

Medical
Care
Research
Unit.

Report 2006–2007

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Introduction

The Medical Care Research Unit is a Department of Health (DH) funded health services research group. We work within the School of Health and Related Research (ScHARR) at the University of Sheffield.

The Unit celebrates 40 years

In 2006 we celebrated our 40th anniversary by running a half day scientific meeting and hosting a dinner for many former members of the Unit. We boasted that



we were the oldest health services research unit in the world, and although we have found some Units established before us, none of them are still in existence and so our boast may in fact be true.

Our 40 years represents a considerable history and has allowed us to build and

develop expertise in health services research in the UK. Leadership of the unit has been remarkably stable in this time, with only three Directors – Professor John Knowelden (1966-1985), Professor Brian Williams (1985-1994) and Professor Jon Nicholl (1994-current). We managed to capture all three in a photograph and note that although leadership has been stable, the length of trouser legs has increased over time.



Left to right: Professor Jon Nicholl, Professor Brian Williams, Professor John Knowelden

A focus on emergency and urgent services

The key focus of our research is on emergency and urgent care services. It is an important research area because of the need to understand how best to save lives in emergencies and offer speedy efficient care to millions of people each year in need of urgent care. However nationally, there is relatively little research effort or resources put into this research area.

Five key functions

Within our Unit we provide five key functions:

Undertake policy-related research

Our Policy Research Programme is shaped by the policy needs of the DH. Over 2006-7 our focus has been on the system of emergency and urgent care rather than simply the services within it. We have met regularly with policy makers at the DH to ensure this work shapes developing policy.

Act as an 'expert resource'

We have research expertise in emergency and urgent care spanning over 20 years and we can act as a source of expert advice and be responsive to the developing research needs of the DH and other agencies in this field. Over 2006-7 we have responded to DH needs by undertaking a preliminary evaluation of the new Pathways triage system and an evaluation of commuter walk-in centres.

Act as a platform for further development

The fact that the MCRU has been established for 40 years, and has benefited from stability of funding for much of this time, has enabled us to attract and work with outstanding clinical researchers, and apply for further funding from other research sources to develop a substantial portfolio of research in emergency and urgent care. Typically over the years this 'gearing' has been of the order of 5 to 1, so that with every £1m of DH core funding we have received we have been able to attract £5m from other funding sources into the field of emergency and urgent care research. During 2006-7 we contributed to the development of Academic Emergency Medicine by gaining two Academic Clinical Lecturers and two Academic Clinical Fellowships. Congratulations to two of our clinical researchers who gained a Chair (Professor Steve Goodacre) and Readership (Dr Sue Mason).

Contribute to the wider health services research endeavour

Health services research is important to the development of the NHS and international health services. We have made a considerable contribution to the structures and processes of commissioning and reviewing research projects, reviewing articles for peer-reviewed journals, and training the next generation through teaching and supervision of masters and PhD students. We have always been keen to develop research methods, as well as apply them, and in 2006-7 contributed to the development of mixed methods research and case mix adjustment.

Capacity building

We have developed and taught an MSc course for over ten years which has trained numerous NHS managers and clinicians in health services research. Many thanks to Janette Turner who ran this masters course during 2006 and 2007 alongside her research commitments.

Looking back

2006 to 2007 have been productive years for the MCRU. We have also lost some long-standing members of the Unit who have moved on to other opportunities. Thank you to Drs Gareth Parry and James Munro for their significant contributions to paediatric intensive care research and NHS Direct evaluation respectively.

Looking forward

We are part way through our current programme and will continue to study the emergency and urgent care system and work closely with the DH to evaluate and influence policy. Our 'gearing' function has facilitated the development of four new academic clinicians who will offer many opportunities to expand the quantity of research we will undertake. Our able and stable workforce – including our administrative and clerical staff, and our researchers – will continue to undertake excellent research which improves the emergency and urgent care delivered to people who need it.

Professor Jon Nicholl

Director

Policy Research Programme

The Unit has a five year research programme focused on the emergency and urgent care system. Most health services research focuses on a service, but patients experiencing an episode of ill-health may not attend or consult a single provider. Instead they may make several contacts often with different services, interacting with different clinicians and support staff. This is particularly true of patients contacting emergency and urgent care services, and therefore we have added a system perspective to our previous research profile on individual emergency and urgent care services. During 2006-7 we have been undertaking the following methodological and empirical research:

1. Evaluation of emergency and urgent care networks.

A previous policy initiative introduced 'networks' of representatives of emergency and urgent care services to ensure that they coordinated services within the system. We have undertaken face-to-face interviews with a number of network leads, and an email survey of primary care trusts in England, to explore the constitution and work profile of existing networks.

2. Development of population performance indicators for systems.

Given the range of services and pathways in emergency and urgent care, there is a need to develop a generic set of 'system-wide' performance indicators based on outcomes and processes of care. We have developed a range of possible indicators, which could be used to measure the performance of any emergency and urgent care system. We are using a Delphi-style study of stakeholders in the emergency and urgent care system to identify a set of key indicators from our candidate indicators.

3. Development of methods for the evaluation of the system from the patient perspective.

Networks need to monitor whether their local systems work from the patient perspective. We have undertaken focus groups and interviews with recent users of the emergency and urgent care system to identify important characteristics of the system. Based on this qualitative research, we have developed an instrument for routine measurement of the system performance from the patient perspective. We are testing this instrument, and how best to administer it.

Findings from the early phases of the programme have been fed directly into the Department of Health consultation for the Direction of Travel for Urgent Care www.dh.gov.uk/en/Consultations/Responsestoconsultations/DH_080364

During 2008-9 we are planning to test our indicators and test a 'toolkit' which helps networks to monitor the performance of their emergency and urgent care system from the patient perspective. We will work with four networks or PCTs, two of which are planning major changes to their systems. We intend to study change of performance over time in these changing systems.

Finally, in addition to the five year programme, we respond to the Department of Health's requests for research into different aspects of emergency and urgent care. During 2006-7 we have:

- commenced a preliminary evaluation of 'NHS Pathways' which is a new triage system in emergency and urgent care;
- evaluated the policy of establishing walk-in centres in or near train stations to provide health care for commuters;
- synthesised the evidence on the reasons for the rising number of paediatric emergency admissions;
- completed a six-year study of the cost-effectiveness of the implementation of new response time standards for ambulances;
- provided support to a study conducted by Professor Malcolm Woollard at the University of Teeside into different methods of targeting helicopter ambulances.
- provided research support for a working party of the Academy of Royal Medical Colleges for a report into the organisation of emergency and acute care due for publication in 2008.



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Projects

Cost-effectiveness of the implementation of new response time standards. DH 2000 -2006, J P Nicholl, J Turner, K Cleary.

Evaluation of commuter walk-in centres. DH 2007, A O’Cathain, J Nicholl, J Coster, J Munro, C Salisbury.

An evaluation of the accuracy and safety of NHS Pathways. DH, October 2007 – March 2008, J Turner, H Snooks University of Swansea, V Lattimer University of Southampton.

Review of paediatric emergency admissions. DH, June – October 2007. P Coleman, J Nicholl.

An observational study of the effect of different methods of targeting helicopter ambulances. DH, 2005 -2006 – J Turner, J Nicholl.

Other Emergency and Urgent Care Research

Emergency Department (ED) Organisation and Care

We have undertaken a number of multicentre studies of emergency department organisation and care, including clinical trials, cluster trials and observational studies. We have also collaborated with the Institute of Work Psychology at Sheffield University to undertake organisational research in emergency care.

The main projects completed in 2006-7 were the ESCAPE evaluation of chest pain units in the NHS, the 3CPO Trial, the evaluation of the National Infarct Angioplasty Pilot Project and UWAIT: An Investigation of Organisational Factors Influencing Waiting Times in the Emergency Department.

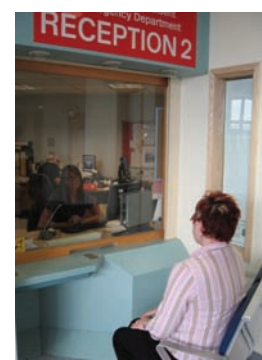


The ESCAPE study built upon promising findings from the Northern General Hospital in Sheffield showing that chest pain unit care could safely reduce hospital admissions, but identified problems with widespread implementation of this form of care. Seven hospitals that set up chest pain units appeared to attract more patients with chest pain, leading to increased admissions with chest pain compared to seven hospitals continuing with standard care.

In collaboration with Edinburgh Royal Infirmary, the 3CPO Trial randomised 1069 patients with acute heart failure across 26 hospitals to respiratory support with either continuous positive airway pressure (CPAP) or non-invasive positive pressure ventilation (NIPPV), or standard oxygen therapy. Although CPAP and NIPPV produced a more rapid improvement in breathlessness and metabolic disturbance, this did not lead to any change in patient survival.

Evaluation of the National Infarct Angioplasty Pilot Project showed that emergency treatment of a heart attack with angioplasty (a catheter passed into the blood vessels supplying the heart) was feasible, acceptable to patients and, although more expensive than clot-busting drugs, likely to be considered a cost-effective use of NHS resources.

The UWAIT study was a mixed methods study involving 137 of the UK EDs. It identified factors that lead to shorter average waiting times in UK EDs which included smaller sized EDs, lower rates of nursing sickness, less expenditure on non-pay items and a more participative leadership style of the lead clinician in an ED.



Projects

The impact of foundation doctor training: impact on workforce wellbeing and patient care, NIHR Service Delivery and Organisation R&D Programme – £415,244, S Mason, R O'Hara, C O'Keefe, J Grant, G Needham, A Fletcher, A Carter.

Violence towards staff in the ED, College of Emergency Medicine – £4220, E Knowles, S Mason.

SAFETIME: Impact on quality, safety and training of the four-hour target in the ED, College of Emergency Medicine – £5227, S Mason, E Weber.

UWAIT: An Investigation Of Organisational Factors Influencing Waiting Times In The Emergency Department NIHR Service Delivery and Organisation R&D Programme – £250,756, S Mason, J Nicholl, S Walters, A Carter, T Wall, J Wardrope, E Hirst

The 3Mg Trial of nebulised or IV magnesium sulphate in acute severe asthma. NIHR HTA R&D Programme, £1,059,647, commenced September 2007, S Goodacre, J Nicholl, J Ratcliffe, M Campbell, P Jackson (STH), S Holgate (Southampton), A Gray (Edinburgh). T Coats (Leicester), J Bengner (Bristol).

The RATPAC Trial: Randomised Assessment of Treatment using Panel Assay of Cardiac markers. NIHR HTA R&D Programme, £719,900, commenced April 2007, S Goodacre, S Julious, S Dixon, Y Oluboyede, A Gray, T Coats, J Benger, P Collinson, S Capewell, T Hassan, A Hall, J Barth.

The DAVROS Study: Development and Validation of Risk-adjusted Outcomes for Systems of emergency care. MRC, £951,554, commenced January 2007, S Goodacre, J Nicholl, J Wardrope, M Clancy, D Harrison, A Kelly, M Schull, G Parry.

Evaluation of the National Infarct Angioplasty Pilot Project. NIHR SDO R&D Programme, £274,176, February 2006 to April 2008, S Goodacre, F Sampson, A Wailoo, A Carter, S Wood, A O’Cathain, S Capewell, S Campbell, J Wardrope, M Jackson, R Stables.

The 3CPO Study of CPAP and NIPPV in cardiogenic pulmonary oedema. NIHR HTA R&D Programme, £1,100,952, June 2003 to April 2008, A Gray (Edinburgh Royal Infirmary), S Goodacre, F Sampson, J Nicholl.

Evaluation of an intervention to improve patients understanding of acute chest pain. The Health Foundation, £59,182, November 2005 to November 2007, S Goodacre, J Arnold, P Bath, S Read (School of Nursing, Sheffield), J Price (Oxford University).

The ESCAPE multicentre evaluation of Chest Pain Units in the NHS. NIHR SDO R&D Programme, £508,000, June 2003 to February 2007, S Goodacre, E Cross, J Nicholl, J Arnold, S Dixon, Y Oluboyede.

Ambulance and Pre-hospital Care Research

Data collection was completed on the NEECaP Trial. This is a community intervention trial to evaluate the clinical and cost-effectiveness of Emergency Care Practitioners (ECPs). These are paramedics and nurses trained with additional skills to see and treat patients with emergency minor injury or illness-related conditions. The study was undertaken within 12 healthcare settings throughout the UK. Six of these had ECPs working within their system and six did not. The results are being finalised and the final report will be available in the summer of 2008.



A randomised controlled trial of NHS Direct nurses managing low-priority ambulance calls involved 3 ambulance services in the UK. The findings showed that it was possible to reduce the costs associated with an immediate emergency ambulance response for these patients, although many patients still required a face to face assessment for their problem. Thus the number of calls that could be dealt with by nurse telephone advice alone was small.

Finally, data from our previous research continued to hit the headlines in 2006-7. Analysis of data from a study of ambulance response times showed that

patients’ chances of dying increased the further they had to travel to get to hospital. This intuitively obvious finding attracted widespread media interest in the light of plans to reconfigure emergency care that could increase the distances people have to travel to hospital. Also, a survey of ED junior doctors’ perceived confidence and competence in undertaking common practical procedures found that they are becoming less experienced. Interest was sparked by these findings in light of the reduction in junior doctor working hours and shorter attachments within the emergency medicine speciality.



Projects

Evaluation of the costs and benefits of computerised on-scene decision support for paramedics to triage older people who have fallen to appropriate care. Department of Health Policy Research Programme – £371,500, H Snooks, S Mason, R Lyons, B Wells, J Dale.

A Community Intervention Trial to Evaluate the Clinical and Cost Effectiveness of Emergency Care Practitioners. NIHR Service Delivery and Organisation R&D Programme – £348,000, S Mason E Knowles, J Nicholl, A Hutchinson, M Patterson, J Rick, T Wall, J Ratcliffe.

The costs and benefits of managing low priority 999 calls by NHS Direct nurse advisors. NIHR Service Delivery and Organisation R&D Programme – £ 383,053. J Turner, H Snooks, A Youren, D Fall, S Dixon, S Gaze, J Davies.

HALO. Long Term Outcomes of Accidental Injury. Department of Health – £291,192. J Nicholl, J Turner, T Ohn, S Mason, S Dixon, T Edmonds.

Patient satisfaction with a new response and conveyance scheme. North West Ambulance Service – £9,000. J Turner.

Urgent Care Services

As well as developing our policy research programme on urgent care, we collaborated with researchers in England, Wales and Scotland to continue our research into NHS Direct, walk-in centres, and urgent access to general practice. It was particularly interesting to see the work we started in 1997 – an evaluation of three pilot sites offering nurse-led telephone triage - culminate in helping other nations to evaluate their own versions of NHS Direct.

Projects

Evaluation of advanced access in general practice, SDO – £350,000, 2004 -2006, F Sampson, M Pickin, C Salisbury & team Bristol University.

The impact of NHS Walk-in Centres on A&E services, DH – £151,264 – April 2004 – June 2005, J Munro, C Salisbury, S Hollinghurst, L Moore, M Cooke, V Lattimer, D Sharp.

An evaluation of NHS24 in Scotland, Scottish Office – £278,000, J Munro, D Heaney et al, Edinburgh.

An evaluation of NHS Direct Wales, WORD – £250,000, H Snooks (Swansea), J P Nicholl et al.

The impact of NHS Walk-in Centres on primary care access times. DH – £82,643, 2004 – 2006. R Maheswaran, T Pearson, J Munro, M Jiwa, J Nicholl.

Other Research

We have always had research interests outside emergency and urgent care. In 2006-7 we continued to pursue our interest in multiple sclerosis by collaborating with local researchers to redesign and evaluate computerised cognitive behaviour therapy for people with depression and multiple sclerosis. We were pleased to see publication in the BMJ of our HTA funded trial of acupuncture for low back pain which was part of Kate Thomas' programme of research in complementary and alternative medicine based in the MCRU.

Projects

Computerised CBT for treatment of depression in MS: an exploratory trial, £213,000 MS Society, Feb 2007 – Dec 2009, C Cooper, G Parry, J Nicholl, A O’Cathain, E Kaltenhaler, J Brazier, J Freeman, A Rose, C Isaacs, B Sharrack, M Boggild.

Review Body for Interventional Procedures ReBIP, NICE – £0.75m, 2006-2009, J Nicholl, A Grant, J Burr et al.

Acupuncture in low back pain 24 month follow up study, HTA £51,000, K Thomas, J P Nicholl, M Campbell, L Thorpe, J Brazier, H McPherson, M Fitter (York).

Longer term clinical and economic benefits of an acupuncture service for patients with chronic low back pain assessed as suitable primary care management, NHSE HTA – £155,000 + treatment costs., K Thomas, J P Nicholl, (MCRU), J E Brazier, M Campbell (ScHARR), M Fitter (Foundation for Traditional Chinese Medicine), H MacPherson (Northern College of Acupuncture), M Roman (York fund-holding consortium).

Publications

Academic journal papers 2006

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- Collinson P, Gaze D C, Bainbridge K, Morris F, Morris B, Price A, Goodacre S. Utility of admission cardiac troponin and "Ischemia Modified Albumin" measurements for rapid evaluation and rule out of suspected acute myocardial infarction in the emergency department. *Emergency Medicine Journal* 2006; 23: 256-61.
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- Dixon S, Sampson F, O'Cathain A, Pickin D M. Advanced access: more than just GP waiting times? *Family Practice*, 2006; 23:233-239
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- Freeman J V, Nicholl J P, Turner J. Does size matter? The relationship between volume and outcome in the care of major trauma. *Journal of Health Services Research and Policy* 2006; 11 (2): 101-5.
- Goodacre S, Sampson F, Stevenson M, Wailoo A, Sutton A J, Thomas S, Locker T E. Measurement of the clinical and cost-effectiveness of non-invasive diagnostic testing strategies for deep vein thrombosis. *Health Technology Assessment Monograph series* 2006; 10 (15): 1-168.
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Mason S. Emergency Care practitioners should not be compared with paramedics. *Emergency Medicine Journal* 2006; 23:325-326.

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O'Cathain A, Thomas K J. Combining qualitative and quantitative methods. In Pope C, Mays N (Eds). *Qualitative Research in Health Care*. Third Edition. pp 102-111. Blackwell Publishing Ltd, Oxford, 2006.

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Arnold J, Goodacre S. Establishing chest pain centres in the United Kingdom: The ESCAPE multicentre trial. The 9th Congress of Chest Pain Centers, Boston, USA, 2006.

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Cross E, How S, Goodacre S. Development of chest pain services in the UK. College of Emergency Medicine Annual Scientific Meeting, London, England, UK, 2006.

Dorling P, Munro J F, Freeman J V, Oxley T. Can one-to-one midwifery care increase the normal birth rate? European Congress on Perinatal and Neonatal Medicine, Prague, 2006.

Freeman J V, Munro J, Dorling P, Oxley T. The impact of continuity of maternity care on outcomes of labour: an evaluation of the effects of caseload midwifery. Normal Labour and Birth: 3rd Research Conference, Grange-over-Sands, Cumbria, England, UK, 2006.

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O'Cathain A, Murphy E, Nicholl J P. Medical sociologists, multidisciplinary teams and mixed methods studies. BSA Medical Sociology 38th Annual Conference, Edinburgh, Scotland, UK, 2006.

O'Cathain A, Murphy E, Nicholl J P. Multidisciplinary, interdisciplinary or dysfunctional? The role of team dynamics in mixed methods research. Mixed Methods Conference, Cambridge, England, UK, 2006.

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Mason S. The impact of emergency care practitioners on emergency services and admissions. Health Services Journal Conference – Managing emergency admissions. London 2006.

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Nicholl J P. The Multiple Sclerosis Risk Sharing Scheme. University of York, 2006.

O'Cathain A, Bryman A, Mason J. Mixed methods workshop. ESRC National Centre for Research Methods, University of Manchester, England, UK, 2006.

O'Cathain A. Interdisciplinary and multi-method research. ESRC National Centre for Research Methods Summer School, Southampton, England, UK, 2006.

O'Cathain A. Workshop on the quality of mixed methods research. Mixed Methods Conference, Cambridge, England, UK, 2006.

O'Cathain A. Increasing the 'yield' from mixed methods studies in health services research. MRC Fellows Meeting, Bristol, England, UK, 2006.

Turner J. Hanging on the telephone – an alternative way of managing 999 calls. 5th National SDO conference, London, May 2006.

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Official reports 2007

Goodacre S, Arnold J, Cross L, Morris F, Nicholl J P on behalf of ESCAPE research team. The ESCAPE multicentre evaluation of the role of chest pain units in the NHS. NIHR Service Delivery and Organisation R&D Programme 2007.

O'Cathain A, Coleman P, Nicholl J P. Patient views of the emergency and urgent care system. A preliminary report to the Department of Health. Medical Care Research Unit, SchARR, University of Sheffield, January 2007.

Turner J, Nicholl J, O'Cathain A. A preliminary study of emergency and urgent care networks. A report to the Department of Health. Medical Care Research Unit, SchARR, University of Sheffield, March 2007.

Turner J, Snooks H, Youren A, Dixon S, Fall D, Gaze S, Davies J. The costs and benefits of managing low priority 999 ambulance calls by NHS Direct nurse advisors (Research Summary). NHS Service Delivery and Organisation R&D Programme, 2007.

Refereed conference contributions 2007

Campbell M J, Mason S, Nicholl J P. Relative risks, odds ratio and cluster randomised trials. Biometrics Conference, Coffs Harbour, New South Wales, Australia, 2007.

Coleman P, Mason S, O'Keeffe C, Nicholl J P, Edlin R. The effectiveness of Emergency Care Practitioners (ECPs) within existing models of care in England. Joint Royal Colleges Ambulance Liaison Committee Conference, London, England, UK, 2007.

Dixon S, Mason S, Knowles E, Colwell B, Wardrope J, Gorringer R, Snooks H, Perrin J, Nicholl J P. Paramedic practitioners for older people: are they cost-effective? The College of Emergency Medicine Autumn Conference, Sheffield, England, UK, 2007.

Goodacre S, Cross E, Lewis C. The ESCAPE Trial: effectiveness and safety of chest pain assessment to prevent emergency admissions. The College of Emergency Medicine Autumn Conference, Sheffield, England, UK, 2007.

Goodacre S. The ESCAPE multicentre study of the role of chest pain units in the NHS. NHS SDO National Conference: Delivering Better Health Services, London, England, UK, 2007.

Goodacre S. The ESCAPE cluster randomised controlled trial of chest pain units to prevent emergency admissions. The 2nd annual meeting of the Health Service Research Network, Sheffield, England, UK, 2007.

Gray A, Goodacre S, Newby D E, Masson M, Sampson F, Nicholl J P. Efficacy of non-invasive ventilation in patients with acute cardiogenic pulmonary oedema: the 3CPO trial. The College of Emergency Medicine Autumn Conference, Sheffield, England, UK, 2007.

Gray A, Goodacre S, Newby D E, Masson M, Sampson F, Nicholl J P. Efficacy of non-invasive ventilation in patients with acute cardiogenic pulmonary oedema: the 3CPO trial. European Society of Emergency Medicine Autumn Conference, Sorrento, Italy, 2007.

Gray A, Goodacre S, Newby D E, Sampson F, Nicholl J P, Masson M. Efficacy of non-invasive ventilation in patients with acute cardiogenic pulmonary oedema: the 3CPO trial. European Society of Cardiology Congress, Vienna, Austria, 2007.

Johnson M, Goodacre S, Read S M, Tod A M. The ESCAPE Trial: Patient views and experiences of chest pain assessment. The College of Emergency Medicine Autumn Conference, Sheffield, England, UK, 2007.

Johnson M, Tod A M, Goodacre S, Read S M. Are Chest Pain Units acceptable to patients? Qualitative findings from the ESCAPE trial. RCN International Nursing Conference, Dundee, Scotland, UK, 2007.

Mason S, Knowles E, Freeman J V. Safety of paramedics with extended skills. The College of Emergency Medicine Autumn Conference, Sheffield, England, UK, 2007.

Mason S, Locker T E, Carter A. WAIT Study: Factors affecting waiting times in the UK Emergency Departments. The College of Emergency Medicine Autumn Conference, Sheffield, England, UK, 2007.

Mohammed S, Goodacre S. Systematic review and meta-analysis of nebulised and intravenous magnesium sulphate in adults with acute asthma. The College of Emergency Medicine Autumn Conference, Sheffield, England, UK, 2007.

Nicholl J P, West J, Goodacre S, Turner J. The relationship between distance to hospital and mortality in emergencies: an observational study. The College of Emergency Medicine Autumn Conference, Sheffield, England, UK, 2007.

O’Cathain A, Coleman P, Turner J, Nicholl J P. Seeing systems not services - the case of emergency and urgent care. 2nd Annual Meeting of the Health Services Research Network, Sheffield, England, UK, 2007.

O’Cathain A, Murphy E, Nicholl J P. A case study of integration within a mixed methods project. Mixed Methods Conference, Cambridge, England, 2007.

Oluboyede Y, Goodacre S. The ESCAPE Trial: Economic evaluation of chest pain units in the NHS. The College of Emergency Medicine Autumn Conference, Sheffield, England, UK, 2007.

Penson R, Coleman P, Mason S, Nicholl J P. Why do patients with minor conditions attend the Emergency Department? The College of Emergency Medicine Autumn Conference, Sheffield, England, UK, 2007.

Sampson F, O’Cathain A, Goodacre S. Feeling fixed: a qualitative study of patients following primary angioplasty. The College of Emergency Medicine Autumn Conference, Sheffield, England, UK, 2007.

Turner J, D. Fall, J.Davies, H. Snooks, A.Youren, S.Gaze. Can low priority emergency ambulance calls be managed by telephone advice? JRCALC annual meeting, London, November 2007.

Turner J, D. Fall, J.Davies, H. Snooks, A.Youren, S.Gaze. Can low priority emergency ambulance calls be managed by telephone advice? Society for Academic Emergency Medicine, Chicago, May 2007.

Invited seminars, conference presentations, lectures (UK) 2007

Goodacre S. Chest pain at the front door. The Royal College of Physicians of Edinburgh, St Andrew’s Day Symposium, 2007.

Nicholl J P. HTA Commissioning. HTA Biennial conference, London 2007.

Nicholl J P. Priorities for emergency care research. JRCALC, London 2007.

Nicholl J P. Observational studies to evaluate surgical interventions. Oxford Surgical Trials Meeting, Oxford 2007.

Nicholl J P. Emergency Care: A new direction of travel. The College of Emergency Medicine Autumn Conference, Sheffield, England, UK, 2007.

O’Cathain A. Multidisciplinary, interdisciplinary or dysfunctional? The relationship between team working and the effectiveness of mixed methods research. “It’s all in the mix” Combining methods effectively in health services research. University of Swansea, UK, 2007.

O’Cathain A. Setting the agenda for doing mixed methods research. ESRC Social Work Research Development conference, University of York, England, UK, 2007.

Turner J. Do Helicopters need doctors? British Paramedic Association annual conference, University of Teeside, 2007.

Turner J. Changing ambulance service response time targets – do patients benefit? Euro-navigator conference, Leeds, 2007

Turner J. Hanging on the telephone – an alternative way of managing 999 calls. Seminar presented at the University of Swansea, 2007

Turner J. Helicopter EMS – what is the evidence? Trauma UK annual conference, Telford, 2007.

Invited seminars, conference presentations, lectures (Overseas) 2007

Nicholl J P. Health Technology Assessment (HTA) in the UK. Italian Regulatory Affairs Conference. Verona, Italy 2007.

Staff 2006–2007

Unit Director and Professor of Health Services Research

Jon Nicholl

Professor of Emergency Medicine

Steve Goodacre

Reader in Emergency Medicine

Suzanne Mason

Reader

Gareth Parry (*Left February 2006*)

Clinical Senior Lecturer

James Munro (*Left April 2006*)

Senior Research Fellows

Alicia O’Cathain

Elaine Weatherley-Jones (*Left June 2006*)

Clinical Research Fellow

Tom Locker (*Left January 2006*)

Research Fellows

Jane Arnold

Patricia Coleman

Emma Knowles

Thein Ohn (*Left December 2006*)

Fiona Sampson

Janette Turner

Richard Wilson

DH Training Fellow

Clare Relton

Research Associates

Elizabeth Cross

Joanne Coster

Maxine Johnson (*Left June 2006*)

Colin O’Keeffe

Martina Santarelli

Administrator

Michelle Hassall

Personal Assistant to the Director

Jill Willoughby

Unit Secretary

Joanne Turner

Research Clerical Officers

Joanne Casson

Marc Chattle

Margaret Jane

Kathryn Paulucy

Susan Proctor

Biographical Information

Jane Arnold *RGN, ENBI24, 998*

Jane joined MCRU in April 2004 to work on the effectiveness and safety of chest pain assessment to prevent emergency admissions. She is currently investigating the role of information sheets in the emergency setting with funding from the Health Foundation. Jane continues to have a clinical role working at the Northern General Hospital in Sheffield within the chest pain unit.

Joanne Casson

Joanne joined the MCRU in 2003 to work on both the Waiting times in A&E and the costs and benefits of managing low priority 999 ambulance calls by NHS Direct projects. She is now the project officer on the emergency care practitioners study. Before joining the MCRU, Joanne worked in the University's Magnetic Resonance Imaging Department based at the Northern General Hospital, prior to which she gained secretarial experience as a PA for two Consultant Vascular Radiologists.

Marc Chattle *BA (Modern Language Studies)*

Marc joined the MCRU in November 2003 to work on the Review Body for Interventional Procedures (ReBIP). He also supports the ScHARR Research Committee, the Social Science and Health Group, and a range of other activities within the School. He has also supported the RAE, and the Long Term Healthcare Outcomes project.

Pat Coleman *BA Hons (Political Theory and Institutions), Postgraduate Diploma in Law*

Since joining the MCRU in 1987, Pat has worked in various research teams mostly investigating issues relating to health policy for the Department of Health. Experienced in both quantitative and qualitative methods of enquiry, Pat also contributes to the undergraduate and postgraduate teaching in ScHARR, and is a longstanding member of the ScHARR Ethics Committee. Currently Pat is working on the Department of Health programme of research into emergency and urgent care systems.

Joanne Coster *BA (Social Science), MSc (Health Services Research and Technology Assessment)*

Joanne joined ScHARR in 2003, having previously worked as a Research Associate and Project Manager for an NHS led research unit. Whilst at ScHARR she worked in the Section of Public Health on projects related to patient safety and quality of care, before joining the MCRU in 2007. Joanne is currently working on an evaluation of commuter walk-in centres.

Elizabeth Cross *BA (Public Administration), MA (Applied Research and Quality Evaluation)*

First employed at MCRU in 1995, Liz has worked mainly on emergency services research. She is currently working on a randomised controlled trial of rapid blood testing for acute chest pain in the NHS. Research interests include socio-economic variations in health.

Steve Goodacre *MB ChB, MRCP, DipIMC, FFAEM, MSc (Health Services Research and Technology Assessment), PhD*

Steve trained as an emergency physician in Leicester and Leeds, completing his specialist medical training in 1998. He then moved to Sheffield to train in Health Services Research, completing a Masters degree in 2000 and his PhD in 2003. He was appointed as a Clinical Senior Lecturer in Emergency Medicine and Honorary Consultant at the Northern General Hospital in 2003, and was promoted to a Personal Chair in 2007. His current research includes evaluating the implementation of chest pain units and primary angioplasty in the UK, multicentre trials of point of care cardiac tests, non invasive ventilation for heart failure and magnesium sulphate for asthma, and development of risk-adjusted outcome measures for systems of emergency care.

Michelle Hassall *BEd (Fine Art)*

Michelle Hassall worked as a primary school teacher before joining the Medical Care Research Unit.

Michelle has responsibility for the day-to-day management and development of all aspects of the Unit's administrative procedures together with responsibility for event management, publicity and marketing.

Margaret Jane *RSAMH*

Margaret joined the MCRU in August 2005 to work as a part-time clerical officer on the ESCAPE Project. She now works full-time on the RATPAC Study. She had previously worked as a senior secretary in the University's Academic Palliative Medicine Unit.

Maxine Johnson *RGN; BSc (Hons) Psychology; MSc Health Services Research*

Maxine joined ScHARR in 2003, from a nursing background. She worked in the Public Health Section on three projects exploring the delivery of health care for people with diabetes. In 2005 she moved to the Medical Care Research Unit to undertake qualitative work for the ESCAPE project. Since completing this work, she has returned to the Public Health section.

Emma Knowles *BSc (Sociology), MA (Applied Research and Quality Evaluation)*

Emma Knowles joined the Medical Care Research Unit in 1996 as a research associate to work on the evaluation of business process re-engineering at Leicester Royal Infirmary. She was part of the research team undertaking the national evaluation of NHS direct. Emma project managed a RCT evaluating community paramedic practitioners and is now working on an evaluation of Emergency Care Practitioners.

Suzanne Mason *MBBS, FRCS, FFAEM, MD*

Suzanne has trained in Emergency Medicine and spent a year as a Royal College of Surgeons of England Research Fellow. She was awarded an MD whilst undertaking higher training in Emergency Medicine. She joined Sheffield University as a Senior Clinical lecturer in 2001 and was promoted to Reader in 2007. She divides her time between the University and the Sheffield Teaching Hospitals Trust emergency department.

Her main research interests include evaluating complex interventions in emergency and urgent care. She is particularly interested in the evaluation of new roles and alternative pathways of care. She is currently undertaking a community intervention trial to evaluate the effectiveness of Emergency Care Practitioners.

James Munro *BA (Social and Political Sciences), MB BS, MRCP, MFPHM*

James Munro worked in hospital medicine and public health medicine before joining the MCRU in 1995 as director of the MSc in Health Services Research, and clinical lecturer in epidemiology. He led the national evaluation of NHS Direct and advised on the evaluation of NHS24 in Scotland.

Other research interests include exercise in the elderly, adverse selection, use of emergency services and British health policy generally. During 2006 and 2007 he was honorary Consultant in public health medicine at Sheffield West PCT and editor of Health Matters magazine.

Jon Nicholl *BA (Philosophy), MSc (Statistics), CStat, FFPH*

Jon Nicholl spent five years in London as a research associate at University College London working on road traffic accident prevention before coming to the MCRU as a statistician. He was appointed senior statistician in 1986 and deputy director in 1993. He became director of the Unit in 1995. His main research interests are in urgent and emergency care.

Outside the Unit he is currently chair of the HTA Programme Commissioning Boards and Deputy Programme Director.

Alicia O’Cathain *BSc (Mathematics), MSc (Social statistics), MA (Research methods in Sociology), CStat, PhD*

Alicia is interested in the evaluation of complex interventions, mixed methods, and measuring patients’ views of services. Currently she is developing an instrument to measure routinely users’ experiences and views of the emergency and urgent care system, and evaluating walk in centres for commuters.

Thein Ohn *MB, MPH, MPhil*

Thein Ohn worked on the the Long Term Health and Healthcare Outcomes project. He completed his post graduate degree in August 2006, evaluating the sure start safety scheme which was based at the Foxhill and Parson Cross sure Start are of Sheffield. He also assisted on the study of waiting times in A&E.

Colin O’Keeffe *BA (History), MA (Applied social research)*

Colin has been working as a researcher in the MCRU/Health Services Research since 1999. He has worked in pre-hospital research, including a project evaluating ambulance response time standards and a study evaluating Emergency Care Practitioners (ECPs).

Gareth Parry *BSc (Statistics), MSc (Social Statistics), PhD*

Gareth was a Commonwealth Fund Harkness Fellow in Health Care Policy in 2003/4. He was co-director of the NHS Paediatric Intensive Care Audit Network for the Department of Health and Director of the Review Body for Interventional Procedures for the National Institute for Clinical Excellence.

He left the MCRU in February of 2006 and is now Director of Performance Measurement and Analysis at the Children’s Hospital in Boston, USA.

Kathryn Paulucy

Kathryn joined the MCRU in November 2003 as clerical officer for two studies, the CPAP and NIPPV study, and the HTA DVT study. After the conclusion of the HTA DVT Study mid 2005 Kathryn provided clerical support to various studies within the Unit as well as the ongoing CPAP Study. In February 2006 she commenced work on the new study of National Infarct Angioplasty Pilots.

Susan Proctor

Susan Proctor joined the Medical Care Research Unit in October 2007 to work as a part-time clerical officer on the DAVROS Project. Previously she worked for 7½ years as a PA in Mental Health Unit in ScHARR.

Clare Relton, BA Hons, RSHom, MSc (Health Services Research)

Clare has a DH pre-doctoral training fellowship in Complementary and Alternative Medicine (CAM). She completed her MSc in Health Services Research in 2005 and is currently working towards her PhD. Her research is on the menopause, homeopathy and appropriate trial methodologies for CAM.

Fiona Sampson BA (Pure Maths and French), MSc (Operational Research for Healthcare Management)

Fiona joined the MCRU in 2000 after working in the Operational Research unit of ScHARR for 4 years. Since joining the unit she has worked on DH commissioned work such as the evaluation of NHS Direct, the evaluation of Advanced Access in primary care and research examining the scale of, and reasons for, removal of patients from GP's lists.

She is currently working as project manager for the evaluation of the National Infarct Angioplasty Project Pilots (NIAPP) and on a trial for interventions for acute cardiogenic pulmonary oedema (3CPO study).

Martina Santarelli BSc (Health Care Sciences), RGN, Diploma (Practice Research), ENB 870,998,N10

Martina joined the MCRU in December 2002 as a Research Nurse on the Multiple Sclerosis Monitoring Study.

Since then she has also worked on the Long term health and healthcare outcomes after accidental injury project, and is currently working on the Development and Validation of Risk-adjusted Outcomes for Systems of Emergency Care. she was previously employed in the NHS at a Clinical Research Facility supported by the Wellcome Trust, and has also specialised in caring for patients within the field of Nuclear Medicine.

Janette Turner BSc (Biology), MSc (Health Economics and Management), RN

Janette Turner spent several years nursing mainly in emergency surgery, coronary care and accident and emergency, before joining the Nursing Practice Research Unit at the University of Surrey in 1986. She joined the trauma research programme at the MCRU in 1991.

Her completed projects include evaluations of a regional trauma system, priority dispatch systems, the use of pre-hospital IV fluids by paramedics, response time standards for ambulance services, and the management of low priority 999 ambulance calls by NHS Direct. She is currently working on studies looking at long term outcomes following major injury and the development of emergency care networks. Janette is also the course director for the MSc in Health Services Research and Technology Assessment.

Joanne Turner RSA III, Diploma (AMSPAR)

Joanne Turner gained secretarial experience in a variety of University departments before taking up a post with the MCRU in early 1996. She is currently secretary to the MCRU part-time, and also provides administrative support to the ScHARR seminar programme.

Elaine Weatherley-Jones BSc (Psychology), PhD, C Psychol, M.B.P.S, RSHom

Elaine was an NHS post-doctoral training fellow in Complementary and Alternative Medicine, conducting a programme of research into the inter-personal and intra-personal processes of homeopathic treatment and developing a design for a study of homeopathic treatment for chronic fatigue syndrome. She is a chartered psychologist with a doctoral degree in the assessment and development of psychological tests and with experience of behavioural research. Member of the BPS Register of Competence in Occupational Testing (Level A). She completed her professional studies in homeopathy in 1997 and has been a licentiate of the London School of Classical Homeopathy since 1998. She is also a registered homeopath with the Society of Homeopaths.

Gillian Willoughby RSA III

Gillian joined the MCRU in 1989 to work as a project clerical officer, and in 1990 she moved across to become the Unit secretary. Since 1994 she has acted as PA to the Unit's Director, and also has responsibility for the section's finance. Prior to joining the Unit she worked as a post office clerk, following a number of years spent at home on child care. Her origins were in a variety of office positions which included secretary in the overseas department of the AA and reception in the radiology department of a large hospital.

Richard Wilson BA(Sociology), MA(Applied Social Research), MSc(Medical Sociology)

Richard started working in ScHARR in 2001. Since January 2007 he has been managing a project examining the development of a risk adjustment tool for use by hospital emergency departments. His interests include medicalisation and research philosophy.

Reports

2007

The costs and benefits of managing low priority 999 ambulance calls by NHS Direct nurse advisors (Research Summary). 2007

A preliminary study of emergency and urgent care networks. A report to the Department of Health. 2007

Patient views of the emergency and urgent care system. A preliminary report to the Department of Health. 2007

The ESCAPE multicentre evaluation of the role of chest pain units in the NHS. Report for the National Co-ordinating Centre for NHS Service Delivery and Organisation R & D (NCCSDO). 2007

2006

Measurement of the clinical and cost-effectiveness of non-invasive diagnostic testing strategies for deep vein thrombosis. 2006

Complementary and alternative medicine use over time; survey of patterns of use and disuse. Interim Report to Department of Health. 2006

The costs and benefits of changing ambulance service response time performance standards. 2006

The costs and benefits of managing some low priority 999 ambulance calls by NHS Direct nurse advisors. Report for the National Co-ordinating Centre for NHS Service Delivery and Organisation R & D (NCCSDO). 2006

2005

A national evaluation of the clinical and cost effectiveness of Emergency Care Practitioners (Phase two) Final report. 2005

2004

A national evaluation of the clinical and cost effectiveness of Emergency Care Practitioners (Phase one) Final report. 2004

Evaluation of the clinical and Ambulance Service operational impact of the Lincolnshire Integrated Voluntary Emergency Service (LIVES). 2004

2003

A review of the costs and benefits of helicopter emergency ambulance services in England and Wales. Final Report to the Department of Health. 2003

Access to Complementary and Alternative Medicines (CAMS) via NHS Primary Care in England. Executive Summary. 2003

Access to Complementary and Alternative Medicines (CAMS) via NHS Primary Care in England in 2001, and changes since 1995. Report to the Department of Health. 2003

Complementary Therapies under Primary Care Groups. Final report to the Department of Health. 2003

Evaluation of NHS Direct: impact and appropriateness. 2003

The benefits and costs of workload forecasting in the health service: an exploratory study. 2003

2002

A randomised controlled trial of the cost-effectiveness of exercise in over-65 year olds. 2002

The Performance of Staffordshire Ambulance Service: A review. 2002

The Impact of accident prevention initiatives on recent trends in inequalities in accident mortality. Final report to NHSE, Trent. 2002

Patient de-registration from GP lists: and professional and patient perspectives. Final report to the Department of Health. 2002

A scoping study to inform the development of a data collection system to measure the severity of fire-related injuries. 2002

2001

Evaluation of NHS Direct first wave sites. Final report to the Department of Health. 2001

The effect of skill-mix on clinical decision-making in NHS Direct. 2001

Evaluation of the NHS Direct Essex pharmacy pilot scheme. Report to the Department of Health. 2001

An Evaluation of a General Practice Co-operative. 2001

2000

Evaluation of NHS Direct first wave sites. Second interim report to the Department of Health. 2000

Walk-in Centres: a review of existing research. 2000

1999

Models of Complementary Therapy Provision in Primary Care. Executive Summary. 1999

Models of Complementary Therapy Provision in Primary Care. 1999

GP-based purchasing of osteopathy and chiropractic; an evaluation of a pilot scheme 1996-1998. Executive Summary. 1999

GP-based purchasing of osteopathy and chiropractic; evaluation of a pilot scheme 1996-1998. 1999

1998

Evaluation of NHS Direct first wave sites. First interim report to the Department of Health. 1998

Setting Targets: Achieving Reductions in Pressure Sores. 1998

1996

The Safety and Reliability of Priority Dispatch Systems. 1996

The Effectiveness of Interventions to Prevent Accidental Injury to Young Persons Aged 15-24 years: A Review of the Evidence. 1996

1995

The cost-effectiveness of the regional trauma system in the North West Midlands. 1995

National Survey of Access to Complementary Health Care via General Practice. 1995

The costs and effectiveness of helicopter emergency ambulance services. Information for purchasers in England and Wales. 1995

1994

The costs and effectiveness of the Cornwall and Isles of Scilly ambulance service helicopter unit. 1994

The costs and performance of the medical activities of the Sussex Police helicopter unit. 1994

The costs and effectiveness of the London helicopter emergency medical service. 1994

1987

Evaluation of Peterborough Hospital at Home. 1987

1985

Home Care Services for the Terminally Ill. A report for the Nuffield Foundation. 1985

All reports which are available as a PDF can be accessed via our website at www.sheffield.ac.uk/mcru/reports.html

Alternatively to receive a paper copy please contact:

Mrs Joanne Turner

Medical Care Research Unit

University of Sheffield

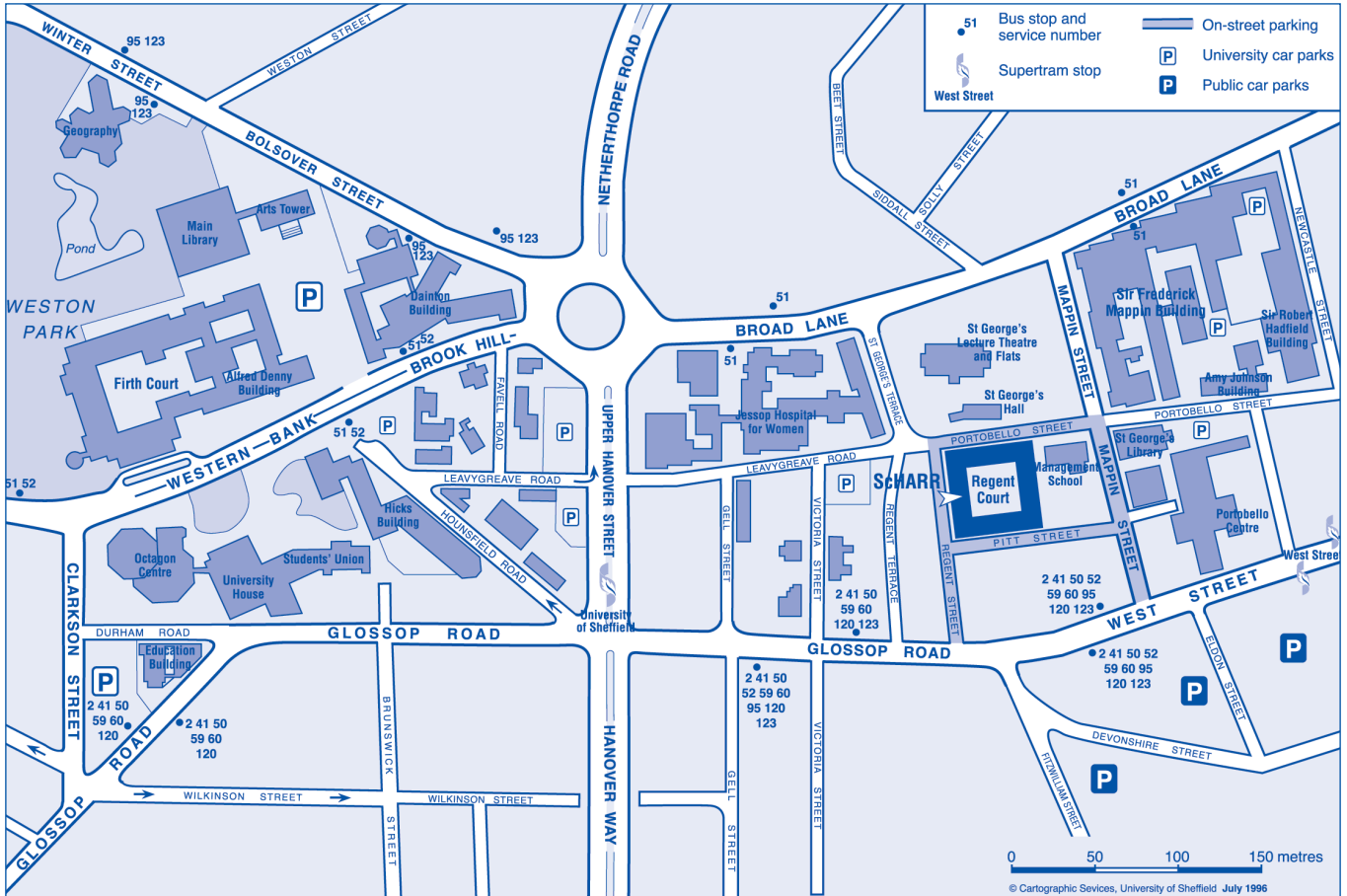
Regent Court

30 Regent Street

Sheffield, S1 4DA

How to find the Medical Care Research Unit

The MCRU is based in the School of Health and Related Research (ScHARR) and is on the third floor of Regent Court, a new brick building on Regent Street, which is just off West Street and very close to the centre of Sheffield. Other ScHARR sections are located on the first and second floors of the same building.



Travelling by car

If you are driving to Sheffield from elsewhere, take the inner ring road (Upper Hanover Street on the map above), following signs for the University. Limited pay and display and on-street car parking in nearby streets is available as shown.

Travelling by train

The MCRU is about 5-10 minutes from Sheffield's main railway station by taxi (about £6), or about 25 minutes by foot.

There are also supertram stops close to Regent Court. To take the supertram, turn right out of the station and walk towards the bridge over the roundabout which is directly ahead of you. Just before the bridge, turn left up the hill to find the supertram stop. Take a tram from platform 6b heading for Shalesmoor or Middlewood, and get off at the West Street or University stops.

Travelling by air

Sheffield's nearest international airports are Robin Hood airport Doncaster, Manchester airport and East Midlands airport.