



Research and Innovation Autumn Newsletter

October 2024

Look out for our new Red Uniforms!

Historically SFH Research team wore white uniforms. This was in line with the trusts specialist nurses uniforms.

After numerous attempts to change our uniform to all in red, we were finally successful in May 2024. The Red uniforms are worn nationally that signifies Clinical Research.



We wear red to raise the profile of clinical research and increase the opportunities our patients have to take part in clinical trials. The red uniform has had a positive impact at SFH and the team are recognised for the role they perform.

Welcome Jyothi Rajeswary Research and Innovation's new Director.



Hello, I am Jyothi Rajeswary. I am a consultant Obstetrician and Gynaecologist and joined the trust in this capacity in September 2011. My journey in the NHS started in 2002. My area of specialisation is Maternal medicine and I run the antenatal diabetic and endocrine services in my department.

My interest and involvement in research started during my days as a junior doctor at Sheffield, where I learned the importance of evidence-based medicine. Through clinical research, we gain insights and answers that help us find the best treatment for our patients.

I have been involved in research at Sherwood Forest Hospitals NHS Trust for many years and have worked with the research team, contributing to various NIHR trials over the years. I find research very rewarding especially when we see the impact it has on patient care and outcomes.

I am very excited to take on this new role and continue to work with a very committed and energetic team and help deliver the Trust vision – 'Research Is For Everyone'.

The new R&I strategy 2022-2027, 'Research is for Everyone' sets out a clear vision to make research part of our daily business, realising the research potential in all areas of our hospitals for the benefit of patients, staff, and our community.

I look forward to being a part of the team and working towards delivering the Trust's vision for Research and Innovation.

"We are very excited to have you on board and look forward to see what the future holds for R&I.

A big warm welcome to our newly recruited CRP Shraddha.

Hello everyone, my name is Shraddha More and I am excited to introduce myself as the new Clinical Research Practitioner at Sherwood Forest Hospital. I am thrilled to be part of this vibrant community and look forward to contributing to our shared goal of improving healthcare through research.



A bit about my background: I hold a degree in Pharmaceutical Science, which has provided me with a solid foundation in drug development and the scientific principles underlying medical treatments. My passion for clinical research led me to pursue various opportunities that have allowed me to work on a wide range of projects, from early-phase trials to large-scale studies. These experiences have equipped me with a diverse skill set, including patient recruitment, data management, regulatory compliance, and the ethical conduct of clinical trials.

At Sherwood Forest Hospital, my focus will be on several key areas. I am eager to learn new skills and expand my knowledge in clinical research methodologies and best practices. I believe that continuous learning is crucial in our field, and I am committed to staying updated with the latest advancements.

I am particularly passionate about improving patient outcomes and advancing medical knowledge, as these are the core motivations driving my work.

Outside of my professional life, I enjoy reading, cooking, painting and crafting which help me maintain a well-rounded and balanced lifestyle. These activities not only provide me with relaxation but also inspire creativity and new perspectives. I am truly grateful for the warm welcome I have received from everyone at Sherwood Forest Hospital. I look forward to collaborating with all of you, sharing insights, and contributing to our collective success. Together, I believe we can achieve remarkable advancements in clinical research and make a significant impact on patient care. Thank you for welcoming me into this incredible community.

Grace Trial



GRAduated **C**ompression stocking as an adjunct to **E**xtended duration pharmacological thromboprophylaxis for venous thromboembolism prevention (GRACE Trial)

Grace opened here at SFH in June 24 and the principle investigator is Jyothi Rajeswary.

The purpose of the trial is to evaluate the VTE rates with or without the use of Graduated Compression Stockings (GCS) in addition to giving blood thinning medication post discharge from hospital for surgical patients at highest risk of venous thromboembolism (VTE). The study is a randomised control trial and patients are randomised on a 1:1 ratio. Patients are either randomised to Compression stocking plus blood thinners or blood thinners alone.

Our target population is patients undergoing surgical intervention that are deemed to require extended duration thromboprophylaxis with a non-inferiority comparison. The trust over all target is to recruit** participants. We have currently recruited**

Research and Cardiology

Cardiology is one of the newer sciences of the medical profession. This means we are still learning so much and ideas are changing so quickly that a lot of what I learned as a student is now just not correct anymore.

I believe one of the most dramatic ways research projects have affected our practice is in the realm of Cardiac Pacing. In the early days we paced almost everyone with a single chamber VVI pacemaker. With just one lead in the Right ventricle. With the progression of technology, the companies were keen for us to use the more expensive Dual Chamber devices which they claimed would give better outcomes by keeping the Atrial and Ventricular synchrony.

This felt reasonable and a study was done called the **DAVID Trial**. This was to show that the patients did far better with the extra lead. The trial ultimately showed no difference between the two. This was a huge shock to the cardiology community and to the pacing company who had sponsored it.

On reflection of the study, it was discovered it was not the Atrial ventricular synchronisation that mattered but the amount of Ventricular pacing. This led to changes in algorithms so that the devices could help to encourage the patients own intrinsic rhythm to come through.

We are now in the middle of a new trial, Protect, which is looking at the conduction system pacing vs the CRT Vs normal pacing. Again, we are expecting that the Conduction system pacing where we place the lead directly onto part of the normal conduction pathway giving the patient and more natural contraction to the heart will be better. We wait with bated breath as we know from the **DAVID Trial** things don't always come out the way we expect when the research is done.

