

2016 CAHPR Annual Report

1. Executive summary

This report provides an overview of the activities of the Council for Allied Health Professions Research (CAHPR) in 2016.

CAHPR continues to undertake a wide variety of activities which demonstrate its value in helping to build research capacity and capability within the allied health professions as well as providing advice on research matters. For example, through creating resources that support AHP research and speaking with one voice on policy issues

The regional hubs continue to provide invaluable support to AHPs through a wide variety of means. Information gathered from hub monitoring and evaluation forms shows there has been an increase in activity in 2016 and the range of allied health professions involved at hub level has widened. The main activities delivered by hubs are events and one to one support. On the whole the hub network is stable but turnover of hub leaders and facilitators remains a challenge.

The key recommendations in this report are that CAHPR would benefit from further collaboration between different parts of the council as well as between hubs. Strategic guidance for hub activities would ensure AHPs across the UK receive consistent support.

2. Introduction

The council's mission is to develop AHP research, strengthen evidence of the professions' value and impact for enhancing service user and community care, and to enable the professions to speak with one voice on research issues, thereby raising their profile and increasing their influence.

CAHPR is organized with three groups; a strategy committee, a professoriate and a UK-wide regional hub network. The strategy committee is the overarching committee, with responsibility for overseeing the structure's outward-facing activity, its operations and continued development. It is made up of representatives of each of the 12 member allied health professions, two consultant and two service manager representatives.

The CAHPR professoriate enables AHP professors from across the UK to meet, sharing perspectives and expertise in order to develop AHP research. The professoriate feeds into the work of the council and identifies priorities for the strategy committee.

The regional hub network shares learning and feeds back to the strategy committee through two regional hub forum meetings a year.

This report is divided into sections on hub monitoring and evaluation, broader activities and recommendations.

3. CAHPR Hub monitoring and evaluation

CAHPR hubs are networks of local, research active allied health professionals that work to increase research capacity and capability. Each hub is run by a group of volunteers. They are organised into two roles; Hub Leaders and Hub Facilitators. Hub Leaders have overall responsibility for running the hub, applying for CAHPR funding and reporting on activities. Hub Facilitators contribute to specific activities depending on their expertise/interests e.g. mentoring, organising hub events, and running hub social media accounts.

In 2016 there were 23 approved hubs. One new hub was launched in Northern Ireland. Three hubs are currently on hold due to Hub Leaders standing down before replacements could be identified: Essex, West of Scotland, Surrey and Sussex.

This report is based on the information returned by 16 of the hubs. It summarises information collected via evaluation and monitoring forms on activities between 1 January and 31 December 2016. The evaluation and monitoring forms for each hub and the raw data collected in this report are held by the CSP and the findings are summarised below in section 4

4. Hub monitoring and evaluation results

Hubs were asked to reflect on their contribution to three key CAHPR priorities (sections 4.1 – 4.3) as well as to provide feedback on particular activities (sections 4.4 – 4.8).

4.1. Support and influence managers to create a positive research culture for AHPs within their workplace

There has been some positive work toward this aim in 2016 although it has remained a challenge.

Southern Central organised local events/conferences for clinicians and managers to promote involvement in research and integration into practice. The Hub is well placed to signpost local clinicians to local opportunities at intern, MSc, PhD and post-doctoral levels as the clinical academic facility

hosted in Southampton University is growing with support from local NHS managers funding clinical academic PhDs.

The hub has highlighted clinical academic success stories on their website and Hub Facilitators contributed to NIHR 'Building a research career: a guide for aspiring clinical academics and their managers'.

Yorkshire has undertaken lobbying to encourage Yorkshire and Humber AHPs involved in Lord Carter's review into productivity within hospitals to include research in AHP job plans in line with medical job plans.

South Yorkshire have worked to engage managers in a supportive manner in hub events and a further event is planned specifically targeting managers. The hub also has links with the regional AHP managers' forum and Hub Leaders dispel AHP managers' fears about research and encourage inclusion of research in organisational strategies and planning.

Oxfordshire has successfully engaged managers in events in the past. Unfortunately, both the AHP lead of the Oxford University Hospitals and the AHP manager of Oxford Health resigned this year. The hub aims to build a relationship with their replacements.

4.2. Develop and share strategic links

Hubs have developed and strengthened existing external and internal links as well as establishing new ones. As described earlier in this report more activity has been reported in this area in 2016.

The South Yorkshire and Yorkshire Hubs have developed close links with the Yorkshire and Humber CLAHRC. An early outcome of this is a secondment opportunity for a post-doctoral CAHPR member to work with NIHR Y&H CLAHRC and local CAHPR hubs with mentorship and supervision from CLAHRC staff.

Several hubs have developed links with their local NIHR Clinical Research Network and Research Design Service. For example, the North East England Hub has developed a good relationship with the NIHR Clinical Research Network North East and North Cumbria and a joint event is planned in 2017. Southern Central Hub Facilitators have prominent positions with NIHR (mentors, clinical academic funding) and the local research design service, as a former PPI lead has joined the hub.

A number of hubs have built good communication links with local lead AHPs. For example, the North of Scotland Hub has links with lead AHPs in Grampian and Tayside. In addition, the lead AHP for Orkney is part of the hub steering committee. Similarly, the Northern Ireland hub has developed strategic links with trust AHP managers, AHP leads in the department of health, AHP clinical

research managers and AHPs in academia, as well as through the CSP NI board.

The Yorkshire hub has built a good relationship with AHP researchers from Leeds Musculoskeletal Biomedical research unit and Leeds Teaching Hospitals NHS Trust resulting in a successful event titled “How to be an AHP clinician who researches” and access to “Supporting NHS Managers supporting research” event. Similarly, the North East England Hub’s links with South Tees Hospitals NHS Foundation Trust via the Director of Professions have led to lecture opportunities.

Internal links between CAHPR hubs have been strengthened this year. The North West Hubs (Cheshire and Merseyside, Cumbria and Lancashire and Greater Manchester) have continued to work together. In addition, South Yorkshire and Yorkshire have been working in collaboration and have found this beneficial in terms of ease of organisation and time invested.

4.3. To ensure that CAHPR has high visibility with all stakeholders (AHP researchers, clinicians and managers)

Hubs have continued to use the popular top tips series to promote CAHPR and have supplemented profile-raising activities on social media with face-to-face contact at relevant meetings and events.

Increasing the range of AHPs involved in CAHPR has been a key priority for several hubs and positive progress has been made, as described below. However, as shown in table 1, appendix 2 there is scope to widen participation in CAHPR hubs further. Developing links with local Professoriate members would support this, membership details are shown in table 2, appendix 2.

The North East England Hub reported positive progress gaining interest outside of Teesside University through building a relationship with Newcastle University and planning a joint event. This relationship has enabled positive links with speech and language therapy academics and undergraduates, who have been under represented in the past. This hub is also actively recruiting a range of allied health professions by promoting CAHPR at paramedic specific events and a rehabilitation event. Similarly, the Yorkshire hub gained access to a wider group of AHPs via a radiography research study day. The Oxfordshire hub has further diversified its Facilitators as two new paramedic Facilitators have joined physiotherapists, dieticians and occupational therapists.

A joint opening presentation on CAHPR and workshop on research was delivered at the dramatherapy annual conference by South West England Co-

Leader, CAHPR Director, Strategy Committee Dramatherapy Representative and CAHPR Support Officer. This generated a lot of interest amongst dramatherapists and subsequently the South West Hub has had a request for a CAHPR-led research workshop.

4.4. Key successes and impact

Key successes have been summarised and grouped into themes.

4.4.1. One to one support

Several hubs have reported mentoring and one to one support as the highlight of 2016 activity. Successful bursary and mentoring activities were run in North West England by Cheshire and Merseyside, Greater Manchester and Cumbria and Lancashire Hubs. For example, the Cumbria and Lancashire Hub ran a competition giving AHPs not currently enrolled on a Masters or PhD programme academic support and mentorship to help them to publish their work. Two bursaries of 10 hours of mentorship were provided. Seven AHPs applied from the following professions: physiotherapy, speech and language therapy and radiography. The winners below will present work at a future hub meeting and it will be shared on the hub blogsite:

- Physiotherapist – evaluation of the implementation of the STarTBack Tool in clinical practice. Target journal Physiotherapy Theory and Practice
- Radiographer –service evaluation report of a new fracture service. Target journal Imaging and Therapy Practice.

The North East England Hub continues to deliver a successful bursary scheme. In 2016, after a formal application process, three £1,000 awards were made. This year the first successful application from a radiographer was approved. Brief details of the research topics supported are below:

- Radiographer - Sequential analysis of uterine artery Doppler waveforms in women at high risk of placenta mediated disease receiving prophylactic aspirin therapy
- Physiotherapist - Can behavioural processes derived from Acceptance and Commitment Therapy predict pulmonary rehabilitation engagement following hospitalisation with acute exacerbation of chronic obstructive pulmonary disease?
- Physiotherapist - High intensity inspiratory muscle training in individuals referred for curative lung resection surgery.

The Southern Central Hub has supported local occupational therapy and physiotherapy clinicians to complete their good clinical practice training by

facilitating them taking on their first roles as local principal investigators for large national trials.

4.4.2. Events

Hubs also highlighted successful events. For example, workshops on poster presentation and searching for evidence were key successes for the Oxfordshire Hub. These workshops were well received and attendees were able to learn from expert speakers including a team of librarians from the Bodleian Library at the searching for evidence workshop. One of the attendees of the poster workshop successfully secured the best poster award at the hub's annual CAHPR conference in November.

As noted earlier in this report events have been a key focus for the Southern Central Hub. In 2016, these included workshops on writing for publication, musculoskeletal movement screening research (including international presenters) and a patient and public involvement demonstration. The hub has aimed to ensure the events are interactive for local clinicians and have accessed local expertise to provide quality events to support research activity.

4.4.3. Social media

This has remained a priority for hubs and development has continued in this area. Hubs have used available tools to showcase their activities and enable remote attendance at events. For example, the South West England and East Anglia hubs have posted events on You Tube and the South Yorkshire Hub ran an evening event via a webinar.

Social media provides a useful promotional opportunity but hubs have also reported challenges associated with capacity to keep information up to date. Hubs which are active in this area have reported that frequently updating information on social media sites has helped raise their profile and resulted in an increase in number and range of followers. The Cheshire and Merseyside and Cumbria and Lancashire Hubs have continued to benefit from external social media expertise.

4.5. Challenges and advice/learning points

Key challenges were reported and are organised into themes:

4.5.1. Time pressures

Hubs continue to experience some challenges with Hub Leaders' and Facilitators' capacity to carry out CAHPR activities. This is caused, in part, by the fact that CAHPR activities are additional to paid employment so can be hard to prioritise. Another cause is turnover in hub positions and new Hub Leaders needing time to establish themselves. For example, the two new Co-

Leaders of the South West England hub have reported it has taken time to establish an understanding of the local infrastructure. There have been a number of successful relaunches as described earlier in this report; however, leaders of these hubs have faced challenges building up momentum. For example, the Hertfordshire Hub has found it challenging to promote the hub and to raise awareness outside the University of Hertfordshire.

This year three hubs are on hold as replacement leaders have not been identified.

4.5.2. Expertise

Hubs have also reported challenges securing necessary expertise to deliver activities. For example, the South Yorkshire hub was delayed in advertising their events programme due to difficulties obtaining support to set up hub webpages. The Yorkshire Hub Leader found establishing a social media presence to be a challenge due to a lack of experience and decided to work in partnership with AHPs who have more frequent social media interaction and knowledge.

Several hubs have found time pressures have made it challenging for clinicians to attend hub events. As a result, the Cheshire and Merseyside hub is considering whether individual support/mentoring should be the focus in future as this has been very successful.

4.5.3. Events

Challenges running successful events have been encountered and there is learning to be shared.

The Oxfordshire hub carried out a needs analysis to get detailed feedback from local AHPs about support requirements. Feedback concluded that research funding and presentation skills were key priorities.

The Cumbria and Lancashire hub plan to increase the popularity of their next research skills workshop by ensuring emphasis on supporting clinical teams and services to design a systematic approach to service evaluation is more clearly articulated. Examples of public health initiatives within AHP services and discussions on a range of evaluation options will be included.

4.6. Structure and Growth

The total number of Hub Leaders and Facilitators has risen which indicates stability in active hubs. New hubs in South Yorkshire and Northern Ireland have contributed to the increase in membership numbers reported. Full details of registered Hubs and the collective number of Hub Leaders and Facilitators for 2013 – 2016 are shown in table 2, appendix 2.

The number of Hub Leaders and Facilitators reported from each allied health profession have remained stable in most cases with significant increases in the numbers of radiographers and physiotherapists reported. It is encouraging to see involvement by an art therapist and dramatherapist reported for the first time. Full details of Hub leaders and facilitators listed by profession from 2013 – 2016 are shown in table 3, appendix 2.

4.6.1. Launches and leadership changes

Several hubs launched in 2016 or refreshed their leadership.

Two hubs officially launched in 2016 and have expanded the reach of CAHPR hubs across the UK. The Northern Ireland Hub has focused on gaining contacts across a variety of professions and has established a group of Hub Facilitators which include key local AHP managers. Future activities will be based on the results of the hub's needs assessment survey. The Isle of Man sub hub launched at the first Isle of Man Department of Health and Social Care Research Conference. Early priorities include developing a research skills register and establishing a steering group.

The following hubs relaunched with new Hub Leaders and well received events: East Anglia, Hertfordshire, South Yorkshire.

Co-Leadership has become more common in 2016. This has helped to share workload and means a wider range of AHPs are involved in leadership.

Several hubs are led by colleagues from different professions:

- South Yorkshire three Co-Leaders (physiotherapist, speech and language therapist, radiographer)
- South West England Hub two Co-Leaders (physiotherapist, dramatherapist)
- South, West and Mid Wales two Co-Leaders (physiotherapist, dietitian)

4.7. Contacts

There has been an increase in the number of contacts recorded on hub mailing lists. The total reported this year was approximately 2094 compared to 1827 in 2015.

However, as social media has become an effective promotional tool for several hubs, they are becoming less reliant on circulating information by email.

This year, after feedback from the CAHPR Strategy Committee, hubs were asked to report the proportion of each allied health profession signed up to mailing lists. As only five hubs were able to provide this information it cannot be

considered to represent CAHPRs reach and thus has not been included in this report.

4.8. Activities

Hubs reported the types of activities they undertook in 2016, which were categorised as follows:

- Lectures
- Workshops
- Conferences
- 1:1 support
- Other.

Each category is reported on below:

4.8.1. Lectures

Nine hubs reported holding 17 lectures, which were attended by a variety of AHPs. Attendance ranged from 10 to 60 people.

Lecture topics included: how to be an AHP clinician who researches, evidence based practice for AHPs, researching complex rehabilitation intervention: the importance and role of context, developing a research culture.

4.8.2. Workshops

11 hubs reported holding workshops, with most hubs holding one or two workshops. Cumbria and Lancashire and Southern Central were involved in four and six workshops respectively.

Workshop topics included: AHP research and innovation – practical projects with real world impact: how to do it on a shoe string budget, writing for publication, research ethics, journal club - critical appraisal of systematic reviews, developing impact case studies, patient and public involvement, CAT (critically appraised topic)-in-a-day workshop.

4.8.3. Conferences

Seven hubs reported that they ran or participated in conferences. Most hubs reported one conference each. The Southern Central hub were involved in six conferences including a keynote speech at national and international podiatry conferences on the challenges of defining evidence.

Conference topics included: best practice in AHP research, 2nd north of Scotland AHP research symposium, growing collaborative research.

4.8.4. One to one Support

14 hubs stated that they provided one to one support with an average of five contacts per hub. Full details on one to one support are shown in table 3 appendix 2.

There have been some inconsistencies in the way hubs have reported on this activity and a lot of support has not been categorised using previously agreed headings. It is recommended that this section of the form is revised with input from hubs.

The following were common topics for support: practical advice on research, publication advice, research careers advice.

A variety of outcomes from one to one support was reported such as: publications, conference presentations, internship applications, NIHR fellowship applications research collaborations, research funding applications.

4.8.5. Other activities

14 hubs reported activities that were additional to the agreed reporting categories. These included hub meetings, meetings between local hubs, networking meetings, needs surveys, contact database updates, CAHPR exhibition stands/participation at AHP events, regional conferences, submitting articles to AHP publications, acting as NIHR professional advocate, running mock NIHR interviews, creating or reviewing top ten tips and social media activities.

4.8.6. Top Tips

Hubs have added to the popular top tips series on the topics below in 2016. Hubs lead the content for top tips and peer review as part of the production process.

- Becoming a peer reviewer – Greater Manchester hub
- Engaging with AHSNs – North East England hub
- Social media – London hub
- Patient and Public Involvement - Keele hub
- Statistics - Keele and South East Scotland hubs

The Top Tips series is available here

<http://cahpr.csp.org.uk/documents/cahprs-top-tips-leaflets>.

4.8.7. Summary of links

In comparison with 2015 hubs reported having more strategic links. The most frequently reported links were to local AHSN, Comprehensive Local Research Network, LETB, NIHR Clinical Research Networks, Primary Care Research Network, Research Design Service and clinical groups.

4.8.8. Expertise

Hubs reported a wide range of expertise. This will be collated and shared through the Hub Leaders ICSP network.

5. Broader activities

This section summarises additional CAHPR activities supplementary to the work of the hub network.

5.1. Resources produced

5.1.1. Public Health Research Awards

CAHPR developed these awards in partnership with Public Health England (PHE) to showcase the contribution of AHP research to public health. These awards have been funded by PHE for the past two years. Two awards were made in 2016. The winners below received funding to attend the PHE conference and display a poster:

- Dr Brian Power, dietitian, London Metropolitan University

Title of abstract: Developing evidence-based and theory-informed recommendations for a workplace-based behaviour change intervention targeted to nurses

- Hannah Harniess, physiotherapist, NHS Greenwich CCG & London School of Economics

Title of abstract: Shisha – The New Cigarette? A Qualitative Exploration of Adolescent Perceptions and Health Beliefs about Water-Pipe Tobacco (Shisha) Smoking

The awards will be run again in 2017 and applicants will be encouraged to link with their local CAHPR hub for support.

5.1.2. Guidance

CAHPR contributed to the Association of UK University Hospitals “Transforming healthcare through Nursing, Midwifery and AHP Clinical Academic Roles” guide.

This was developed by the AUKUH Nursing, Midwifery, AHP (NMAHP) Clinical Academic Development Group. It is a practical resource for healthcare provider organisations to help them establish and support the development of NMHAP clinical academic roles. The key authors are Professor Debbie Carrick-Sen, Professor Alison Richardson and Professor Emerita Ann Moore CBE.

The guide is aimed at NHS organisational leads with the responsibility to develop and embed clinical academic roles for nursing, midwifery and allied health professions, and it contains practical information, case studies and templates. It is available here

<http://www.medschools.ac.uk/SiteCollectionDocuments/Transforming-Healthcare.pdf>

5.1.3. Advisory roles

CAHPR had an advisory role in the development of the Public Health England and Sheffield Hallam University survey on AHPs and public health. The survey aims to improve understanding of the preventative healthcare work that AHPs are incorporating into their roles and also how AHPs feel about their evolving role in improving the public’s health.

5.2. Policy

The first CAHPR position statement was developed with feedback from professional bodies and the Council of Deans of Health. It calls for the development of research skills within AHP pre-registration education. The position statement is available here <http://cahpr.csp.org.uk/documents/cahpr-position-statement>

A number of joint CAHPR responses have been made to relevant policy consultations. They have been developed using feedback from all CAHPR committees.

- HRA UK policy framework for health and social care research
- Independent REF review: call for evidence
- HSC R and D Implementation Plan for 'Research for Better Health and Social Care' (Northern Ireland)

5.3. Promotion

In addition to the CAHPR Hub activities described earlier in this report CAHPR has been promoted by committee members and CAHPR staff. CAHPR staff have participated in the following events, either through speaking opportunities or running an exhibition stand.

- NHS Research and Development conference
- Royal College of Speech and Language Therapists' research champion workshop
- Dramatherapy annual conference presentation and workshop
- Advancing Your Practice through Research and Innovation (Hertfordshire Hub relaunch)
- CAHPR had a small presence at the ERWCPT (European physiotherapy congress).
- NIHR Occupational Therapists advocate event (Midlands). Contacts were shared with the Midlands CAHPR hub.

6. Recommendations

The following actions would support CAHPR activity. They are grouped into three themes:

6.1. Strategic

Recommendation: To provide a strategic focus for hub activities.

Rationale: Hubs are currently focused on meeting local need; further guidance would help them provide consistent support across UK and ensure activities contribute to strategic priorities for 2017-2022.

6.2. Operational

Recommendation: Facilitate collaborative working between hubs through funding model and Regional Hub Forum meetings.

Rationale: Collaborative working will help hubs share skills, expertise and solutions. Hubs have been encouraged to work together in 2017 as part of transitional funding arrangements. This will be good preparation for further progress on collaborative/consortium working to be made in 2018.

Recommendation: Professional bodies to help hubs recruit new members.

Rationale: This would assist hubs to fill gaps in membership with the aim of all hubs having members from every AHP.

Recommendation: Professoriate members to link with hubs

Rationale: This would increase hub capacity and Professoriate engagement in CAHPR.

Recommendation: Annual joint meeting/event to be held for all three CAHPR groups (Strategy Committee, Regional Hub Forum and Professoriate).

Rationale: This would help build relationships and showcase hub activities.

6.3. Reporting

Recommendation: Minor amendments to be made to hub evaluation and monitoring forms.

Rationale: More data on AHP involvement could be gathered through consistent reporting of one to one support and the proportion of each profession on mailing lists.

Appendix 1

Table 1: 2016 total spend

Meeting costs	
Telephone conferencing	£1,998
Travel expenses	£6,532
Venue	£553
Meetings total costs	£9,083
Capacity Building	
External events	£928
Hub funding	£30,138
Marketing resources	£15,250
Capacity building total costs	£46,315
Grand total	£55,398

This table shows core costs for CAHPR meetings and capacity building. CAHPR is funded through a proportionate subscription made by each professional body (i.e. each professional member organisation provides funding to CAHPR based on their own membership figures).

Additional funding is provided by the Chartered Society of Physiotherapy to cover staff and operational costs.

CAHPR hubs submit annual applications for funding. In 2016 the maximum level of funding available per hub was £3,000.

£4,000 Additional funding for the Public Health Research awards was provided by Public Health England.

Appendix 2

Table 1 No. of Hub leaders and facilitators by profession 2014 – 2016*

Profession	2014	2015	2016
Physiotherapists	40	55	75
Occupational therapists	15	21	22
Radiographers	6	6	19
Speech and language therapists	2	12	14
Paramedics	4	8	10
Podiatrists	5	5	7
Dieticians	2	5	7
Orthoptists	1	3	3
Prosthetists	1	0	1
Art therapists	0	0	1
Dramatherapists	0	0	1
Other**	13	9	11
Blank	8	0	0
Totals	84	124	171

* Each year different numbers of hubs completed evaluation and monitoring reports. Figures should be interpreted with this in mind.

**Others include administration/support staff.

Table 2: CAHPR Professoriate membership by profession

Profession	Number
Physiotherapists	44
Speech and language therapists	22
Occupational therapists	15
Dieticians	7
Podiatrists	7
Radiographers	7
Music therapists	4
Orthoptists	2
Art therapists	1
Paramedics	1
Grand Total	110

Table 3: One to one support provided by hubs

Category	Definition	Instances reported
Advice	Answering a specific query	14
Mentoring	Prolonged, structured programme of support	49
Quick Contact	3.5 hours or less	13
Review	Reviewing applications/research	12
Other		14 approx.