

CLAHRC Oxford

stakeholder symposium 2017

programme order

Note: All talks are 20 minutes with an additional 10 minutes for questions and answers.

9.00 – 9.30 Registration and refreshments

9.30 – 9.40 Welcome and introduction

9.40 – 10.10 Talk: Why is managing change so difficult in a healthcare setting?
Professor Sue Dopson

10.10 – 10.40 Talk: Self-monitoring of high blood pressure: the SNAP-HT study
Professor Richard McManus

10.40 – 11.00 Break

11.00 – 11.30 Talk: Integrated mental and physical healthcare: treating the whole person
Dr Jane Walker

11.30 – 12.00 Talk: One size fits all: measuring patient benefit in multiple settings
Professor Ray Fitzpatrick

12.00 – 1.00 Lunch and networking

1.00 – 2.30 Parallel Workshop Sessions
'Empowering patients to lead their recovery', 'Integrated Care', 'How can we help?'
Training and support across the Thames Valley.'

2.30 – 2.50 Break

2.50 – 3.20 Talk: Caring for an aging population (To be confirmed)
Dr Jane Fossey

3.20 – 3.50 Talk: From clinical trial to clinical practice
Dr Esther Williamson and Dr Cynthia Srikesavan

3.50 – 4.20 Talk: Building the evidence for action to achieve a healthy diet
Professor Susan Jebb

4.20 – 4.40 Wrap-up of the day

#clahrcevent



9.40 to 10.10, main lecture theatre

Why is managing change so difficult in a healthcare setting?

Saïd business school

Professor Sue Dopson



Sue Dopson is the Academic Director of the Oxford Diploma in Organisational Leadership, Associate Dean of Faculty at Saïd Business School, a Fellow of Green Templeton College, Oxford, and Visiting Professor at the University of Alberta, Canada.

She is a noted specialist on the personal and organisational dimensions of leadership

and transformational change. Sue's research centres on transformational change and knowledge exchange in the public and healthcare sectors.

Talk background:

Focusing on the challenges of seemingly endless change programmes in healthcare, I explore why managing change is so difficult. I assess the history of change management, approaches to change and the problems that change aims to solve. Using the change kaleidoscope, I examine the importance of context and discuss the impact of power and resistance.

I conclude by sharing key strategies for change.

10.10 to 10.40, main lecture theatre

Self-management of high blood pressure: the SNAP-HT study

CLAHRC theme 5: Patient self-management of chronic disease

Professor Richard McManus



Richard McManus is Professor of Primary Care Research at the University of Oxford and a part time GP in Oxford.

His research interests lie mainly in the prevention of cardiovascular disease with particular emphasis on blood pressure measurement and the management of hypertension in primary care where his work has influenced

National and International Clinical Guidelines.

He holds an NIHR Professorship and leads the Self-Management theme of the Oxford NIHR CLAHRC.

Talk background:

Hypertension (high blood pressure) is an important risk factor for heart disease and stroke. In pregnancy it is also an important part of pre-eclampsia.

Over the past 10 years, our group has performed two large scale trials of self-management – comprising self-monitoring and self-titration of anti-hypertensive medication. These trials both showed improved control of blood pressure with self-management over a year.

In pregnancy, around 10% of women have raised blood pressure and there is a particular problem following childbirth where women often need treatment for several months as their blood pressure slowly returns to normal. This time is complicated by the competing priorities of having a new baby, a lack of expertise and resource in primary care to manage the changing needs for medication and seemed a potential area where self-management might bring particular benefits.

Furthermore, blood pressure control in this time appears to be related to long term cardiovascular outcome. Today's talk will show how self-management of hypertension has been translated into pregnancy and report on the first trial of self-management of blood pressure in pregnancy.





11.00 to 11.30, main lecture theatre

Integrated mental and physical healthcare: treating the whole person

CLAHRC theme 4: Better management of medical-psychiatric multimorbidity

Talk background:

It is very common for people with a medical illness to also have a psychiatric illness. This medical-psychiatric multimorbidity reduces patients' quality of life, impairs their ability to cope with their illness and leads to worse medical outcomes. It also increases medical costs.

The traditional separation of medical and psychiatric knowledge, skills and services leads to suboptimal, inefficient and expensive care.

Consequently greater integration of mental and physical healthcare has been recommended; but effective integration is not easy; the barriers to achieving it are considerable. Addressing these barriers is the purpose of our Oxford CLAHRC theme.

Dr Jane Walker



Dr Jane Walker is a senior clinical researcher at the University of Oxford and consultant psychiatrist, based at Sobell House Hospice, in the Oxford University Hospitals Psychological Medicine team.

Her work is dedicated to improving the lives of the severely medically ill by integrating psychiatry into medical care. Her research

includes epidemiological studies, intervention development and clinical trials. She also trains and supervises medical and nursing staff to provide integrated mental and physical healthcare.

11.30 to 12.00, main lecture theatre

One size fits all: measuring patient benefit in multiple settings

CLAHRC theme 3: Patient experience and patient reported outcomes

Talk background:

Health services increasingly acknowledge, in principle, the value and importance of feedback from patients as a resource to improve services.

However, in practice patient feedback may not translate into evidence acted upon by the NHS. Theme 3 of the Oxford CLAHRC looks at two aspects of this issue.

One way of engaging patients is to obtain their own views of their health problems before and after treatment, commonly via patient reported outcome measures ('PROM's).

The other method is retrospectively to survey patients' experience of services. The technology to support both approaches is evolving.

The talk will describe work undertaken in the theme to explore actual examples of use made by the local health service of patients' views and experiences in a range of contexts, ranging from engaging patients in memory clinics to assess outcomes, through to use of the internet to rate health professionals from whom patients have received care.

Professor Ray Fitzpatrick



Ray Fitzpatrick is Professor of Public Health and Primary Care, University of Oxford and Fellow and Dean, Nuffield College.

Until recently he was NIHR Programme Director for Health Service and Delivery. His group developed patient reported outcome measures for joint replacement surgery that are now mandated for

services to NHS patients.

He is assistant director for a Department of Health Research Unit (jointly with Personal Social Services Research Unit, LSE & Kent Uni) to assess quality and outcomes of health and social services for long term conditions.





workshop

Integrated Care

1.00 to 2.30, main lecture theatre

workshop leads

Dr Nick Goodwin



Dr Goodwin was the co-founder of the International Foundation for Integrated Care in October 2011 and became its first Chief Executive Officer in March 2013.

Nick is also the Editor-in-Chief of IFIC's open-access and impact rated scientific periodical the International Journal of Integrated Care.

Dr Rustam Rea



Dr Rustam Rea is a consultant in Diabetes and Acute General Medicine at Oxford University Hospitals NHS Foundation Trust.

His specialist interest is in inpatient diabetes care and integrated diabetes care. He is part of the leadership team implementing a large quality improvement programme for inpatient diabetes care at OUH.

Dr Apostolos Tsiachristas



Dr Apostolos Tsiachristas is Senior Researcher at the Health Economics Research Centre, Nuffield Department of Population Health, University of Oxford.

His current work includes the economic evaluation of integrated care models in diabetes, dementia and other chronic conditions (Oxford CLAHRC), among others.

Workshop background:

Ageing of the population and increasing prevalence of chronic health conditions are a threat to population health and sustainability of healthcare systems worldwide.

To face these challenges, health policy makers are seeking for innovations that improve population health, patient satisfaction, and system efficiency.

'Integrated care' is such an innovation and is receiving increasing attention from care providers, patients, and commissioners.

The aim of this workshop is to provide a background and practical examples of integrated care.

The workshop will consist of four presentations of 20 minutes each, followed by a panel discussion, structured as follows:

- 1) What is integrated care and what are the building blocks? (Dr Nick Goodwin)
- 2) What is the programme of the Oxfordshire CCG on integrated care and what initiatives have been supported so far? (Title and speaker to be confirmed)
- 3) A case study of the Diabetes Integrated Care programme in Oxford (Dr Rustam Rea)
- 4) Evaluation of integrated care programmes. (Dr Apostolos Tsiachristas)



workshop

Lessons from the Oxford Recovery College

1.00 to 2.30, room 1

Workshop background:

Recovery Colleges offer a range of courses co-designed to contribute to well-being and recovery, supporting people to recognise their own resourcefulness, talents and skills in order to become experts in their own self-care, make informed choices and achieve the things they want in life.

These courses aren't therapy, nor are they a clinical intervention but we do believe that through education, leisure, creativity and social networking people can learn how to take care of themselves, and others, more effectively.

What makes our courses so unique is that they are co-produced and co-delivered by a Peer Tutor (someone with lived experience) and a Tutor by Training (someone with a professional background). Our students are people experiencing mental health problems; their friends, family and carers; and the professionals working with them, and all learn alongside one another to share perspectives and deepen understanding.

Our aim is to bring people together to realise and inspire individual and collective potential, recognising strengths and successes so that you can become an expert in your own well-being and recovery and live the life that you wish to live.

Workshop aims:

- Increase understanding of the Recovery College model and its benefits.
- Improve awareness of local colleges and what they offer.
- Highlight aspects of the Recovery College model that could be replicated in other services.
- Explain how attendees can get involved and further support the work of the colleges.

workshop leads

Carol Tough

Carol Tough is the Head of Buckinghamshire Recovery College which launched in January 2017.

I trained as an Occupational Therapist and have worked for several years in both forensic and community adult mental health services for Oxford Health NHS Foundation Trust.

Laura Dennis

Laura is the Head of the Oxfordshire Recovery College which has been running for around two years.

Laura originally trained as a Social Worker, and has worked in a number of organisations across the charity sector in recent years, whilst also continuing her work as a Senior Training Consultant.



workshop

How can we help? Training and support for research skills across the Thames Valley

1.00 to 2.30, room 2

About Health Education England, Thames Valley (HEETV)

HEETV is here to improve the quality of healthcare for the people and patients of England through education, training and lifelong development of staff.

Working across the Thames Valley, we aim to provide high quality education and training to all health professionals including the next generation of doctors, dentists and nurses across the area.

To do this effectively and to ensure the best possible outcomes and experience for patients and people, we work closely with local healthcare providers and key stakeholders so that our work is driven by patient needs.

We are custodians of the NHS Constitution and promote the NHS values. Our vision is to provide the right workforce, with the right skills and values, in the right place at the right time to better meet the needs and wants of patients – now and in the future.

In the Thames Valley we are responsible for ensuring high quality education and training for doctors, dentists, nurses and all health professionals.

With a budget of more than £160m, we commission the education and training programmes which will deliver the staff of the future, while also developing the existing workforce at every step of their career. We provide the right staff, in the right numbers, with the right skills, qualities and values to deliver great patient care.



Health Education England

Workshop background:

Research active organisations improve care (Hanney, 2013). Organisations with a learning culture, development and training, with compassionate leaders are also linked to quality of care (Shipton et al., 2008).

The new ways of working across the Sustainable Transformation Partnerships (STPs), guiding strategies (Five Year Forward View, Shape of Caring, Shape of Training) and Community Education Provider Networks help health and social care organisations shape and implement services and the workforce needed to support them.

Having a motivated, skilled and flexible workforce helps to improve outcomes (West et al., 2012), providing workforce stability, retaining staff who feel valued.

Research sits as a key principle within the NHS constitution and many organisations across the Thames Valley are working towards developing capacity and capability in research to support quality evidence-based care and experiences for populations, citizens, patients and carers. Innovation is often spurred on by necessity, challenges or problems encountered by individuals, teams, organisations or systems (West et al., 2017)

So, how can we help a Thames Valley citizen-centred compassionate collaborative that enhances cross-boundary/organisation empowerment of health and social care practitioners to embrace or lead on research and innovation as part of everyday activities and provide evidence-based innovations and improvements for quality care and prevention?

Workshop aims:

To gain a current picture of training and support research skills across the Thames Valley / local STP areas.

Workshop objective:

To identify areas of best practice, potential gaps and think creatively about how to fill them – what do people need?

Facilitators:

Health Education England Thames Valley (HEE TV) and CLAHRC Oxford.



2.50 to 3.20, main lecture theatre

Caring for an ageing population: improving our futures

CLAHRC theme 1: Early intervention and service redesign

Talk background:

TBC

Dr Jane Fossey



Dr Jane Fossey is a consultant clinical psychologist and am responsible for psychological services across all age groups within the Oxford Health Foundation NHS Trust.

She is a long-term collaborator and member of the Old Age Psychiatry Team.

Her primary research interest is in the management of behavioural and psychiatric

symptoms in dementia.

3.20 to 3.50, main lecture theatre

From clinical trial to clinical practice

CLAHRC theme 2: Health behaviours – exercise and rehabilitation

Talk background:

The ultimate aim of clinical trials is to influence clinical practice and improve patient care. However, implementation of research findings into clinical practice is challenging. We will share our experiences of implementing two evidence based interventions: 1. The Back Skills Training (BeST) Programme for people with persistent back pain and 2. The SARAH exercise programme for people with rheumatoid arthritis affecting their hands.

One of the challenges of implementation is to provide adequate training so that clinicians have the skills to deliver interventions. Our solution was to develop online training programmes to make training accessible. Training alone does not result in implementation so we also developed ways to facilitate implementation of the BeST programme into clinical practice using the Theoretical Domains Framework of Behavioural Change.

When developing online training for clinicians to deliver the SARAH programme (iSARAH), we used the Analysis, Design, Development, Implementation and Evaluation (ADDIE) model which involves identifying barriers to bridging the knowledge-action gap and strategies to address them. We are working on an online programme that will allow people with RA to directly access the SARAH exercise programme (mySARAH) and are collaborating closely with patients to design this. We are evaluating the impact of implementation.

Dr Esther Williamson



Dr Esther Williamson is an NDORMS research fellow and physiotherapist. She is the lead applicant for the project on implementation of the SARAH programme funded by the Oxford CLAHRC and is also part of the BeST implementation team.

Dr Cynthia Srikesavan



Dr Cynthia Srikesavan is a Postdoctoral Research Assistant in Physiotherapy with the Centre for Rehabilitation Research working on the SARAH programme implementation project. She is developing two online training programmes - iSARAH for NHS therapists and, mySARAH for people with rheumatoid arthritis.



3.50 to 4.20, main lecture theatre

Building the evidence for action to achieve a healthy diet

CLAHRC theme 6: Health behaviours: diet and obesity

Professor Susan Jebb



Susan Jebb is Professor of Diet and Population Health and leads the new research themes on diet and obesity in both the CLAHRC and BRC.

Her research examines how to support people to change their diet and improve their health, including interventions in the health service, changes in the food industry or action by government.

She has a strong commitment to public engagement and regularly provides an independent perspective on diet and health issues in the media.

Talk background:

Poor diet is the leading risk factor in the UK for ill-health and premature death, leading to obesity, high blood pressure, high cholesterol and diabetes, which are risk factors for cancer and cardiovascular disease.

Around 33,000 premature deaths could be avoided each year in the UK if we achieved the dietary recommendations for good health. But the simple concept of eating well belies the complexity of the change required.

The aim of the CLAHRC diet and obesity theme is to develop and test new interventions throughout society to support people to change their diet and to live longer, healthier lives. This presentation will summarise some of the ongoing work and future plans to realise this goal.

The NIHR CLAHRC Oxford is hosted by Oxford Health NHS Foundation Trust

NIHR CLAHRC Oxford

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