

Institution: University of East Anglia

Unit of Assessment: 3B – Allied Health Professions, Dentistry, Nursing and Pharmacy: Allied Health and Nursing

a. Context

Research in Nursing and Allied Health Professions at UEA aims to improve health through advancements in clinical, public health and health service interventions. We carry out research to assess the clinical and cost effectiveness of new and existing models of care and their impact on patients, organisations and health systems. This research provides evidence for treatments and services across the lifespan, from health protection in childhood to maintaining health in later life, support for independence and improving rehabilitation for those with age related long term conditions such as stroke recovery and dementia.

The main routes to impact for our Allied Health and Nursing research findings are:

- Changing patient and carer behaviours through improving the evidence relevant to their clinical needs and their understanding of service provision.
- Changing professional practice to comply with the best evidence available.
- Changing the content of clinical practice guidelines to comply with the best evidence available.
- Influencing government and health service policies on which clinical and health service interventions to provide and how to provide them.

b. Approach to impact

Allied Health Profession and Nursing research at UEA is able to make an impact through strong public engagement and a focus on research questions that matter to patients, clinical practice and policy makers. Almost all of our research is applied to solving practical health problems and is intended to have impact beyond academia. We develop and support strong relationships with non-academic research users, to identify relevant research questions, and to ensure that our findings are relevant to these users and suitable for implementation.

Public and patient involvement in research - Our involvement of patients and carers goes beyond their participation in research as subjects. We include them:

- in identifying research priorities
- as members of project advisory or steering groups
- in reviewing and developing patient information leaflets or other research materials
- as user or carer researchers carrying out the research.

These activities are supported through PPIRES (Public and Patient Involvement in Research). PPIRES has been set up by NHS Norfolk in partnership with the University of East Anglia and is hosted by the South Norfolk Clinical Commissioning Group (CCG). Its purpose is to enable and encourage volunteer members of the public to participate actively with researchers in the organisation and delivery of research studies <http://www.southnorfolkccg.nhs.uk/research/ppires> .

Our research into the effectiveness of interventions and access to services uses randomised controlled trials, observational studies, systematic reviews and cohort studies. We see the impact of this research in national guidelines, changes in clinical practices and through influencing policy.

Impact through national clinical guidelines - Clinical guidelines use research findings to produce recommendations to improve quality of treatment and consistency of outcomes for people with specific diseases and conditions.

A series of Cochrane systematic reviews was undertaken over 2001-2003 by Deane and updated by Deane and Sackley over 2007-2012. The Cochrane systematic review of pharmacological interventions extensively informed the NICE guidelines for Parkinson's Disease (cited eight times). The Cochrane systematic reviews of AHP interventions and the survey of occupational therapy also extensively informed the NICE guidelines for Parkinson's Disease (cited five times).

Collier was involved in research to identify the most common combinations of signs and symptoms

Impact template (REF3a)

in children in the UK with a brain tumour, as it can take up to three times longer to be diagnosed in the UK compared with other countries such as the USA. The research led directly to the production of the 'Diagnosis of Brain Tumours in Children' guideline, an evidence-based guideline, endorsed by the Royal College of Paediatrics and Child Health, to assist health professionals in the assessment of children presenting with symptoms and signs that may be due to a brain tumour.

A key systematic review (Pollock, Baer, Pomeroy et al, 2007) underpins the *Best Practice Recommendation 5.5.1: Lower Limb Mobility and Transfer Skills* in the Canadian stroke guidelines (2010) and supports recommendations in the Stroke guidelines of New Zealand (2010), the Philippines (2011), Scotland (2010), Australia (2010) and the European Stroke Organisation (2011). Canadian stroke guidelines (2010) where optimal stroke care is reported to be able to save \$628M, led to a 26% drop in the number of acute care days in hospital, 13% decline in residential care days, and a 15% decline in-hospital stroke deaths (Canadian Stroke Network, 29/05/12 news release).

Direct impact on services and interventions - At a national and international level we can see our research impact through direct use of research findings by healthcare provider organisations to change their practice.

Jerosch-Herold's research on the most effective methods for treating patients after surgical release for Dupuytren's contracture has underpinned health service improvement and clinical guidance in the UK and North America. She led a multi-centre, pragmatic controlled trial which was funded by Action Medical Research and conducted from 2007 to 2010. The trial showed that the routine addition of night-time splinting for all patients after fasciectomy or dermofasciectomy is not to be recommended except where extension deficits reoccur. A New Zealand Health Board and several NHS Trusts in the UK have now changed their protocols for the post-operative management and use a wait and watch policy where only patients who develop a contracture are splinted.

Impact through changing policy - We use our research to influence policy through engagement with policy-makers. One of our impact case studies shows how Hartley's research contributed to international policies on community based rehabilitation. Another example of our policy-influencing research is Poland and colleagues' research into social networks, befriending and support for family carers of people with dementia. Their research has been used by organisations such as The Mentoring and Befriending Foundation to shape their policy as well as being used within policy-influencing EU discussion documents ('Coping with Alzheimer's and other related diseases – improving patient care at home' by Downs, 2009).

c. Strategy and plans

Our strategy for maximising the impact of our research findings is:

To make explicit to researchers the importance of impact and to support them to generate impact

- We demonstrate the high value placed on research impact activities through the allocation of time for them in workload allocation models and through promotions procedures. Impact now features alongside teaching and research in the University's promotion criteria; policy impact or other application of research is taken into account as part of the overall assessment for promotion. We will continue to embed impact generation in career development discussions and appraisals and develop research impact workshops, seminars and master classes for staff to increase their capacity to generate impact. As well as encouraging all staff to recognise the benefits of patient and public involvement, we strive to maximise the impact of the research that staff have carried out. Academics are supported through study leave for impact activities, through CPD funding to communicate their research to charities, networks and public-facing symposia and through Engagement and Enterprise funding for activities and initiatives that have the potential to extend the reach and impact of the research.

To monitor research impact activity - UEA has incorporated the monitoring and evaluation of research impact into the routine annual research planning cycle, where all research active staff record their activity for the previous 12 months and outline planned activity for the following 12 months (known as the RPLAN). A parallel process is employed for staff members to report their engagement activities, identifying where their research has been taken to a broader audience and disseminated in non-academic routes. This allows an overview of the activity to be shared and to

be supported by funding and development opportunities at both School and Faculty level. We will work to improve our methods used to collate and feedback the information to the wider academic team as well as to PPIRES and other stakeholders.

To strengthen support for commercialisation from research - School Directors of Enterprise & Engagement act as the first point of contact for staff and students interested in increasing the impact of their research through commercialisation. When research has commercialisation potential, there are Proof-of-Concept funds held at both Faculty and University levels. Associate Deans for Enterprise and Engagement in each Faculty have an annual budget of £30,000 to pump prime small scale enterprise activities. Further internal funding has been made available for a proof of concept fund (£120,000pa) and a strategic fund (£450,000pa) distributed at the discretion of the University's Enterprise Executive. UEA has gained funding and planning permission to build an Enterprise centre as a hub for these activities, including incubation space and mentoring for staff or students with commercial ideas; this will be completed by the end of 2014.

To provide expert advice and training - The Directors of Enterprise & Engagement help staff to work with the Research, Enterprise and Engagement (REN) office within UEA which handles all aspects of intellectual property protection, commercialisation and licensing. Training is available in-house for researchers to help maximise impact from research in accordance with the national Researcher Development Framework domain D3 "Engagement and Impact". Courses available free to staff include the "Engagement and Research Impact Workshops", "Engaging with the Public Using Cafes", "Generating Impact from Intellectual Property", "Blogging for Researchers" and "Pathways to Impact". The use of external experts to deliver training has complemented training provided by UEA staff who have been trained through PraxisUnico (a UK network set up to drive the commercialisation of academic and public sector research www.praxisunico.org.uk). Much of the training is delivered in convenient lunchtime sessions to facilitate attendance.

d. Relationship to case studies

Our approach to impact is through (i) guidelines, (ii) the development of new services or interventions and (iii) influencing policy. Engagement with the end-users is throughout the research process, enabling them to be a part of building a body of research that makes a difference. Our two case studies show our research impact through national guidelines and through influencing policy.

The first impact case study is an example of how our research has direct impact on services and interventions. Jerosch-Herold's work has been used to underpin changes in national and international clinical guidelines and policies at both health board and individual hospital levels; it is a foundation for patient information resources nationally and internationally; and it is the basis for American health insurance company resources to assist patients make better informed decisions about their health care.

The second impact case study demonstrates how our research can inform policy and improvements in service delivery. Hartley's work contributed to the foundations of Community-Based Rehabilitation research (CBR). CBR has now become widely practised across many African countries and integrated in their service provision. Hartley helped to shape the World Health Organisation's influential Report on Disability (2010) and their CBR Guidelines (2010). She has led much of the theoretical, methodological and evaluative research in the area of CBR, as well as engaging with policymakers and service providers across Africa to ensure the findings can be implemented in practice.

The work involved in developing these impact case studies has informed the development of our future impact strategy (Section C). It has confirmed the value of: making explicit the importance of impact and supporting individuals to generate impact; investing in routine yet quality monitoring of impact activity; improving structures to support commercialisation; and providing expert advice and training.