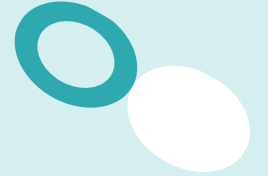


NIHR ARC KSS Research Symposium



**My Research Journey – applying for
and successes of fellowships and
awards**

www.arc-kss.nihr.ac.uk

 @arc_kss

#arckssresearchweek2024





GBR

GREAT BRITAIN
WORLD ROWING

LOTTERY FUNDED uk sport

LOTTERY FUNDED uk sport

SKINNY

LOTTERY FUNDED uk sport

SKINNY

LOTTERY FUNDED uk sport

SKINNY



DR JACK BARRETT – PARAMEDIC SENIOR RESEARCH FELLOW

@RESPARA_JB



Research and Development Department
South East Coast Ambulance Service **NHS**
NHS Foundation Trust



Air Ambulance
Kent Surrey Sussex



Fit to practise: does more need to be done to improve the health and wellbeing of paramedics?

Jack W Barrett, paramedic, South-East Coast Ambulance Service, UK.

Email for correspondence: Jack.Barrett@secamb.nhs.uk



Research and Development Department
South East Coast Ambulance Service



NHS Foundation Trust



Emergency services are increasingly called upon to support members of public experiencing mental health problems

For a limited time only, Sussex Partnership are offering you the opportunity to complete the **ENHANCe training package** and evaluation survey



Enhancing mental health awareness
in emergency services

Improving the Wellbeing of NHS Staff

Working in the NHS can be stressful and this can have an impact on our wellbeing. Researchers at the University of Sussex are conducting a study to investigate the effectiveness of two online interventions in improving wellbeing and reducing stress among NHS staff.



Not only could participating **improve your wellbeing** and **reduce your stress**, you can also be entered into a prize draw to **WIN one of five £50 Amazon vouchers**. If you would like to participate or for more information, please follow the link below:

<http://bit.ly/mindshineSECAMB>





College of Paramedics

Small Grants for
Research Scheme



A national survey of ambulance paramedics on the identification of patients with end of life care needs

Peter Eaton-Williams

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Jack Barrett

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Julia Williams

South East Coast Ambulance Service NHS Foundation Trust; Paramedic Clinical Research Unit (ParaCRU),
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British Paramedic Journal

2020, vol. 5(3) 8–14

© The Author(s) 2020

ISSN 1478–4726

<https://doi.org/10.29045/14784726.2020.12.5.3.8>

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OPEN ACCESS

The BPJ is the journal of the
College of Paramedics:
www.collegeofparamedics.co.uk

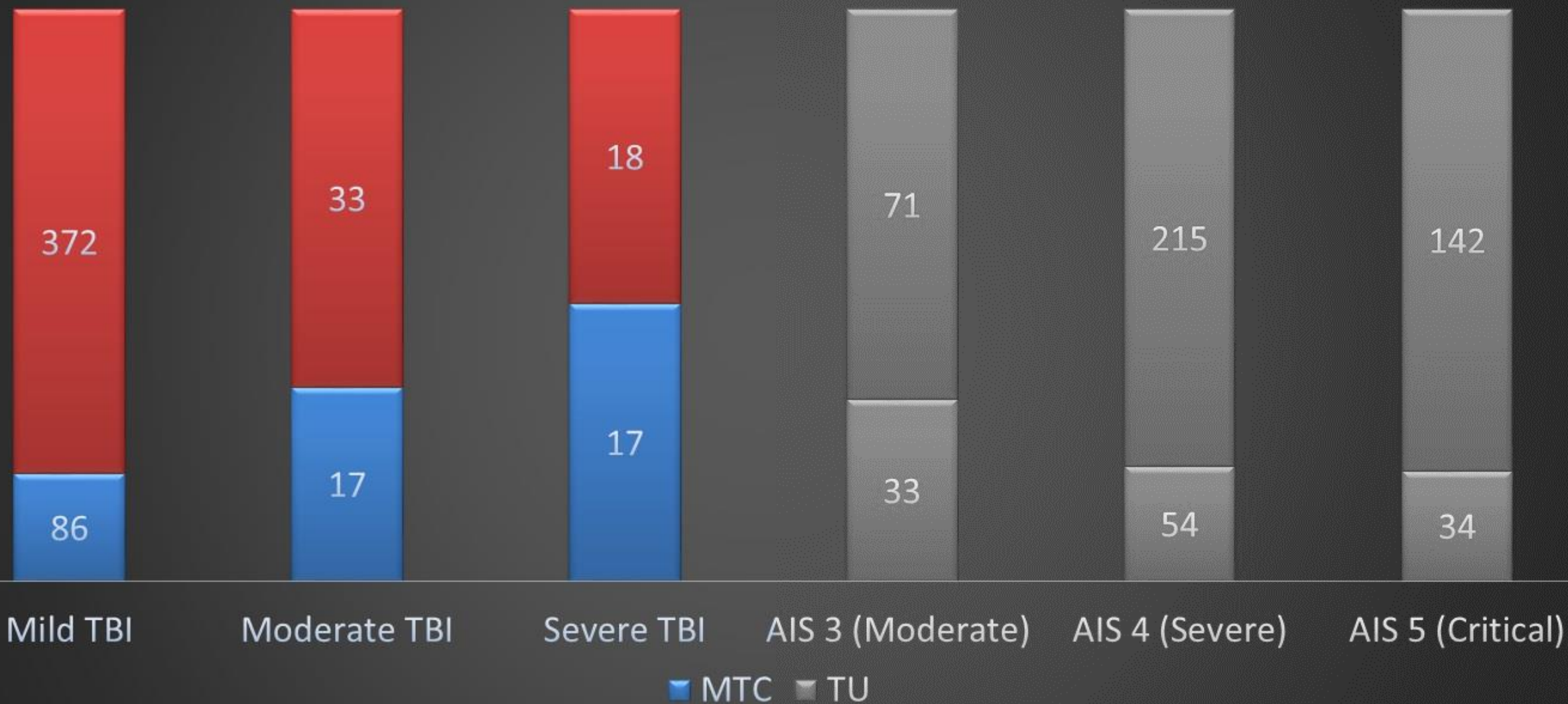




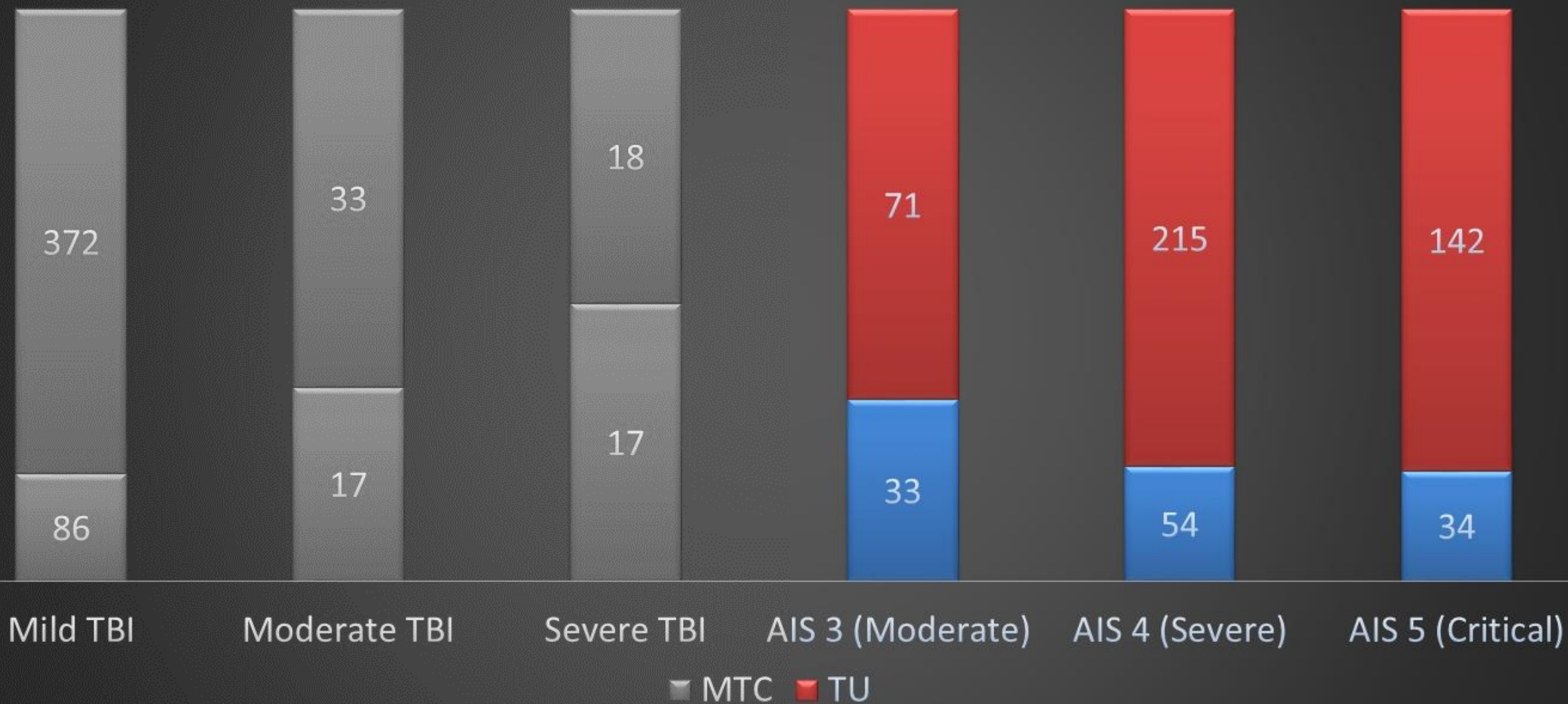
TARN

THE TRAUMA AUDIT & RESEARCH NETWORK

Comparison of TBI severity



Comparison of TBI severity



ICA

HEE/NIHR Integrated Clinical Academic Programme
for non-medical healthcare professionals



Internships

Masters in
Clinical
Research
Studentships

Clinical
Doctoral
Research
Fellowships

Clinical
Lectureships

Senior
Clinical
Lectureships

ICA

HEE/NIHR Integrated Clinical Academic Programme
for non-medical healthcare professionals

The NHS logo, consisting of the letters 'NHS' in a bold, white, sans-serif font, set against a dark grey rectangular background.

Internships

Masters in
Clinical
Research
Studentships

Clinical
Doctoral
Research
Fellowships

Clinical
Lectureships

Senior
Clinical
Lectureships

BMJ Open Pre-hospital anaesthesia and assessment of head injured patients presenting to a UK Helicopter Emergency Medical Service with a high Glasgow Coma Scale: a cohort study

Duncan Bootland,^{1,2} Caroline Rose,¹ Jack W Barrett,³ Richard Lyon,^{1,4} on behalf of Kent, Surrey & Sussex Air Ambulance Trust

Griggs *et al. Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine*
(2021) 29:62
<https://doi.org/10.1186/s13049-021-00877-3>


Scandinavian Journal of Trauma,
Resuscitation and Emergency Medicine

ORIGINAL RESEARCH

Open Access

Helicopter emergency medical service dispatch in older trauma: time to reconsider the trigger?



J. E. Griggs^{1,2*} , J. W. Barrett^{2,3}, E. ter Avest^{1,4}, R. de Coverly¹, M. Nelson^{1,3,5}, J. Williams^{3,6}, R. M. Lyon^{1,2} and on behalf of Air Ambulance Kent Surrey Sussex

Microwaves in NeuroTrauma (MINT)

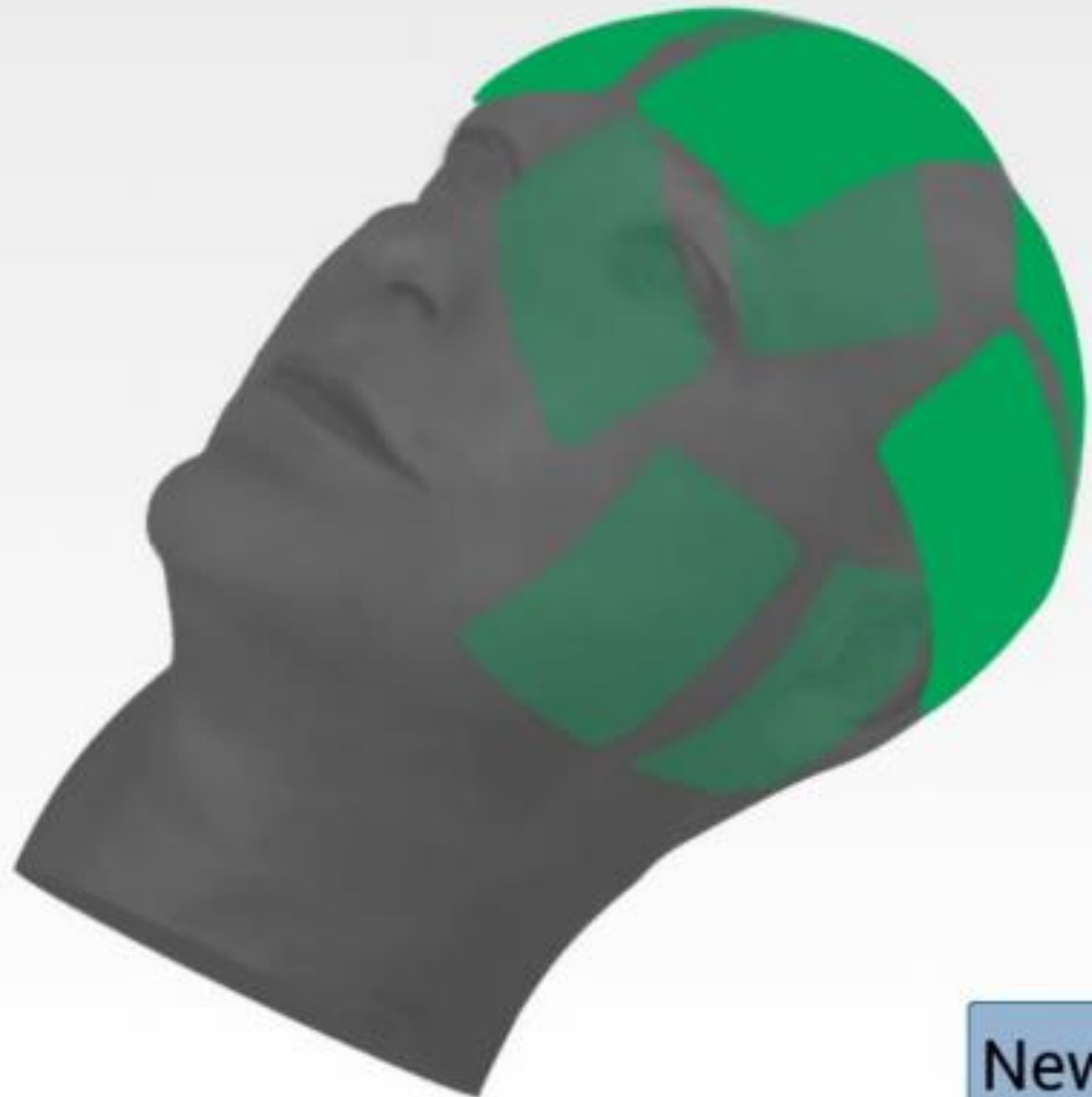


Air Ambulance
Kent Surrey Sussex

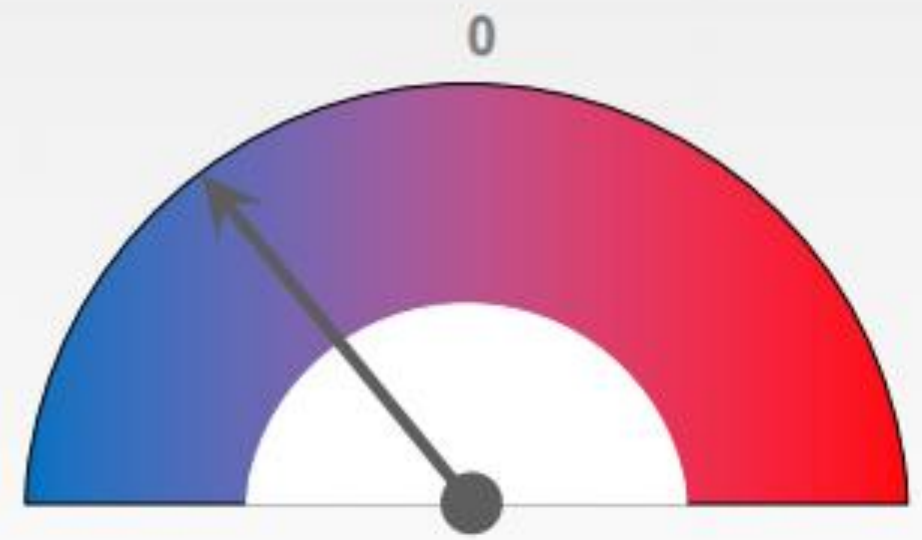


King's College Hospital
NHS Foundation Trust





Result from measurement



Medfield Bleeding Scale: -
0.45

New measurement

End measurement

ICA

HEE/NIHR Integrated Clinical Academic Programme
for non-medical healthcare professionals





Original research | [Open access](#) | [Published: 31 October 2023](#)

Head injury in older adults presenting to the ambulance service: who do we convey to the emergency department, and what clinical variables are associated with an intracranial bleed? A retrospective case–control study

[J. W. Barrett](#) , [J. Williams](#), [S. S. Skene](#), [J. E. Griggs](#), [D. Bootland](#), [J. Leung](#), [A. Da Costa](#), [K. Ballantyne](#), [R. Davies](#) & [R. M. Lyon](#)

Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine **31**, Article number: 65 (2023)

| [Cite this article](#)

3574 Accesses | **1** Citations | **53** Altmetric | [Metrics](#)





Research and Development Department
South East Coast Ambulance Service **NHS**
NHS Foundation Trust



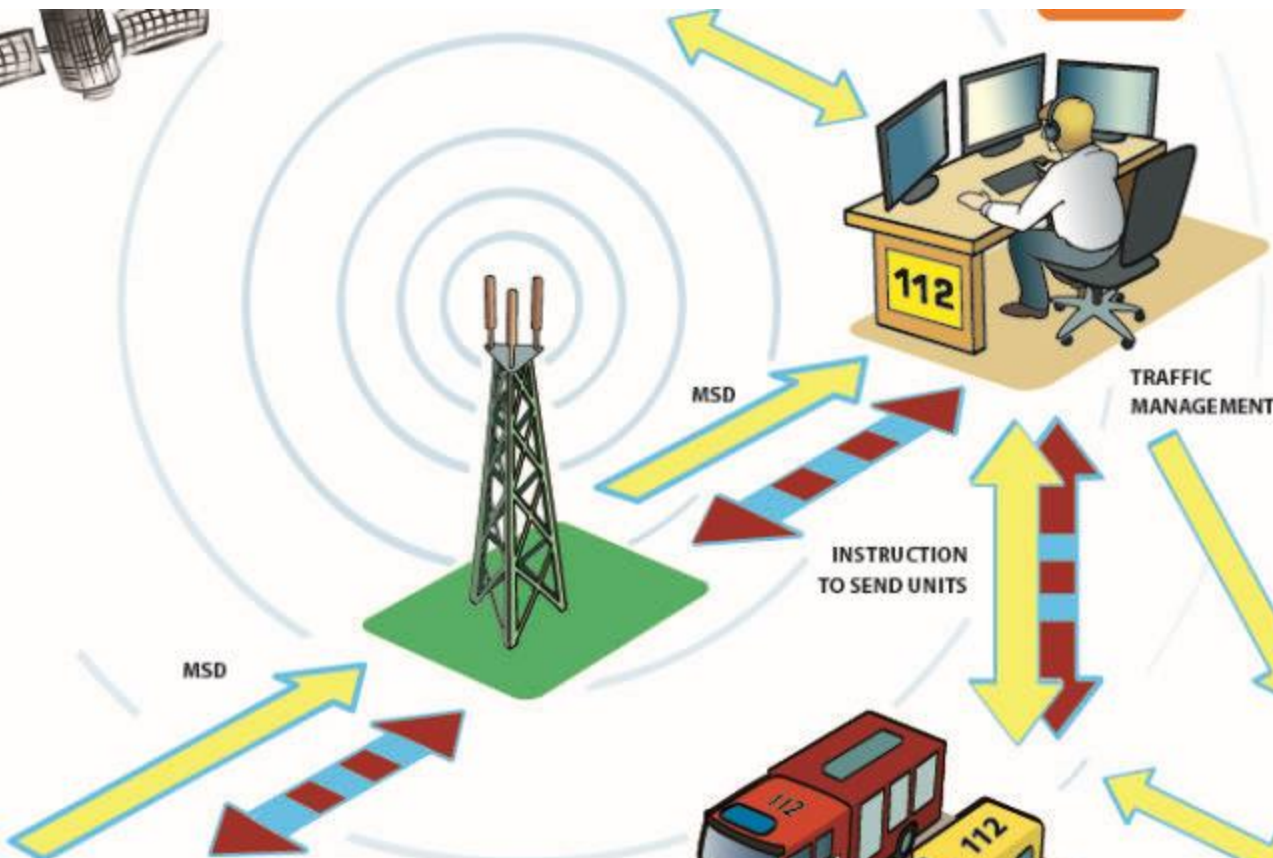
Voice connection

- 1 eCall trucks
- 2 eCall buses
- 3 eCall cars & light vehicles
- 4 eCall PTW (powered two wheelers)

The satellite indicates the precise location of the vehicle .

eCall
 Immediately after the collision, the vehicle unit transmits the following data to PSAP 112: time and location of the collision, direction and number of passengers. The occupants may then communicate with the 112 operator.

* Mandatory deployment of eCall for Member State PSAP by 1 October 2017 applies to cars and light vehicles.



emergency number can see the location of the collision on the map as well as the data transmitted by the eCall system and communicates with the passengers. They ensure immediate dispatch of the emergency units and forward information about the collision to the traffic information and management centre.

Unified Traffic Information System



Integrated Emergency System
 The emergency system sends units to the location of the accident.

RESCUE INTERVENTION



My Research Journey

DR ABBY DUNN

SENIOR LECTURER UNIVERSITY OF SURREY



*They f*** you up, your mum and dad.*

They may not mean to, but they do.

They fill you with the faults they had

And add some extra, just for you.

Phillip Larkin, This be the Verse (1971)

Why focus on parents with mental health challenges

It affects many of us

Reciprocal poor outcomes for parent and child

It is a growing problem

Doing nothing is not free

There is hope for change

Research background to IDA

Parents and clinicians want provision of support for parents and their children when a parent has mental health challenges. Qualitative research - parents with EUPD and clinicians. (Dunn, A., Cartwright-Hatton, S., Startup H., Papamichail A.,2020)

This support is not readily available:

- In fact parents are not routinely identified. Multi-site (n=1100).
- Inpatient staff are least likely to identify or engage Dunn, A., Startup, H., and Cartwright-Hatton, S., 2021.

There are no interventions focused on supporting parents within inpatient care within the UK. Systematic review with UK & German research team. (Dunn, A...Cartwright-Hatton, S., 2023)

Parents in receipt of inpatient psychiatric care want to be supported in their parenting. (Dunn, 2023)

Use of funding

£20,000 budget (maximum available)

- £15,000 ARC KSS; £5,000 co-funding support from University of Sussex

12month funding with (6-month NCE).

My time (1.5 days: 5.5months at 2dpw and 6.5months at 1dpw)

PPI Consultants: 10 hours

Co-applicant (Prof Sam Cartwright-Hatton): 9.5 days



Award project

Objective

Adapt 'Raising Confident Children Course' (Cartwright-Hatton 2019) for use with parents receiving care in inpatient treatment.

Phase 1 (initial adaption)

Revision based on literature search and preliminary feedback

Phase 2 (content and delivery adaption)

Interviews with parents, carers, practitioners (n = 9)

Phase 3 (iterative revision through participatory co-evaluation)

Course delivery and feedback (n =11)

No adverse events or distress, positive feedback from parents and staff. Wards committed to future involvement.



Parenting in Hospital

My life as a parent

- Connection with child
- Parenting experience
- Practical approaches to supporting relationship

Feelings and emotion

- Validation of emotional responses
- Four step emotion coaching approach

Connecting through play

- 7 Confident thoughts
- Experience of play
- Child-parent game

Noticing the positive

- Jigsaw of influences
- Praise to boost confidence
- Rewards

Leaving hospital

- World around you child
- Prioritize health
- Acknowledge potential challenges
- Engaging with support

Outputs

[Check for updates](#)**OPEN ACCESS**EDITED BY
Anja Wisikowski,
The University of Manchester,
United KingdomREVIEWED BY
Imogen Nevard,
The University of Manchester,
United Kingdom
Joanne Hodgkins,
University of East Anglia, United Kingdom
Henna Lemetyinen,
Greater Manchester Mental Health NHS
Foundation Trust, United Kingdom

Development of an intervention
to support parents receiving
treatment in psychiatric inpatient
hospital using participatory
design methods

Abby Dunn^{1*}, Patrick Fenton² and Sam Cartwright-Hatton¹¹Department of Psychology, University of Sussex, Brighton, United Kingdom, ²Meadowfield, Sussex Partnership NHS Foundation Trust, Worthing, United Kingdom

Manualised intervention



Peer reviewed publication



SENSS Post-doctoral fellowship



Presented to wide-range of audiences: Third Sector (ReThink), Academic Conference (World Congress of CBP (Korea); BABCP (Cardiff)), Practitioners (e.g., Safeguarding Link Groups)



Developing co-produced poster for distribution in ward staff offices

Longer term opportunities



Foundation of further funding applications (>£1m)

RfPB: Development of family rooms in psychiatric inpatient settings

Fellowship: Scalable ward enhancement protocol



Training programme for inpatient mental health workers (SABP, KMNT)



Project to deploy Mental Health Social Workers as family-focused practice champion in inpatient units.

Pitfalls and limitations

-Failed to conduct feasibility trial

-NCE

However, scoping work in a research in novel (and exploratory area).

Contributors and collaborators



Economic
and Social
Research Council



My Research Journey

Lizzie Lowrey-Crouch

About me



Head of Partnerships and Innovation at Involve Kent



Medium sized charity offering navigation and wellbeing services



Strong focus on evidence-based approaches and demonstrating impact



Supporting wider sector to develop outcomes measurement to show value



Using research to inspire new provision



Getting started

- DHSC funded Social Prescribing pilot 2017
- Evaluation by University of Kent Centre for Health Service Studies
- Enrolled with University of Kent to complete MA Methods of Social Research (2023)
- Developed subject interest: Perinatal Social Prescribing

ARC KSS Springboard

- Awarded 2023
- Project to develop ideas for delivering perinatal social prescribing and exploring the literature

EXPLORING THE USE OF PERINATAL SOCIAL PRESCRIBING TO IMPROVE MATERNAL MENTAL WELLBEING

ARC KSS SPRINGBOARD AWARD 2023 - LIZZIE LOWREY-CROUCH

INTRODUCTION

Social prescribing is an intervention that has been widely implemented by the NHS in primary care. Predominantly offered in GP surgeries, the service uses a social prescribing link worker (SPLW) to connect patients to support services in the community. This could be anything from benefits advice to coffee mornings. Social prescribing has been targeted to support those experiencing mild to moderate mental health concerns, older, isolated people and people with specific health conditions. There has been no use of targeted social prescribing to support pregnant or postpartum women, despite evidence showing that these groups are at an increased risk of poor mental wellbeing, with 1 in 10 experiencing Postnatal Depression (PND). Support exists through Perinatal Mental Health teams for serious mental illnesses (SMI), but not for women experiencing poor mental wellbeing, isolation or low mood.

AIMS & STUDY DESIGN

Aims:
To research existing schemes and understand Social Prescribing provision
To develop a proposed delivery model for further testing and research

The study was self-led and involved literature review, interviews with experts and analysis of existing schemes.

RESULTS - MODEL PROPOSAL

This model draws on existing Social Prescribing Link Worker models and tailors it to the needs of perinatal support, using further evidence and guidance offered from literature and conversations with providers. This model would be suitable for use in primary care or in the community. Following signposting, outcome data would be collected to measure impact on wellbeing.

CONCLUSIONS

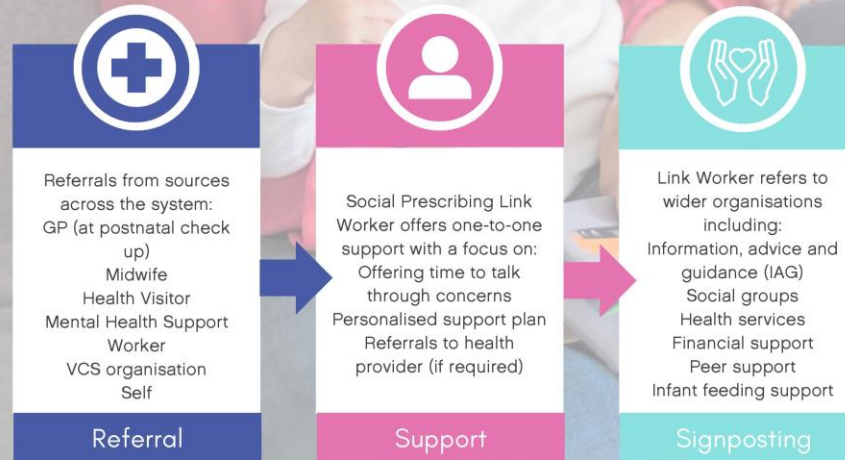
There are few initiatives that offer Social Prescribing interventions specifically targeted at pregnant or postpartum women. The best example is 'Maternal Mental Health Support Workers' offered by Ways to Wellness in NE England. This is an excellent example of the intervention and has had successful evaluation. Basing the SPLW in the community is beneficial as there is a better sense of trust from the community. The National Academy for Social Prescribing (NASP) confirmed this is an area that has not been explored and has potential for developing Social Prescribing.

CONTRIBUTION TO KNOWLEDGE

There is no existing literature specific to using Social Prescribing as an intervention to support maternal mental wellbeing. This study draws attention to the topic and argues for further research and funding for pilots to test the model.

FUTURE PLANS

Seek additional funding via ARC KSS Independent Development Award to develop small pilot
Continue to seek PhD scholarship opportunities to build evidence and further enhance literature review.



Next steps



Continue to apply for PhD scholarships



Have applied for the ARC KSS IDA Future Leaders funding to deliver a small perinatal SP project in the Weald PCN



Work with existing connections to explore alternative routes to develop perinatal SP and introduce pilot



Use skills and experience to continue in role at Involve – leading the organisation to produce innovative research and present impact in an academic way

Examples

How the VCSE sector can raise awareness of the Vital 5 in West Kent and support health priorities

Lizzie Lowrey-Crouch

Head of Partnerships and Innovation, Involve Kent

Introduction

Involve Kent is a VCSE organisation with a focus on Health improvement who works across Kent and Medway to provide a range of projects and services including Carers support, Social Prescribing and Navigation and Wellbeing programmes. We are the VCSE representative on the HCP and work in partnership with Health to address health inequalities identified in the Core20PLUS5 framework.

Involve Kent facilitates the West Kent Health and Care Voluntary Sector Alliance; a diverse range of local VCSE sector organisations encompassing a broad range of services and supporting a broad range of local needs. The Alliance brings the VCSE closer to wider health systems to promote joined up working and to determine ways to overcome barriers.

The Vital 5 are factors identified as being critical to the prevention of ill health, alongside vaccinations, screening and support for early years. In West Kent these have been highlighted as: alcohol misuse, hypertension, obesity, mental health and tobacco dependence. These 5 factors disproportionately affect those from lower socio-economic and minoritised ethnic groups.

“Of course it hurts, you’ve had a baby”: presenting experiences of maternity care in Dartford, Gravesham and Swanley

Lizzie Lowrey-Crouch, Sonya Richbell, Simone Wedlake

Introduction

This paper collates and analyses qualitative data on experiences of maternity care collected via engagement work in Dartford, Gravesham and Swanley (DGS).

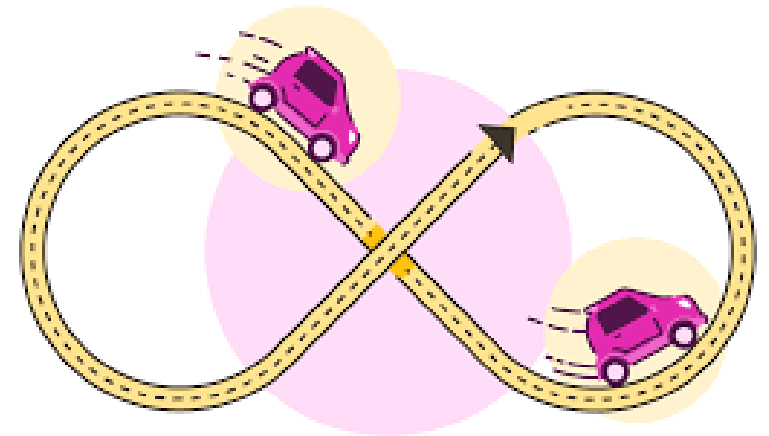
Reducing healthcare inequalities: Core20PLUS5

Designed to reduce inequalities in healthcare, Core20PLUS5 is an approach developed by NHS England that seeks to inform action at a national and system level (NHSE, 2023). Core20PLUS refers to the target population, the most deprived 20% of the national population (Core20) in addition to groups identified locally that are facing health inequalities (PLUS), for example those with protected characteristics. 5 refers to five clinical areas which require accelerated improvement, these are: maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension case-finding. Smoking cessation is considered as a factor that impacts all 5 clinical areas. Figure 1 provides an overview of the approach.



Dr Melanie Rees-Roberts

Senior Research Fellow,
Centre for Health Services Studies
ARC KSS



**My research journey and why an NIHR DSE
award was a good fit for me!**

A postdoctoral inbetweeners award!

ARCKentSurreySussex@sussexpartnership.nhs.uk

<https://arc-kss.nihr.ac.uk>

 Follow us on [@arc_kss](https://twitter.com/arc_kss)

Laboratory



PhD (2010)

Applied - the world of care



Delivering clinical trials in
East London hospitals
(2008-2011)

I am enjoying this



Project managing national
clinical trials (2011-2014)

Bit more senior –
programme management



Health protection research
unit – Respiratory infections
NIHR collaboration with PHE
(2014-2016)

MOVE BACK TO KENT

2016 - Reset a bit to find local job



Project manager national clinical trial
Delivering research in primary care
(2016-2019)

Back up the ladder to
where I was in London

Programme management –
NIHR collaboration
(2016 – present)

Do I always want to help
others deliver their vision?



I have my own ideas!
May be dangerous!

Starting to publish more and get involved in grant applications as researcher/co-applicant

Maybe I can do this?

Where am I now?



My ideas and interests!

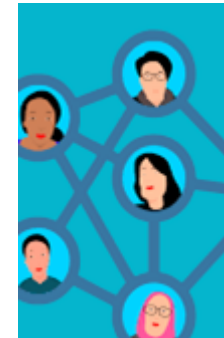
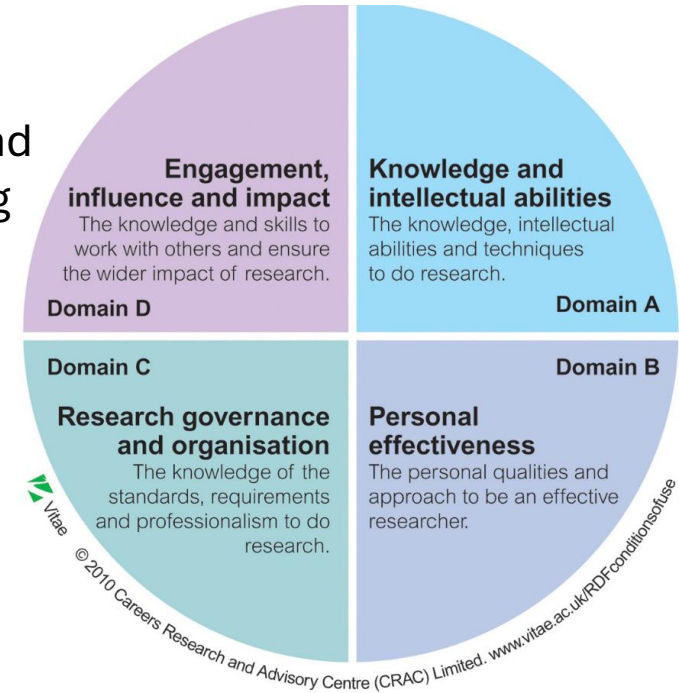
- Data predict/model
- Wider determinants
 - Service use

Key gaps - confidence

- Publication record - lead
- Developing and leading my own ideas
- Network



Put this into a DSE application



Directions Time/track record Networks

NIHR Development and Skills Enhancement Award (DSE)

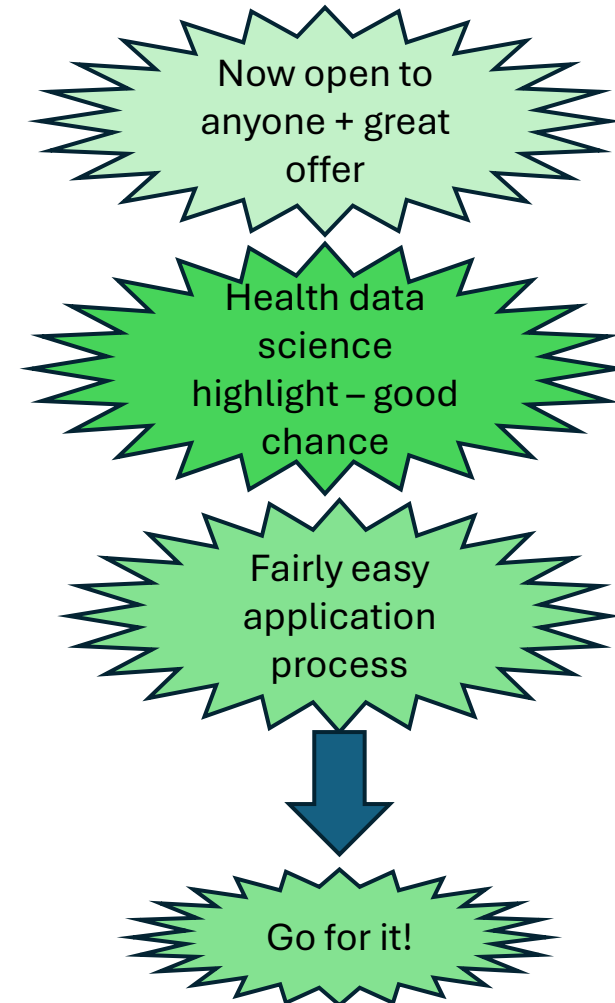
- post-doctoral level funding opportunity (early to mid-career researchers)
- gain specific skills and experience to underpin the next phase of research career



Funding for:

- Applied health or care research.
- The salary of the award holder for up to 2 years
 - Training and development costs up to £5,000 per year
 - Conference costs up to £1,000 per year
 - Mentorship costs up to £3,000
- Applicants must:
 - completed any relevant pre-registration training (clinical academic applications only)
 - have a proposed English host - university, NHS body, or other provider of health and/or care services
 - hold a relevant PhD or MD (or have submitted their thesis for examination at the time of application)
 - have not submitted a DSE application in the previous submission window
- We are especially interested to hear from health and care professionals including those that are returning from a research career break, and researchers developing careers in the areas of:
 - health data science
 - clinical trials
 - entrepreneurship and working with industry

Fairly light touch application meaning the application process is much easier than previous rounds



What am I doing during my award?

2 years, 50% FTE

Skills training:

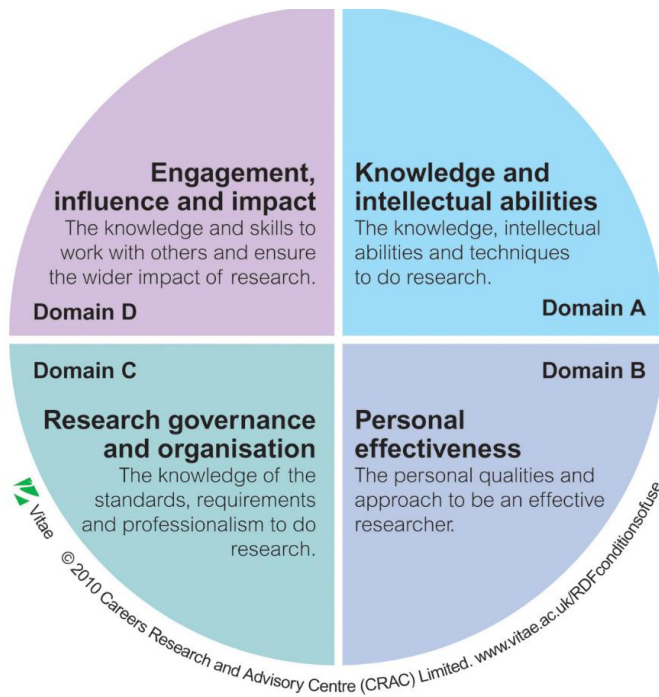
- courses in data science, modelling etc
- learning more about data governance
- taking risks - ideas

Building track record/niche:

- publication record
- small projects to showcase skills, publish and establish track record
- future grant applications

Network building:

- working with regional partners to create a Special interest group
- Build potential collaborators group (including national links)



What about the future?



But in a different way

And with loads of experience under my belt

But lots still to learn