



NIHR | Applied Research Collaboration
East of England

Impact Summary

2025



NIHR | Applied Research Collaboration
East of England

Foreword

We are living through a time of major change in how health and care are planned and delivered across the country. The National Institute for Health and Care Research (NIHR) Applied Research Collaboration (ARC) East of England is well positioned to respond to evolving priorities across the region.

This is made possible through our growing partnerships with a wide range of partners, from hospitals and GP practices to schools, Local Authorities, community organisations, and our local Integrated Care Systems. By working together in this way, we ensure our research makes a real difference to people's lives and the services they use every day.

With our programme of over 200 studies, our work is designed not only to benefit the East of England but also to generate insights that can be scaled nationally. By sharing evidence-based learning and best practice, we aim to support improvements in care across the UK and to help tackle the inequalities many communities still face.

This year's Impact Summary highlights how we are contributing to the three major shifts in healthcare outlined in the Government's 10-year plan, Fit for the Future. Through strong partnerships with patients and the public, we are discovering the most effective ways to design, deliver, and



apply research that supports the development of services and treatments closer to home, rather than in hospital settings; a deeper understanding of how to prevent ill health and poor care, helping people stay well for longer; and the creation of cutting-edge research that delivers digital solutions to the most pressing health, public health, and social care challenges, both across the East of England and nationally.

I am proud of the research carried out by NIHR ARC East of England and the many people who make this work possible. I hope this summary offers a glimpse into how our work is making a difference across our region and beyond.

A handwritten signature in blue ink, appearing to read 'Wendy Wills'.

Professor Wendy Wills,
Director of NIHR ARC East of England

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Image above: Community members and researchers walking through Peterborough

Our mission

The National Institute for Health and Care Research (NIHR) Applied Research Collaboration (ARC) East of England is one of 15 ARCs across England funded to support applied health and care research.

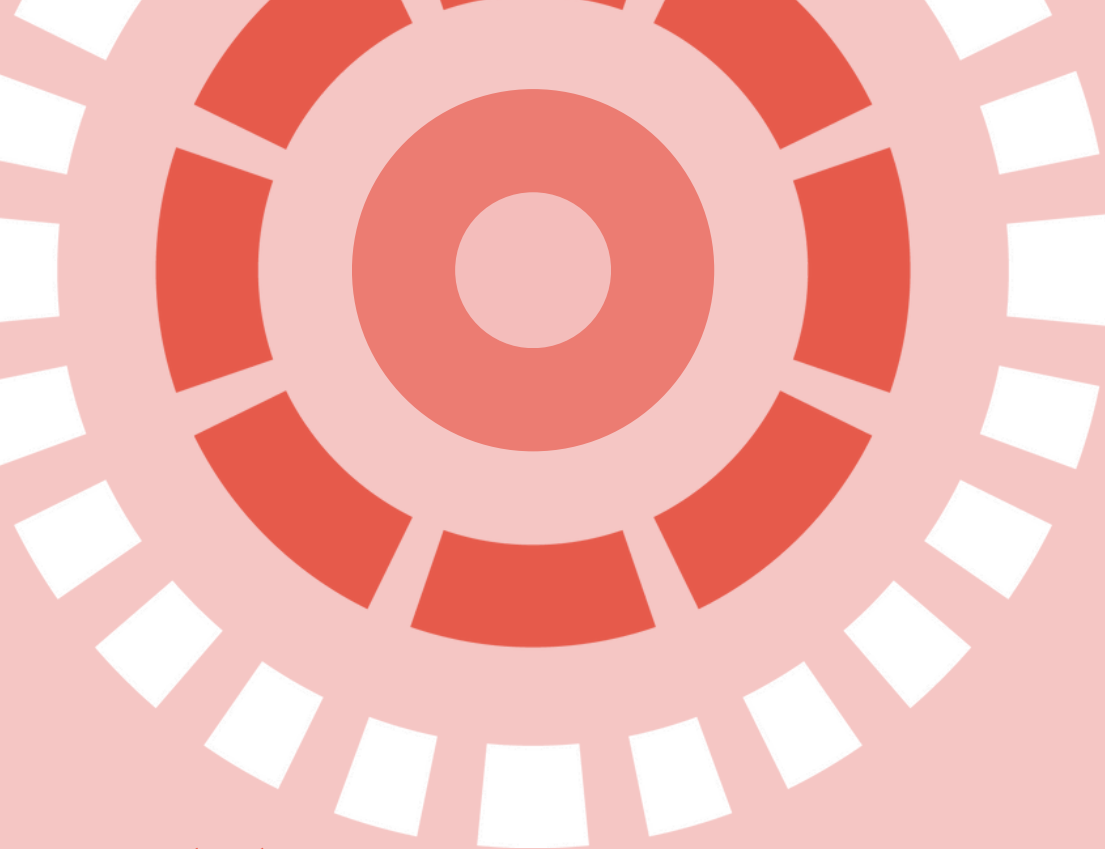
Our aim is to enhance the sustainability of health and care systems and improve the lives of our communities through research that responds to the diverse needs across the region. To achieve this, we develop deep, lasting engagement with local populations, build research capacity, and support the implementation of evidence into practice ensuring measurable improvements in health and care. We believe meaningful change requires thinking nationally while acting locally.

We are a collaboration between Cambridgeshire and Peterborough NHS Foundation Trust and the Universities of Cambridge, East Anglia, Hertfordshire, Essex and Anglia Ruskin University. Our network also includes Health Innovation East, NHS Trusts, Integrated Care Systems (ICS), Local Authorities, patient-led organisations, charities, and industry partners across the region.

Learn more about the NIHR ARC East of England on our website at <https://arc-ee.nihr.ac.uk>.



Our impact



“

I am delighted to see our partnership with the ARC continue to make a significant difference to our local people. Our joint approach to delivering the NHS plan includes driving community-driven innovations, pioneering work in values-based mental healthcare and joined-up community mental health care. That is not just good practice; it is culture change.

”

Steve Grange

Chief Executive Officer, Cambridgeshire and Peterborough NHS Foundation Trust

NIHR ARC East of England at a glance



200+
collaborating
organisations



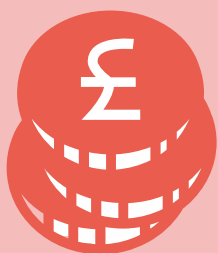
100+
funded people
across the ARC



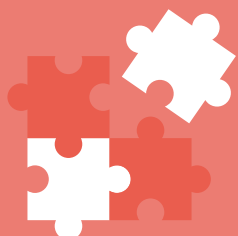
100+
supported
early career
researchers



85
peer reviewed
publications



£16.5+ million
awarded in research grants



Established

a network for unpaid/ family carers to
advance carer research



Over 750

people have attended core ARC East of England events



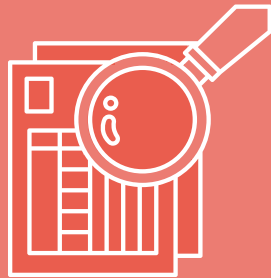
124

community organisations engaged in our research



Launched

a new workstream to bridge research and policy



91

studies across our research themes



Featured

in national media, including BBC, LBC, The Guardian, Daily Express, The Conversation, Woman's Hour, and other leading outlets



4,500

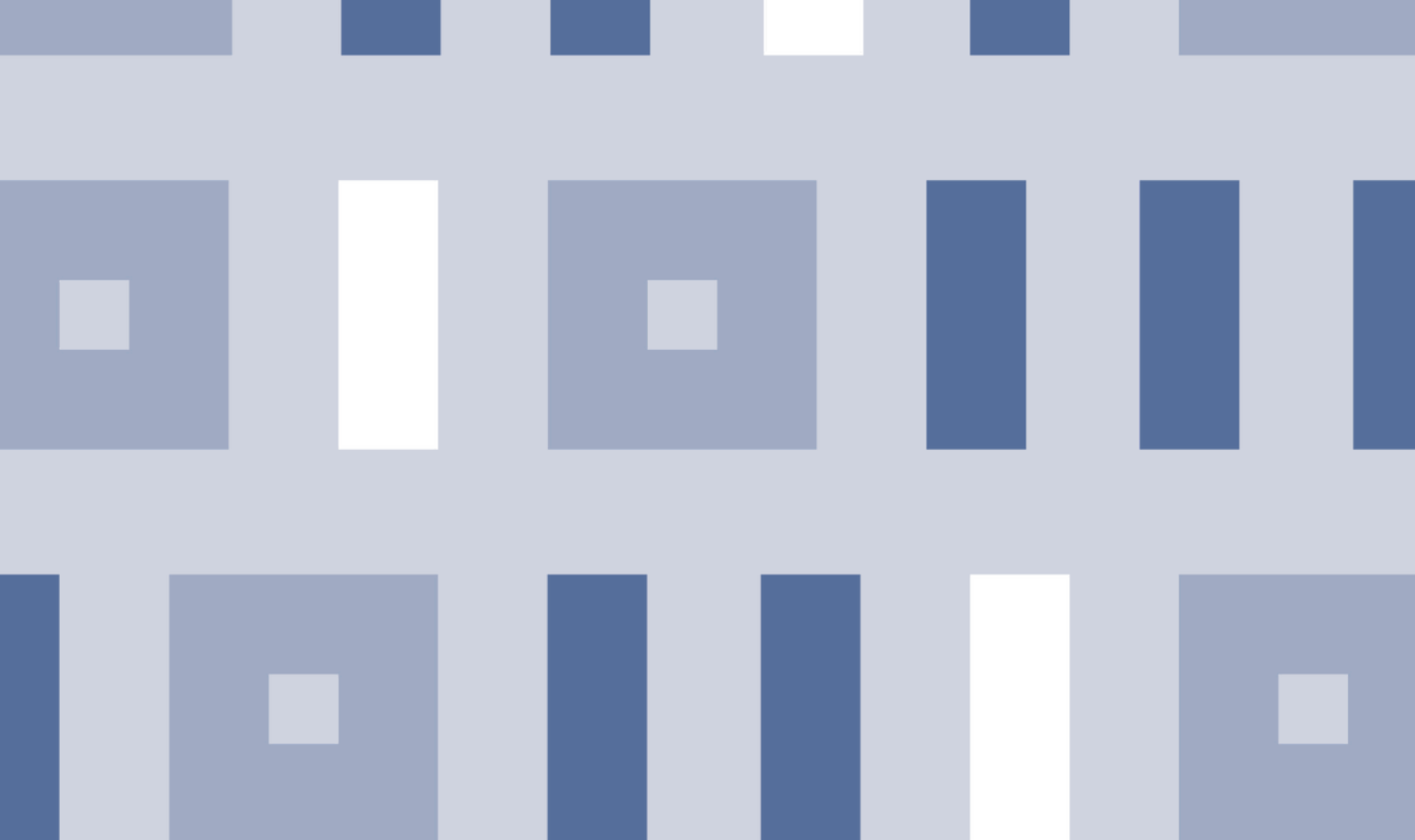
participants are actively involved in our studies



Presented

evidence at various All Party Parliamentary Groups and Select Committees

**Moving
care from
hospitals to
communities**



“

Research is at the heart of new efforts to move health and care services closer to where people live and work; NIHR ARC East of England is helping to deliver the insights, tools and evidence systems needed to make this happen across the East of England.

”

Dr Philippa Brice

Associate Director for Research and Impact, Cambridgeshire and Peterborough Integrated Care System (ICS)

Strengthening health and care systems through research



82 projects advancing care for **older adults & long-term conditions**.



Funding research with six Integrated Care Boards to **address local priorities**.



We are **evaluating remote monitoring** in integrated care.

NIHR ARC East of England is committed to strengthening the resilience and sustainability of local health and care systems through responsive research, meaningful public involvement, and strategic partnerships.

Over the next 10 years, the UK population is projected to increase by 4.9 million, driving the demand for health and care services, including hospital admissions. As the population grows and people live longer, it is important to understand how and where care can best be delivered. Our research focuses on reducing hospital admissions, promoting person-centred care, strengthening community-based services, and ensuring timely end-of-life support.

Transforming the discharge pathways in mental health hospitals

Ensuring people leave hospital with the right support is crucial for their recovery. Each year, mental health hospitals discharge around 50,000 people, many of whom find the process overwhelming and distressing. With nearly 13% of these service users being readmitted, there is an urgent need to improve discharge pathways and deliver more person-centred care to better support recovery in the community.

Co-led by an individual with lived experience of inpatient mental health care, we developed and implemented a practical systemic discharge approach to help service users feel better prepared to leave hospital and stay well at home.

Our multi-component systemic discharge planning, called the Onwards Approach, empowers service users, carers/ supporters, and staff to collaborate closely on discharge planning. This approach encourages patients to openly discuss their needs while supporting staff in managing complex discharge arrangements, fostering a more collaborative, person-centred process. An initial evaluation across six wards in three mental health NHS Trusts indicates the approach supports discharge planning.

Hospital readmissions cause a considerable financial burden on the NHS and can hinder an individual's recovery journey. A well-planned, supportive discharge process is key to sustaining an individual's recovery journey and reducing the risk of readmission.

The research team is developing a clinical trial and has produced materials to support wider implementation of the approach.

Read more about the study by scanning the QR code:



Informing national clinical practice for end-of-life care

As more people choose to die at home or in care homes, improving end-of-life care in community settings is essential. Anticipatory prescribing, a widely used clinical practice to manage distressing symptoms for individuals at the end of their lives, lacks robust evidence in its safety, acceptability, and effectiveness, resulting in fragmented care and poor patient experiences.

We collaborated with professionals in

community palliative care, including GPs and nurses, as well as patients and families to understand their perspectives on this complex and important issue to inform and strengthen evidence-based symptom management in community end-of-life care.

Our research highlighted key gaps in anticipatory care, such as inconsistent symptom management, poor communication and limited understanding of patient needs. Rigid clinical guidelines have led to standardised care, with 40–54% of patients never using prescribed medication, leading to unnecessary costs for the NHS.

Our findings have driven change across at least 15 areas in the UK at a system-wide



level, including Hertfordshire, Leicestershire, the Isle of Wight, and Cambridgeshire and Peterborough, improving prescribing practices in the community, providing rapid access to medication supplies, and enabling schemes to train family carers to administer injectable medications. By supporting families, patients, and primary care teams, we have facilitated timely and compassionate care at home, enhancing comfort in community end-of-life care.

The research team has created an innovative resource for clinicians, viewed over 3,000 times to date, to support better end-of-life care and is collaborating with national charities, including Marie Curie and the Queen's Institute of Community Nursing, to drive further change across the UK.

Read more about the study by scanning the QR code:



Improving patient safety by addressing inappropriate prescribing

As we age, our bodies become less able to process certain medications. Drugs that were once effective may lose their benefit or even trigger harmful side effects. One in two older patients admitted to hospital receive medications that pose a greater risk than benefit.

This is an urgent concern, especially as the UK's over-85 population is expected to double within 25 years. With North Norfolk having the highest proportion of over-65s in England and Wales, addressing overprescribing becomes increasingly important. As more older people are being treated in the



community, reducing avoidable harm, improving shared decision-making and preventing hospital readmissions is critical.

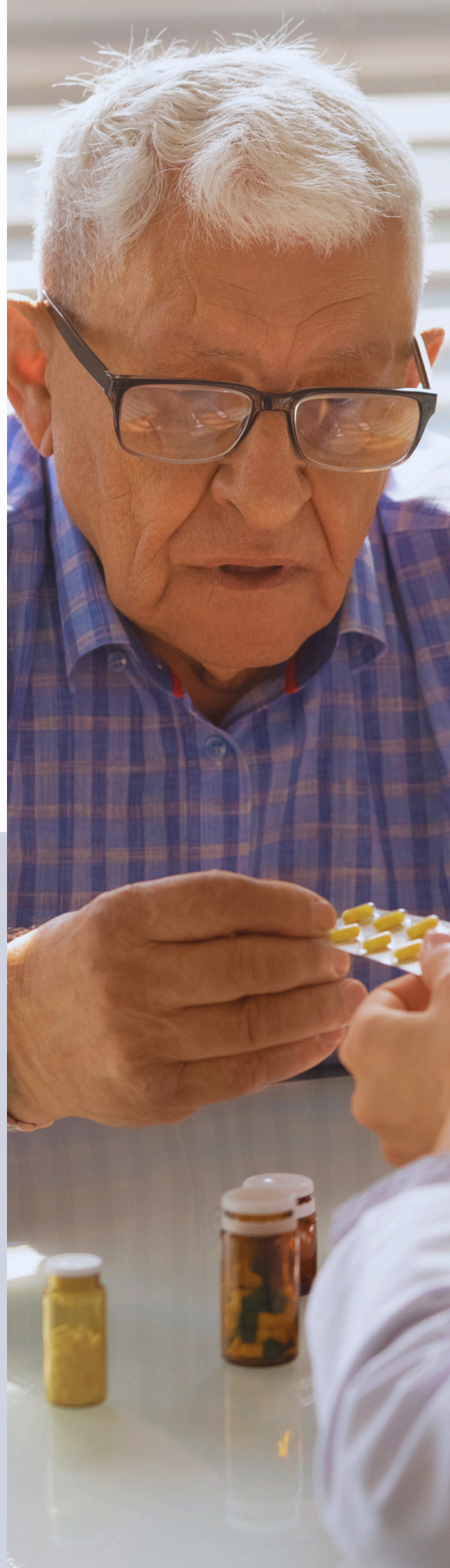
In collaboration with patients, carers, and healthcare professionals across both hospital and community settings, we developed an approach called CHARMER. It consists of five key components designed to support hospital pharmacists and doctors to discuss deprescribing with patients and families.

The approach was first tested in four hospitals, which showed it could be used successfully in everyday care. Building on this, CHARMER was introduced more widely, involving 246 geriatricians and pharmacists who cared for around 38,000 patients across 24 hospitals in the UK.

If effective, CHARMER could alleviate financial pressures on the NHS by reducing unnecessary and potentially harmful prescribing. By enabling clinicians to address inappropriate prescribing, it may also contribute to lower hospital readmission rates and promote safer, more efficient patient care.

The final results of the trial will be available in late 2026.

Read more about the study by scanning the QR code:





Preventing ill health



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If we want to prevent poor health and care outcomes, we need to understand the root causes, in all its complexity. The NIHR ARC East of England's commitment to tackling growing health inequalities is crucial. Prevention will only work if we have a focus on equity and justice in healthcare.

”

Kate Chivers

Head of Engagement, Birth Companions

Building a healthier future with prevention research



40 research projects **preventing future illnesses.**



70 projects **tackling health inequalities** for underserved communities.



17 research studies exploring how **diet impacts health.**

One of the NIHR ARC East of England's key priorities is prevention research that **reduces pressure on health and care services, improves outcomes and experiences for our communities, and supports a more sustainable future for local health and care systems.**

Serving a diverse population of 6.8 million across coastal, rural, and urban areas, the region faces varied and significant health and care inequalities shaped by the community's needs. Our research spans key areas of health and care, including nutrition, cancer care, and workforce wellbeing, with a focus on addressing these challenges and promoting fairer health and care for all.

Tackling cancer inequalities in Muslim communities

Innovative, culturally tailored interventions delivered in mosques can help to close the gap in bowel cancer awareness and screening among Muslim communities. With 40% of Muslims living in deprived areas and screening uptake 28% lower among South Asian communities compared to the general population, addressing these inequalities is crucial to prevent poorer outcomes.

In partnership with the British Islamic Medical Association (BIMA), our researchers explored how faith-placed, culturally tailored, educational approaches in mosques across Peterborough and Luton enhanced bowel cancer awareness, increased screening participation, and improved health outcomes.

We found that tailored health sessions delivered by trained Muslim clinicians were more effective than traditional healthcare campaigns in building trust, improving understanding, and increasing screening uptake, including among participants who had never previously taken part in bowel cancer screening.

Cancer screening is vital for early detection and improving survival outcomes. Tailored approaches like these can boost early diagnosis, save lives, and reduce pressure on NHS services.

The project team is currently working to explore how this approach could be scaled and adapted for other underserved communities.

Read more about the study by scanning the QR code:



Shaping inclusive food practices in special schools

Children with special educational needs and disabilities (SEND) are missing out on Universal Infant Free School Meals, with one in five in special schools not receiving them, compared to one in eight in mainstream schools. Children with SEND face increased risks of malnutrition and living in poverty, making this disparity a serious concern for their health.

In collaboration with the charity School Food Matters, school professionals, children with SEND, and their families, we co-developed adaptations to a whole-school food approach that integrates food education with accessible, nutritious eating in schools.

Our research found a lack of guidance

and considerable variation in how special schools implement food provision. Small changes, such as offering accessible foods that avoid triggering sensory sensitivities and gradually introducing new foods, can increase access to school meals, improve mental health and encourage positive behaviour.

Schools play a vital role in children's health and wellbeing, both as food providers and educators. Improving access to inclusive, nutritious food in special schools is essential for preventing ill health and supporting healthy development.

The study's findings were presented to the All-Party Parliamentary Group on School Food, which acknowledged the need to



improve access to nutritious meals for all children.

To support further action, the research team produced a policy briefing and a podcast, sharing key insights and calling for increased funding in this vital area.

Read more about the study by scanning the QR code:



Addressing the mental health needs of NHS staff

The NHS workforce face disproportionately high and increasing rates of complex mental health challenges. Across the UK, mental health issues account for 8-12% of sick days, but in the NHS, this figure is much higher at around 25% of sickness absences. This affects workforce retention, quality of patient care, and the overall wellbeing of the individual.

In response, the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) introduced a specialist mental health service tailored to its workforce. Unlike standard Talking Therapies, this model offers rapid access to multidisciplinary, personalised support.

We evaluated the effectiveness of CPFT's Staff Mental Health Service to demonstrate its value, guide future resource allocation and inform wider investment in similar services across NHS Trusts to improve workforce health.

Our findings show that staff using the service experienced better clinical outcomes, improved workplace productivity, and significantly shorter waiting times, starting treatment on



average 29 days after referral, compared to 67 days for Talking Therapies. The service's increased responsiveness was estimated to generate around £2,000 in value per supported staff member, primarily through improved productivity. These results demonstrate the preventative value of early, tailored mental health support.

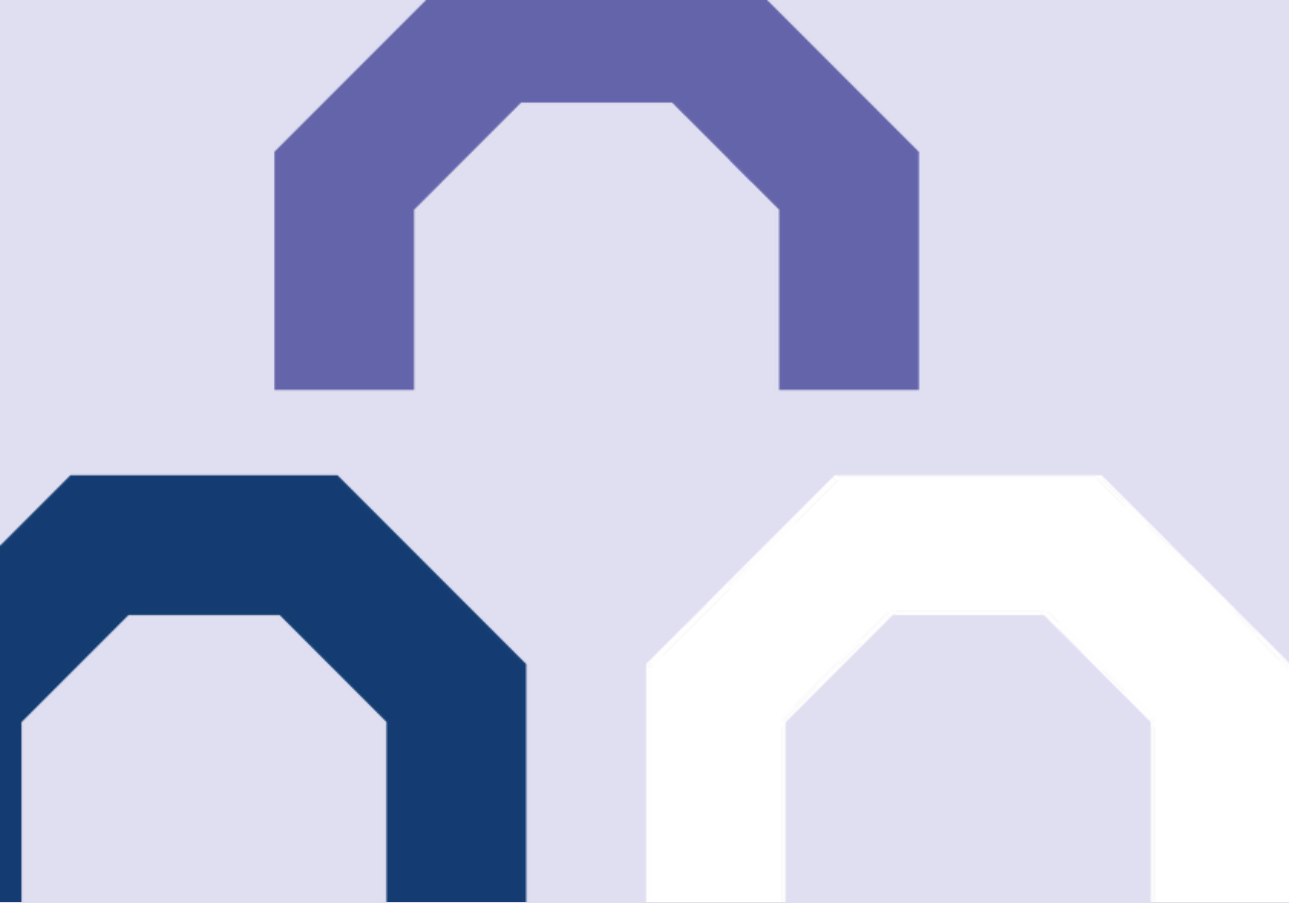
The research team will continue to share the study's findings to inform policy and resource allocation.

Read more about the study by scanning the QR code:





Digitising health and social care



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In my opinion, the benefits of doing things digitally outweigh the problems. We must help those who want to use technology become comfortable, encourage and guide the hesitant, and address any fears or worries. The research from the NIHR ARC East of England sounds very promising in tackling these challenges.

”

Pamela-Marie Lumbroso

Public Contributor, DiTSoW Research Advisory Group Member

Utilising technology to improve health and care



25 research projects exploring **digital technologies**.



Convene an **innovative panel** advancing health and care through data usage.



Developing a **digital tool** to support transitions in eating disorder care.

NIHR ARC East of England remains dedicated to ensuring that our research addresses the evolving challenges of the health and social care sector by delivering practical solutions that support the health of our communities and workforce.

The East of England is home to six Integrated Care Systems, 23 NHS Trusts, and 50 Local Authorities, each facing unique challenges. As demand grows, sectors are increasingly adopting digital technologies, yet gaps in guidance often lead to inconsistent use and missed opportunities for improved care. In response, we have investigated technology's role in older adult care and early intervention.

Co-developing online tools to understand age-related driving risks

As we age, cognitive changes can affect our ability to drive safely. In 2023, older drivers accounted for nearly a quarter of all driver fatalities. Fitness-to-drive assessments often focus on vision and physical ability while overlooking cognitive function. Enhancing our understanding of how cognitive changes affect driving in older adults is crucial to ensure preventative safety measures.

In collaboration with health and public sector partners, we explored how cognitive decline affects road safety and developed new tools to assess driving fitness.

We collected data from over 1,000 drivers

aged 65–90, which showed a link between changes in spatial orientation and road traffic incidents. Additionally, our findings demonstrated that online cognitive testing is feasible for older adults.

Our research has influenced clinical practice, education, and policy. We improved cognitive assessment tools, created online training tools for GPs on assessing driving fitness, and contributed to high-level discussions with a Parliamentary Select Committee, the Department for Transport, the Road Safety Trust, and the Driver and Vehicle Licensing Agency (DVLA), helping shape future fitness-to-drive guidelines.

By digitising cognitive assessments, we are enabling scalable, nationwide screening of older drivers, promoting safer roads while maintaining their independence.

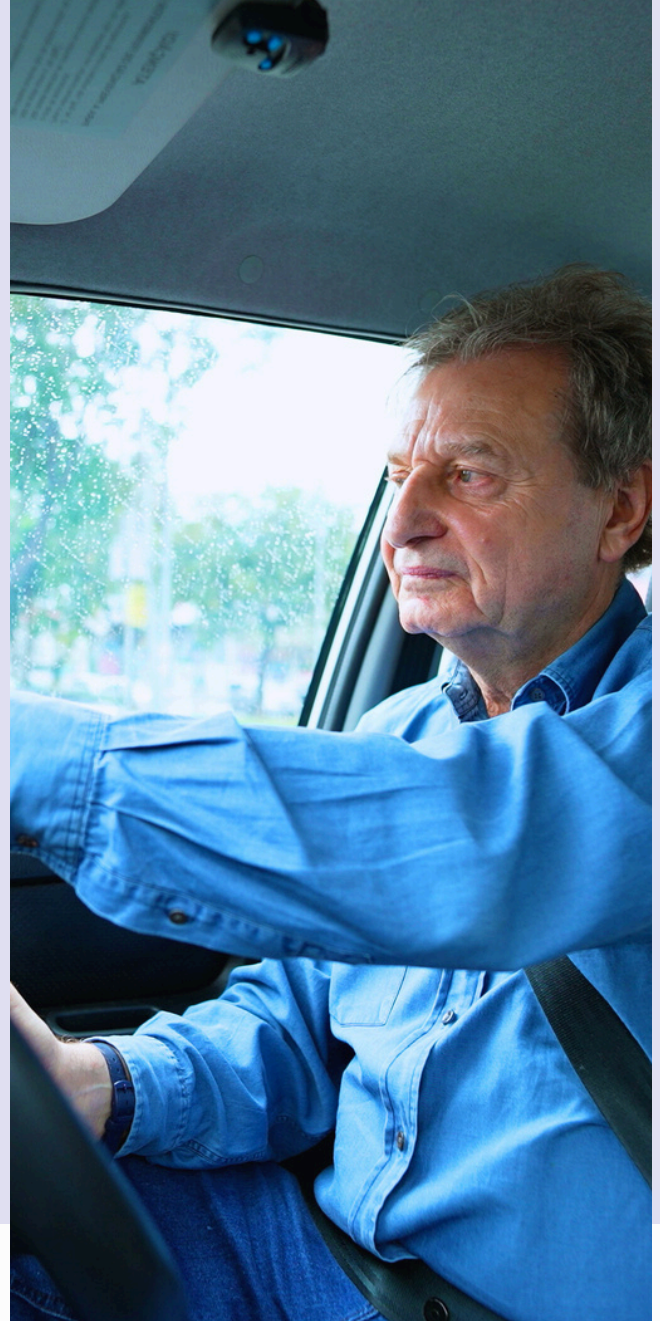
The research team is finalising analysis, testing the tools developed through the project in driving centres, and working with national stakeholders to maximise the impact of our findings.

Read more about the study by scanning the QR code:



Enabling fast, precise mental health screening for secondary school students

Poor mental health among young people is a growing concern. In the UK, one in seven secondary school students may have a mental health condition, yet fewer than 25% are identified and offered support. With long waiting lists and delayed access to care, innovative digital tools useable at scale are needed to link



students who may benefit to the resources offered by schools and other partners.

ARTEMIS-A is a web application that enables quick and clinically-precise measurement of mental health difficulties in secondary school students. Easily deployed and using adaptive testing technology, ARTEMIS-A tailors questions to each student and generates reports for both students and school staff. The assessment takes under a minute to complete.

By making mental health assessments quicker, easier, and more accessible in schools, ARTEMIS-A helps prevent the escalation of mental health challenges in young people.

Having created a spin-out company with a social purpose, Cambridge Adaptive Testing, we have successfully piloted ARTEMIS-A across a Multi-Academy Trust and secured research funding to implement it in two NHS Trusts, supporting waiting list management by assessing clinician acceptability. Plans are also underway to seek additional capital investment to further develop work.

Read more about the study by scanning the QR code:



Improving school support for students who self-harm

Self-harm among young people is common and increasing in the UK. Nearly one in four 17-year-olds report having self-harmed in the past year, and rates among 15-year-olds rose from 22% in 2014 to 34% in 2021.

Young people who self-harm are at a higher risk of poor mental health in adulthood and an increased risk of suicide. Schools can play a vital role in early identification and support.

In collaboration with students, school staff, and mental health professionals, we co-produced SORTS (Supportive Response to Self-harm), an innovative online training programme and toolkit that equips school staff with the knowledge and confidence to identify, understand, and support students who self-harm.

Since going live, the SORTS e-learning module has reached 370 schools across England and Wales, with over 2,000 staff members completing the training. It has increased school staff's awareness of self-

harm and confidence in supporting students who self-harm. SORTS is now recommended by the Mayor of London's Healthy Schools London programme and has been adopted by a London council as part of its self-harm prevention strategy in schools.

With long waiting times for children's mental health services, SORTS could play a key role in early intervention for self-harm in schools, preventing escalating mental health challenges and potential hospital admissions.

The team is evaluating the training to build evidence for broader adoption.

Read more about the study by scanning the QR code:



Find out more about the NIHR ARC East of England:



<https://arc-eoe.nihr.ac.uk>



ARCOffice@cpft.nhs.uk



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