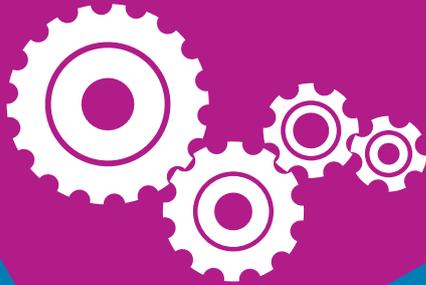




University
of Glasgow

Institute of
Health & Wellbeing

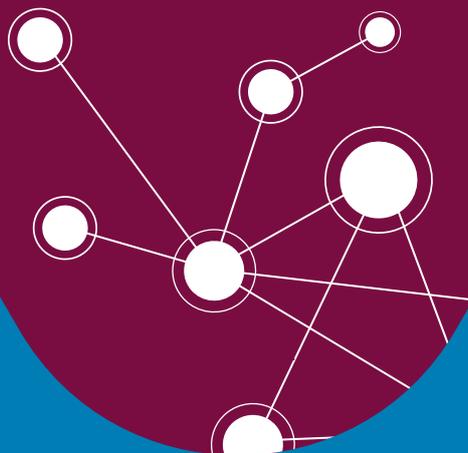
Determinants



Solutions

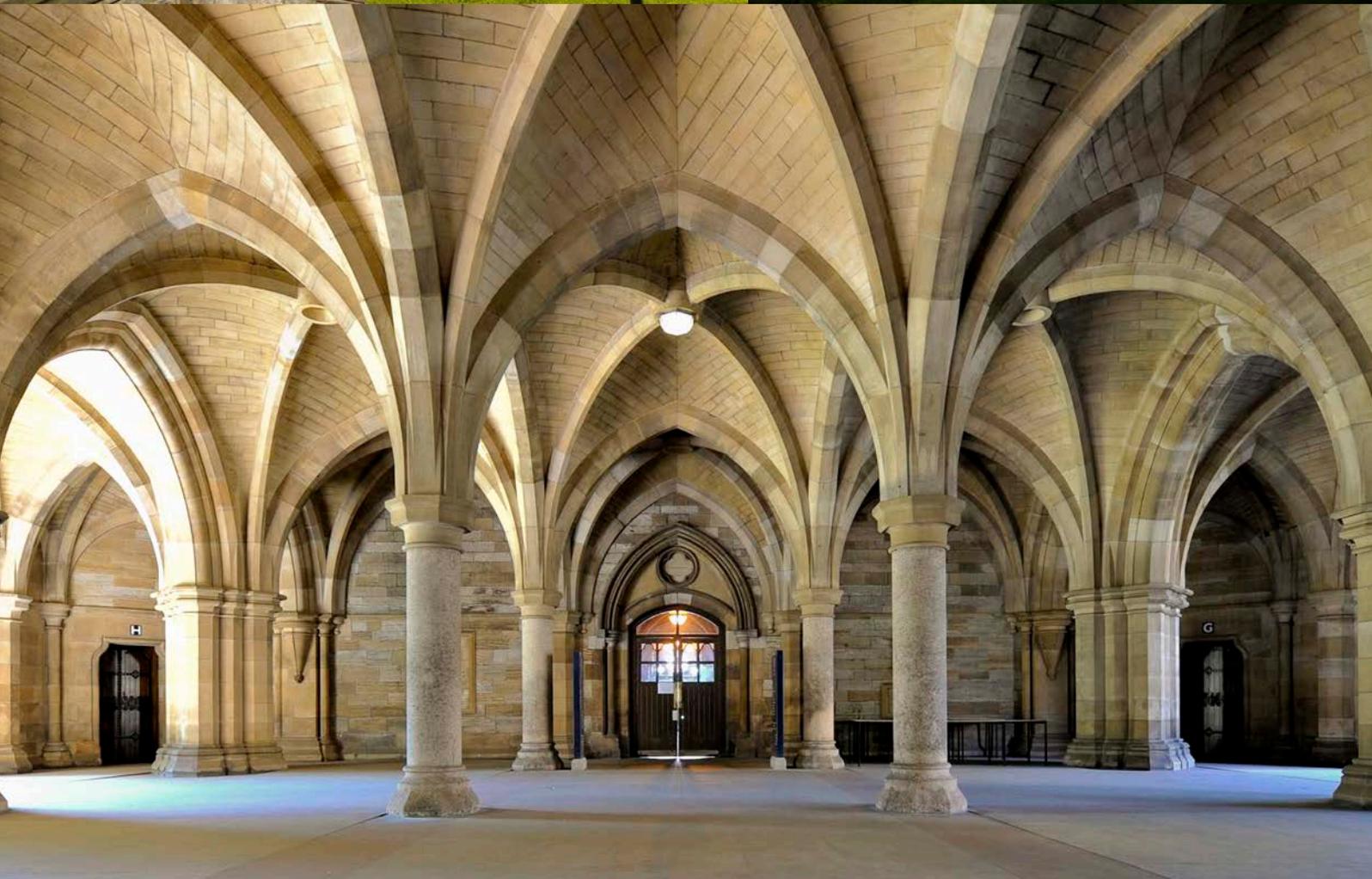


Data



**Institute of Health
& Wellbeing**

Biennial Report 2016 & 2017



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INTRODUCTION

Summary

The Institute of Health and Wellbeing has achieved many successes over 2016 and 2017. We are particularly proud that, under Sally-Ann Cooper's inspiring leadership, the Institute was awarded Athena Swan Gold for gender equality. This was a remarkable achievement only two years after being awarded Silver and given that there are only nine other gold departmental awards across the UK and Republic of Ireland.

IHW staff also received an impressive array of individual awards and honours:

- Sally-Ann Cooper was awarded OBE for services to learning disabilities, Graham Watt was awarded CBE for services to health care, and Jill Pell was awarded CBE for services to public health
- Laurence Moore and Jill Pell were elected Fellows of the Academy of Medical Sciences
- Kate Hunt was elected Fellow of the Royal Society of Edinburgh
- Daniel Smith was awarded a Lister Prize Fellowship
- Andy Briggs received the ISPOR Distinguished Service Award
- Ian Ford was named, by Clarivate, as a 2017 Highly Cited Researcher. Ian's research ranks among the top 1% most cited work in his field
- Tom McMillan received the distinguished career award from the International Neuropsychological Society and received a Lifetime Achievement Award from the British Psychological Society Neuropsychological Division
- Jon Evans was awarded the BPS Barbara Wilson Lifetime Achievement Award, the highest UK professional award for Clinical Neuropsychologists, in recognition of his outstanding contribution to neuropsychology
- Beverly Bergman was elected Vice-President of the Royal Scottish Society of Arts (RSSA)
- Chris Gillberg was presented a Lifetime Achievement Award at the International Meeting for Autism Research in Baltimore, USA
- Graham Watt was named 23rd most influential GP in the UK by Pulse Today and praised for his campaigning work on behalf of patients and being a voice for vulnerable practices. Graham was also awarded the first-ever 'Lifetime Achievement Award' at the General Practice 'Pulse' Awards in central London in recognition of his founding of the important and influential 'Deep End' project for practices in deprived areas
- Frances Mair was appointed to the Norie Miller Chair and was awarded Paper of Distinction by the



Society of Academic Primary Care

- Kate O'Donnell became the first non-GP to be appointed Chair of the Society of Academic Primary Care
- Rory O'Connor was elected Vice President of the International Association for Suicide Prevention. He was also advisor and contributor to the BBC1 documentary 'Life after suicide' which won the



We are particularly proud of our students and early career researchers who also won a number of awards:

- Kirstin Lesley won the 2017 Max Perutz Science Writing Award
- Mike Fleming won the 2017 Yorkhill Prize for Postgraduate Research
- Anna Pearce, Lauren Gattling, Rona Strawbridge and Mike Fleming won Lord Kelvin Adam Smith Leadership Fellowships
- Evangelia Demou became Chair of the Society of Social Medicine's Early Career Researcher Committee
- Katie Gallacher was awarded a five year clinical lectureship from the Stroke Association
- Daniel Martin was awarded the Royal College of Psychiatrists Trainee's Rapid Fire Research Prize at the annual International Congress
- Anna Matthews, Rosie Seaman and Tiago Carlos Zortea were awarded the Jean Thomson Public Engagement Prizes for the best example of knowledge exchange or public engagement by postgraduate student.



IHW ran a wide variety of conferences and events including:

- 11 Maurice Bloch lectures
- Annual IHW Research Away Day
- Policy Day
- Annual Professional and Support Staff Away Day
- Annual IHAWKES student conference
- Annual Mental Health Conference
- International Scientific Advisory Board meeting
- The Scottish Learning Disabilities Observatory Conference
- The Annual Early Career Researcher Forum on Suicide and Self-Harm
- European Congress of the International Society for Pharmacoeconomics and Outcomes Research (ISPOR)
- The British Sociological Association's Medical Sociology Group Conference
- Annual Three Minute Thesis Competition
- As well as events to mark the 50th Anniversary of the UK Abortion Act and to explore the role of HTA in Precision Medicine

Best Factual TV Award and was runner up for a BAFTA Award. Rory also received the Societal Engagement Commendation for the development of the Integrated Motivational-Volitional model of suicide behaviour and his work with third sector organisations on suicide prevention

- Emma McIntosh and Kathleen Boyd were members of the research team that won the BMJ Clinical Research of the Year award
- We were delighted to welcome John Cleland who was appointed the new Director of the Robertson Centre for Biostatistics
- Chris Williams was presented with the Societal Engagement Award for 'Living Life to the Full', an accessible form of Cognitive Behavioural Therapy to help people facing common mental health difficulties such as depression and anxiety.



2016 and 2017 at a glance

Athena Swan
Gold Award



97% staff
satisfaction



40% of
Professors now
women

63% of Senior
Lecturers now
women



7 taught
Masters courses

123 Masters
students

35 more online
distance
learning
students

63 students
awarded
doctorates



1,206
publications



583 active
grants/contracts

£52 million
proportioned
income



£3.3 million in
contributions
towards the
central running
costs of
University

Institute of Health and Wellbeing Management Team



Jill Pell

Director of Institute; Henry Mechan Professor of Public Health



Sally-Ann Cooper

Deputy Director of Institute; Professor of Learning Disabilities; Athena SWAN Chair



Vittal Katikireddi

International Lead; Clinical Senior Research Fellow



Jim Lewsey

Post Graduate Taught Lead; Reader in Medical Statistics



Sara MacDonald

Senior Lecturer in Primary Care; Knowledge Exchange, Public Engagement and Impact Lead



Mhairi MacKenzie

Professor in Public Policy



Craig Melville

Post Graduate Research Convenor; Professor of Intellectual Disabilities Psychiatry



Laurence Moore

Director of the MRC/CSO Social & Public Health Sciences Unit



Rory O'Connor

Head of Mental Health and Wellbeing; Professor of Health Psychology; Marketing Lead



Katie Robb

Senior Lecturer in Behavioural Science in Health; Early Careers Researcher Co-Lead



Sally Wyke

Deputy Director of Institute; Professor of Interdisciplinary Research; Dean of Research, College of Social Sciences



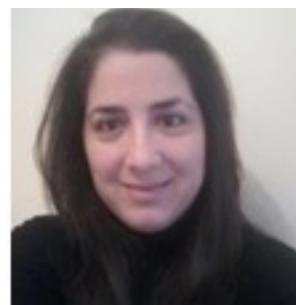
Asha Costigan

Head of Administration



John Cleland

Director of Robertson Centre for Biostatistics and Glasgow Clinical Trials Unit; Professor of Clinical Trials



Evangelia Demou

Research Fellow; Early Careers Researcher Co-Lead



Daniel Mackay

Head of Public Health; Reader in Public Health



Debbi MacMillan

Senior Project Coordinator



Frances Mair

Norie Miller Professor of General Practice and Primary Care; Professor of Primary Care Research; REF Champion



Colin McCowan

Professor of Health Informatics; Data Science Research Theme Lead



Sharon Simpson

Professor of Behavioural Sciences and Health; Solution-Focused Research Theme Lead



Danny Smith

Professor of Psychiatry; Health Inequalities Research Theme Lead



Nick Watson

Professor of Disability Studies



Oliva Wu

Head of Health Economics and Health Technology Assessment Unit; Professor of Health Technology Assessment



IHW staff satisfaction has increased and remains the highest in the university

97%

AGREED THAT THE UNIVERSITY IS A GOOD PLACE TO WORK

95%

FELT THE UNIVERSITY DELIVERS A GOOD QUALITY SERVICE TO STUDENTS AND OTHERS

95%

HAD A CLEAR UNDERSTANDING OF WHAT IS EXPECTED OF STAFF

96%

OF STAFF FEEL TRUSTED TO DO THEIR JOB

92%

REPORTED THAT THE INSTITUTE IS MANAGED AND LED WELL

92%

FELT THAT LINE MANAGERS RESPECT AND VALUE STAFF

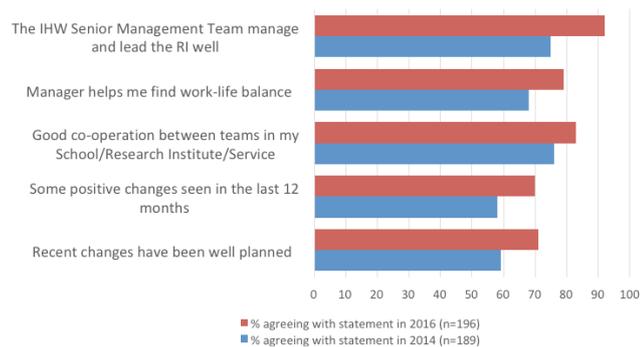


Kirstin Mitchell
Engagement Lead

The staff survey of 2016 identified many areas of strength in terms of staff satisfaction and institutional climate. For example, over 95% of staff agreed that the University is a good place to work; feel they they are trusted to do their job; and that the University delivers a good quality service to students and others.

The graph below highlights some noteworthy improvements since the last staff survey in 2014. Some challenges remain, notably in terms of satisfaction with job security, pay and benefits; and balancing research and teaching commitments.

IHW Staff Survey Results. Selected indicators.



In response to the staff survey and consultation, the institute has implemented a number of initiatives to strengthen support to staff, particularly those nearing the end of their contract. We have seen significant improvement in the number of new staff receiving an induction (from just over half to nearly 90%), as well as the number of current staff receiving a formal performance and development review (which now includes discussion of retention possibilities). For P&S staff we have instituted workshops for line-managers on supporting career progression, and new flexitime working guidance. Support for career development has been enhanced via an IHW-wide mentoring programme, pairing up junior and senior staff.



IHW won an Athena Swan Gold award from its November 2017 application
Joint first Gold award in Scotland. One of ten Gold awards in the UK & Republic of Ireland.



Sally-Ann Cooper
Athena Swan Champion

40%

OF IHW PROFESSORS ARE NOW WOMEN
COMPARED WITH 26% NATIONALLY

Examples of initiatives introduced to fix our leaky pipeline included:

Workshops

- Promotion (for staff)
- Promotion (for line managers)
- Induction (for line managers)
- Harassment prevention
- Career development for support staff
- Transgender awareness

Gender balanced

- Recruitment panels
- Workload
- Institute Management Group
- External Seminar Speakers & Chairs
- International Scientific Advisory Board

Training programmes

- Leadership (all career stages & job families)
- Principal Investigator
- Equality and diversity (100% completion)
- Unconscious bias
- ECR grant writing & paper writing groups
- Impact toolkit

63%

OF IHW SENIOR LECTURERS ARE NOW WOMEN

Guidance documents:

- Core hours for meetings/events
- Informal flexible working
- Flexitime for support staff
- Etiquette for teams
- E-mail etiquette
- Carers of dependant adults

Schemes

- Induction programme
- Staff and student mentoring
- Parental buddying
- Early Career Researcher forum
- Annual student conference

Funding schemes

- Maternity & paternity leave return to work
- Single parents, part-time staff & special circumstances
- ECR maternity pay & revised end-dates
- PhD maternity pay
- Association of University Administrators & Association of Research Managers and Administrators memberships

[@IHWathenaSWAN](https://twitter.com/IHWathenaSWAN)

www.gla.ac.uk/researchinstitutes/healthwellbeing/athenaswan



We asked staff from a range of disciplines and grades for their reflections on working in IHW

What do you enjoy about working in IHW?

“Loads. There is a multidisciplinary approach to research that leads to better science and more benefit. There is emphasis on meaningful, real-life outcomes. It is a supportive, friendly environment and I really enjoy working here”

Donald Lyall, Lecturer

‘I strongly identify and feel passionate about the research, teaching and other work that the Institute does or is involved in. It is inclusive and friendly. It cares and involves its staff in various decisions. It is supportive and the support is obvious from the top of its management structure’

Jana Anderson, Research Associate

“The main attraction to me has been the rich history of the unit in producing great epidemiology research studies over the years”

Bhautesh Jani, Clinical Academic Fellow

“Very supportive environment from the senior staff, my peers, and admin; academically, emotionally, and operationally. It has a wide range of expertise and people are genuinely helping each other. Senior staff are not just line managing but also mentors to my life and career. I really appreciate the encouragement, feedback, understanding, support and the mutual respect that I found in this nurturing environment”

Yiqiao Xin, Research Associate

“The fantastic opportunity to collaborate with clinicians, statisticians, health economists, epidemiologists and many different sorts of social scientists. I also love the cutting edge integration of novel research methods from different traditions..... The commitment to innovation and ‘can do’ attitude of most IHW members. Also, a complete, unquestioned, commitment to equality and personal career development.”

Sally Wyke, Professor



“Perfect place for me to develop and expand my research interests. Researchers not only try to understand the determinants of population mental health and wellbeing, but also develop and evaluate important interventions and treatments As an early career researcher, this kind of project is great because it provides valuable experience working directly with the public services and agencies who will use our research”

Jack Melson, Research Associate



“I was given a lot of help to gain promotion The university offers a great programme of fitness classes and I try and attend most days. I particularly enjoy Parkfit and escaping the office at the outdoor sessions in Kelvingrove Park”

Judith Brown, Research Fellow

“There are lots of opportunities to pursue work that will make a difference, be that in relation to people’s health; professionals’ working environment; and in the development of future policy. It has given me the opportunity to work with people over a whole range of disciplines, including social scientists, epidemiologists, statisticians and health economists. It is also a great place to bring together researchers from clinical and non-clinical backgrounds, with no sense of hierarchy between them.”

Kate O’Donnell, Professor

Is there anything different about working in IHW compared with your experience of working elsewhere?

“There is a very healthy work ethic. I appreciate details like core hours. There are plenty of research seminars, coffee mornings and even a weekly yoga session! It is just a nice place to be. I feel like the people above me have a genuine interest in my career progression, and that can be rare. I was part of a working group that achieved Athena Swan Gold, a very high accolade reflecting working conditions. I believe it reflects reality”

Donald Lyall, Lecturer



“I came to the University after working 25 years in central government. After managing research for many years, I’ve really enjoyed rolling my sleeves up and actually doing some research. I’ve also enjoyed the constant exposure to new ideas that comes from working in cross-programme teams.”

Peter Craig, Professor

“The biggest thing that has changed for me is the increasing interdisciplinarity of the research, with closer working between the different research groups. Being involved in the Athena Swan process and the Early Career Researcher Forum have facilitated those closer working relationships.”



David Blane, Clinical Academic Fellow

“I have worked [in the University of Glasgow] for 21 years. My first discipline was immunology. What I found difficult there was the distance between the work we were doing in the laboratory and the potential impact on people’s lives. That was a huge gap and one that I found increasingly difficult – which was one of the reasons why I moved fields”.



Kate O'Donnell, Professor

“The Institute has a stronger identity and profile since I joined in 2012; from bringing closer several different research units that were previously less connected resulting in noticeable increase in the number of collaborations between units, to developing new research themes and planning and engaging all staff in a new building for the Institute. Athena SWAN has also made a great difference to working in the IHW, adopting changes, guidelines and policies that tackle gender inequality that in turn made the Institute an even more welcoming place to work in.”

Jana Anderson, Research Associate

“The support from colleagues in IHW is phenomenal, including early career researchers, students, senior colleagues and administrative staff. Working collaboratively and supporting each other is strongly encouraged, resulting in IHW being a friendly and dynamic place to work. One thing that makes IHW stand out is the range of expertise within the institute. This has really helped me to develop my career as a mixed methods researcher.”

Katie Gallacher, Clinical Academic Training Fellow

What is Glasgow like as a place to live?

“Glasgow has a great diversity of arts and culture and is a warm, friendly city in which to live and work”

Cindy Gray, Senior Lecturer

Has anything changed in your time working in IHW?

“Definitely – we have grown hugely in all ways; in international prestige, in grant income, in the number of postgraduate students we have (both research and taught students). I think we have steadily become more ‘joined-up’ and collegiate, which is all great and makes IHW a great place to work.”

Kate O'Donnell, Professor

“It is close to the hills and a great base for walking, climbing and cycling”

Peter Craig, Professor

“A family friendly city, with lots to do for all age groups makes Glasgow a great place to live and work”



Heather Murray, Consultant Statistician



“Regardless of where you live in Glasgow there is, unusually for a big city, a sense of community. I have worked in other cities all over Scotland and there is nowhere quite like it to live and work. Glasgow is an industrial city with a lot of heart and history, but it is also fun and vibrant”

Jack Melson, Research Associate

“There are a lot of international events organised here – as a Chinese I’ve been to the stadium to cheer live at the World Gymnastic Championship and WTP World Badminton Championship. The West End is a lovely place to live – convenient, beautiful and tasty”

Yiqiao Xin, Research Associate



What would you say to someone considering coming to work in IHW?

“In his book “Drive”, Daniel Pink argues that there are 3 things that motivate people in their work: Autonomy, Mastery, and Purpose. Working in IHW can provide all of these.”

David Blane, Clinical Academic Fellow

“Come and join us! There are great opportunities to participate in, and contribute to, work that can make a real difference to people’s lives, internationally, in the UK and in Scotland.”

Kate O’Donnell, Professor

“...if you like working on complex health issues with a full complement of experts, this is the place for you.”

Chris Bunn, Research Fellow

“I would definitely recommend it.”

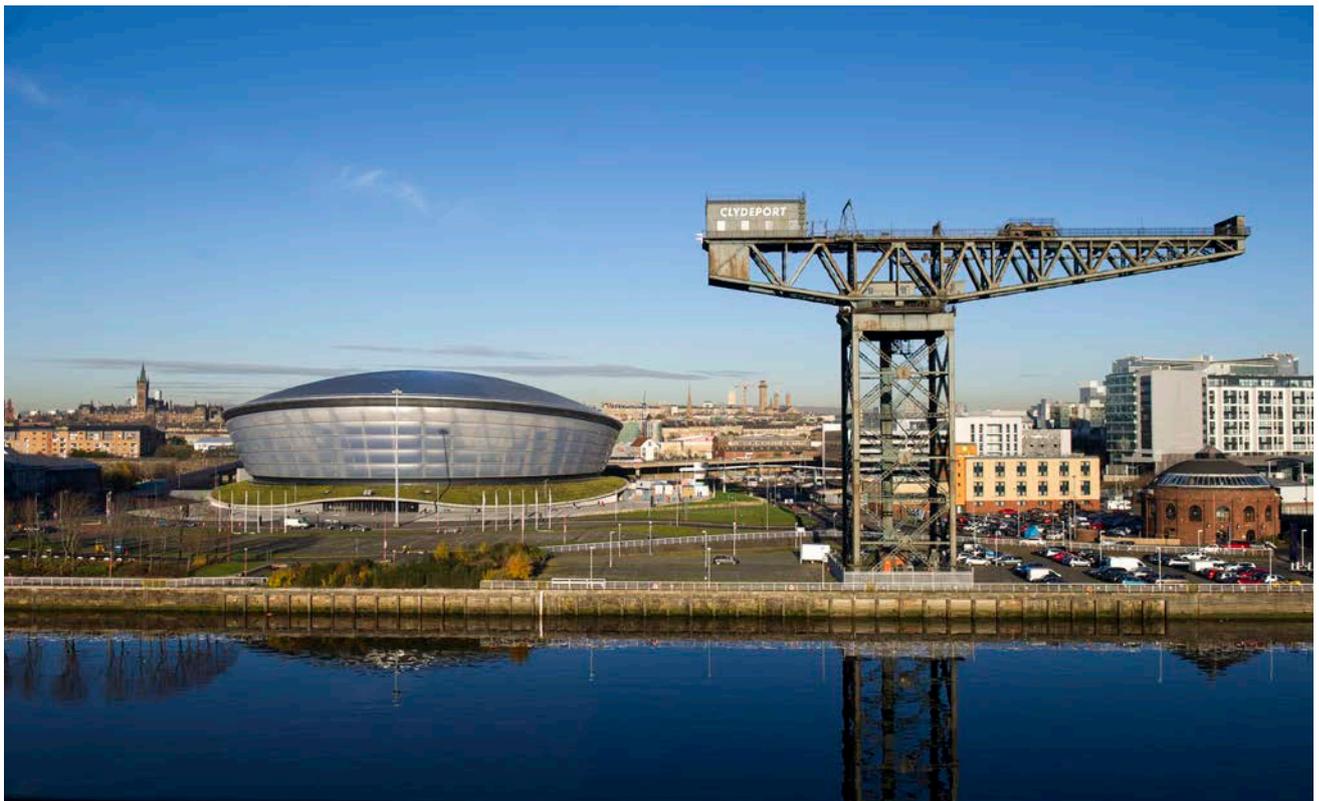
Jana Anderson, Research Associate

“If you are passionate about health research and are looking for a supportive, collaborative, and interdisciplinary research environment then come work at IHW.”

Victoria Palmer, Research Associate

“Glasgow is an excellent place to live and work as it combines the best of both worlds – great city life and proximity to the countryside”

Judith Brown, Research Fellow



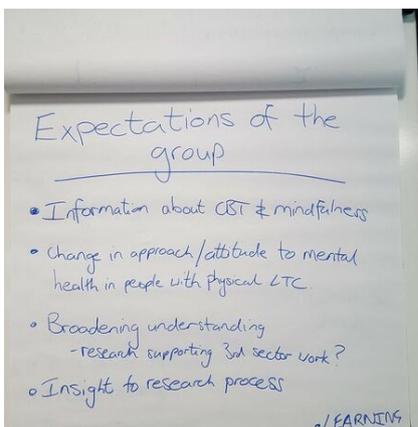


Patient and Public Partnerships

- Involving end users in research from the beginning of the research process improves the quality and impact of research.
- New and innovative collaborative methods are being developed to meaningfully include stakeholders.
- Sara Macdonald and Barbara Nicholl convened a peer research group in partnership with the ALLIANCE Scotland; a third sector organisation representing those living with chronic illness across.
- The peer researchers all either live with or care for someone with a long-term condition.
- Over a series of workshops, the peer researchers received training in a range of research methods including qualitative techniques and analysis.
- IHW researchers, the Glasgow School of Art, and the ALLIANCE are developing a mindfulness-based intervention for those living with multiple long-term conditions.
- Peer researchers are co-producing research materials for recruitment and study design
- And will be engaged in participant observation and semi-structured interviews

“Participating in peer research work, offered the opportunity to understand and be involved in research, ensuring the voice of people living with long term conditions or disabilities is heard. Coming together with peers helps individuals to work and learn from each other and find common ground.”

Maureen



The members agreed the expectations and role of the group



Qualitative analysis using the 'button-sorting' technique.



IHW runs seven taught Masters courses in:

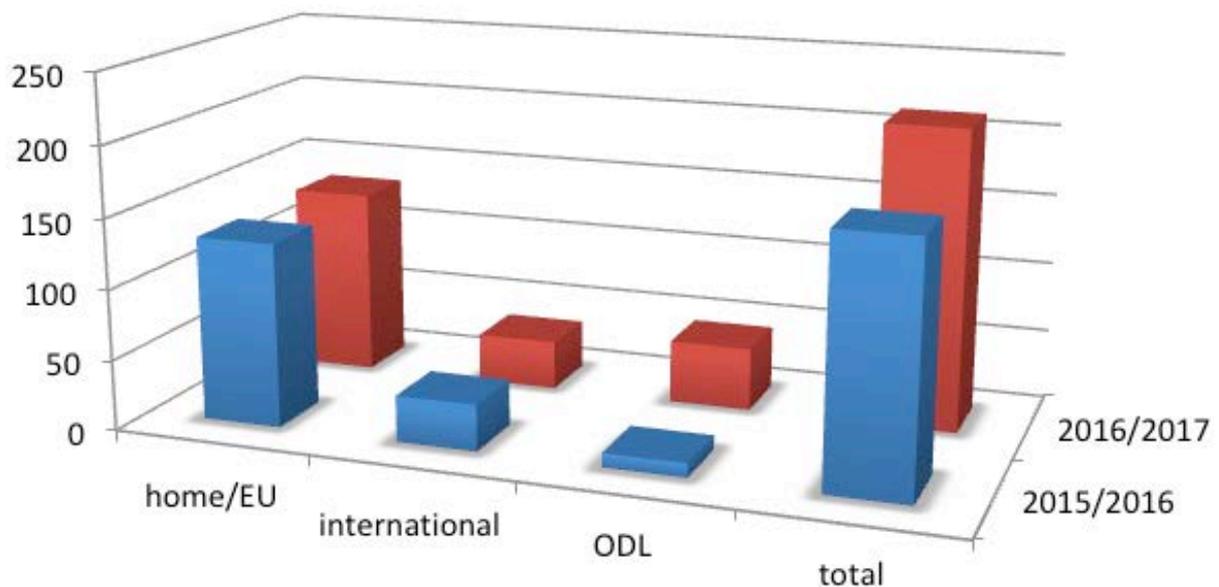
- **Public Health**
- **Primary Care**
- **Health Technology Assessment (HTA)**
- **Global Health**
- **Global Mental Health**
- **Clinical Neuropsychology**
- **Applied Neuropsychology**

The number of postgraduate taught students increased by 39

– from 174 in 2015/2016 to 213 in 2016/2017

Most of this increase (n=35) came from a growth in on-line distance learning (ODL)

- The HTA course is now run online only
- The public health, primary care and global mental health courses are now available as either face to face or on-line distance learning courses.



To mark Commonwealth Day (14 March 2016) Commonwealth Scholars wore traditional dress from their home countries.

Daniel Boakye and Shadrach Dare wore Ghanaian smocks (batakari) and Irene Frempong wore a typical African print.



Feedback from our students.....

“

I was drawn to Glasgow because of the reputation of the University of Glasgow

”

“

Interesting and relevant training from world class researchers and clinicians

”

“

If you are going to do a Masters then I'd recommend Glasgow

”

“

Very well organised course with supportive staff

”

“

The MPH in Glasgow is one of the best in the world

”

“

Teaching by experts 'in the field' talking about areas they are working/published on

”

“

Face-to-face contact with lecturers who were very knowledgeable in their field and passionate about the topics they teach

”

“

Clear links between research and clinical practice

”

“

The course was incredibly well organised, responsive to feedback and the standard of teaching excellent throughout

”

“

EXCELLENT programme – could not recommend enough

”

“

Highly recommended. The best course I have ever attended!

”

“

An excellent and highly enjoyable course – a credit to those organising it

”



Sixty three students were awarded doctorates during 2016 and 2017: 20 PhD, 1 MD and 42 DCLinPsy

Doctor of Philosophy (PhD)

Camilla Baba Valuing the health and wellbeing aspects of community empowerment using economic evaluation techniques

Beverly Bergman The Scottish veterans' health study: a retrospective cohort study of 57,000 military veterans and 173,000 matched non-veterans

Willings Botha Economics of forestry based health interventions

Craig Donnachie Men's experiences of receiving objective feedback on physical activity and other indicators of health risk, within the context of a gender-sensitised weight loss intervention

Terry Egharevba Opportunity or exploitation: clinical research in developing countries

Katie Gallacher Understanding treatment burden in stroke patients

Victoria Hamill The incidence of adverse outcomes in relation to changing heart rate over time in the SHIFT and BEAUTIFUL placebo populations

Leanne Harris Examining the efficacy of the TAKE 5 weight loss intervention for adults with developmental disabilities

Felicity Hayball Understanding the impact of the local social and physical environment on young people's physical activity

Matthew Jamieson Rehabilitation of memory using multimodal reminders

Bhautesh Jani Exploring the potential role of allostatic load biomarkers in risk assessment of patients presenting with depressive symptoms

Olivia Kirtley A psychophysiological investigation of self-harm and suicide behaviour

Liya Lu Study of the association between smoking and peripheral arterial disease

Arlene McGarty Examining the impact of physical activity on the health and wellbeing of individuals with developmental disabilities

Susan Martin Social patterning of sexual health information and the digital divide

Deborah Morrison Supporting self-management: development and evaluation of a digital resource for adults with asthma

Rhian Noble-Jones Modelling the development of an online learning resource by health care professionals

Francesca Pannullo Spatial modelling of air pollution, deprivation and mortality in Scotland

Rosemary Seaman Assessing policy impact on mortality inequalities across nations using measures of total inequality

Robert Simpson Mindfulness-based interventions for people with multiple sclerosis

Sharon Simpson The development and evaluation of a mindfulness-based intervention for young offenders in Scotland

Matthew Smith Africans living in Scotland: heterogeneity and sensitivities to HIV

Fiona Smith The on-going care of patients with cancer: what is the appropriate balance of cancer care between specialists and primary care?

Ailsa Stewart The implementation of Adult Support and Protection (Scotland) Act (2007)

Joanna Stewart Does the development of Glasgow's city structure explain its excess mortality?

Sarah Taylor Interaction between people and services in the Fifth Wave of public health

Jessica Wainman-Lefley The allostatic load model as a predictor of outcome following head injury

Carl De Wet A mixed methods study to explore the safety of health care delivered in general medical practice

Doctor of Medicine (MD)

Julie Langan-Martin Patterns and predictors of physical health comorbidity and mortality in major mental illness

Doctorate in Clinical Psychology (DCLinPsy)

Claire Adey "Enjoy your baby" Internet-based CBT for mothers with babies: a feasibility randomised control trial

Rebecca Bower Psychometric evaluation of the Mental Health Continuum-Short Form (MHC-SF) with adolescents living in the West of Scotland.

Frances Brown Memory after tumours of the CNS in childhood (MATCCh) study: long-term memory and forgetting in paediatric brain tumour survivors



Molly Bruce Reactive attachment disorder in infants in foster care and associated mental health and cognitive functioning

Emma Butchard-MacDonald Balancing the demands of two tasks: an investigation of cognitive-motor dual-tasking in relapsing remitting multiple sclerosis

Gemma Findlay The links between head injury and homelessness: A qualitative study

Vairi Gilmour Parents' experiences during the transition from childhood to adolescence with type 1 diabetes: Parent-child relationships and support received during this time and clinical research portfolio

Lara Green A preliminary examination of the relationship between compulsive exercise and shame in individuals with an eating disorder: and clinical research portfolio

Annette Lloyd The use of Acceptance and Commitment Therapy to address psychological distress experienced by caregivers: a randomised controlled feasibility trial

Karen Mackenzie A universally delivered CBT based intervention in a Scottish secondary school: a pilot feasibility study

Judith McCluskey Validation of the Flexibility of Responses to Self-Critical Thoughts Scale (FoReST) in a clinical population

Laura McDermott An interpretative phenomenological analysis of the lived experience of suicidal behaviour

Gemma McGill Caregivers' experiences and coping strategies relating to patient's subjective treatment-related cognitive impairment following Haematopoietic Stem Cell Transplant (HSCT)

Claire McGuire An investigation into the utility of the Mini Addenbrooke's Cognitive Examination (M-ACE) for the early detection of dementia and mild cognitive impairment in people aged 75 and over

Joanna McNaughton Attachment Style, Therapeutic Alliance and Recovery in forensic mental health: the A-STAR study and clinical research portfolio

Sarah Morrison Legal disclosure of childhood sexual abuse: what can professionals tell us?

Michelle O'Shea Mindfulness-based cognitive therapy for older people in a community setting: a mixed methods feasibility study

Amanda Muir Glasgow Psychosis Screening tool for use in adults with Intellectual Disabilities (GPS-ID): development and psychometric properties

Tom Nisbet 'Breaking good news': neurologists' experiences of discussing SUDEP with patients in Scotland

Rebecca Pryde A Qualitative Study of Mothers' Experiences of Supporting the Sexual development of their sons with autism and an accompanying learning disability

Alison Poupart The development and field-test of a Mealtime Interaction Clinical Observation Tool: a pilot study and clinical research portfolio

Philip Sharples Experiences of care and adjustment to change in caregivers of children with autoimmune encephalitis: an interpretative phenomenological analysis

Philip Smith Negative symptoms of schizophrenia and psychosocial treatment: thematic analysis of stakeholders' perspectives

Catherine Tran Developing a culture fair cognitive estimation test

Melanie Young An exploration of the factors influencing patient and family initial attendance at memory screening clinics: an interpretative phenomenological analysis

MRC-funded PhD student Kirstin Leslie won first prize at the Max Perutz Science Writing Awards for her entry: "Can big data mend a broken heart?"



MRC Chairman, Donald Brydon CBE, presented the award saying: "Again young scientists have shown they can communicate their passion for science to a wide audience. The standard of entries was very high and the winner strikes just the right chord in tune with our increasingly data-driven world."

IHW PhD alumni Kashif Shafique and Zia-ul-Haq received the 2016 National Best University Teacher Award from the Higher Education Commission of Pakistan.





Active Commuting



39%
OF UK ADULTS DO NOT MEET PHYSICAL ACTIVITY GUIDELINES

Carlo Celis



LACK OF PHYSICAL ACTIVITY COSTS THE NHS **£1 BILLION** A YEAR AND THE UK ECONOMY **£7.4 BILLION** A YEAR

Jill Pell



71%
OF PEOPLE AGED 25-44 YEARS BLAME LACK OF TIME FOR NOT EXERCISING

Naveed Sattar



ACTIVE COMMUTING - CYCLING OR WALKING TO WORK - CAN KILL TWO BIRDS WITH ONE STONE

Jason Gill

Our research, using UK Biobank, shows that people who cycle to work have a 41% lower risk of dying.

People who walk to work commute too short distances to reduce their risk

	No of events	Total	Hazard ratio (95% CI)	Hazard ratio (95% CI)	P value
All cause mortality					
Non-active (reference)	1379	186 763		1.00	
Walking	103	12 848		1.03 (0.84 to 1.26)	0.78
Cycling	37	6301		0.59 (0.42 to 0.83)	0.002
Mixed mode: walking	122	21 765		0.96 (0.80 to 1.15)	0.66
Mixed mode: cycling	58	11 588		0.76 (0.58 to 1.00)	0.05

The current cycle to work scheme provides subsidies to buy bikes but has been taken up largely by people who were already physically active

We are working in partnership with British Cycling and HSBC on a research programme to understand the barriers to active commuting, develop evidence based interventions, and evaluate the interventions using the UK-wide HSBC UK workforce of 266,000 and their 38 million customer base.

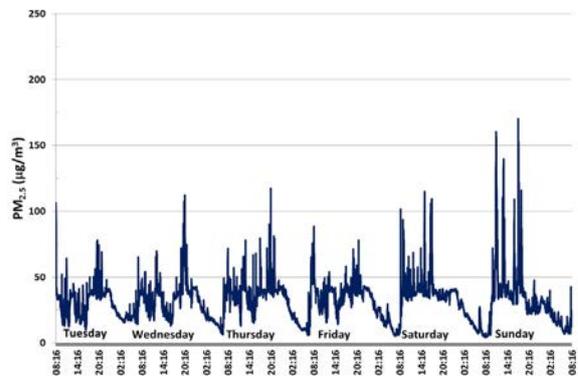
Tobacco in Prisons Study

TIPS



Kate Hunt

- TIPS includes all 15 Scottish prisons and is the most comprehensive study worldwide of prison workers' exposure to second-hand smoke
- Prisoners are more than three times as likely to smoke as the general population.
- TIPS baseline data showed 25,000 prison staff are exposed daily to levels of second-hand smoke comparable to living with a smoker
- Several other jurisdictions have already introduced smoke-free prisons



- In July 2017 the Scottish Prison Service announced that all Scottish prisons will be smoke-free by November 2018.
- They credited TIPS in informing this decision
- Questionnaires, surveys and focus groups will inform the transition of Scottish prisons to smoke-free
- TIPS will compare exposure before and after the restrictions



Month of Conception and Learning Disabilities

801,592 Scottish schoolchildren

Record linkage of their:

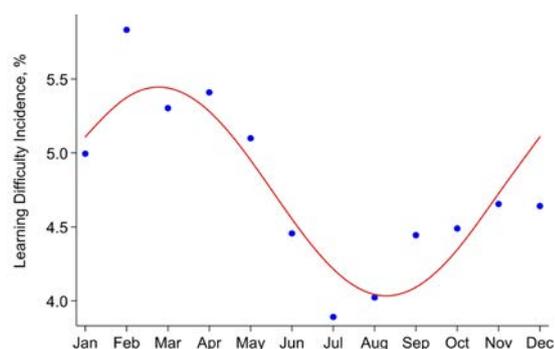
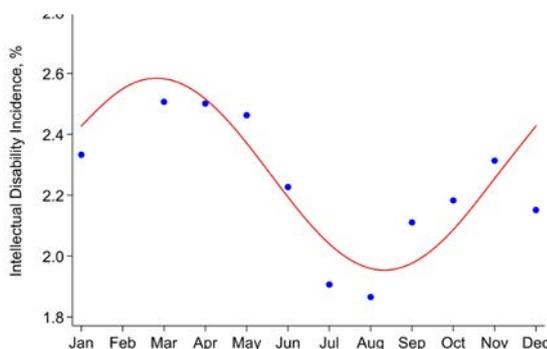
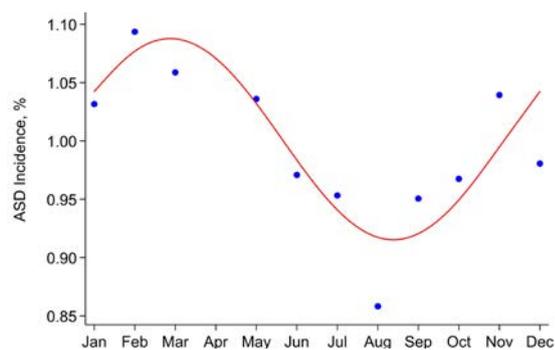
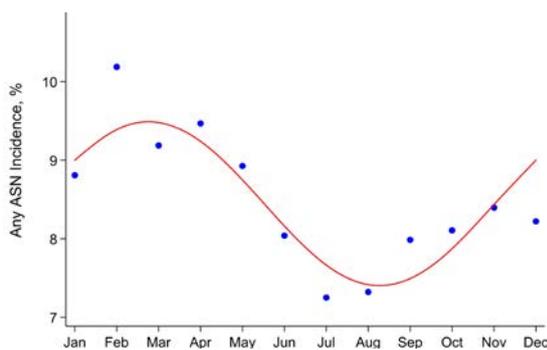
- Education data
- Maternity records

Compared with children conceived in the third quarter of the year, children conceived in January-March were:

- **1.20** times more likely to have additional educational support needs
- **1.10** times more likely to have autistic spectrum disorder
- **1.23** times more likely to have intellectual disability or learning difficulty



Daniel Mackay



“Possible explanations for these striking seasonal patterns include low maternal vitamin D or maternal influenza”

These are being explored through further record linkage studies



Heart Failure: The Silent Epidemic



- **One in three** people in the UK will get heart failure
- Most people who die of heart disease in the UK do so as a complication of heart failure
- Many cases are **not diagnosed until it's too late**
- The International Collaboration on the Epidemiology of Heart Failure (ICE-HF) is based in Glasgow and will compare the epidemiology of heart failure internationally.

Colin McCowan

“Most patients have **other medical conditions** that make treatment more complex but also provide **therapeutic opportunities** including: hypertension; kidney dysfunction; diabetes; atrial fibrillation; myocardial infarction; and weight loss”

Alex McConnachie

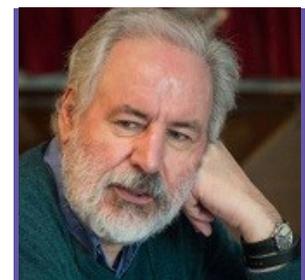


“Heart failure research has reached a new frontier, “**frailty**” – physical, emotional, cognitive and social. Just fixing the heart is no longer enough! New treatments are being designed to do much more”

John Cleland

“Research, much of it originating in the Robertson Centre Clinical Trials Unit, has **transformed management**, making Glasgow a **world-leading** centre for heart failure research”

Ian Ford



- WOSCOPS (statins)
- CAPRICORN (beta-blockers)
- COMET (carvedilol vs metoprolol)
- SHIFT (ivabradine)
- PARADIGM-HF (sacubitril plus valsartan)
- ATMOSPHERE (aliskiren plus ACE inhibitors)
- IDDEA-HF (mitochondrial therapy)
- IRONMAN (intravenous iron)
- CARE-HF (cardiac resynchronization)
- Echo-CRT (cardiac resynchronization)



“Expert treatment, using the results of trials, has increased life-expectancy for heart failure from months to years or even decades”

Nicola Greenlaw



Multimorbidity



Frances Mair

Barbara Nicholl

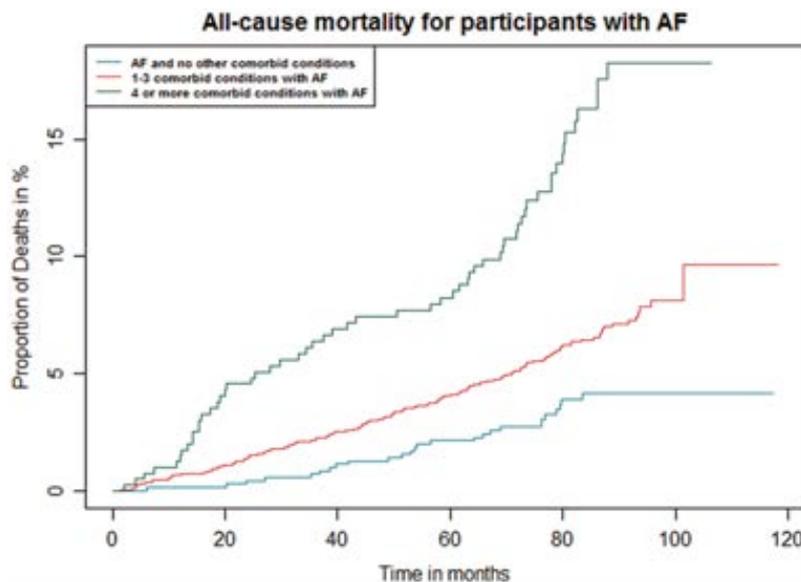
Bhautesh Jani

Peter Hanlon

Ross McQueenie

Katie Gallacher

- UK Biobank recruited more than 500,000 middle to older aged members of the UK general population and is following them up through linkage to routine health data and web-based questionnaires
- Our research using data from UK Biobank has demonstrated the increased mortality and risks posed by multimorbidity and polypharmacy



Jani, B.D., Nicholl, B.I., McQueenie, R., Connelly, D.T., Hanlon, P., Gallacher, K.I., Lee, D. and Mair, F.S. (2017) Multimorbidity and co-morbidity in atrial fibrillation and effects on survival: findings from UK Biobank cohort. *Europace*, (doi:10.1093/europace/eux322) (PMID:29112751 (Early Online Publication))

“We have shown that young and middle-aged patients with conditions such as atrial fibrillation or stroke and multimorbidity (presence of two or more conditions) are at increased risk of death over a follow-up period of 5-10 years. This suggests that these patients should be prioritised for interventions to enhance their adherence to treatment, help them cope with treatment burdens experienced and in some cases to adjust their lifestyle in order to reduce the impact of their other chronic illnesses. Future disease specific clinical guidelines need to place greater emphasis on the issue of multimorbidity and its implications for patient management and the way healthcare systems are organised.”

Frances Mair





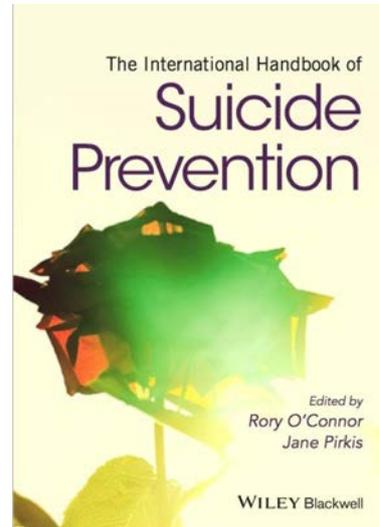
Suicide



The Suicidal Behaviour Research Laboratory (SBRL) within IHW is led by Rory O'Connor, Past President

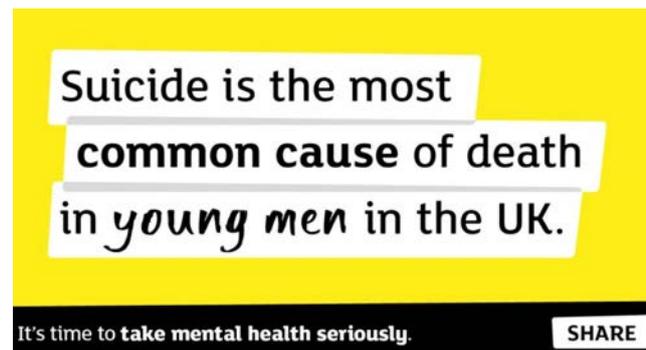
of the International Academy for Suicide Research and one of the Vice Presidents of the International Association for Suicide Prevention. SBRL has a worldwide reputation for conducting high quality, theoretically-grounded and innovative research and it is the leading suicide and self-harm research group in Scotland and one of the leading groups in the UK. See www.suicideresearch.info

2016 saw the publication of the 2nd edition of the International Handbook of Suicide Prevention. This is the seminal 'go-to' handbook of suicide prevention which brings together the expertise of more than 110 suicide researchers, clinicians, policy-makers and people with lived experience of suicide.



In 2016, SBRL launched the Suicide and Self-harm Early Career Researchers' Forum. It is the only event of its kind in the world and attracted delegates from 12 European countries in 2017. Given its fantastic success, it is now an annual event. It is aimed at investigators at an early stage of their career to learn from more established scientists and to create a supportive context to share their experiences and learn from each other.

In a new ground-breaking MQ Research-funded project, Rory O'Connor and colleagues are investigating whether a safety planning and telephone support intervention is feasible to reduce risk of repeat suicidal behaviour among people who have attempted suicide. This is the first project of its kind internationally.



2nd Suicide and Self-harm Early Career Researchers' Forum



8th & 9th June 2017 – Glasgow



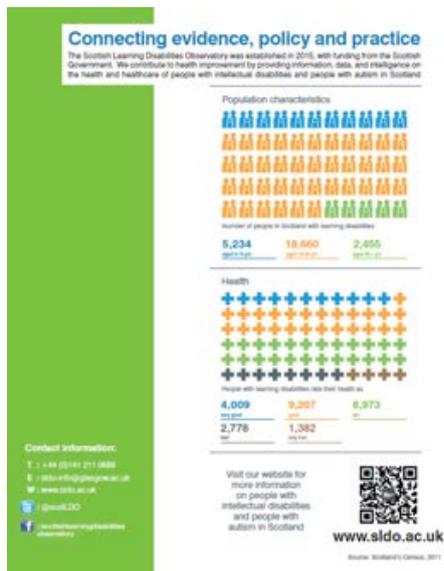


Scottish Learning Disabilities Observatory

“People with intellectual disabilities typically have multiple health conditions, a different health pattern, and die 20 years earlier than other people. To tackle these inequalities practitioners and policy-makers need high quality health and healthcare data”



Sally-Ann Cooper

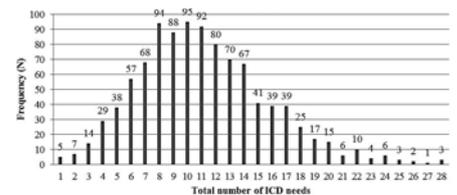


- In Scotland, 5,234 children and 21,115 adults have intellectual disabilities
- 0.5% of the Scottish population
- 43 times more likely to have poor health
- 7 times more likely to have mental ill-health
- More likely to have autism, schizophrenia, bipolar disorder, epilepsy, asthma, diabetes, hypothyroidism, deaf, blind, physical disabilities
- Mean number of physical conditions is 11
- 99% have multi-morbidity
- Primary health care of long-term conditions is 67% poorer than for other people

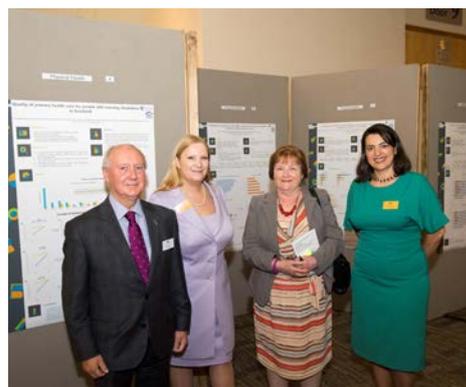


“High rates of multi-morbidity demand a more complex approach to care. However, the NHS tends to manage diseases in single care pathways which don’t adequately take account of the interactions of different conditions or treatments”

Deborah Kinnear



We generate and interpret data for a wide audience beyond just scientists. Our research has featured in the Times, The Herald and on BBC Radio Scotland. We work with self-advocates with intellectual disabilities and third sector organisations to ensure our research is relevant and accessible, and disseminate using graphics, videos, our website, and our Observatory conferences.





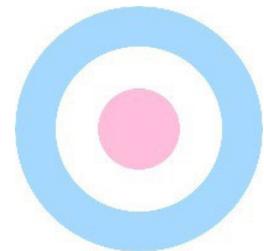
Veterans' Health

The Scottish Veterans Health Study followed up **57,000 veterans** over more than 30 years to 2012 and compares them with 173,000 matched civilians to provide **unprecedented insight** into their long-term health.



"A unique source of information on veterans' health for policymakers, planners and service providers"

Beverly Bergman



Our research has shown that compared with people who have never served in the military, veterans are:

- 20% more likely to have a serious **smoking-related** disease
- 50% more likely to develop **motor neurone disease**
- No more likely to have **bowel cancer** or **prostate cancer**
- No more likely overall to die from **suicide**

Veterans who have the **highest risk** of poor health:

- Were born in the 1940s and 1950s
- Left service **prematurely**

Veterans who have the **lowest risk** of poor health:

- Were born after 1960
- **Served for longest** in the military



We are planning to update the study to 2017, to include an estimated **10,000 additional veterans** and 30,000 non-veterans and to examine health trends since the introduction of the **2011 Armed Forces Covenant**





Global Health

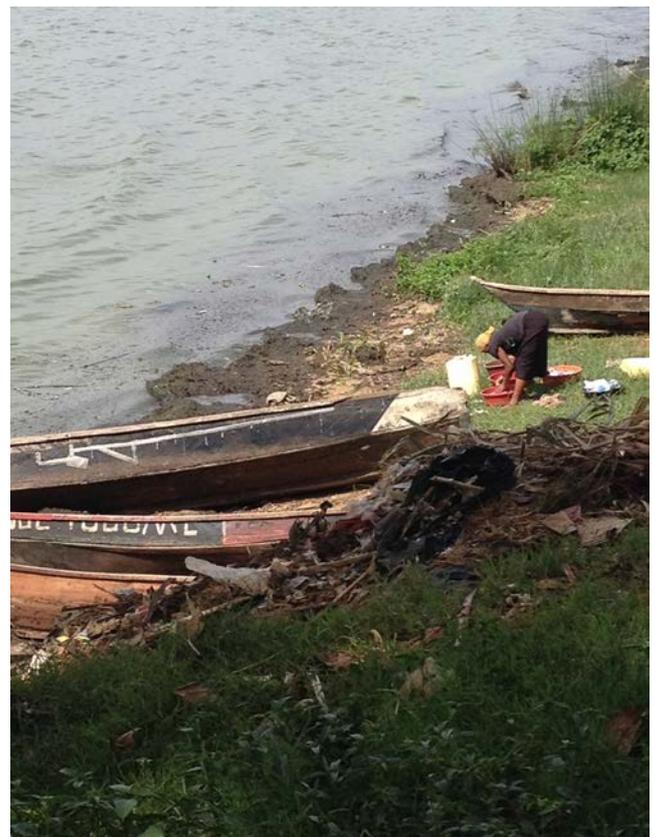
Global physical and mental health are growing areas of research for IHW. The following are a few examples

Schistosomiasis in Uganda

Schistosomiasis is a neglected tropical disease that infects over 240 million people worldwide. In a creative collaboration between Poppy Lamberton, Nick Hanley, Lucy Pickering, Sally Wyke, and the Uganda Virus Research Institute and Vector Control Division, Uganda rapid ethnographic appraisal is being used to inform choice experiment design to identify appropriate interventions intended to break the transmission cycle. Despite a decade of education and mass drug administration many people in the study site remain unaware that they are at risk. Those who understand they are at risk often continue to engage in high risk practices as a consequence of both structural constraints that limit access to non-infected water sources and local ideas about how schistosomiasis is contracted. Through examining everyday practice in the light of these material and conceptual constraints, we aim to identify small-scale behaviour changes which could contribute to transmission reduction, and evaluate their acceptability through presenting contrasting options to households via a choice experiment. This collaborative approach is designed to identify a range of locally acceptable and effective interventions.



Sally Wyke





Migrant Health

Migration remains a keenly debated topic, in both the UK and internationally. The health of migrants – especially those forced to flee war, conflict and persecution – is a major concern.

A team at IHW are active in exploring and understanding the impact of migration on those who have to move, and those who care for them in their new countries of settlement.

We work closely with the Glasgow Refugee, Asylum and Migration Network (GRAMNet), as well as with colleagues providing front-line care in various parts of Europe.

“One in every 113 people have been forced to flee their home as a result of war, conflict or persecution. We need to be better prepared to understand the impact of those journeys and to address their health care issues in their countries of settlement – our work plays a part in that.”

Kate O’Donnell



“My PhD has helped us to understand how the asylum process – and the uncertainty and poverty that it brings to people – impacts on people’s ability to make healthy choices. Even when they know what they should do, they can’t afford healthier food or to exercise regularly. Waiting for an asylum decision takes over their life.”

Anna Isaacs, PhD Student



“The way that migration is presented in the media is almost always negative. This seeps into people’s minds and makes them worry about their rights to access and use health care.”

Anna Black, PhD Student



Our work has been funded by the European Commission, the Medical Research Council and the Scottish Government and is helping to inform the Scottish Government’s New Scots Refugee Integration Strategy for 2018-2022.



Culture and Bodies

Deaths from non-communicable diseases (NCDs) are expected to overtake deaths from communicable diseases like HIV and Malaria, in Sub-Saharan Africa by 2030. The reasons are complex and diverse. They include greater availability of food and reduced physical activity as people move from rural to urban areas, the fact that larger bodies are historically valued, and interaction of biomedical and traditional healing beliefs and practices. Effective NCD prevention therefore requires careful understanding of local perceptions and values which are shaped by history, gender, land politics, kinship, class dynamics and biomedical concepts. However, these perceptions and values are often unspoken and difficult to access using scientific methods (e.g. surveys and interviews).

Non-communicable diseases like diabetes and hypertension are increasing rapidly in countries like Malawi and Tanzania

Jason Gill

Complex social, cultural and historical factors underpin this rapid rise

Chris Bunn

We need a different way of thinking to design solutions that work

Cindy Gray

Using local arts within local communities can promote mutual understanding of the causes and potential solutions

Mia Perry

The MRC/AHRC-funded Culture and Bodies project aims to use community arts to understand local cultural, affective, faith-based and historical contexts that underpin the rapid increase of NCDs in Sub-Saharan Africa. Led by IHW Social Scientists, the project brings together academics and practitioners from the arts and humanities, medical and social sciences, NGOs and local artists in the UK, Malawi and Tanzania to work together around the development of innovative community arts-based methodologies to support co-creation of new culturally-relevant NCD prevention solutions.



Social Policy and Health Inequalities in Brazil

The MRC/CSO Social and Public Health Sciences Unit in IHW was awarded NIHR funding to establish a Global Health Research Group on Social Policy and Health Inequalities in partnership with the London School of Hygiene and Tropical Medicine and the Federal University of Bahia Fiocruz in Brazil.

The £2 million research programme aims to improve population health in Brazil by studying the social determinants of health and improving our understanding of how to reduce health inequalities in low and middle income countries.

The research programme will build on existing data from the 100 Million Cohort Study in Brazil which links social security data on 114 million people and their health outcomes with a focus on infectious diseases. The programme will link additional data on non-communicable diseases such as heart disease and stroke.



Alastair Leyland





Comparing neonatal mortality in Ghana and Scotland



Shadrach Dare is

- A current PhD student in IHW
- Funded by the Commonwealth Scholarship Commission
- A former MPH student in IHW
- Who won the MP Shah Prize for best international student



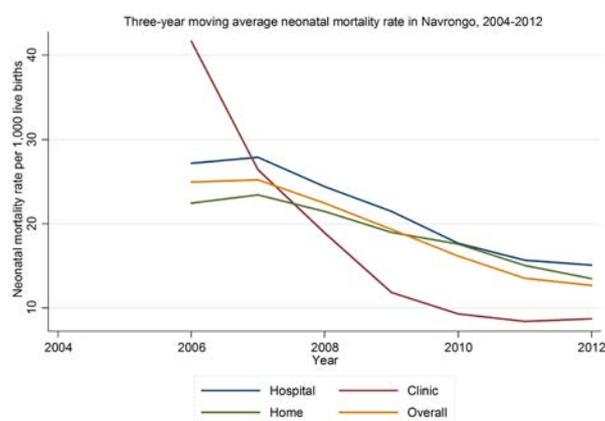
Reducing neonatal mortality (deaths within one month of birth) is a key global health goal

Shadrach conducted multilevel mixed methods including:

- Registry data from three regions of Ghana
- Interviews with healthcare workers
- Comparison with Scottish data

To identify and quantify

- Preventable causes of death
- Modifiable risk factors
- Variations in clinical practice



	Scotland N= 1,278,846 (NMR)	Ghana* N=28,223 (NMR)
Cause of death		
All deaths	2,783 (2.2)	460 (16.3)
Congenital conditions	758 (0.6)	-
Intrapartum/ birth asphyxia	614 (0.4)	105 (3.7)
Prematurity & low birth weight	402 (0.3)	62 (2.2)
Maternal complications	302 (0.2)	-
Haemorrhagic conditions	140 (0.1)	-
Other perinatal conditions	98 (0.08)	-
Perinatal infections	88 (0.07)	121 (4.3)
Others	381 (0.2)	172 (6.1)

The neonatal mortality rate in Ghana:

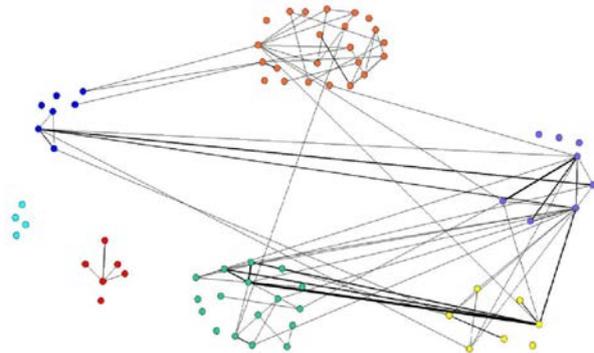
- Is at least five times higher than in Scotland
- Has reduced over time
- There is considerable scope for reducing deaths due to infection and asphyxia
- The majority of deaths occur at home
- Birth practices among traditional birth attendants are potentially harmful
- Health facilities are not well equipped to manage serious neonatal complications.



IHW is also developing and adapting research methodologies. The following are a few examples ...

Social Network Analysis

- Innovative method for exploring:
 - how other people influence our health behaviours and lifestyle choices
 - the role of social support and connectedness in achieving and sustaining health behaviour changes
- These findings are being used to develop novel interventions



“The influence of peers and those in our social networks is fundamental to the development of our attitudes, as well as to our behaviour, including health behaviours”

Sharon Simpson

“Our HelpMeDolt! study is exploring how people use family and friends to help them achieve their weight loss goals”

Lynsay Matthews



“Social network analysis can help us understand friendship group structure amongst school age children, and inform appropriate interventions for alcohol and drug use”

Mark McCann

“Social networks can be both a positive and a negative influence on pregnant women’s health behaviours”

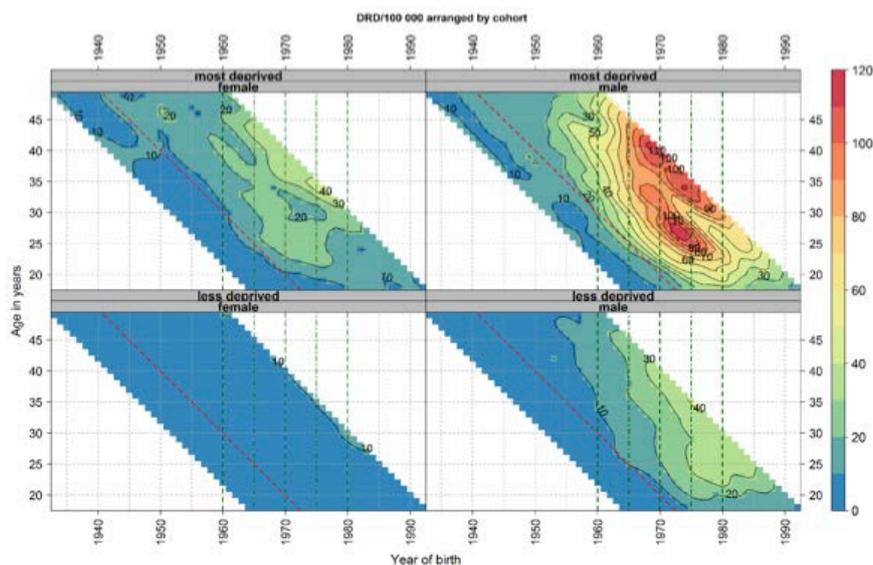
Bernadette Bonello



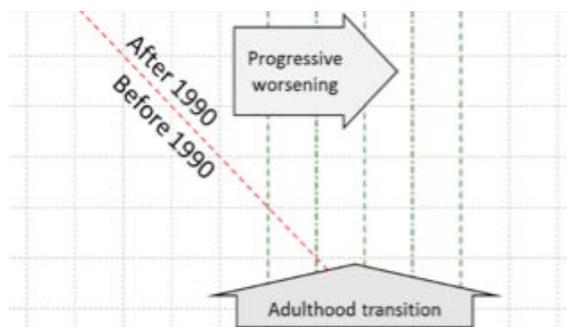
We are currently exploring the role of social networks in various populations, including: (i) adults with obesity; (ii) pregnant and postpartum women at risk of obesity; (iii) young people at risk of substance misuse; and (iv) adolescents with regard to sexual health issues.



Maps Of Time: Using Lexis Surfaces To Map Age, Period And Cohort Effects



Jon Minton



The above figure shows 'maps of time' known as Lexis surfaces for:

- men compared with women
- most compared with least deprived quintiles

The colours indicate how drug-related deaths, in young to middle aged adults, have changed by:

- birth cohort (x axis)
- age (y axis)

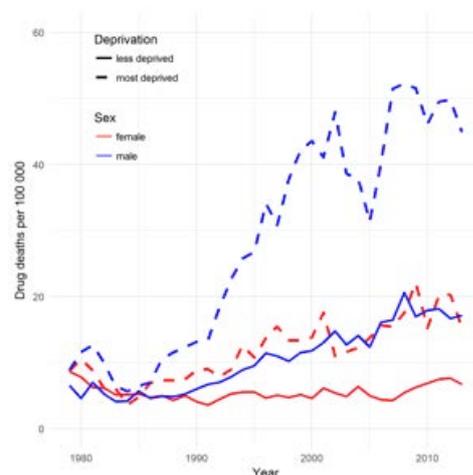
The map illustrates a complex story whereby drug-related deaths increased:

- with successive birth cohorts born in the 1960s
- during transition into young adulthood
- in the 1990s

There is also intersectionality of gender and deprivation. Drug-related deaths:

- Lowest in women in affluent areas
- Now 3-fold higher in
 - women in deprived areas
 - men in affluent areas
- Now 10-fold higher in
 - Men in deprived areas

Lexis surfaces provide a useful way of visualising complex patterns in data relating to age, period and cohort effects.





Global Health Technology Assessment



Eleanor Grieve
Global HTA Lead



Global HTA Team

Eleanor Grieve
 Andy Briggs
 Olivia Wu
 Emma McIntosh
 Giorgio Ciminata
 Francesco Manca

The use of HTA continues to grow internationally. HEHTA's Global HTA programme critiques HTA in different contexts, exploring variation between high-income countries as well as looking in-depth at how and why decision-making in healthcare may differ amongst low- and middle-income countries. HEHTA's research from a global perspective, involves working with major stakeholders including NICE International and the Gates Foundation. Members of HEHTA, Andy Briggs and Eleanor Grieve, contributed to the development of the Gates Reference Case.



The Gates Reference Case - HEHTA has played a key role in the 'Methods for Economic Evaluation Project' (MEEP). MEEP was a novel collaboration led by NICE International and included partners from institutions around the world. A key output of MEEP was the production of the Gates Reference Case - a set of principles, methodological specifications and reporting standards to support health economic evaluations funded by the Bill and Melinda Gates Foundation.





Using Bayesian Methods to Combine Trial and Routine Data



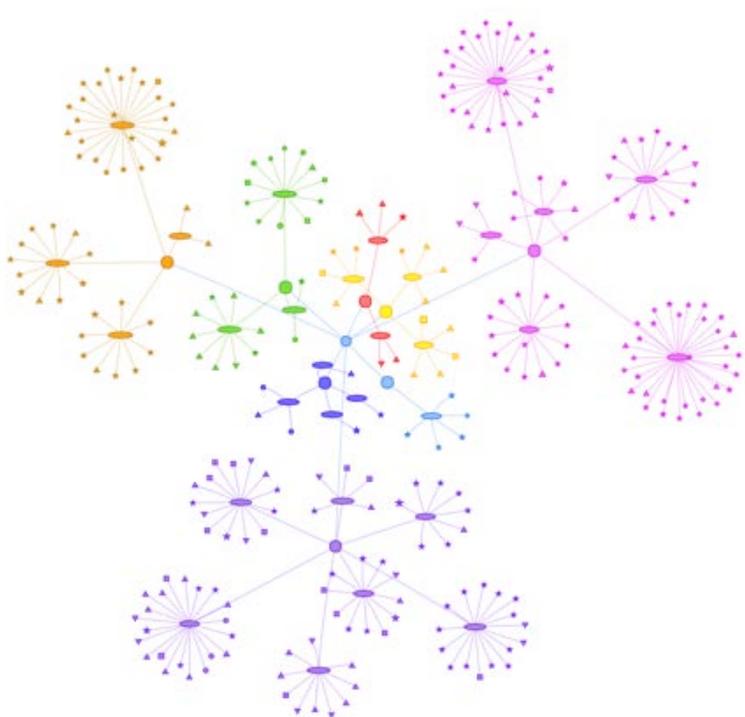
David McAllister

Multimorbidity (having more than one disease) is one of the biggest challenges facing patients and health and public health services, and is increasing over time.

There is a lack of evidence on how to treat people with multimorbidity.

Most trials study the effectiveness of single treatments in people with single conditions.

Therefore, it is difficult to know whether the results can be extrapolated to people with multimorbidity.



Large circles – drug classes
Ovals – drugs
Small circles – trials

We are using Bayesian statistical approaches to pull together data from electronic healthcare records as well as many clinical trials to help fill this gap.

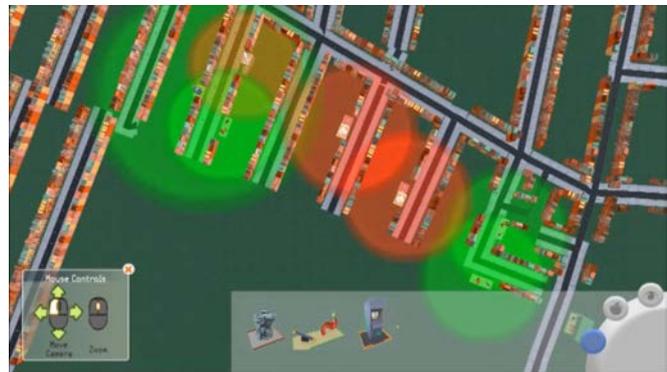
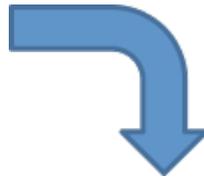
This will help to address this research gap and provide evidence of how best to manage the growing number of people with multimorbidity.



Complex Systems Modelling



Population health issues are complex processes influenced by numerous aspects of society...



...Complex systems modelling represents these many processes and interactions explicitly

The greatest population health challenges facing the UK in the 21st century are driven by interacting factors such as social influences, individual health behaviours, the impact of policy, and environmental change. In order to better understand these problems, we are developing computer models of these health challenges using techniques derived from the field of complex systems science, such as agent-based modelling. With these techniques we can model individual people and their interactions with their relatives, peers and their surrounding environment, drawing a more complete picture of how these health issues arise.

- Population ageing: our Linked Lives simulation models the many social and economic factors influencing the provision of informal social care in the UK, and its impact on healthcare demand
- Obesity: developed in collaboration with Bournemouth, the SlimCity model replicates UK urban environments, and allows us to study the effects of environmental change on the spread of obesity



Eric Silverman



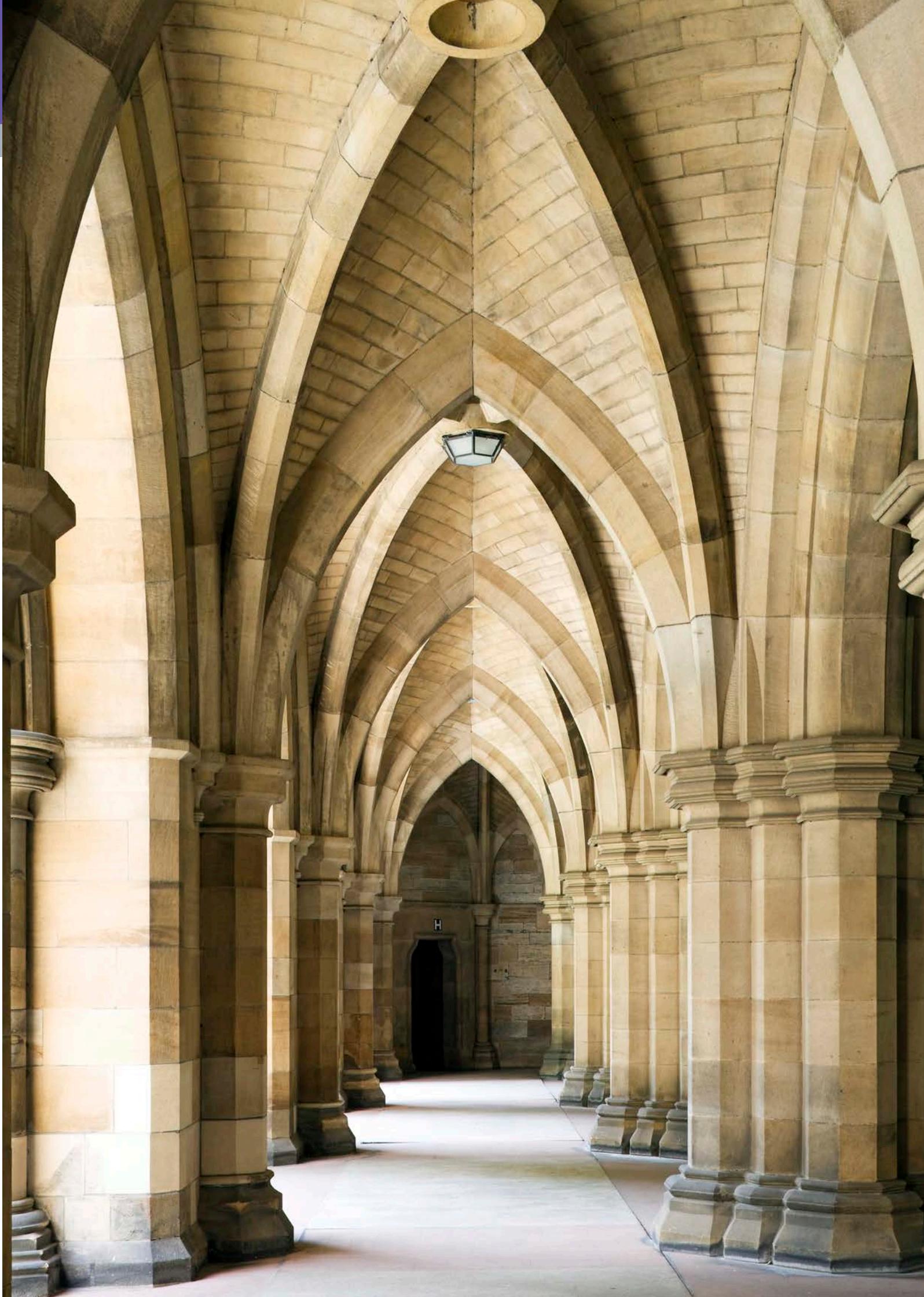
Umberto Gostoli



Laurence Moore



Mark McCann

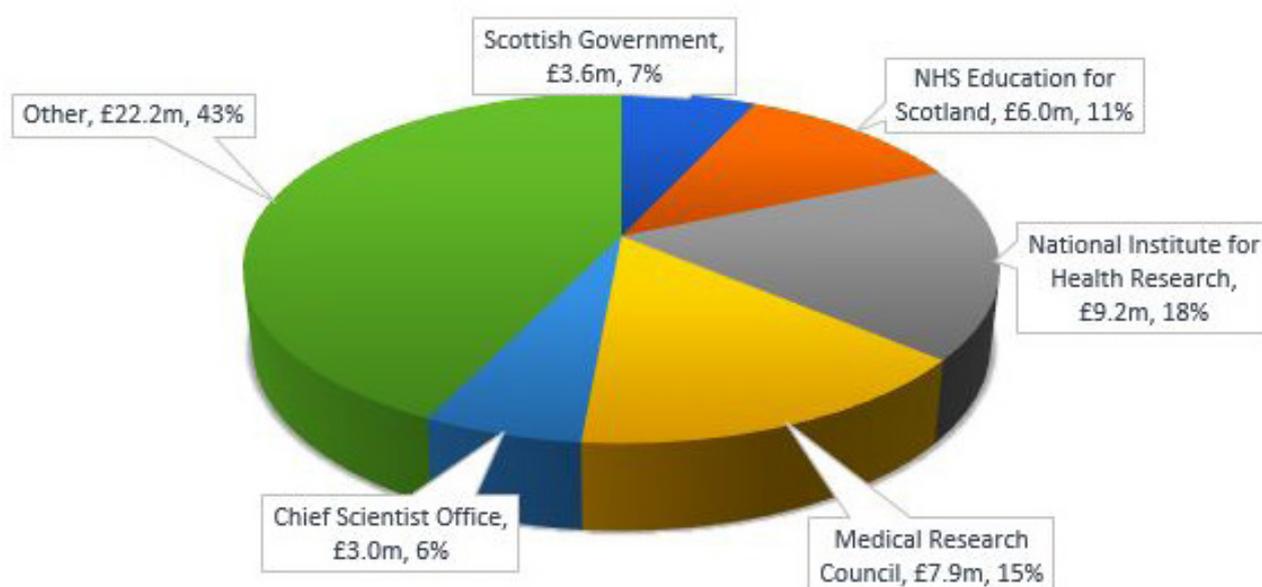




FUNDING AWARDS

Active Research Grants and Contracts

During 2016-2017, IHW held 583 active research grants and contracts, with a proportioned value to the Institute of £52million.



Annual Income and Contribution

Our income has grown as can be seen in the table below. Comparing 2017 with 2016, our research income increased by 8%, commercial income by 70%, and total income by 17%. Our contributions from research income remained constant at 10%. Our contributions from commercial income increased in both absolute and relative terms. Our total contributions over the whole period were 10% of total income; equivalent to £3.3 million.

		2016	2017	2016-2017
Research	Income	£12.8 million	£13.8 million	£26.6 million
	Contribution	£1.3 million	£1.4 million	£2.7 million
	% Contribution	10%	10%	10%
Commercial	Income	£2.3 million	£3.9 million	£6.2 million
	Contribution	£0.1 million	£0.5 million	£0.6 million
	% Contribution	6%	14%	10%
Total	Income	£15.1 million	£17.7 million	£32.8 million
	Contribution	£1.4 million	£1.9 million	£3.3 million
	% Contribution	9%	11%	10%

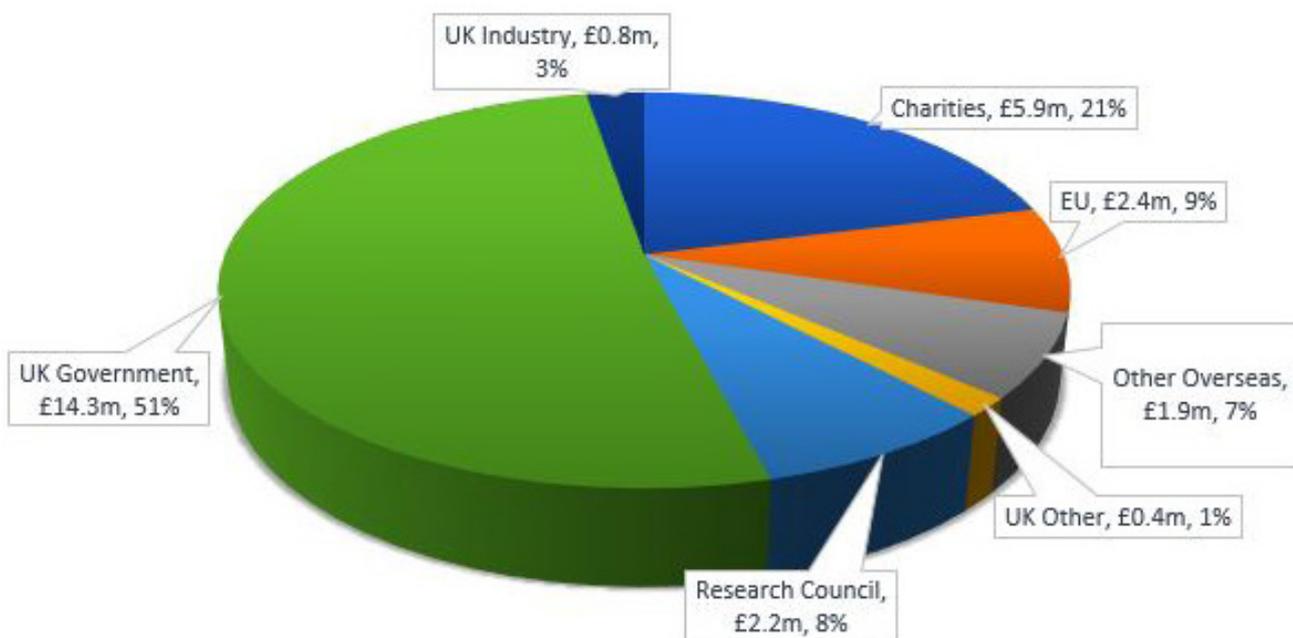
The top funders, by value, were: the National Institute for Health Research (NIHR); the Medical Research Council (MRC); NHS Education for Scotland (NES); and the Scottish Government (SG).



New Awards

Over 2016-2017, IHW won 266 new awards with a proportioned value to the Institute of £28 million; an increase on the previous reporting period (excluding MRC/CSO Social and Public Health Sciences Unit quinquennial core funding) of £4.7 million.

	2016		2017		2016-2017	
	Number of Awards	Proportioned Value	Number of Awards	Proportioned Value	Number of awards	Proportioned value
Research Councils	15	£0.7 million	19	£1.5 million	34	£2.2 million
Charities	29	£3.8 million	27	£2.1 million	56	£5.9 million
UK Government	53	£4.9 million	60	£9.4 million	113	£14.3 million
UK Industry	11	£0.6 million	5	£0.2 million	16	£0.8 million
UK Other	5	£0.2 million	4	£0.2 million	9	£0.4 million
EU	10	£1.0 million	9	£1.4 million	19	£2.4 million
Overseas Other	9	£1.0 million	10	£0.9 million	19	£1.9 million
Total	132	£12.2 million	134	£15.7 million	266	£27.9 million





The following grants were awarded in 2016-2017 and have a member of IHW as the Principal Investigator. The values stated are the proportioned income to Glasgow University. The list excludes awards that are 'commercial in confidence' and therefore excludes the majority of grants and contracts held by the Robertson Centre for Biostatistics.

Boyd K. QUIDS – Quantitative Fibronectin to help Decision-making in women with Symptoms of Preterm Labour. National Institute for Health Research: £57,830

Bunn C. Community activities as a result of FFIT. Economic and Social Research Council: £999

Cavanagh J. Sackler Research Awards. The Dr Mortimer and Theresa Sackler Foundation: £750,000

Chambers S. Diet and excess mortality in Glasgow and Scotland. NHS Health Scotland: £3,897

Cooper SA. Learning disabilities - The Scottish Learning Disabilities Observatory. Scottish Government: £100,000

Crampin M. Using a comparative One Health approach to investigate the structural basis of antigenic variation among human and avian influenza viruses. Medical Research Council: £290,658

Demou E. Understanding the mental health and wellbeing needs of the Scottish Police Workforce. Police Scotland: £35,713

Dorris L. Research Fellow. NHS Greater Glasgow and Clyde: £79,519

Ferrie J. Future MND. MND Scotland: £20,000

Fiander S. The Divide. Economic and Social Research Council: £500

Ford I. Intravenous iron treatment in patients with heart failure and iron deficiency: a multicentre UK study (IRONMAN). British Heart Foundation: £1,724,196

Gallacher K. Stroke Association Clinical Lectureship. Stroke Association: £185,000

Gallacher K. Patterns of co-morbidity in stroke and associations with hospital admission and mortality - an observational study. The Carnegie Trust for the Universities of Scotland: £7,399

Gray L. Intervening on sedentary behaviour in older adults: from results to practice. Economic and Social Research Council: £20,000

Gray L. Impacts of e-cigarette regulation via the EU Tobacco Products Directive on young people's use of e-cigarettes and tobacco: a natural experiment. National Institute for Health Research: £15,269

Gray L. Feasibility study of how best to engage obese men in narrative SMS (short message system) and incentive interventions for weight loss, to inform a future effectiveness and cost-effectiveness trial. National Institute for Health Research: £5,895

Gray L. Improving sedentary behaviour and physical activity in community-dwelling older adults: development. Chief Scientist Office: £280,767

Green M. Impacts of smoke-free public places legislation on youth smoking uptake. Economic and Social Research Council: £103,233

Grieve E. HTA Impact. Bill and Melinda Gates Foundation: £160,858

Grieve E. Improved metrics to assess impacts of coastal aquaculture farming on community well-being and nutritional status across farmed sea-food value chains in saline floodplains of Bangladesh. London School of Hygiene and Tropical Medicine: £14,672

Hawkins N. Development of a fully Bayesian framework for the identification and estimation of subgroup effects in Randomised Controlled Trials. Medical Research Council: £402,373

Henderson M. Trial of Healthy Relationship Initiatives for the Very Early-years (THRIVE): a Three-Arm Randomised Control Trial for Mothers Identified as Vulnerable in Pregnancy and their Babies who are at High Risk of Maltreatment. National Institute for Health Research: £319,742

Hunt K. Pilot RCT of Project Respect: a school-based intervention to prevent dating and relationship violence. National Institute for Health Research: £2,561

Jahoda A. A school based intervention to promote understanding of people with learning disabilities. Scottish Government: £46,431

Jamieson M. ApplTree - Memory aid software for people with acquired brain injury. National Institute for Health Research: £9,365

Katikireddi S. Understanding the impacts of welfare policy on health: A novel data linkage study. Chief Scientist Office: £533,333

Kinnear D. The mental health of father carers of a son or daughter with a learning disability: A mixed methods approach. Baily Thomas Charitable Fund: £76,071



Kinnear D. Poor oral health in adults with intellectual disabilities and its determinants: Secondary analysis of linked administrative and health records. Baily Thomas Charitable Fund: £50,854

Kinnear D. Predictors of mental ill-health in mothers caring for a son or daughter with intellectual disabilities. Economic and Social Research Council: £161,604

Lewsey J. An evidence-based evaluation of the clinical and cost-effectiveness of foot ulcer risk assessment and structured care interventions for people with diabetes. National Institute for Health Research: £106,870

Lewsey J. Developing a Scottish type 2 diabetes policy model and piloting a web-based decision aid “dashboard”. Chief Scientist Office: £228,718

Leyland A. Strengthening data linkage to reduce health inequalities in low and middle income countries: building on the Brazilian 100 million cohort. National Institute for Health Research: £1,910,168

Leyland A. Evaluating possible intended and unintended consequences of the implementation of Minimum Unit Pricing of Alcohol in Scotland: a natural experiment. National Institute for Health Research: £1,006,948

Lyall D. Do genetic risk scores improve the predictive power of known risk factors for cardiovascular diseases (CvD)? A precision medicine approach. NHS Greater Glasgow and Clyde Endowment Funds: £9,625

Mackenzie M. Developing primary care engagement with domestic abuse: learning lessons from “Police to primary Care” (Early Engagement Fund). Economic and Social Research Council: £4,403

Mackenzie M. NHS Arran & Ayrshire PhD Scholarship attached to What Works Scotland. NHS Ayrshire & Arran: £45,000

Mackenzie M. Understanding Forced Marriage in Scotland. Scottish Government: £2,080

Mair F. Academic Fellows in General Practice. NHS Education for Scotland: £276,546

Mair F. New Models of Care NHS Lanarkshire. Scottish Government: £120,000

McAllister D. Combining efficacy estimates from clinical trials with the natural history obtained from large routine healthcare databases to determine net overall treatment benefits. Wellcome Trust: £670,283

McCann M. Know your own numbers (KYON): Adding primary prevention to the NHS Breast Screening Programme. Cancer Research UK: £4,693

McCann M. Variation and Determinants of Novel Psychoactive Substance (NPS) Use: Potential Implications for Policy and Practice. National Institute for Health Research: £14,978

McCann M. Exploring the teachable moment for alcohol reduction in breast clinics: formative work to inform intervention design, development, and process evaluation. Medical Research Council: £2,638

McCann M. An N of 1 study of the psychosocial determinants of `stopping, `switching and `seeking treatment behaviour following MUP implementation. Alcohol Research UK: £7,979

McCann M. Scoping study for Deaf BSL User's cancer risks and prevention. Cancer Research UK: £4,693

McConnachie A. Is Metomidate PET CT superior to Adrenal venous sampling in predicting outcome from adrenalectomy in patients with primary Hyperaldosteronism (MATCH). National Institute for Health Research: £205,696

McDaid L. The Jack Trial: An effectiveness trial of a gender-sensitive intervention designed to reduce teenage pregnancy. National Institute for Health Research: £185,569

McDaid L. Development of a social marketing/mass media intervention to increase HIV testing for gay & bisexual men and all MSM in Greater Glasgow & Clyde: Evidence synthesis and component analysis. NHS Greater Glasgow and Clyde: £25,990

McDaid L. SMMASH2 online survey of men who have sex with men in central Scotland. NHS Greater Glasgow and Clyde: £427

McDaid L. Social marketing to increase HIV testing for gay and bisexual men and all MSM in Greater Glasgow & Clyde: Intervention development. Chief Scientist Office: £24,008

McDaid L. Feasibility and acceptability of home sampling kits to increase the uptake of HIV testing among black Africans in the United Kingdom: The Haus study. National Institute for Health Research: £25,450

McDaid L. A randomised controlled trial to determine the effectiveness of bridging from emergency to regular contraception: The 'Bridge-it' study. National Institute for Health Research: £112,168



- McGarty A. Examining the influence of parents on the physical activity behaviours of children with intellectual disabilities. Baily Thomas Charitable Fund: £94,730
- McIntosh E et al. A woman-centred, tailored SMS-delivered multi-component intervention for weight loss and maintenance of weight loss in the postpartum period: intervention adaptation and pilot RCT. National Institute for Health Research (NIHR): £39,967
- McLeod H. Collaboration with universities in Japan on improving the understanding and treatment of apathy. The Great Britain Sasakawa Foundation: £4,000
- McMillan T. A health and economic analysis of the role of traumatic brain injury in crime and the scope for improved intervention. The Barrow Cadbury Trust: £1,500
- McMillan T. Brain Injury in Prisoners. Scottish Government: £67,442
- Melville C. To examine how individual, social and community strengths interact to support social connectedness and community engagement of individuals with learning disabilities. Scottish Government: £70,000
- Melville C. To support the development of effective physical activity interventions for people with learning disabilities. Scottish Government: £70,000
- Melville C. To support the development of effective physical activity interventions for people with learning disabilities so that they enjoy the highest attainable standard of health. Scottish Government: £70,000
- Melville C. How individual, social and community strengths interact to support social connectedness and community engagement of individuals with learning disabilities. Scottish Government: £70,000
- Melville C. Developing psychosocial interventions for adults with autism spectrum disorders and anxiety. Scottish Government: £15,600
- Mercer S. Scottish School of Primary Care. Scottish Government: £890,000
- Mercer S. The effectiveness of a mindfulness-based cognitive therapy programme to improve emotional wellbeing and self-management in adults with Type 1 diabetes: A feasibility study. Chief Scientist Office: £1,754
- Mercer S. Examining The Impact Of Multimorbidity Across The Cancer Care Continuum Using SPIRE Data: A Feasibility Study. Chief Scientist Office: £5,660
- Mercer S. Care Plus Feasibility Study. Chief Scientist Office: £28,557
- Mercer S. A pilot RCT for mindfulness based stress reduction for stroke patients and carers. Chief Scientist Office: £2,316
- Mercer S. Mindfulness Based Cognitive Therapy: Accessibility and Implementation in UK Services. National Institute for Health Research: £16,107
- Minnis H. PhD Studentship. Castang Foundation: £93,999
- Mitchell R. Public landscapes for public health. Economic and Social Research Council: £10,733
- Minnis H. Enhancing information systems to support children's health and development: exploring options in Glasgow. Gillberg Foundation: £36,207
- Minnis H. Evaluating the impact of the parenting support framework in Glasgow. Glasgow City Council: £19,475
- Minnis H. National Society for Prevention of Cruelty to Children: £41,339
- Minnis H. Children's social behaviour in the clinic waiting room. Glasgow Children's Hospital Charity: £15,969
- Minnis H. Funds to support child and adolescent psychiatry. Gillberg Foundation: £6,999
- Minnis H. SafeSpot A stepped wedge study of an innovative app and mental health support package for Scottish schools. Scottish Government: £110,357
- Mitchell K. Community health volunteers as mediators of accessible and responsive community health systems: lessons from the Health Development Army in Ethiopia. Medical Research Council: £9,465
- Mitchell K. DoRIS Trial: A Dose Reduction Immunobridging Study of two HPV vaccines in Tanzanian girls. Medical Research Council: £14,178
- Mitchell K. STASH: A peer-led intervention to prevent and reduce STI transmission and improve sexual health in secondary schools. NHS Lothian: £37,000
- Mitchell K. Whole school approach to gender based violence - proposal development work. Chief Scientist Office: £22,867
- Mitchell R. How effective is the Forestry Commission Scotland's woodland improvement programme - 'Woods In and Around Towns' (WIAT) - at improving psychological wellbeing in deprived communities? National Institute for Health Research: £18,921



Moore L. Updating the MRC guidance on complex interventions. Medical Research Council (MRC): £20,000 / Department of Health: £25,000

Moore L. Exploratory trials of complex public health interventions: development of guidance for researchers and funders. Medical Research Council: £135,895

Moore L. An exploratory study to test STASH, a peer-led intervention to prevent and reduce STI transmission and improve sexual health in secondary schools. Scottish Government: £27,000

Morrison D. Bowel screening. NHS Greater Glasgow and Clyde: £5,362

Nicholl B. Evaluation of new Models of Care MSK. Scottish Government: £120,000

Evaluation of the New Orleans Intervention Project for Infant Mental Health in Glasgow. Professor

Nicholl B. Multimorbidity in UK Biobank. Chief Scientist Office: £21,845

Nicholl B. SELFBACK. European Commission: £294,809

O'Connor R. Safety Planning Intervention with Follow-up Telephone Contact (SAFE TEL) to Reduce Suicidal Behaviour: A Feasibility Study. MQ: Transforming Mental Health: £299,993

O'Connor R. Study to Examine Psychological Processes in Suicidal Ideation and Behaviour (STEPPS).

US Department of Defense: £269,623

O'Donnell C. Evaluation of new models of care in NHS Ayrshire and Arran. Scottish Government: £120,000

O'Donnell C. Understanding primary prevention of dementia: follow-on qualitative analysis. Alzheimer Scotland: £5,000

Pearce A. Improving life chances & reducing child health inequalities: harnessing the untapped potential of existing data. Wellcome Trust: £435,543

Pell J. MRC Skills Development Fellowship Programme. Medical Research Council: £283,961

Pell J. Evaluation of the Outcomes of the Family Nurse Partnership Programme in Scotland. Scottish Government: £4,885

Pell J. UK Health Informatics Research Network. Costs to link, store and access data. Medical Research Council: £15,000

Pell J. A machine learning approach to understanding comorbidity between mental and physical health conditions. Medical Research Council: £290,658

Purcell C. The Abortion Act at 50: Still disputed ground? Economic and Social Research Council: £2,620

Purcell C. Exploring intersections of norms of female sexuality and abortion stigma: a preparatory qualitative secondary analysis study. Wellcome Trust: £69,507

Robb K. How can we support people with Chronic Obstructive Pulmonary Disease to recognise and seek prompt help for potential lung cancer symptoms? Cancer Research UK: £71,654

Robb K. What can we learn about how to improve uptake of bowel cancer screening from higher rates of uptake in breast and cervical screening programmes? Cancer Research UK: £79,558

Robb K. Increasing Uptake Of Bowel Cancer Screening: Development And Trial Of A FIT Planning Support Tool. Chief Scientist Office: £333,220

Seaman P. Research and You: Exploring the Value of Social Research. Economic and Social Research Council: £500

Smith D. A health informatics approach to the assessment of prescribing and clinical outcomes in bipolar disorder: national Scottish data linkage study. NHS Greater Glasgow and Clyde: £59,770

Smith D. Antihypertensives as repurposed treatments for mood disorders: a Scottish national linkage and UK Biobank investigation. Chief Scientist Office: £250,897

Smith D. Investigating comorbidity between hypertension and bipolar disorder to identify new and repurposed medications for bipolar disorder. Lister Institute of Preventive Medicine: £200,000

Smith D. Polygenic risk for depression and neuroticism as predictors of antidepressant response. Chief Scientist Office: £12,366

Thomson H. Improving the Conduct & reporting Of Narrative Synthesis of QUANTitative data (ICONS-Quant). The Cochrane Collaboration: £151,324

Tweed E. Morbidity and mortality among people experiencing severe and multiple disadvantage: a cohort study using cross-sectoral data linkage. Chief Scientist Office: £186,200



Ward J. Towards precision medicine for depressive disorders: Royal College of Physicians of Edinburgh: £54,450

Wight D. Nature vs Nurture? How to build a child. Economic and Social Research Council: £500

Williams C. Multi Centre RCT of a group psychological intervention for Postnatal Depression in British Mothers of South Asian Origin. National Institute for Health Research: £27,772

Williams C. Integrated therapist and online CBT for depression in primary care. National Institute for Health Research: £45,330

Wu O. Pragmatic Ischaemic Thrombectomy Evaluation (PISTE) trial: A randomised controlled trial of mechanical thrombectomy in acute ischaemic stroke - Health Economics. National Institute for Health Research: £29,389

Wyke S. Health and Faith: can faith-based organisations support weight management and reduce risk of NCDs in South Africa? Medical Research Council: £35,666

Young R. Cutting Edge #socialcontagion: An Analysis of Virtual Social Networks in Non-Suicidal Self Injury. Volkswagen Stiftung: £6,534



PUBLICATIONS IN 2016 AND 2017

1,142 Journal Articles ...

Abajobir, A. A., et al. (2017). Global, regional, and national incidence, prevalence, and years lived with disability for 328 diseases and injuries for 195 countries, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. *Lancet*, 390(10100), 1211-1259

Abajobir, A. A., et al. (2017). Global, regional, and national disability-adjusted life-years (DALYs) for 333 diseases and injuries and healthy life expectancy (HALE) for 195 countries and territories, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. *Lancet*, 390(10100), 1260-1344

Abajobir, A. A., et al. (2017). Measuring progress and projecting attainment on the basis of past trends of the health-related Sustainable Development Goals in 188 countries: an analysis from the Global Burden of Disease Study 2016. *Lancet*, 390(10100), 1423-1459

Abajobir, A. A., et al. (2017). Global, regional, and national comparative risk assessment of 84 behavioural, environmental and occupational, and metabolic risks or clusters of risks, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. *Lancet*, 390(10100), 1345-1422

Abajobir, A. A., et al. (2017). Global, regional, and national under-5 mortality, adult mortality, age-specific mortality, and life expectancy, 1970–2016: a systematic analysis for the Global Burden of Disease Study 2016. *Lancet*, 390(10100), 1084-1150

Abajobir, A. A., et al. (2017). Global, regional, and national age-sex specific mortality for 264 causes of death, 1980–2016: a systematic analysis for the Global Burden of Disease Study 2016. *Lancet*, 390(10100), 1151-1210

Abboud, H., et al. (2017). Specificities of ischemic stroke risk factors in Arab-speaking countries. *Cerebrovascular Diseases*, 43(3-4), 169-177

Abdul-Rahim, A. H., et al. (2017). Risk of stroke in chronic heart failure patients with preserved ejection fraction, but without atrial fibrillation: analysis of the CHARM-Preserved and I-Preserve trials. *European Heart Journal*, 38(10), 742-750

Aboulghar, M., et al. (2016). The influence of social factors on gender health. *Human Reproduction*, 31(8), 1631-1637

Acton, J. H., et al. (2016). Effect of rehabilitation worker input on visual function outcomes in individuals with low vision: study protocol for a randomised controlled trial. *Trials*, 17, 105

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Afshin, A., et al. (2017). Health effects of overweight and obesity in 195 countries over 25 years. *New England Journal of Medicine*, 377(1), 13-27

Agbakoba, R., et al. (2016). Implementation factors affecting the large scale deployment of digital health and well-being technologies: a qualitative study of the initial phases of the 'Living-It-Up' programme. *Health Informatics Journal*, 22(4), 867-877

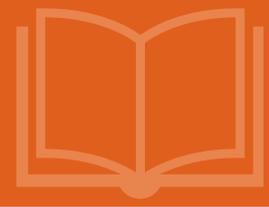
Agur, K., et al. (2016). How does sex influence multimorbidity? Secondary analysis of a large nationally representative dataset. *International Journal of Environmental Research and Public Health*, 13(4)

Ahmed, N., et al. (2016). Safety of guidewire-based measurement of fractional flow reserve and the index of microvascular resistance using intravenous adenosine in patients with acute or recent

Akhter, K., et al. (2017). Empowerment-based education for established type 2 diabetes in rural England. *Practical Diabetes International*, 34(3), 83-88

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- Alexander, D., et al. (2017). A retrospective cohort study of the influence of lifestyle factors on survival of patients undergoing surgery for colorectal cancer. *Colorectal Disease*, 19(6), 544-550
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- Allan, S. (2017). Early intervention in first episode psychosis: a service user's experience. *Schizophrenia Bulletin*, 43(2), 234-235
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- Armitage, C. J., et al. (2016). Trends in self-harm in Kuala Lumpur, 2005–2011. *Archives of Suicide Research*, 20(1), 22-28
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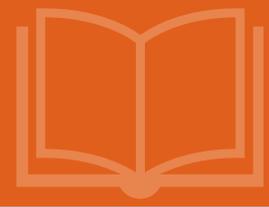
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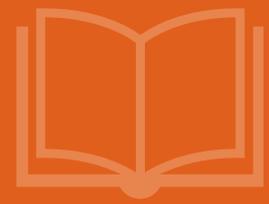
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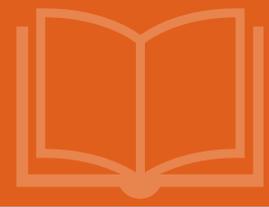
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