The Engagement Excellence Scheme in the Faculty of Medicine and Health 2014-15

Engagement Fellows and their projects

September 2014 – July 2015
Contents

Engagement Fellows and their projects ................................................................. 1

Dr Louise Sorensen: Applying Participatory Design in the dissemination of research to patients and GPs ................................................................. 3
  Progress report March 2015 ........................................................................... 4
  End of project report August 2015 ................................................................. 5

Dr Matthew Allsop: What is palliative care? Consulting hospice shop volunteers to devise a public engagement strategy ......................................................... 8
  Progress report March 2015 ........................................................................... 9
  End of project report August 2015 ................................................................. 11

Dr Daniel Skrzypiec: SEMAC Public Engagement ............................................. 13
  Progress report March 2015 ........................................................................... 14
  End of project report August 2015 ................................................................. 14

Dr Julia Csikar and Dr Karen Vinall: Engaging homeless people in oral health research ........ 17
  Progress report March 2015 ........................................................................... 19
  End of project report August 2015 ................................................................. 20

Dr Marie Parker: Inspiring the next generation of Scientists ............................ 22
  Progress report March 2015 ........................................................................... 23
  End of project report August 2015 ................................................................. 24

The Project team .................................................................................................. 26
Applying Participatory Design in the dissemination of research to patients and GPs

My background is in the arts and humanities. Prior to coming to Leeds, I completed a PhD in Linguistics and worked as a research fellow investigating the use of Participatory Design (PD) in the development of digital resources. I have also worked in industry as a clinical trials data manager which is where my interest in medical research stems from.

In my current role as a study coordinator in the Leeds Institute of Rheumatic and Musculoskeletal Medicine (LIRMM), I coordinate two research studies on polymyalgia rheumatica (PMR) and giant cell arteritis (GCA), respectively. This includes liaising with patients and professionals to ensure the studies run smoothly.

**Project description**

My project explores how Participatory Design can be applied in the dissemination of research to patients and GPs. We ask both groups to take part in research studies – as participants and referrers, respectively – but the results of those studies are not published in a manner highlighting whether or how their participation has benefited others.

Through the three stages of PD, discovery, evaluation and prototype, I will work with patients and GPs to investigate the following objectives: 1) What kind of information is important to patients and GPs when reporting on research? 2) How do we best convey that information (e.g. more visuals, better lay summaries)? And finally, 3) Is PD an effective method in engaging people and achieving 1) and 2).

**Public engagement and step change**

Public engagement to me means involving a community or communities of interest in a conversation about an activity or product that has direct relevance to them, making sure that their experiences and opinions are part of its development and implementation.
Progress report March 2015

Project website

Setting up the website for the project has taken a bit longer than anticipated, however because it is the centre-piece of the project, it was important to take the time to get it right. During setup I had valuable feedback from the group, and after further discussion with Alexa was able to narrow down exactly how I felt the site should look and function. We discussed if setting up a page on the University website instead of the current Google site would give the project more credence, but I decided against it because many members of the public, in my experience, can be intimidated by official-looking “academic” sites. Using a Google site also allowed me to design a clean, simple interface with larger than usual font sizes – a must if users are less web-savvy.

The site is now live at https://sites.google.com/site/intheloopleeds/ and will be updated as the project progresses.

Social media presence

From the start of the project, I have been planning on using social media. Based on previous experience, I knew that you only really get one chance to pitch your project in a fast-paced social media environment, so it was very important that the website was ready before launching on social media.

Following a very useful pepnet session on engagement with large audiences in early March, combined with lessons learnt in the past, I decided to focus my efforts on Facebook and Twitter as they reach different groups of users. The older generation is more likely to use Facebook, whereas the slightly younger, perhaps already engaged, patient representatives (e.g. forum moderators, charity volunteers, etc.) will frequent Twitter. There is no doubt, though, that the social media aspect of the project will be a challenge because many of my target audience are not digital natives. I therefore also plan to document my efforts for others wanting to do something similar in the future.

Facebook https://www.facebook.com/intheloopleeds
Twitter https://twitter.com/intheloopleeds

Next steps

Now that the project has a defined identity, I will be contacting the patient support groups and charities we already have a relationship with. Dr Mackie has also given me permission to use some data from a paper due to be published soon. Being able to present brand-new research findings to the participants and get their input on how best to translate it for a lay audience will be very valuable.
I have also looked into ordering some promotional products customised with the project logo and am pleasantly surprised by how reasonable the costs are.

Finally, I am also pleased to have been invited to join the Health Services Innovation Hub’s PE event on 20 May on the theme of de-mystifying research.

**End of project report August 2015**

In my project I have engaged members of the public in a participatory design (PD) project, examining how we can improve the dissemination of research. I have set up a project website where participants can sign up and complete a number of tasks. These tasks involve reading news articles, journal papers and watching videos that report on new research, followed by answering a set of questions about content and presentation. The site was set up using Google Sites and all data is collected via Google Forms. The project also has a Facebook page and a Twitter account.

When the project began my objectives were to investigate:

1) What kind of information is important to patients and GPs when reporting on research?

2) How do we best convey that information (particularly bearing in mind the age of some patients)?

3) If participatory design is an effective method in engaging people and achieving 1) and 2).

The first objective has been achieved, though GP involvement has been postponed until methods have been tested and refined. I felt that the process needed to be less exploratory and more robust before asking them to take time out of their busy schedules to take part. As the project is continuing beyond the scheme, the GP element will be implemented at a later stage.

Approximately 30 people have taken part in reviewing examples of how new research is disseminated. More are still signing up and the online platform means that data collection can continue without needing a significant amount of my time. So far **more than 30 A4 pages of comments, likes and dislikes have been submitted by the participants** and these
are currently being analysed. The analysis will also address objectives 1) and 2), though more work remains to be done on creating templates for conveying information.

As for the third objective, **PD has proven an effective method.** As described above, the participants’ level of engagement is evident in the amount of data generated. Taking PD online – an untested step – has also proven successful so far. No one has reported any issues with the online platform and this is encouraging for future projects looking to use a similar method or platform.

**The Engagement Excellence Scheme**

My expectation of the scheme was to learn more about engagement from the mentors and for my project to benefit from their support. Their **feedback and encouragement has been very helpful indeed as has sharing ideas and experiences with the other fellows.** The different people, projects and skills we were introduced to in our meetings also gave me lots of food for thought.

The scheme has helped my project by **giving me the confidence** to test new methods of delivery. I knew that PD is usually quite popular but had no idea if it would work online and am very pleased that it did. The **scheme also gave my project legitimacy** which definitely helped when asking charities and organisations to help promote it.

**Research impact**

Research impact has not increased directly through my project, but I do think that an **awareness of how little PE work has been/is being done on dissemination has been raised.**

In the **article I have been invited to submit to the Research Involvement and Engagement journal,** I will call for a discussion about how we can develop better methods for research dissemination and hope to inspire other people to do similar projects. This will be a lengthy process which is also why **I am carrying on with the project after the EE Scheme has ended.**

**PE diffusion and understanding**

My immediate group knows that **I am the go-to-person** should they ever need advice on PE (most of them are lab based so an unfamiliar area to them). I have also **had interest in my methods from people outside my School** developing other PE projects.

Overall, I think I **have broadened people’s idea of what PE/PPI is,** i.e. it does not necessarily have to be an event at a Science Fair or a review of a Patient Information Sheet for a research study – there are other ways of engaging people in the development of research-related activities.

During the course of the scheme I have definitely **become more aware of the distinctions between PPI and PE,** and the opportunities and limitations they bring. The **importance of**
evaluating activities has also been brought home to me and how we should measure not just numbers taking part in engagement but also their level of engagement.

*Step change and future PE activities*

The step change I aspired to was to ‘create a culture of increased understanding in research which will make patients and GPs more informed and likely to participate in research in the future’. This is quite an ambitious aspiration but I do believe that this project, combined with my talks for patients and GPs about research in our group, has made people more aware how integral they are to research and that we are listening to them.

With regards to future PE activities, I will be continuing the project alongside my normal work duties and plan on implementing the findings by applying them directly to the dissemination of future research findings from our group.
What is palliative care? Consulting hospice shop volunteers to devise a public engagement strategy

My current role involves designing and developing an electronic system to monitor and assess pain in community-based patients with advanced cancer. This work is part of a larger programme exploring ways of improving pain management in patients with advanced cancer (IMPACCT).

My initial training was in psychology prior to moving to mechanical engineering to complete a PhD. My thesis focused on the involvement of users in the design and development of healthcare technology. Subsequently, I spent time working in the medical device industry supporting device manufacturers to apply user involvement and health economics approaches in the early and late stages of product development. A recurring theme in my research has been to find ways of involving people in the design of health-related products and services that are likely to affect them.

My Engagement Excellence Scheme project will focus on public engagement, which I believe is about discussing and sharing perspectives and ideas with anyone affected, influenced and interested in research. My project will seek meaningful ways of communicating to members of the public about palliative care and research by the AUPC. Having previously ran a project surveying visitors to hospice shops about their thoughts on what should be priorities for palliative care research, this project will:

- Conduct a roundtable discussion with hospice shop volunteers and members of the public to understand how best to share the findings of the previous project
- Organise an event in Dying Matters week, working with the communications teams at St Gemma’s and our academic unit to generate media publicity for the event

The planned step change from the project will be to improve awareness of palliative care research in the local community, but also to increase knowledge of how our academic unit can meaningfully engage with the public about research.
Progress report March 2015

Planned objectives:

- Conduct a roundtable discussion with hospice shop volunteers and members of the public to understand how best to share the findings of the previous project
- Organise an event in Dying Matters week, working with the communications teams at St Gemma’s and AUPC to generate media publicity for the event

Project planning update:

A series of meetings have been held with St Gemma’s Hospice and their marketing / business teams. The hospice has not wholly engaged with Dying Matters week previously. It was decided that working in partnership, St Gemma’s and the Academic Unit of Palliative Care (AUPC) could devise a social media campaign around hospice care and the role of the research in palliative care leading up to and during Dying Matters Week. Additionally, instead of hosting a roundtable event as initially planned, the AUPC will run a stand during a Death Cafe event to be held at St Gemma’s Hospice during Dying Matters Week.

A social media strategy has been devised, informed by training provided through the engagement fellowship scheme. Examples of the content of the campaign will include a series of images depicting hospice and palliative care leading with the statement, ‘This is hospice care...’ on an image that is not in the hospice, nor linked to typical images of care. At the bottom of the image there will be an explanation of image to detail the broader community work and research activities pursued by the hospice. The campaign seeks to both dispel myths about palliative care while also raising awareness of palliative care research using social media. The following categories will be focused on, taking up a day each during dying matters week:

- Eligibility for hospice care
- Access and referral to hospice care
- Clinical services: work to enable a patient to live well
- Clinical services: supporting the dying patient
- Family support and counselling, including bereavement
- Research and teaching at St Gemma’s

Alongside the campaign, a link to a short survey will be sent out – this will capture basic demographic information, perspectives of palliative care research (to inform activities of the AUPC) and address answers that people would like answers to around hospice care (this will inform the St Gemma’s website design).

Dates of key events:

The following are revised objectives of the project, dates and likely costs:
<table>
<thead>
<tr>
<th>Activity</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Devise and run a social media campaign with St Gemma’s Hospice</strong></td>
<td>Social media strategy devised for period <strong>4th May – 1st June</strong>. Tweets can be prescheduled and St Gemma’s team are available to respond and facilitate discussions via social media. Likely £100 costs required for boosting tweets and widening reach of materials.</td>
</tr>
<tr>
<td>Increase awareness of role of research in palliative care</td>
<td></td>
</tr>
<tr>
<td>Advertise Death Cafe and stand held by AUPC during Dying Matters Week</td>
<td></td>
</tr>
<tr>
<td><strong>Organise an event in Dying Matters week, working with the communications teams at St Gemma’s and AUPC to generate media publicity for the event</strong></td>
<td></td>
</tr>
<tr>
<td>Host stand during Death Cafe event</td>
<td>Stand to be held at Death Cafe on <strong>Thursday 20th March</strong> during Dying Matters Week. The stand will contain electronic symptom reporting systems, details about ongoing research projects at St Gemma’s Hospice and education resources around pain management developed by the AUPC. Props are provided by the AUPC, although a small cost for additional props may be required once final plans for stand are completed</td>
</tr>
</tbody>
</table>
End of project report August 2015

What have you done in your project? Have you achieved your objectives?

The project involved three key activities: i) involvement in a death cafe event at St Gemma’s hospice to discuss palliative care research; ii) a Twitter campaign addressing misconceptions about palliative care and research; and iii) conducted a survey to identify questions that people have about palliative care that they are struggling to find answers for. The initial objectives were to understand how best to disseminate information from a previous piece of palliative care research. This objective was not ignored, but embedded into conversations occurring throughout the project, which enabled me to dedicate time to more activities that were quite distinct in their purpose.

Your expectation of the scheme and how the scheme has helped you with your project.

The expectation of the scheme was that I would become a knowledgeable and informed expert in public engagement, ready to excite and encourage other researchers to get involved. Throughout the scheme time was spent teaching the fundamentals of good planning and outlining the time required to run effective and well evaluated PE activities. I’m certainly a little more knowledgeable, but by no means an expert. I do however feel that my experiences (both good and bad) and new skills in thinking through and planning PE can be used to guide other researchers considering PE.

How likely is it that the research impact has been increased /will increase through your PE project?

The majority of my work involved raising the public profile and perception of palliative care research. Capturing public perspectives on PE in palliative care has also left me with data to inform how I approach future activities. One key output from the activities will be to enhance the PE information provided on the Academic Unit of Palliative Care website. These activities may not directly influence research impact but it will work towards improvements in communication and knowledge of palliative care research.

Has the PE further diffused in your School/Institute? What is different now with respect to PE?

The institute in which I am based is heavily involved in PPI activities as the focus of research is applied health. However, sending around the PE questionnaire did begin a conversation with some colleagues around PE terminology and how it differs from PPI. I believe that there is a distinct role for PE in applied health, but it needs further drive from the institute.
Has your understanding of public engagement changed during the scheme?

Yes, massively. The planning and organisation of events has improved, plus thinking about what engaging with the public means and the purpose of PE activities. The importance of evaluation has also become very clear.

Have you achieved the step change you aspired to? What do you plan to do in the future regarding PE?

I do believe that I achieved the change I expected from involvement with the programme. It has been a very enjoyable experience and I plan to continue embedding PE activities into my work. I will continue to work closely with St Gemma’s Hospice to explore innovative ways of reaching the public and will also look for opportunities to incorporate PE activities into research grant applications.
SEMAC Public Engagement

I received a M.Sc. degree in mechanical engineering from Wrocław University of Technology, Poland, and graduated with a Ph.D. in biomechanics from the University of Bristol. I have been working as a research fellow for several years in areas of spinal biomechanics, biomedical engineering and clinical research at universities in Germany and the UK.

Currently, I coordinate a clinical research project (SEMAC) using magnetic resonance imaging (MRI), at the NIHR Leeds Musculoskeletal Biomedical Research Unit (LMBRU), Chapel Allerton Hospital. The project utilises a novel approach in MRI suppressing distortions caused by metal joint replacements to help detection of joint replacements problems at an earlier stage.

During the Engagement Excellence Scheme I am going to work primarily on minimizing barriers, improving public understanding and enhancing willingness to participate in clinical research. I will focus on the outreach activities to inform and engage with the public from local communities, using the SEMAC project as an example. This project is complementing our current patient and public involvement (PPI) programme. The outreach activities are being developed to increase public awareness of the importance and types of NHS clinical research. The engagement project will be aimed at people who might benefit from joint replacement; however we will also try to engage with people who would like to learn more about working at the interface of medicine and biomedical engineering.

Public engagement for me is an activity to better communicate the work of research institutes to the public and to minimize barriers to involvement with research for the wider benefits of society.

The main step change with this project for me as a person with a mechanical engineering background is to develop my people skills and to learn to communicate about clinical research with local communities.
**Progress report March 2015**

I have learned very much being part of the Excellence Engagement Scheme, so far.

I feel the project is progressing very well. I started using Twitter before the first outreach activity, the Engineering Experience on 21\textsuperscript{st} March 2015. A few days before the Engineering Experience, I gave presentation about my project on novel MRI of hip replacement to the PPI group in LMBRU, Chapel Allerton Hospital. This required me to prepare a presentation for lay audience (around 60-70 people attended), which was a very good way to practice speaking about my project to public and use the skill for the Engineering Experience. On the Engineering Experience day I had 3 people (including Marie) to help me throughout the day. We engaged with 121 people (adults and children talking with us) during 6 hours, 91% people answered the question correctly as calculated from the Lego impact measurement system. There were some people who just stopped by only briefly. Overall it was a very positive experience. People from other stalls and organizers of the Engineering Experience were very interested in the Lego impact measurement system and some expressed that would like ‘steal’ the idea (which was rewarding). I am awaiting results of overall count for the Engineering Experience.

**Future plans:**

- I'm at communication process with a local community from Chapel Town to organize an outreach event.
- I would like to be part of an outreach event at the Leeds Market talking about the forthcoming OK-to-Ask campaign.
- I have booked a place on a course Engaging with Communities on 20th May 2015 in London, organized by NCCPE. This will be a very good addition to my public engagement experience.

**End of project report August 2015**

My Engagement Excellence Scheme (EES) project aimed at working on minimising barriers, improving public understanding and enhancing willingness to participate in clinical research. I have focused on activities to inform and engage with the public from local communities, using the SEMAC research project as an example. **This public engagement (PE) project complemented our current patient and public involvement (PPI) programme** run in the Leeds Musculoskeletal Biomedical Research Unit (LMBRU) and Leeds Institute of Rheumatic and
Musculoskeletal Medicine (LIRMM), Chapel Allerton Hospital.

The activities were developed to increase public awareness of the importance and different types of NHS clinical research. The engagement project was aimed at people who might benefit from joint replacement; however we also tried to engage with people who would like to learn more about working at the interface of medicine and biomedical engineering.

The main step change with this project for me as a person with a mechanical engineering background was to develop my people skills, social media skills and to communicate about clinical research with local communities. This was achieved by learning to communicate science to lay audiences during the EES meetings, gaining confidence in delivering a message by participating in PE and PPI events, and using social media throughout.

The PE and PPI events I took part in during the EES were:

- ‘Ask the Researcher’, PPI, LMBRU, Leeds 18th March 2015

I gave a presentation about the SEMAC project on novel MRI for hip replacement to the PPI group at LMBRU. This required me to prepare a presentation for a lay audience (approximately 60-70 attendees), which was a very good way to practice communication to the public so as to develop this skill for future PE events.

- The Engineering Experience, PE, University of Leeds, Leeds 21st March 2015

I designed and prepared a stall at the Engineering Experience which was part of a large public engagement event within Leeds Festival of Science. I had three people helping with the engagement activities throughout the day. Using a novel coded-token approach I was able to capture public demographics and their understanding of the engagement activities with a single question. We had 121 visitors engaging with us at the stall, with 91% understanding the message correctly. Among the visitors there were 33% female adults, 31% male adults, 14% female children and 22% male children. We had positive feedback from the visitors, which can be exemplified by a visitor’s Twitter comment:

Great display about #implantMRI by @DMSkrzypiec #leeds #engineering fair 1:50 pm - 21 Mar 15

The organisers (STEM, University of Leeds) estimated the number of visitors at the whole of the Engineering Experience event to be close to 300 visitors.

During this event I went with Sue Smith (LMBRU) and other colleagues from St James’ hospital and LGI to raise awareness about the ‘OK to ASK’ day, at Leeds Kirkgate Market. People were interested in talking to us. I gave away 17 coded-tokens to visitors, aiming to get them back the next day during the ‘OK to ASK’ day. However, none were returned. This could possibly be because some visitors mentioned that ‘OK to ASK’ is organised during working hours only.

‘OK to ASK’, PPI, LMBRU, Leeds 20th May 2015

On the ‘OK to ASK’ day I organised a stall about the SEMAC project for the visitors, which was supported by radiographers from the Chapel Allerton Hospital.

National Co-ordinating Centre for Public Engagement (NCCPE) meetings:
- Engaging with Communities, NCCPE training, London, 20th May 2015
- Public Engagement Ambassador, NCCPE event, London, 14th July 2015

In the future I would like to maintain participation in PE and PPI events. Also, I would like to share my public engagement experience with colleagues from the department.

My experience of being an EES Fellow was very positive. The bespoke training sessions on social media were particularly helpful for supporting public engagement. I found it very inspiring and supportive to work within the scheme with such great people.
Engaging homeless people in oral health research

I am a research officer 0.4% at the School of Dentistry. I have worked within Dental Public Health for 15 years not only on the academic side but for the last 7 years as a senior dental public health manager within a PCT and more recently moved into Public Health England. My research has mainly been in smoking cessation and alcohol brief interventions for dental teams, I have also experience in systematic reviews, cost effectiveness analysis and GIS.

I have developed and support the delivery of the MSc in Dental Public Health module. Lectures: dental public health principles and common risk factors. I support the MSc dissertations and 5th year projects. I have undertaken a systematic review under the NIHR CLAHRC group related to barriers and facilitators of undertaking health promotion in dental practices. I specialise in tobacco and alcohol brief interventions and advice for dental teams. The tobacco work underpinned my PhD and has had impacts within service design and delivery; the alcohol research followed a similar model and enables me to gain funding and an award from BASCD Roger Anderson Poster Prize Award (2012). Both tobacco and alcohol brief advice and interventions are delivered to dental, therapy hygiene students and oral health promoters within the dental school.

I have a split post 0.5% wte as a lecturer in Dental Public Health at the School of Dentistry and a research officer at the Academic Unit of Health Economics in LIHS. My background is in Health Psychology and I am a chartered psychologist with the BPS. I completed my part-time PhD here at the University of Leeds in 2013 whilst working as a research officer looking at practitioner-patient interaction in Rheumatology outpatients clinics and encouraging patient participation in the consultation.

I teach on the MSC Dental Public Health on psychosocial perspectives and on the MPH in LIHS Critical Appraisal skills. I am systematic reviewer and project co-ordinator for the following projects: INCENTIVE: An evaluation of the organisation and delivery of NHS dental health care to patients - innovation in the commissioning of primary dental care service delivery and organisation in the UK AKI Diagnostics: The future for diagnostic tests of acute kidney injury in critical care: Evidence synthesis, care pathway analysis and research prioritisation. I have undertaken a systematic review under the NIHR
CLAHRC group of home-based toothbrushing practices by parents of young children to reduce dental caries.

**Julia and Karen are collaborating on this project:**
During the Engagement Excellence Scheme we aim to identify barriers and facilitators to achieving good oral health for the most vulnerable and excluded people in the city of Leeds. We will ask them about their oral health needs, access to dental care, and their beliefs about their own oral health and explore with them how we can effectively get across health messages and engage with them further. We will explain to them about why we are undertaking the research, the potential benefits to them and explore with them how they would most want to receive further information about what we found and future work, establishing channels of communication about dental health and research currently going on. In accessing hard to reach groups in this way we are interested in going beyond contact made for research and to explore taking oral health care further not only with users of the service but also Leeds Community Healthcare services the best ways to do this and work together to drive change. Including York Street and Community Dental Nurse, Health Lifestyles team and third sector providers. To offer greater understanding about how messages about health are received by the most vulnerable and excluded people in society and help identify ways to improve this.

Objectives:
- engage with vulnerable and excluded people in the city of Leeds
- find out about their oral health needs and what they would want
- communicate key oral health messages and current relevant research ideas to them in an appropriate way
- collaborating with other professionals working with these groups to drive change to meet their needs

**What is your understanding of public engagement?**
Public engagement is working with members of the public (from any background) to shape and focus research with the ultimate goal of ensuring the outcomes are person centred. PPI should go beyond inviting 1 or 2 patients/members of the public along to steering group but attempt to seek active participation in the design, delivery and dissemination of the research. In essence ensuring the patient is central to the questions posed and answered. Not just transferring our scientific knowledge to others but learning from others to increase our own understanding. Priority setting and seeing what is appropriate. Outreach should work to the parent’s agenda in terms of location and timings so that each person has the opportunity to interact and work fully with the research team.

**What is the step change for you with this project?**
On a personal level the professional development will help us strengthen fellowship.
applications as well as gaining skills to enhance our research and those who work within the dental school. The Health Foundation’s Improvement Science Fellowship programme which offers support for fellows to develop their potential to become leaders in the field of improvement science, building practical knowledge about what works to improve healthcare and to translate this knowledge into practice to deliver the best possible patient care has been identified as one such developmental schemes. We will be part of an Early Career Researchers Network at School of Dentistry and this will ensure links to develop relationships with those undertaking research projects have a strong PPI element within their programmes.

**Progress report March 2015**

Over the last few months we have been setting up our network links with homeless people and the support centres they visit. We have undertaken some focus group work with homeless people at St Anne’s and St George’s The Crypt to identify barriers and facilitators to achieving good oral health. This includes their oral health needs, access to dental care, and their beliefs about their own oral health and how we can effectively get across health messages and engage with them further. We are planning to share the results of the research with those who participated to get their thoughts on how we can get their messages across and involve them in the design and planning of their healthcare and the research that is undertaken. We hope that our innovative approach to dissemination and engagement will capture the interest of homeless people locally. We have not only audio taped the sessions but also videoed them so that when the analysis is ready we can bring the themes to life with visual clips as well as a feelings board we created with the participants.

We are just about to undertake a focus group with a group of stakeholders such as a salaried dental service therapist, GP practice representative, NHS England commissioner, Clinical Commissioning Group commissioner, homeless services providers (St Anne’s, York Street Medical Practice, St George’s The Crypt), Public Health Specialist for Leeds Local Authority. We aim to identify the barriers and facilitators to providing oral health advice and services for the most deprived and excluded people in the city of Leeds. Again, this will be audio taped and the findings presented at a conference in June, the event is free and will have attendance from many stakeholders, including homeless people and those who represent their needs. We will be delivering a workshop at this event and hope this we can engage participants not only with our research and the data gathered so far but also to further develop this network for future research streams. We have applied for 2 further grants to continue this work and its primary focus is engagement and ensuring those we seek to support are at the heart of the research: homeless people and those who provide services for them.

We are also working on wider engagement with children around oral health. We have become STEM Ambassadors and hope to go into schools to discuss oral health and research
with children and gain their thoughts and feelings on their oral health and explore with them how we can effectively disseminate the findings of a trial called FiCTION to increase the impact of this trial. We will explain to them what the research is doing, what it has found so far and see what they think of the treatments in the different arms of the trial in a really fun and interactive way.

We are taking part in Science Week with the Leeds Oral Health Promotion Unit. The event will be all day on 14th March at the Leeds Museum. ‘The Science Fair’ is open to any member of the general public and always draws a lot of children to the event. We will be displaying lots of information about how to have a healthy mouth and hope to engage children in particular with games such as the ‘spinney toothbrush game’ when every time a toothbrush lands on a number there is a question you must answer, ‘toothbrushing teddy’ who sings and demonstrates brushing, healthy mouth and giant tooth brush which will help us talk about how to brush teeth. We will have a variety of ways of assessing engagement from a what have you learnt today smiley face form, enjoyment box where children can tell us by placing a counter in a box if they thought the stall was fun and interactive and taking a tally of stall attendees by sticking an oral health sticker on them.

End of project report August 2015

What have you done in your project? Have you achieved your objectives?

We aimed to engage research activities with homeless people in Leeds. Homeless people are considered vulnerable, excluded and hard to reach and not usually involved in the co-production of research. We have established strong links within Leeds including charities who support homeless people such as St Anne’s and St George’s The Crypt and also York Street Medical Practice who deliver services for homeless people. These working relationships are ongoing and we will continue to work with them in a variety of ventures from student engagement with their programmes to planning new research and hopefully interventions based on the research findings. Through the project, we undertook the research development in conjunction with these groups and conducted four focus groups (three with homeless people and one with providers and commissioners of services for homeless people). This gave use an insight into the barriers and facilitators of achieving good oral health for this vulnerable group.

We have also had the opportunity to take part in Science Week on 14th March at the Leeds Museum. ‘The Science Fair’ is open to any member of the general public and always draws a lot of children to the event. We worked in partnership with the Leeds Oral Health
Promotion Unit to develop a fun and interactive day to communicate the benefits of a healthy mouth to children and their families. We had games such as the ‘spinney toothbrush’ a ‘toothbrushing teddy’ who sings and demonstrates brushing, healthy mouth and giant toothbrush which helped us talk about how to brush teeth. We assessed ‘engagement’ by the number of visits to our stall and interaction on one or more of the by taking a tally by sticking a smiley face sticker on each attendee. We had 89 attendees at our stall.

I also had the opportunity to present my research ‘Researchers view of engaging with homeless people’ and gain further knowledge, skills and contacts on PE at the Public Engagement Ambassadors meeting organized by National Co-ordinating Centre for Public Engagement (NCCPE), London on 14th July.

*How likely is it that the research impact has been increased /will increase through your PE project?*

I was invited to present my research ‘Barriers and facilitators for achieving good oral health for homeless people’ at the Leeds Beckett University, Leeds Adult Social Care and York Street Practice: **Putting People First: developing best cultures for practice conference in Leeds, June 2015.** This conference had over 100 delegates from health and social care services as well as homeless people.

I have also supervised two masters students who have undertaken research with homeless people and providers of services for homeless people, this will with hope be converted into peer reviewed journal papers and future presentations. I am currently supervising a final year dental student to work with the homeless charity St George’s.

*How has the PE further diffused in your School/Institute? What is different now with respect to PE?*

Professor Sue Pavitt has invited me to participate in an engagement network within dentistry. This will not only transfer the skills from this group but also build capacity within the dental school on PE.

*Has your understanding of public engagement changed during the scheme?*

Yes, greatly, not only the differing methods of sharing, gathering and developing ideas and knowledge but also the value that comes through participation of those you intend to undertake research with.

*Have you achieved the step change you aspired to? What do you plan to do in the future regarding PE?*

I hope I will continue develop my research ideas from inception to dissemination with the participation of those I undertake research with. I hope that the School of Dentistry will utilise my skills so that I can support others to work in partnership with the wider community.
Inspiring the next generation of Scientists

I have a degree and PhD in Biochemistry and Molecular Biology. My first position was as a post-doc in the breast cancer group, which was followed up with a Research Fellow post in the transplant immunology group, both of which used my skills as a molecular biologist. From there I went on to be lab manager for experimental therapeutics.

In my current role, as senior lab manager, I’m heavily involved in all aspects of lab management at St James’s University Campus. In essence this encompasses health and safety, purchasing, equipment management; purchasing and servicing and ensuring that all estates issues are dealt with efficiently and effectively. I also organise the work experience placements here on site.

As I organise the work experience placements, I thought it would be good if we could hold a session on what it was like to be a scientific/medical researcher to inspire A-level students to continue their science education. Here at St James’s we are situated in a socially deprived area and by engaging with local schools we would like to encourage them to see what is happening at their doorstep. The session would include a tour of our state-of-the-art research facilities here on site, talks from post docs and PhD students and would conclude with the students performing some experiments in our teaching lab. To ensure the students are also having an enriching experience for their studies, I would liaise with teachers, so we can put together a programme that is interesting, informative, stimulating and appropriate for everyone involved.

Public engagement in our setting is about reaching out to our surrounding community so they can gain some understanding of what happens in research laboratories here at the University of Leeds. Not only is it about engaging, encouraging and inspiring the local and wider communities, that research is important and that they all can be involved in these types of activities. It should also raise the University’s profile and reassure people that a great deal of research in many fields is being carried out close to home.

With this project I hope to inspire local A-level students to apply themselves to their studies, with a view to applying to university. If this pilot project is successful, we would continue to offer this event, and would then hope to run a similar one, aimed at students about to make their GCSE choices.

Dr Marie Parker
Senior Lab Manager
Leeds Institute of Cancer and Pathology
Progress report March 2015

I met with Asif (deputy head teacher) on 26th January to discuss my ideas for the visit. Asif confirmed there would be 10 students attending on 24th June, time still to be arranged.

He was happy with the experiments I suggested, I now need to perform them so I get realistic timings for the day. Asif did mention that the students may need breaks during the day; this had not been on my plan, so I will need to ensure that these are taken into consideration when I timetable the activities.

Asif and I also discussed whether it was a good idea if I went into school and met the students prior to their visit here, it was agreed it was, but it should be about a week before, this still needs to be arranged, so I will arrange this shortly.

During the engagement fellows meeting in January, we met with Nigel Townsend from the theatre of debate, and I have put him in contact with Asif, as the theatre may need a school in the Leeds area for a new initiative that they are planning.

As this project is not being funded I have approached several companies we use for consumable items to see if they will help out on this pilot scheme, many of which have obliged.

I currently have enzymes, markers and safe green for the restriction digestion experiment – all I need now is DNA and the items to make the gels. Another company have said they will give me some money at the end March, so I will be using this to purchase these items.

For pipetting experiment, I have already have the coloured food dyes (these are being used as they have no risk associated with them and therefore are safe for the students to handle). I have the 96 well plates that are needed for this, and once again companies have supplied me with tips and Eppendorf tubes.

A few other companies have agreed to send me items, so I will chase these up, so I know what else I need to ensure that the experiments all go smoothly.

As part of the visit the students will be shown around the labs, I already have offers of help with this, one colleague will show them microscopy and the other H&E staining. I also have volunteers to help supervise the students whilst they are performing the experiments in the teaching lab, I do need a few more, so I will be contacting the PhD students here on site, who will hopefully assist me with this.
End of project report August 2015

My project was to inspire the next generation of scientist and to achieve this, I contacted a local school; Co-op Academy and floated my idea. Mr Ali (deputy head teacher) was extremely interested and we’d soon booked the date and I’d devised a plan for the day. As this project wasn’t being funded through the scheme, I approached several companies we use for consumable items to see if they will help out on this pilot scheme, many of which have obliged.

As I wanted the students to receive a full picture of what it was like to be a scientist part of the plan was to have lab tours; so I arranged for two colleagues to showcase pieces of equipment. I also had 5 PhD students who helped with all the lab work. After the lab visit, which included a lab tour and two practicals (which were run in the teaching lab space), I went into the school to discuss their results, as science is about analysing and discussing results with colleagues and they need to experience this to have a complete picture.

All students completed a survey; they all thoroughly enjoyed the experience and would recommend it, some would like to come back and help if I run the event next year. Two of the students are writing a piece for the school newsletter, which I will receive in September. Overall the experience was a very positive one for all involved and was extremely enjoyable and fulfilling for me personally.

The Engagement Excellence Scheme was very beneficial as it allowed me to dedicate time to the project, as it set deadlines and varying tasks each month, the only difficulty was fitting it round my actual job. It also brought together a group of like-minded individuals and was a good place to sound off ideas and get feedback.

As more and more grant awarding bodies require public engagement, I imagine the event I have set up will allow academics to use this as template or in fact I will organise events for them so they will already have this as part of the institute portfolio, so it will just become routine here over at St James’s University Campus.

Throughout the Engagement Excellence Scheme, we have been encouraged to experience public engagement by visiting other events to see how they are run. I attended a Key Stage 2 Carousel event, during the Festival of Science in the engineering department. Here the primary school actually experienced how an engineering concept comes about and they also built their own rollercoasters. All the pupils enjoyed it, as it was very hands on and was a good insight into what is needed to engage with a younger audience. I also helped Dan (a colleague on the scheme) out during the Engineering Experience, which once again was
great fun, and helped with talking to lay people about science. I was also lucky enough to go on the “science busking day” run by Dr Ken Farquhar, where we were taught varying techniques to engage with the public and discuss science; this was then put into practice the following day at Kirkgate Markets. All of these events have given me a greater understanding on what is required in engaging the public and how very small things can make a massive impact, as we as scientist tend to forget how intrigued people are by what we do on a day to day basis.

I have recently become a Science, Technology, Engineering and Mathematics ambassador; my training is in October and from this I would hope to go into schools in the area to showcase what happens here at St James’s University Campus.

I do believe I achieved a step change, as public engagement has now been put into my job description. I will be running a similar event with Co-op academy next year, date to be arranged, once Mr Ali is back in school. I also hope to expand this event out by arranging lab tours for GCSE students who are interested in continuing their scientific studies into 6th form.

Overall I have thoroughly enjoyed this scheme, as working with the students and staff from Co-op academy has been rewarding and humbling at the same time. It was also great fun to get the PhD students involved, as they all had a very positive experience as well. I think my enjoyment and enthusiasm for public engagement is evident as I have now had public engagement incorporated into my job description; so I will hopefully become the “go to” person for the institutes here on site for public engagement.
The Project team

Sue Pavitt
Professor in Applied Health & Translational Research, School of Dentistry

Elaine McNichol
Academic Lead in Service User and Carer Involvement, School of Healthcare

Alexa Ruppertsberg
Innovation Officer, Health Services Innovation Hub
Project Manager for Engagement Excellence Scheme