



Health Innovation  
North East and North Cumbria

# Research & Innovation in Health: A Collaborative Approach

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Paul Court – Chief Executive  
Health Works





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Health Innovation North East  
and North Cumbria



University of Sunderland



Health Innovation  
North East and North Cumbria



North East and  
North Cumbria

- Welcome everyone
- Housekeeping

# Purpose of Today's event

- Bring the research, innovation communities together
- To explore the potential opportunities
- Make connections
- Develop an understanding of the infrastructure



# What is the Health and Life Sciences Pledge?

“The Health and Life Science Pledge is a promise to encourage, enable and empower more research & innovation, by bringing together all key stakeholders to better communicate, collaborate and celebrate to ultimately save lives and improve livelihoods”

## Purpose of the PLEDGE?

The purpose of the Pledge is to bring together the regional Health and Life Sciences ecosystem with the aim of:

- Collectively addressing our regional health and social care challenges;
- Gaining recognition for our unique infrastructure and assets on both a national and international stage;
- Working cohesively to identify opportunities and attract investment to the region;
- Celebrating our collective success in the innovation arena.

# Objectives – Critical Success Factors

To help support  
the reduction of  
health inequalities  
in NENC

To improve and  
increase  
investment to the  
NENC region

To promote and  
support economic  
growth across the  
NENC region

To become a  
national exemplar  
and ‘Hub of  
Excellence’ for  
health and social  
care innovation

In the first 20 months we have **178** organisations signed up to the Health and Life Sciences Pledge

We supported the successful bid for **£4.17 million** in regional investment through North Futures

We have held **6** successful regional networking events with topics including Newcastle, Cumbria Launches, Landscape Review, devolution and the opportunities, finance and internationalisation, with these events reaching over **300 people**.

We have designed and developed **14** monthly newsletters full of good new stories, events and bringing the network together.

Development and Launched our **Pledge website** ([www.HLSPledge.org.uk](http://www.HLSPledge.org.uk))

Pledge survey to all Pledgees with a 50% response rate

Pledge Steering Group – 41 organisation indicating they want to be included

We have actively attended and promoted the Health and Life Sciences Pledge at over 16 regional and national events including **CONFED** and **MEDTEC**, **Venture Fest 2024**, **Med Tech 2023 and 2024**, **Diagnostics North East Conference**, **Med Connect Conference – MedTech Journey** **House of Commons NEPIC showcase event**, **Biomedical Research Centre - Showcase event**, **ARC National showcase**, **NE Life Sciences Conference**, **ABPI annual conference**, **ISN – Digital Innovation Showcase**, **Bio Focus 2024**, **Tees Valley Business Summit**

A highlight being an invite to the **House of Commons** with NEPIC and a conversation with Chi Onwurah the Minister for Science, Research and Innovation, highlighting the real value of a collaborative regional approach for the Health and Life Sciences Infrastructure.







**HEALTH & LIFE  
SCIENCES PLEDGE**  
North East and North Cumbria

# Pledge in action, BBC Showcase



National Innovation  
Centre **Ageing**

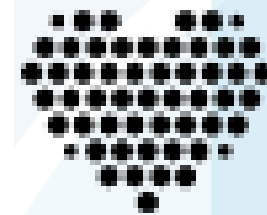


**Gateshead Health**  
NHS Foundation Trust

**NORTH  
OF TYNE**  
COMBINED  
AUTHORITY



**RTC**  
*inspiring growth*

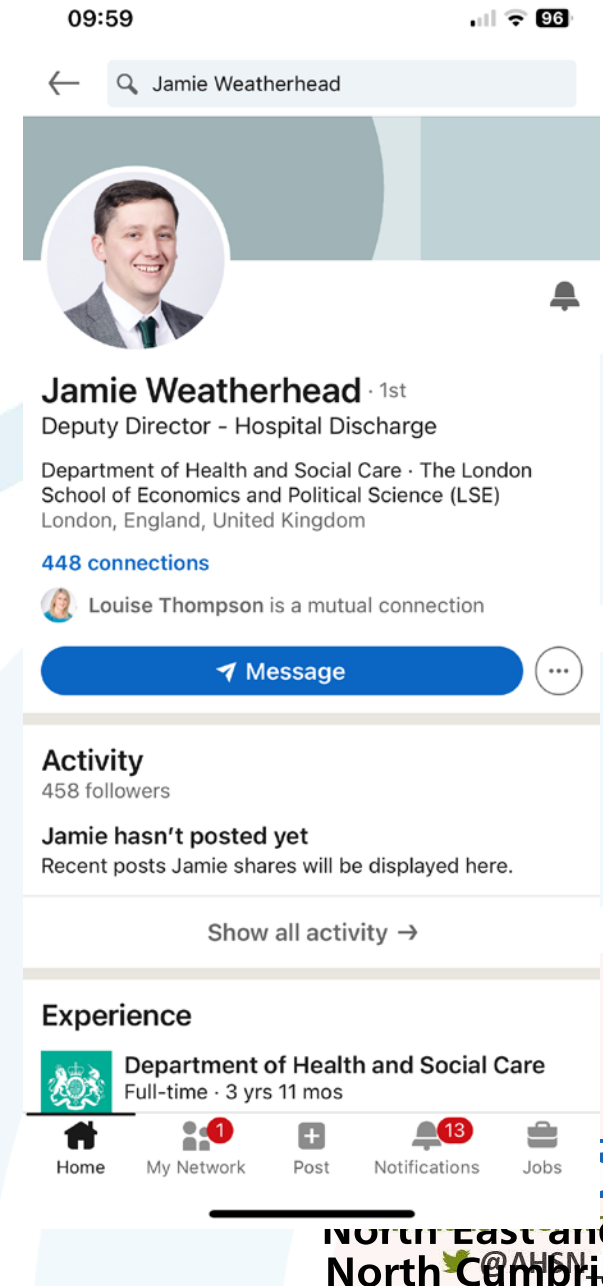


Internet  
of Caring  
Things

Voice



- We also had the pleasure of welcoming Jamie Weatherhead, the Deputy Director for Intermediate Care, Department of Health and Social Care, visiting the North East from Westminster in October to discuss innovations that can support Discharge from Hospital
- A great opportunity for the Health and Life Sciences Pledge community to come together and supports real time health care need.





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# Trade Mission

- Following the Internationalisation Pledge event in July 2024, Health and Life Science Pledges, HI NENC, NTH Solutions, and innovator, Mistura Informatics, participated in a trade mission to Romania organised by the RISE Institute.
- Followed by additional trade missions from Romania and Netherlands in 2025
- The trade mission provided valuable opportunities to engage with healthcare and academic leaders, as well as businesses in the med tech sector.
- We also welcomed an Indian Delegation to the North East in December 2024 showcasing the Pledge Partnership in action.





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# 5G Healthcare Hub

- The 5G Healthcare project, funded by North East Combined Authority (NECA), brings together a consortium of expert partners with a proven track record in fostering innovation. Together, they aim to assess and upscale 5G-enabled healthcare solutions in a 'safe' and innovation rich environment.
- The consortium is led by CPI and includes four Health and Life Science Pledge partners from across the region: HI NENC, Waymark, Boldyn Networks, Northumbria Healthcare NHS Foundation Trust, and NENC ICB. A key element of this project has been the co-design and development of a regional 5G challenge, focused on the improvement of in hospital effective coordination of patients, staff, data, and technology for smooth patient flow.

# Gateshead Trust

With a strategic intent to become the Northern Centre of Excellence for Women's Health, The Pledge has given the Trust access to colleagues from across the academic, pharmaceuticals and other sectors and industry.

This has included an opportunity to join the Health Innovation FemTech programme which supports startup companies and entrepreneurs who have potential solutions for women's health challenges.

Gaining unique insight into the innovations of the future, The Pledge has promoted opportunities to work together to strengthen potential collaborations in the FemTech space.

As the lead organisation for the women's health hub at Gateshead Place, where sexual health and addition, reversible contraception (LARC) are identified as a top priority, the Trust has built excellent working relationships with Bayer, one of the leading industry providers.

Through this link clinicians across Gateshead have benefited from access to training, webinars and up to date industry intelligence that supports the delivery of services. In addition, Gateshead Health has established a good working relationship with another pledgee, E3 Design, and are exploring future opportunities and joint support for innovations which have potential for evaluation within the Trust

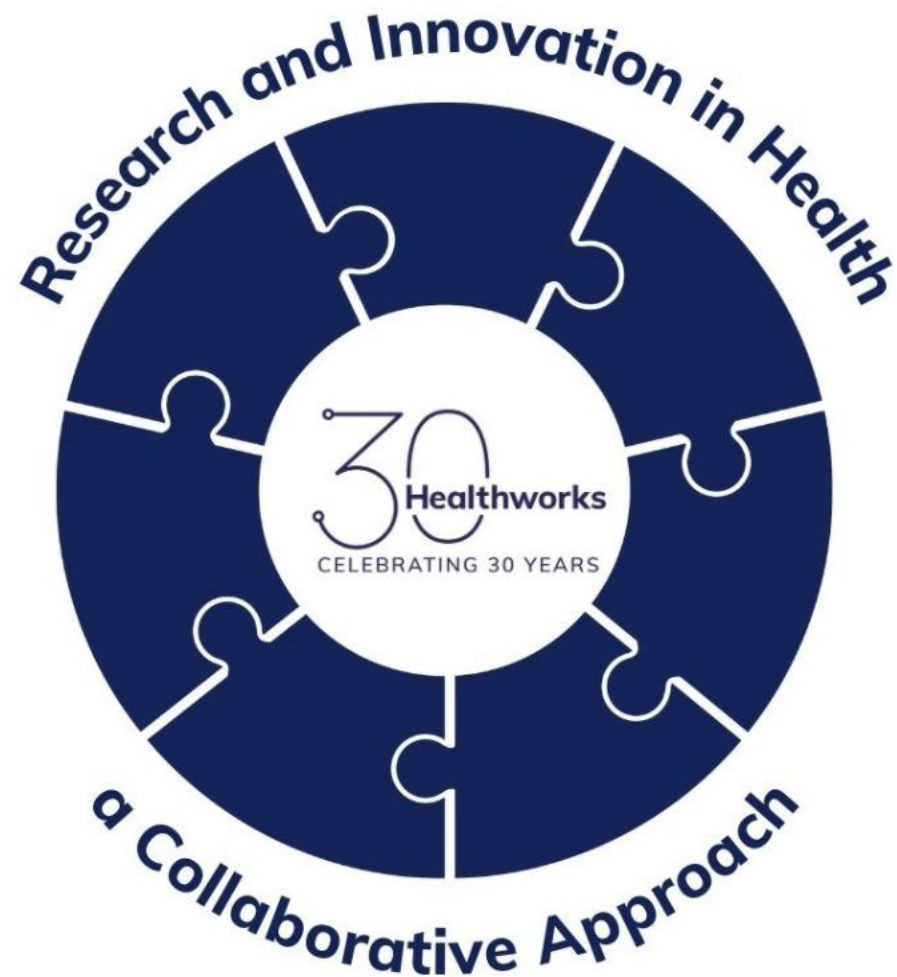




**Health Innovation**  
North East and North Cumbria



North East and  
North Cumbria



**Healthworks**  
the community health charity

# Paul Court

## Healthworks Chief Executive

*Supporting people of all ages to  
live longer, happier and healthier lives*

# Research & Innovation in Health: A Collaborative approach

**9:30 – 9:45 Welcome, Housekeeping & Opening Remarks**

Jody Nichols, Associate Director - Health Improvement, Health Innovation North East and North Cumbria

**9:45 – 10:15 -Showcasing Healthworks**

Paul Court CEO, Healthworks

**10.15- 10.25 -Keep Exercising & Stay Steady (KESS)**

Sarah Audsley, PhD. Senior Lecturer - Physiotherapy, Northumbria University

**10:25 – 10:50 How VCSE can support funding, PPIE engagement and support in research and product development. Q&A**

Dr Felicity Shenton, Public Involvement & Community Engagement Manager, NIHR ARC NENC

**10:50 – 11:00 Coffee & Networking Break**

# Research & Innovation in Health: A Collaborative approach

## 11:00 – 11:40 Innovative Research in collaboration with Healthworks

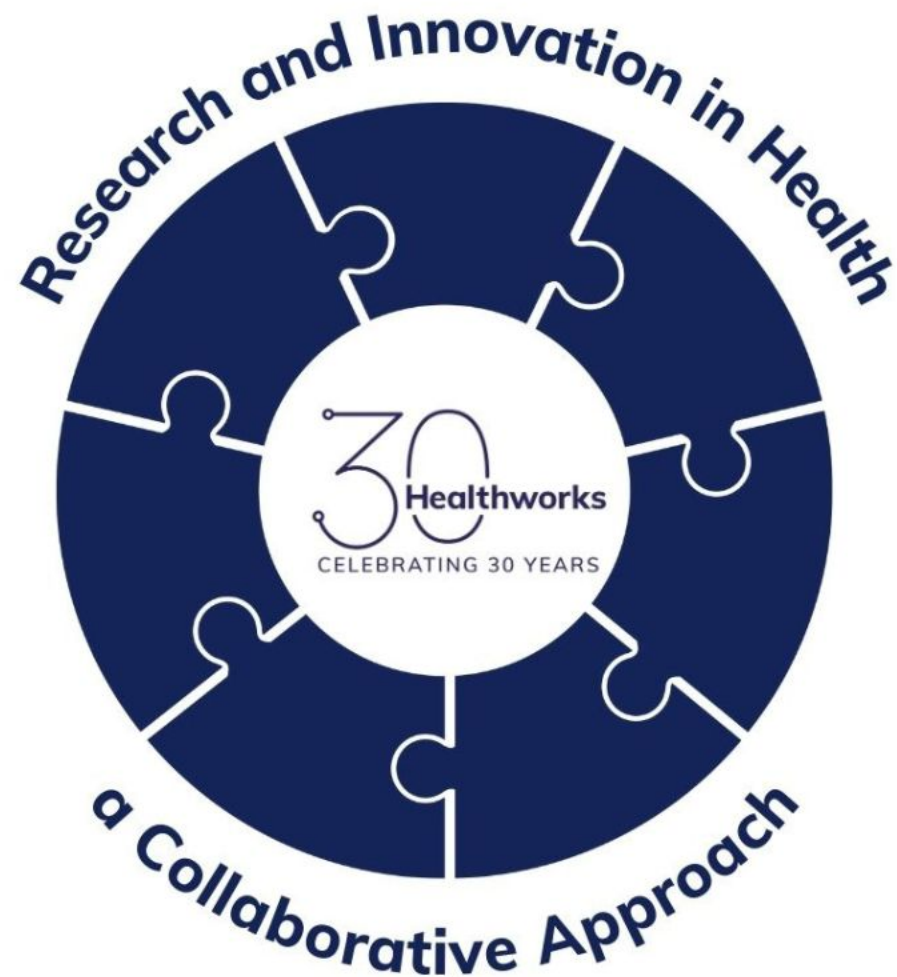
- EXpanding into communities to imProve physical activity sUpport foR womEn after breast cancer (PURE-EX)- **Dr Sam Orange, NCL University**
- *PERFORM* Study – Physical Activity & Multi-Morbidities - **Ioannis Vogiatzis Ph.D. FERS, Professor of Rehabilitation Sciences, Northumbria University**
- Hypertension, wearables and development of a prototype - **Gabriel Cucato, PhD FHEA, Assistant Professor in Sport and Exercise Sciences/Programme Lead Northumbria University**

## 11:40 – 12:00 Research Partnerships, Business Engagement & Grant Collaborations

- Supporting Businesses Across the North East
- Strengthening research-industry collaboration
- Opportunities for businesses in health innovation
- Partnering with SMEs & health tech companies

## 12:00 –Closing Remarks & Lunch

- Slido questions/survey
- Lunch and opportunity to network



Please scan the code to give feedback  
and to ask any questions



# NORTH EAST REGION HEALTH CHALLENGES\*

**34%**

of the 2.6m people living in the North East live in places classified as being in the 20% most deprived areas in England

**69.7%**

of adults are classified as overweight or obese, compared to 63.5% in England

**7**

out of 12 local authorities are within the 25% LA's with the highest deprivation score overall

**59 years**

Healthy Life Expectancy for males is 59.1 and 59.7 for females (the England average is over 63 (for male and female)

**16%**

of adults in the North East smoke which is almost 2% higher than the England average

**15.7%**

of pregnant women smoke compared to only 10.6% across England

**17%**

The region has some of the lowest literacy levels in the country, with 17% of people aged 16 to 65 thought to be at or below the reading level of a nine to 11 year old

**43%**

of adults are living with chronic pain in the North East. This is the highest prevalence across the nine regions. London is lowest with 29%.

**59%**

breastfeeding initiation compared with 74.5% in England

**63.5%**

of adults do the recommended 150 mins of weekly physical activity compared with 65.9% in England

**15.6%**

of adults report a mental health problem in North East and North Cumbria compared with 12.7% in England.

**7%**

Above the England average for emergency hospital admissions in 65+ year olds due to falls. The North East is second highest in England with a rate of 2320 per 100,000 compared to the England rate of 2170 per 100,000.

*\*according to most recent figures available for this period*





For nearly 30 years Healthworks mission has been clear:  
to reduce health inequalities and improve health outcomes across the North East.





“

**Despite previous recommendations for action outlined in my 2010 review "Fair Society, Healthy Lives," successive national policies have failed to address health inequalities effectively.**

**However, there have been localised efforts by the NHS and community sectors to address these inequalities.**

**Organisations like Healthworks play a crucial role in addressing health inequalities at the local level.**

**By focusing on the social determinants of health, Healthworks can tackle the root causes of poor health and prevent health problems before they escalate.**

”

**Professor Sir Michael Marmot, Healthworks Patron**



## A quick guide to some of our services

**ESCAPE-Pain:** a free 6-week rehabilitation programme for patients referred via TIMS (Tyneside Integrated Musculoskeletal Services) with long-term knee and/or hip arthritis.

**Staying Steady:** a free 28 week programme for people who have had a fall, or who feel as though they may be at risk of having a fall. It is scientifically proven to improve strength and balance. People can self-refer or be referred.

**Waiting Well:** 12 weeks of free one-to-one support addressing to enhance individuals' overall health, ensuring they are better prepared for successful surgeries, have quicker recoveries and spend less time in hospital.

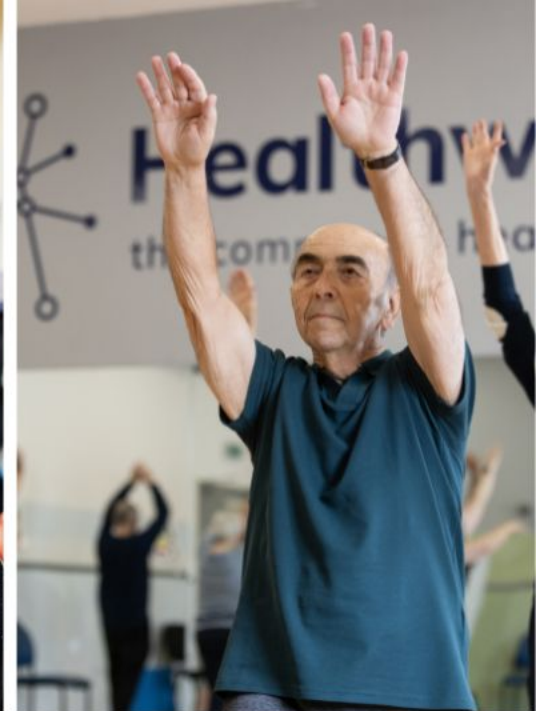
**RENEW:** a free 8 week programme delivered in partnership with Trekstock of small group classes for people who are living with or recovered from cancer.

**Next Steps:** a fun and inclusive exercise group that is suitable for people with a range of medical conditions.

**Keep Moving:** A fun, low impact exercise class to help people stay healthy, active and independent.

**Healthworks Gym:** We have two low-cost community gyms and a range of fitness classes suitable for all abilities.

**One to one fitness support:** Customised fitness programmes at our Gym, empowering participants to begin or progress their fitness journey.





## A quick guide to some of our services

### Health Improvement 12 week programme:

A personalised 12-week Health Improvement Programme. Participants receive one-to-one support to reach their health goals - whether managing Type 2 Diabetes, adopting healthier eating habits, losing weight, increasing physical activity, improving mental wellbeing, or quitting smoking.

**Stop Smoking support:** Our trained team offer one-to-one support to people are over 18 who live, work or study in Newcastle. People can self-refer.

The Tobacco Dependency Treatment Service (TDTS) is a joint initiative with Newcastle Hospitals offering stop smoking support to all patients.

**Weekly HealthWalk:** an inclusive community health and wellbeing walk

**Cancer awareness work:** Our team work with communities and workplaces across the North East become more informed about the signs and symptoms of cancer and the importance of screening in reducing risk.

**Pregnancy and breastfeeding support:** Our Best Start team of trained practitioners and volunteers work alongside midwives and health visitors to offer additional support to families in Newcastle.

**Children and families activities:** We offer a weekly programme family activities to support bonding, early learning and development.





# Spotlight on Waiting Well with NENC Integrated Care Board (ICB)

Supporting patients and helping them to adopt healthier lifestyles whilst waiting for surgery



The Waiting Well initiative, funded by the NHS, supports people living in the most deprived areas of the North East. These communities experience the most significant health inequality impacts and prolonged surgery waiting times. The programme specifically addresses exacerbating factors such as diabetes and smoking, aiming to improve health outcomes in these vulnerable populations.

The programme offers 12 weeks of one-to-one support addressing various issues, including weight management. The goal is to enhance individuals' overall health, ensuring they are better prepared for successful surgeries, have quicker recoveries and spend less time in hospital.



46% of patients lost a total of 154kg in weight



36% of patients increased their Physical Activity levels from Sedentary to Active



57% of patients reduced their HbA1c by an average of 21.25mmol



40% of patients improved their financial well-being  
based on cfpb financial well-being scale



Reported reduction in alcohol intake by 55%  
based on Audit-C

**"This project is a brilliant partnership between the NHS and North East charity Healthworks, it is a great example of tackling rising waiting lists and doing so inclusively."**

*Professor Bola Owolabi*

*Director of the National Healthcare Inequalities Improvement Programme at NHS England*



By applying the SROI framework, SportFin estimated the potential cost savings to the NHS and Social Care, and gains to the public through the enhancement of human and social capital generated by activities and interventions delivered by Healthworks.

#### Health value by outcomes

Cardiovascular Disease Risk Reduction	£5.0M
Diabetes Risk Reduction	£654.9K
Breast Cancer Risk Reduction	£13.1M
Colon Cancer Risk Reduction	£4.1M
Injuries & Long-term effects	£15.7K
Depression Risk Reduction	£188.2K
Dementia Risk Reduction	£9.6M
Life Satisfaction (Subjective)	£2.5M

#### Educational value by outcomes

Educational Attainment Improvement	£2.2K
Employability	£24.2K

#### Societal value by outcomes

Social integration	£116.8K
Volunteering intent	£116.8K
Anti-social behaviour reduction	£16.79K
Recidivism	£61.6K

Healthworks Smoking Cessation Programme for 2023/24	£5.9M
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## Estimated cost savings to the Health and Social Care system as a result of Healthworks interventions



Societal value:  
**£295.2k\***

Health value:  
**£35.1m\***

Educational value:  
**£26.4k\***

Smoking cessation:  
**£5.9m\*\***

\*Estimated cost savings calculated using Social Return on Investment (SROI) in Sport framework and [www.sportfin.io](http://www.sportfin.io) impact correlations algorithm based on 12 month continuous participation.

\*\*Estimated cost savings based on Healthworks Community Smoking Cessation, Social Value Report 2024.

# Chronic Disease Management

Estimated Annual Savings to the NHS and Social Care Services:

**£3,819,714**

## Staying Steady

Healthworks Staying Steady programme is designed to prevent falls among older adults, particularly those at high risk, by providing tailored exercise classes and support. The Staying Steady programme has demonstrated substantial social value by preventing serious injuries and improving mental health among older adults, leading to estimated savings of over £3.59 million in NHS and social care costs.

Staying Steady delivers a remarkable return on investment, generating £50.54 in savings for every £1 invested. Continued support and expansion of this programme are essential for reducing healthcare costs and improving the quality of life for at-risk populations.

**Estimated Annual  
Savings to the  
NHS and Social  
Care Services:**

**£3,595,089**

Healthworks' services, such as the Staying Steady Falls Prevention Programme are instrumental in reducing costs to the NHS and Social Care while addressing health inequalities in line with the NHS Long-Term Plan (LTP) and the Core20PLUS5 framework.

The Staying Steady programme significantly lowers the incidence of falls among older adults, reducing the need for emergency services, hospital admissions, and long-term rehabilitation.

It aligns with the NHS LTP's emphasis on prevention and self-management, while Core20PLUS5 ensures that these benefits reach the most disadvantaged communities, further tackling health inequalities and reducing the strain on healthcare services.



At Healthworks, we believe research is integral to better health outcomes and we are a key partner in health inequalities research and innovative interventions with our colleagues across the region's Universities and NHS.

We collaborate, co-design and deliver on some truly ground-breaking and important research which can make a real difference to people's lives.

Healthworks is now a **National Institute for Health and Care Research (NIHR)** recognised research site



# Current partnerships with Universities

- EXpanding into communities to imProve physical activity sUpport foR womEn after breast cancer (PURE-EX)- **Sam Orange, NCL University**
- Personalised Exercise-Rehabilitation FOR people with Multiple long-term conditions (PERFORM): **Leicester University and Ioannis Vogiatzis Ph.D. FERS, Professor of Rehabilitation Sciences, Northumbria University**
- Keep Exercising & Stay Steady (KESS)- **Sarah Audsley, PhD. Senior Lecturer - Physiotherapy, Northumbria University**
- Hypertension, wearables and development of a prototype - **Gabriel Cucato, PhD FHEA, Assistant Professor in Sport and Exercise Sciences/Programme Lead Northumbria University**
- Optimisation of a co-produced multibehavioural digital prehabilitation intervention for patients preparing for major surgery - **Al O'Doherty, Associate Professor, Durham University**

# Current partnerships with Universities

Healthworks /Northumbria University Increasing timely cervical screening participation in areas of high socioeconomic deprivation.

**Abdominal Aortic Aneurysm (AAA) research project, a collaborative initiative between Northumbria University and NHS Newcastle Trust.**

Understanding Long Covid in Northern England: A Growing Challenge report. Health Equity North, Newcastle University, University of Manchester, Insights North East, Public Health South Tees and Healthworks

**Exploring young adults' perspectives on alternatives to sunbed use: a mixed methods study**

Community Voices on Local Health Issues - NHIP and Healthworks

**TEXT-PAD, in collaboration with Northumbria University and NHS Newcastle trust, is a 12-week virtual exercise and behaviour intervention for patients with Peripheral Arterial Disease (PAT).**

Addressing the crisis in child mental health: primary prevention through social prescribing as the missing link.

**ACCEPT (Accessible Community Covid-19 Education and Physical Therapy)**

**A qualitative exploration of perceptions on undertaking higher intensity exercise after stroke from a stroke professional, stroke survivor and informal carer perspective.**

Pre-operative uncontrolled diabetes reversal before elective and major surgery, Pre-Op DREAMS



# Why Collaborate with Healthworks?

- Innovate with real-world testing
- Community insight
- Co-design and delivery with lived experience
- Enhance student training & employment
- Data sets
- Current PhD studentship



## INVOLVEMENT IN RESEARCH AND LOCAL HEALTH ISSUES

Views from Newcastle Health Innovation Core  
Partners (NHIP), VCFSE Organizations and  
people within North East and North Cumbria (NENC)



# Why Collaborate with Healthworks?

- Innovate with real-world testing
- Community insight
- Co-design and delivery with lived experience
- Enhance student training & employment
- Data sets
- Current PhD studentship

# Looking ahead

Together we can:

- Innovate to improve health, with real-world testing
- Co-develop interventions with academics
- Evidence impact with academic support
- Influence policy and service change
- Ensure better life outcomes
- Boost local economy

**BETA**

This is a new service – your [feedback](#) will help us to improve it.

[< Back](#)

## Gap fund for early-stage development of new healthcare interventions (Grant)

Apply to the Developmental Pathway Gap Fund to address a single-step evidence gap and de-risk the development of a new medicine, medical device, diagnostic test, or other medical intervention. To apply, you must be based at a research organisation eligible for MRC funding.

**Opening date:** 7 May 2025, 9:00am

**Closing date:** 9 July 2025, 4:00pm

### Get updates about this grant

[Sign up for updates](#)

Start new application



# Looking ahead

Together we can:

- Innovate to improve health, with real-world testing
- Co-develop interventions with academics
- Evidence impact with academic support
- Influence policy and service change
- Ensure better life outcomes
- Boost local economy

# Closing Thoughts & Call to Action

Let's reduce health inequalities—together

Solutions that are:

- effective
- equitable
- enduring

Let's innovate for impact

## Thank you



**Healthworks**

the community health charity

[www.healthworksne.org.uk](http://www.healthworksne.org.uk)

0191 272 4244

[enquiries@hwn.org.uk](mailto:enquiries@hwn.org.uk)



SCAN ME

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**Orthopaedic  
Research UK**



please note that the views & opinions  
expressed in this presentation do not  
necessarily reflect those of ORUK.



## Co-design & Feasibility Study of an Exercise Maintenance Intervention for Older Adults Exiting Falls Prevention Exercise Programmes.



**Dr Sarah Audsley**  
**E: [s.audsley@northumbria.ac.uk](mailto:s.audsley@northumbria.ac.uk)**

 **Keep Exercising  
& Stay Steady**

# Research Rationale



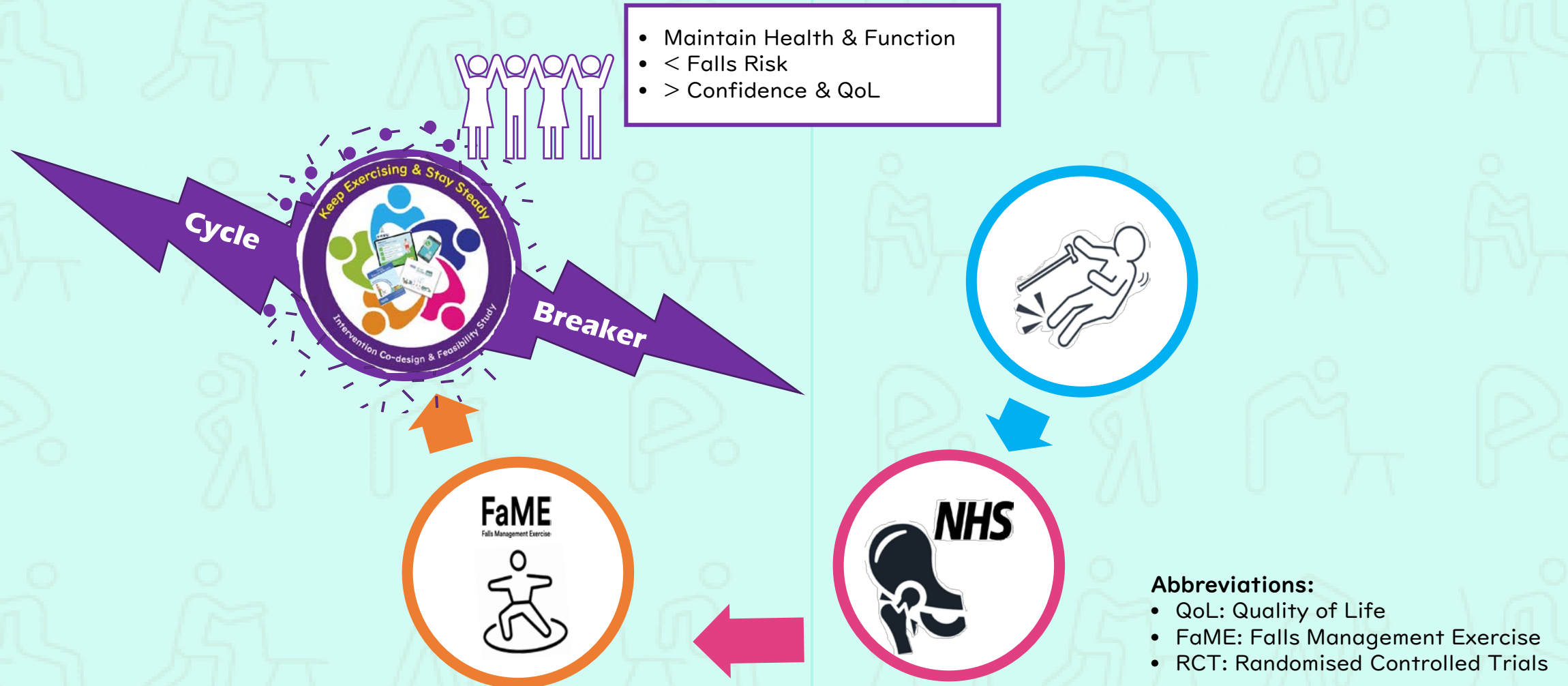
**Abbreviations:**

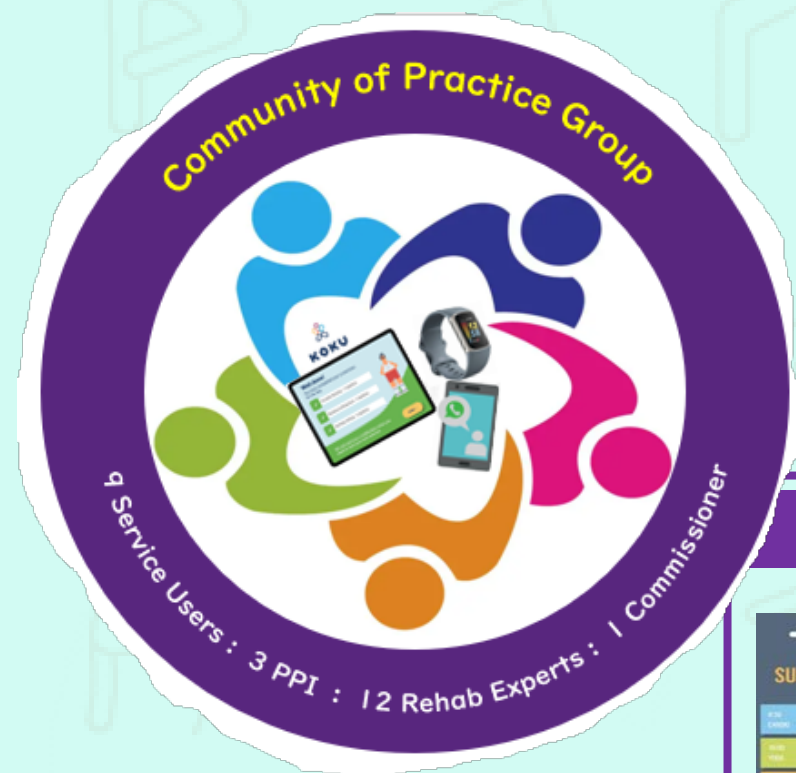
- FaME: Falls Management Exercise



# Research Aim:

Co-design & test the feasibility & acceptability of an exercise maintenance intervention to break this cycle.





## Co-design Methods: Round Table Discussions & Voting

**Objective:** Develop an exercise maintenance intervention that is acceptable for service users to receive & providers to deliver.

### Intervention Strategies Discussed

**—||| FITNESS SCHEDULE —|||**

SUN	MON	TUES	WED	THURS	FRI	SAT
8:00 YOGA	8:00 YOGA	8:00 YOGA	8:00 YOGA	8:00 YOGA	8:00 YOGA	8:00 YOGA
9:00 YOGA	9:00 YOGA	9:00 YOGA	9:00 YOGA	9:00 YOGA	9:00 YOGA	9:00 YOGA
10:00 YOGA	10:00 YOGA	10:00 YOGA	10:00 YOGA	10:00 YOGA	10:00 YOGA	10:00 YOGA
11:00 YOGA	11:00 YOGA	11:00 YOGA	11:00 YOGA	11:00 YOGA	11:00 YOGA	11:00 YOGA
12:00 YOGA	12:00 YOGA	12:00 YOGA	12:00 YOGA	12:00 YOGA	12:00 YOGA	12:00 YOGA
13:00 YOGA	13:00 YOGA	13:00 YOGA	13:00 YOGA	13:00 YOGA	13:00 YOGA	13:00 YOGA
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15:00 YOGA	15:00 YOGA	15:00 YOGA	15:00 YOGA	15:00 YOGA	15:00 YOGA	15:00 YOGA
16:00 YOGA	16:00 YOGA	16:00 YOGA	16:00 YOGA	16:00 YOGA	16:00 YOGA	16:00 YOGA
17:00 YOGA	17:00 YOGA	17:00 YOGA	17:00 YOGA	17:00 YOGA	17:00 YOGA	17:00 YOGA
18:00 YOGA	18:00 YOGA	18:00 YOGA	18:00 YOGA	18:00 YOGA	18:00 YOGA	18:00 YOGA



	<b>Goal Setting</b> Set or agree on a goal in relation to the target behaviour.
	<b>Self Monitoring of Behaviour</b> A way for the person to monitor and record their behaviour (e.g. app or diary).
	<b>Active Planning</b> Encourage planning the behaviour to occur at a particular time on certain days of the week.
	<b>Rewards - e.g. positive reinforcement</b> Receipt of reward if there has been effort/progress in reaching the target behaviour.

# Intervention Framework Development

Please vote on each strategy using the following tick boxes.

Strategy	Should be INCLUDED	INCLUDE AS AN OPTION	Should be EXCLUDED
1. Using fitness watches to help keep active	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Attending group events to stay connected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Receiving information relating to local physical activity classes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Using the Keep On Keep Up (KOKU) programme to support home exercise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Using an exercise booklet to support home exercise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Staying connected to others using mobile phones.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Receiving education on physical activity, exercise and health.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Delivering motivational strategies to help develop good exercise habits.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Keep Exercising and Stay Steady Voting Form: V1 03Jan24.docx  
Bournemouth University

## Voting forms

- Data counted & analysed as %.



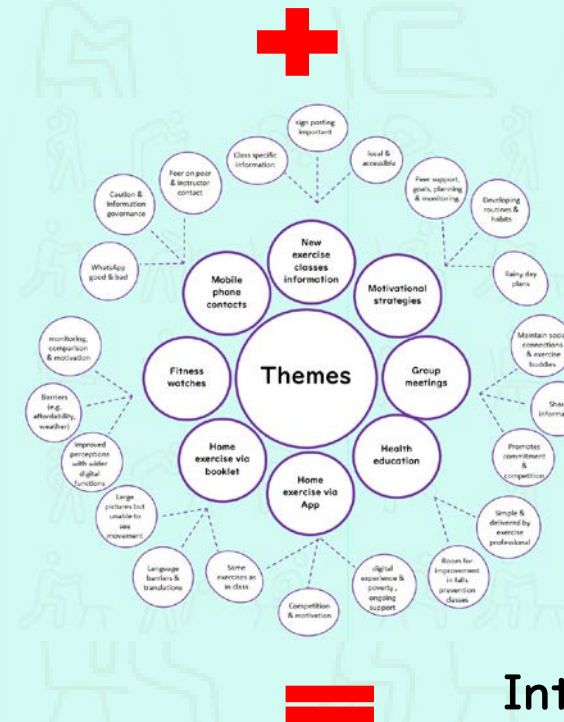
## Round table discussions

- Coded & analysed thematically.



Intervention strategy	Definitely include %	Include as an option %	Definitely exclude %
Information local PA classes	87.5 %	12.5%	
Motivational Strategies	81.25%	18.75%	
Group meetings	68.75%	31.25%	
Education on PA, Exercise and health	62.5%	31.25%	6.25%
KOKU	43.75%	56.25%	
Exercise booklet (hard copy)	43.75%	56.25%	
Fitness Watches	25%	75%	
Staying connected with Mobile phones		87.5%	12.5%

Produce a quantifiable level of agreement & hierarchy of intervention strategies.

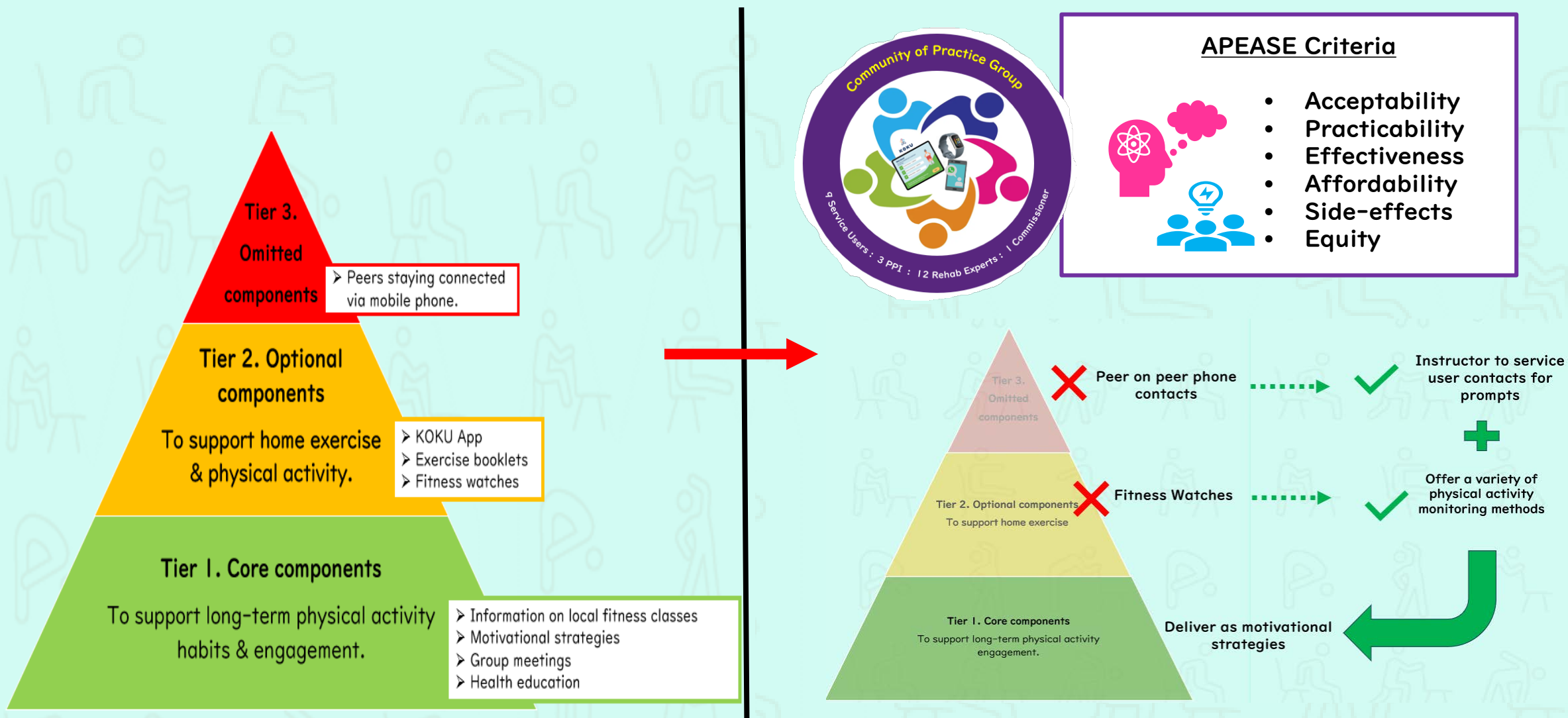


Give context to the voting results and how each intervention strategy might work best.

**Intervention framework**



# Intervention Framework: Review & refine for delivery



# KESS Intervention



## Delivery plan



## Schedule





# Feasibility Study

To evaluate research feasibility and KESS programme acceptability to determine whether to progress into a full-scale clinical trial.



**Recruit:** 30 older adults from Staying Steady classes at HealthWorks.

## Test research feasibility:

- Recruitment and retention rates
- Physical activity and functional measures
- Adverse events

## Test KESS intervention acceptability:

- Health intervention acceptability questionnaire
- Semi-structured interviews.

# Healthworks Collaboration

Generating socially responsible research to bridge the gap between academia & practice.

Orthopaedic  
Research UK

ppef

HELPING PHYSIOTHERAPY MAKE A DIFFERENCE

Research bid  
development



Interview &  
Presentation



Intervention  
development



Intervention  
delivery & testing.

Keep Exercising  
& Stay Steady  
Partnership.



Northumbria  
University  
NEWCASTLE

MANCHESTER  
1824  
The University of Manchester

GCU  
Glasgow Caledonian  
University

Durham  
University

UNIVERSITY OF  
LINCOLN

Healthworks  
the community health charity

KOKU

laterLife  
training®

The Newcastle Upon  
Tyne Hospitals NHS  
Foundation Trust

Elders



# Research Team



**Dr Sarah Audsley**  
Assistant Professor Physiotherapy  
Northumbria University



**Dr Gill Barry**  
Associate Professor Biomechanics  
Northumbria University



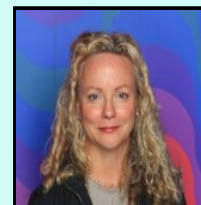
**Dr Sarah Moore**  
Associate Professor Physiotherapy  
Northumbria University



**Mr Paul Court**  
Chief Executive Officer  
Healthworks



**Dr Alasdair O' Doherty**  
Associate Professor Exercise Physiology  
Durham University



**Prof Emma Stanmore**  
Professor Gerontology  
University of Manchester & KOKU



**Prof Dawn Skelton**  
Professor Ageing and Health  
Glasgow Caledonian University & LaterLife Training



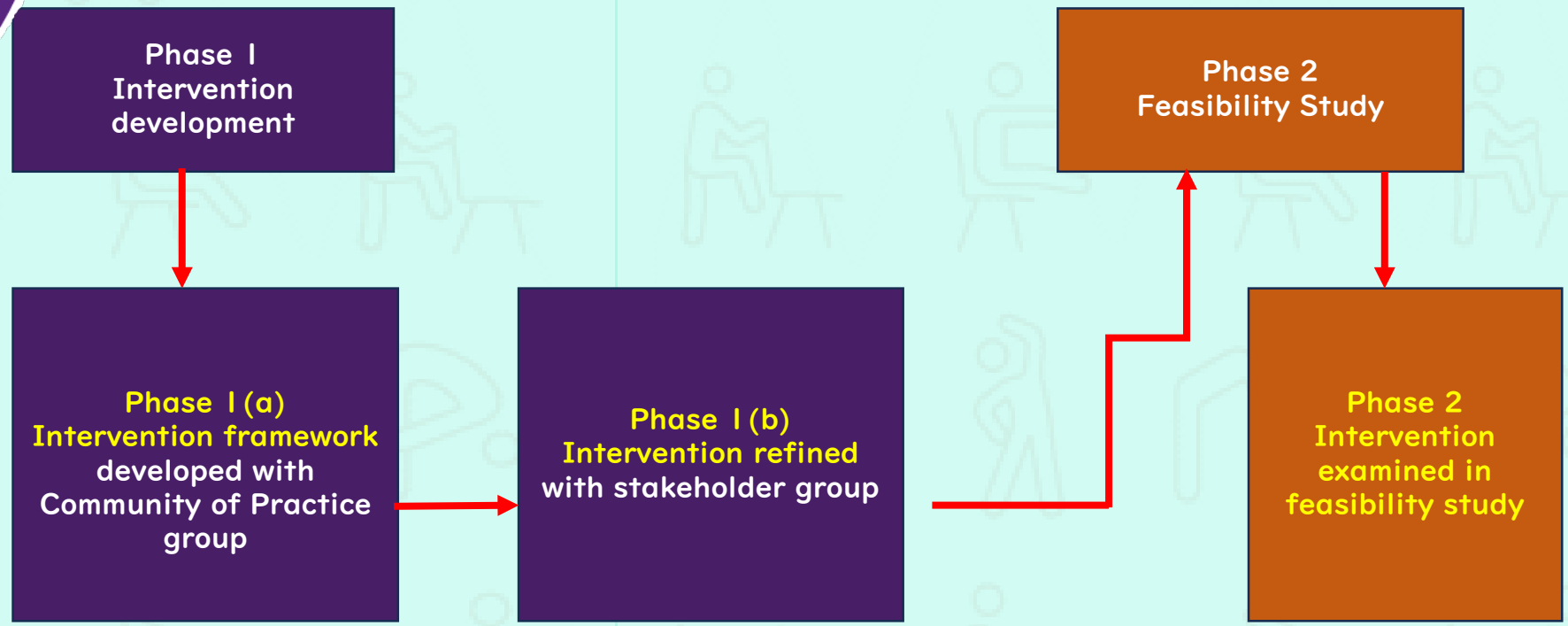
**Prof Nicola Adams**  
Professor Clinical Rehabilitation & Behavioural Medicine  
University of Lincolnshire



**Victoria Mercer**  
Assistant Professor Physiotherapy  
Northumbria University



# Intervention Co-Design, & Feasibility Study



# Research Team Portfolio

Evidence-base underpinning intervention strategies that encourage good physical activity & healthy ageing behaviours.

**ProAct65+  
Multicentre Cluster RCT**

(Iliffe... Skelton et al., 2014)

**Keeping Active Study  
Qualitative Evaluation  
ProAct65+**

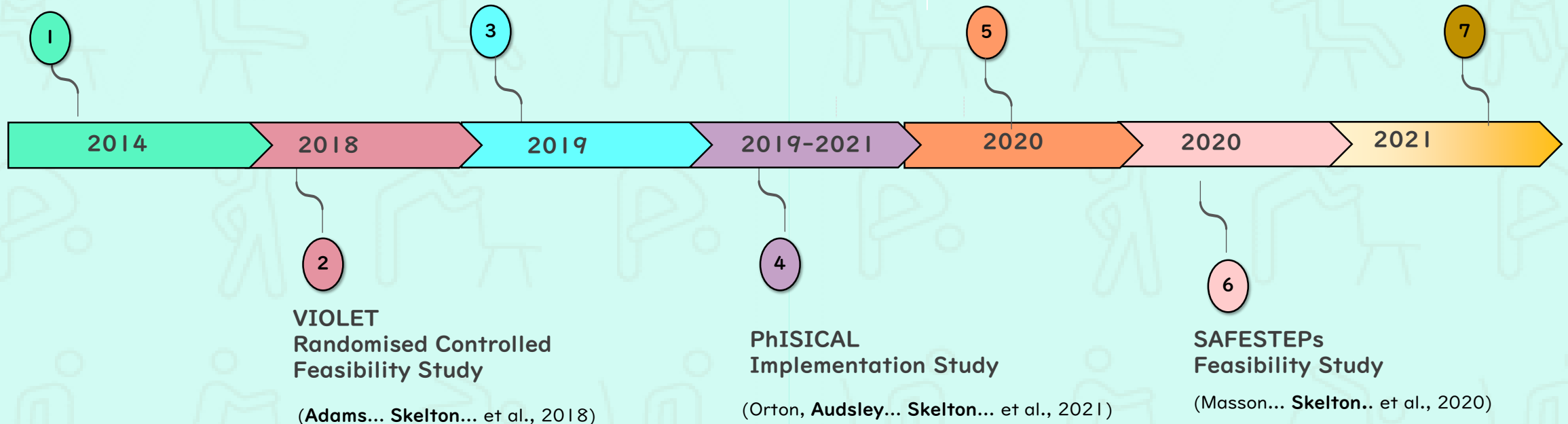
(Maula... Audsley.. et al., 2019)

**Keeping Adults Physically Active  
(KAPA) Intervention design &  
Randomised Controlled  
Feasibility Study**

(Audsley et al., 2020)

**Keep On Keep Up (KOKU)  
Feasibility Study**

(Choi, Stanmore.. et al., 2021)



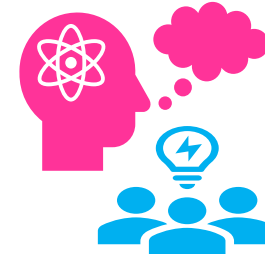


# Phase I (b). Co-design Methods

## Round Table Discussions & Voting (online)

**Objective:** Develop an intervention that is feasible for service providers to deliver.

### APEASE Criteria



- Acceptability
- Practicability
- Effectiveness
- Affordability
- Side-effects
- Equity

**Phase I  
Intervention  
development**

**Phase I (a)  
Intervention  
framework  
developed  
with  
community of  
practice**

**Phase I (b)  
Intervention  
refined with  
stakeholder  
group**

**Tier 3.  
Omitted  
components**

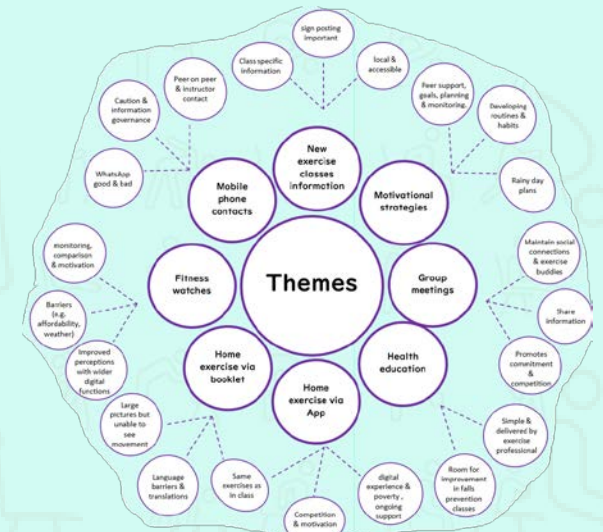
➤ Staying connected via mobile phone.

**Tier 2. Optional  
components  
To support home exercise**

➤ KOKU  
➤ Exercise booklets  
➤ Fitness watches

**Tier 1. Core components  
To support long-term physical activity  
engagement.**

➤ Information on local fitness classes  
➤ Motivational strategies  
➤ Group meetings  
➤ Health education





# Phase I (b). Data handling & framework refinement

**Keep Exercising and Stay Steady: Stakeholder exercise package voting form.**

The voting form asks you to consider the different types of exercise strategies that could be used to help people to stay active after community-based fall prevention exercise programmes end. Please use the below voting and feedback form to tell us what you think about each of the potential 100 exercise strategies and the feasibility to deliver using the APEASE criteria (acceptability, practicality, effectiveness, affordability, and equity). Please note that the voting form is fully anonymous.

<sup>1</sup> Required

1. Please tick the boxes of all the intervention components that you feel are **acceptable** for falls prevention service providers to deliver.

☐ Follow up group meetings

☐ Individualised strategies and team education

☐ Information on local fitness classes

☐ A digital app to support home exercise

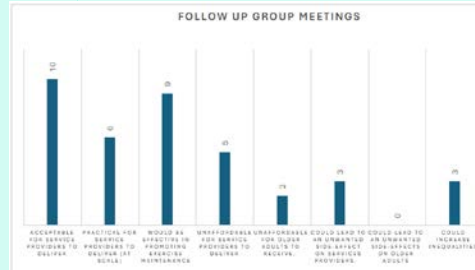
☐ An exercise booklet to support home exercise

☐ A fitness watch to encourage daily physical activity

☐ Follow up phone calls from class instructors

## Voting forms

- Categorical data counted, analysed descriptively as numbers and %.
- Written feedback inductively coded.

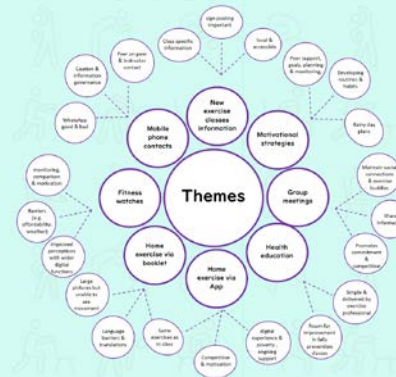


Produce a quantifiable level of agreement on intervention strategies using APEASE criteria.



## Round table discussions

- Transcribed verbatim.
- Coded in NVIVO & analysed thematically.



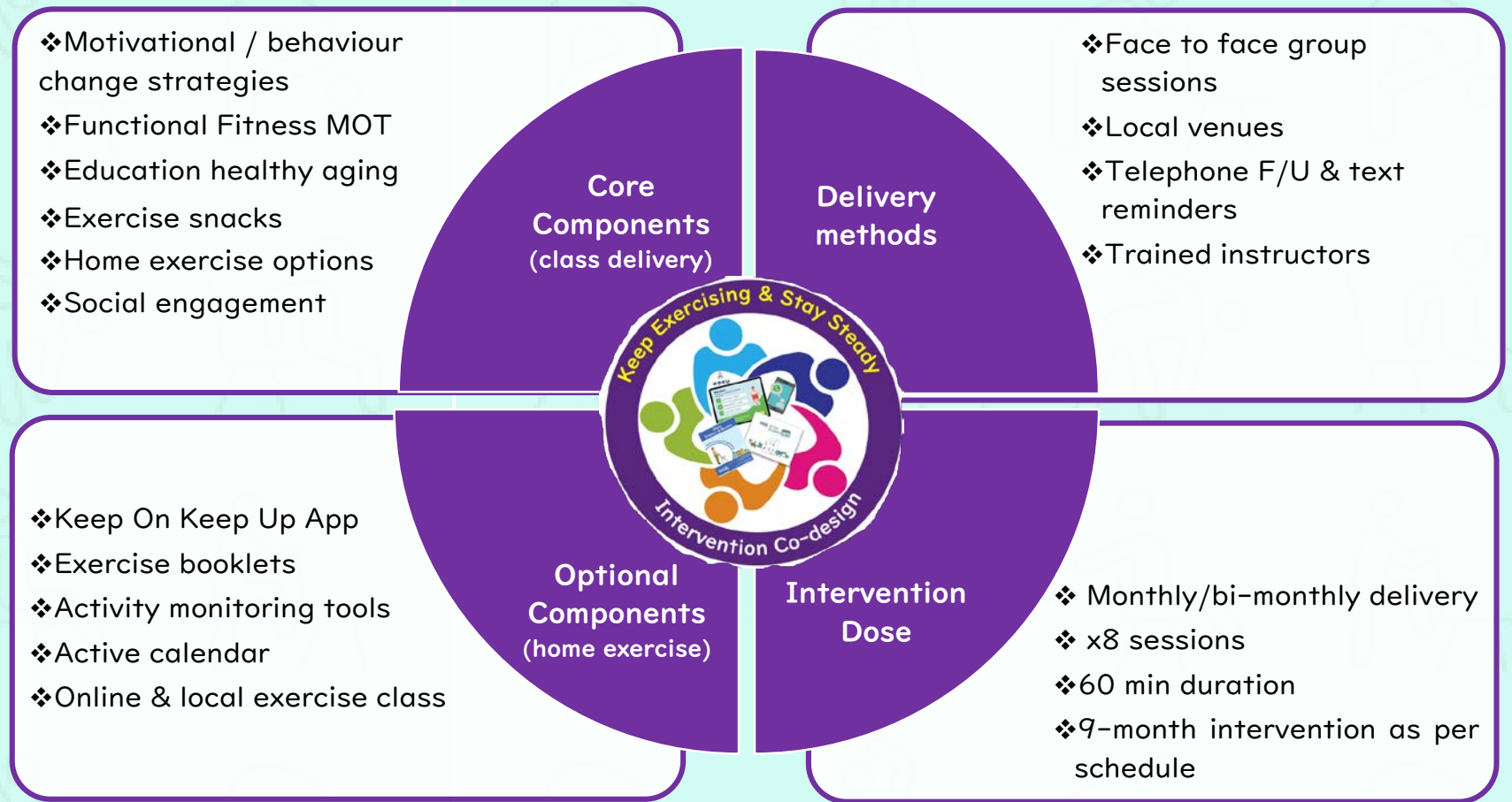
Give context to the voting results and the feasibility of each intervention strategy in practice.

**Framework refinement & delivery methods**

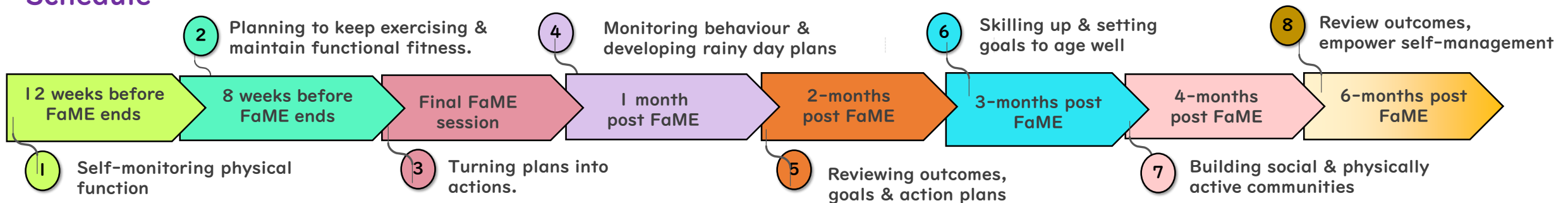




# Intervention



## Schedule



# Intervention Content & Delivery Plan

S1	10-12 weeks before FaME ends	Self-Assessing physical function	<ul style="list-style-type: none"> <li>Introduce home FFMOT &amp; instruction to perform at home.</li> </ul>	
S2	8 weeks before FaME ends	Planning to keep exercising to maintain functional fitness.	<ul style="list-style-type: none"> <li>Education on PA maintenance</li> <li>Group review FFMOT outcomes</li> </ul>	<ul style="list-style-type: none"> <li>Information on local PA classes</li> <li>KOKU &amp; exercise booklets</li> </ul>
S3	Final FaME session	Turning plans into actions.	<ul style="list-style-type: none"> <li>Goal setting/ action planning linking with FFMOT &amp; exercise options</li> </ul>	<ul style="list-style-type: none"> <li>Creating exercise buddies</li> <li>Information on booster KESS sessions.</li> </ul>
S4	1-months post FaME	Monitoring behaviour & developing rainy day plans	<ul style="list-style-type: none"> <li>Review PA behaviour via PA trackers</li> </ul>	<ul style="list-style-type: none"> <li>Identify PA barriers &amp; facilitators</li> <li>Develop rainy day plans</li> </ul>
S5	2-months post FaME	Reviewing outcomes, goals & action plans	<ul style="list-style-type: none"> <li>FFMOT review/ re-assessment</li> <li>Review PA behaviour via activity trackers</li> </ul>	<ul style="list-style-type: none"> <li>Goal setting &amp; action planning linking with outcome review/ expectations</li> </ul>
S6	3-month post FaME	Skilling up & setting goals to age well	<ul style="list-style-type: none"> <li>Successful ageing education</li> <li>Integrate successful ageing concepts to support action plans</li> </ul>	<ul style="list-style-type: none"> <li>Monitoring &amp; tracking PA</li> </ul>
S7	4-months post FaME	Building socially & physically active communities	<ul style="list-style-type: none"> <li>Local community activities &amp; groups</li> <li>Role of social prescribers</li> </ul>	<ul style="list-style-type: none"> <li>Building lasting relationships by staying connected</li> <li>Develop an active social plan for month 5.</li> </ul>
S8	6-months post FaME	Review outcomes, empowerment for future self-management	<ul style="list-style-type: none"> <li>FFMOT review/ re-assessment</li> <li>Goal setting &amp; action planning for the future linking with FFMOT</li> </ul>	<ul style="list-style-type: none"> <li>Review rainy day plans</li> <li>Plan to stay connected</li> </ul>



Figure note: S = session; PA = Physical activity; FFMOT = Functional Fitness MOT

# How the VCSE can support PPIE, engagement and collaboration in research and product development

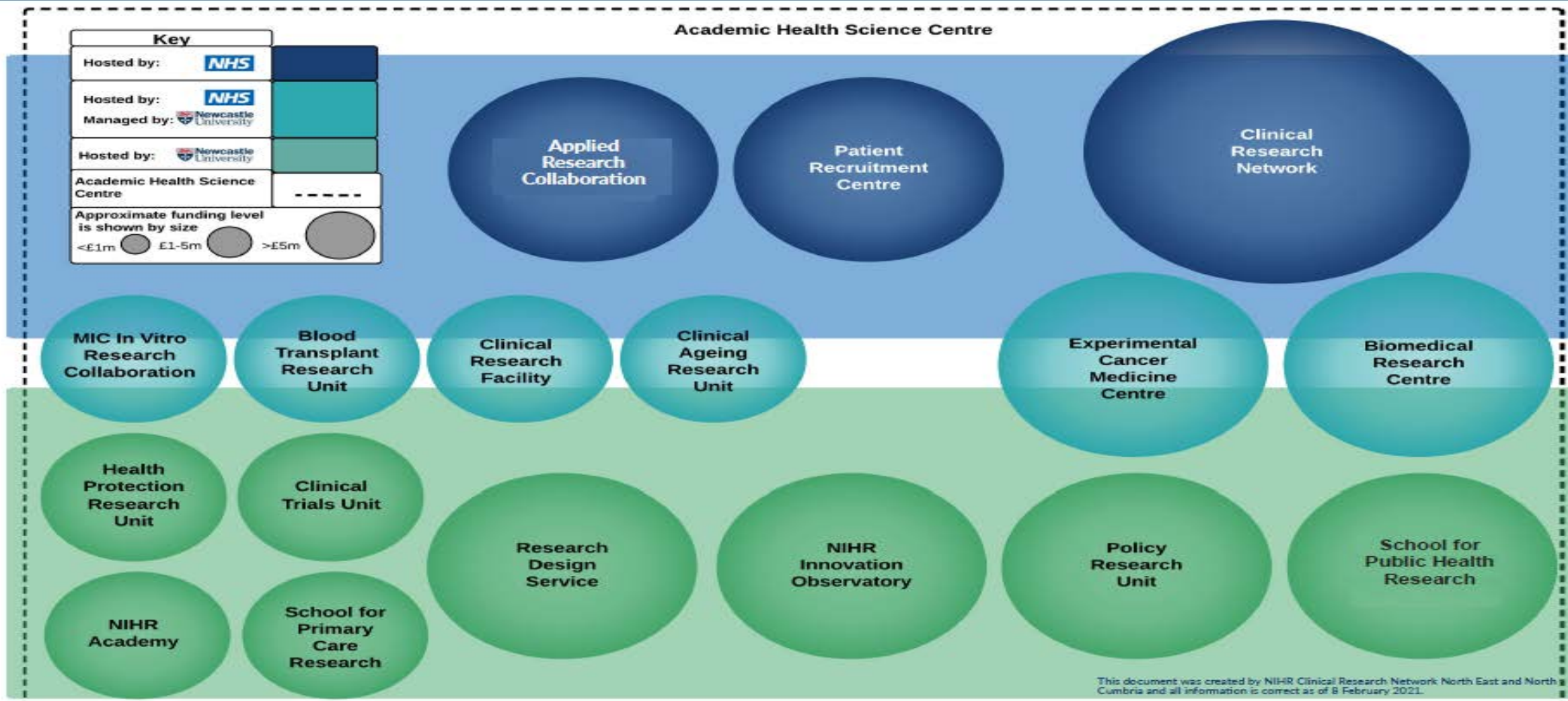


Felicity Shenton, NIHR ARC Public Involvement &  
Community Engagement Manager

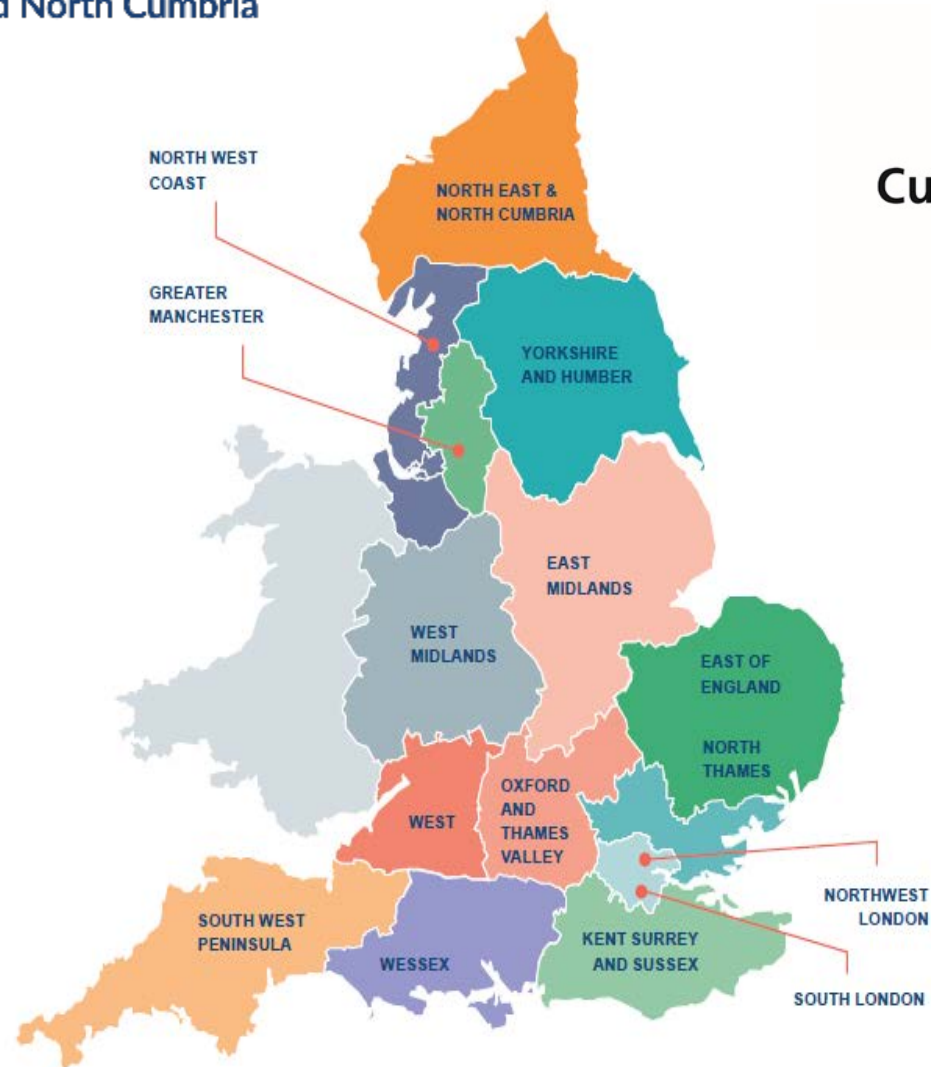
20<sup>th</sup> May 2025







**15 ARCs across  
England  
Funded: 2019 –  
2024  
\* extended to  
March 2026**



**Cumbria, Northumberland,  
Tyne and Wear**  
NHS Foundation Trust

## **NHS + Public Health + Social Care + VCSE + HEIs**

- 84 NHS
- 35 Public Health
- 18 Social Work/Social Care
- 31 VCSE
- 6 Universities

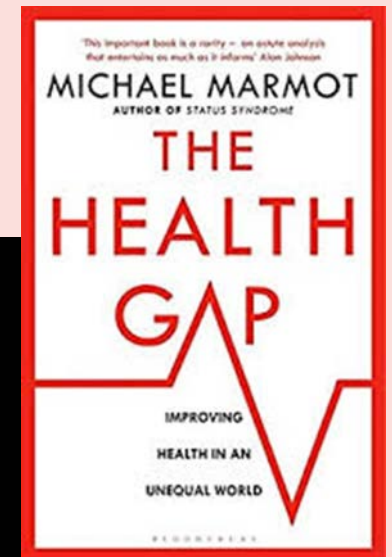
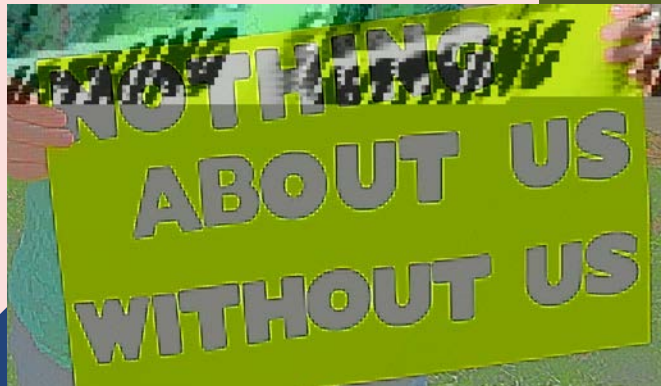
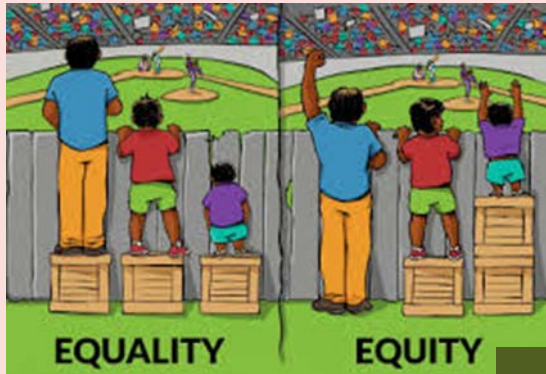
# Public Involvement & Community Engagement (PICE,PPI,PPIE)



NIHR defines public involvement in research as research being carried out **‘with’** or **‘by’** members of the public rather than **‘to’**, **‘about’** or **‘for’** them. It is an active partnership between patients, carers and members of the public with researchers that influences and shapes research.



# PPIE is a social justice issue





***“autism research needs to be carried out with and by autistic people – it’s a civil rights movement – we need a social revolution.”***

*We are not hard to reach, or seldom heard, we are never listened to.*

*“They wouldn’t have got it on their own, they need the experience behind it.”*

*“When people do research and it’s not about them, it’s just guessing.”*

# The Research cycle: More examples...



Created by Louise Ting (Public Contributor with lived experience)  
Funded by NIHR ARC West and with support from colleagues  
<https://arc-w.nihr.ac.uk/working-effectively-with-public-contributors/>

**NIHR** | Applied Research Collaboration  
West

# Community Engagement

- **VCSE organisations have an important role to play in health and care research and evaluation:**
  - Deliver a significant proportion of health and care support and services
  - Valuable knowledge of different communities and health and care needs / issues
  - Skills, experience and expertise in engaging with diverse communities
- **Research and evaluation also offer VCSE organisations opportunities to:**
  - Gather information to inform service developments
  - Provide evidence to communicate to funders and others about their services
  - Articulate the breadth and relevance of their contribution to key decision-makers

# Experiences of VCSE – research partnerships

Experience of researchers	Experience of communities & community organisations
<ul style="list-style-type: none"><li>• Limitations on time, resources and/or experience in working with communities</li></ul>	<ul style="list-style-type: none"><li>• Researchers dipping in &amp; out</li><li>• Lack of reciprocity &amp; remuneration</li></ul>
<ul style="list-style-type: none"><li>• Difficulty finding and/or connecting with communities</li><li>• Reliance on known connections</li></ul>	<ul style="list-style-type: none"><li>• Overwhelmed with requests or a lack of research involvement</li></ul>



# North East & North Cumbria PPIE Landscape

- Creating Connections Network
- VCSE Health & Well-Being Research Partnerships Co-ordinator (VONNE/Cumbria CVS), Francesca Moreland
- Co-production of Community Engagement Tools, Resources & Code of Practice (VONNE)
- Regional PPIE Training Programme (NHRP)
- ARC: Public Advisory Network & Young Public Advisory Network
- All other networks, groups etc.



# Community Engagement Toolkit

10 guiding principles for researchers looking to involve communities and work with community organisations

A great starting place for planning for working with communities for research, and for VCSE organisations to use in early discussions with potential research partners

<https://www.rdsresources.org.uk/ce-toolkit>



The screenshot shows the NIHR National Institute for Health and Care Research Research Design Service Resources page for the Community Engagement Toolkit. It includes a header with the NIHR logo, a sub-header with the toolkit title, and a paragraph explaining the toolkit's purpose. Below this is a quote about community engagement. At the bottom, there is a graphic with three icons: a rake labeled 'PREP HR AND UNI FINANCE', a piggy bank labeled 'REALISTIC PRE GRANT', and a clock labeled 'ADVICE EARLY'. A numbered list item '1. Do the groundwork and prepare' is highlighted in an orange box.

**NIHR** | National Institute for Health and Care Research  
Research Design Service Resources

print / save as pdf back to resource

## Community Engagement Toolkit

This toolkit is aimed at supporting researchers who are developing grant applications with, and for, diverse communities. It has evolved from what our community partners in the Reaching Out Projects taught us about how they would like researchers to engage with them to build sustainable community relationships. We have transferred their knowledge and experience to the world of health and social care research into **ten guiding principles**.

Community engagement, in this context, goes beyond simply 'involving' people. It relies on building ongoing, meaningful relationships between the community and organisations for mutually beneficial outcomes. It is a collaborative process between groups who are brought together as neighbours or through sharing a common interest or concern. It is a powerful vehicle for bringing about environmental and behavioural changes to improve the situation and wellbeing of the community. (Community Engagement for Social Inclusions)



1. Do the groundwork and prepare



# VCSE Research Partnerships support

VONNE are providing support to VCSE organisations and researchers looking to connect and work together around health and wellbeing research.

Francesca Moreland, VCSE Health & Wellbeing Research Partnerships Coordinator, supports:

- **Connect with VCSE partners** – we can share your research opportunities (for involvement, for participants, or to share findings/outputs), through VONNE's networks which have representation across the NENC region and different communities of interest. Where interests are aligned, we can make direct introductions to VCSE partners.
- **Building a VCSE research partnership** by providing advice and/or facilitation to support early partnership discussions based on establishing reciprocal, sustainable partnerships.
- **Opportunities for skill sharing & training** to support a better shared understanding of VCSE/research partners and approaches to working successfully in partnership for research.



## Further resources & support

**Creating Connections** is a network of organisations, groups and individuals who all share an interest in patient and public involvement and engagement in health and care research.

The network enables collaboration on PPIE initiatives, sharing knowledge and best practice, develops models for more diverse and sustainable involvement, co-delivers training, offer peer support and more.

### **Resources to support patient and public involvement and engagement (PPIE) in research – collated by the Creating Connections network**

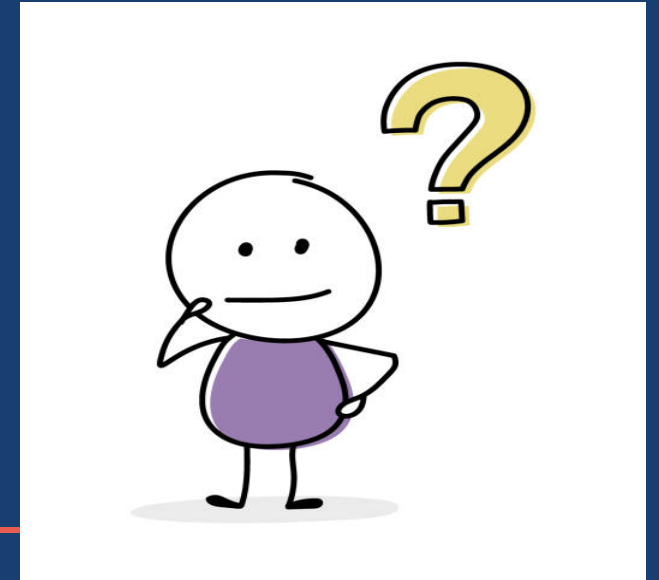
A newly developed collection of resources to support PPIE in our region, including links to locally developed and national resources to inform your PPIE planning and activity.

<https://blogs.ncl.ac.uk/creatingconnections/>



# Questions?

1. What are your key priorities in terms of health, social care and mental health research?
2. Have you been involved in research in your organisation?
3. How could we help/work together on mutual priorities?
4. Any other questions?



# EXpanding into communities to imProve physical activity sUpport foR womEn after breast cancer (PURE-EX)

**Dr Sam Orange, PhD**

Senior Lecturer & Clinical Exercise Physiologist

Faculty of Medical Sciences, Newcastle University

✉ [sam.orange@newcastle.ac.uk](mailto:sam.orange@newcastle.ac.uk)

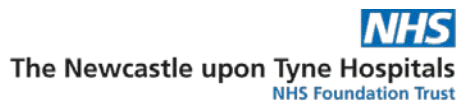
# PURE-EX (EXpanding into communities to imProve lifestyle sUpport foR womEn after breast cancer)

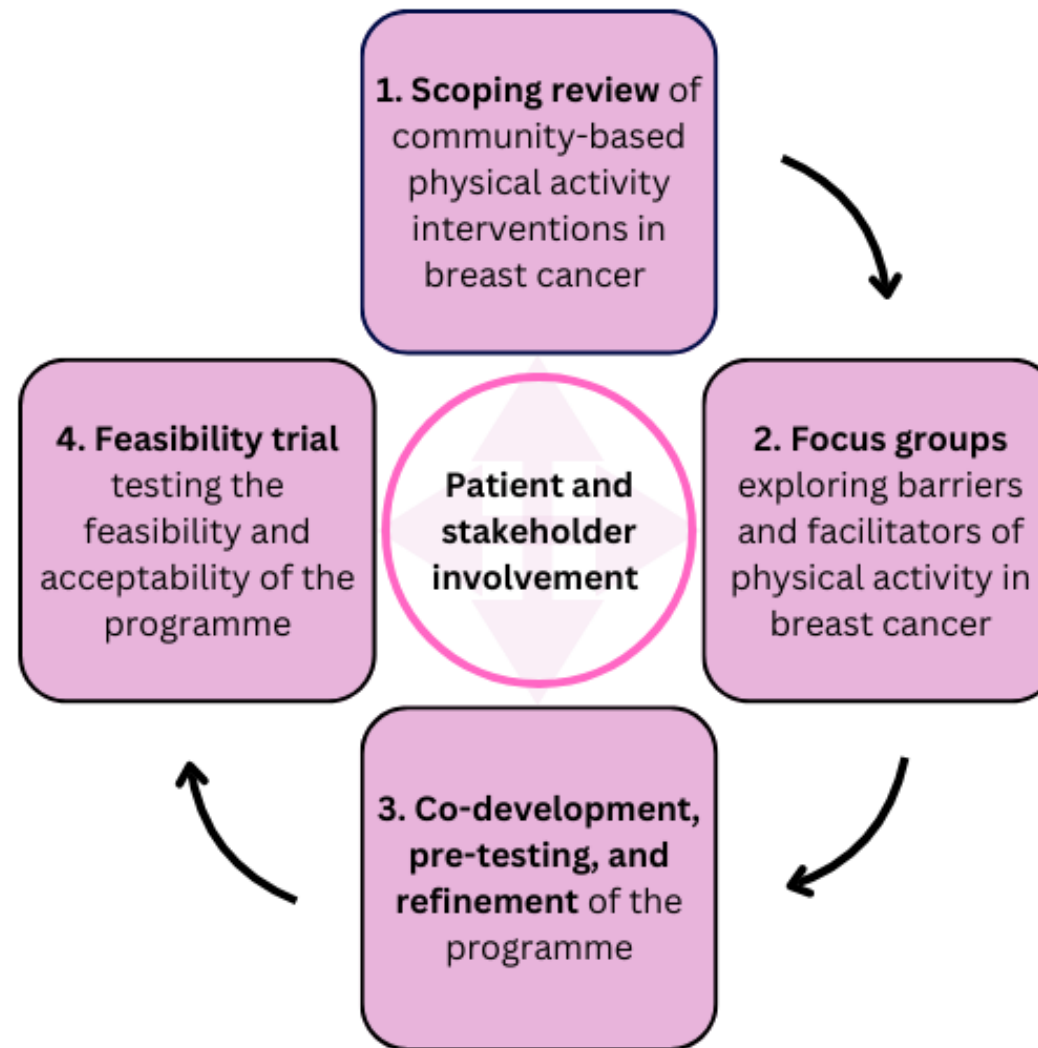
**Aim:** Co-develop a programme that integrates physical activity referrals into standard care for women after treatment for primary breast cancer.



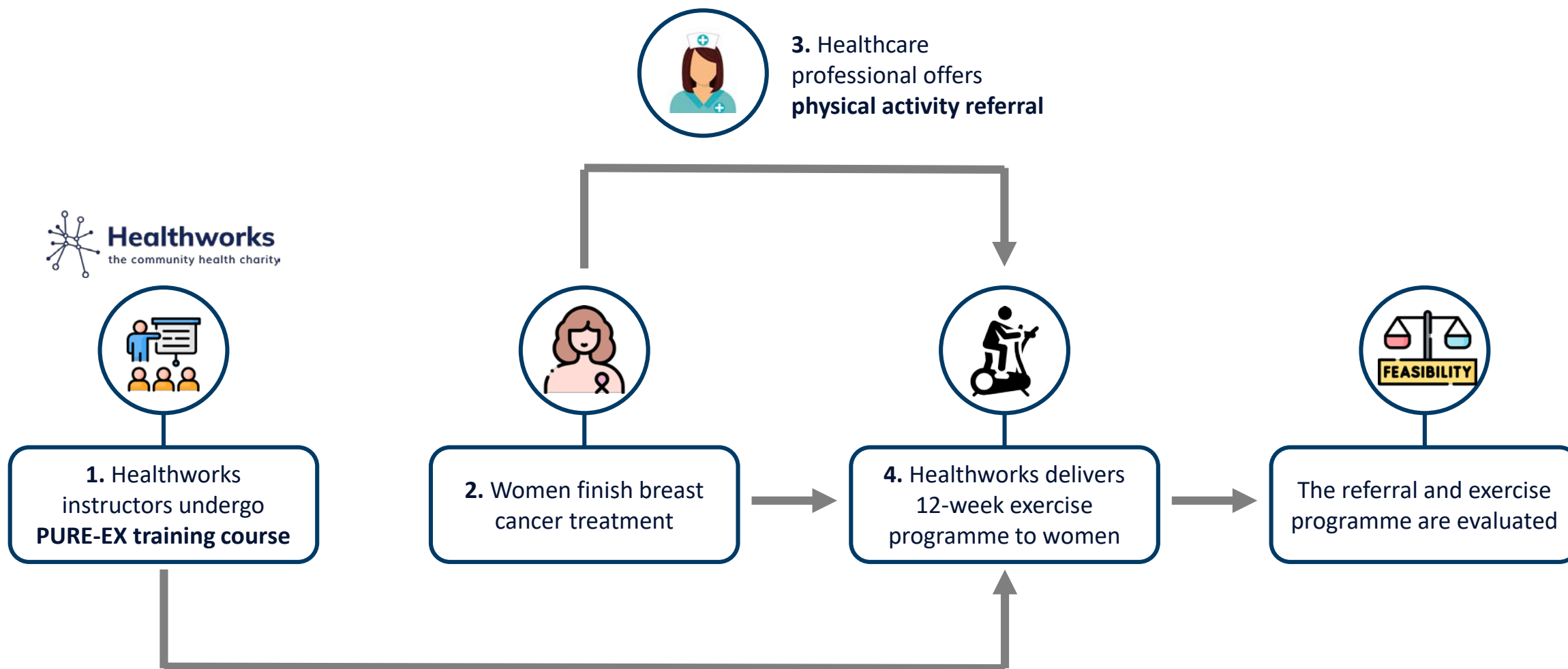
1. Create a new pathway for healthcare professionals to refer women to local physical activity classes

2. Develop an online training course to help community providers adapt their physical activity classes for women who have had breast cancer treatment.









# Significance of Partnership with Healthworks

Ioannis Vogiatzis, PhD, FERS  
Professor of Rehabilitation Sciences

*ERS, Head Assembly 1: Respiratory, Clinical Care & Physiology*

*NICE, expert advisory panel member for managing the long-term effects of  
COVID-19*

*WHO, World Rehabilitation Alliance - ERS Representative*

## Areas of collaboration

- Research in exercise-based rehabilitation in the community
- Regional Growth Acceleration
- Work that promotes learning and employment opportunities for Northumbria University graduate and postgraduate students



Northumbria  
University  
NEWCASTLE



**Healthworks**  
the community health charity

ACCEPT study: IDRT IHSC  
Pump-priming funding  
lead to UKRI/NIHR funding  
for the University and NHS  
service funding for  
Healthworks



healthworksnewcastle



# ACCEPT

Accessible Community COVID-19  
Education and Physical Therapy



The Newcastle upon Tyne  
Hospitals  
NHS Foundation Trust

## Overview

Healthworks Long COVID Programme is a free six week service which includes appropriate exercise and healthy lifestyle advice and support. This programme is based on a pilot project developed by Northumbria University and an expert advisory panel member for managing the long term-effects of COVID-19.

## Programme aims

- Decrease fatigue
- Increase mobility
- Maintain independence
- Increase lung functionality
- Decrease social isolation by inclusion in group activities
- Improve Quality of Life
- Increase and maintain Physical Activity levels
- Improve Mental wellbeing



Healthworks  
the community health charity

Long Covid  
Patient demographic  
July '22 - March '23

62%

of Referrals Accepting  
programme



39.5% Male  
60.5% Female



Participant ages ranged  
from 20-74 years old. Mean  
(average) 47.1years, Range:  
53 years



17 (39.5%) of all participants  
reside in the lowest 30%  
deprived areas.

80%

Completing  
programme





**Healthworks**  
the community health charity

## **Long Covid** How well have we done it?

---



Avg. 13.2 days from referral  
received to starting  
programme



71% of completers  
improved their perceived  
State of Health by avg.  
24%



30% avg. improvement in  
feeling anxious



30% avg. improvement in  
mobility



85% of completers  
significantly reduced  
reported fatigue



62% of completers  
significantly improved  
reported lung functions



100% of completers improved  
their perceived QoL with an  
average improvement of 26%



28% avg. improvement of  
reported pain/discomfort



25% avg. improvement of  
Physical Activity Levels



100% of completers reporting  
improvement in Hospital  
Anxiety & Depression  
perception



Of those that completed the  
programme 40% are now  
attending Healthworks  
Mainstream gyms

The national PHOSP COVID study aiming to identify whether there are longer-term health problems of COVID-19



The Newcastle upon Tyne Hospitals  
NHS Foundation Trust



Funding Jointly funded by UK Research and Innovation and National Institute of Health Research (grant references: MR/V027859/1 and COV0319) and by core funding provided by NIHR Leicester Biomedical Research Centre - a partnership between the University Hospitals of Leicester NHS Trust, the University of Leicester and Loughborough University and by pump priming funding provided by Northumbria University Newcastle (MDRT IHSC and HLS Faculty). Professor Singh is a



**EUROPEAN RESPIRATORY *journal***

FLAGSHIP SCIENTIFIC JOURNAL OF ERS

## Early View

Original Research Article

### **Post-Hospitalisation COVID-19 Rehabilitation (PHOSP-R): A randomised controlled trial of exercise-based rehabilitation**

Enya Daynes, Rachael A Evans, Neil J Greening, Nicolette C Bishop, Thomas Yates, Daniel Lozano-Rojas, Kimon Ntotsis, Matthew Richardson, Molly M Baldwin, Malik Hamrouni, Emily Hume, Hamish McAuley, George Mills, Dimitrios Megaritis, Matthew Roberts, Charlotte E Bolton, James D Chalmers, Trudie Chalder, Annemarie B Docherty, Omer Elneima, Ewen M Harrison, Victoria C Harris, Ling p Ho, Alex Horsley, Linzy Houchen-Wolloff, Olivia C Leavy, Michael Marks, Krishna Poinasamy, Jennifer K Quint, Betty Raman, Ruth M Saunders, Aarti Shikotra, Amisha Singapuri, Marco Sereno, Sarah Terry, Louise V Wain, William D-C Man2, Carlos Echevarria, Ioannis Vogiatzis, Christopher Brightling, Sally J Singh, , on behalf of the PHOSP-COVID Study Collaborative Group

Please cite this article as: Daynes E, Evans RA, Greening NJ, *et al.* Post-Hospitalisation COVID-19 Rehabilitation (PHOSP-R): A randomised controlled trial of exercise-based rehabilitation. *Eur Respir J* 2025; in press (<https://doi.org/10.1183/13993003.02152-2024>).

# PERFORM: Multicentre National trial in people with Multiple Long-Term conditions



- To co-develop (with patients, caregivers, clinicians, and service commissioners) a bespoke programme of personalised exercise-based rehabilitation for people with multimorbidity and
- To evaluate its acceptability, clinical effectiveness, and cost-effectiveness of its implementation into the NHS.

- Healthworks provides support via community-based programmes to disadvantaged communities across the North-East region to improve their health, wellbeing, and life outcomes
- Healthwork's innovation goal was to mine the data collected during these programs to provide evidence of outcomes
- Healthworks was supported by Northumbria University in health data analytics and health outcome metrics to evaluate the return on investment (ROI) for some of the key programmes run by Healthworks.
- The programmes showed cost savings and benefits in both a healthcare and societal perspective
- The programmes delayed the onset of diabetes cases, led to fewer inpatient admissions thus freeing up hospital beds, reduced the burden on GPs, A&E departments and ambulance services, reduced falls, weight loss and reduced anxiety and loneliness and improved mental wellbeing.
- These programmes played a real role in helping to relieve pressure on NHS services

## **Work that promotes learning and employment opportunities**

- Healthworks provides observation sessions for students
- Over the past 2 years, Healthworks has hosted 30 students registered for the M.Sc. in Clinical Exercise Physiology
- This is part of the 140-hour placement module
- Two students following their placement have applied for and been successful in securing employment with Healthworks





**Northumbria  
University**  
NEWCASTLE



**Healthworks**  
the community health charity

# Collaboration between Healthworks and Northumbria University

Gabriel Cucato, PhD  
Assistant professor

- First meeting – 2019
- Healthworks – outstanding services for northeast communities
- Lack of scientific evidence of the programs

- Definition of a “package”
- Supervised exercise program
- Behaviour change program
- Because of COVID-19 – Remote program

# Scientific studies

- TEXT-PAD
- TEXT-AAA

# TEX-PAD study

- Patients with Peripheral Artery Disease living in socially deprived areas in the Northeast of England
- Remote delivered by Healthworks
- Exercise session – Circuit training (2x week)
- Behaviour change session (smoke, alcohol, diet) – 1x week
- 12 weeks
- Control group – received NICE recommendation plus Smartwatch



# TEX-PAD study

Table 2. Delta values (post-pre) for control and intervention groups

	$\Delta$ Control (n=12)	$\Delta$ Intervention (n=13)	P=
<b>QUALITY OF LIFE</b>			
EQ5D utility score	0.07 (0.19)	0.16 (0.15)	0.28
EQ5D VAS score	12.1 (0.9)	10.6 (0.9)	0.27
VascuQoL-6	0.41 (0.95)	3.7 (0.81)	0.01
<b>FUNCTIONAL CAPACITY</b>			
6MWT (m)	67.0 (16.6)	95.0 (26.7)	0.39
WELCH total score	-0.16 (2.7)	11.1 (4.9)	0.05
WIQ distance	8.2 (2.9)	15.9 (5.6)	0.25
WIQ speed	5.5 (4.9)	22.2 (4.6)	0.02
WIQ stairs	-5.5 (5.3)	20.0 (7.0)	0.01
<b>DIETARY SCORE</b>			
Dietary score	0.0 (1.35)	0.77 (1.4)	0.17

Data is present in mean  $\pm$  standard error. 6MWT – six minutes walking test; WELCH - Walking Estimated Limitation Calculated by History Questionnaire; WIQ – Walking Impairment Questionnaire

# TEXT-PAD study

- 50% of patients who smoked at baseline quit in the intervention group after 12 weeks
- 0% in the control group

# A qualitative study exploring the acceptability of the TEXTPAD telehealth and virtual supervised exercise intervention and trial for patients with peripheral arterial disease living in socioeconomically disadvantaged areas

Maddey Patterson, MPH,<sup>a</sup> Letitia Sermin-Reed, MSc,<sup>a</sup> James Prentis, MBBS,<sup>b</sup> Arathi Radhakrishnan, MBBS,<sup>b</sup> Eileen Kaner, PhD,<sup>a,c</sup> Sandip Nandhra, MBBS,<sup>d</sup> Maisie Rowland, BSc,<sup>a</sup> Gabriel Cucato, PhD,<sup>e</sup> and Mackenzie Fong, PhD,<sup>a,c</sup> *Newcastle-Upon Tyne, UK*

**Table 1.** Illustrative interview quotes relating to theme 1: Patients' Acceptability of the TEXTPAD and Walking programs

Subtheme 1: TEXTPAD program	
Quote 1	"But if I hadn't have gone to this program, I think I would've done something drastic.... If it wasn't for you, and the research that you are sitting, willing to do, I would've been gone now" (participant 3, TEXTPAD group, male)
Quote 2	"Even though I've never met her face to face, I've only spoken to her across the phone, or emails, and text messages, and that [yeah], I felt really confident in myself, and I felt confident in her, because she was in that kind of position where she knew what to say, how it would come across, how she explained things, and how easy it was for me to understand what she was saying." (participant 9, TEXTPAD group, male)
Quote 3	"That information was like ... how can I explain it? It was like me winning the lottery. Because it's like something I've never had before.... Where my doctors, and that, weren't actually helping me, because they didn't know anything about this disease." (participant 3, TEXTPAD group, male)
Quote 4	"These recipes are for rich people man. I said you've got king prawns, strudel and everything [9:15], I said that's for posh restaurants.... I said I'm not buying king prawns and lobster, I'm not. That should be for all them top hotels like the Hiltons and all that." (participant 9, TEXTPAD group, male)
Quote 5	"...you should have a group, like, once a month, or whatever, so we can all sit there, like, in a circle, and introduce ourselves, and say, 'Well, this is actually happening to me.' 'Like yourselves.' 'But I want to ask each and every one of you a question, if that's okay. How do you manage this, this, this, this, and this?'. Where, in my eyes, that would be boost to people, because they know they're not the only one that's suffering from that. [Yeah]. And never actually getting help, the same as me." (participant 8, TEXTPAD group, male)
Quote 6	"It was fine really, I mean there's no sort of interaction between the other people, just the actual trainer themselves." (participant 5, TEXTPAD group, male).
Quote 7	"I think they would have been better if there were a bit harder than what they were." (participant 5, TEXTPAD group, male)
Subtheme 2: Walking Programme	
Quote 8	Yes I would say it is because the onset is delayed from what it would have been, it would come on like sort of within a few steps and now I can actually like I say I can go around the shop, I can do what I need to do and manage it even though it gets painful towards the end and I end up limping. (participant 4, Walking group, male)
Quote 9	If my steps were short because it sort of gives a little vibration, seeing how many more steps you go, I just walk backwards and forwards in the house to make – to make up the steps. (participant 14, Walking group, female)
Quote 10	"Get up, get a wash, cup of coffee, I put my FitBit on and then I walk up and down the hallway to get to about 300 steps. I then sit down and get a rest because I'm starting to limp. That's what I do all day." (participant 1, Walking group, female)
Quote 11	"I think just more interaction with the person, to be honest. Even if it was just a phone call, to say, 'Did you manage to get a walk in this week?'. (Participant 11, walking group, female)

# TEXT-PAD study

- Case study
- Male, 60 years old PAD patients
- smoked 60 cigarettes per day.
- Unfit and living in his car.
- After the intervention, quit smoking and decided to apply for a council house



# TEXT-PAD study

- Case study

“The support I received was outstanding, I couldn’t praise the staff enough.”

“The staff want medals bigger than frying pans!”

“I couldn’t praise it enough, the service has done me wonders. I’m totally different to what I was and I feel better in body and mind. My legs, and my way of life has been saved.”

- “If you have PAD, get help from this service – it will change your life!”

# TEXT-AAA

- Similar protocol (remote delivered by Healthworks)
- Patients undergoing AAA repair
- Service improvement study (focus group)

# TEXT-AAA

- Patient J.A's Feedback:
- AAA was discovered incidentally; initially declined surgery due to age and comorbidities.
- Described the programme as "life-changing."
- Reported improved confidence, health, and management of atrial fibrillation and diabetes.
- Continued exercising post-surgery and recovery.
- Maintains contact with other participants through a group chat.
- His wife described the programme as a "game changer" and praised Healthworks staff.

# Next steps

- Feasibility And Acceptability Of A Remote Exercise And Lifestyle Change Intervention In Patients With Smaller Abdominal Aortic Aneurysms – Submitted to NIHR – RfBP stage 2
- PhD collaborative study - Home-Based Feasibility Of Isometric Training And Lifestyle Change For Hypertension: The HOME-FIT Study – submitted to BHF
- Development of a prototype for leg isometric exercise for the management of hypertension



**Health Innovation**  
North East and North Cumbria

# Health Innovation NENC

**Jody Nichols Associate Director  
Health Innovation NENC**



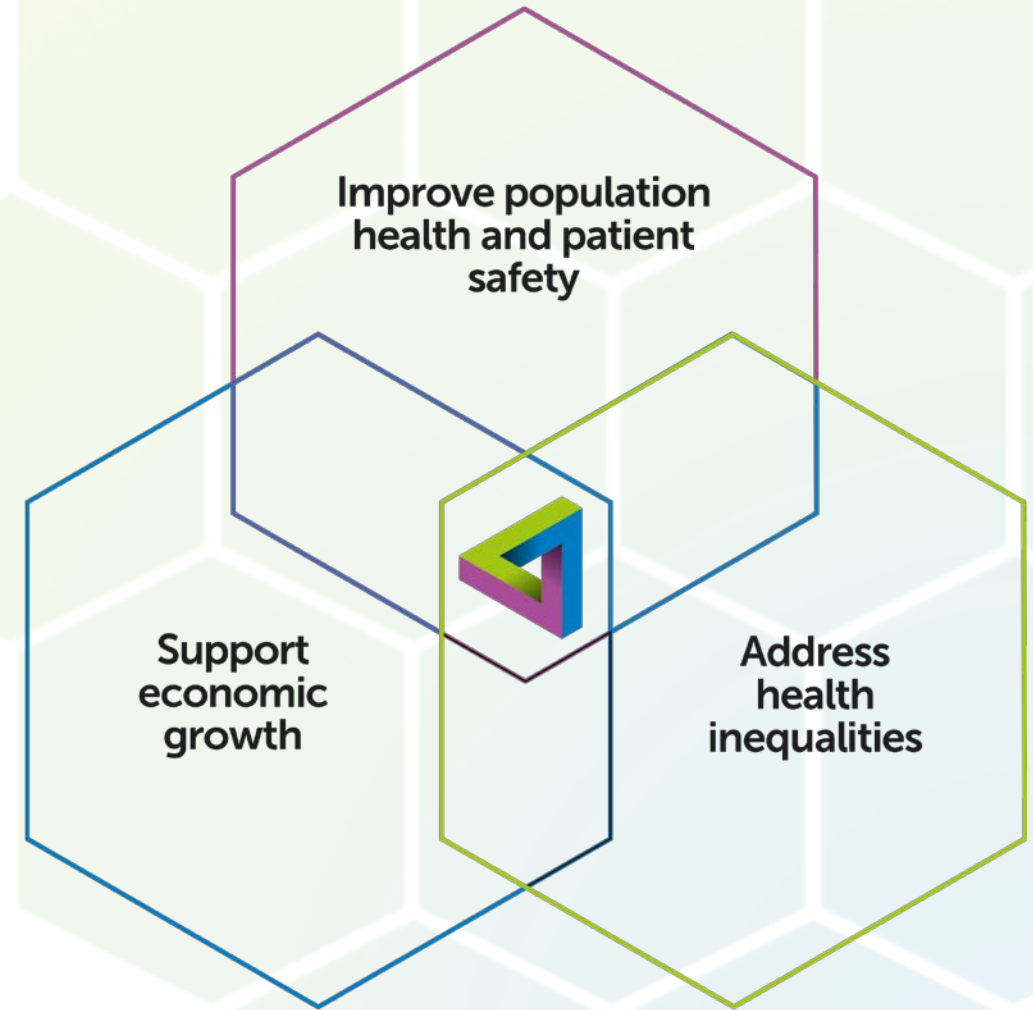


# Health Innovation NENC

- Support health and social care businesses across the Northeast
- Strengthening research-industry collaboration
- Opportunities for businesses in health innovation
- Partnering with SMEs & health tech

# Who is HI NENC?

- Established in 2013
- One of 15 organisations working together to 'transform lives through innovation'
- Embedded within the local health and care ecosystem
- Drive the adoption of innovation through evaluation
- Proud to be working with the health and care system, as well as being the innovation partner for the NENC ICB



# What Do We Do?

- We connect, and act as an honest broker between the NHS, academia, local authorities, third sector, and industry
- We support the development and adoption of new innovations through the generation of an evidence base
- Our relationship with the NENC ICB provides a unique opportunity to drive adoption at system level
- Support our ambition for the NENC to be recognised as the 'place to innovate', on an international stage



# How Do We Do This?



Partnerships



Networks



Honest broker

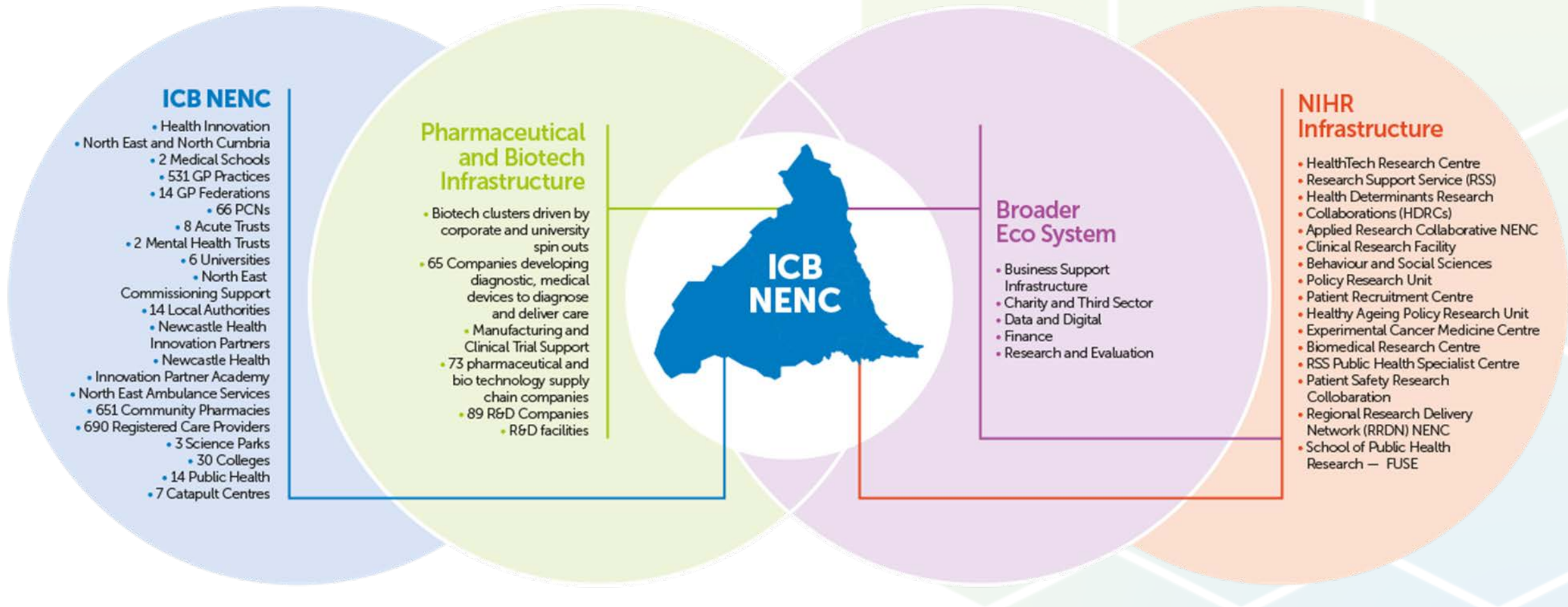


Connectors

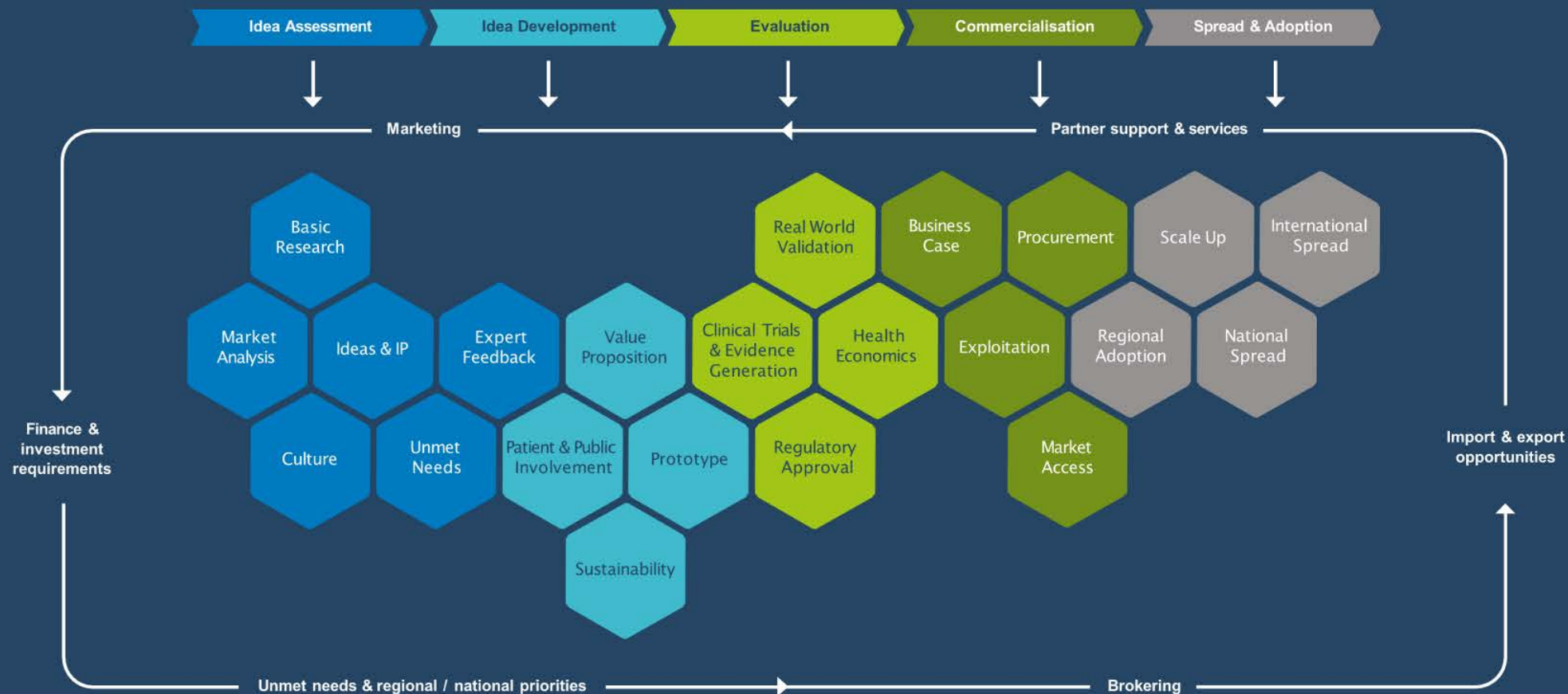


Part of the  
ecosystem

# Our Regional Ecosystem







# Example Projects

CDRC – Clinical Digital Resource Collaborative

HI NENC / ICB NENC Healthy Heart Check Programme

SDE – Secure Data Environment

ICB NENC - Health and Growth Accelerator

Boehringer Ingelheim – CKD ICB NENC project

# **Clinical Digital Resource Collaborative (CDRC)**

**A Population Health Management Tool and GP  
Consultation Aid**

# About CDRC

## Who?



CDRC is a collaboration between **HI NENC, NENC ICB, NECS, CBC Health Ltd & Cumbria PRIMIS Informatics**, and other key strategic partners.

## What?



An NHS owned digital resource with national reach, enabling the delivery of gold-standard patient care efficiently.

## How?



Resources that put the clinician in control of patient care, to provide the appropriate care at the right time to improve patient outcomes.

# Our Vision & Mission

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## MISSION

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Prevent clinical teams from reinventing the wheel by providing a central repository of regional and national resources.



## VISION

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To provide free at the point of use, clinical digital resources within the NENC region.



# Resource Overview



## Clinical Reports / Patient Searches

Identify specific patient cohorts.



## Data Entry Templates

For accurate review, assessment, management and coding of patient data.



## Referral Forms

Up-to-date, validated regional referral forms, pre-populated with patient information.



## Patient Status Alerts / Icons

Alerts and Icons to draw important information to your attention.



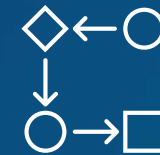
## Visualisations\*

Dashboards that display key patient information on one screen, allowing for easy data checking and data entry.



## Questionnaires\*

Gather information from patients, or clinicians, in a consistent and organised manner.



## Protocols

Structure workflow and support decision-making from within the patient record.



## Hazard Reviewed

All CDRC resources are Hazard Reviewed by NECS to ensure they are safe and accurate.

# Hypertension Diagnosis

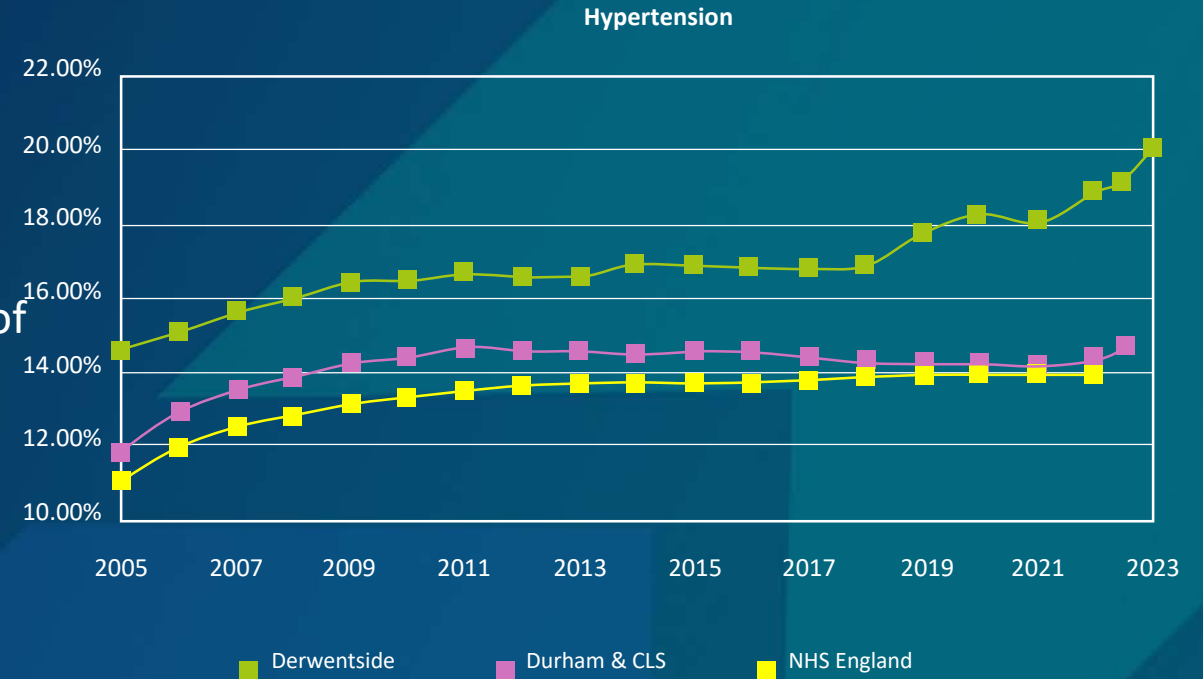
Derwentside PCN prioritised prevention. They identified: -

- Undiagnosed hypertension as a common problem.
- Treating hypertension is one of the most cost effective ways of preventing illness.

## CDRC was able to:

- Flag patients with possible undiagnosed hypertension.
- Target NHS health checks to these high risk patients.
- Quality improvement audits to identify people with uncoded hypertension.
- Development of an incentive scheme to promote the work.

**The outcome:** massive increase in hypertension prevalence – with an increase from an already high baseline of 17% prevalence to >20%. Because the rate of death of people with hypertension is relatively high, this means that an additional ~5% of the population were diagnosed with hypertension over the period of the intervention. (All these numbers look much more impressive if you limit the analysis to adults only)



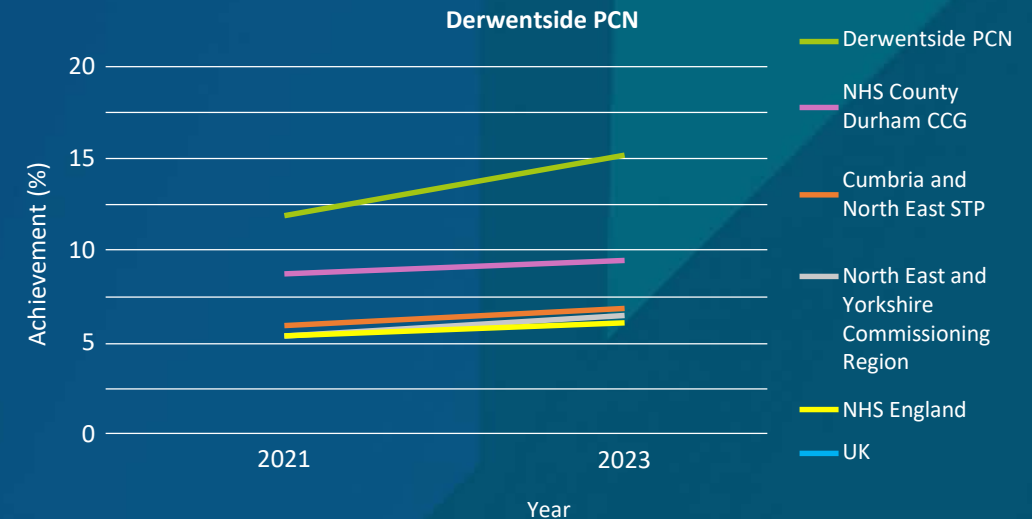
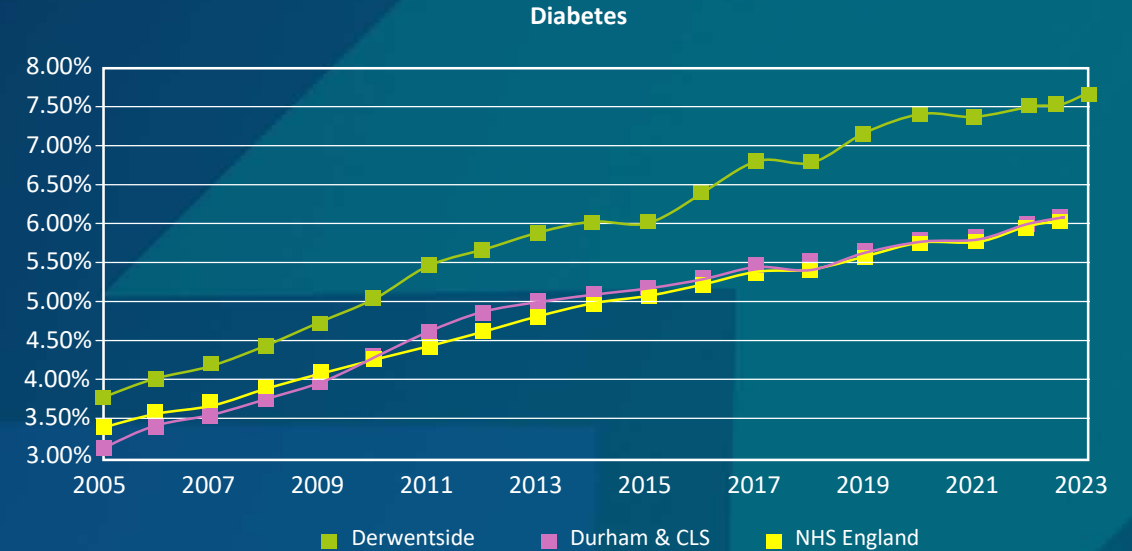
# Diabetes Identification / Prevention

- Derwentside PCN
- Undiagnosed Diabetes as a common problem
- Treating Diabetes is one of the most cost effective ways of preventing illness.

## CDRC was able to:

- Flag people who are at high risk of diabetes
- Ensure people with high risk conditions such as NDH/PCOS/NAFLD are getting the appropriate intervention and checks.
- Target NHS health checks at higher risk people
- Quality improvement audits

**Outcomes:** improvement in the detection of diabetes  
...and improvement in the detection of NDH with our PCN nearly 3x the national prevalence



# Digital Transformation Portfolio

## Innovation Design Service

- Design thinking and rapid discovery
- Pathway redesign
- Programme lifecycle
- Strategy development

## AI and RPA

- Discovery
- Supporting the system
- Workforce
- Thought leadership

## Digital Accelerator – Primary Care

- Accelerate change management for GP's
- Multi disciplinary approach
- Coproduction
- Benefits capture

## Digital Accelerator – Social Care

- Accelerate change management for social care
- Multi disciplinary approach
- Hands on support
- Benefits capture

## Care Home Collaborative

- Community of practice
- Shared learning
- Latest technologies

## Regulation Support

- 121 business support
- Advice and guidance
- Digital Technology Assessment Criteria (DTAC)
- Readiness tool and supporting documentation

## Workforce Support

- Action learning set
- Community of practice
- Shared learning and best practice
- CPD accredited training
- Upskilling front line staff

## Horizon Scanning and System Support

- The future of digital
- Thought leadership
- Strategy and policy
- Delivery and support
- Commissioned service

# NENC ICB Healthier and Fairer Programme: Scaling Healthy Heart Checks



# What is a Healthy Heart Check?

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- ♥ Height and Weight
- ♥ Blood Pressure check
- ♥ Point of care cholesterol test (finger prick test with a PocDoc™ test)
- ♥ Point of care HbA1c test
- ♥ Education to the service user about cardiovascular disease and its risks

## Referral criteria:

- ♥ Total cholesterol equal to or greater than 7mmol/L for primary prevention (PP) patients (no previous heart attack or stroke)
- ♥ nonHDL cholesterol equal to or greater than 2.5mmol/L for secondary prevention (SP) patients (previous heart attack or stroke)
- ♥ Raised blood pressure, three readings were taken if BP was raised
- ♥ QRISK3 score equal to or greater than 10% (Risk of having a heart attack/stroke in the next ten years)

# Aim Statement

**CORE20 PLUS 5**

*To reduce cardiovascular disease in NENC by encouraging CORE20+5 communities to engage with cardiovascular risk reduction strategies. This will be achieved by **increasing understanding of the challenges faced** by these communities and **working with them** to deliver approaches that facilitate engagement.*

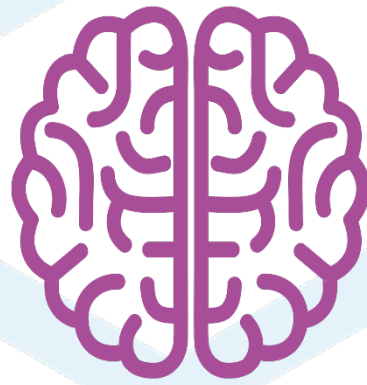


# Healthy Hearts Programme

**CORE20 PLUS 5**



Scaling Healthy Heart Checks  
in underserved PCNs across  
NENC



Piloting POC testing in  
Annual Physical Health  
Checks for those with SMI



Pilot POC testing for those with  
Coronary Artery Calcification  
following TLHC

# Targeted Approach to Engagement

**CORE20 PLUS 5**

Data has been appropriately utilised to identify areas for healthy heart check delivery in NENC, prioritised and based on deprivation, CORE20 populations, and relevant CVD Prevention indicators.

Onboarding of PCNs/GP Practices is currently underway via a webinar and ICB engagement within place-based teams.

Further collaboration with public health teams, VCSE colleagues and GP federations to identify appropriate opportunities for delivery of the project activity.



ICB Area	PCN	Treatment of HTN	Treatment of CHOL	Deprivation Rank	CORE20	HTN prevalence
Northumberland	Blyth PCN	64.54	49.17	2	Marine Medical	17.28
					Railway Medical Group (Newsham Surgery & Old Waterloo Site)	17.12
Newcastle Gateshead	Gateshead East PCN	66.74	50.45	3	Crowhall Medical Centre	15.68
					Longrigg Medical Centre	21.02
					Pelaw Medical Practice	15.72
					St. Albans Medical Group	19.62
Sunderland	Sunderland West 1 PCN	66.77	49.65	4	Chester Surgery	11.02
					Hylton Medical Group	16.82
					Millfield Medical Group	16.32
					Pallion Family Practice	20.42
					The Broadway Medical Practice	19.22
					The Old Forge Surgery	17.02
Newcastle Gateshead	West End Family Health PCN	67.63	47.82	5	Wearside Medical Practice	15.22
					Crutts Park Surgery	13.22
					Holmside Medical Group	16.62
					West Road Medical Centre	11.72
Tees Valley	Eston PCN	69.25	43.96	6	Cambridge Medical Group	13.62
					Normanby Medical Centre	16.12
					South Grange Medical Group	15.82
					The Eston Surgery	15.72
Tees Valley	Greater Middlesbrough PCN	70.92	45.04	7	Acklam Medical Centre	15.42
					Coulby Medical Centre	15.72
					Crossfell Health Centre	14.82
					Hirsel Medical Centre	10.92
					Kings Medical Centre	14.62
					Newlands Medical Centre	13.52

# Objectives

**CORE20 PLUS 5**



Delivery of healthy heart checks across NENC e next 2 years in underserved communities.



and an improved experience for the service user.



Champions.



pass health literacy standards.



# Objectives continued

**CORE20 PLUS 5**



Improve the uptake of anti-coagulants, hypertensive medications and lipid lowering therapies as part of CVD prevention.



Perform Behavioural Insights in SMI communities to understand barriers for uptake of Annual Physical Health Checks.



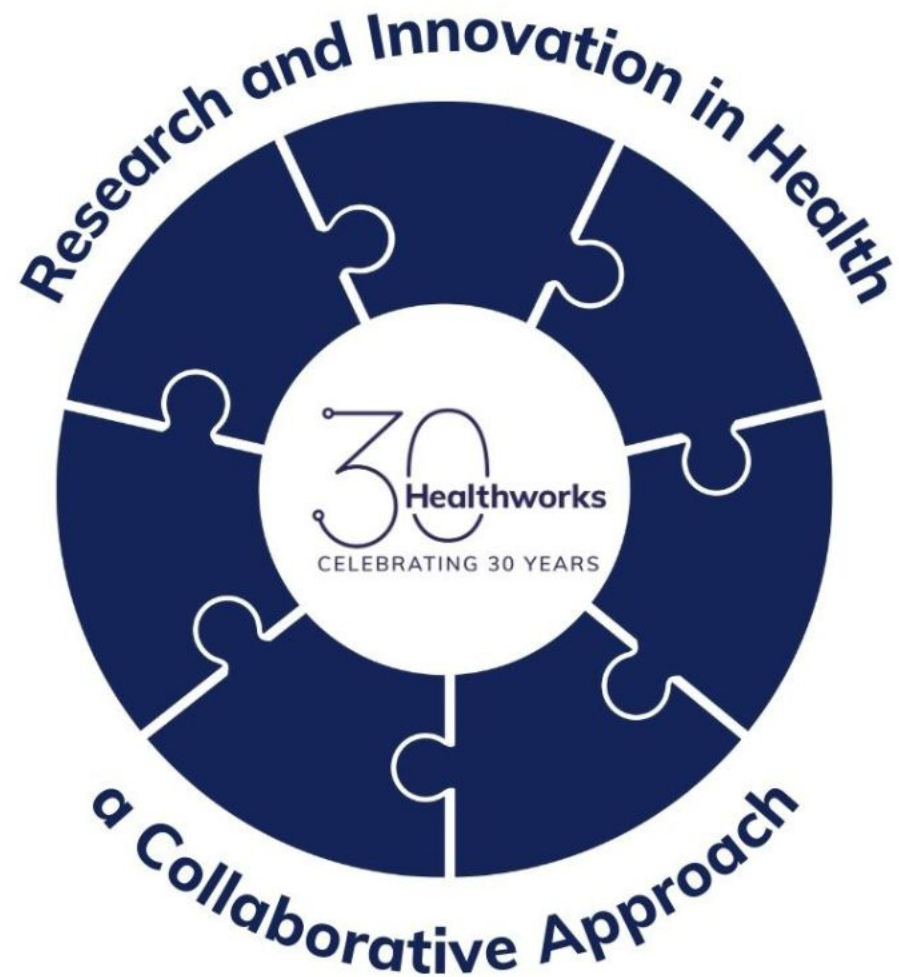
Introduce Point of Care Testing in SMI patients during their Annual Physical Health Check.



Introduce point of care cholesterol testing into Targeted Lung Health Check pathway for those with Coronary Artery Calcification



Provide an evaluation of the adopting and scaling with health economic analysis



# Thank You

