conference presentations

Advance care planning. Improving Choice and Involvement at the End of Life: Looking forward to the End of Life Care Strategy. *Seventh Annual Conference*, Manchester. May 2008. **Clarke A**

Allowing for spatial effects in cluster RCTs. Conference on Applied Statistics in Ireland (CASI). Dublin. Poster Presentation. July 2008. **Silcocks P**

Developing the skills of library para-professionals using a blended learning approach. Precept-Lite! Health Libraries Group Conference, Cardiff. Poster Presentation. July 2008. **Beecroft C**, Booth A and Sutton A.

Ethical issues in health related research. Doncaster PCT. Invited speaker. Dec 2008. **Baird WO**

Evidence for Service Delivery, RFAHP & NPRN. Organisational Capacity Development. Workshop. University of Northampton. June 2008. **Cooke J** and **Sarre G**

Expert Involvement? Anticipating the End of Life care Strategy: Enhancing End of Life Care through involving Service Users'. *The National Council for Palliative Care*, London. July 2008. **Clarke A**

Five years after its creation, Multidisciplinary Low Clearance Clinic still continues to offer quality benefits in a single Department of Nephrology. Poster presentation. British Renal Society, Glasgow. May 2008. Patel RS, **Bankart J**, Carr S and Medcalf JF.

Future drivers of mortality. Keynote paper at Institute of Actuaries Annual Pensions Conference, Killarney. June 2008. **Jagger C**

Glaucoma in an elderly Caucasian population (The Bridlington Eye Assessment Project). Nottingham Eye Symposium, Nottingham. Oral Presentation. January 2008. **Owen V**

Health, Ageing and Lifelong Learning. Invited paper to Older People, Learning and Society ESRC Research Seminar Series, Leicester. September 2008. **Jagger C**

Healthy Life Expectancy – past, present and future. Invited seminar to the Scottish Public health Observatory, Edinburgh. January 2009. **Jagger C**

Healthy Life Expectancy. Current trends and future drivers. Invited paper to ILC-Institute of Actuaries conference Choosing population projections for public policy. London. October 2008. **Jagger C**

How to analyse data from a cluster randomised trial (cRCT) in primary care: a practical guide. Annual Conference of Royal Statistical Society, Nottingham, UK. September 2008. **Walters SJ**

How will changing disease patterns affect the future burden of disability at older ages? NATSEM, University of Canberra, Australia. Invited seminar. July 2008. **Jagger C**

Impact of changing disease on disability projections. Invited paper to British Irish Council Seminar: Healthy Independent Ageing. Welsh Government Offices, Cardiff. August 2008. **Jagger C**

Improving population health indicators to monitor our ageing populations. Australian Population Association meeting, Alice Springs. July 2008 **Jagger C**

International forum on quality and safety in health care. Designing an intervention for improving Primary Care management of sleep problems. REST. Paris. Poster Presentation. April 2008. **Dyas J** and others

Mapping a search protocol for interventional procedures: a case study from gamma knife technology. Poster Presentation. V Annual Meeting, HTAi. Montreal, Canada. July 2008. **Wilkinson A**

Models for analysing data from individually randomised trials in primary care with clustering effects due to health professional variation. Annual Conference of Royal Statistical Society. Nottingham, UK. September 2008. **Walters SJ**

Models for analysing data from individually randomised trials with clustering by health professional. International Society for Clinical Biostatistics (*ISCB 29th Annual Conference*), Copenhagen, Denmark. August 2008. **Walters SJ**

Narrow band imaging with magnification is superior to white light endoscopy with magnification in the prediction of histology in Barrett's oesophagus. Australian Gastroenterology Week. Brisbane, Australia. Poster Presentation. October 2008. **Owen V**

Pre-emptive prescribing in terminal care at home: a qualitative study of professionals' views. Palliative Care Congress, Glasgow. May 2008. **Windridge K**, Hudson M, **Ockleford E** and Faull C

Principled proof of principle studies. Conference on Applied Statistics in Ireland (CASI). Dublin. Poster Presentation. July 2008. **Silcocks P**

Royal Statistical Society Annual Meeting. 2 days. Nottingham. September 2008. **Silcocks P**

SAPC Regional Conference. Integrated delivery of high quality health services research – RDSUs and their NHS partners. Poster Presentation. April 2008. **Dyas J** and **Fortnum H**

SAPC Regional Conference. Strategies for Recruitment to Primary Care Research Studies. Oral Presentation. Sheffield. April 2008. **Sarre G** and **Dyas J**

SAPC Annual Scientific Meeting. Experiences of insomnia for patients and prescribers in the primary care consultation – a focus group study. Galway. Poster Presentation. July 2008. **Dyas J** and Apekey T

SAPC Annual Scientific Meeting. Trent RDSU and PCRN-EMSY: A complementary service. Galway. Oral Presentation. July 2008. **Dyas J** and Woodward L

Satellite units need adequate physician cover, vascular access provision and easy access to the inpatient facilities if patient numbers continue to increase. Poster presentation. British Renal Society, Glasgow. May 2008. Teo MK, Patel RS, Humphreys JA, Chillal M, **Bankart J**, Acton SJ, Mistry CD.

Search maps: The mapping of search protocols to support and inform literature searching for health technology assessments. How to apply new developments of information management into the HTA context. A pre-conference workshop at 5th Annual Meeting, HTAi. Presented at Walk the Talk, Montreal, Canada. July 2008. **Wilkinson A** and **Booth A**

Stata for spatial modelling of cancer rates. 1.5 days. UKACR Annual Conference. Oxford. Poster Presentation. September 2008. **Silcocks P**

Symposium End of Life Care in Care and Care Homes: Current and Future Research. Kings College, London. June 2008 **Clarke A**

The incidence of complications and graft survival in patients transplanted outside UK. Poster presentation. British Renal Society, Glasgow. May 2008. Arsalanizadeh B, Judge P, **Bankart J**, Medcalf J and Carr S.

The GRIT Children Study. Nice, France. European Academy of Paediatrics. Poster Presentation. October 2008. **Walker DM**

Using local evidence to support world class commissioning and innovation. Strategies for Recruitment in Primary Care Research Studies. Oral Presentation. Nottingham. October 2008. **Sarre G**

Using mixed methods to evaluate a trial of structured education and self management in diabetes. CHIRAL/AWARD/QUIC Conference. 2008. **Ockleford E**, Shaw R and Dixon-Woods M.
http://www.awardresearch.org.uk/documents/Conference_Abstracts_for_website.pdf

XXIXth International Congress of Audiology. Epidemiology of childhood hearing impairment – revealing some hidden challenges for early identification of hearing impaired children. 5 days. Hong Kong. Invited Speaker. June 2008. **Fortnum H**

XXIXth International Congress of Audiology. The role of MRI in the identification of suspected acoustic neuroma: a systematic review of clinical and cost effectiveness and natural history. A systematic review of the role of MRI in the identification of suspected acoustic neuroma. 5 days. Hong Kong. Oral Presentation. June 2008. **Fortnum H**

Appendix 2f: Acknowledgements

Cerebral White Matter Hyperintense Lesions are Associated with Unstable Carotid Plaques. *Altaf N, Daniels L, Morgan P.S, Lowe J, Gladman J, MacSweeney ST, Moody A, Auer DP.* **Sarah Armstrong** acknowledged for advice on the statistical analysis.

Costs & Utility gains IDET v spinal surgery. Centre for Spinal Studies, Queen's Medical Centre, Nottingham. **Victoria Owen** acknowledged for advice re analysis of IDET data.

Does 3D ultrasound offer any advantage in the pretreatment assessment of ovarian reserve and prediction of outcome after assisted reproduction treatment? Jayaprakasan K, Hilwah N, Kendall NR, Hopkisson JF, Campbell BK, Johnson IR, Raine-Fenning NJ. **Sarah Armstrong** acknowledged for advice on the statistical analysis.

Minimum clinically important improvement for the incremental shuttle walking test. *Thorax*. 2008, 63(9):775-777. *Singh SJ; Jones PW; Evans R; Morgan MDL.*
The authors thank **John Bankart**, Medical Statistician, University of Leicester for his statistical advice.

Narrow band imaging with magnification Barrett's esophagus: A study to validate mucosal morphology and inter/intra observer agreement. Accepted: *Endoscopy* February 2008. Sing R, anagnostopoulos GK, Yao K et al. **Victoria Owen** acknowledged for statistics advice.

PhD thesis (Psychology) submitted July 2008 by Gareth Morgan to University of Leicester. Thanks to Steve Allen, Kevin Baker, **John Bankart** and Mike Wang for their much valued input regarding statistical analysis.

Quantification of the effect of pituitary down-regulation on three dimensional ultrasound predictors of ovarian response. Jayaprakasan K, Hopkisson JF, Campbell BK, Clewes J, Johnson IR, Raine-Fenning NJ. **Sarah Armstrong** acknowledge for advice on the statistical analysis.

The UK DCTN has established excellent collaborative links with the local PCRN, PCRN-EMSY. This is thanks to our Trent RDSU contact for the award, **Gill Sarre**, who has acted as a vital link in helping to build this relationship. This is an excellent outcome for the UK DCTN and would not have happened without this award.

Appendix 3: Research Training and Education

Appendix 3a: List of Scheduled Training Sessions Run Across the Region

L – Leicester
N – Nottingham
S – Sheffield

Date **Course Title**

Quantitative Methods

15/04/08	Sample size calculation – How many patients will I need? (S)
21/04/08	Basic Statistics Using SPSS 3 Day Course (N)
08/05/08	Data Management and Introduction to SPSS (L)
13/05/08	HE/1 Demystifying Health Economics (S)
14/05/08	Meta Analysis (N)
22/05/08	Describing and Exploring Data (L)
29/05/08	Examining and Comparing Data with Confidence Intervals and P Values (L)
04/06/08	Analysing Data Sets with Missing Values (L)
05/06/08	Analysing Continuously Measured Data (L)
09/06/08	Introduction to Clinical Trials (N)
12/06/08	Introduction to Epidemiology (L)
13/06/08	Analysing Categorical Data (L)
19/06/08	Sample Size Calculation – How many patients will I need? (L)
07/10/08	Data Management and Introduction to SPSS (L)
07/10/08	Demystifying Health Economics (N)
14/10/08	Describing and Exploring Data (L)
15/10/08	Meta Analysis (N)
21/10/08	Examining and Comparing Data with Confidence Intervals and P-values (L)
23/10/08	Sample Size Calculation – How many patients will I need? (L)
28/10/08	Analysing Categorical Data (L)
28/10/08	Analysing Continuously Measured Data (L)
04/11/08	Describing and Exploring Data in Excel with Statplus(1) (L)
05/11/08	Introduction to Analysing Survival Time Data (L)
11/11/08	Describing and Exploring Data in Excel with Statplus(2) (L)
12/11/08	Further Methods for Analysing Survival Time Data (L)
17/11/08	Basic Statistics Using SPSS 3 Day Course (N)
19/11/08	Further data analysis in SPSS (1) (L)

Qualitative Methods

21/04/08	QR/1 Qualitative Research (S)
28/04/08	Focus Groups (N)
13/05/08	1 Day Introduction to Qualitative Research (N)
18/11/08	1 Day Introduction to Qualitative Research (N)

Research Ethics and Governance

10/06/08	Research Ethics and Governance (S)
15/10/08	Research Ethics and Governance (L)

Questionnaires, Surveys and Interviewing

29/04/08	QD/1 Questionnaire Design (S)
20/05/08	Questionnaire Design (N)
04/06/08	Introduction to Interview Techniques (N)

Information Resources

07/04/08	Literature Searching for Systematic Reviews (S)
16/04/08	Information for Social Care (N)
06/05/08	IR/12 Introduction to Systematic Review and Meta-analysis (Track 2) (S)
14/05/08	Systematic Review (N)
23/05/08	Searching for Research in Cyberspace (S)
03/06/08	Further Literature Searching for your Research Project (S)
09/06/08	Critically Appraising Research (N)
07/10/08	Critically Appraising Research (L)
14/10/08	Literature Searching for Qualitative Research (S)
15/10/08	Systematic Review (N)
21/10/08	Literature Searching for Research – Introductory (S)
04/11/08	Literature Searching for Systematic Reviews (N)
04/11/08	Literature Searching for Qualitative Research (N)
11/11/08	Critically Appraising Research (S)
18/11/08	Search for Research in Cyberspace (S)
25/11/08	Managing References for your Research (L)
02/12/08	Further Literature Searching for your Research Project (S)
23/02/09	Scoping the Literature for your Research Bid (S)

Other

08/04/08	QR/2 Introduction to User Involvement (S)
16/04/08	Writing for Publication (N)
28/04/08	Writing Funding Applications (N)
08/05/08	Getting Informed Consent from Participants (N)
11/06/08	Introduction to Research Methods (2 Full Days) (N)
19/06/08	Involving Service Users in Developing Research Grant Submissions (S)
14/10/08	The Philosophy of Research / The Research Process (N)
18/11/08	Writing for Publication (L)
03/12/08	Introduction to the Research Process (N)

Total

63 courses run / 782 attendees

Appendix 3b: Count of Scheduled Training Sessions by Type of Organisation

Organisation	Number of attendees on courses
Primary Care Trusts	123
NHS Acute Trusts	238
NHS Mental Health Trusts	105
Ambulance Service NHS Trusts	4
Strategic Health Authorities	4
Other NHS outside the geographical area	72
University	185
Other/Unknown	51
Total	782

Appendix 3c: Count of Scheduled Training Sessions by Reported Profession

Reported profession	Number of attendees on courses
Academic researcher or lecturer	152
Dentist or orthodontist	7
Dietician	3
Evidence Based Commissioning Collaboration	5
General practitioner	18
Health visitor, nurse or midwife	33
Laboratory or clinical scientist	9
Librarian or information professional	10
Medical professional (not GP)	222
Occupational therapist	4
Pharmacist	6
Physiotherapist	10
Podiatrist	1
Psychiatric nurse	14
Psychologist	4
Research management/governance lead	29
Social Services	16
Social worker / health care professional	9
Speech Therapist	2
Student	46
Other/Unknown	182
Total	782

Appendix 4: Development of Networks and Reputation

Staff Membership of R&D Organisations, Editorial Boards and Funding Bodies	
Name	Organisation
Wendy Baird	<ul style="list-style-type: none"> • Member of UK Public Health Association (UKPHA) Yorkshire and Humber Committee • Member of National RDSU Research Education and Support Group • Member of Yorkshire and Humber Strategic Health Authority Public Health Advisory Group • Member of Yorkshire and The Humber Research and Innovation Alliance for Health (RIAH) Working Group • Member of Doncaster PCT Research Committee • Deputy Chair of Sheffield University Research Ethics Committee
Jackie Campbell	<ul style="list-style-type: none"> • Governor of Nordoff-Robbins Music Therapy • Member of the International Advisory Board of The Foot (International Journal of Foot Science) • Lay Partner in the Health Professions Council • Member of the Faculty Implementation Group of the National Institute for Health Research • Member of the Core Executive of the National Physiotherapy Research Network • Chair of the Research Ethics Committee of the Nordoff-Robbins Music Therapy • Chair of the Research Degrees Committee of the Nordoff-Robbins Music Therapy • Research Coordinator of the Society of Chiropractors and Podiatrists • Chair of the Research Forum for Allied Health Professions • Member of the National Reference Group for Skills for Health • Member of the Executive Group for the UK Federation of Primary Care Networks • External member of the Northampton General Hospital Research Governance Sub-committee • Steering Group member of the Primary Care Research Network East Midlands & South Yorkshire • Member of Court of the University of Liverpool
Amanda Clarke	<ul style="list-style-type: none"> • Member of Cancer Experiences Collaborative • Member of Rotherham PCT Research Governance Committee • Member of Management Board, Sheffield Health and Social Research Consortium
Jo Cooke	<ul style="list-style-type: none"> • Invited Member of Advisory Group for Social Care on-line • Member of National Research Advisory Group for the Community Practitioners and Health Visitors Association • Member of the Academy of Nursing, Midwifery and Health Visiting Research • Member of National RDSU Steering Committee • Member of National NHS R&D Forum Sub-Group for Primary and Social Care • Executive Member of Social Services Research Group (SSRG) • Member of Yorkshire and The Humber Research and Innovation Alliance for Health (RIAH) • Member of two Working Groups of RIAH: Working with Industry and

Staff Membership of R&D Organisations, Editorial Boards and Funding Bodies

Name	Organisation
	<ul style="list-style-type: none"> the Role of Research in Commissioning • Board Member of Barnsley Health and Social Care Research Alliance • Member of the Public Health Interventions Advisory Committee (PHIAC) of National Institute for Health and Clinical Excellence (NICE) • Vice Chair of Sheffield Health and Social Research Consortium
Simon Dixon	<ul style="list-style-type: none"> • Member of Steering Group for the Sheffield Clinical Trials Research Group • Member of the Health Technology Assessment (HTA) Emergency Care R&D Commissioning Board
Jane Dyas	<ul style="list-style-type: none"> • Member of East Midlands Ambulance Service NHS Trust R&D Strategy Group • Member of Lincolnshire PCTs/University of Lincoln Primary Care Research Group • Member of Lincolnshire Teaching PCT R&D Sub Group • Member of Nottingham Institute of Mental Health • Member of Nottinghamshire Teaching PCT R&D Strategy Group • Member of University of Lincoln, School of Health & Social Care Research Strategy Group • Member of the Lincolnshire Pre-Hospital & Ambulance Research SIG • Chair of Nottinghamshire, Derbyshire & Lincolnshire Research Alliance
Heather Fortnum	<ul style="list-style-type: none"> • Member of Editorial Board for Deafness and Education International • Member of National RDSU Directors Committee • Member of Nottinghamshire, Derbyshire & Lincolnshire Research Alliance • Member of Advisory Board, Trent Local Medicines for Children Research Network • Lead, Trent CLRN Specialty Group in ENT
Gill Sarre	<ul style="list-style-type: none"> • Facilitator of NHS R&D Forum, Primary Care Working Group • Member of the Chesterfield & North Derbyshire Research Strategy Group
Paul Silcocks	<ul style="list-style-type: none"> • Associate Member of Health Technology Assessment (HTA) Commissioning Board • Member of the Cancer Peer Review Team • Chair of the UKACR Coding & Classification Working Group
Dawn-Marie Walker	<ul style="list-style-type: none"> • Senior Research Fellow of The Institute of Mental Health • Member of Mental Health Research Network (East Midlands Hub)
Stephen Walters	<ul style="list-style-type: none"> • Member of the International Advisory Board for the Journal of Quality of Life Research • Member of Editorial Board for the Journal of Health and Quality of Life Outcomes • Member of Scientific Review Panel for Sheffield Health and Social Research Consortium
Martin Williams	<ul style="list-style-type: none"> • Member of University Hospitals of Leicester R&D Executive and

Staff Membership of R&D Organisations, Editorial Boards and Funding Bodies

Name	Organisation
Tracey Young	<p data-bbox="518 253 805 286">Research Committee</p> <ul data-bbox="478 286 1361 456" style="list-style-type: none"><li data-bbox="478 286 1197 320">• Member of the National RDSU Steering Committee<li data-bbox="478 320 1276 387">• Member of Barnsley NHS Foundation Trust - Research & Development Group<li data-bbox="478 387 1361 456">• Member of Sheffield Teaching Hospitals NHS Foundation Trust Scientific Review Panel

Appendix 5: Information and Communication

Appendix 5a: Count of New Users by Type of Organisation

Organisation	Count	Percentage
Primary Care Trusts	102	11
NHS Acute Trusts	452	51
NHS Mental Health Trusts	109	12
Ambulance Service NHS Trusts	5	1
Strategic Health Authorities	4	1
Other NHS outside the geographical area	62	7
University	118	13
Other/Unknown	39	4
Total	891	100

Appendix 5b: Count of New Users by Reported Profession

Reported profession	Count	Percentage
Academic researcher or lecturer	118	13
Dentist or orthodontist	26	3
Dietician	3	0
Evidence Based Commissioning Collaboration	6	1
General practitioner	188	21
Health visitor, nurse or midwife	21	2
Laboratory or clinical scientist	18	2
Librarian or information professional	10	1
Medical professional (not GP)	212	24
Occupational therapist	6	1
Optometrist	3	0
Pharmacist	6	1
Physiotherapist	12	1
Podiatrist	4	1
Psychiatric nurse	9	1
Psychologist	21	2
Research management/governance lead	24	3
Social Services	5	1
Social worker/health care professional	10	1
Speech therapist	2	0
Student	36	4
Other/Unknown	151	17
Total	891	100

Appendix 5c: Count of All Users by Type of Organisation

Organisation	Count	Percentage
Primary Care Trusts	566	16
NHS Acute Trusts	1472	41
NHS Mental Health Trusts	271	7
Ambulance Service NHS Trusts	34	1
Strategic Health Authorities	43	1
Other NHS outside the geographical area	289	8
University	677	19
Other/Unknown	242	7
Total	3594	100

Appendix 5d: Count of All Users by Reported Profession

Reported profession	Count	Percentage
Academic researcher or lecturer	478	13
Dentist or orthodontist	60	2
Dietician	26	1
Evidence Based Commissioning Collaboration	11	0
General practitioner	225	6
Health visitor, nurse or midwife	227	6
Laboratory or clinical scientist	67	2
Librarian or information professional	85	2
Medical professional (not GP)	890	25
Occupational therapist	43	1
Optometrist	6	0
Pharmacist	28	1
Physiotherapist	81	2
Podiatrist	13	1
Psychiatric nurse	28	1
Psychologist	82	2
Research management/governance lead	218	6
Social Services	31	1
Social worker / health care professional	47	1
Speech therapist	23	1
Student	170	5
Other/Unknown	755	21
Total	3594	100

Appendix 6: Management/Structure/Staffing of the RDSU

Appendix 6a: Membership of the Partners' Council as at 31 March 2009

Member	Partner organisation(s)
Dr Nichola Seare (Chair)	Director, Aston Health Research and Innovation Cluster, Aston University
Dr Tanweer Ahmed	Research and Development Manager, United Lincolnshire Hospitals NHS Trust
Professor Tony Butterworth / Dr Christine Jackson	Director, Centre for Clinical and Academic Workforce Innovation (CCAWI), University of Lincoln
Dr Darren Clark	Chief Executive, Medilink East Midlands
Jo Cooke	Director, Research Design Service for Yorkshire and the Humber
Dr Heather Fortnum	Chair, Trent RDSU Regional Management Board
Professor Ian Hall	Director of R&D, Queen's Medical Centre, Nottingham University Hospitals NHS Trust
Professor Veronica James	Professor of Nursing, University of Nottingham
Professor Nick Manning	Director, Institute of Mental Health, University of Nottingham
James Matthews	Head of Policy, Older Adults Department, Derbyshire County Council
Susan Palmer-Hill (Deputy Chair)	R&D Manager, Northamptonshire Teaching Primary Care Trust
Professor David Rowbotham	Clinical Director, Leicestershire, Northamptonshire and Rutland CLRN
Professor Mike Saks	Pro Vice Chancellor (Research), University of Lincoln
Dr Brian Thomson	Director of R&D, Nottingham University Hospitals NHS Trust
Dr Adrian Turrell	Patient and Public Representative, Nottingham
Professor Hywel Williams	Professor of Dermato-Epidemiology, Queen's Medical Centre, Nottingham University Hospitals NHS Trust
Martin Williams	Director, Trent RDSU, Leicester

Appendix 6b: Membership of the Regional Management Board (RMB)

Member	Currently
Chair of RMB	Dr Heather Fortnum
Director, Leicester	Martin Williams
Director, Nottingham	Dr Heather Fortnum
Director, Sheffield	Dr Wendy Baird
Leads of the Strategic Activity and Special Interest Groups:	
• Research Activity and Collaboration (RAC)	Dr Paul Leighton
• Research Education and Support (RES)	Dr Wendy Baird
• Information Resources Management Network (Informant)	Claire Beecroft
• Primary Care	Dr Jane Dyas
Representatives of the Constituent Universities:	
• De Montfort University	Dr Jennie Fleming
• University of Leicester	Professor Andrew Wilson
• University of Nottingham	Professor Tony Avery
• University of Sheffield	Professor Ron Akehurst
RDSU Manager	Mike Jacobs
Chair of Partners' Council	Dr Nichola Seare
Secretariat	Michaela Barton

Appendix 6c: Staff Changes between 1 April 2008 and 31 March 2009

a) Leavers

The following staff left Trent RDSU during the period:-

Leicester	---	---
Nottingham	Olatunji Odufowara-Sita, Health Economist	30 September 2008
Sheffield	Colin Lynch, Information Resources Manager	30 September 2008
	*Jo Cooke, Director	30 September 2008
	*Simon Dixon, Reader in Health Economics	30 September 2008
	*Dr Allan Wailoo, Lecturer in Health Economics	30 September 2008
	*Dr Stephen Walters, Reader in Medical Statistics	30 September 2008
	*Dr Tracey Young, Lecturer in Medical Statistics	30 September 2008
	*Sally Greenhough, Course Administrator/Secretary	30 September 2008
	*Sarah Shahid, Course Administrator/Secretary	30 September 2008
	Dr Amanda Clarke, Lecturer in Qualitative Research	31 October 2008

* These staff in Sheffield transferred to The NIHR Research Design Service for Yorkshire and the Humber.

b) Starters

The following staff took up appointments within Trent RDSU during the period:-

Leicester	Raksha Pandya, Research Development Worker – Patient and Public Involvement (PPI)	1 September 2008
	Laura Gray, Medical Statistician (0.2 wte)	29 September 2008
	Professor Andrew Wilson, Professor of Primary Care Research (0.1 wte)	1 October 2008
	Ruth Edwards, Research Projects and Programmes Manager	3 November 2008
	Chris Nelson, Research Associate in Medical Statistics	17 November 2008
Nottingham	Matthew Jones, Research Associate in Health Economics	1 October 2008
Sheffield	Tony Mead, Information Assistant (0.6 wte)	22 September 2008
	Barbara Keally, Secretary (0.6 wte)	20 October 2008

Appendix 6d: Trent RDSU / NIHR RDS EM Funded Staff as at 1 April 2009

(R) Signifies a post with specific Regional responsibilities.

Leicester

Director (0.2wte)	Martin Williams
Professor of Epidemiology (0.1wte)	Professor Carol Jagger
Lecturer in Medical Statistics (0.8wte)	Dr John Bankart
Lecturer in Medical Statistics (0.4wte)	Dr Clare Gillies
Senior Research Fellow in Medical Statistics (0.2wte)	Dr Nicola Spiers
Medical Statistician (0.2wte)	Laura Gray
Research Fellow in Medical Statistics (0.6wte)	Dr Nick Taub
Research Associate in Medical Statistics	Julia Chernova
Research Associate in Medical Statistics (0.3wte)	Claire Weston
Research Associate in Medical Statistics	Chris Nelson
Research Fellow in Epidemiology (0.6wte)	Freya Tyrer
Research Fellow in Qualitative Methods (0.6wte)	Dr Kate Windridge
Research Associate in Qualitative Research (0.6wte)	Elizabeth Ockleford
Research Development Worker – PPI	Raksha Pandya ¹
Research Projects and Programmes Manager	Ruth Edwards
Clinical Effectiveness Information Librarian (0.8wte)	Mary Edmunds Otter
Information Officer (0.6wte) (R)	Christine Keen
Information and Technology Manager (R)	Louise Smith
Senior Administrator/Course Secretary (0.8wte)	Lotus De Cort
Senior Administrator (0.5wte)	Della Cohen
Assistant Administrator / Course Secretary (0.6wte)	Sangeeta Parmar
Course Administrator	Claire Burchnall
Reader in Primary Care (0.1wte)	Professor Andy Wilson

¹Raksha Pandya is funded by the University of Leicester but contributes significantly to the work of the RDSU

Nottingham

Director/Reader in Hearing Research (0.2wte)	Dr Heather Fortnum
Clinical Senior Lecturer (0.64wte)	Dr Paul Silcocks
Associate Professor in Medical Statistics	Dr Sarah Armstrong
Research Fellow in Medical Statistics	Dr George Bouliotis
Senior Research Fellow (0.89wte)	Dr Jane Dyas
Research Capacity Building Co-ordinator	Dr Dawn-Marie Walker
Medical Statistician (0.8wte)	Victoria Owen ¹
Health Economist	Matthew Jones
Research Fellow – Qualitative Research	Dr Paul Leighton ²
Co-ordinator for Primary Care Organisations (0.6wte) (R)	Gill Sarre
Administrator (0.61wte)	Elaine Ellard
Administrator (0.88wte)	Valerie Brown
Administrator (0.53wte)	Karen Taylor
Unit Administrator (0.6wte)	Joanne Wood ³

¹Victoria Owen increased her hours from 0.5wte to 0.8wte with effect from 1 June 2008.

²Paul Leighton increased his hours from 0.6wte to full time with effect from 1 January 2009

³Joanne Elliott changed her name to Joanne Wood on 4 October 2008

Sheffield

Director
RDSU Manager (0.5wte) (R)
Information Officer (Research Support) (0.8wte) (R)
Information Officer (0.2wte) (R)
Information Specialist (0.8wte)
Information Assistant (0.6 wte)
RDSU/Unit Administrator (0.97wte) (R)
Secretary
Secretary (0.6wte)

Dr Wendy Baird¹
Mike Jacobs²
Claire Beecroft
Anna Cantrell
Andrew Tattersall³
Tony Mead
Michaela Barton⁴
Tricia Qanem
Barbara Keally

¹*Wendy Baird has been seconded from the Research Design Service for Yorkshire and the Humber until 31 March 2010*

²*Mike Jacobs reduced his hours from 1.0 wte to 0.5 wte with effect from 1 October 2008*

³*Andrew Tattersall reduced his hours from 1.0 wte to 0.8 wte with effect from 1 December 2008*

⁴*Michaela Barton increased her hours from 0.69 wte to 0.97 wte with effect from 1 October 2008*

Appendix 6e: Other Contracted Associates

Leicester

Professor Jackie Campbell, Professor of Neurophysiology, University of Northampton and Chair of the Research Forum for Allied Health Professionals (0.2wte) has worked with the Leicester Business Group since 15 January 2007 to assist the RDSU in its support of Allied Health Professionals and to increase the RDSU presence in Northamptonshire.

Susan Palmer-Hill, Research & Development Manager, Northamptonshire Teaching PCT (0.2wte) has worked with the Leicester Business Group since 15 January 2007 to support NIHR research bid development and feedback. Ms Palmer-Hill is also a member of the RDSU's Partners' Council.