

Demystifying the World of Research

Why you need research and research needs you!

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What is Research?

Research

- Research is designed and conducted to generate new knowledge.

Audit

- Clinical audit measures the quality of care and services against agreed standards, making improvements where necessary.

Service Improvement

- Service improvements consider if existing or newly implemented services are effective.
- What standard does this service achieve.

Why Might you be Interested in Research?

- I want to provide the best care for the people who use/attend the
- Evidence base for the management of is limited and poor quality.
- I want to investigate things that I think are important/could make a difference to the services we provide.
- I want to try and find answers to some of the challenges I come across in clinical practice.
- I want to make a difference for people with
- I would like to be involved in research, or I would like to lead research

Why are you interested in research?



Why Research?

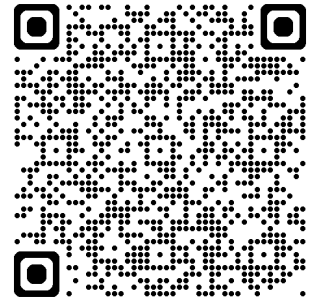
- Better patient care outcomes
 - Patients at research active hospitals have more confidence in staff.
 - Correlation between increased research activity and reduced deaths.
- A happier workforce
 - Increased recruitment and retention and reduced risk of burnout.
- Benefit for the health and care system
 - Reduces cost, drives policy change and improves healthcare performance.

Why we need research?





An example: National Wound Care Strategy

Evidence continues to point to:

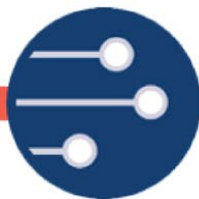
- Variation in UK wound care services.
- Variation in outcomes.
- Underuse of evidence-based practices.
- Overuse of ineffective practices.
- Reduced QoL for people with chronic wounds.



Are we practising Evidence-Based Practice?

	 Prevention	 PAD	 Wound Healing	 Infection	 Offloading	 Charcot
No. of Recommendations	17	24	31	29	16	26
High Quality	2	0	0	2	0	0
Moderate Quality	3	1	3	3	4	4
Low/Very Low Quality	12	10	28	15	12	18
Best Practice Statement	0	14	0	9	0	4

NIHR's mission is to improve the health and wealth of the nation through research.



Funding high quality, timely research that benefits the National Health Service, public health and social care



Investing in world class expertise, facilities and a skilled delivery workforce to translate discoveries into improved treatments and services



Partnering with patients, service users, carers and communities improving the relevance, quality and impact of our research



Attracting, training and supporting the best researchers to tackle complex health and social care challenges



Collaborating with other public funders, charities and industry to shape a cohesive and globally competitive research system



Funding applied global health research and training to meet the needs of the poorest people in low and middle income countries

An example - Diabetes and the foot



19-34% of people living with diabetes will develop a foot ulcer in their lifetime



Around **2–2.5%** have an ulcer in any given week (60,000–75,000)



Foot ulcers precede **>80%** of amputations



7,000 lower limb amputations in England each year

After ulceration and amputation: 70% die within 5 years

Cost of Diabetic Foot

Ulceration and
amputation =
£1billion
(2013/14)

£1 in every
NHS £140 is
spent on
footcare

Inpatient care
= **£322 m**

Outpatient/
community
costs = **£629-**
£786m

Reflect on your role & environment

1. Why are you here?
2. What is your clinical caselead?
3. Who is in your day-to-day, multidisciplinary team?
4. Do they research?
5. What opportunities / avenues are available for research?



Practice enquirer

- Routinely reflects on and questions their practice in order to understand, refine and share it with other practitioners

or

Practitioner-researcher

- A practitioner that does research that is not necessarily related to their own practice and is theoretical in nature

VSGBI Research Prioritisation



1	What is the most effective way of preventing diabetic foot ulcers?
2	What is the most effective way of preventing further amputation after toe amputation for diabetic foot disease?
3=	Why are there delays in referral for diabetic foot disease?
3=	How can outcomes in diabetic patients with foot infection be improved?
5	What is the best way of improving blood flow to the leg in people with diabetes?
6	Can risk assessment be improved in patients with diabetic foot complications?
7	What is the most effective way of preventing recurrence of diabetic foot ulcers?
8	What factors affect healing time in diabetic foot disease?
9	How can awareness of diabetic foot complications be promoted?
10	Is an annual foot check for diabetic foot problems worthwhile?

Current Publicly Funded DFU Studies

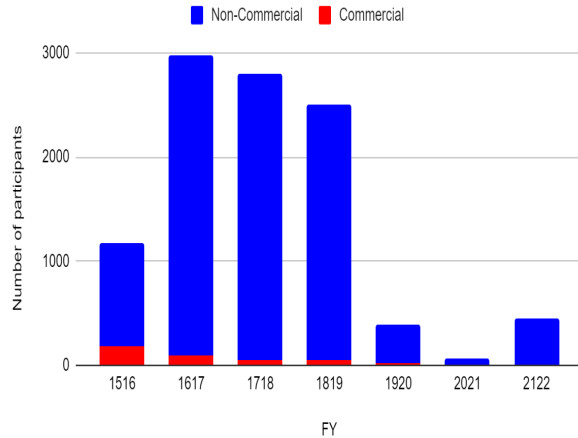
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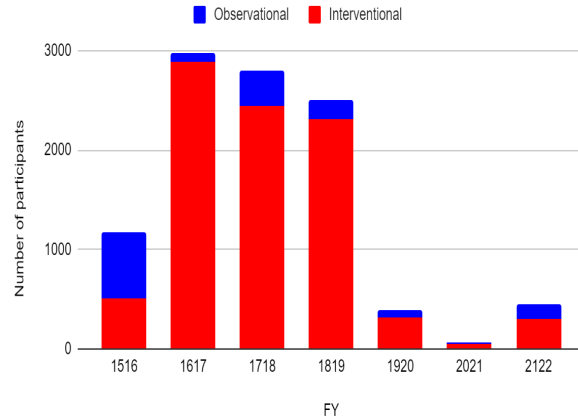
IF THE BOOT FITS

Recruitment to Podiatry Studies 2015-2022

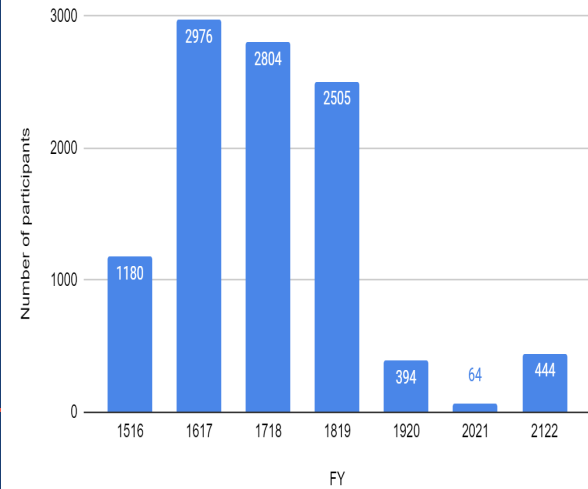
Recruitment to Podiatry studies on the NIHR Portfolio By FY & Sponsor



Recruitment to Podiatry studies on the NIHR Portfolio By FY & Study Design



Recruitment to Podiatry studies on the NIHR Portfolio By FY



Barriers to undertaking research

- **Research is not attractive**
 - *“One of the modules was a research module.... I thought, gosh, Jesus, I don’t want to be doing that module but actually, long-term, it’s been the most useful module”.* (NMAHP R1)
- **Operational pressures swamp time for research**
 - *I think across the board there are lots of teams that are still massively struggling. Erm, you know, just trying to get back to that zero point really. Never mind looking forward”... we’ve still got a lot of teams across our organisation that are still in recovery phase”.* (Manager 4)
 - *“There’s a massive guilt factor. So when you’re constantly bombarded with messages about OPEL 4, and the difficulties we are in”* (NMAHP R4)

Barriers to undertaking research

- **Organisational culture does not prioritise research**
 - *“I think we do a lot of fire fighting, don’t we, rather than kind of seeing research as like really valuable. I think we’re all just feel that we need to try and see as many patients as we can maybe not looking at the bigger picture as much as we could or should be.” (NMAHP R2)*
- **Lack of support**
 - *“I wouldn’t have had a clue where to go, who to contact, how to get people on that pathway”. (Manager R1)*

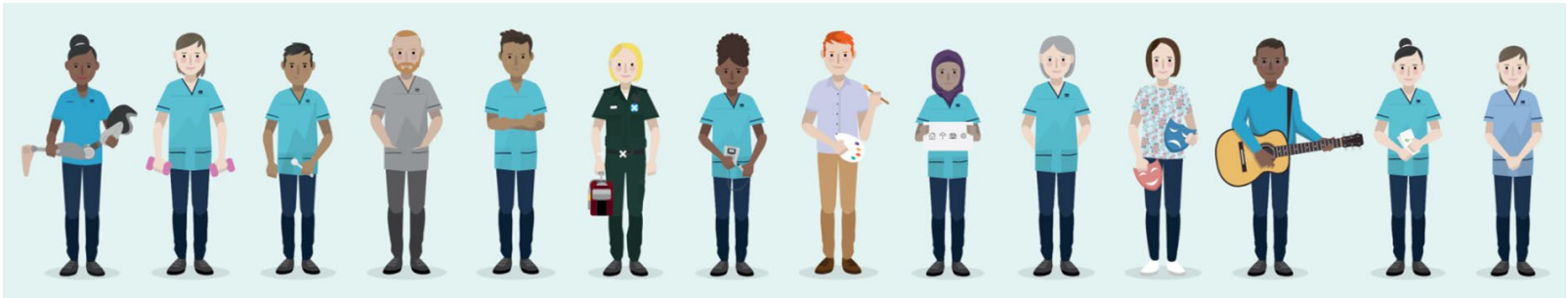
Allied Health Professions' Research and Innovation Strategy for England

- Capacity and engagement of the AHP workforce community, to implement research into practice;
- Capability for individuals to undertake and achieve excellence in research and innovation activities, roles, careers and leadership;
- Context for AHPs to have equitable access to sustainable support, infrastructures and investment;
- Culture for AHP perceptions and expectations of professional identities and roles that “research is everybody’s business”.



Supporting Research

- Act as a local champion to encourage and inspire colleagues to engage in, and with, inquiry and research.
- Promote opportunities for people who access services, their families and carers and wider communities to participate in research being undertaken.



Support for Leaders and Managers

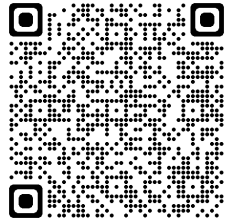
- SORT is a self-administered 'research readiness' tool designed to be used at an organisational level.
- Research toolkit for matrons and other health and care leaders
- Multi-professional Practice-based Research Capabilities Framework

[NHS England » Self-assessment of organisational readiness tool \(SORT\)](#)

[Multi-professional Practice-based Research Capabilities Framework - Advanced Practice \(hee.nhs.uk\)](#)

[NHS England » Research toolkit for matrons and other health and care leaders](#)

NHS Futures Training Opportunities



- Adding value, identifying uncertainties and asking questions.
- Key information on developing and testing complex interventions.
- Information on developing a competitive funding application.
- The post-PhD period and inspirational research journeys.
- Skills for clinical research nurses, midwives and research delivery staff.
- Researcher case studies.



About CAHPR

cahpr
Community for
Allied Health
Professions Research

**We are CAHPR. We are the Community
for Allied Health Professions Research.**

The **CAHPR vision** is to improve the health and care of the UK through Allied Health Professions (AHP) research, evidence-based practice, evaluation, and innovation.

Together, the **CAHPR mission** is to promote excellence and inclusive engagement in research, evidence-based practice, evaluation, and innovation in all allied health professions. We seek to raise our profile and influence, and improve the experiences, well-being, and outcomes of the diverse communities we work with.

Any questions?

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