

**NIHR** | Applied Research Collaboration  
Oxford and Thames Valley

# Showcase 2022

**Professor Richard Hobbs, Director, NIHR ARC  
Oxford and Thames Valley**

**Dr Nick Broughton, Chief Executive Officer, Oxford  
Health NHS Foundation Trust**

28<sup>th</sup> November 2022

# Practicalities

Timings



Phones



Drinks and food



Toilets



Photos/video



@arc\_oxtv

@NIHRresearch

- Hearing Loop
- Quiet Room (Seminar 10)
- Support



# Professor Richard Hobbs, Welcome





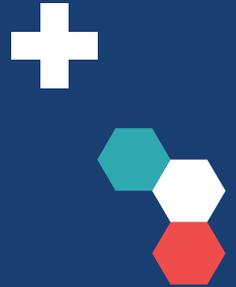
# The aims of today

- Raise awareness of the ARC portfolio
- Increase Access to the ARC Offers
- Get input of active projects
- Consider future priorities and collaborative opportunities
- Networking and relationship building



# Programme

Morning session	<b>9.00</b>	Registration and poster viewing		
	<b>9.30</b>	Welcome, overview of the day and introduction to the ARC	<i>Prof Richard Hobbs &amp; Dr Nick Broughton</i>	
	<b>10.00</b>	NIHR's Vision for the Future	<i>Prof Lucy Chappell</i>	Session Chair: Prof Richard McManus
	<b>10.20</b>	ARC & AHSN Partnership working - opportunities and challenges	<i>Prof Gary Ford</i>	
	<b>10.40</b>	Panel Q&A		
	<b>11.00</b>	Tea break and poster viewing		
	<b>11.30</b>	Mental Health across the Lifespan	<i>Prof Mina Fazel, Prof Cathy Creswell, &amp; Prof Andrea Cipriani</i>	
	<b>12.00</b>	Integrated Care and Care Home Research	<i>Prof Apostolos Tsiachristas &amp; Dr Jonathan Taylor</i>	Session Chair: Prof Raymond Fitzpatrick
	<b>12.30</b>	Maternity and High Blood Pressure	<i>Dr Katherine Tucker &amp; Lucy Goddard</i>	
Afternoon session	<b>1.00</b>	Lunch and poster viewing		
	<b>2.00</b>	Prevention: Implementation of Interventions for Underserved Populations.	<i>Dr Paul Doody &amp; Dr Lauren Bandy</i>	Session Chair: Dr Sara Ward
	<b>2.30</b>	Digital Health - NHS App	<i>Dr Claire Reidy</i>	
	<b>2.45</b>	Family Safeguarding	<i>Dr Ruta Buivydaite</i>	
	<b>3.00</b>	Tea break and poster viewing		
	<b>3.15</b>	Current Landscape Focus on Health Inequalities (NHS Race and Health Observatory)	<i>Prof Habib Naqvi</i>	
	<b>3.30</b>	Health Equity and the Role of Community Engagement	<i>Prof Mahendra Patel</i>	Session Chair: Prof Stavros Petrou
	<b>3.45</b>	Closing remarks and poster prize-giving	<i>Prof Stavros Petrou</i>	



# Professor Lucy Chappell

NIHR's Vision for the Future





Department  
of Health &  
Social Care

# **NIHR ARCs – a key interface between research and health and care services**

**Applied Research Collaboration Oxford and Thames Valley**

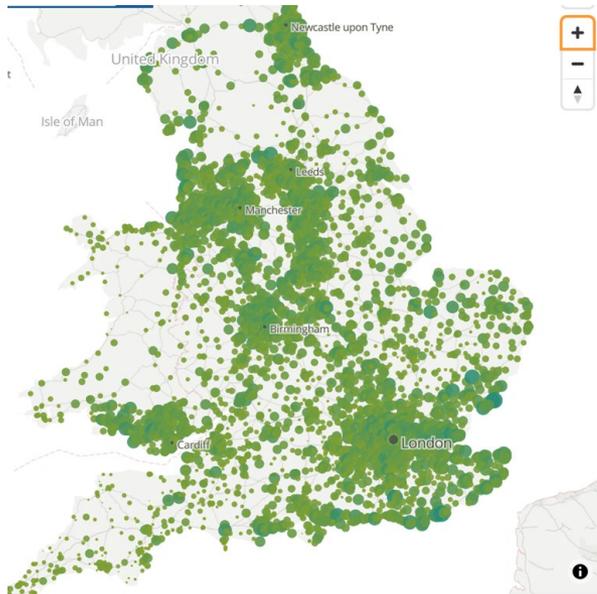
**Professor Lucy Chappell**

Chief Scientific Adviser, DHSC

Chief Executive Officer, NIHR

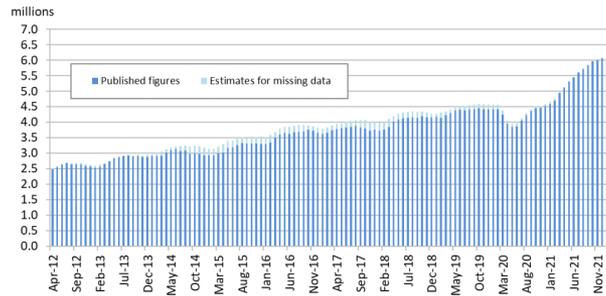
28 November 2022

# Where are we now?

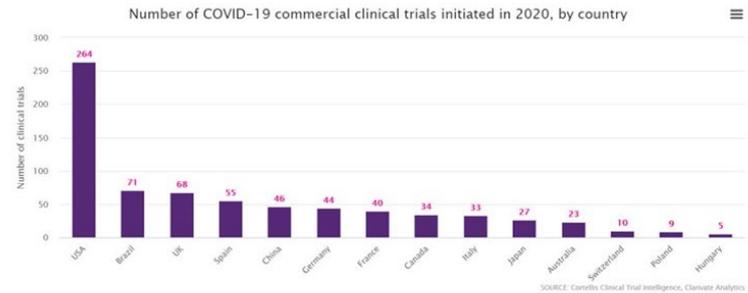


[Deaths due to COVID-19 – Interactive map - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

Chart 5: Total incomplete RTT pathways



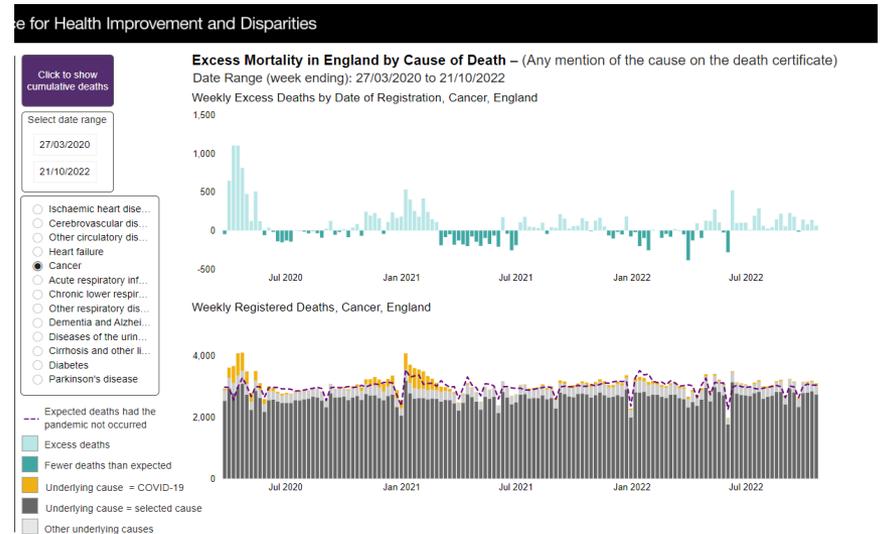
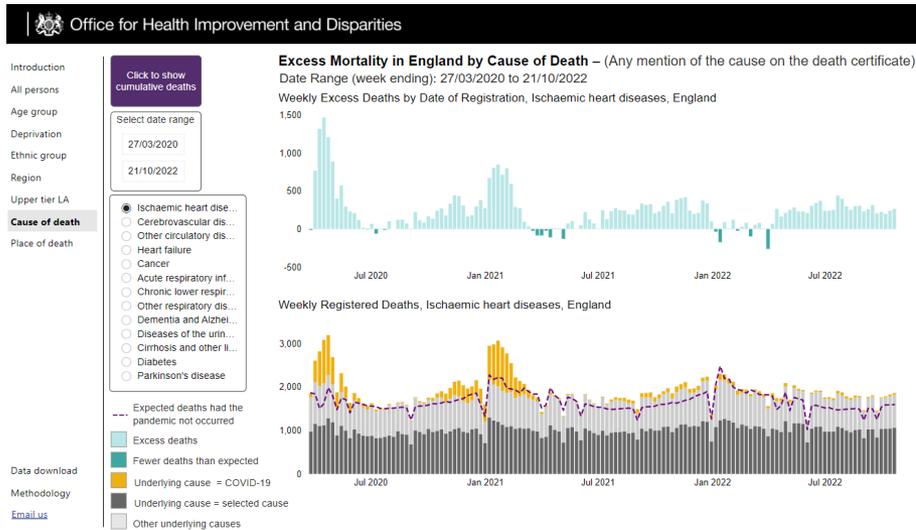
[Mar22-RTT-SPN-publication-version.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/publication-version.pdf)



[Clinical trials \(abpi.org.uk\)](https://abpi.org.uk)

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# Excess mortality



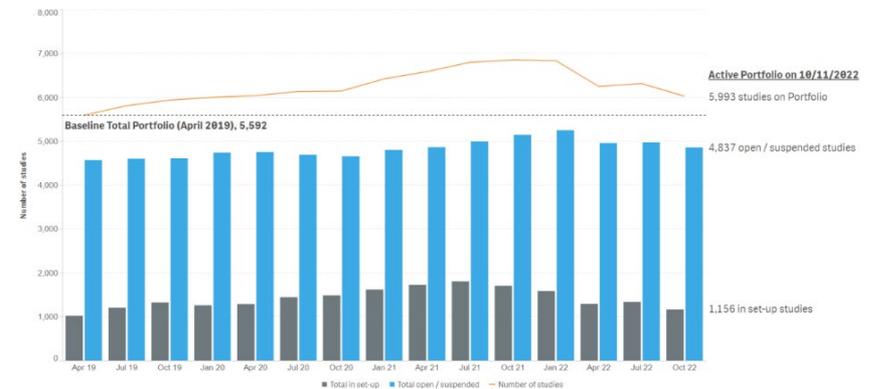
[Microsoft Power BI](#)

# Reset of the research portfolio: where next?

## 1 Progress

	Measure	Trend	Oct 2022	Baseline
1	Open studies delivering to time and target - baseline May 2022	Declining*	24%	27%
2	Number of active studies on the NIHR CRN portfolio open to recruitment – baseline May 2022	Improving	77%	72%
3	Recruitment in England compared to average pre-pandemic – baseline 2019/20 monthly average	Improving	64,936	c 61,000
4	Proportion of studies in set-up past planned opening date – baseline May 2022	Improving	52%	70%
5	The number of studies in Reset – baseline total number identified since May 2022	Improving	3,950	6,607
6	Engagement with Reset Programme: Proportion of studies in Reset in where a Sponsor has provided feedback on action – baseline previous month	Improving	72%	42%

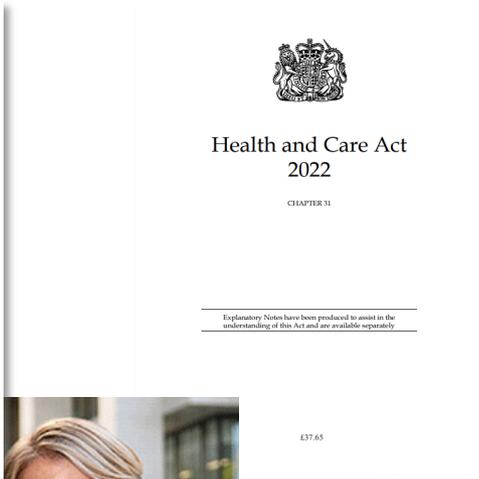
\* based on Central Portfolio Management System data – if combined with self-reported data provided by Sponsors through the Reset App the number of open studies **delivering to time and target is 48%**.



[Research Reset Status Report\\_Version final\\_2022\\_10\\_28.pdf - Google Drive](#)



# Where are the opportunities?



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# ARCs so far

- Responding to local need including COVID
- Cross-ARC working and national priorities
- Step change in collaborative working with AHSNs
- PCIEP - reaching into communities
- Developing the NIHR's public health and social care capacity and capability

TheAHSNNetwork Health and care reset Our work

## Academic Health Science Networks

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Home About Our Work Our projects Public Involvement Resources News and features Events Blog Training Search

Our projects > The SHIP Study: A Service evaluation and qualitative research study of Hypertension Plus

The SHIP Study: A Service evaluation and qualitative research study of Hypertension Plus – a hypertension self-monitoring/self-management service in primary care.

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About Latest Updates Get Involved Resources

### Researchers keep their finger on the pulse

NIHR | Applied Research Collaboration Greater Manchester

Hospital-based pulse oximetry may overestimate oxygen saturation by around 1% in people with high levels of skin pigmentation when compared with gold standard measures

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## Our SofS has set out his five priorities for the health and care system



- **Supporting the workforce** including through more staff for NHS 111 and 999
- Focusing on **recovery plans** across electives, urgent and emergency care
- Tackling the issue of **delayed hospital discharge**
- Improving **access to primary care**
- Ensuring a **stronger future for health** including maintaining momentum on the New Hospital Programme and **investing in technology** to improve patient outcomes

<https://www.gov.uk/government/news/health-and-social-care-secretary-sets-out-key-priorities-ahead-of-winter#:~:text=In%20his%20first%20speech%20since,issue%20of%20delayed%20hospital%20discharge>



# NHS Long Term Plan

  
Search

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[Short waits for planned care](#)

[Research and innovation to drive future outcomes improvement](#)

[Home](#) > [Online version of the NHS Long Term Plan](#) > [Chapter 3: Further progress on care quality and outcomes](#) > [Better care for major health conditions](#) > [Research and innovation to drive future outcomes improvement](#)

## Research and innovation to drive future outcomes improvement

3.112. **Patients benefit enormously from research and innovation, with breakthroughs enabling prevention of ill-health, earlier diagnosis, more effective treatments, better outcomes and faster recovery.** Linking and correlating genomics, clinical data and data from patients provides routes to new treatments, diagnostic patterns and information to help patients make informed decisions about their care. 'Research-active' hospitals have lower mortality rates, with benefits not limited to those patients who participate in research.

3.113. **Research and innovation are also important for the UK economy, bringing jobs and services.** The Government's Industrial Strategy set an ambition for R&D spending to reach 2.4% of GDP by 2028, which could see health R&D spending hit £14 billion. The Life Sciences Industrial Strategy [158] highlights

[NHS Long Term Plan » Research and innovation to drive future outcomes improvement](#)

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Department of Health & Social Care

# The Life Sciences Vision, commissioned by the Prime Minister, sets an ambitious ten-year plan for how Government, the sector and NHS will work together to make the UK a globally leading location for life science investment and innovation



## Science and Research

Build on the UK's **world class science and research capabilities** – making the UK the **best place in the world to trial and test products at scale**, underpinned by an ever improving genomic and health data infrastructure.



## NHS as an Innovation Partner

Make the **NHS the country's most powerful driver of innovation** – through the development, testing and adoption of new technologies at a population-scale, **using new technology to get diagnosis and treatment right first time**, and building genuine trust between the NHS and the Sector.



## Business Environment

Create an **outstanding business environment for Life Science companies** – underpinned by a **world class regulatory environment** and bringing to bear the **full financial firepower of the City of London** to support companies to grow.

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## The Life Science Vision and Government's Drug Strategy proposed eight Healthcare Missions in which we fuse together the best of industry, academia and the NHS to make rapid progress



Improving translational capabilities in **neurodegeneration and dementia**.



Enabling early diagnosis and treatment of **cancer**, including immune therapies and cancer vaccines.



Sustaining the UK position in novel **vaccine** discovery development and manufacturing.



Increase the understanding and definition of **mental health conditions**, and develop tools to address them.



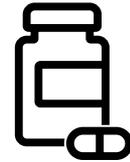
Reducing mortality and morbidity from **respiratory disease** in the UK and globally.



Treatment and prevention of cardiovascular diseases and its major risk factors, including **obesity**.



Addressing the underlying biology of **ageing**.



Stimulate the development of, effective interventions, technologies, and innovation to address **drug addiction**





**Investing in world-class  
expertise, facilities and a  
skilled delivery workforce**

to translate discoveries into  
improved treatments and services

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# Research and innovation for all: part of the solution

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Health and Care Professionals ▾ Researchers ▾ Patients and the Public ▾ Partners and Industry ▾ About us ▾

Search...

## Embedding a research culture

[Home](#) > [Health and care professionals](#) > [Engagement and participation in research](#) > Embedding a research culture

We work with health organisations and the NHS to improve the environment for health and care research in England.

### On this page:

- [Clinical research is everyone's future](#)
- [Saving and Improving lives: The Future of UK Clinical Research Delivery \(DHSC Strategy\)](#)
- [Supporting NHS research](#)
- [Research engagement case studies](#)



## Record number of patients take part in clinical research



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Department of Health & Social Care

# NIHR: areas of strategic focus

## Best Research for Best Health: The Next Chapter

1



### Learning from Covid-19 and supporting recovery

Build on learnings from the research response to COVID-19 and support the recovery of the health and social care system

2



### Preventative, public health and social care research

Build capacity and capability in preventative, public health and social care research

3



### Multiple long-term conditions

Improve the lives of people with multiple long-term conditions through research

4



### Under-served regions and communities

Bring clinical and applied research to under-served regions and communities with major health needs

5



### Embedding EDI in research

Embed equality, diversity and inclusion across NIHR's research, systems and culture

6



### Strengthening careers in research

Strengthen careers for research delivery staff and under-represented disciplines and specialisms

7



### Working with the life sciences industry for better outcomes

Expand our work with the life sciences industry to improve health and economic prosperity

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**Building on learnings  
from the research  
response to COVID-19  
and supporting the  
recovery of the health  
and social care system**



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# How ARCs can support this area of strategic focus

- **Continue building the collaborative working with AHSNs, regionally and nationally**
- **Support NHS Insights and Prioritisation Programme and other initiatives**
- **Continue with evidence synthesis**

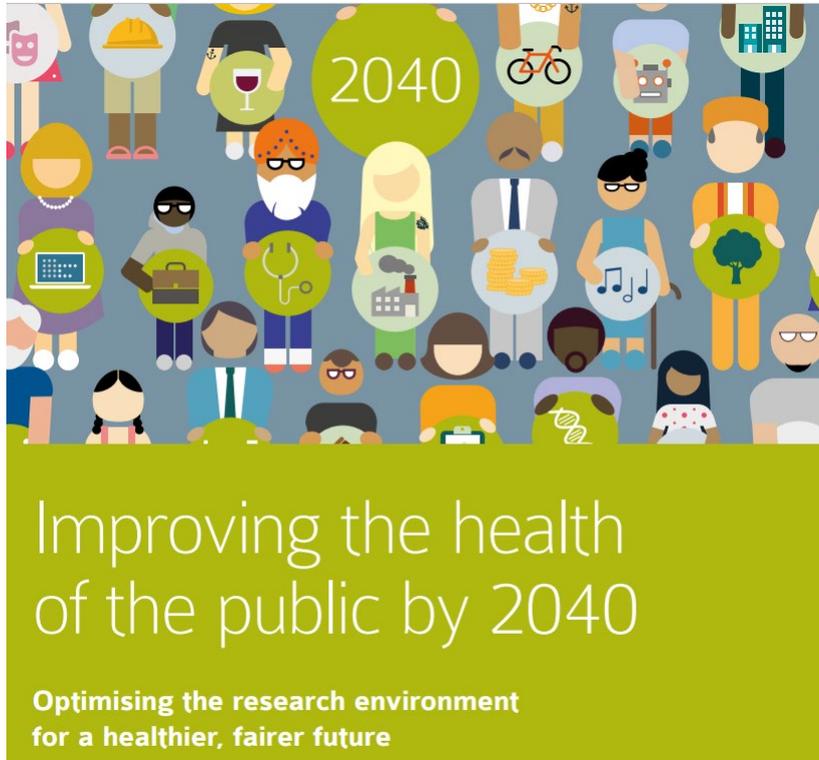
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## Building capacity and capability in preventative, public health and social care research



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# Health of the public



Recommendations .....

1. Introduction .....
2. A healthier, fairer future .....
3. Optimising research to improve the health of the public .....
4. Harnessing the digital revolution .....
5. Developing the next generation of researchers and practitioners ...
6. Working together to improve health and health equity.....

# How ARCs can support this area of strategic focus

- **Be responsive (and proactive) to local authority needs, building capacity and capability in partnership with them**
- **Provide strategic coordination of your activity in these areas, harnessing ARC national leads, national priority funding and your Care Home Network**
- **Collaborate with other NIHR public health and social care infrastructure and initiatives (e.g. HDRCs)**
- **Consider how to support early intervention – particularly in context of current excess mortality (from non-COVID causes)**



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# Improving the lives of people with multiple long-term conditions through research



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# MLTC relevant for all

## NIHR Strategic Framework for Multiple Long-Term Conditions (Multimorbidity) MLTC-M Research

Published: 14/04/2020 Read Time: 9 minutes Version: April 2020 - Version 1.0 [Print this document](#)



## Multiple long-term conditions implementation programme projects listed

The successful applications to the NIHR ARC Multiple Long-Term Conditions Implementation Programme have been revealed.

Lead ARC	Lead Applicant	Collaborating ARCs	Other Collaborating Institutions for Implementation	
Optimising structured medication reviews: A real-time observational cohort study with integrated qualitative evaluation	Oxford	Professor Richard McManus	Yorkshire and Humber, East of England, West, South West.	North West ARC, East Midlands ARC
Audit Based Education - bitesize, focussed, dashboard-based feedback, to implement NICE Do-Not-Do Recommendations in people with cardiometabolic comorbidities	Oxford	Professor Simon de Lusignan	East Midlands, Kent Surrey Sussex.	Effective Diabetes Education Now.

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# How ARCs can support this area of strategic focus

- **Embed into every piece of ARC work as a forethought (not an afterthought)**
- **Contribute your substantial expertise to the development of methodologies for MLTC research**
- **Provide strategic coordination of your activities on MLTCs, including through the ARC national lead role**



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# Bringing clinical and applied research to under-served regions and communities with major health needs



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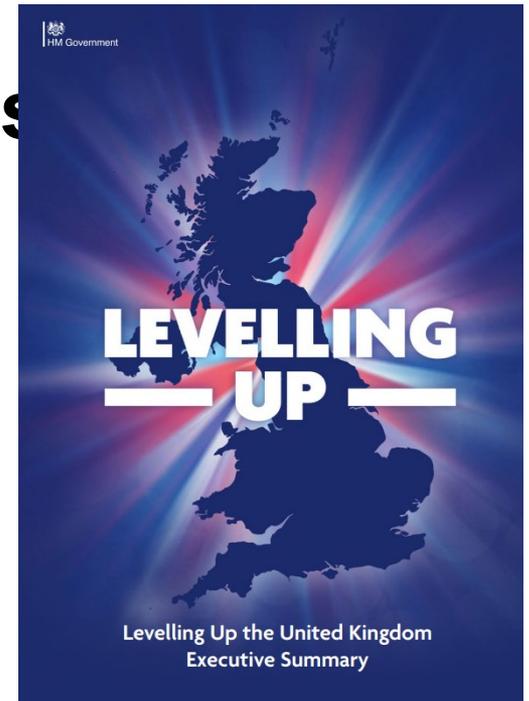
# Levelling up research through collaboration on delivery and intellectual

## Mental Health Translational Research Collaboration

Home > Explore NIHR > Support > Experimental medicine > Mental Health TRC



# burden to res



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# Research activity compared to disease indicators

odp.nihr.ac.uk/QvAJAZZfc/opedoc.htm?document=crncc\_users%5Cresearch%20targeting%20tool.qvw&lang=en-US&host=QV5%40crn-prod-odp

[About](#) | [Select Indicator](#) | [Research Activity and Indicator Comparison](#) | [Compare Indicators](#) | [Indicator Detail](#) | [CCG Profile](#) | [Additional Filters](#)

This dashboard has been fixed to a data cut of May 2020. The maps show CCGs configured as they were in 2019. We are working to improve the tool and welcome suggestions for improvements. Please use the 'Provide Feedback' button at the bottom of the page.

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Data Cut: 27 May 2020 03:30

**Current Selections**  
 StudySpec:  Renal Disorders  
 IndicatorLay:  Diabetes Type 2  
 Name: Prevalence

**Studies Recruitment**

Study Lead Admin  
NIHR  Devolved

Commercial / Non-Commercial  
Commercial  Non-Commercial

Recruitment Year  
 FY1011 FY1112 FY1213  
 FY1314 FY1415 FY1516  
 FY1617 FY1718 FY1819  
 FY1920 FY2021

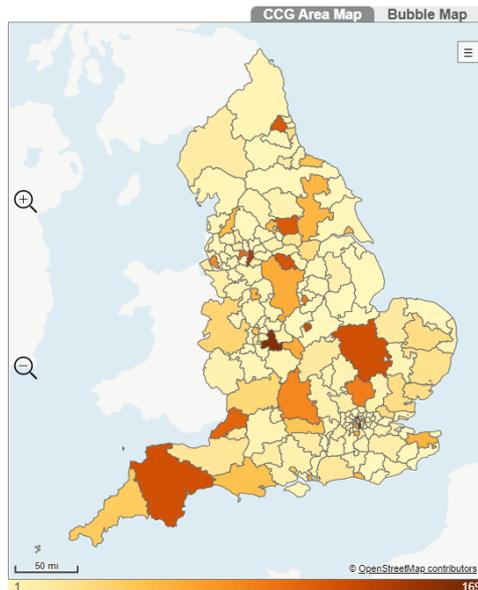
Specialty  **Renal Disorders**  
 Ageing  
 Anaesthesia, Perioperative Medi...  
 Cancer

Sub-Specialty   
 Renal Disorders  
 Urology  
 Acute Care  
 Acute respiratory infection

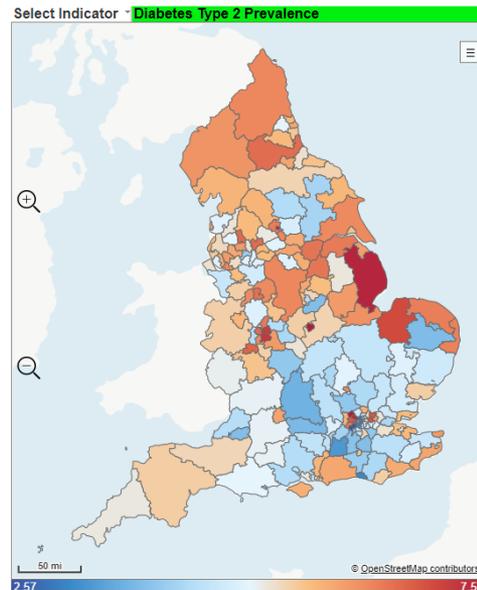
Site Type  
 Care Home CCG  
 CCG Site Charity  
 Company GP Practice  
 GP Surgery ISHP Site  
 NCI Path Lab  
 PCT Primary Care ...

## Compare Research Activity to Disease or Demographic Indicators

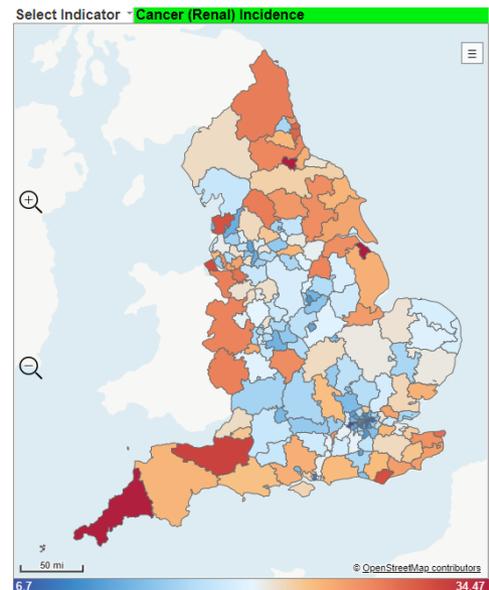
Compare the number of studies that have recruited participants (left map) with various disease or demographic indicators (right map).



This map shows NIHR CRN-supported research activity in England from 2010/11 onwards. The shading represents the number of studies that have recruited participants in each



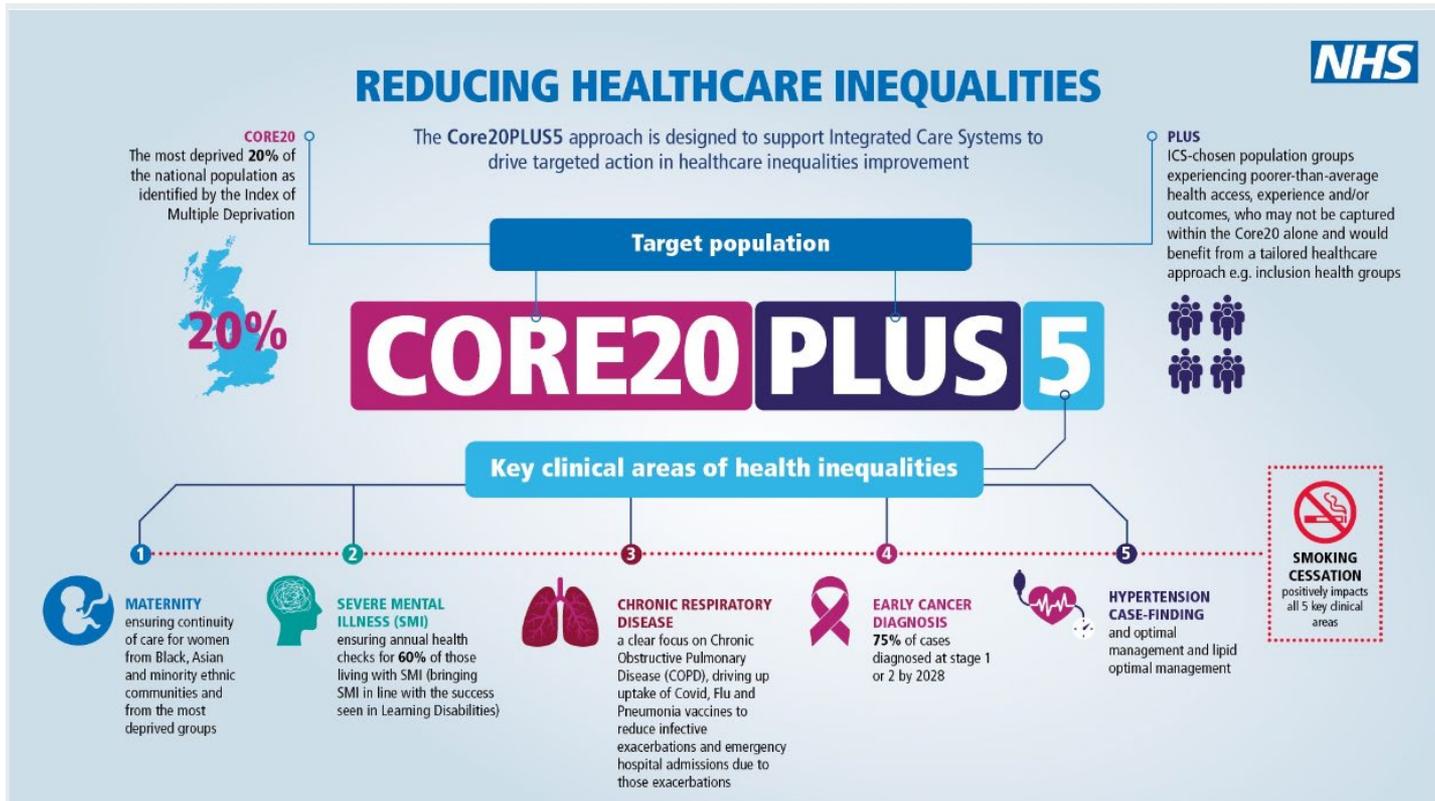
The percentage of patients with Type 2 Diabetes, as recorded on practice disease registers as part of the National Diabetes Audit (Percent)



Annual summary (financial year) of tabulated monthly counts of patients resident at each of the listed CCG per 100,000 CCG population (Count)

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# Tackling healthcare inequalities



[NHS England » Core20PLUS5 – An approach to reducing health inequalities](#)

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# How ARCs can support this area of strategic focus

- **Reach far into your populations and ensure you are engaging with all communities and addressing their needs**
- **Address the needs of all your region's health and care partners and reach out to those not yet members of your ARCs**
- **Use CORE20PLUS5 as part of a core R&D offer**
- **Maximise use of ARC national lead for Inequalities**



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## Embedding equality, diversity, and inclusion across NIHR's research, systems and culture



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# The virtuous circle for researchers and research participants



SCIENCE & TECHNOLOGY  
This is what a scientist looks like



[‘I Am A Scientist’ offers students STEM role models – Harvard Gazette](#)

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# Ensuring representativeness of participants (including ethnicity/ other characteristics)

TABLE 6 Baseline characteristics of participants

Characteristic	HAH (N = 687)	Hospital (N = 345)	Total randomised (N = 1032)
Age (years)			
Mean (SD)	83.3 (7.0)	83.3 (6.9)	83.3 (7.0)
Range	65.0–102.5	65.1–102.9	65.0–102.9
Missing	0	0	0
Gender, n (%)			
Male	269 (39.2)	138 (40.0)	407 (39.4)
Female	418 (60.8)	207 (60.0)	625 (60.6)
Missing	0	0	0
Education level, n (%)			
Left school < 16 years old	577 (85.2)	287 (85.9)	864 (85.5)
Upper secondary	58 (8.6)	26 (7.8)	84 (8.3)
Higher education	42 (6.2)	21 (6.3)	63 (6.2)
Missing	10	11	21

[Hospital at Home admission avoidance with comprehensive geriatric assessment to maintain living at home for people aged 65 years and over: a RCT \(nihr.ac.uk\)](https://www.nihr.ac.uk)

# How ARCs can support this area of strategic focus

## NIHR Race Equality Framework

A practitioner's guide for public involvement in research



Why should organisations use the Framework?



Evidence tells us that action is needed



There are legal and national imperatives



Inclusive research is robust research



Its applications go beyond race equality

The self-assessment questions span five areas of organisational activity.



Individual responsibility



Leadership



Public partnerships



Recruitment



Systems and processes



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## Strengthening careers for research delivery staff and under-represented disciplines and specialisms



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NIHR RESEARCH CAREER PATHWAYS	PRE-DOCTORAL	DOCTORAL	POST-DOCTORAL (EARLY)	POST-DOCTORAL (SENIOR)	CHAIR
Research Training Schemes for all	Pre-doctoral Fellowship	Doctoral Fellowship	Advanced Fellowship		Research Professorship
Research Training Schemes for practitioner academics	HEE/NIHR Pre-doctoral Clinical and Practitioner Academic Fellowship	HEE/NIHR Doctoral Clinical and Practitioner Academic Fellowship	HEE/NIHR Advanced Clinical and Practitioner Academic Fellowship		
health & social care professionals	NIHR Pre-doctoral Local Authority Fellowship	NIHR Doctoral Local Authority Fellowship			
Research Training Schemes for clinical academics, doctors and dentists	In-Practice Fellowship		Clinical Lectureship		
	Academic Clinical Fellowship				
RESEARCH TRAINING FOR ALL	Biomedical Research Centres • Applied Research Collaborations				
Additional Opportunities	Patient Safety Translational Research Centres • NIHR Schools • Health Protection Research Units				

# How ARCs can support this area of strategic focus

- **Showcase the ARCs as inherently multi-disciplinary - optimise this and harness it across all work, demonstrating the art of the possible**
- **Evaluate whether the opportunities that you provide are equal across disciplines – leave no-one behind and hold each other's ladders**



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**Expanding our work  
with the life sciences  
industry to improve  
health and economic  
prosperity**



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# NIHR: the next directions

○ Expand our work with the life sciences industry to improve health and economic prosperity

## NIHR Support for Industry

We support the life sciences industry to translate innovations into the health and care system and on to market.

### Access our expertise

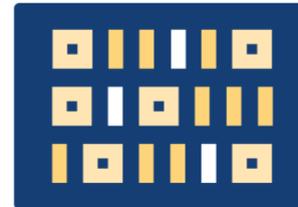
Work with our network of world leading experts across the innovation pathway.

### Samples and data

Access some of the richest health data sets in the world through our extensive network.

### Deliver your research

We can support you to plan and deliver your study in the NHS and wider health and care setting.



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# How ARCs can support this area of strategic focus

- **Ask how ARCS can support the health and care system to adopt innovation - through evidence generation, support for implementation and scale-up**
- **Collaborate with other NIHR infrastructure (including BRCs and MICs/HRCs) and AHSNs to help develop a clearer pipeline and offer to industry**
- **Support each other in open, transparent working with the life sciences industry**





#### Preventing emergencies / NIHR ARC East Midlands campaign cuts number of 999 call outs for diabetes-related emergencies

An education campaign has helped reduce the number of emergency call-outs to people with diabetes suffering hypoglycaemia (hypo) across the East Midlands. Hypos occur when blood sugar levels drop too low. The campaign saw the roll out of a booklet and advice issued by paramedics following a hypo to help prevent future emergencies.



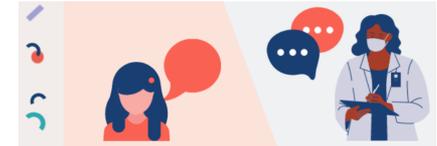
#### Improving healthcare for children and young people / Implementing and evaluating a new model of care

Researchers and implementation specialists from NIHR ARC South London are helping to implement and evaluate a new programme that is improving the way healthcare is delivered for children and young people living in south London. The aim is to bring about change by testing and proving the benefits of a new model of care. Early evaluation has shown improvements in health and healthcare quality.



#### Underpinning tough decision-making / Bradford's COVID-19 Scientific Advisory Group (C-SAG)

In March 2020, NIHR ARC Yorkshire and Humber quickly mobilised to establish a Bradford COVID-19 Scientific Advisory Group (CSAG). The CSAG has had significant impacts both locally and nationally in areas exploring mortality rates, identifying best treatments, understanding communities and redressing misinformation around vaccine hesitancy.



#### Enabling support / ADVISE helps sexual health services support those experiencing domestic abuse

A programme to help sexual health services support and refer people experiencing domestic abuse and sexual violence is being rolled out in Bristol and South Gloucestershire. ADVISE is an evidence-based training and referral programme evaluated by NIHR ARC West. It is already being piloted in Greater Manchester, and discussions are underway to commission it



#### Supporting young people / Improved support helps young people with complex needs stay close to home

Young people with severe learning disabilities in Cambridgeshire and Peterborough are being supported by a new service, shaped by NIHR ARC East of England researchers and health professionals working with families. This work is helping young people with complex needs remain close to their families, schools, and communities, making a positive impact for them and their families.



#### Unlocking data / Unlocking the value of health data in the midst of a pandemic: OpenSAFELY

In the midst of the pandemic, NIHR ARC Oxford and Thames Valley rapidly developed the OpenSAFELY software platform – the world's largest secure analytics platform for electronic health records - to answer urgent clinical questions about COVID-19. Research generated using OpenSAFELY had a near immediate impact on both healthcare and policy and set a new standard for accountable, open, and safe computational data science using electronic health records.



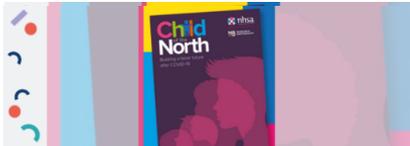
#### Supporting mental health care / Embedding clinical psychologists in GP practices in areas of high deprivation

NIHR ARC North East and North Cumbria are supporting and evaluating a pilot project that will see clinical psychologists based in GP practices which serve areas of high socio-economic deprivation. With additional resource from clinical psychologists who are more experienced with mental health issues, this project could have huge benefits for the patients in those areas.



#### Listening to citizens / ARC Greater Manchester commissions citizens' juries to explore data sharing during the pandemic

In 2020, in response to COVID-19, the government changed the rules around health data sharing to tackle crucial research. However, there was no public engagement informing that policy due to the speed with which decisions needed to be made. That's why NIHR ARC Greater Manchester helped commission a set of citizens' juries to deliberate the topic and give the public a voice.



#### Highlighting inequalities / Northern ARCs collaborate on research highlighting the challenges facing children of the North

NIHR ARC from across the North have collaborated with the Northern Health Science Alliance (NHSA) and the N8 Research Partnership on research highlighting the challenges and inequalities facing children in the North of England. The report has been backed by more than 15 MPs, who have pledged to become 'Child of the North Champions', by advocating for a fairer future for children of the North.



#### Supporting better care / ARC West Midlands supports delivery of hospital-level care in the community

NIHR ARC West Midlands is supporting delivery of hospital-level care in the community through the Hospital at Home project. This work will help provide person-centred acute care for older people living with frailty and help inform how to scale-up these services.



#### Reducing demand / Developing 'Covid Oximetry @home' to reduce pressure on the NHS

When the pandemic hit, NIHR ARC Wessex reacted rapidly to help create a safe way to monitor COVID patients' oxygen levels at home. This means people with COVID-19 who are at risk of future deterioration can be safely cared for in the community instead of having to go to hospital, reducing demand for hospital beds and transforming the lives of vulnerable people with COVID-19. Now other illnesses are being considered for this type of model too.



#### Building capacity / ARC South West Peninsula training programme improves services and outcomes across health, care and policing

NIHR ARC South West Peninsula's national Health Services Modelling Associates (HSMA) programme is helping to address some of the biggest issues facing health and social care. The programme has led to multi-million pound investments in mental health and urgent care services, improved outcomes for patients and service users across policing, social and health care and developed inter-ARC collaborations to share knowledge and increase service capacity.



#### Addressing barriers / ARC North Thames unites across the health and care system to support pandemic recovery

In response to the pandemic, NIHR ARC North Thames rapidly developed vital partnerships across the London health and care system to identify where care and support were most urgently needed, tackle inequalities and address the barriers to pandemic recovery.



#### Transforming primary care delivery / Putting Community Health Workers at the heart of primary care

Researchers from NIHR ARC Northwest London are transforming the face of primary care delivery by piloting a Community Healthcare Worker model in Northwest London with the aim of rolling it out across the country. In this model, Community Health Workers become 'the ears and eyes of the GP in the community', helping to embed the delivery of primary care into everyday life.



#### Supporting communities / NIHR ARC Kent, Surrey and Sussex co-produces culturally sensitive COVID-19 resources

Early in the pandemic, NIHR ARC Kent, Surrey and Sussex funded research to co-produce culturally sensitive COVID-19 resources for older members of local Nepalese and Hindi communities. These resources were designed to increase understanding of preventative measures, improve engagement with healthcare professionals and improve health outcomes



#### Informing practice / ARC North West Coast undertakes rapid evidence summaries

NIHR ARC North West Coast uses Rapid Conversion of Evidence Summaries (RaCES) to convert systematic reviews into evidence summaries to inform practice. The process is open to members of the ARC, who get in touch with a research question. So far, 15 health professionals have produced RaCES with wide-ranging impact, from helping inform an NHS trust's decision about which safety culture tool to use to informing the development of a set of training resources which have been adopted by a stroke ward.

## Developing a tool to predict suicide and self-harm in adolescents

Mental health problems in children and adolescents contribute to outcomes with long-lasting effects, such as suicidality, self-harm, violence towards others and risky behaviours. For each individual, predicting the likelihood of these consequences is challenging. Professionals use a range of methods to assess risk, including structured risk assessment tools. However, there is no standardised method for risk assessment and many tools lack a scientific evidence-base and have poor accuracy. The purpose of this project is to develop a risk prediction tool for adolescents attending mental health clinics.

Part of our [Mental Health across the Life course](#) research theme

## A Family Safe-guarding Model to Protect Vulnerable Children

There is an urgent need to reduce the number of children being taken into care in Oxfordshire and to address this Oxfordshire County Council is implementing a large, ambitious change to the current system of safeguarding children by focussing on the needs of the whole family. This new model is called 'family solutions plus'. This project supports the organisations running this new model by designing a rigorous evaluation of how effective the safeguarding change is and how well it achieves what the system aims to do.

Part of our [Improving Health and Social Care](#) research theme

## Understanding the rapid implementation of self-monitoring of blood pressure during pregnancy due to the Covid-19 pandemic

The recent COVID-19 pandemic has led to the rapid implementation of self-monitoring of blood pressure, in order to reduce face-to-face consultations for pregnant women whilst maintaining adequate safety for the woman and her baby. This research aims to understand how this was done and to use this experience to understand the barriers and facilitators for successful implementation of self-monitoring of blood pressure into antenatal care.

Part of our [Helping Patients Manage their Own Conditions](#) research theme

## The role of lifestyle interventions in high risk pregnancies

Less than half of women enter pregnancy with a weight within a health range making it the most common obstetric risk factor. Women living with overweight and obesity during pregnancy as well as women who put on too much weight during pregnancy are at increased risk of poor pregnancy, birth and neonatal outcomes. The risk is further pronounced in women entering pregnancy with existing chronic conditions such as diabetes and hypertension who are additionally living with a lifelong risk of cardiovascular disease.

Part of our [Helping Patients Manage their Own Conditions](#) research theme



## Unlocking data / Unlocking the value of health data in the midst of a pandemic: OpenSAFELY

In the midst of the pandemic, NIHR ARC Oxford and Thames Valley rapidly developed the OpenSAFELY software platform - the world's largest secure analytics platform for electronic health records - to answer urgent clinical questions about COVID-19. Research generated using OpenSAFELY had a near immediate impact on both healthcare and policy and set a new standard for accountable, open, and safe computational data science using electronic health records.



THE TOP 10 QUESTIONS FOR OBESITY & WEIGHT RESEARCH, NOW AVAILABLE

Identifying and prioritising areas of need in research is no small feat. That's why we used a systematic process following the principles of the James Lind Alliance to engage with hundreds of stakeholders to figure out what the top 10 unanswered questions are in obesity and weight-related research.

Now, we are pleased to share both the process and results of this initiative, and we thank everyone who participated.



The Process

We followed the general steps set out by the James Lind Alliance.

The first stage involved an online survey to gather research questions. We grouped these together and excluded the questions that had already been answered or which were out of scope.

In a second online survey all participants were asked to rate the remaining questions, these were then put in order of

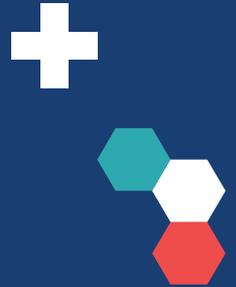


# Key to future success for ARCs

- **Support the health and care system to implement, adopt and spread innovation and solutions**
- **Be responsive to the pressures – and emerging needs - including the new ICS and LA**
- **Help embed research in the health and care system**
- **Act collaboratively as a multidisciplinary network to ensure right team, right project, right place for the identified need/ gap**
- **Collaborate with other infrastructure and leverage external funding to enable a smooth pipeline, including for life sciences industry and charity partners**
- **Showcase your demonstrable impact on improved outcomes via policy, guidelines and practice**

# CSA and NIHR CEO perspective

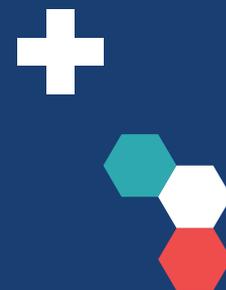




# Professor Gary Ford

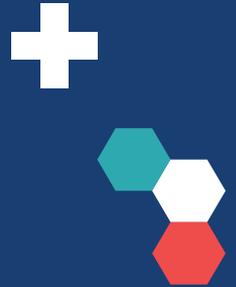
ARC & AHSN Partnership working –  
opportunities and challenges





# Panel Q&A





# Tea break and poster viewing

11-11.30am

