

Innovative Health Technologies Programme

Update and report on the IHT Travel Fellowship Programme: *IHT Fellowships in Comparative and Evaluative Analysis*

Objectives of the Fellowship

- To provide international data and analysis that extends the Programme's work on developing a social science approach to evaluation
- To provide opportunities for improved international collaboration and networking within the IHT Programme
- To undertake visits to research sites to compare and evaluated the IHT within a project's area of interest

Eleven Fellowships were awarded during 2003/4 that enabled 11 projects to undertake comparative work overseas, and also supported two visits to the UK from collaborating groups. This brief update provides a summary of some of the outcomes of these visits and comments on the Fellowship' model. All visits involved as a matter of course dissemination about the IHT programme. For example, Burrows and Nettleton visited New Zealand to disseminate the findings of their work and some of the wider concerns of the IHT programme more generally via lectures, seminars, meetings and networking events.

Data Gathering

Various visits had the express aim to gather comparative data that could be fed into their UK-based work. This was mostly through interviews with other researchers, policy-makers, or a purposive sample of research subjects identified in advance either through email or a preliminary visit. To illustrate the value of this data collection aspect to IHT projects, the following chart by Marsha Rosengarten (from Paul Flowers' project) encapsulates the contrasting contexts for research in regard to Australian and UK cities and HIV/AIDS:

<i>The Australian (Capital City) Research Context</i>	<i>The UK (London & major cities) Research Context</i>
Predominantly gay HIV affected communities	African as well as gay affected communities
HIV medical services delivered by private sector GPs (costs covered by Medicare)	HIV medical services delivered through NHS Out Patient Clinics.
Highly organised voluntary sector.	Competitive disparate voluntary sector
Peak national and state based PLWHA organisations	No officially representative PLWHA organisations

A similar comparative exercise was conducted through an exchange Fellowship between Seymour (IHT project at Sheffield) and Rien Janssens, The University of Nijmegen, Holland. The aim of the exchange was to compare and contrast issues relating to the social, ethical and clinical implications of new technologies for managing suffering at the end of life in the UK, Holland and Belgium. In these three countries the regulatory contexts are significantly different, and these contexts were examined with particular reference to the organisation and delivery of palliative care.

Scoping the area

Many visits also enabled teams to return to the UK with a clear and comprehensive picture of the current situation in the host country with respect to their specific area of interest. Most importantly, this has resulted in a collection of information about data archives, centres, research groups and current policy initiatives in the field, as well as future developments that can be expected.

Collaborative work/joint bids

A number of visits have led visitor/host teams to develop new research bids to either international or their respective national (e.g. UK-Australia) funding agencies. For example, a collaborative proposal for a full-length comparative project based on the data provided by the fellowship is being developed between the Leeds and Newcastle (NSW, Australia) CAM research groups.

Similarly, the Griffiths/Green visits to Finland and Greece has led to the development of a joint application for a Marie Curie Research Training Network.

Finally, some visits have led to return visits to the UK from the overseas host institution with longer term plans being made for future visits: for example, a number of highly regarded researchers at the University of Canterbury, NZ, are keen to explore the possibilities of academic/home exchanges for short, medium or long term periods with colleagues at York.

Areas for future research

Most if not all visits identified areas that needed to be addressed. The following illustrate some noted in the Fellowship reports.

Members of Henwood's project on e-health visited Canada, and their hosts (researchers and health practitioners at the universities of Toronto and Vancouver) shared their expertise in regard to implementation problems associated with new technology requiring appropriate managerial action. The visit highlighted the importance of the 'meso' or organizational level in preventing and solving problems, particularly those related to infrastructural technologies. The team concluded that 'rapid response evaluation can play an important role in problem identification and resolution, and lead to economic savings' (Balka and Kahn moui, 2003, 38). The methods used in this project offer an interesting approach to evaluation and could usefully be developed in joint ESRC/DH/EPSRC projects in the UK that Henwood and the Programme have been engaged in. The IHT team concluded that:

'the networking opportunities offered by the travel fellowship were found to be enormous and offered much inspiration for future research in the UK (and the Netherlands where team member Wyatt is based). In particular, we recommend that the multidisciplinary, multi-method, action research-oriented approaches to evaluation undertaken by many of the projects we have reported on here be used as a model for projects funded by any future joint Department of Health/ESRC/EPSRC research initiative'.

Winslow's visit to the USA in regard to her team's project on Cancer pain produced some interesting material in regard to children's pain. Contact with Betty Ferrell, Lonnie Zeltzer and the Interdisciplinary Pain Study Project, established the necessity for research into paediatric pain in the USA. Much of this work is seeking to understand the cancer pain experience in children, and explores how carers' attitudes (primarily parents) can influence the extent of pain relief achieved. A focus on collecting oral histories and resources in relation to paediatric cancer pain relief in the UK would lay down important foundations for future evaluation.

Rosengarten's Australia visit has identified a number of research areas for future work. On the basis of discussions and review of evaluative approaches to HIV innovative health technologies

in the UK and Australia three areas of further research are proposed. These areas have support within Australia from the NCHSR and here, in the UK, from the BIOS Centre for the study of bioscience, biomedicine, biotechnology and society, LSE and from the National AIDS Trust.

Topic A: 'Social effects of a vaccine for HIV'

Topic B: 'The role of user involvement in the development of HIV IHTS'

Topic C: 'HIV Genomics Research'

Joint international Publications

Some visits have generated new publications co-authored by visitors/hosts.

a) Special Issue of *Information, Communication and Society* on 'e-Health'.

This is being co-edited by Flis Henwood and Canadian Ellen Balka and results from the former's visit to Canada (see above). The intention was to use a special issue to bring together research findings and discussion the use of ICTs in healthcare, with a particular focus on the public's use of the Internet for accessing and sharing health information. The 'call for papers' highlighted issues of Internet and information access and use, with questions of information quality and patient/consumer empowerment to the fore. These themes are highly visible both within the informatics cluster of the IHT programme and within Ellen Balka's INE Project: 'ACT for Health', thus making the editorial team ideally placed to produce the Special Issue. The travel fellowship enabled the co-editors to meet face-to-face to discuss the articles submitted by the November deadline, to make some initial prioritisation of papers and to identify suitable referees. The opportunity of a face-to-face meeting was also used to begin to produce a book proposal for an edited collection that would enable a larger number of papers submitted to the Special Issue to be published, alongside some additional chapters to cover gaps identified by the editors. Both the Special Issue and the edited book can be seen as early output from the IHT/informatics cluster and Balka 'ACT for Health' collaboration. The Special Issue was published in February 2006.

b) The Chatwin/Tovey visit to Australia has led to a comparative section to be included in a proposed book (*Complementary medicine in cancer care: an international analysis of grassroots integration*) focusing on the findings of the ESRC / IHT project *The mediation of CAM in cancer user groups and charities: UK and Pakistan*. In addition several papers are in preparation co-authored by Tovey and his host Dr John Adams at the University of NSW (Newcastle, Australia).

Lessons

The IHT Fellowships appear to have been very good value for money: no Fellowship sought more than £3k yet the results have been very good in regard to the contribution that has been made at project level. The Science in Society Programme approached the IHT Office about the model we used, and has since adopted it for its own projects.

Reports from the Fellowships are available to all projects via the resources page on the web site, so encouraging further dissemination about overseas contacts, sources of information and so on.

It would be wise for ESRC to consider adopting this model within all its Programme's in the future, for it is a relatively low cost way of ensuring good international links are built and international dissemination takes place, something that is often regarded as underdeveloped and noted in final Programme Evaluations.