NIHR | Applied Research Collaboration Oxford and Thames Valley

Welcome to the **NIHR ARC OxTV Showcase 2024**

Creating partnerships, sharing knowledge, improving outcomes

NIHR | Applied Research Collaboration Oxford and Thames Valley

Welcome, overview of the day and introduction to the NIHR ARC OxTV

9.30 -9.50

Prof Richard Hobbs, CBE

NIHR ARC OxTV Director

Mercian Professor of Primary Care, Nuffield Department of Primary Care Health Sciences, University of Oxford

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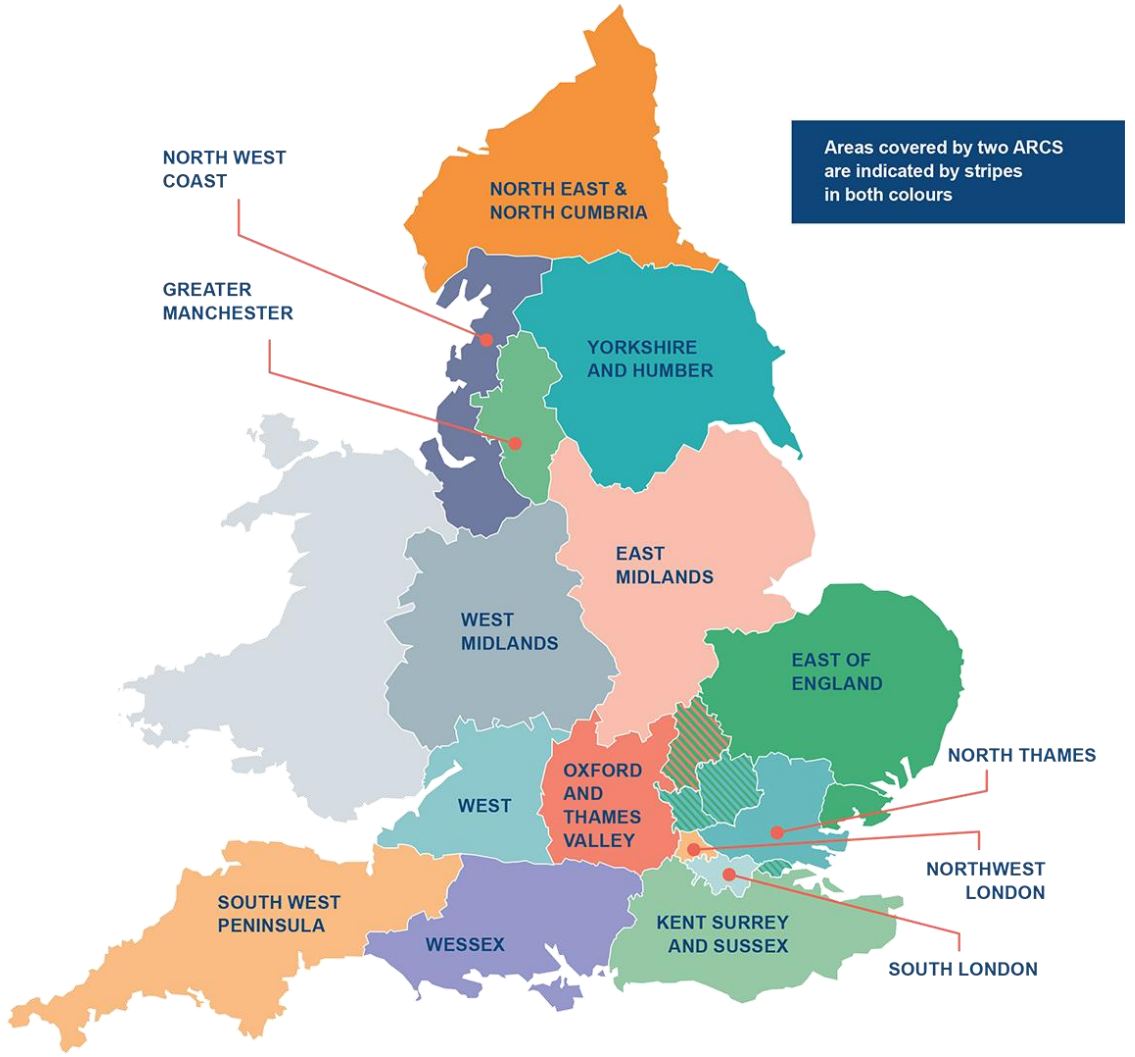
A few housekeeping notes…

- **No fire drills planned** – follow evacuation signs
- **Need help? –** ARC Team have yellow lanyards
- **Prayer room/ Quiet room** – Trinty Room
- **For calls / meetings** – use hotel lobby, café/ bar area or Oriel Suite (free after 1pm)
- **Coffee** – Events lobby and
- **Lunch** – Restaurant (1st floor)
- **Additional projects in event brochure** – do take a look!

Collaborations to support applied health research that responds to and meets the needs of local populations and health and care systems.



Overview of the ARC OxTV programme

ARC OxTV research themes

- Disease Prevention through Health Behaviour Change
- Patient Self-Management
- Mental Health across the Life Course
- Community Health and Social Care Improvement
- Applied Digital Health
- Novel Methods to Aid and Evaluate Implementation

Cross cutting work (Selected projects)

Implementation & Knowledge Mobilisation

- NHS Insights Prioritisation Programme (NIPP)
- Evaluation Capacity Development Evaluation Projects - AIDP

Public & Community Involvement

- ARC OXTV PPI champions group
  Public Partners
  Resources and support
- Monitoring to Learn
  Public Involvement Expertise
  Community Outreach

Capacity development

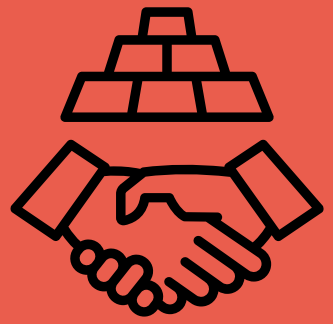
- Applied Digital Health MSc
  Social Care MSc
  Webinars and Courses
- Research internships (including social care and public health)

Equity and inclusion

- University of Oxford – Centre for Research Equity through Pharmacy, Communities and Healthcare
- UK wide networks
  Equity and inclusion expertise
  Community and system projects

ARC OxTV research theme | Funded project | Supported / affiliated projects

ARC Pathways to Impact



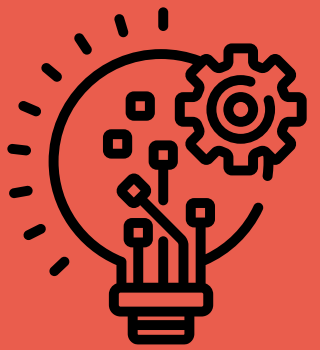
Build Partnerships

Relevant Research

Knowledge Mobilisation

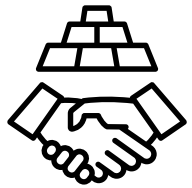
Influence Policy and Practice

Capacity Development



Innovation

Building strong partnerships



NHS Milton Keynes University Hospital NHS Foundation Trust

NHS Oxford Health NHS Foundation Trust

NHS Oxford University Hospitals NHS Foundation Trust

NHS Buckinghamshire Healthcare NHS Trust

NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

NHS Berkshire Healthcare NHS Foundation Trust

Frimley Health and Care

milton keynes council

Buckinghamshire Council

West Berkshire Council

OXFORDSHIRE COUNTY COUNCIL

THE UNIVERSITY OF BUCKINGHAM

Flo's The Place in the Park

Oxford Academic Health Partners
WORLD-CLASS PARTNERSHIPS BRINGING RESEARCH TO LIFE

OMRON

Koa Health

Health Innovation Oxford & Thames Valley

The Open University

OXFORD BROOKES UNIVERSITY

University of Reading

UNIVERSITY OF OXFORD

BUCKINGHAMSHIRE NEW UNIVERSITY
EST. 1891

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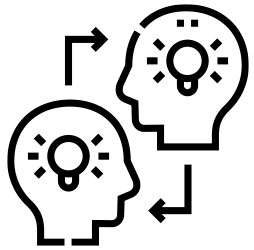
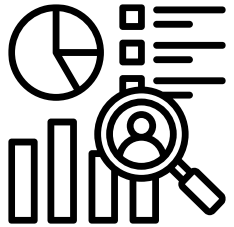
Research that matters



- **OxWell Student Survey:** 40,000+ students providing real-time mental health insights to school and local authorities
- **Housing First:** Supporting evidence-based solutions for homelessness
- **Self-monitoring blood pressure in pregnancy:** Improving maternal care
- **OpenSAFELY:** Secure analytics for 58M+ patient records

Turning Research into Action



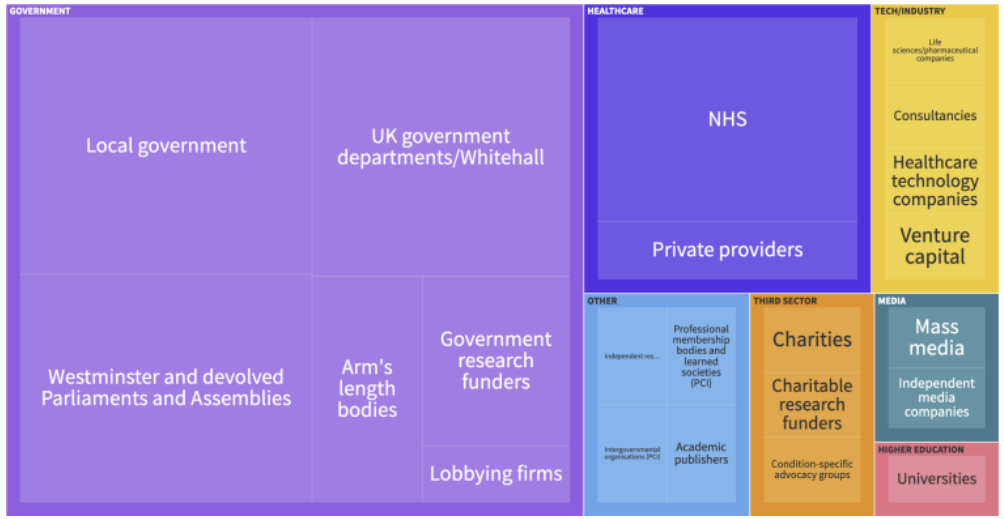
- **OxWELL:** Customised reports for schools
- **OSI:** Expanding access to mental health support for children with anxiety across the UK
- **The SARAH Programme:** recognised by the NIHR as a key case study of the NIHRs impact

OxWell Student Survey
Young People's Health and Wellbeing

OSI Online Support and Intervention for Child Anxiety

Shaping Healthcare Policy

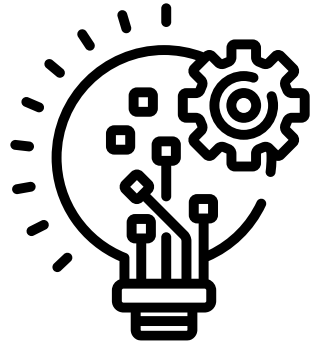
- Royal College of Obstetrics and Gynaecology guidelines adoption around blood pressure
- Evidence presented at Prime Minister's Round Table on Child Mental Health
- NHS England implementation of online therapy for child anxiety
- Local authority transformation of social care services
- Tools to help bridge research and health policy



Building Future Healthcare Leaders

- MSc in Applied Digital Health programme
- ARC internship programme for health and care professionals
- Research fellowship schemes
- Training and support for community researchers
- Public involvement capacity building

Driving Healthcare Innovation



- MSc in Applied Digital Health programme
- Online Support and Intervention (OSI) for child anxiety
- OpenSAFELY secure analytics platform
- Digital tools for pregnancy monitoring
- AI applications in primary care
- Cancer-risk research featured in special edition of PLOS Medicine focussed on advances in early cancer detection

Looking Ahead: ARC 2 (2026 onwards)

Building on success, embracing new challenges

- Next generation of Applied Research Collaborations launching April 2026
- Opportunity to shape future of applied health research

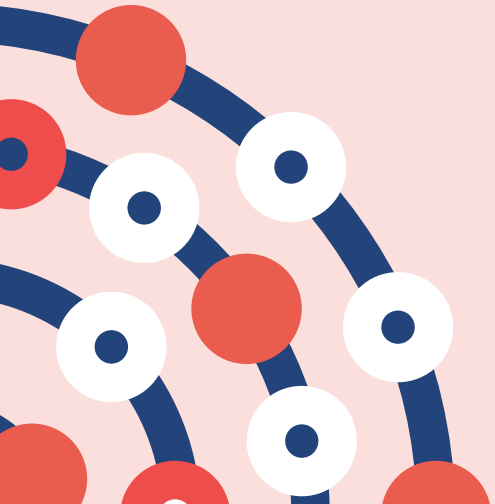
Key priorities:

- Addressing health inequalities through inclusive research
- Accelerating knowledge mobilisation and implementation
- Building research capacity across health and care sectors
- Responding rapidly to emerging health challenges
- Contributing to economic gains through strategic partnerships

Help shape the future:

- Share your insights today
- Join our discussions with Dr Paula Wray, the ARCs senior manager, on our regional priorities
- Connect with potential collaborators and partners
- Help us build an ARC that works for all

Todays keynote talk…



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Keynote talk:

Responding to a ‘broken NHS’ - how can applied health research provide solutions?

9.50 -10.20

Prof Gary A Ford, CBE, FMedSci

Chief Executive Officer, Health Innovation Oxford and Thames Valley

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Community-led research

10.20 -11.00

Session chairs:

- **Dr Katharine Keats-Rohan,** ARC OxTV PPI Champion
- **Rashmi Kumar,** ARC OxTV PPI Champion

“I really feel the kindness of strangers” Community views on food and the cost of living.

- **Mujahid Hamidi**,
  Community Researchers, Oxford Community Action
- **Dr Veronica Barry**,
  Executive Director, Healthwatch Oxfordshire

ARC Thames Valley Showcase Event.
4th November 2024.

"I really feel the kindness of strangers" – what we heard about the impact of food and cost of living on our communities in Oxford - OX4

Mujahid Hamidi – Community Researcher - Oxford Community Action.
Veronica Barry- Healthwatch Oxfordshire.

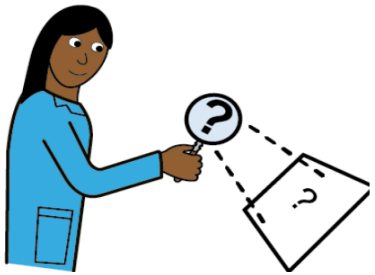
healthwatch Oxfordshire
Your voice on health and care services

Healthwatch Oxfordshire produced a series of overview reports based on views on community research – November 2023.
https://healthwatchoxfordshire.co.uk/our-work/research-reports/

(Supported by Oxfordshire County Council, with NIHR, in development of Oxfordshire's Community Research Network)

healthwatch Oxfordshire

Community research



healthwatch Oxfordshire
Your voice on health and care services

"We keep being researched"

Community views on what makes good research in Oxfordshire

"That's what I want to see… meaningful action"

November 2023

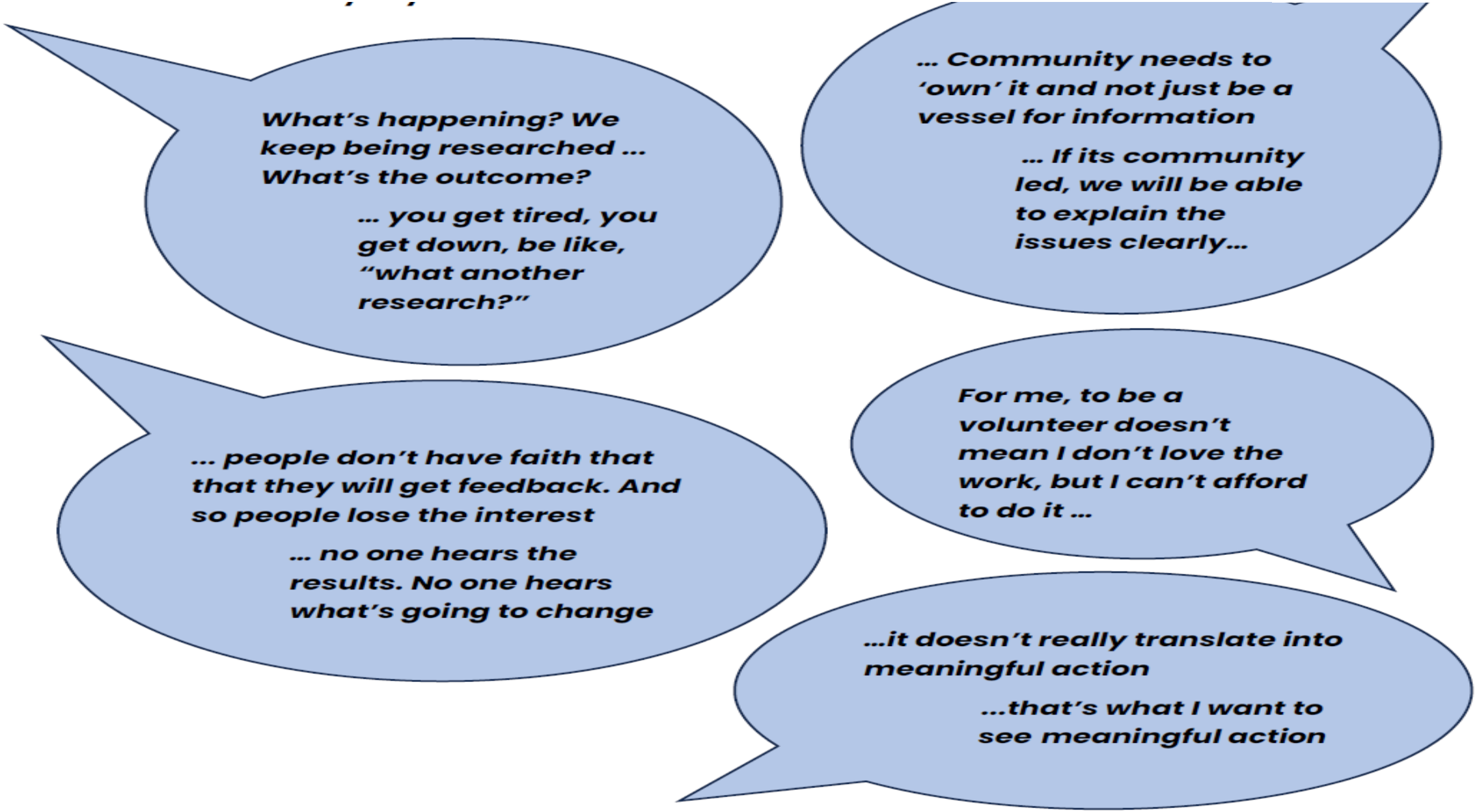
Community Research in Oxfordshire – an overview

October 2023

"We want lasting change, because we're not just doing things for our time, put a tick and then move on. We really, really have to have that community led."

We asked the questions '*How do community members see community research in Oxfordshire?*' and '*What does good community research look like?*'

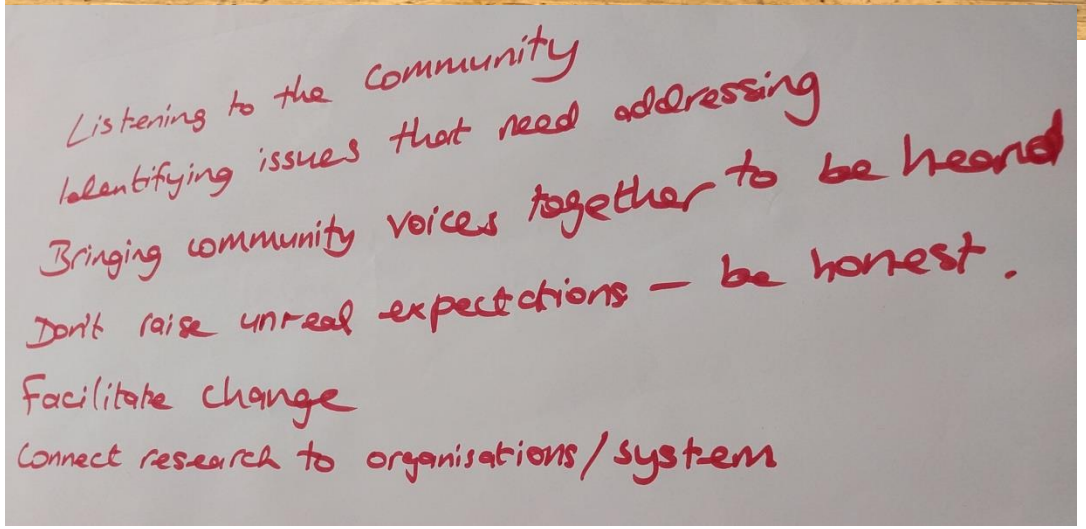
Community members told us loud and clear that communities are tired of research 'on them' and not 'with them', and that things must change, if solutions to some of the pressing challenges are to be found.


What's happening? We keep being researched … What's the outcome?
… you get tired, you get down, be like, "what another research?"
… Community needs to 'own' it and not just be a vessel for information
… If its community led, we will be able to explain the issues clearly…
… people don't have faith that that they will get feedback. And so people lose the interest
… no one hears the results. No one hears what's going to change
For me, to be a volunteer doesn't mean I don't love the work, but I can't afford to do it …
…it doesn't really translate into meaningful action
…that's what I want to see meaningful action

Based on the voices we heard from community members, we identified **4 key principles** that now underpin Oxfordshire community research network.

These are:

- **Nothing about us without us**
- **Commit to action**
- **Value lived experience and time**
- **Be open, transparent and accountable**



healthwatch Oxfordshire

Your voice on health and care services

2023-4 Hassan Sabrie and Mujahid Hamidi Training as Community Researchers under CPAR2 NHS South-East programme:

- ✓ Hosted and ongoing support by **Healthwatch Oxfordshire** – relationship since 2018 on different projects
- ✓ Training from Reading University and Scottish Community Development Centre
- ✓ Funded for time to do research for one year
- ✓ Focus on impact of cost of living on community

NHS

NHS
Health Education England

Community Participatory Action Research Cohort 2: Training and Mentoring

A South East programme to develop community researchers

OXFORD COMMUNITY ACTION

Where Communities Thrive

OXFORD COMMUNITY ACTION
Where Communities Thrive

healthwatch Oxfordshire
Your voice on health and care services

- ✓ Focus on **food insecurity and cost of living**
- ✓ Work with **OX4 Food Crew** partners - **Oxford Community Action, Oxford Mutual Aid**, **Waste2Taste** - community food distribution – reaching over 700 per week
- ✓ Heard **lived experience** of impact of cost of living
- ✓ Survey with **166 responses** from the three food distribution groups in OX4
- ✓ Made a **film and report** to bring people's voices
- ✓ Identified **next steps and actions**, including benefits and housing advice, policy and wider support, community resilience, food growing

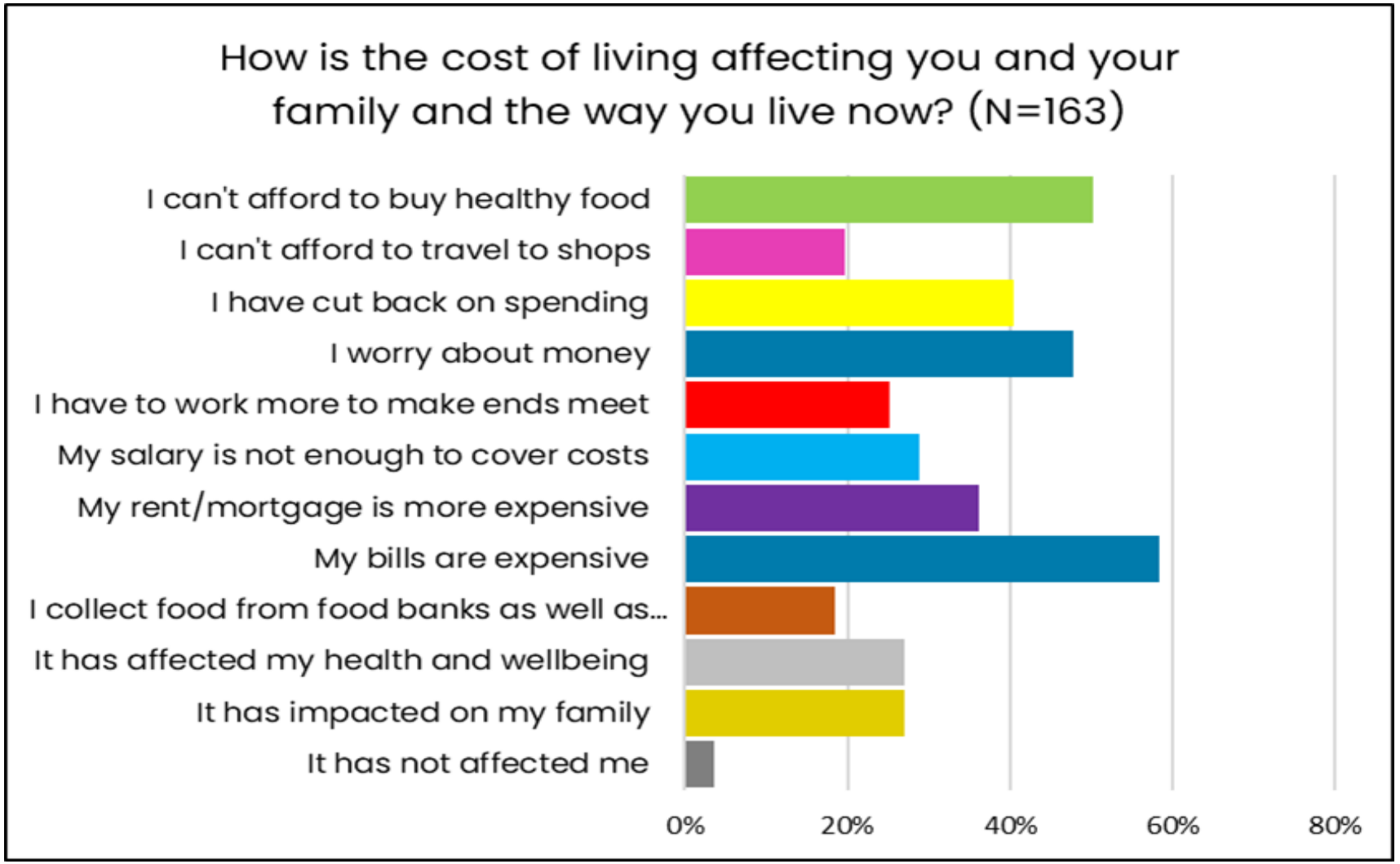
Why this research?

Why are people using our community food services?

- ✓ **Cost of living –** help with saving money, feeding family, and making ends meet
  57 (35%) of respondents told us *'It means I can feed my family'* 73% said *'It saves me money'*
- ✓ **Community -** being part of community, meeting people and 'giving back'
- ✓ **Access –** including physical access, time, food choice and cultural preference
- ✓ **Health and mental health –** reducing isolation and loneliness, support for those with chronic and long-term health conditions and point of contact and care

"We would starve on several days a week – we truly struggle without"

"It makes me feel that I matter to other people in the community"



healthwatch Oxfordshire

Your voice on health and care services

OXFORD COMMUNITY ACTION

Where Communities Thrive

What did we learn?

"Rent is too expensive and making life uneasy. Landlords also keep increasing rent"

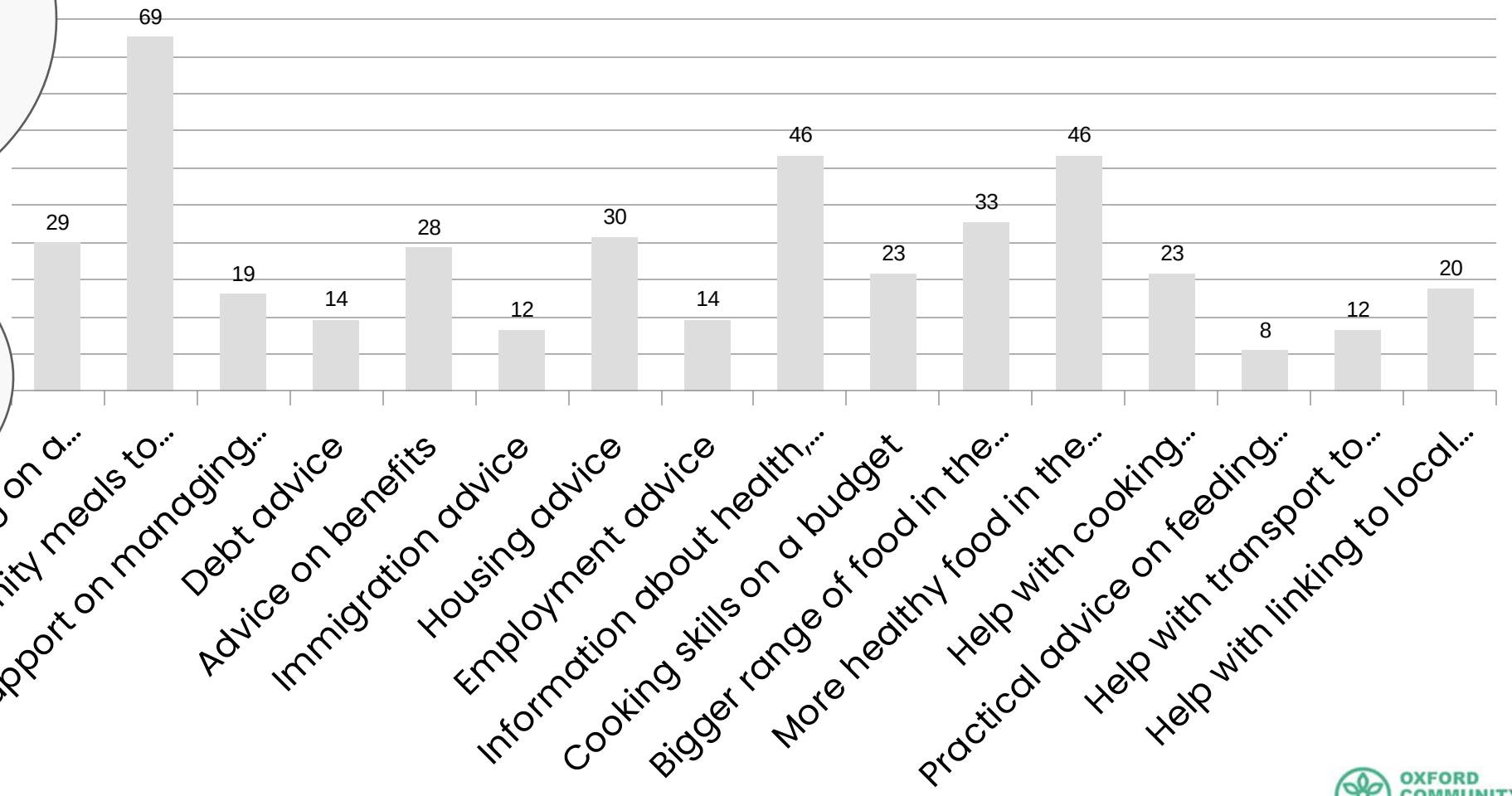
"It keeps me going with the money I have - I'd be literally stuck without it as I'd run out of food."

" I don't go out as much now – I used to meet up with friends for a coffee – stopping this has affected my mental health "

What other support would help you manage the cost of living?

"Advice on benefits would really help"

"It's all about money"



healthwatch Oxfordshire
Your voice on health and care services

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Where Communities Thrive

healthwatch Oxfordshire
Your voice on health and care services

Next Steps? Actions…

Building on what the community told us we have already….

- ✓ Partnered with Agnes Smith advice centre to provide weekly advice sessions
- ✓ Distributed over 700 leaflets on cost of living support
- ✓ Exploring setting up a ‘social supermarket’
- ✓ Fed into Good Food Oxfordshire Food Poverty Action Plan refresh
- ✓ Set up micro food growing space
- ✓ And more …..

And now … strategically work with local system to ensure they:

- Improve awareness, information and accessible support for those facing cost of living challenges
- Learn and link into work already taking place in OX4 around addressing health inequalities - in a deep-rooted and culturally appropriate way
- Discuss how to better support community food services to be effective and sustainable, particuldrly in the light of the cost of living.

OXFORD COMMUNITY ACTION
Where Communities Thrive

Next steps....

healthwatch Oxfordshire
Your voice on health and care services

References

- https://www.healthwatchoxfordshire.co.uk Healthwatch Oxfordshire
- Research reports - Healthwatch Oxfordshire for this and other reports on community research and the film https://healthwatchoxfordshire.co.uk/our-work/our-videos/
- For Healthwatch Oxfordshire "Model of Engagement" working with community researchers: Working with community researchers to achieve change for people | Healthwatch Network website (staff)
- https://healthwatchoxfordshire.co.uk/our-work/community-research/ Our work with community researchers

Email. hello@healthwatchoxfordshire.co.uk Tel 01865 520520. www.healthwatchoxfordshire.co.uk

https://oxfordcommunityaction.org/

OXFORD COMMUNITY ACTION
Where Communities Thrive

Presentation by -

Mujahid Hamidi, **Oxford Community Action** with Veronica Barry **Healthwatch Oxfordshire**. Nov 2024.

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Equal Start Oxford
Have we made a difference?

- **Melissa Latchman, Communities Manager,**
  Flo's - The Place in the Park
- **Adelaide Piedade Fahic and Sandra da Costa Fernandes,**
  Equal Start Oxford

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Flo's - Equal Start Oxford
(Formally Early Lives Equal Start)

- MBRRACE
- Healthwatch Oxfordshire & Oxford Community Action
- Birth Trauma Report 2024

A partnership project with Florence Park community midwives based at Flo's, seeking to address the health disparities for the Black and minoritised maternity population in OX4 in the 1st 1001 days of baby's life.

Funded for this year by BOB ICB

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NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

Governance

A project of Flo's – the Place in the Park

Steering Committee, chaired by Jenny Mcliesh

Including representation from:

- Florence Park Community Midwifery Team
- BOB LMNS
- OUH
- OMNVP
- NIHR (Paula Wray)
- Equal Start Oxford team
- Lived Experience consultants from the OX4 community

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Health Literacy

Why are there so many appointments? We don't have these back home

DNAs: East Timor community are not attending appointments

I didn't understand what the midwife said

Our response

- Antenatal classes run by EDI midwives, in the community, with a Tetun/Indonesian speaking East Timorese Maternity Advocate

- East Timor drop in with Health professionals run by East Timorese Maternity Advocate

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Maternal Justice

MBRRACE report highlighted that maternal death rates are highest among Black and other minoritised people living in the most deprived areas.

Moral destress within community midwifery team contributing to burnout

10 of Oxford's 83 neighbourhood areas are among the 20% most deprived areas in England. These areas are the Leys, Rose Hill, Littlemore, Barton and areas of the city (2019 census)

Our response

Covering OX4 with specialised Maternity Advocates taking referrals directly from Florence Park midwives (and others), signposting and supporting with translation on

- **Housing**
- **Immigration**
- **Low incomes i.e. Benefits, maternity pay rights**
- **Access to food banks, baby clothes, free data sim cards**

MBRRACE, Birth Trauma report and local research strongly indicate deep structural problems in the maternity care system such as:
Racism, unsafe levels of staffing, **lack of care for staff well-being.**

Systemic Change

Is it because I'm brown that they treated me this way?

They sent me home and I gave birth in the taxi

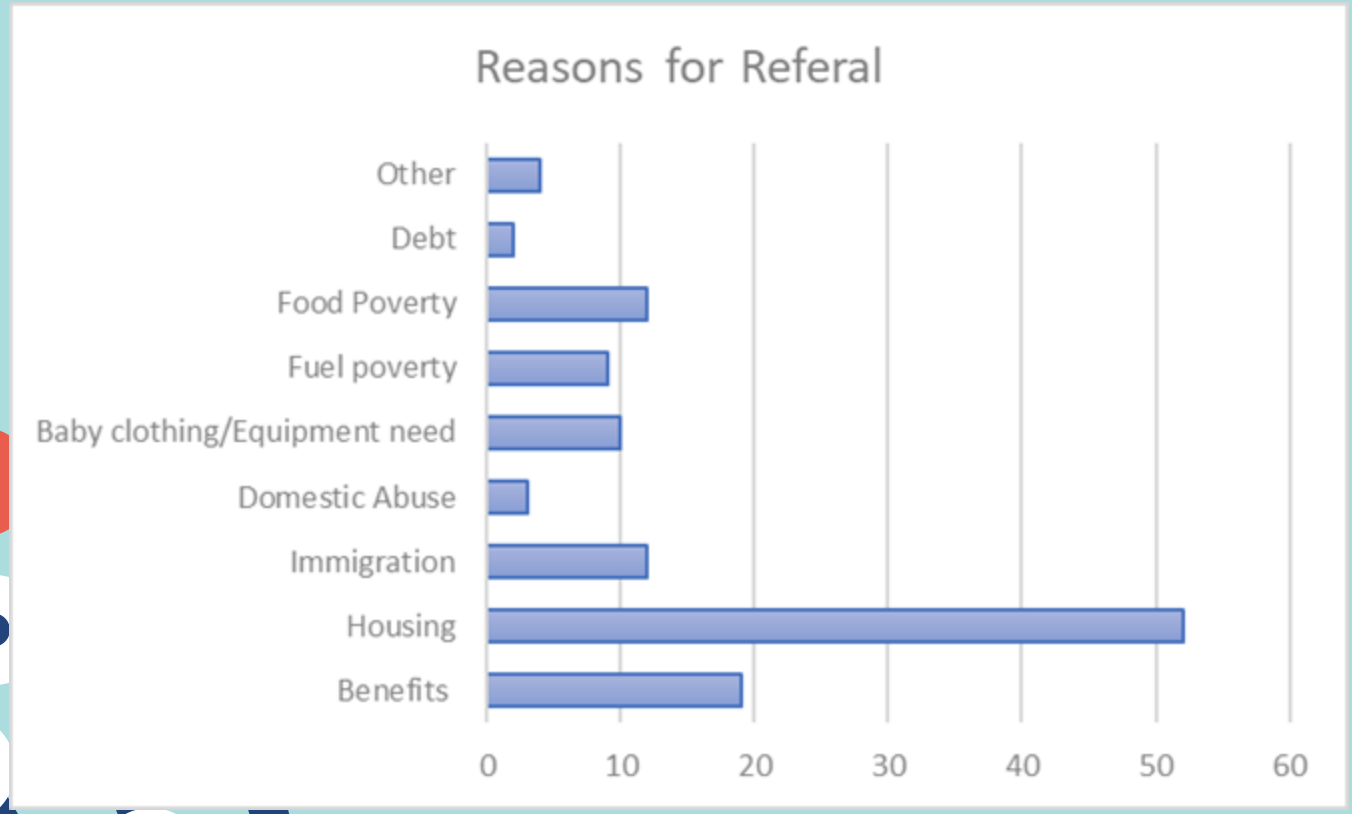
Our response

Co-production

Lived experience consultant training: i.e. Stories for Change workshops

These LE consultants sit on the **ESO Steering Committee** and are increasingly getting involved in other areas of health research

Evaluation



- **With the help of NIHR:**
- **Developed a theory of change**
- **Independent evaluation**

Evaluation

"It's slightly easier now to share this burden of responsibility that we feel, having these women who are in desperate, desperate need… it's been really nice to share and know that there's support available for them that wasn't there previously." – Community Midwife

This group is helping a lot, benefits, housing, it's like everything… this group is very small but give advantage to a lot of stuff." – Participant

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Evaluation: Are we making a difference?

Demonstrate our impact:

- To ourselves & our partners
- To our current funders
- To our future funders
- We can learn from our mistakes
- We can share our learning with the wider sector.

Ask: Please come with us & trust our driving skills

The use of Moodscope cards as a novel method to capture health and well-being outcomes for community-based support and beyond

- **Mary Zacaroli,**
  ARC OxTV PPI Champion
- **Dr Caroline Potter,**
  Senior Researcher, Interdisciplinary Research in Health Sciences (IRIHS), Nuffield Department of Primary Care Health Sciences, University of Oxford

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Mary Zacaroli
Public Contributor

Public-led Research

The Use of Moodscope Cards as a Novel Method to Capture Health and Well-Being Outcomes For Community-Based Support and Beyond

Dr Caroline Potter
Senior Researcher

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Developing Novel Methods to Capture Health and Well-being Outcomes of Community-based Support:

Testing Moodscope with Vulnerable Families

Alert

Being quick to notice and act

Enthusiastic

Showing eagerness

Irritable

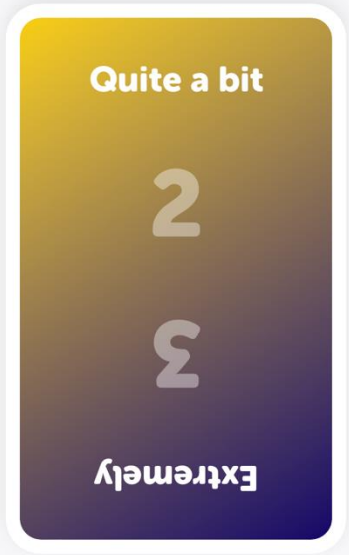
Feeling easily annoyed

Attentive

Paying close attention

Jittery

Feeling agitated and edgy



Inspired

Feeling the desire to do something

Hostile

Feeling unfriendly towards others

Strong

Feeling able to cope with difficulties

Upset

Feeling sad and troubled about things

Proud

Feeling sense of achievement

Interested

Wanting to be involved in something

Afraid

Feeling frightened about something

Nervous

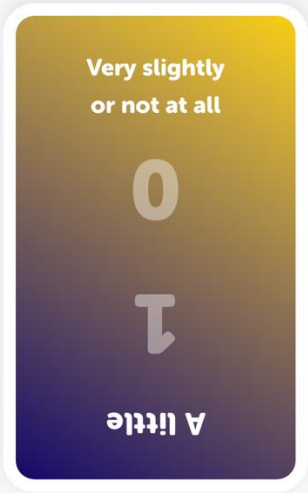
Feeling worried that something unpleasant will happen

Determined

Being resolute, showing determination

Ashamed

Feeling shame for doing something wrong or foolish



Distressed

Feeling extremely anxious

Excited

Looking forward to things

Scared

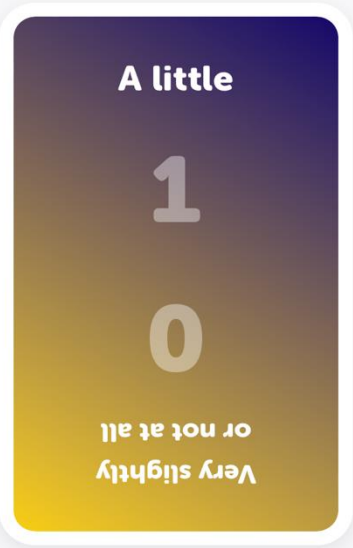
Feeling alarmed about something

Active

Feeling full of energy

Guilty

Feeling regret for doing something wrong



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Based on the PANAS Scale and validated by the American Psychological Association

How would you use Moodscope?

- In a group versus one-to-one?
- Cards and/or online version?
- With older children as well as adults?
- In relation to specific health conditions or life experiences?
- **Have you got your own ideas?**

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Want to use this in your work or collaborate on a larger research project?

Contact us at moodscopeproject@gmail.com

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Refreshment break

11.00 -11.30

Meeting and events lobby

Next up: Parallel sessions

- **Start well** – University Suite
- **Age well** – Oriel Suite

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Start well – Helping all children and young people achieve the best start in life

11.30 -13.00

Session chair:

Prof Cathy Creswell,
Professor of Developmental Clinical Psychology, Department of Experimental Psychology, & ARC OxTV Theme Lead: Mental Health across the Life Course

Falling through the gaps: recognising and responding to children's experiences of adversity across social care, health and education in Oxfordshire.

- **Emily Smout,**
  Social Care Research Lead, Oxfordshire County Council

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Falling through the gaps; recognising and responding to children's experiences of adversity across social care, health and education in Oxfordshire

Emily Smout

OXFORDSHIRE COUNTY COUNCIL

UNIVERSITY OF OXFORD

Department of Psychiatry
Medical Sciences Division

Rationale

- The number of children with Special Educational Needs and Disabilities (SEND) has increased

- Lack of research understanding correlation between adversity and SEND

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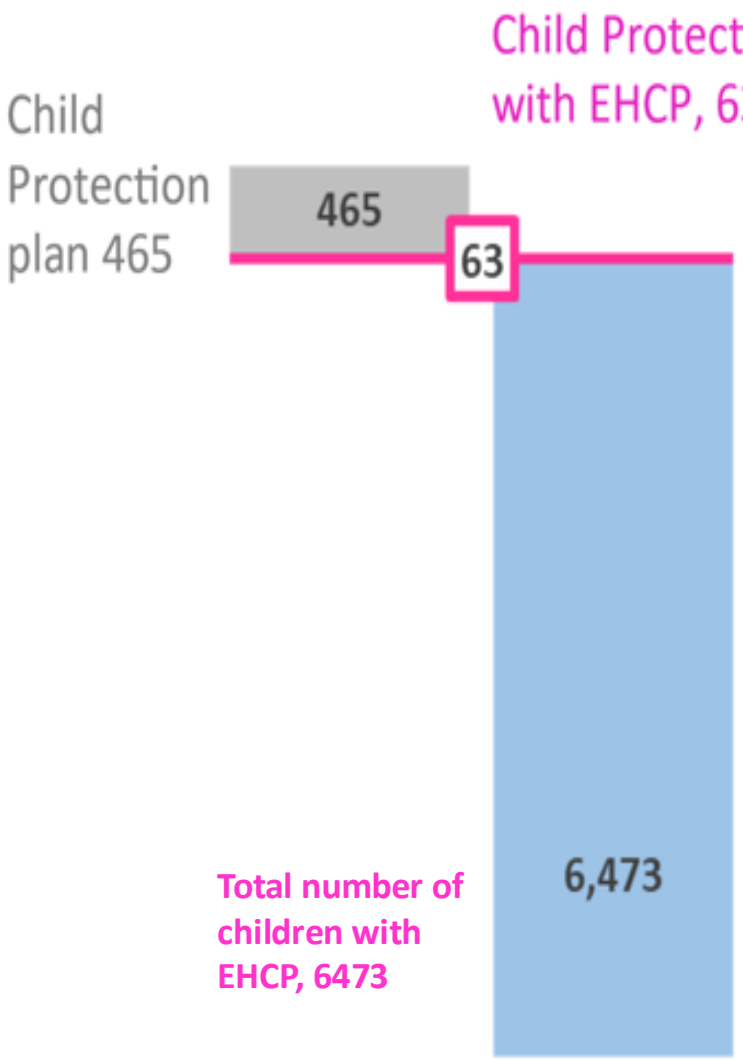
Data Rich, Insight Poor

The Local Authorities Joint Strategic Needs Assessment (JSNA).

Includes only those children currently open to Child Protection/Child in need plans.

Does not report children who had previous touch points with Children's social care.

Under use of presenting needs from Children's Services Case management system



Study Objectives:

Study 1:

Review 100 consecutive children applying for an Education Health Care Plan (EHCP) who were **not open** to Children Social care at the point of application:

1) To determine whether the child had *previously* been "open" to Children's Social Care
2) To characterise the child's early life experiences in relation to adversity
3) To identify any association between adversity and SEND

Study 2: **Anonymous survey to investigate**:

1) Child-facing practitioners understanding of adversity and its impact on child outcomes
2) Perceptions of current systems and services available to support children and families experiencing adversity

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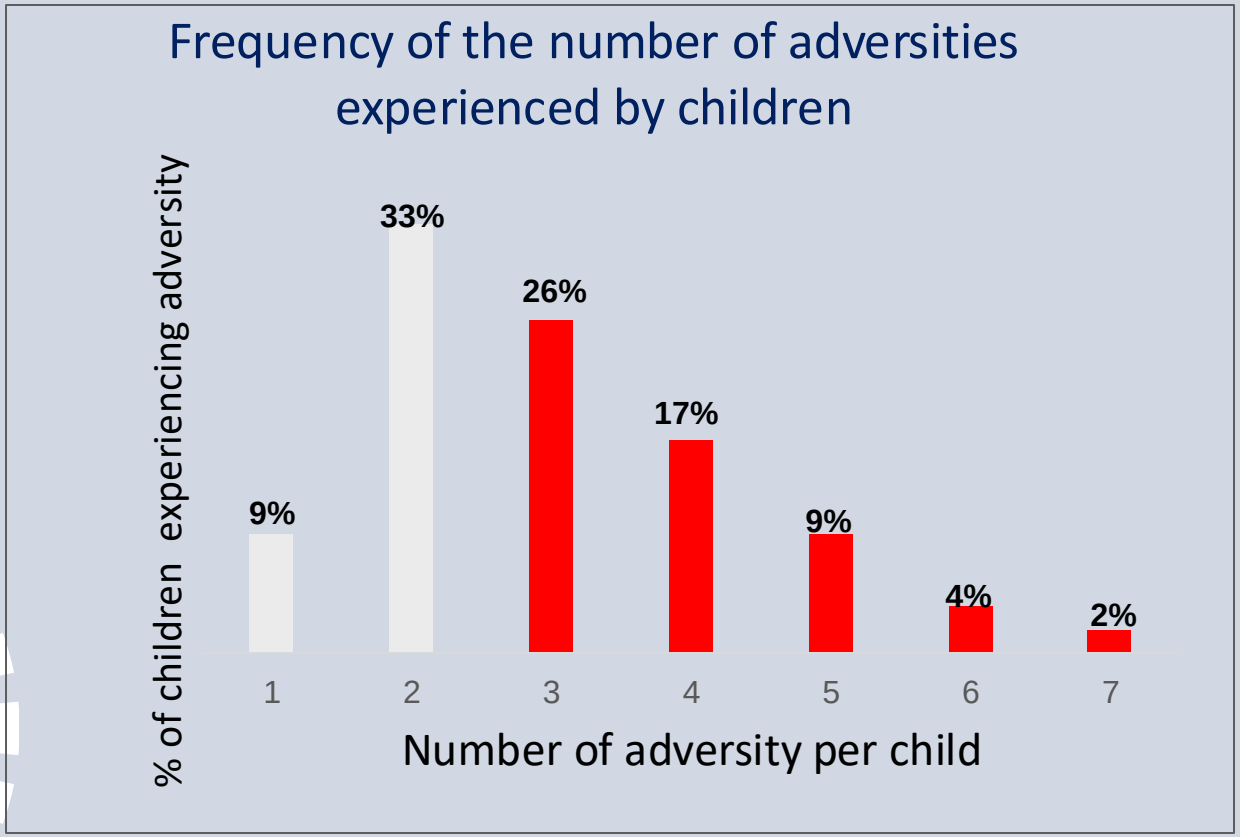
Findings – Study 1

- Over half the children **not open** to Children Services (54%) had been previously known
- **72% (n=39)** were aged 5 years and under when adversity first recorded
- Range of MASH referrals per child 1-13: 48% had more than 1 referral
- Mean age 7.5 years at application stage of Education Health Care Plan



57% of the 54 children had experienced **3** or more types of adversity with most frequent documented experiences

- Domestic Abuse
- Parental Mental Illness
- Divorce and Separation

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Healthcare

- 85% (n=34) had diagnosis of Autism, ADHD or both
- 79% had experienced 2 or more adversities
- 50% had experienced 3 or more adversities

- High proportion referred for sleep (44%) & bowl (33%) issues
- Melatonin prescribed in early years

Most prevalent:

- Domestic abuse
- Maladaptive Parenting
- Parental Mental health difficulties

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Multi-agency information

- 67% of children's files had no mention of adversity in their health records
- 74% had no mention of adversity in the Education Health Care Needs application
- 78% of children had **4- 9 professionals** involved in their life at point of application for the EHCP
- **Economic cost high**

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Investigating child-facing practitioners understanding of adversity and its impact on children's development and service provision

Over 1 in 5 healthcare professionals ***"never"*** asked whether a family member has a diagnosed substance addiction or incarcerated whether the child has witnessed domestic abuse

66-97% participants in all sectors *"felt confident"* in their understanding of the importance of a caregivers' emotional and behavioural responses to their child

BUT 29% of staff in **health** and **20%** in **education** *"disagreed, felt this was not part of their role or did not know"* how to raise concerns about a caregiver's emotional or behavioural responses to their child

Child-facing Practitioners perspectives on services

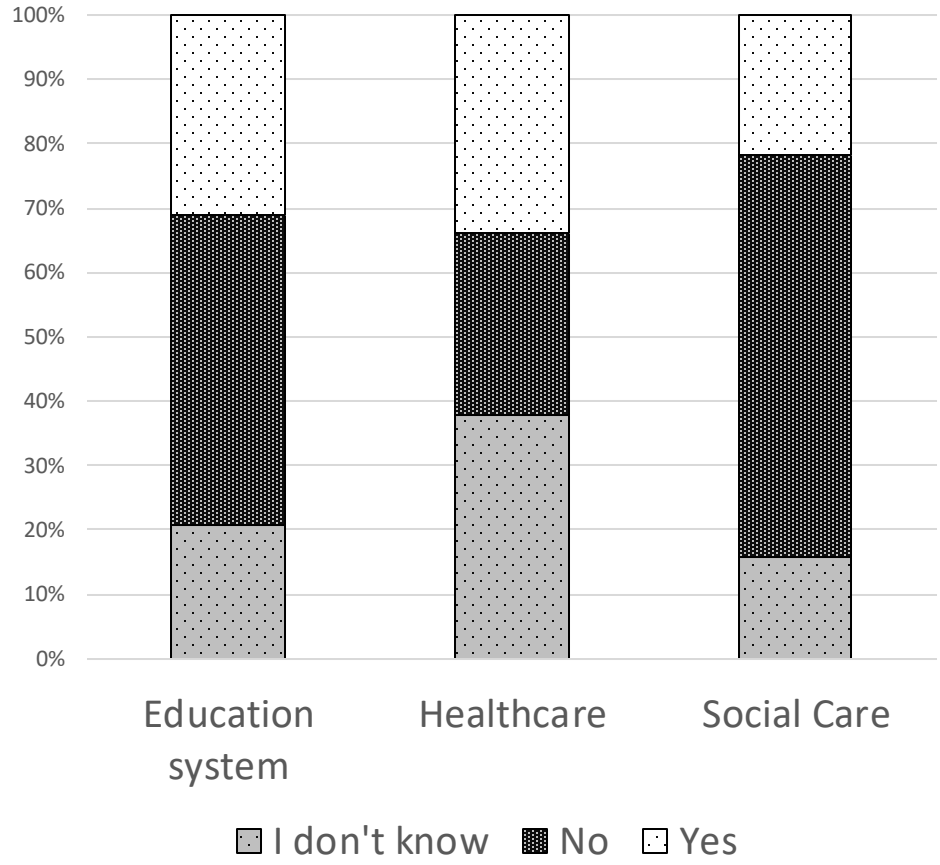
Participants from all sectors reported limited services to support

- Families experiencing Domestic Abuse
- Parents with Substance Misuse
- Parental Mental Illness

And

- Absence of services to support parents consider the impact of these on their children

Beliefs about whether public services support parents/caregivers on the impact of parental mental health difficulties on their children's wellbeing now and in the future



1. An association between adversity and SEND
2. Under use of Children's social care data to understand need
3. Review the services available in relation to need
4. Use data sets to inform commissioning decisions and service provision
5. Automated Data sharing system needed between health/social care
6. A need for preventative trauma-informed services
7. Routine inquiries into a child's exposure to adversity
8. Training need for professionals

Are you involved in children's services, education, or health planning?

Can you help us gather similar data in your area to build a broader understanding?

Support with further training of multi-agency teams on adversity/impact?

Would you like to collaborate on developing strategies to address the root causes of children's needs?

Understanding and exploring the role of adverse child experiences in adolescent mental health:
a novel study using creative methodologies

- **Harsimran Sansoy,**
  Project Manager, ATTUNE Project, Department of Psychiatry, University of Oxford
- **Dr Isabelle Butcher,**
  Postdoctoral Researcher, ATTUNE Project, Department of Psychiatry, University of Oxford

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Understanding and exploring the role of Adverse Child Experiences (ACEs) in adolescent mental health: a novel study using creative methodologies

Dr Isabelle Butcher: isabelle.butcher@psych.ox.ac.uk
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X: @attuneproject

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Adverse Childhood Experiences

Adverse Childhood Experiences

Those who have experienced ACEs are:

- **2x** more likely to develop **liver disease**
- **3x** more likely to **smoke/**develop **lung disease**
- **4.5X** more likely to develop **depression**
- **5x** more likely to have **had sex under 16**
- **7x** more likely to be **alcoholic**
- **10x** more likely to **inject drugs**
- **11x** more likely to have been **incarcerated**
- **11x** more likely to be using **intravenous drugs**

Bellis et al. 2012, 2013, 2014

DPH NHS Scotland, 2018

Question Time!

Amongst university students in the UK, what ACEs do you think are most prevalent?

Childhood Abuse

- Other forms reported were childhood neglect and household dysfunction

- Hamilton, J., Welham, A., Morgan, G., & Jones, C. (2024). Exploring the prevalence of childhood adversity among university students in the United Kingdom: A systematic review and meta-analysis. PloS one, 19(8), e0308038. https://doi.org/10.1371/journal.pone.0308038

The ATTUNE Project

- Create a paradigm shift by harnessing the powerful potential of creative arts and participatory processes with young people
- Learn how multiple ACEs, diverse places & diverse identities shape pathways and outcomes for youth mental health
- Develop transformative arts-led interventions to reach young people and the systems around them

Key Questions

What are the psychological and geo-social-economic contextual mechanisms by which ACEs unfold to affect or safeguard the mental health and lives of YP (aged 10-24)?

Are co-designed, youth-informed arts and game interventions acceptable, feasible, beneficial for the mental health of YP with ACEs and a good use of resources?

Work Packages

WP1 (Anna Mankee-Wlliams) – Co-discovery of Experience as Evidence

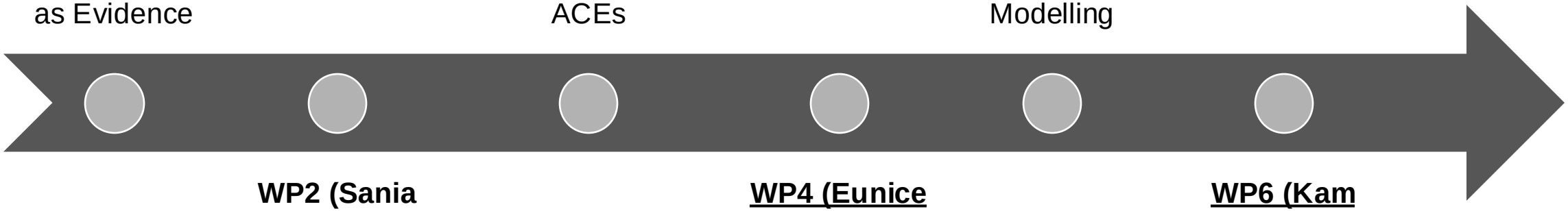
WP2 (Sania Shakoor & Georgina Hosang) – Modelling Risk and Resilience

WP3 (Siobhan Hugh Jones) – Experience based co-design of public mental health action on ACEs

WP4 (Eunice Ma) – Co-design and evaluation of Digitised Preventive Intervention

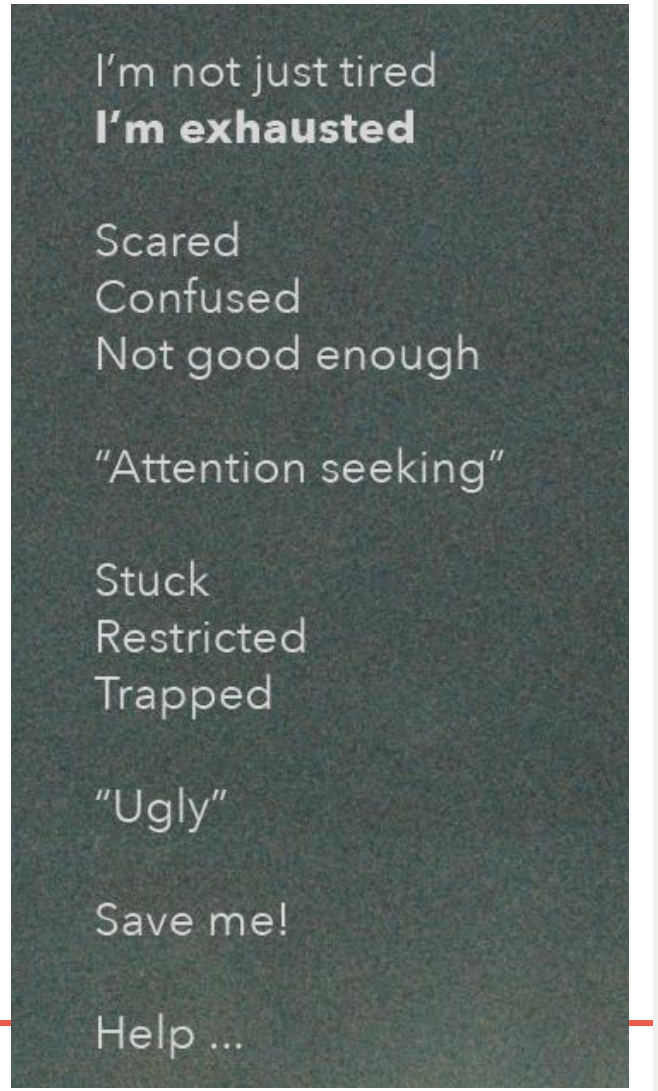
WP5 (Paul McCrone) – Economic Modelling

WP6 (Kam Bhui) – Learning Dissemination and Pathways to Impact



WP1 – Arts-Based Lens

- Creative art workshops with 69 young people
- Multiple modalities and different communities
- Intersectionality influences
  - Gender
  - Place
  - Sexuality
  - Ethnicity
  - Neurodiversity



The truth about CAHMS …

CAHMS claims their mission is to "make life better together" they say they aim to help patients take back control of their lives and to help them to get opportunities, roles, relationships and activities that are important to us while they sit there and tell us it's all in our head.

The first time I went to CAHMS they told me "your fine". After I continued to tell them that at that point I had 3 failed attempts they told me I'd be fine and to only come back if I had some real issues. So I did, four months later I came back and the first thing they said was "we can't deal with everything you have going on, were going to refer you to another place."

They make me feel as if I'm mentally ill. CAHMS are shit, I don't care what everyone else says they made me feel non-human. They told me to be mindful of myself but that's a bit hard when I was struggling to even look in the mirror.

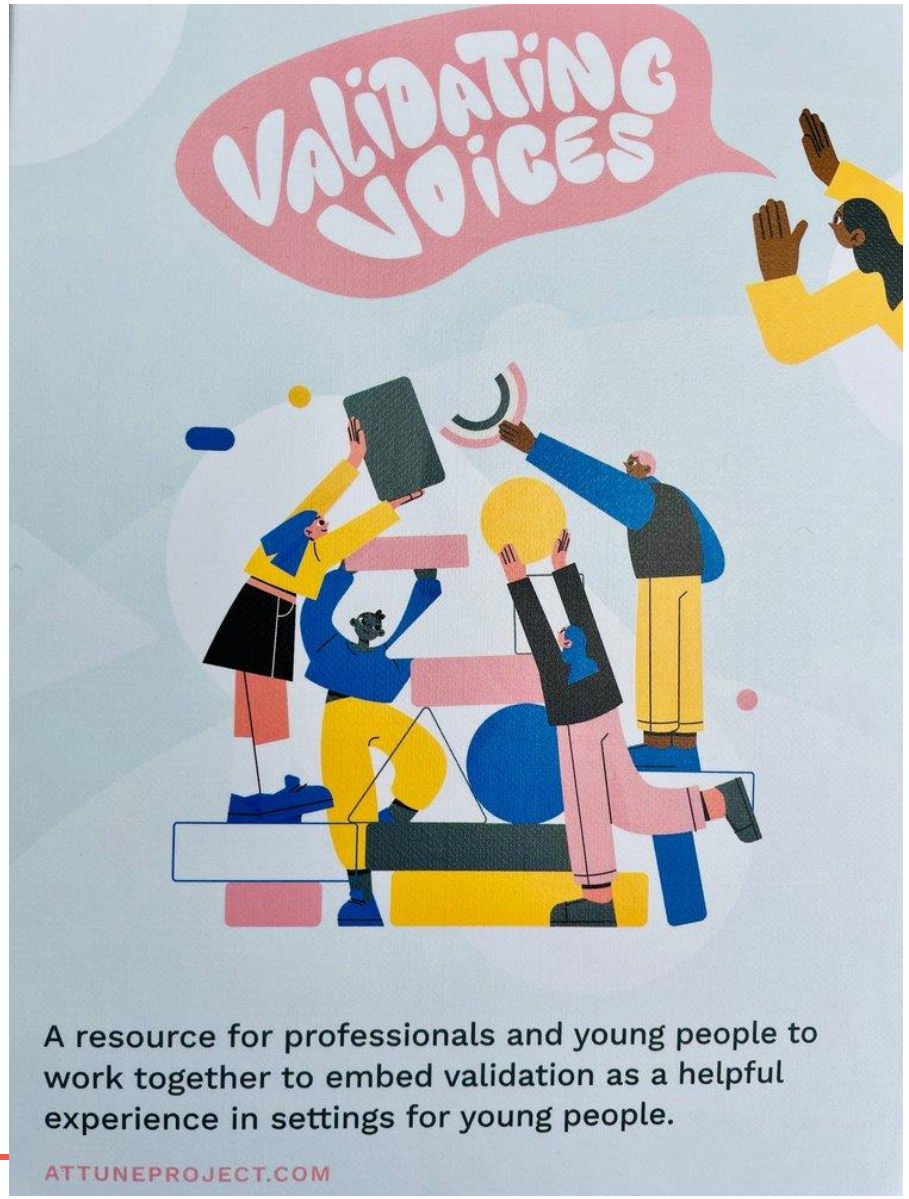
How did young people in Attune define ACEs?

1.1 Experience of others suicide	1.13 Alienation
1.2 Foster care/adoption	1.14 Neglect
1.3 School trauma	1.15 Identity crisis
1.4 Bereavement/chronic illness	1.16 War/violent conflict
1.5 Loss of relationship(s)	1.17 LGBTQIA+ Identity-based abuse
1.6 Invalidation of lived experience	1.18 Boundaries
1.7 Online abuse / cancellation	1.19 Masking
1.8 Family breakup	1.20 Racism
1.9 Living in unsafe environments	1.21 Sensory trauma
1.10 Not knowing how to describe or define	1.22 Bullying
1.11 Medical treatment that is traumatising	1.23 Being a young carer
1.12 Teen pregnancy	

WP3 Resource – ‘Validating Voices’

- ❑ 3 workshops in each location: Leeds, Cornwall and Kent
- ❑ Young people and professionals to co-design a public health resource
- ❑ Invalidation consistently came up
- ❑ Produced Validating Voices
  - ❑ Currently deployed in 6 organisations

- *Hugh-Jones, S., Butcher, I., & Bhui, K. (2024). Co-design and evaluation of a youth-informed organisational tool to enhance trauma-informed practices in the UK public sector: a study protocol. BMJ open, 14(3), e078545.*



WP3 co- design process

Hearing from young people in England about ACEs and what they need

WP 1 + 2 of Attune

Respond to this additional young people's lived experience + professionals to create a resource
WP3 Workshops 1-3

Try it out and learn together
WP3 'Test and Learn'

Workshop 4: what did we learn?

WP3 c- design process

Young people told us that being validated was really IMPORTANT and MEANT A LOT.

Being validated looked like this to young people:

- being told that you are believed
- someone really listening to you
- being told that what happened to you matters, even if it also happens to others
- a person noticing that you are sad, worried, frightened, upset
- people using your preferred pronouns
- feeling understood
- people not being so hard on you because they know what you are going through
- helping you feel you belong

Validation for this person meant feeling loved, heard and believed.

It improved self-esteem and confidence with people.

Validation for this person meant being accepted for who there are.

It helped them feel they belong

WP4 Game – ‘Ace of Hearts’

- 4 minigames exploring different cluster of ACEs which are focused on four key ACEs that participants **in other WPs mentioned:**
  - **1) the experience of hard time**
  - **2) experience of loss of a parent**
  - **3) experience of gender dysphoria**
  - **4) narrative exposure therapy**

Feedback received	Response and action taken
Feedback on the Horse and foal game	
The first 30 mins were used to download and play the horse & foal game They all managed to access the game OK. YP could not easily find the horse & foal game after the phone chat – potentially needs better transition	We made the storyboard more obvious, i.e., the player has to click a button in dialog box, switching from the phone text msg to the storyboard. So the player knows how to access the mini games
Visual and colour YP praised the visuals: "visuals are cool" Earlier feedback commented on the dark and cold colour Grace commented she couldn't properly see the obstacles on the way - could colours be improved? Comment: The option to change the background colour scheme would be useful as colours quite dark	Colour palette revised. Alternate background colours, e.g. spring, summer, autumn, winter, by altering the colour temperature. Earlier version starts in autumn and enters winter. Now we have four-season backgrounds. Spring and summer backgrounds are green and brighter.
Significant concerns were raised by all about the loss at the end (see quotes): "shift to loss was too dramatic at the end" (Arina) "ending was very sudden and I noticed myself… it made my emotions laugh because of how sudden it was. There's a lot to unpack emotionally when it comes to loss" (Max)	Wrt suddenness of the death, add/revise dialog to make the visual hints/metaphor more obvious.
Significant concerns raised by all about the "take-home message": "If you are doing it to people who are already vulnerable, it could feel like **'it's gonna be hard, no matter how much help you get'**. But we know that getting help is positive for young people even if they are resistant to it at first"	Added a final still image and narrative wrt support from Grandpa and how Carla moves on. EXTRA CHAPTER ADDED. Ending now reflects the idea of processing and living with grief, game is longer, additional writing to reflect better resolution.
The following suggestions were given to tackle the problems above: - It could really benefit from having a start page that says how long it would take – or say we suggest you listen to calming music at the same time	Possible to add game music. The game has sound effects when they are trotting through the forest.

How can **you** get involved?

- Are you a professional working with young people who have experienced trauma?
- Can you help us implement our 'Validating Voices' resource or 'Ace of Hearts' game in your organisation?
- Would you like to collaborate on developing new creative methods for working with young people?

Your expertise could help ensure these findings make a real difference.
Please get in touch to discuss potential collaborations!

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Thank you for listening!

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X: @attuneproject

Online Support and Intervention (OSI) for child anxiety problems

- **Dr Chloe Chessell,**
  Postdoctoral Researcher, Department of Experimental Psychology, University of Oxford
- **Katie Jones,**
  CBT Therapist and Deputy Team Manager, South Oxon Mental Health Support Team, Oxford Health NHS Foundation Trust

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What are the barriers to accessing children's mental health services?

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Online Support and Intervention (OSI) for child anxiety problems

Chloe Chessell,
Postdoctoral Researcher

Katie Jones,
CBT Therapist

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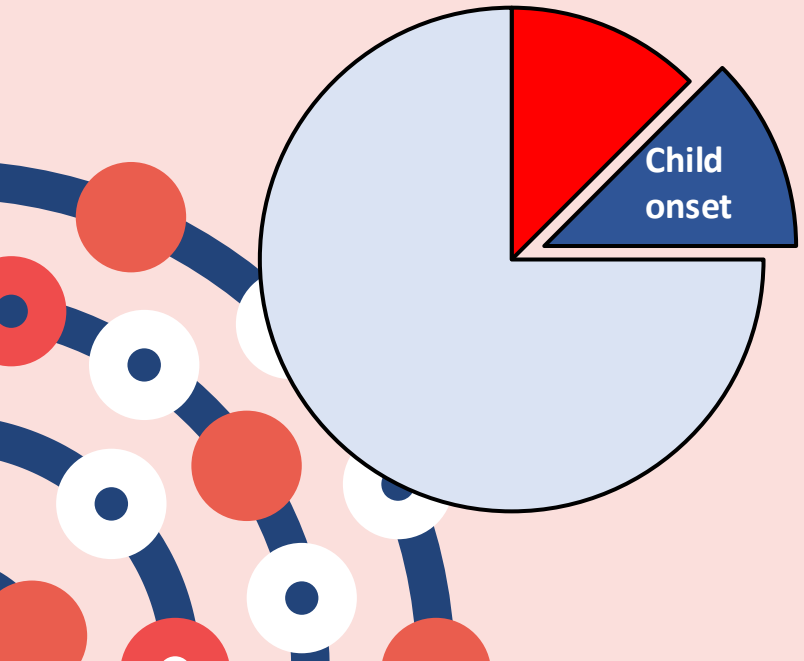
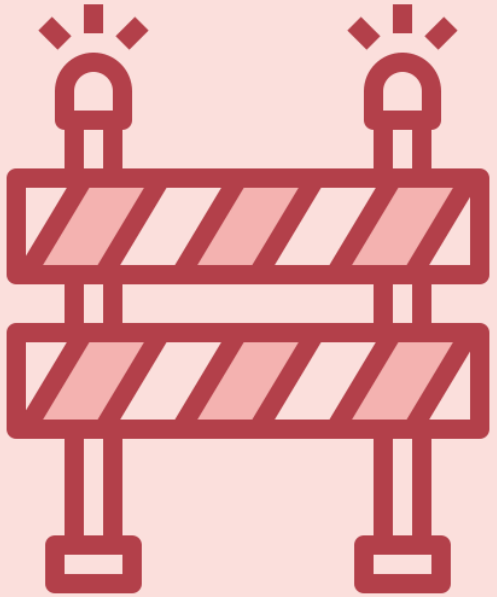
Childhood Anxiety Problems

Lifetime prevalence

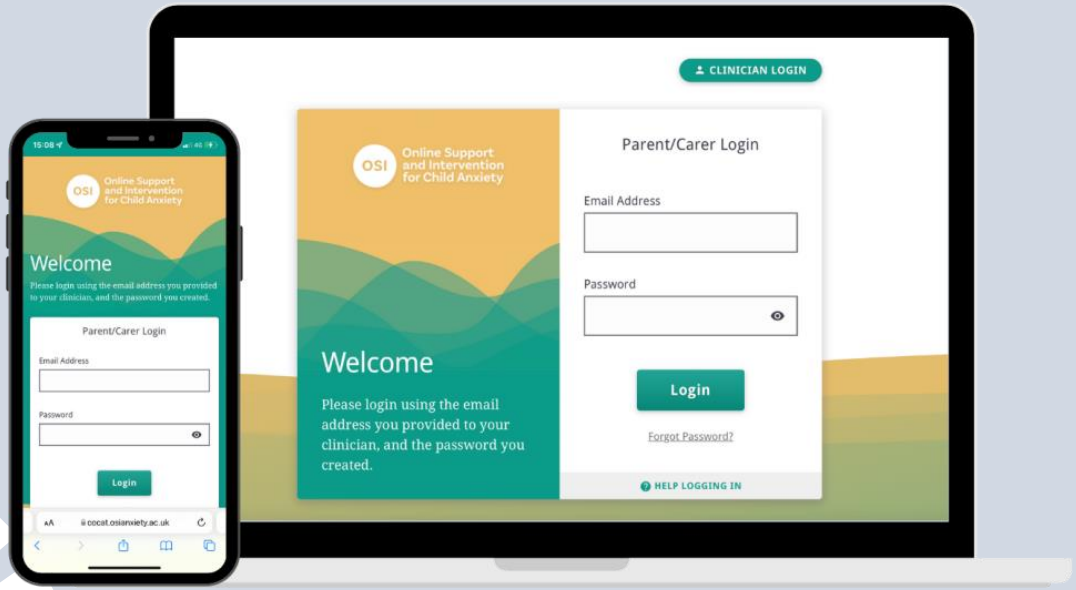


Prevalence in children and adolescents

Limited access to treatment



Online Support and Intervention (OSI) for child anxiety



- Brief, online therapist guided, parent-led cognitive behavioural therapy intervention
- Approx. 2.5 hours therapist support
- Potential to help increase access to CBT

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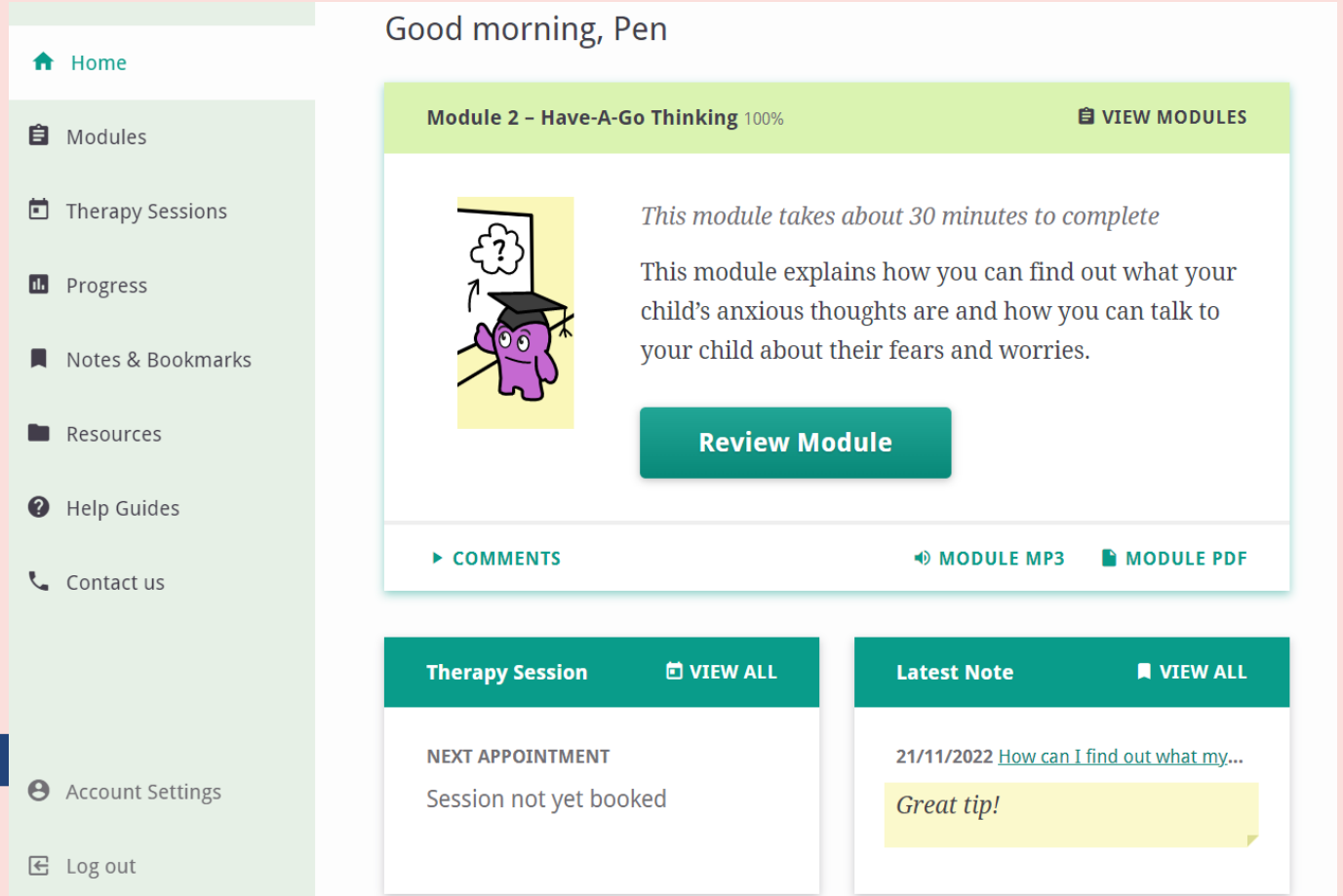
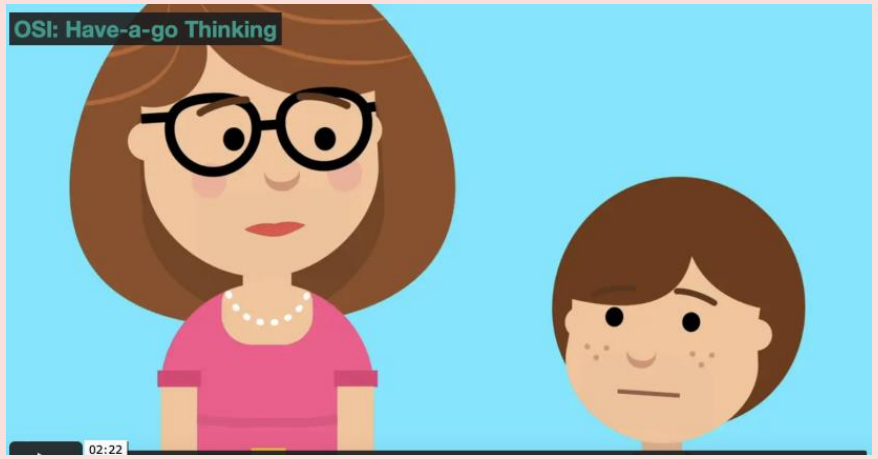
Online Support and Intervention (OSI) for child anxiety





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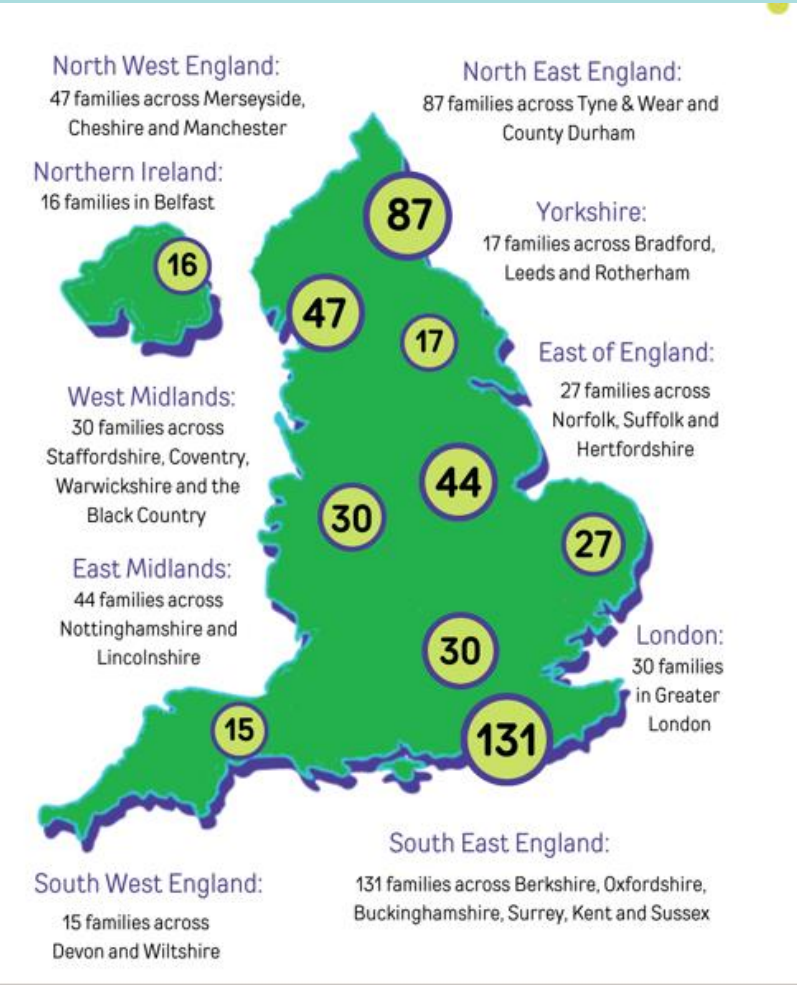
What's the evidence for OSI – Research trials



- OSI takes substantially less therapist time to deliver than usual treatment in services
- Without compromising child outcomes or parent and clinician satisfaction (which were all good)


THE LANCET Psychiatry

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ARTICLES | VOLUME 11, ISSUE 3, P193-209, MARCH 2024 | Download Full issue

Digitally augmented, parent-led CBT versus treatment as usual for child anxiety problems in child mental health services in England and Northern Ireland: a pragmatic, non-inferiority, clinical effectiveness and cost-effectiveness randomised controlled trial

Prof Cathy Creswell, PhD • Lucy Taylor, MSc • Sophie Giles, MSc • Sophie Howitt, MSc • Lucy Radley, MSc • Emily Whitaker, MSc • et al. Show all authors • Show footnotes

Open Access • Published: February 06, 2024 • DOI: https://doi.org/10.1016/S2215-0366(23)00429-7 •

Check for updates

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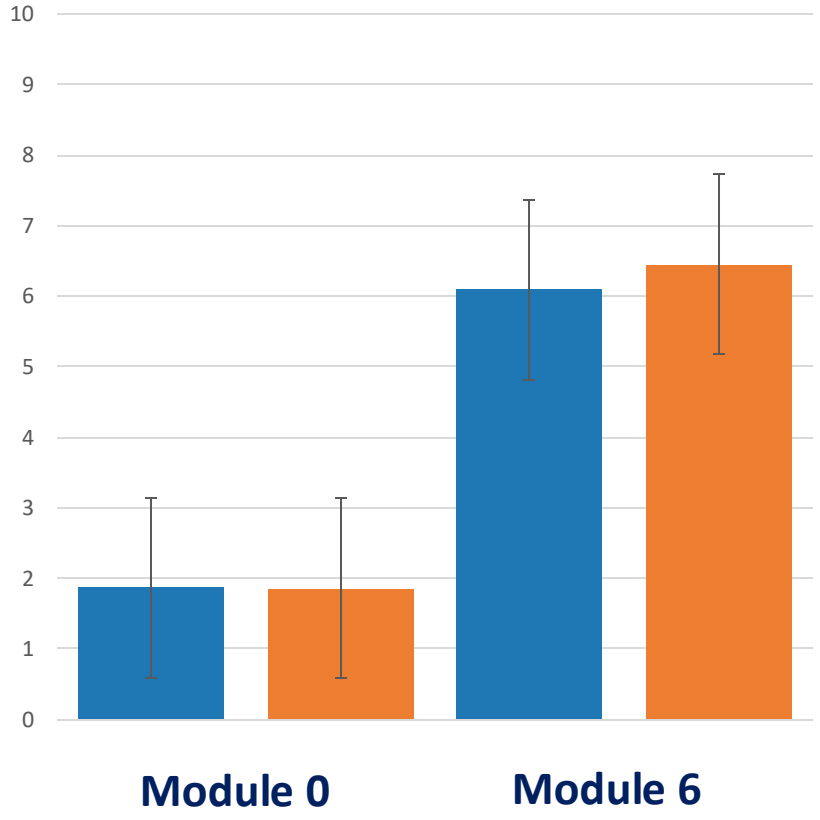
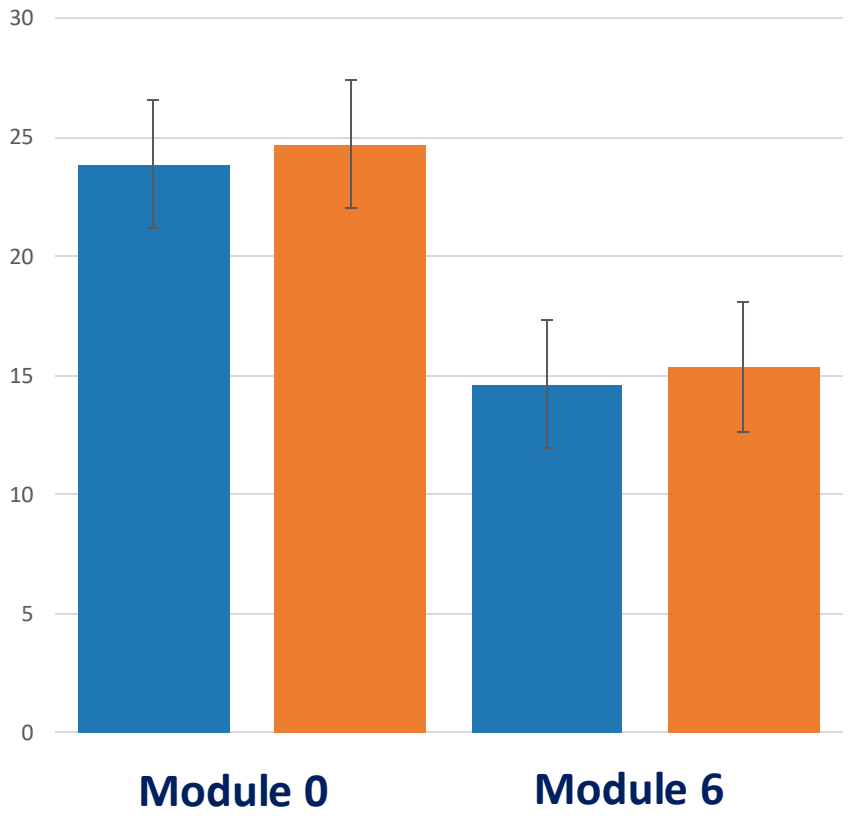
What's the evidence for OSI – Routine services

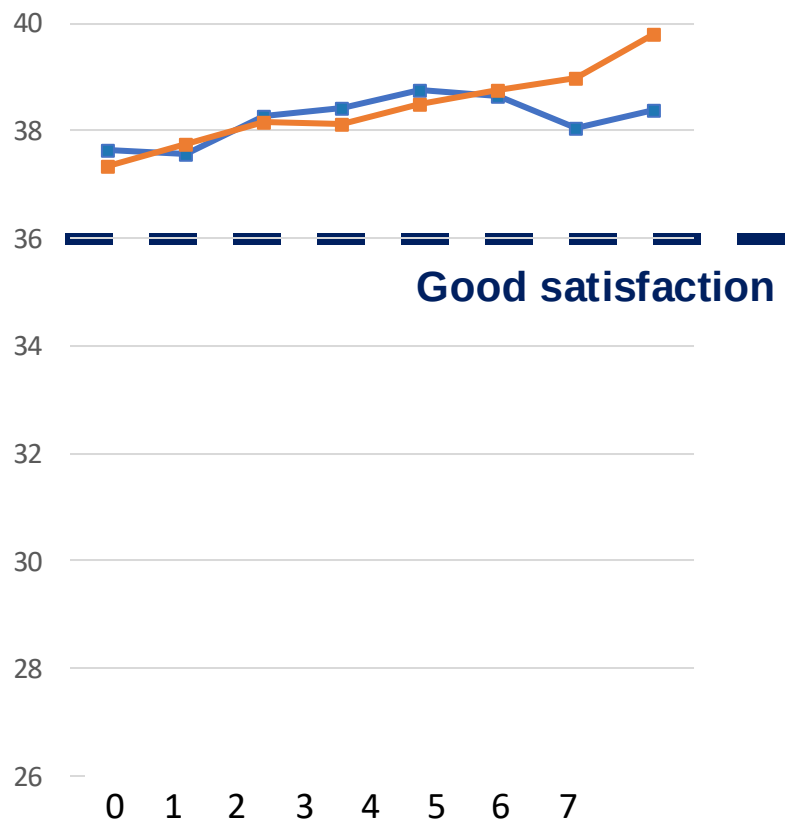
Families' treatment goals



Impact of anxiety on children



Parents' satisfaction



= research trial = routine delivery

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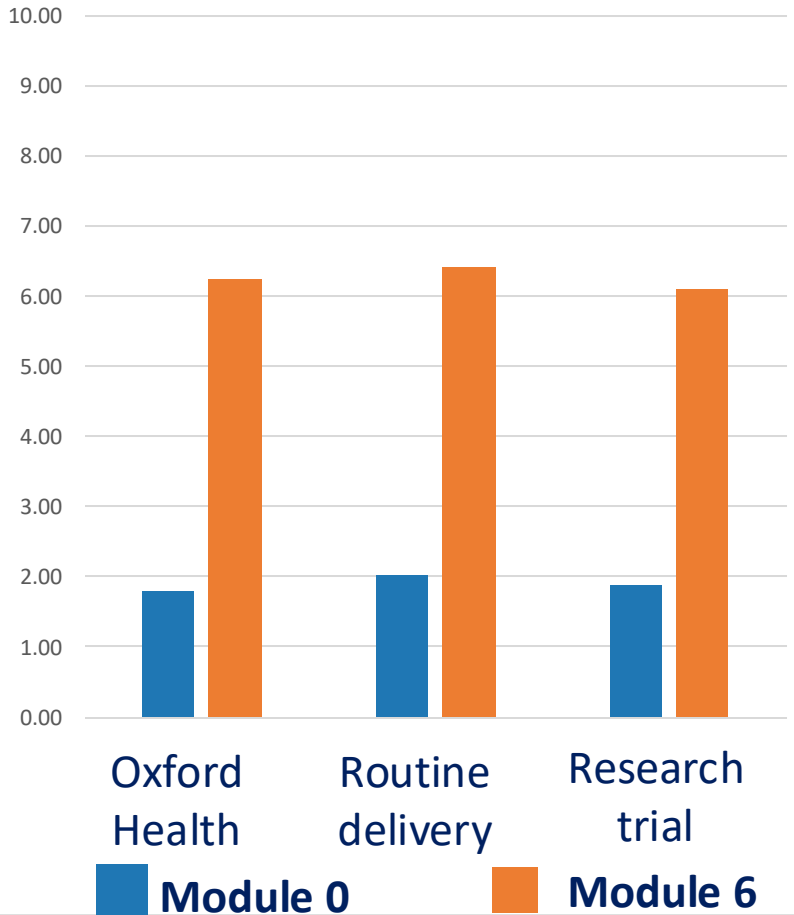
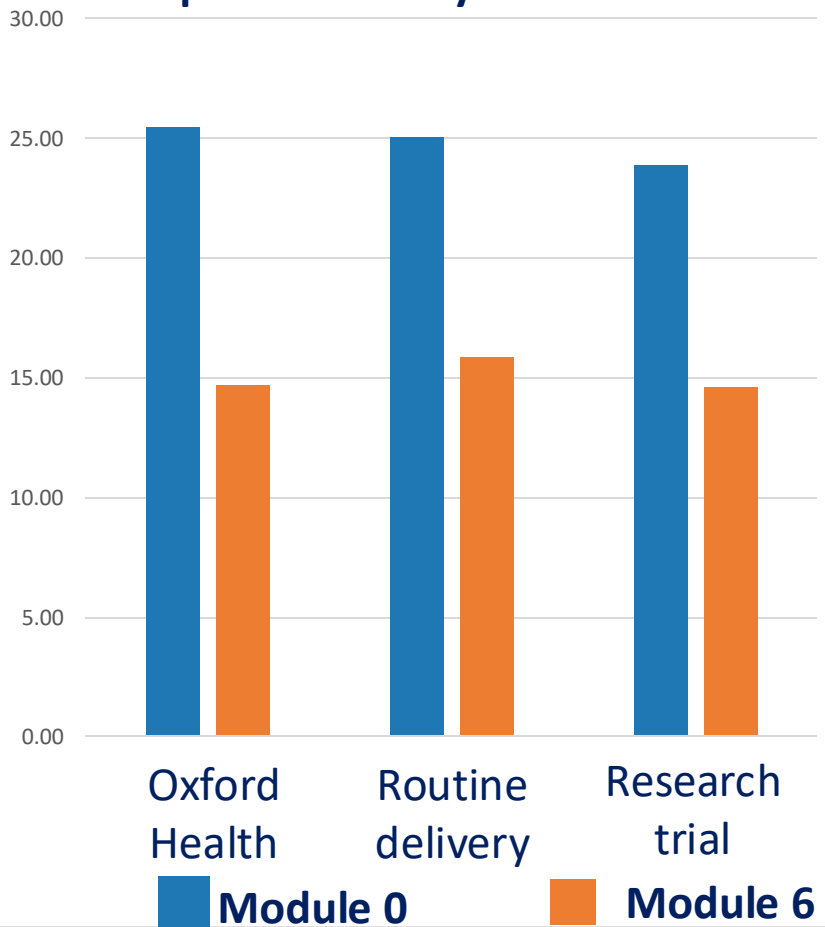
What's the evidence for OSI – Routine services in Oxfordshire

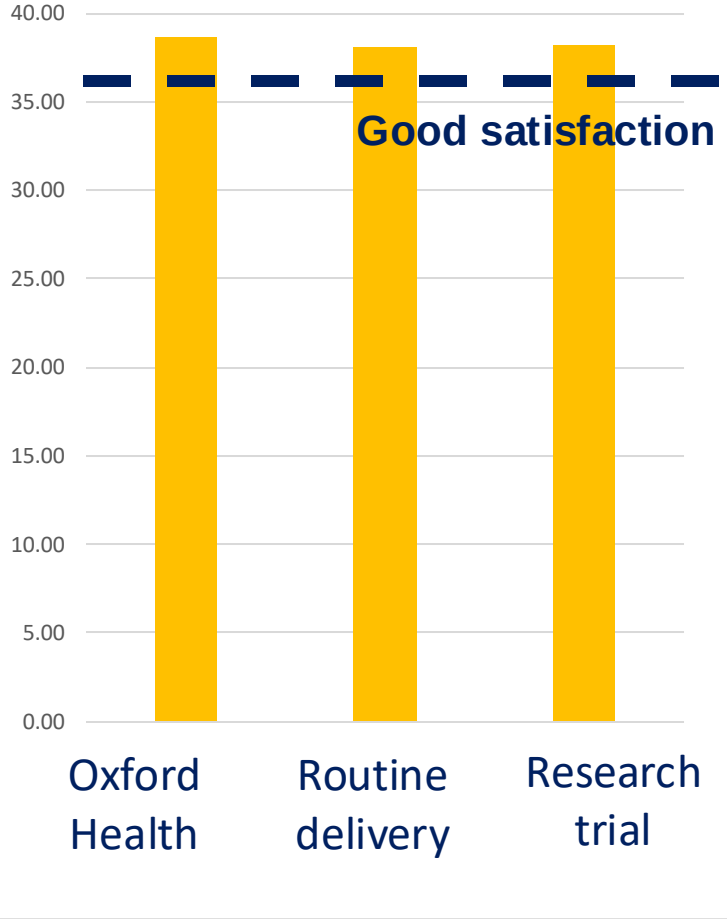
Families' treatment goals



Impact of anxiety on children



Parents' satisfaction

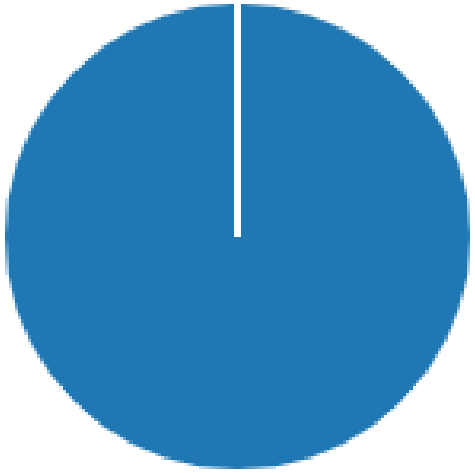


What are Oxford Health's experiences of using OSI?

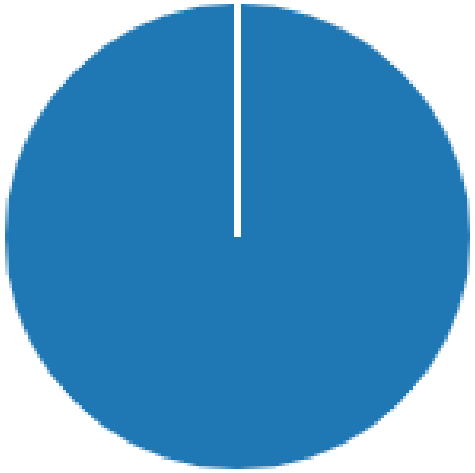
1. **Flexibility and Convenience**
2. **Accessibility**
3. **Autonomy and Engagement**
4. **Support and Structure**
5. **Positive Reception**

These themes highlight the platform's strengths in providing a flexible, accessible, and engaging learning experience for parents.

What are Oxford Health's experiences of using OSI?



Do you think delivering the child anxiety protocol via OSI saved you as a clinician time in your week?



Would you recommend OSI to other services?

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Reflections/Next Steps

- OSI has the potential to **help increase access** to effective treatment
- The **good treatment outcomes** from OSI shown in research trials have been maintained in routine service delivery
- Oxford Health clinicians have **positive experiences** of using OSI and would recommend this to other services
- We are working with a **commercial partner** (Koa Health) to support the wider roll-out of OSI in services – including more widely across Oxford Health in Oxfordshire, Buckinghamshire, Swindon, Wiltshire, Bath and North East Somerset

Ask the audience

Are there other mental or physical health difficulties where a therapist-supported, digitally augmented approach to help parents help their children, like OSI, might be helpful?

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Welcome to the **NIHR ARC OxTV Showcase 2024**

Creating partnerships, sharing knowledge, improving outcomes

NIHR | Applied Research Collaboration Oxford and Thames Valley

Age well – Staying healthy and independent for longer

11.30 -13.00

Session chair:

Prof Michele Peters,
Associate Professor, Nuffield Department of Population Health & ARC
OxTV Interim Theme Lead: Improving Health and Social Care

Can exercise and protein supplements help frail older people? Testing a new approach

- **Dr Esther Williamson,**
  Senior Research Fellow, Nuffield Department of Orthopaedics, Rheumatologyand Musculoskeletal Sciences, University of Oxford
- **Zoe Rowlands,**
  Clinical Lead/ Senior Physiotherapist, Community Therapy Services, Oxford Health NHS Foundation Trust

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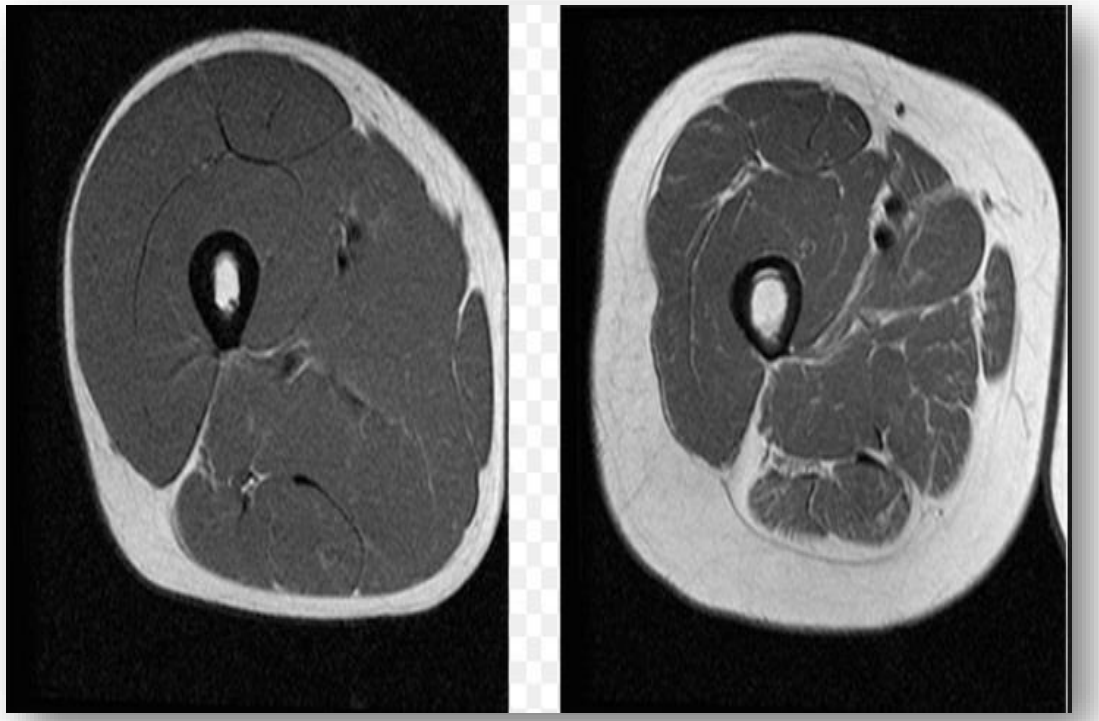
MMoST
Maximising Mobility and Strength Training

Can exercise and protein supplements help frail older people?

Zoe Rowlands – physiotherapist
Oxford Health NHS Trust

Dr Esther Williamson – physiotherapy researcher
NDORMS, University of Oxford

MMoST – Maximising Mobility and Strength Training



Muscles at 25 Muscles at 65

Strong muscles are needed for walking and remaining independent

MMoST – Maximising Mobility and Strength Training

Exercise works to make muscles bigger and stronger.

Protein is needed to help build muscles.

Many older people do not have enough protein in their diet.

Does giving extra protein make exercises work better?

MMoST – Maximising Mobility and Strength Training

The study interventions were provided for 24 weeks

All the participants:
Attended a weekly exercise group for 16 weeks
Home exercises – 1- 2 times a week



Half of the participants:
1-2 protein drinks each day

Would a large study be possible?

Do we get enough participants?

Do participants attend the exercise groups?

Do they take the protein drinks?

Do they attend for post treatment check ups?

Reflections from team

I enjoyed working the patients and seeing them progress

It was lovely to see patients engage in research they were very proud to be taking part

It was good to do more preventative work as I feel we sometimes just see very unwell patients

Oxford Health, PI reflections….

Opportunity to learn

Unexpected things happen

Increased awareness of the patient population accessing NHS therapy service

Utilising skills and resources

Opportunity to share ideas with the central team

Positive benefits for all patients, team members and myself

What did we find?

Recruitment was difficult 20/50 participants recruited

Recruitment through community venues

Exercise classes were run well.

Protein drinks were taken regularly. No side effects

70-75% of people attended post treatment appointment

Participants enjoyed them.

NHS recruitment

Lack of diversity. Nearly all participants were white.

Not able to scale up for a large trial

Data hints that the protein drinks helped participants to walk more and increase strength.

Next steps

The question is important and needs further study

How can we overcome these challenges for a larger trial?

What non-NHS partnerships could help run a bigger trial?

How can we involve a more diverse group of participants?

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Thank you for listening

Contact details:

Dr Esther Williamson
esther.Williamson@ndorms.ox.ac.uk

Zoe Rowlands
zoe.rowlands@oxfordhealth.nhs.uk

What early-stage support is needed to prevent dementia?
Building the evidence through Oxford Brain Health Clinic

- **Dr Caroline Potter,**
  Senior Researcher, Interdisciplinary Research in Health Sciences (IRIHS), Nuffield Department of Primary Care Health Sciences, University of Oxford
- **Dr Jiamin Du,**
  Postdoctoral Researcher, Department of Psychiatry, University of Oxford

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DEM-COMM programme
Building Capacity in Dementia Research

What early-stage support is needed to prevent dementia?

Building the evidence through Oxford Brain Health Clinic

Dr Caroline Potter and **Dr Jiamin Du**

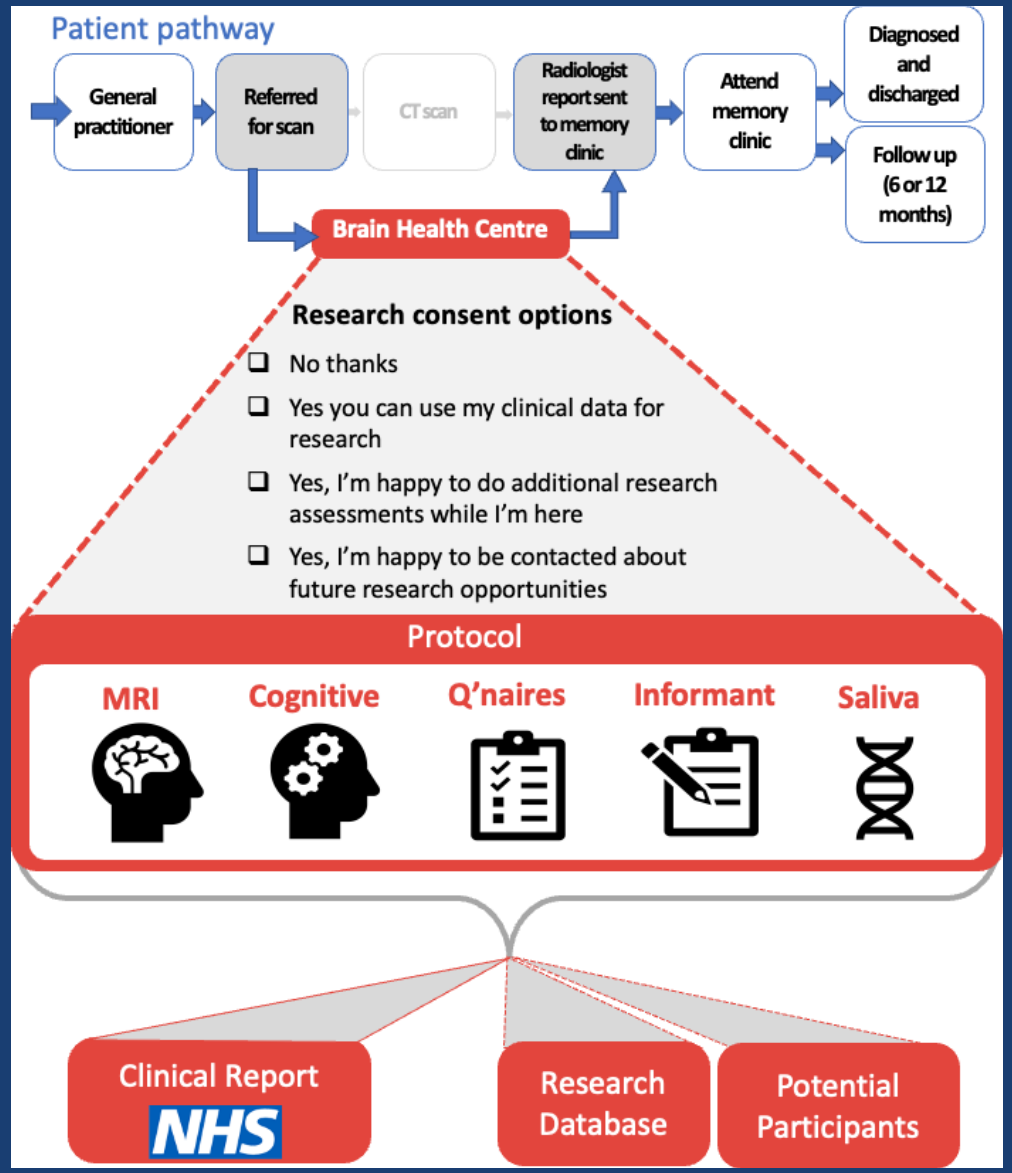
ARC OxTV DEM-COMM fellows

NHS Oxford Health NHS Foundation Trust

Brain Health Centre

What is the Oxford Brain Health Clinic?

- New service to provide detailed assessments for research and diagnosis of memory problems: an alternative step in the usual pathway
- Aims to promote early detection and more accurate diagnosis of diseases leading to dementia
- Enables better targeting of new treatments as they become available



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O'Donoghue MC, Blane J, Gillis G, et al. Oxford brain health clinic: protocol and research database. BMJ Open 2023;13:e067808. doi:10.1136/ bmjopen-2022-067808

Data collected at Brain Health Clinic

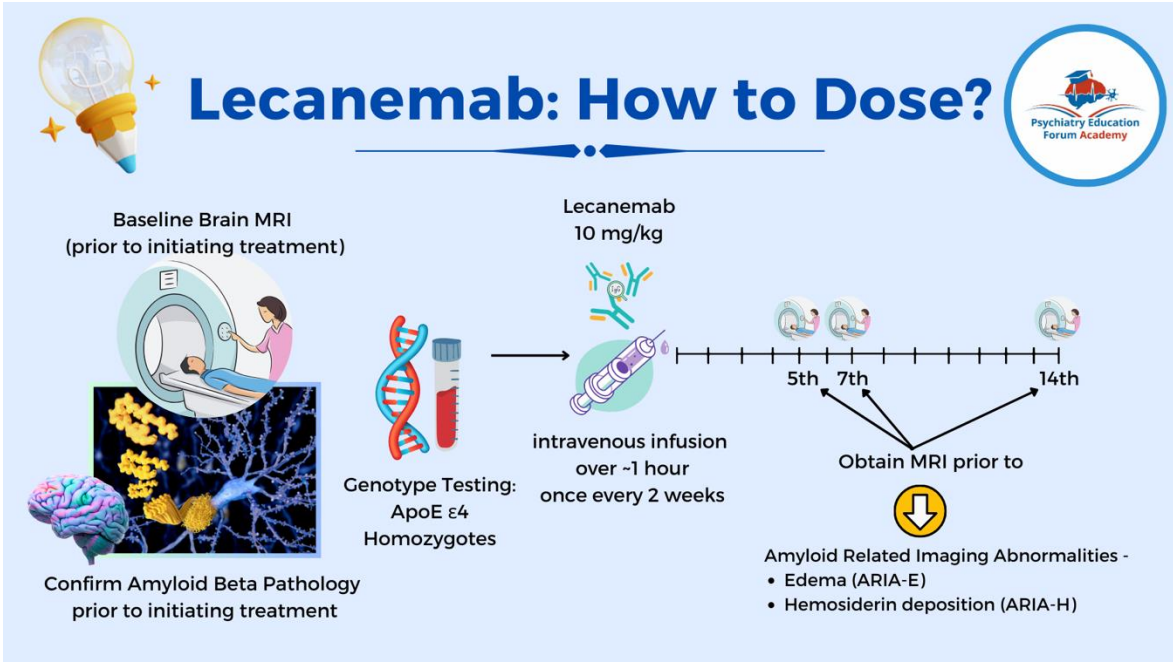
Research data collected with patient consent:

- Cognitive status (Addenbrooke's Cognitive Examination, ACE-III)
- Depression (Patient Health Questionnaire, PHQ-9)
- Sleep (Pittsburgh Sleep Quality Index)
- Physical activity (Short Active Lives Questionnaire)
- Alcohol (Single Alcohol Use Screening Q'naire)
- Health-related quality of life (LTCQ-8)

Accompanying relatives are interviewed by OHBC staff and can also consent to research measures of:

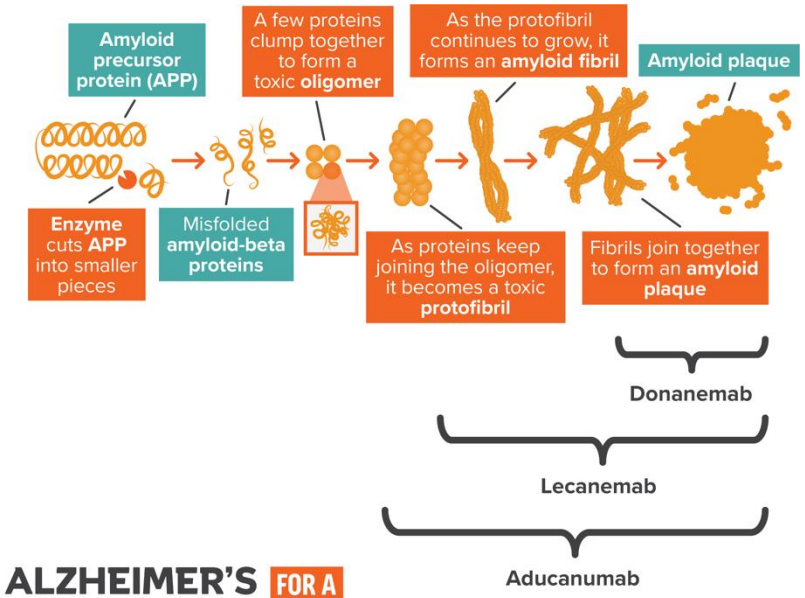
- Their own well-being (Relative Stress Scale)
- Perception of patient's cognitive change (Informant Q'naire on Cognitive Decline in the Elderly, IQCODE)
- Patient's Neuropsychiatric Symptoms and Carer's Distress (The Neuropsychiatric Inventory–Questionnaire, NPI)
- Carer quality of life (LTCQ-Carer)

Why it matters



Eli Lilly Alzheimer's Drug Rejected for NHS Use in England

- The medicine donanemab was deemed not to be cost-effective
- It's the second Alzheimer's drug rejected for use on the NHS



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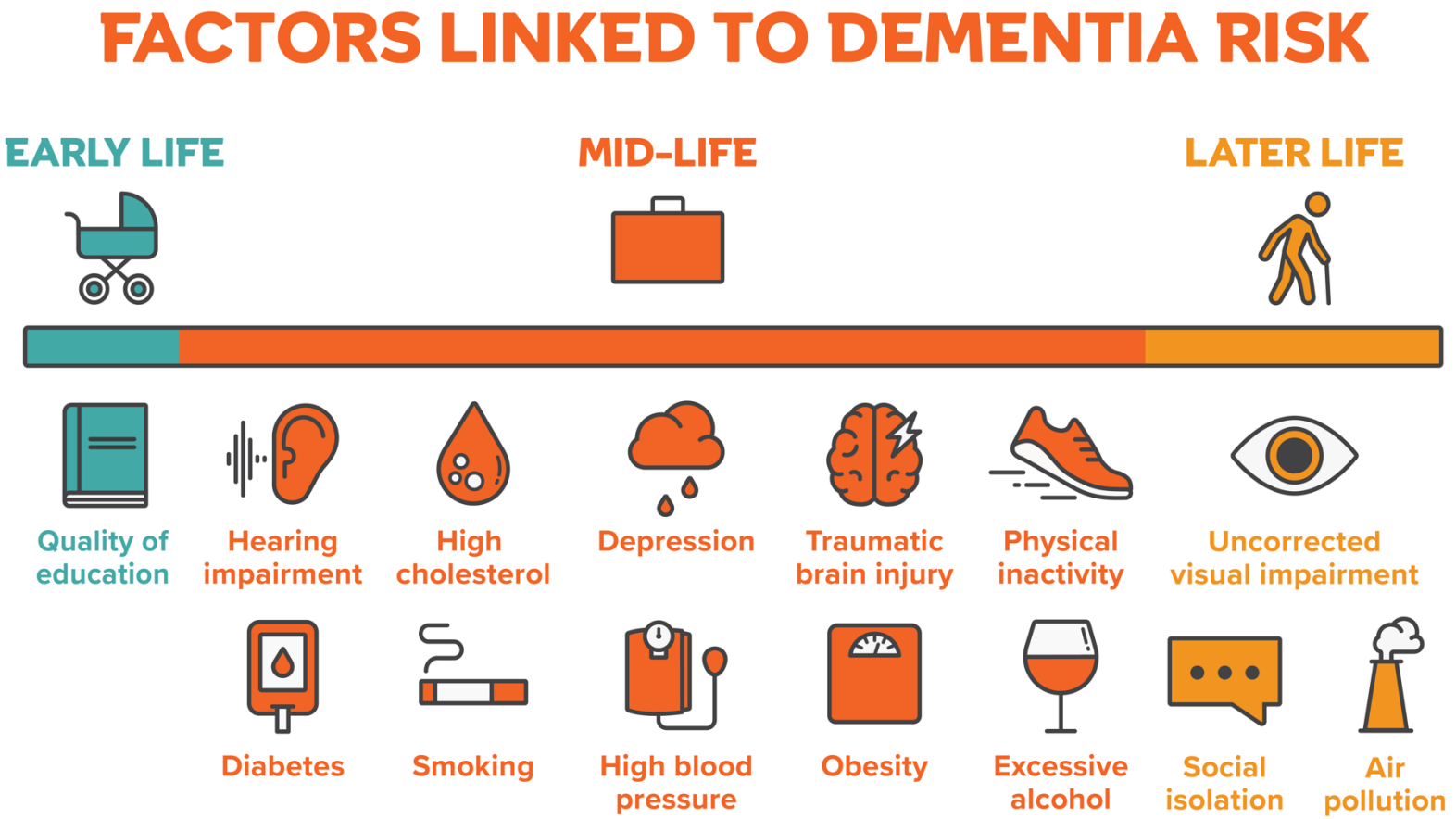
ALZHEIMER'S RESEARCH UK FOR A CURE

BUT:
New drugs are not a magic bullet.

Prevention or slowing progression is important.



Adapted from The Lancet standing commission on dementia prevention, intervention and care, 2024.

ALZHEIMER'S RESEARCH UK FOR A CURE

Registered charity numbers - 1077089 & SC042474

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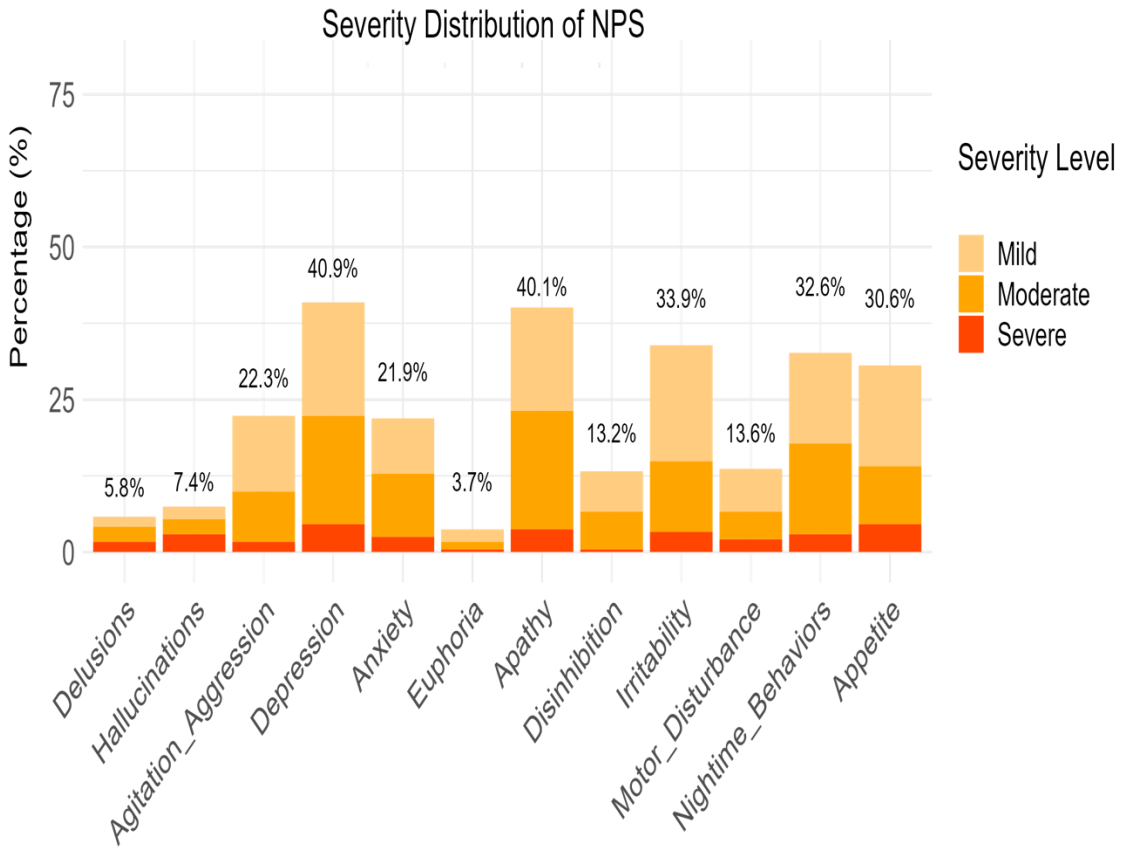
Potential to intervene at earlier stages

		No MCI / Dementia (n=55, 23%)	MCI (n=58, 24%)	Dementia (n=129, 53%)
Patients	Patients' Age***	74.5 ± 5.4	76.03 ± 5.4	79.5 ± 6.3
	NPI, Number of NPS (0-12)*	3.07 ± 2.25	2.07 ± 2.07	2.95 ± 2.16
	NPI, Severity (0-36)**	5.53 ± 5.20	2.89 ± 4.07	4.66 ± 4.24
	Depression, PHQ-9 (0-27)*	6.67 ± 5.1	4.98 ± 5.0	4.45 ± 4.7
	Change in cognition, IQCODE (1-5)***	3.5 ± 0.4	3.5 ± 0.4	4.1 ± 0.5
	Cognition, ACE-III total (0-100)***	89.3 ± 6.7	81.0 ± 9.0	63.5 ± 17.0
	Patients' Long-Term Conditions Questionnaire Short-form, LTCQ-8 (0-100)*	79.3 ± 14	78.2 ± 17.2	72.5 ± 17
	Frailty (1-7)***	2.6 ± 0.9	2.8 ± 1.1	3.3 ± 1.5
Carers	NPI, Carers' distress (0-60)*	7.32 ± 7.66	4.28 ± 5.81	6.30 ± 6.27
	Relative Stress Scale, total (0-60)*	13.87 ± 10.5	9.43 ± 6.9	14.98 ± 9.9
	RSS, Emotional Distress*	6.52 ± 5.3	4.37 ± 3.8	7.13 ± 4.7
	RSS, Social Distress**	3.71 ± 4.1	2.2 ± 2.6	4.43 ± 3.9
	RSS, Negative Feelings	3.65 ± 2.4	2.86 ± 1.7	3.42 ± 2.6



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P values for statistical significance:
*p<0.05 **p<0.01 ***p<0.001

Addressing early support needs

Analysis of OBHC data indicates that patients attending the Brain Health Clinic are at earlier stages of cognitive impairment:

- Nearly half of OBHC patients did not yet show clinical signs of dementia. 24% were diagnosed with Mild Cognitive Impairment (MCI) and 23% had no cognitive diagnosis.
- Health-related quality of life (HRQoL) was higher in those with MCI or no diagnosis than those with dementia.
- In spite of higher cognitive status and HRQoL, burdensome neuropsychiatric symptoms (e.g. depression, apathy, irritability, nighttime behaviours) were prevalent at the earliest stages, with associated caregiver distress.

Early intervention is needed to alleviate symptoms and support carers, but there is currently no pre-dementia support pathway.

What's next?

- Oxford Brain Health Clinic follow-up study: re-assessing patients and carers every six months for up to two years after their first visit
- We will invite those without a dementia diagnosis and their carers to be interviewed about their experiences and needs
- We will link what we learn from the interviews with observed changes in health and well-being during follow-up, and explore what kind of support could help at this time.

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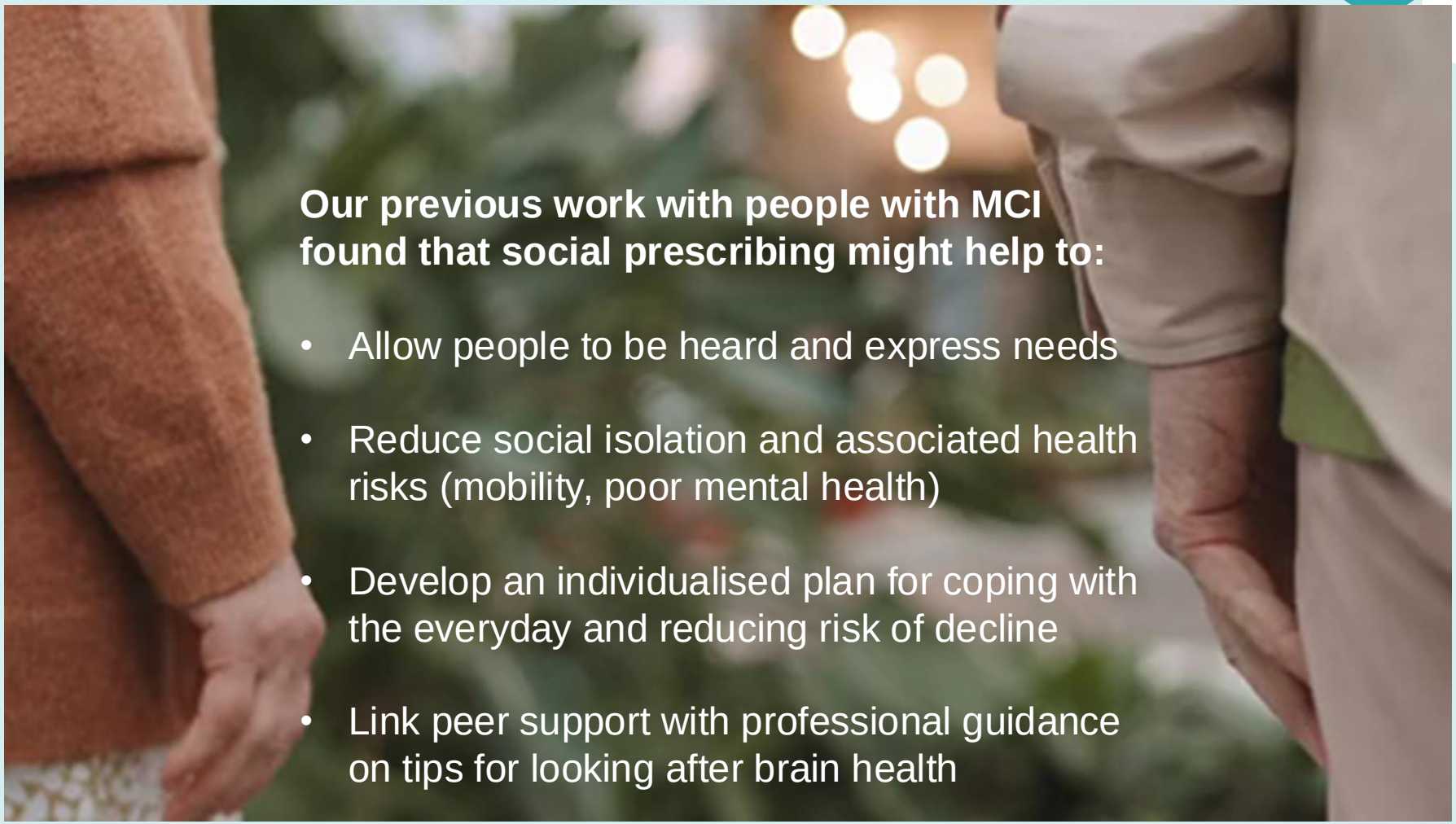
Support through social prescribing?



Our previous work with people with MCI found that social prescribing might help to:

- Allow people to be heard and express needs
- Reduce social isolation and associated health risks (mobility, poor mental health)
- Develop an individualised plan for coping with the everyday and reducing risk of decline
- Link peer support with professional guidance on tips for looking after brain health

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jiamin.du@psych.ox.ac.uk

Can you help? Please get in touch!

As we plan this new research, we would like to talk to:

- People living with cognitive impairment
- Family or other carers who support them
- Health and care professionals interested in early-stage support

Thank you to all at Oxford Brain Health Clinic including Prof Clare Mackay, Dr Lola Martos, Dr Vanessa Raymont, Jasmine Blane, Grace Gillis, Shona Forster, and the team (see QR code for contributions). Ongoing work at OBHC is funded by NIHR Oxford Health Biomedical Research Centre.

Improving health and care in physically unwell care home residents

- **Dr Chidiebere Nwolise,**
  Applied Health Research Unit, Nuffield Department of Population Health, University of Oxford

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OXFORD POPULATION HEALTH AHRU

Improving Health and Care for Physically Unwell Care Home Residents

Project team:

Assoc. Prof Michele Peters

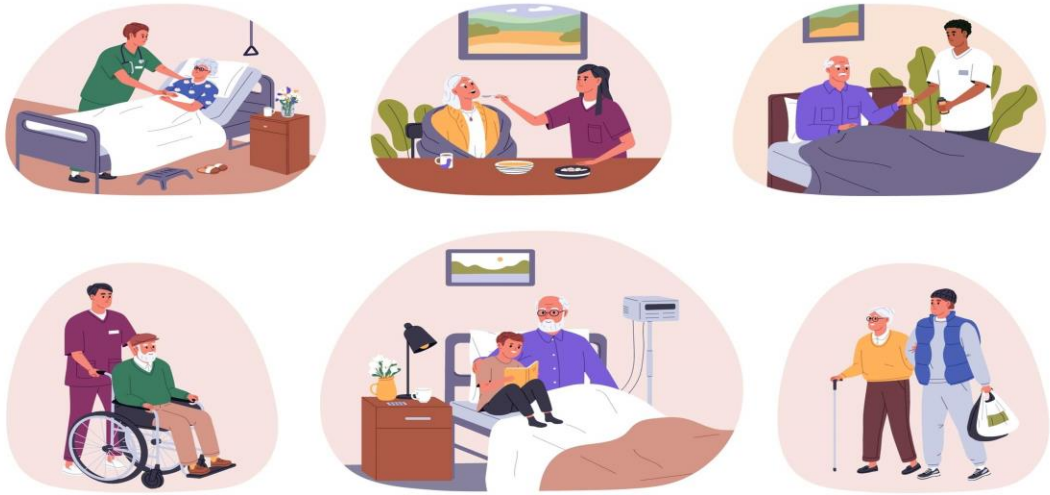
Dr Chidi Nwolise

Dr Sara Mckelvie

Presenter name
Dr Chidi Nwolise

Rationale & Project Aim

- **Rationale**
  - Various types of health services are available to support physically unwell residents
  - The extent to which services (e.g. community-based alternatives that aim to treat residents at home wherever possible) are used, is unclear
  - Newer models of care e.g. hospital at home (HAH) have been introduced but the care home perspective is missing



- **Aims**
  - To understand which NHS services are used when a resident becomes physically unwell
  - To explore care home staff's experiences of using different health services
  - To understand what support staff need to improve resident care

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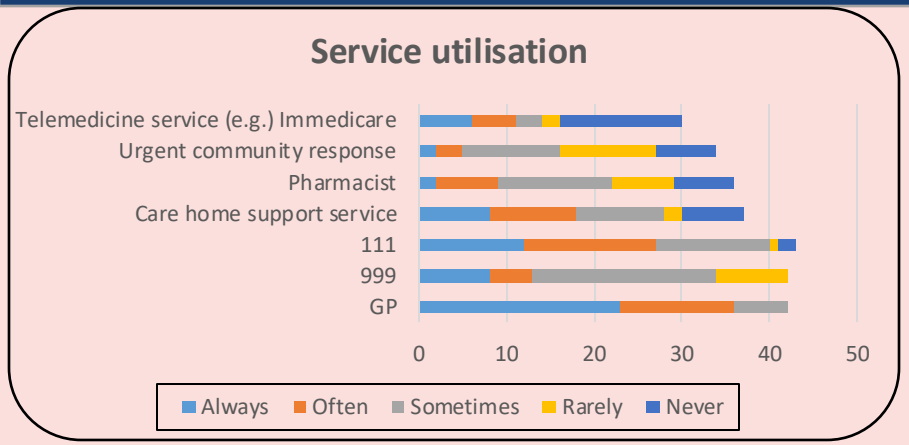
Online survey (n=48), target (n=100)

Mixed Methods

Qualitative interviews (n=19), target (n=30)



- Various services used
- Care home staff in favour of hospital avoidance due to side effects of hospitalisation e.g. loss of mobility and confusion
- Early discharge beneficial if residents are discharged to HAH team and not GP

68%, (n=32)

Preferred HAH over hospitalisation [i.e. hospital avoidance 45% (21) or early discharge 23% (11)]

26%, (n=12)

Preferred Hospitalisation until the resident is well enough to return to care home

Barriers

- **System level barriers – workload, capacity**
- **Individual level barriers – attitudes, ownership**
- **Collaborative working - lacking between services**

Supports

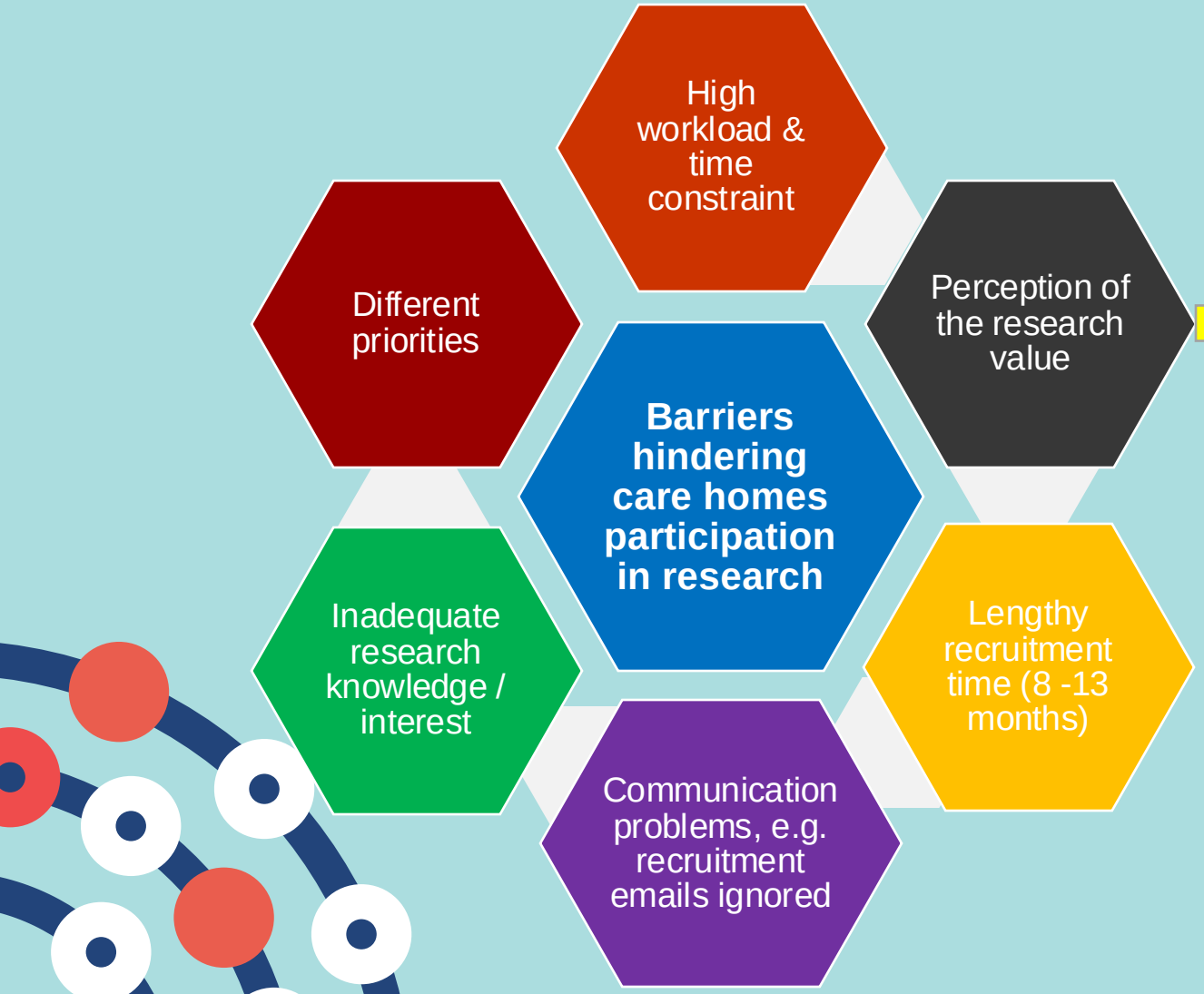
- **Upskill nurses & carers / increase staff remit**
- **Improve awareness of care home processes**
- **Increase prioritisation, support & responsiveness**

Recruitment

Strategies

Current Strategies to improve recruitment

- All care homes (n= 450) & staff in BOB & Frimley ICS eligible
- Recruitment materials sent via email & post
- Recruitment poster in staff rooms
- Short survey (<10 minutes)
- Survey recruitment time ≥ 9 months
- £40 voucher for interview
- Certificate of participation
- Dissemination by research networks e.g. ENRICH, care associations, social care orgs. & stakeholders



Exclusion of care homes in research

A scarcity of research studies involving care homes

Next steps

Progress

- Recruitment is better than for a previous study, i.e. RESTORE2, done during the pandemic
- ENRICH is more established, the pandemic is over and recruitment materials are being sent via both email and post

Next steps

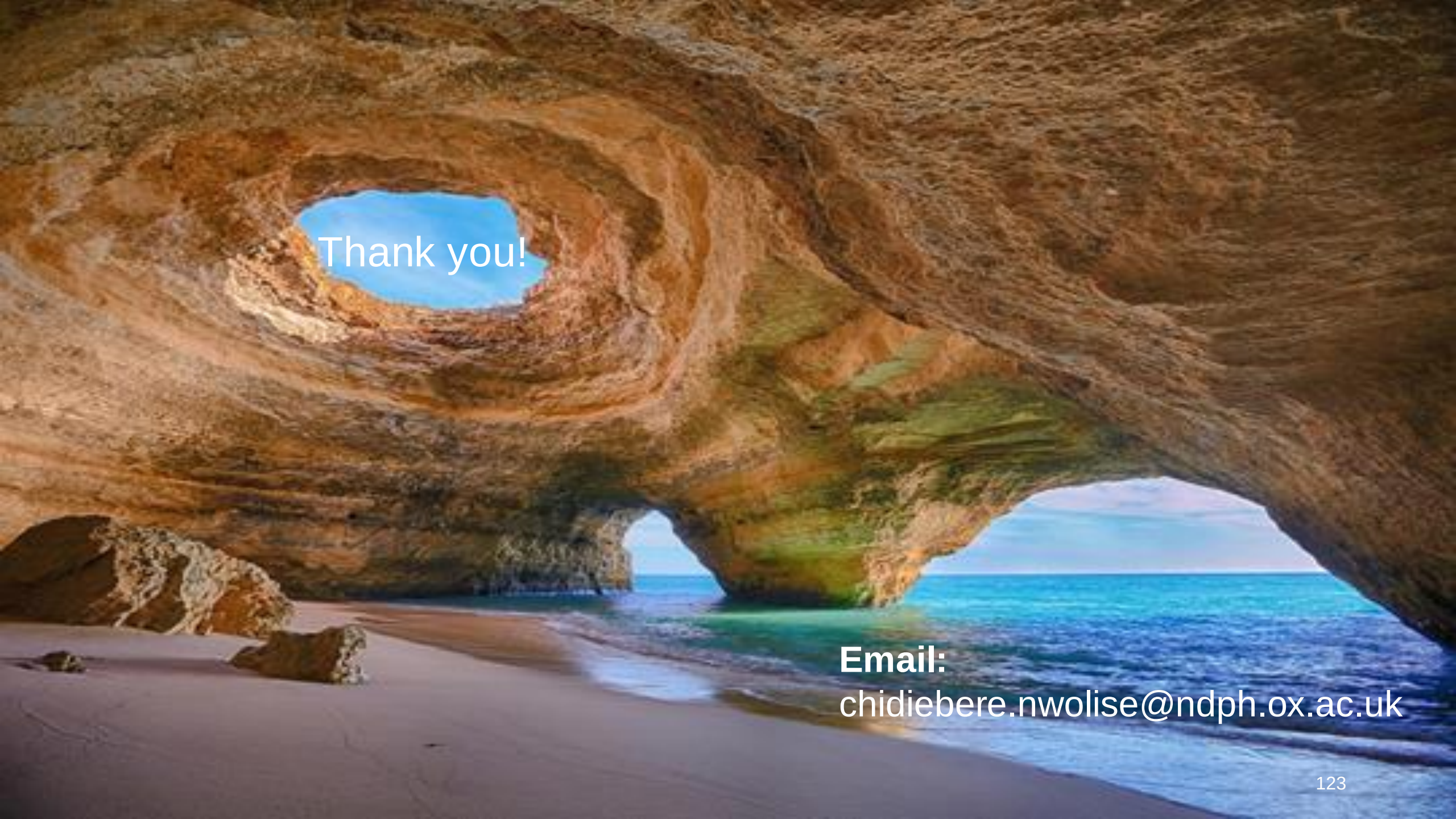
- We would like to do even better to represent a larger and wider range of voices

slido

Please download and install the Slido app on all computers you use

Despite the barriers, how can we encourage care home staff to participate in survey research requiring large numbers?

ⓘ Start presenting to display the poll results on this slide.



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Improving medication reviews for better patient care

- **Prof James Sheppard,**
  Professor of Applied Health Data Science, Nuffield Department of Primary Care Health Sciences, University of Oxford
- **Sundus Jawad,**
  ICS Lead Medicines Optimisation Pharmacist (Social Care and Care Homes), NHS Frimley

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Improving medication reviews for better patient care

Prof James Sheppard and Sundus Jawad

Overview

- What are structured medication reviews?
- Who receives a structured medication review?
- What changes in prescribing occur following a structured medication review?
- Structured medication reviews in practice
- Pharmacist experience of medication reviews

What are structured medication reviews?

What are structured medication reviews?

- Inappropriate polypharmacy occurs when too many medications are prescribed given the number of conditions present
- Inappropriate polypharmacy can lead to adverse drug events (falls, bleeds, delirium, etc) and reduced quality of life
- Approximately £400 million per year is spent on admissions to hospital with adverse drug events
- **Structured medication reviews** were introduced in 2020 to help reduce these events through detailed, pharmacist-led reviews of patient's medications

The OSCAR evaluation project

Optimising **S**tru**C**tured medic**A**tion **R**eviews (OSCAR)

- How many patients receive a structured medication review?
- Who receives them?
- What changes in prescribing occur?
- How are they actually being undertaken in practice?

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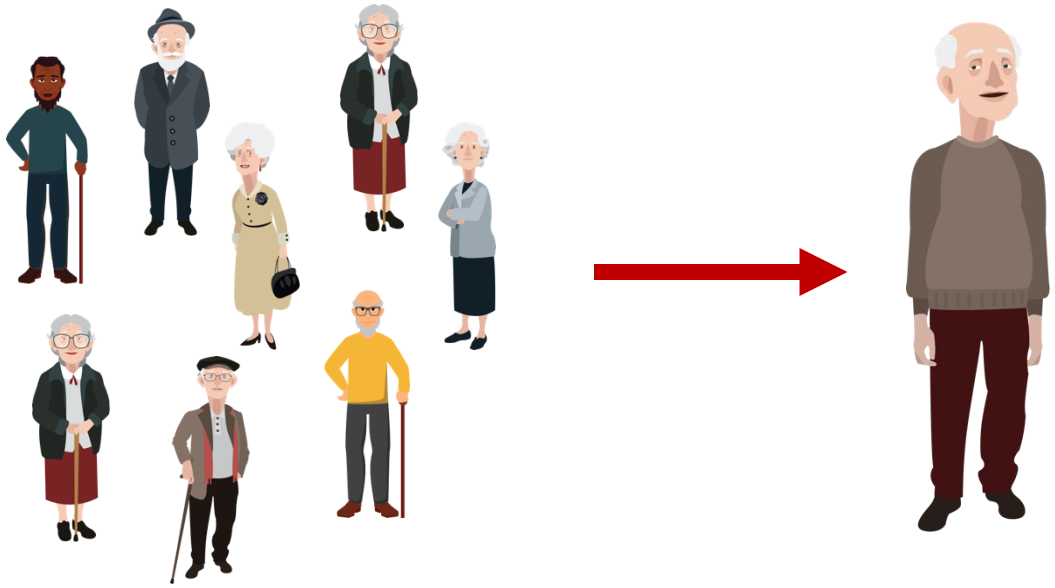
Who receives a structured medication review?

How many people received a structured medication review?

783 general practices including 635,698 eligible patients



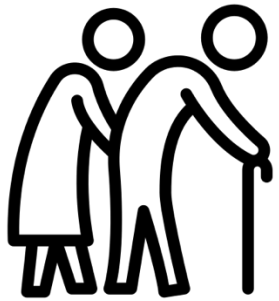
1 in 8 received a structured medication review

Those receiving a structured medication review were:

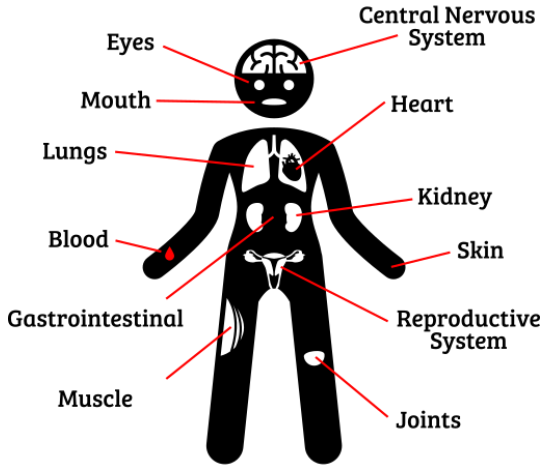
Living in a care home

Taking more medications

Living with frailty



Living with more chronic conditions



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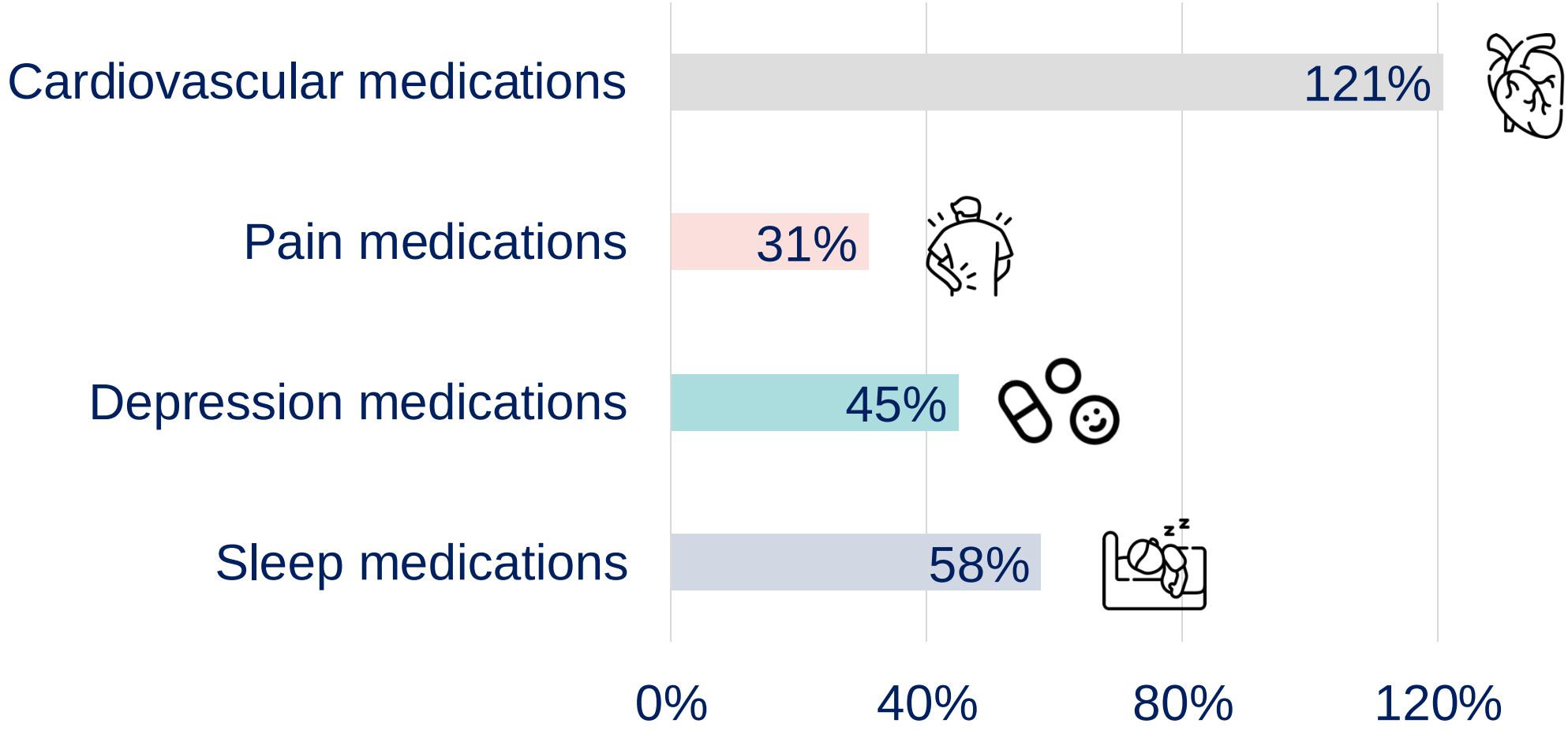
What changes in prescribing occur following a structured medication review?

Medication changes following a structured medication review

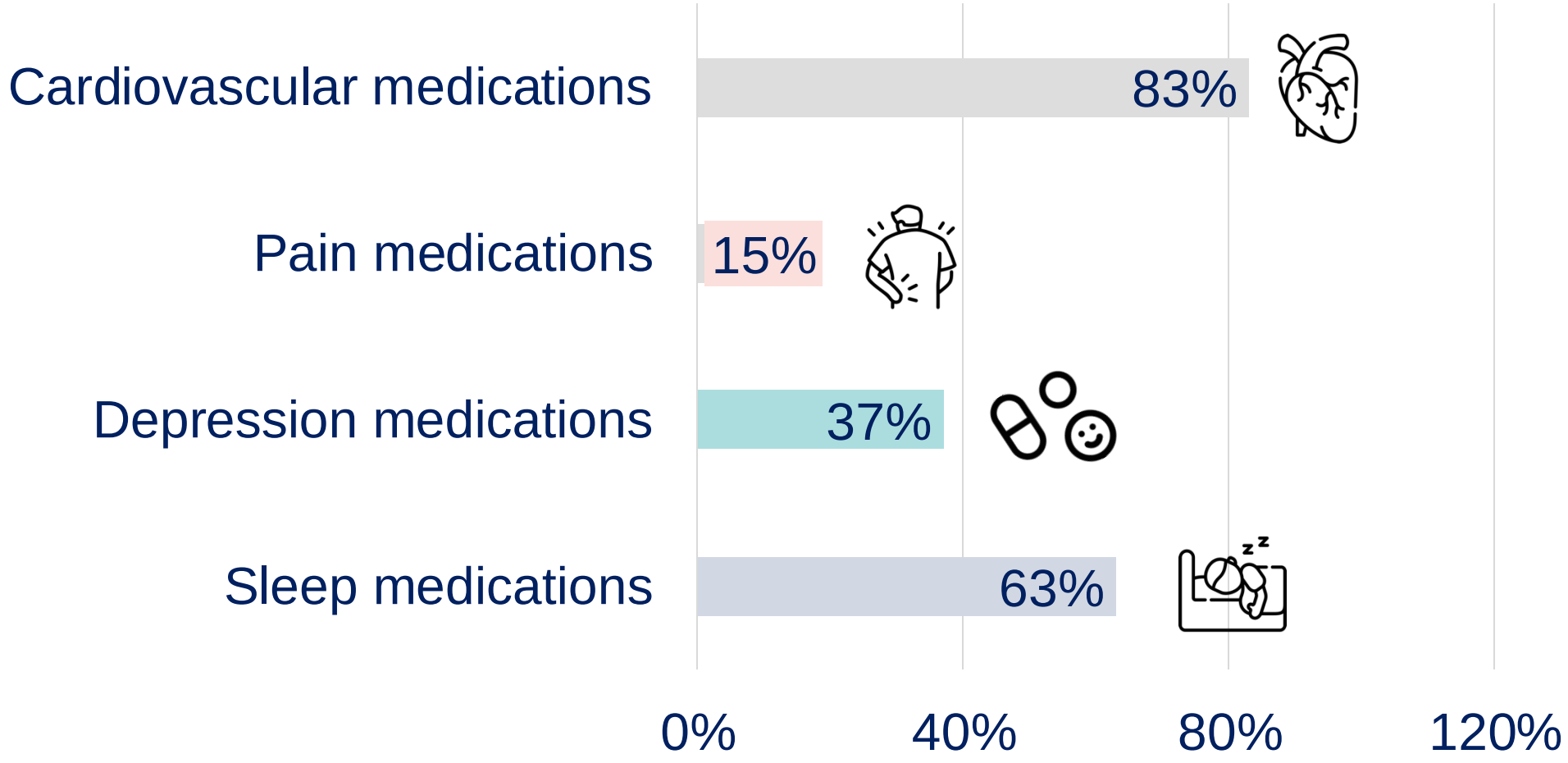
71,939 who **received** a structured medication review

71,939 who **did not receive** a structured medication review

Likelihood of starting medication in those **not prescribed** treatment



Likelihood of stopping medication in those **already prescribed** treatment



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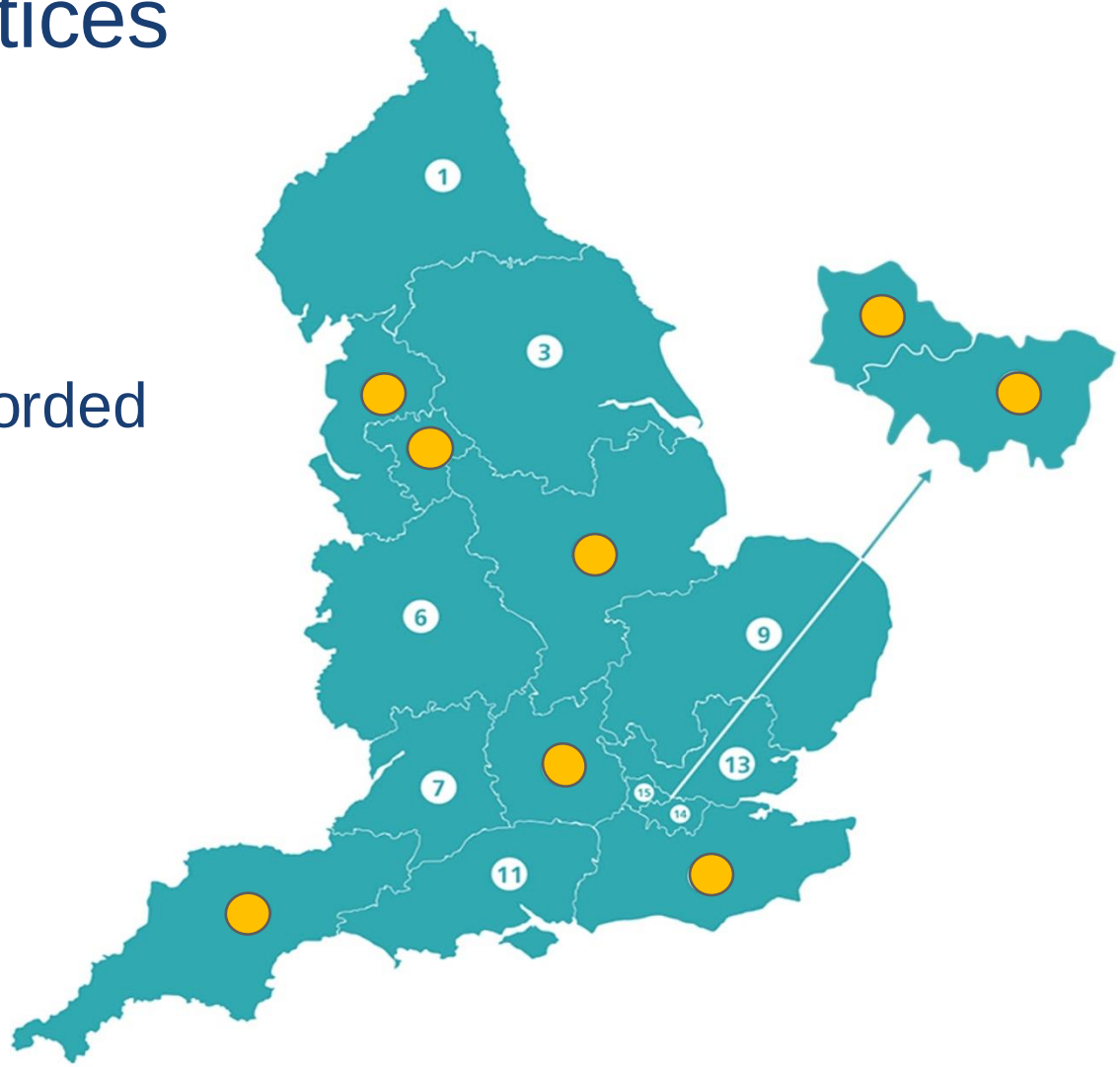
Structured medication reviews in practice

Case studies in General practices

- 8 sites in England recruited
- 44 patients recruited
- 39 structured medication reviews recorded
- 23 patient interviews undertaken



Before the structured medication review

“I didn't know anything about it. But apparently, he had sent me a text, but I don’t actually put my mobile on very often”

“I probably didn't pick up the level of detail that the review would be about”

The structured medication review process

"They were looking at the right fit for the medication through my ailments. So I felt it was really focused to be honest"

"This pharmacist knew all the possible side effects, which was, particularly useful for a couple of the medications because we hadn't known about those side effects"

"At the end, they spent about three or four minutes going through it all, which I'd been scribbling down anyway just to check that we had understood everything"

Reflections on the structured medication review

"I learned more from that than I would've done, certainly having, you know, an appointment with a GP"

"I just don't feel as confident. I see him as a man in, in the white coat and in the chemist rather than what the doctor is doing"

"To improve, maybe an email or message to say, right, this is, this is what we're gonna do…what we'd agreed and suggested?"

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Pharmacist experience of medication reviews

Key components of a SMR

- **Shared decision-making -** principles should underpin the conversation
- **Personalised approach** – tailored to the person's needs and wants
- **Effectiveness** – are the medicines working?
- **Safety** – consider the balance of benefit and risk of current treatment and starting new medicines? Any problems or ADRs?

What's involved in a SMR review?

- **Ideally face to face and holistic review of the person**
- **Always start with the patient**! Person centred care! **L I C E F!** ➡
  No decision about me without me!!!
- **MDT approach** – different models, other HCPs involved?
- Find out **what else is going on** – social fabric of the patient, social situation? loneliness?
- Then look at:
  - -therapeutic issues
  - -prescribing issues
  - -medicines usage issues
  - -medicines management issues

L ifestyle
I deas
C oncerns
E xpectations
F eelings

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Thank you for listening!

Using Artificial Intelligence and real people to understand how long-term conditions develop (the CoMPuTE programme)

- **Prof Clare Bankhead,**
  Professor of Epidemiology and Research Design, Nuffield Department of Primary Care Health Sciences, University of Oxford

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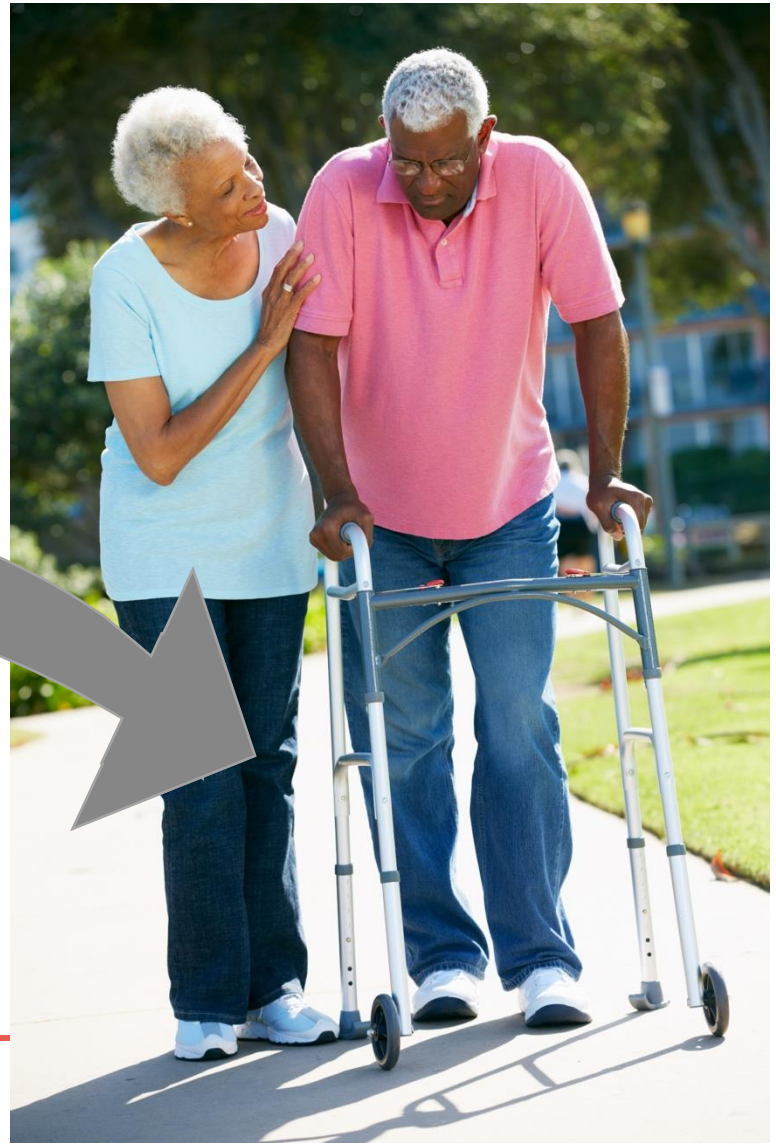
Using Artificial Intelligence and Real People to Understand How Long Term Conditions Develop (The CoMPuTE Programme)

Clare Bankhead on behalf of the CoMPuTE Team

University of Oxford Nuffield Department of Primary Care Health Sciences
University of Oxford Department of Statistics
Department of Engineering Science University of Oxford
Oxford Population Health University of Oxford
UCL
University of Leeds

Focus on Middle Age and the transition to Older Age



Focus on Middle Age and the transition to Older Age

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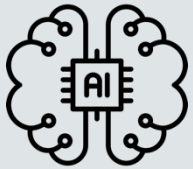
Theme 1: Artifical Intelligence using healthcare data



- To build models of biological ageing and changes between health and illness
- To identify clusters of long-term conditions
- Get healthcare practitioners to use it the outputs

Theme 2: Epidemiology, Inequalities and health economics

- Can we find risks for worse health changes?
- Can we find interventions for multiple long term conditions?
- Assess the relationship between clusters of diseases and health inequalities and resource use

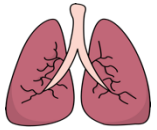
Theme 3: Ethics, Patients and the Public

- Ethical and social issues of using AI models in health data
- Consider ethical issues when using the findings for resource allocation, health inequalities, and under-representation
- Ensuring PPIE is a fully integrated, meaningful, & productive part of research

Multiple long-term conditions 18 in total

- Stroke/TIA;
- Coronary heart disease (CHD);
- Atrial Fibrillation (AF);
- Heart Failure (HF);
- Hypertension;
- Peripheral Arterial Disease (PAD);

- Diabetes Mellitus;

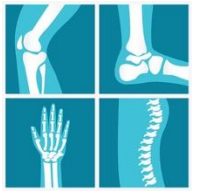


- Asthma;
- Chronic Obstructive Pulmonary Disease (COPD);

- Dementia;
- Parkinson's Disease;
- Depression;
- Anxiety;
- Serious Mental Illnesses (Bipolar Disorder & Schizophrenia);

- Cancer excl non-melanoma skin cancers;

- Chronic Kidney Disease (CKD);



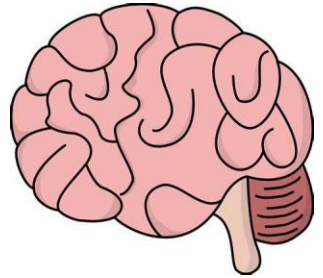
- Osteoporosis;
- Rheumatoid Arthritis (RA).

Things to input into the models

examples

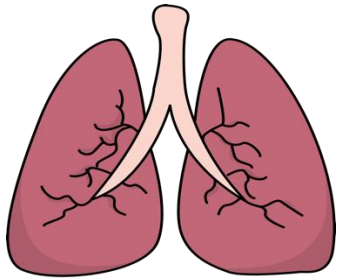
Cholesterol
Heart rate
BNP

Blood pressure
Blood tests - many

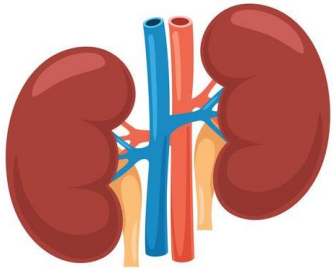


Anxiety scores
Dementia score

Blood sugar
HbA1c

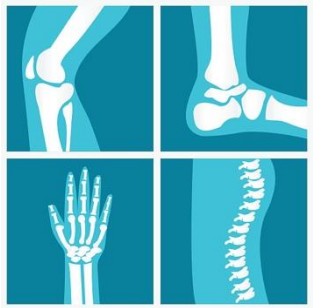


Peak flow
Breathlessness
Oxygen Sats



Creatinine
Cystatin

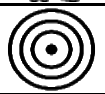
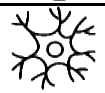
Rheumatoid factor
Markers of Inflammation



Name: John Smith **Chronological age** 54

Current diagnoses and treatments

Diagnosis	Medication / Treatment
GAD	Fluoxetine
High blood pressure (hypertension)	Statins
…	

Systems Measure	Your "System Age"	Your "Ageing speed"	Status
Lung 	56	1	Good
Heart 	62	6	Action needed
Inflammatory 	60	2	Could be improved
Neurological 	54	1	Good
Artery 	65	6	Action needed
Musculoskeletal 	65	6	Action needed
Gut 	55	1	Good
Metabolic 	58	2	Could be improved

Potential benefits

- Better, more targeted care
- Addressing health inequalities
- Improved healthcare planning
- Developing prevention strategies
- Advancing healthcare technology

How can you help?

- **If you have long-term health conditions or care for someone who does**
  - How do you think this work could affect people as they get older?

- **Healthcare professionals and policy makers:**
  - How do you think these tools could be used in real-world healthcare?
  - Unsure whether any of this works?

- Clare.Bankhead@phc.ox.ac.uk
- or
- Nicola.pidduck@phc.ox.ac.uk

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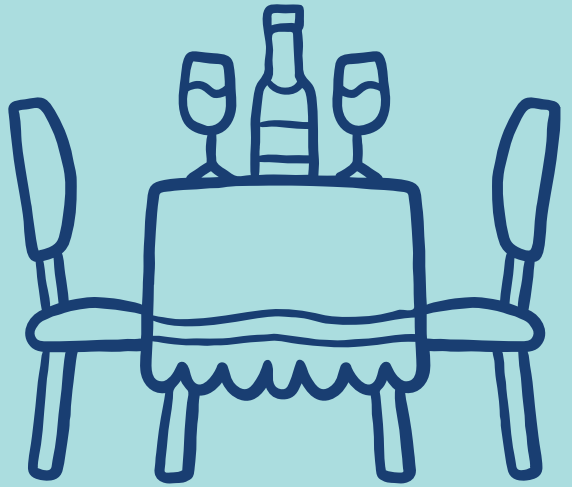
Lunch

13.00 -14.00

Restaurant, 1st floor



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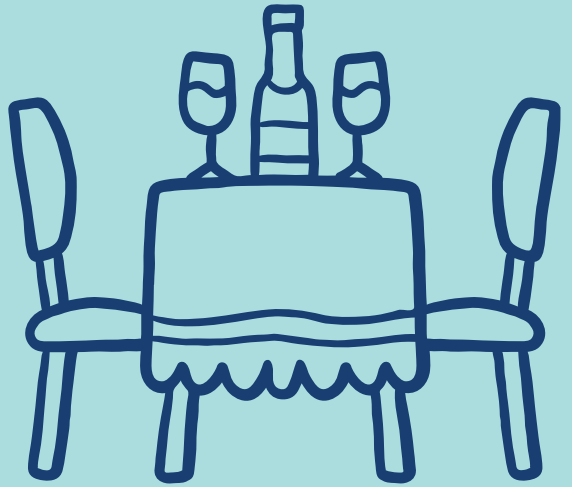
Lunch

13.00 -14.00

Restaurant, 1st floor



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Live well – Supporting people and communities to live healthy and happier lives

14.00 -15.00

Session chair:

Dr Sara Ward,
Chief Operating Officer, Oxford Academic Health Partners

Cardiovascular health in pregnancy and beyond

- **Dr Kath Tucker,**
  Senior Researcher in Hypertension and Women's Health & ARC OxTV Deputy Theme Lead - Helping Patients Manage Their Conditions
- **Prof Nerys Astbury,**
  Associate Professor in Diet and Obesity & ARC OxTV Deputy Theme Lead - Changing Behaviours for Better Health
- **Dr Lucy Goddard,**
  Postdoctoral Researcher in Midwifery and Women's Health

(All from Nuffield Department of Primary Care Health Sciences, University of Oxford)

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Cardiovascular health in pregnancy and beyond






Lucy Goddard, Nerys Astbury, and Kath Tucker

WOMEN'S & GIRLS' HEALTH THROUGHOUT THE LIFECOURSE

Research to improve health outcomes for ALL women and girls

CROSS-CUTTING THEMES

- ✓ Listening to women's voices
- ✓ Routinely collected data
- ✓ Development and testing of interventions and technology
- ✓ Equality, diversity and inclusion
- ✓ Disease presentation and experiences
- ✓ Economic costs
- ✓ Communications and experiences between primary & secondary care
- ✓ System-level change

GIRL'S + MENSTRUAL HEALTH

- ✓ PCOS
- ✓ Endometriosis
- ✓ Experience and diagnosis
- ✓ Treatment pathways

CONTRACEPTION

LIVE WELL

POST-PARTUM

- ✓ Heart and cardiovascular function
- ✓ Hypertension, preeclamsia and lifelong impact
- ✓ Inequalities

DURING PREGNANCY

- ✓ Body weight
- ✓ Baby health + mother health as predictors of future risk
- ✓ Gestational diabetes
- Hypertension

GETTING PREGNANT

- ✓ Fertility
- ✓ Body weight
- ✓ Health predictors

DISEASE

Treatment and testing of:

- ✓ Recurring thrush
- ✓ UTIs
- ✓ Cancers

MENOPAUSE

- ✓ Experiences
- ✓ Systems
- ✓ Inequalities
- ✓ Drug prescription
- ✓ Economic cost to ♀ and employers

CARING

- ✓ Burden
- ✓ Cost
- ✓ Support

DEMENTIA

- ✓ Presentation
- ✓ Progression

NIHR

How many women in England and Wales give birth each year?

a) 15,000 women
b) 65,000 women
c) 650,000 women

Of these, how many develop high blood pressure?

a) 2%
b) 10%
c) 25%

How many develop gestational diabetes?

a) 2%
b) 5%
c) 15%

Join the Vevox session

Go to **vevox.app**

Enter the session ID: **168-714-449**

Or scan the QR code

0/0

Join at: **vevox.app** ID: **168-714-449**

Question slide

How many women in England and Wales give birth each year?

15,000 people

0%

65,000 people

0%

650,000 people

0%

0

Join at: **vevox.app** ID: **168-714-449**

Showing Results

How many women in England and Wales give birth each year?

15,000 people

0%

65,000 people

0%

650,000 people

0%

RESULTS SLIDE

##/##

Join at: **vevox.app** ID: **168-714-449**

Question slide

Of these, how many develop high blood pressure?

##/##

Join at: **vevox.app** ID: **168-714-449**

Results slide

Of these, how many develop high blood pressure?

2%

##.##%

10%

##.##%

25%

##.##%

RESULTS SLIDE

##/##

Join at: **vevox.app** ID: **168-714-449**

Question slide

How many develop gestational diabetes?

2% 0%

5% 0%

15% 0%

##/##

Join at: **vevox.app** ID: **168-714-449**

Results slide

How many develop gestational diabetes?

RESULTS SLIDE

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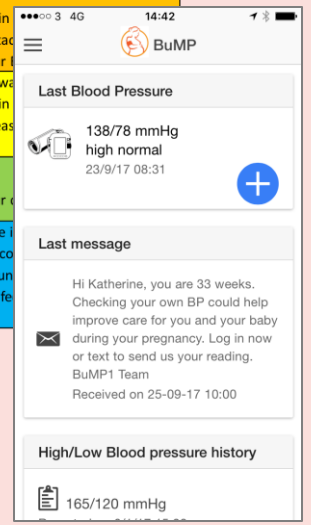
Hypertension during and following pregnancy

Hypertensive disorders are common and potentially serious

Hypothesis: Regular self-monitoring of blood pressure could improve detection and management of hypertension in pregnancy

LEVEL	BLOOD PRESSURE /mmHg	ACTION
HIGH	SYS 150 or more OR DIA 100 or more	Your blood pressure is high Sit quietly for 5 minutes then measure it again and send in the reading. Contact your maternity unit for urgent assessment today (within 4 hours) and continue to monitor your BP daily.
RAISED	SYS 140-149 OR DIA 90-99	Your blood pressure is raised Sit quietly for 5 minutes then measure it again If your repeated reading is raised please contac within 24 hours and continue to monitor your
HIGH NORMAL	SYS 135-139 OR DIA 85-89	Your blood pressure is normal but moving towa Sit quietly for 5 minutes then measure it again If your repeat reading is still high-normal, pleas pressure daily.
NORMAL	SYS 85-134 OR DIA 85 or less	Your blood pressure is normal. Continue blood pressure monitoring and your
LOW	SYS 84 or less	Your blood pressure is low. Repeat once more If you are taking blood pressure medication, co within 24 hours or within 4 hours if you feel un If you are not taking medication and you are fe pressure does not need any further action.



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Detecting & managing hypertension during pregnancy

BUMP1 BUMP2

Self-monitoring of BP during pregnancy is safe!

My Pregnancy Care

Self-monitoring & management with self-testing for improved outcomes

U-DIP

Self-testing is feasible and acceptable

Royal College Guidelines

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Managing postpartum hypertension and long-term cardiovascular risk

- Complications are common postpartum
- Increased lifetime risk of CV disease

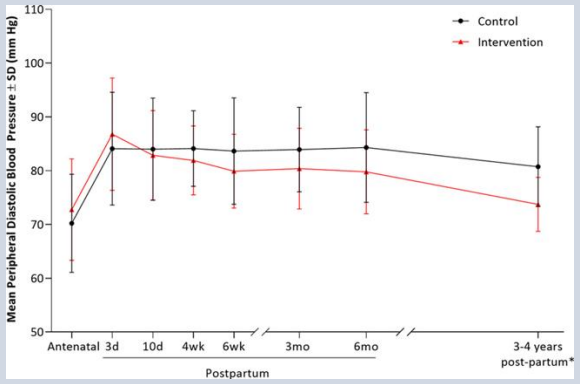
Hypothesis: Postpartum self-management of blood pressure could improve BP control postpartum

SNAP-HT

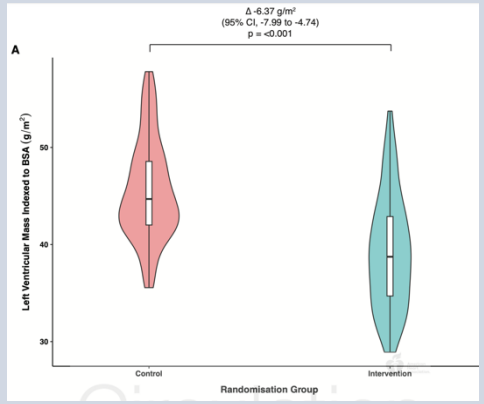
POP-HT

Blood pressure, mean (SD), mm Hg			
Intervention (n = 105)	Control (n = 95)[a]	Mean model-adjusted difference (95% CI), mm Hg[b]	*P* value
249.8 (8.2)	247.9 (8.2)		
71.2 (5.6)	76.6 (5.7)	−5.80 (−7.40 to −4.20)[d]	<.001

Large reductions in blood pressure



Long-term effect on BP



Improved vascular re-modelling

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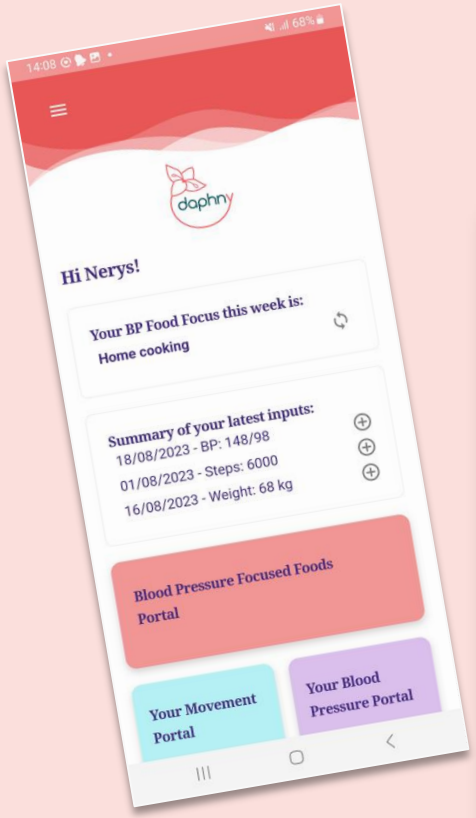

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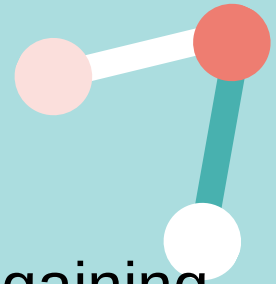
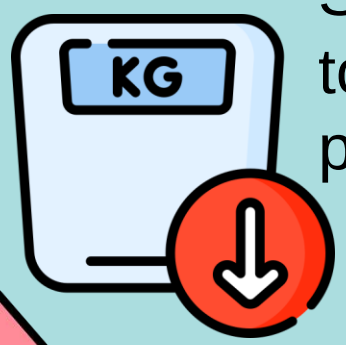
Starting pregnancy carrying too much weight- or gaining too much weight during pregnancy are risk factors for poor outcomes including





Starting pregnancy carrying too much weight- or gaining too much weight during pregnancy are risk factors for poor outcomes including gestational diabetes

Gestational diabetes is onsent (or first detection) of hyperglycemia during pregnancy

ARC supported RECORD project on feasibility of reduced carbohydrate diet for prevention of GDM

Development of mobile application to self-monitor weight gain during pregnancy

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Cardiovascular health and care for women – The Future!

Improving the health and care of women in an equitable way

Pregnancy

- **Implementation of self-monitoring to support improvements in health outcomes and health professionals** (care pathways and cost)
- **Gestational Diabetes and reduced glucose diet**
- **Community projects to support wide inclusion**

Postpartum and long-term management

- **Ways to support the implementation of self-monitoring**
- **Postpartum communication** (discharge summaries, education and guidance)
- **Prediction and management of long-term monitoring of CV health**

Healthy Post Child-bearing years

- **Weight before during and following menopause**
- **Equity in HRT provision**

One size does not fit all: Working towards improving the mental health support available to health and social care workers in the UK – an evidence-based approach

- **Jasmine Laing,**
  DPhil candidate, Department of Experimental Psychology, University of Oxford

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BRIGHTNESS STUDY

SHAPE | SUPPORTING HEALTHCARE AND PARAMEDIC EMPLOYEES

One Size Does Not Fit All – Working towards improving the mental health support available to health and social care workers in the UK – an evidence-based approach

Jasmine Laing (DPhil Candidate)

Supervisory Team: Jennifer Wild, Cathy Creswell, Anke Ehlers & Aimee McKinnon

University of Oxford

UNIVERSITY OF OXFORD

Background

There are 1.5 million people working in adult social care in England (The King's Fund, 2024)

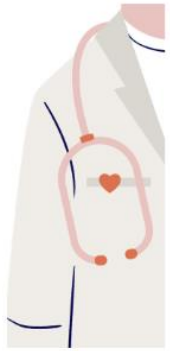
NHS England currently employs approximately 1.5 million people (Mallorie, 2024)

Taken together, the health and social care sectors employ one in ten of the working population in England (The King's Fund, 2018)

The NHS is the largest employer in England (The King's Fund, 2024) and the 7th largest in the world (Armstrong, 2022)

Background

- Health and social care workers (HSCWs) are vulnerable to experiencing poor mental health and wellbeing due to *unique* factors including:



Occupational Factors
- Long shifts
- High stakes environment
- Repeated exposure to mortality and morbidity

Individual Factors
- Existing mental health problems
- External life stressors
- Personality traits

Social Factors
- Bullying
- Stigma
- Stereotypes

Organisational Factors
- Short staffing
- High caseloads
- Financial pressures

(Kinman, 2021; Maben et al., 2024)

Councils lost over 500,000 working days to mental ill-health and stress among social care staff last year

Poor mental health and wellbeing accounted for 30% of staff sickness absence among council social care staff, finds research by British Psychological Society and BASW

by **Mithran Samuel** on September 19, 2023 in **Workforce**

Government and politics, Mental health, Work and occupational

One third of social care workforce sickness absence due to mental health and stress, troubling new figures reveal

The British Psychological Society and British Association of Social Workers say the new figures highlight the desperate need for the NHS Staff Mental Health and Wellbeing Hubs.

Thousands of Black, Asian and minority ethnic staff in mental health trusts experience harassment, bullying, or abuse at work, new analysis finds

Press release 09 September 2021

Revealed: record 170,000 staff leave NHS in England as stress and workload take toll

Health service shown to be under some of worst pressure in its history in week Rishi Sunak launched plan to retain and recruit workforce

'You start thinking you will crack': former NHS tell their stories

More than 41,000 nurses were among those who left their jobs in hospitals and community

Nursing Times

Daily news
Thursday 25 April

Today's top story

Average NHS nurse took entire week off sick last year due to stress

Nursing Times

Daily news
Thursday 18 April

Today's top story

Up to three-quarters of NHS staff struggling with mental health

Networks & communities | Careers & education | Resources

Nursing IN PRACTICE

News | Analysis | Clinical | Views | Professional | Community | NIP Reference

Rise in nurse sick days for anxiety, stress and depression

The Health Foundation

What we do | Funding and partnerships

Home > News and comment > News and media

NHS staff burnout highlights desperate need for workforce plan to focus on retention and wellbeing

9 March 2023

About 2 mins to read

Government and politics, Mental health, Work and occupational

Shocking NHS staff sickness statistics highlight urgent need for mental health support hubs

The BPS has joined forces with other professional health and care bodies to call on the government to urgently provide funding for NHS staff mental health and wellbeing hubs.

06 April 2023

My Research

Work package 1
Quantitative Evaluation of SHAPE

A randomised controlled trial

SHAPE | SUPPORTING HEALTHCARE AND PARAMEDIC EMPLOYEES

Work package 2
Qualitative Evaluation of SHAPE

Semi-structured interview study

SHAPE | SUPPORTING HEALTHCARE AND PARAMEDIC EMPLOYEES

Work package 3
Brightness Study

Semi-structured interviews + written responses

BRIGHTNESS STUDY

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SHAPE | SUPPORTING HEALTHCARE AND PARAMEDIC EMPLOYEES

SHAPE – Supporting Healthcare and Paramedic Employees

SHAPE = Brief, evidence-based, CT intervention tailored for HSCWs with depression and/or posttraumatic stress disorder that is remotely delivered.

Brief

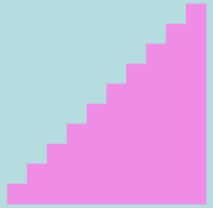
Approx. 6 calls with a wellbeing coach over 2 months

Accessible

Is delivered over the phone or on Microsoft Teams

Precise

Targets mainly symptoms of PTSD and Depression



Structured

Follows a set of evidence based tools

7 Core Tools Typically Used in SHAPE

- IF THEN for rumination
- THEN vs NOW for re-experiencing
- Planning Ahead for low mood and motivation
- Surveys for shame, blame and guilt
- Responsibility Pie Charts for blame
- Realistic Risk for worry
- My Blueprint for beating stress and low mood

Study 1 – RCT on SHAPE

Method: Comparing the recovery rates of major depression and PTSD in HSCWs who receive SHAPE immediately to those who undergo an 8-week waiting period and then receive SHAPE

Population: N = 92 HSCWs in the UK diagnosed with PTSD, major depression or both

Primary hypothesis: SHAPE will be superior to a waitlist control condition at 8-weeks

Timeline: Trial is expected to run from February 2023 – October 2025 = 32 months

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SHAPE | SUPPORTING HEALTHCARE AND PARAMEDIC EMPLOYEES

Study 2 – Qualitative Feedback Study on SHAPE

Aim – Understand what aspects of SHAPE worked and did not work for HSCWs.

- ✓Acceptability
- ✓Accessibility
- ✓Suitability

≈20 participants will be interviewed in the trial to gather this information.

Framework analysis will be used to analyse findings inductively and deductively.

Interview questions have been informed by patient and public involvement (PPI).

SHAPE Participant Testimonial

Liz Jeremiah

NIHR | Applied Research Collaboration Oxford and Thames Valley

SHAPE | SUPPORTING HEALTHCARE AND PARAMEDIC EMPLOYEES

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BRIGHTNESS STUDY
Barriers and facilitatoRs to seekIng and accessinG professional mental Health supporT among indiaN and filipino hEalth and Social care workerS in england

Study 3 – BRIGHTNESS Study

Background

Ethnic minority groups in the UK fare worse than their white counterparts in terms of mental health outcomes (Bansal et al., 2022; Bignall et al., 2019; *Race and mental health*, 2023)

Black and minority ethnic (BME) staff make up almost a quarter of the NHS and social care workforces overall (*NHS Workforce Race Equality Standard (WRES)*, 2023)

Indian and Filipino nationalities account for the 2nd and 3rd largest ethnic groups after White British in the NHS (Baker, 2023)

Ethnic minority groups have greater exposure to aspects in their work that place them at greater risk of psychological ill-health (Maben et al., 2024)

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BRIGHTNESS STUDY
Barriers and facilitatoRs to seekIng and accessinG professional mental Health supporT among indiaN and filipino hEalth and Social care workerS in england

Study 3 – BRIGHTNESS Study

Aim

Identify what helps or hinders seeking and accessing professional mental health support among Indian and Filipino health and social care workers in England.

Methods

≈20 Indian and Filipino health and social care workers in England will be interviewed or invited to provide written responses to help us gather this information.

Impact

Develop a set of recommendations to make future professional mental health support services more accessible and acceptable for these groups.

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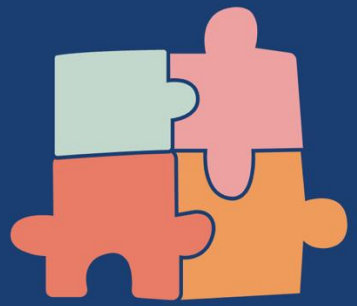
Thank you!

Questions, feedback and suggestions are welcome.



Audience ask:

1. Where to offer the SHAPE coaching intervention if it proves to be effective?
2. How to reach more diverse groups of HSCWs for our research?

Find out more about SHAPE here →

Sign-up and info on the BRIGHTNESS Study here →

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CASNET2:
Evaluation of electronic safety netting for suspected cancer

- **Dr Susannah Fleming,**
  Senior Quantitative Researcher, Nuffield Department of Primary Care Health Sciences, University of Oxford

NIHR | Applied Research Collaboration Oxford and Thames Valley

CASNET2: Evaluation of electronic safety netting for suspected cancer

Susannah Fleming, Clare Bankhead, Claire Friedemann-Smith, Brian Nicholson, Rafael Perera

What is safety netting?

Aims to ensure patients are followed-up until symptoms are explained or resolve.

- tests and referrals are followed-up
- patients know expected time course
- advised when to return

Electronic safety netting

- Pop-up tool built into the EMIS GP electronic patient record system
- Developed for use when patients have possible symptoms of cancer
- Safety netting alerts such as:
  - Planned tests are not completed
  - Planned follow up does not happen

Could electronic safety netting help in your setting?

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The CASNET2 study

CASNET2 study

- GP practices randomised to turn on the tool at different times

	Pre-randomisation period (months)						Post-randomisation cross-over period (months)					
Practices*	-12	-10	-8	-6	-4	-2	0-2	2-4	4-6	6-8	8-10	10-12
1-10												
11-20												
21-30												
31-40												
41-50												
51-60												

CASNET2 – patient follow-up

- No direct patient contact
- Practices were recruited from the RCGP RSC network
  - These all contribute to the ORCHID database

- Data on cancer diagnoses, referrals, symptoms etc all extracted directly from the ORCHID database

Have you considered or used routinely collected data to collect research outcomes?

Main findings from CASNET2 - qualitative

- Features that clinicians would want to see in safety-netting tools:
  - Centralised record of safety-netting visible to all staff
  - Automation of tool completion
  - Links to patient information leaflets
  - Links to 2ww pathway
  - Sending texts to patients
  - Alerts where patients have “dropped through the net”
  - Integration with other systems
  - Tools to ensure someone is responsible for safety-netting
  - Ability to audit tool use

Summarised from https://doi.org/10.3399/bjgpo.2022.0163

Main findings from CASNET2 - quantitative

- 9,803 patients with a cancer diagnosis

- Time to diagnosis (from initial symptom)
  - 25 days (95% CI 20-31) shorter after safety-netting introduced
  - 32 days (95% CI 25-39) shorter for patients with safety-netting used

- Time to referral (from initial symptom)
  - 42 days (95% CI 36-48) shorter after safety-netting introduced
  - 53 days (95% CI 45-61) shorter for patients with safety-netting used

Would you want to implement this intervention?

Challenges

Using routinely collected data for research outcomes

- Advantages
  - No patient contact
  - Light touch study
  - Pragmatic
  - Rich data
- Disadvantages
  - Coded data only – no free text
  - Some things are not well coded
  - Defining outcomes from codes
  - Delays in accessing data

What could be advantages or disadvantages for your research?

COVID-19 and CASNET2

- CASNET2 originally started recruitment in early March 2020…
  - And then stopped almost immediately!

- We had to re-recruit for a second start in October 2020
- Recruitment during early COVID vaccination was challenging

- But, we also managed to do some interesting qualitative research on cancer diagnosis in primary care during COVID!

How could you handle unanticipated challenges to research plans?

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Refreshment break

15.00 -15.20

Meeting and events lobby

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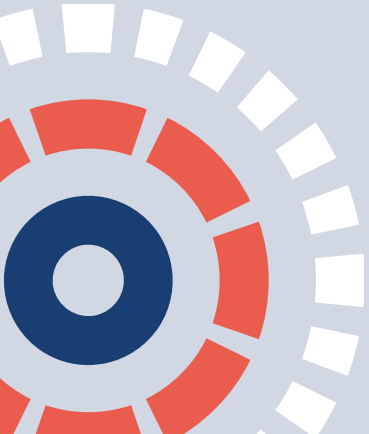
Opportunities and priorities for an ARC2 (interactive session)

15.20 – 15.50



Dr Paula Wray

NIHR ARC OxTV Senior Manager

NIHR | Applied Research Collaboration Oxford and Thames Valley

NIHR Applied Research Collaboration Thames Valley – Opportunities and Priorities

Dr Paula Wray

4th November 2024

ARC 2

What we currently know:

- Five Years of funding (<£16.3m)
- Single NHS host
- Health Innovation Network and Integrated Care System Partnership
- Capacity Development, Patient and Public Involvement, Knowledge Mobilisation, Implementation and Research Inclusion leads
- Potential Fast-Track funding
- Increased focus on public health, social care and prevention
- Looking to see more of a pipeline

Join the Vevox session

Go to **vevox.app**

Enter the session ID:
168-714-449

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Join at: **vevox.app**

ID: **168-714-449**

At the end of the next ARC (2031) what would success look like?

- Tailored interventions for different groups.
- Evidence based interventions being delivered routinely in the NHS
- Tangible changes that can be traced back to ARC
- Increased research

At the end of the next ARC (2031) what would success look like?

Join at: **vevox.app**
ID: **168-714-449**

Tailored interventions for different groups.	Evidence based interventions being delivered routinely in	Tangible changes that can be traced back to ARC	Increased research
Research studies supported that help us tackle inequalities in	More Innovations in health and care system	Health service decisions (provision, focus) based on actual	Better social care
Interventions developed and tested in ARC1 implemented	Bridging the gap between research and practice	More research into practice	Research moving forward into benefiting the people it's aimed at
Musculoskeletal therapies integrated with leisure services	Inequalities being tackled in a meaningful way not just production	Community central to formulation of and involvement in	+19 more messages

RESULTS SLIDE

How could we measure progress towards achieving our goals, what metrics can we apply?

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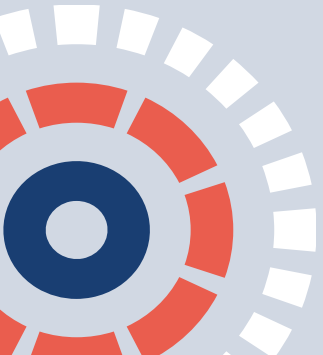
ID: **168-714-449**



How could we measure progress towards achieving our goals, what metrics can we apply?

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Community voices	Less minority staff suffering from mental health issues	Measurements identified from those who are intended to	User experience testing
Improvement in health outcomes Reduction in	How much of the research done has been translated into	Number of patients receiving treatments/intervention	Research funding to LA and community research
Qualitative feedback from end users on their views and experiences.	Mixed methods; ensure an ARC-wide outcome and impact	No/less disparities in health outcomes	Traceable changes to health and care usage
Diverse communities are engaging more in already estab ished	Research referenced in local guidelines and national polici	Systemic changes reducing need for sticky pla ter .es earch	+21 more messages

RESULTS SLIDE

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What are potential barriers to us achieving our goals?

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Showing Results

What are potential barriers to us achieving our goals?

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RESULTS SLIDE

What opportunities/partnerships should we explore?

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RESULTS SLIDE

Which of these priority areas should we focus on (choose three)?

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Mental health	0%
Women's health	0%
Managing multiple long-term conditions	0%
Older people	0%
Maternal health	0%
Children and young people	0%
Men's health	0%
Musculoskeletal	0%
Pain	0%
Respiratory	0%
Palliative care	0%
Public health	0%
Health inequalities	0%
Dental health	0%
Healthy behaviours	0%
Carers / caring	0%
Other...	0%

Which of these priority areas should we focus on (choose three)?

Join at: **vevox.app**

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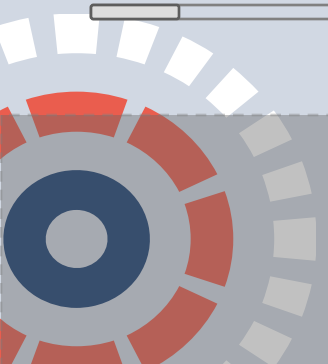

Mental health	43.48%
Women's health	17.39%
Managing multiple long-term conditions	28.26%
Older people	26.09%
Maternal health	10.87%
Children and young people	23.91%
Men's health	0%
Musculoskeletal	8.7%
Pain	4.35%
Respiratory	0%
Palliative care	2.17%
Public health	30.43%
Health inequalities	45.65%
Dental health	2.17%
Healthy behaviours	30.43%
Carers / caring	17.39%
Other...	8.7%

RESULTS SLIDE

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Closing remarks

15.50 -16.00

Prof Richard Hobbs, CBE

NIHR ARC OxTV Director
Mercian Professor of Primary Care, Nuffield Department of Primary Care Health Sciences, University of Oxford

Thank you

From the whole of the ARC team, thank you for coming along and making this day a success.