York and Scarborough Teaching Hospitals NHS Foundation Trust

Trust Sponsored Studies 2026

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.

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.

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.

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.

LapRob

IRAS: 360520

Chief Investigator: Mr Mo Williams

Study type/area: Surgery

Laparoscopic colorectal surgery, introduced in the 1990s, has demonstrated clear advantages over open surgery in terms of reduced postoperative pain, earlier return of bowel function, shorter hospital stay, and fewer wound-related complications. However, it presents technical challenges, especially in rectal resections, due to limited instrument range and two-dimensional imaging [1]. Robotic surgery was developed to address some of these limitations, offering improved ergonomics, enhanced visualisation, and greater dexterity through wristed instruments. These features have led to hypotheses that robotic surgery might further reduce tissue trauma, thereby potentially decreasing postoperative pain and complication rates [2].
Our center has performed both laparoscopic and robotic colorectal resections over several years, with evolving protocols and techniques. A retrospective review of our data will allow us to explore differences in early postoperative pain and secondary outcomes such as complications and length of stay, contributing meaningful insights to this ongoing clinical discussion.