York and Scarborough Teaching Hospitals
NHS Foundation Trust

Trust Sponsored Studies 2025

ColoCap – Determining the diagnostic accuracy of colon capsule endoscopy compared to standard colonoscopy in patients at risk of colorectal disease

IRAS ID: 331349 REC No: 24/NE/0178 NIHR Portfolio ID: 57318

Chief Investigator: Professor James Turvill, Professor Angus Watson

Study type/area: Interventional/Gastroenterology/Multi-site/Non-commercial/Portfolio

Early diagnosis of bowel disease is essential for the health of or population. Currently the NHS relies on colonoscopy to do this. Colonoscopy is an invasive test, painful and embarrassing for many. It is resource-intensive, requires highly trained endoscopists and expensive specialised units. Colonoscopy can miss bowel disease and it cannot be adequately completed in all.
Colon capsule endoscopy (CCE) is a rapidly scalable alternative diagnostic that could transform early diagnosis. It can be performed painlessly at home making it attractive option for many. It is more environmentally sustainable than colonoscopy and can be reported by a large, trained cohort using secure web-based technology.
We conducted the evaluation of CCE as it was introduced as an emergency measure during covid and now are leading the ColoCap study to develop the evidence base to allow this disruptive technology to be implemented nationally in the near future.

A comparison of the Diagnostic Value of Straight AP and Turned AP Xray views of the shoulder

IRAS ID 359279

Chief Investigator Chris James – Radiographer

Study type / area: Musculoskeletal

This project will compare the diagnostic value of the Straight AP and Turned AP x-ray shoulder views when viewed in conjunction with a second projection (either an axial, modified axial or Y-view) for non-traumatic shoulder pain. Different sources comment on the suitability of the Straight AP versus the Turned AP view when it comes to specific pathologies, but these views are not based on strong evidence, unlike other projections e.g. modified axial versus Y-view [Appendix 1]. This project intends to review cases where both a Straight AP and Turned AP view and one additional view have been performed. This study will have both retrospective and prospective elements. The images will be gathered retrospectively from previously examined patients; this method ensures that no additional imaging and therefore ionising radiation is required.

PinPoint Accuracy Study - A diagnostic accuracy study of PINPOINT blood sample analysis in detecting cancer

IRAS ID: 311006 REC No. 22/SW/0044 NIHR Portfolio ID: 52266

Chief Investigator: Professor James Turvill – Consultant Gastroenterologist – York & Scarborough Teaching Hospitals

Study type/area: Cohort observation/ Laboratory/Cancer/Non-commercial

The study is looking at the diagnostic accuracy of the PinPoint test, a machine learning algorithm that uses a range of blood results combined with basic patient information to provide a patient risk score for cancer as;

a) A rule-out test to identify patients who have had a very low risk of cancer, to have initial management with their GP, avoiding unnecessary testing and worry on the cancer pathway
b) A predictor of patients at high-risk of cancer, to have an accelerated pathway for diagnosis

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Daisy: Diagnostic AI System for robotic and automated triage and asses

IRAS ID: 343550 REC No: 24/YH/0138 NIHR Portfolio ID: 63764

Chief Investigator: Dr Tunde Ashaolu

Study type/area: Feasibility/Emergency Medicine/Artificial Intelligence/ Single site/Non-commercial/ Portfolio

We plan to introduce an automated triaging system called DAISY into the Emergency Department (ED) to give patients the opportunity to self-direct their initial consultation. This is a new system in development, with a robot like the image at the top of this sheet, a touchscreen that will ask patients a number of questions about their current health (as a Triage nurse or doctor in the Emergency Department may do) but also with some attached devices (like a blood pressure monitor and thermometer) that patients can use to help DAISY assess patients' current health.

Our study aims to demonstrate how patients can interact with the automated system to produce a report that is useful for the doctors and nurses in the ED. We will examine the duration and timeliness of the automated assessment to see if it frees up staff time and we will see how patients find the experience of using the DAISY system.

MenSH-IBD

IRAS ID: 334340 REC No: 24/EE/0158 NIHR Portfolio ID: 58565

Chief Investigator: Sara Ma

Study type/area: Interventional/Inflammatory Bowel Disease/Non-commercial/Portfolio

This research aims to develop an intervention to help nurses improve the assessment and care of the sexual health needs of men with Inflammatory Bowel Disease (IBD). This is a long-term digestive condition that is often diagnosed between the ages of 15-30 years. Patients often have bloody diarrhoea, abdominal pain, incontinence, and fatigue. When severe, the disease can lead to hospital admission and surgery. There is growing recognition that IBD can negatively affect sexual health and impact on patients' relationships and quality of life, but men's needs have been neglected in research. Men report that their sexual health is rarely discussed at NHS IBD clinic

appointments, and specialist information and support are lacking. In this study we will work with patients, their partners, nurses, and other healthcare professionals to develop a nursing intervention that addresses this unmet need through information, assessment, and support. This study consists of three main parts which have been labelled workstreams. In Workstream One we will identify how the sexual health of men with IBD is currently assessed and cared for in the NHS using three large scale surveys that will include; (1) NHS Trusts (2) Nurses (3) People with IBD. In Workstream Two we will gather ideas on appropriate ways to improve the healthcare of men with IBD by conducting interviews with men with IBD and partners of men with IBD.
We will also conduct focus groups with healthcare professionals to hear their ideas of how services can be improved. In Workstream Three we will hold a series of workshops with patients and healthcare professionals to develop an intervention and consider how and why it could help patients. The design of the study has been developed with a patient advisory group and input from IBD health professionals.

York and Scarborough PAD Research Database

IRAS ID: 328152

Chief Investigator: Mr Andrew Thompson

Study type/area: Data collection/ Vascular Medicine/Non-commercial/Non-portfolio

Peripheral Artery Disease (PAD) is a common circulatory disorder that affects millions of people worldwide, causing significant morbidity and mortality. PAD is characterised by the narrowing or blockage of blood vessels, primarily due to atherosclerosis, leading to reduced blood flow to the extremities. The two primary manifestations of PAD are intermittent claudication (IC) and critical limb ischemia (CLI). Establishing a research database for patients with **symptomatic PAD** will provide valuable insights into the disease process, management, and outcomes for these patients. The main objectives are:

1. To collect comprehensive clinical, demographic, and laboratory data from patients with symptomatic PAD, providing a rich dataset for investigating disease mechanisms, risk factors, and outcomes.
2. To enable longitudinal data collection, allowing for the study of disease progression, treatment effectiveness, and long-term outcomes in patients with symptomatic PAD.
3. To facilitate collaboration among researchers and healthcare professionals by providing a centralised, secure platform for sharing and analysing data.
4. To support hypothesis-driven and exploratory research by offering access to diverse patient data and fostering a culture of data-driven decision-making.
5. To inform the development of targeted interventions and treatment strategies for patients with symptomatic PAD by providing insights into disease patterns, patient characteristics, and treatment outcomes.

Predictors of poor outcomes and mortality in major trauma patient

IRAS ID: 354257

Chief Investigator: Dr Bahir Almazedi

Study type/area: Data Collection/Trauma/Non-commercial/Non-Portfolio

Traumatic injury is a global burden and contributes significantly to death and disability across the UK. For every trauma death, at least 2 people are left with severe and permanent disability and the effects of traumatic injury have considerable long-term implications on the quality of life of its survivors. As a result of traumatic injury, there is also a significant impact upon the associated costs to the NHS. Major trauma is the term used to describe serious and often multiple injuries that could cause permanent disability or death. Trauma has a bimodal age distribution with the first peak in the under-20s and then the second peak in the over-65 age group. It is the biggest killer of people aged below 45 years in the UK and in those people that survive a traumatic injury; a large number will have permanent disabilities. The estimated costs of major trauma are between £0.3 and £0.4 billion a year in immediate treatment. The cost of any subsequent hospital treatments, rehabilitation, home care support or informal carer costs are unknown. The National Audit Office estimated that the annual lost economic output as a result of major trauma is between £3.3 billion and £3.7 billion. The National Audit Office (2010) report estimated that there are 20,000 cases of major trauma per year in England; 5,400 people die of their injuries with many others sustaining permanent disability. Every trauma death costs the nation in excess of £0.75 million and every major injury £50,000. (1). Improving outcomes and preventing death of major trauma patients will have huge health and economic benefits at a local and national level, and trauma care research will help towards achieving this. Understanding which patients are at risk of poor outcomes following traumatic injury can help in developing system and clinical management guidelines to drive improvements in clinical safety and patient outcomes.

Bleeding at elective caesarean sections

IRAS: 354630

Chief Investigator: Dr Mo Williams

Study type/area: Anesthetics

Retrospective data collection - goal is to better understand the correlation between quantitative and clinical measures of blood loss, which could provide valuable insights into identifying a clinically significant primary outcome measure for blood loss estimation in the iCalm grant application.

CHWP - Barrier and Facilitators in the Care of Higher-Weight Patients in Acute Physical Hospitals Through and Occupational Therapy Lens

IRAS: 356246

Chief Investigator: Laura Wendon

Study type/area: Occupational Therapy

Being higher in weight (previously termed 'obese') can make some parts of life difficult. Higher-weight people may be more likely to be admitted to hospital for health problems. Their hospital stay is more likely to be challenging for many reasons. For example, equipment used to support their care is not always designed for people of a higher weight. People of a higher weight may also need more staff members to support their care than those of a 'healthy' weight, and UK hospitals often don't have enough staff. These difficulties, among many others, have been recognised in previous research. However, they all look at the physical health of these patients, alone. Occupational therapists are healthcare professionals that consider the activities that are important to people and use them to support their recovery from illness and injury. They address all parts of a person – their physical, mental, and cognitive health, as well as their environment, the people around them, their routines and responsibilities. Occupational therapists, therefore, consider a person holistically – meaning 'whole person' – to help improve health and wellbeing. This is what current research into the care of higher-weight patients is missing, and what this study will consider. The aims of this study are: 1. To look at occupational therapists' experiences with higher-weight patients and find out what they believe impacts on their hospital care, 2. To find out what occupational therapists' views and attitudes are towards this patient group in general, and 3. To evaluate the differences in the findings from the first two aims, between inner-city and coastal hospitals within York and Scarborough Teaching Hospitals NHS Foundation Trust. This study looks at the differences between the hospital sites within the Trust because they cover a large area, which includes coastal towns and a city. National statistics show that coastal areas in the UK tend to be more deprived and this can result in poorer health. It has also been shown that more deprived areas are home to greater numbers of higher-weight people. This study will, therefore, identify key differences in their hospital care with the hope it can inform staff and reduce the differences to make everyone's care fair and high quality.

Developing a QoL Assessment Tool for CAWH Patients

IRAS: 340013

Chief Investigator: Mr Srinivas Chintapatla

Study type/area: Complex Abdominal Surgery

This study builds on previous work undertaken by Dr Olivia Smith and Mr Chintapatla. in this previous work 13 QoL themes were identified which are of most importance to patients however there is currently no tailored QoL tool for use specifically in CAWH patients. This study aims to develop a focused CAWH questionnaire that covers the themes that have been identified as being important to CAWH patients.

Predictors of poor outcomes and mortality in major trauma patients

IRAS: 354257

Chief Investigator Dr Bahir Almazedi

Study type/area: Consultant Interventional Radiologist

Traumatic injury is a global burden and contributes significantly to death and disability across the UK. For every trauma death, at least 2 people are left with severe and permanent disability and the effects of traumatic injury have considerable long-term implications on the quality of life of its survivors. As a result of traumatic injury, there is also a significant impact upon the associated costs to the NHS. Major trauma is the term used to describe serious and often multiple injuries that could cause permanent disability or death. Trauma has a bimodal age distribution with the first peak in the under-20s and then the second peak in the over-65 age group. It is the biggest killer of people aged below 45 years in the UK and in those people that survive a traumatic injury; a large number will have permanent disabilities. The estimated costs of major trauma are between £0.3 and £0.4 billion a year in immediate treatment. The cost of any subsequent hospital treatments, rehabilitation, home care support or informal carer costs are unknown. The National Audit Office estimated that the annual lost economic output as a result of major trauma is between £3.3 billion and £3.7 billion. The National Audit Office (2010) report estimated that there are 20,000 cases of major trauma per year in England; 5,400 people die of their injuries with many others sustaining permanent disability. Every trauma death costs the nation in excess of £0.75 million and every major injury £50,000. (1). Improving outcomes and preventing death of major trauma patients will have huge health and economic benefits at a local and national level, and trauma care research will help towards achieving this. Understanding which patients are at risk of poor outcomes following traumatic injury can help in developing system and clinical management guidelines to drive improvements in clinical safety

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Prostate Artery Embolisation

IRAS: 348368

Chief Investigator: Dr Bahir Almazedi and Dr George Hunt

Study type/area: Consultant Interventional Radiologist

Prostate artery embolisation (PAE) is an emerging technique to manage patients with benign prostatic hypertrophy (BPH) causing lower urinary tract symptoms (LUTS) following failed medical therapy. This procedure, accepted by NICE1 and international bodies2,3, is undertaken by interventional radiologists using minimally invasive techniques to obscure the arterial vascular supply of enlarged prostates, reducing their size and resultant symptoms. Following embolisation,

temporary symptoms of pelvic pain, dysuria, and haematuria may be observed. Rarely, the painful complication of post-embolisation syndrome may manifest. However, following a technically straightforward procedure, most patients are procedurally fit to be discharged on the same day.4 The study institution currently uses a day-case approach to the procedure as routine practice. Whilst PAE is accepted as a management approach, particularly for larger benign prostates, surgical treatment with transurethral resection of prostate (TURP) is still considered the 'gold standard' intervention.2 In part, this is due to limited evidence regarding the medium and long term efficacy of PAE. Through evaluating the PAE provision in the study institution, this study seeks to assess the procedure and outcomes of PAE to contribute evidence for the evaluation of the procedure. The change in the validated International Prostate Symptoms Score (IPSS)5,6 and quality of life (QoL) score post-procedure will be used as the primary outcome measure to assess patient-reported outcomes of symptomatic severity and quality of life. Secondary outcomes will include pre-procedural assessment, procedural details, and post-procedural details. Within this, intervention complications will be evaluated and defined according to guidance7. This study will use a mixed retrospective case note and prospective data-recording approach to include all patients who have undergone PAE from the service commencement in November 2021 to November 2026.