



NHS South Yorkshire ICB Research & Innovation Forum: Cardiovascular Disease (CVD)

Tuesday 18th April, Barnsley Digital Media Centre

Event summary

1. Background

After two initial events in June and November 2022, the latest ICB research and innovation forum, held on the 18th April in Barnsley, was the first to be dedicated to a specified clinical priority area in South Yorkshire – cardiovascular disease (CVD).

By introducing and coordinating research and innovation forums, the ICB aims to:

- Enable organisations involved in health and care research to have sight of research and innovation priorities in the region.
- Encourage research organisations to collaborate on upcoming funding opportunities.
- Allow for knowledge and expertise to be shared on upcoming research and innovation priorities in South Yorkshire (SY).
- Widen the net for involvement in research projects by ensuring there are equitable opportunities for the right participants, at the right time (at organisation, clinician and patient levels).
- Facilitate a cohesive and coordinated approach across the research landscape where organisations can provide mutual support when navigating project and opportunities.
- Simplify and expedite routes to collaborative working between researchers and practitioners, while at the same time enhancing the research capabilities of practitioners.

The forum was attended by 50 delegates from across the health, research and innovation community in SY. This included a diverse range of clinical, non-clinical and academic research roles from the local universities, acute trusts, local authorities and the ICB.

2. Introduction and presentations

Please follow the links below to access the slides for each of the presentations that were delivered at the forum:

[Introduction and purpose of the session](#)

Dr David Crichton – Chief Medical Officer, South Yorkshire ICB

Sarah Dew – Programme Director, South Yorkshire Innovation Hub

[Setting out the challenges and priorities in CVD in South Yorkshire](#)

Mandy Rylance – lived experience representative and member of SY Stroke Panel

Dan Fitzgerald – Prevention Programme Manager, South Yorkshire ICB

Jaimie Shepherd – SY Integrated Stroke Delivery Network Manager

Rachel Yates – Quality Improvement Lead, Cardiac Network

[Overview of CVD activity in South Yorkshire](#)

Steph Potts – Workstream Lead, Yorkshire & Humber AHSN

3. Workshop discussions

Attendees were asked to consider the questions below across the four themes of: prevention, proactive diagnosis/screening, treatment and ongoing support (management)

1. *What great practice is currently happening in this space that the ICB should be aware of? Particularly that helps to reduce inequalities?*
2. *Where are the current gaps in provision which could be addressed collaboratively through new research (e.g. digital innovation, workforce challenges, data and evidence)*
3. *How can the research and innovation community collaborate more effectively together to achieve the priorities in this area?*

A summary of the feedback across each of the themes is provided below.



Theme 1: Prevention (staying well at home)

- We need to improve the causes of the causes e.g. the commercial determinants of health
- We need to change people's mindset of risk factors e.g. some people feel that they will have cardiovascular disease themselves because other people in their family have and that they cannot do anything to prevent it. This starts with education and needs to include the voices of local people and could start with young people. This could be done through a variety of means e.g. social media.
- We need to have CVD tests at or closer to home.
 - There has been a recent pilot on blood clot tests at home
 - Blood pressure readings could be given to high risk patients
 - All requests should be followed up
 - We need local and national campaigns on blood pressure such as know your numbers week with personalised messages from practitioners and services.
 - Behavioural science nudges should be used to increase uptake and reporting of measurements.
- Services need to be culturally tailored, especially for populations who are most at risk of experiencing CVD

- The Community and Voluntary Sector are best places to support people to access the most appropriate services
- We should build on current working with companies to improve the health and wellbeing of staff. Current examples include rewards for employees and incentives for companies.

Opportunities:

- Utilising locations to capture data and identify patients with high blood pressure e.g. pop-up stands in Boots, supermarkets
 - Patients who don't typically access healthcare services
 - Patients from a range of cultural backgrounds
 - 15% don't know they have high BP – help these to understand 'silent symptoms'
- Using apps for standard electronic measuring
- More efficient communication across healthcare services
- Utilising hidden skills, for example retired healthcare workers, asylum seekers (many of which are qualified healthcare professionals), volunteers (the pandemic underlines there is large appetite for skilled support when needed), community leaders and connectors.

Good practice:

- 'How's Your Ticker?'
- Clinical trials to identify patients
- Health programmes with football clubs to access at-risk communities

Data:

- Using algorithms on GP data to find people
- LSOA (Lower Layer Super Output Area) data for high-risk populations
- Predictive modelling (proactive) – operational dashboards to identify high-risk people and areas

Theme 2: Proactive diagnosis and screening

Opportunities:

- To make the most of AI – but with a focus on rapid diagnosis rather than for screening. There are lots of benefits to be gained from using computer assistance and voice recognition to free up clinician capacity.
- To piggy-back on current work and services e.g. taking BP when patients at abdominal aortic aneurism screening or CT lung cancer screening. However, we need to be mindful of the additional capacity required to do this.
- Making Every Contact Count – lots of opportunities to seize when interacting with patients.
- If GPs can't, who can? Blood pressure screening in the workplace, using the voluntary, community and social enterprise sector

Good practice:

- In Japan, comprehensive health checks are offered to all staff over 35 in some workplaces.

Challenges:

- Concern about how to avoid wealthy/well-off taking over the opportunity for screening (some groups left out). How to get through to groups who do not engage actively with health services. Getting the messaging right for each community is key.

Theme 3: Treatment

Current practice:

- Sheffield Hallam University – online cardiac rehabilitation research study is currently taking place looking at ways in which services could better cater to the needs of users.
- Addressing health inequalities in obesity treatment – ongoing research relating to an obesity management service and addressing issues surrounding health inequalities, as well as innovative ways to improve engagement.

Gaps:

- Communication with patients around CVD (getting messages out to get people thinking and talking)
- The group discussed the importance of research in identifying barriers to engagement with services and how this could impact on current health outcomes of the population.
- If solutions are receiving low uptake and engagement, are they solutions? The best way of unpicking what patients actually want is by asking them and involving them in the process of developing solutions.
- Discussions held on the importance of patients/ service users being involved in the development of innovative practices in order to help with the identification of barriers related to the use of services, such as cardiac rehab and promote a more personalised approach to care and treatment.
- Peer support

Theme 4: Ongoing support (self-management and follow-up)

Discussion points:

- Is the evidence base for home monitoring of blood pressure fully implemented in South Yorkshire?
 - Simple patient information is key
- Are there people with hypertension that don't know they have it and therefore aren't being treated?
- The views of end users are key to informing potential solutions
- Technology:
 - Are people using technology to self-monitor, and if not could tech be used for patients to track their BP, HR etc.
 - Education needed to know what normal levels are, then can detect when there is a change
 - Challenge – some technology is not approved as a medical device
- Patients need to know what to do if symptoms get worse

Good practice:

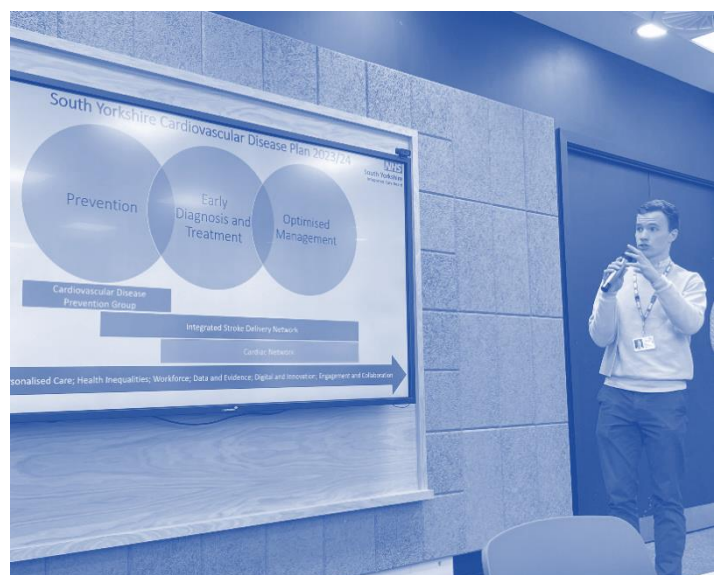
- Peer to peer support is shown to be effective for patients with heart failure
- An area of best practice is diabetes care in Leeds:
 - Patients with high BMI referred to receive educational programme
 - Included health coach, motivational interviewing, education and support
 - Intervention was delivered in deprived areas (including South Asian communities) where uptake of services is lower
- Other good practice includes holding pop-up events, novel approaches to reach out to communities that don't typically present, education and coaching
- Do we know all the best practice that is happening?

Challenges:

- How can the patient help support themselves?
- There are very different levels of understanding and health literacy amongst patients, particularly those who have experienced a CVD event.
 - Could qualitative research help us with this?
- Patient information:
 - We don't go back to validate whether patients have read/understood information (e.g. leaflets) given to them to support with management
 - Suggestion – that research and implementation are integrated to measure impact to understand whether this makes a difference
 - Qualitative analysis would be useful, including different ethnic groups and exploring the impact of a multi-modal approach to alter lifestyle

Summary – considerations for future research and innovation activity:

- Are commissioned follow-up services evidence-based? How effective are they, and what difference do they make?
- What is the impact and evidence of follow-up with patients recovering from a CVD event?
- What is the value and impact of technology for self-management?



4. Next steps

Thank you for attending the latest forum. Whilst this paper aims to briefly summarise the content and feedback from the event, we hope you will be able to build on new connections made and continue conversations around how to collaborate to support CVD challenges through new research and innovative initiatives.

- The key themes, actions and ideas from the discussion will be reviewed and discussed with the relevant clinical networks, to ensure the discussions inform forward delivery plans
- Specific ideas or areas of interest that were shared with us as facilitators for research projects or opportunities for innovation will be followed up individually
- We encourage people to follow up on the connections made during the session and the ideas for collaborations and partnerships we heard people sharing
- We will be taking forward the feedback on the planning and delivery of the event to inform the approach to the next Forum event

Lenus Health

An [example](#) was shared at the forum of a current innovative initiative aiming to illustrate what can be achieved through the use of AI to address some of the challenges faced in managing chronic conditions. This included an opportunity to be involved in the 'Digital Hear Failure Diagnostic Pathway', incorporating cutting-edge digital tools, artificial intelligence, and data-driven insights to improve the accuracy of diagnoses, optimise treatment plans, and ultimately enhance patient outcomes. If your organisation is interested in becoming a new site for adoption and validation of this technology, please contact us.

Get in touch

We would be interested to hear about any discussions or new projects that are developing as a result of the connections made at the forum. Additionally, if you have a challenge and are looking for relevant innovations that may be able to address this, the ICB Innovation Hub team would be happy to coordinate any requests, signpost to relevant resources or share innovative practice throughout the region.

Please email syb.innovation@yhahsn.com with your thoughts.



Appendix 1: Research & Innovation forum - online feedback

- Overall event rating: 4.05/5 (19)
- 89% thought the quality of speakers was good/excellent
- 90% felt the breakout discussions on supporting elements of the CVD pathway were good/excellent
- 84% made new connections which are beneficial for their work
- Feedback showed a notable increasing in understanding of the current CVD challenges in South Yorkshire

Actions - as a result of their involvement in the R&I forum, attendees planned to:

- Follow up with new contacts and connections made at the event (79%)
- Share information or ideas from the event with colleagues in their own organisation (68%)
- Contact Y&H AHSN for information or support (26%)
- Introduce or plan a new CVD initiative in own organisation (26%)

Other actions included:

"I will connect with colleagues within AHSN and ICB as this will really support my grant applications going forward and they will be able to be a critical review partner"

"[I will be] initiating a joint project with cardiology and will liaise with primary care and meet with a researcher from SHU AWRC"

"I have arranged a meeting between clinical researchers at Uni of Sheffield and Sheffield Hallam Uni. We are going to discuss how we can work together to conduct research."

"[I will be meeting with] a researcher from primary care and Sheffield Hallam, and a PPI representative from a cardiac [heart] failure charity"

