Welcome to the Division of Health Research

Hi, I am Professor Nancy Preston, the Associate Dean for Postgraduate Research at Lancaster’s Division of Health Research. I am really pleased you have applied for a place to study at Lancaster University. You will be joining us at both a challenging and exciting time. Challenging because we have been working through the pandemic but exciting because so many of our students and staff have already been involved in research directly linked to Covid-19.

Students in the Division of Health Research have produced papers reflecting on the management of patients with Covid-19 at the end of life. Academic staff are involved in various research studies including work looking at the experience of care home residents during the pandemic by tracking large data sets but also interviewing staff and residents about how care was managed. In another study we have developed online training to help care home staff talk to residents and their families about difficult decisions that might be made in relation to Covid and potential treatments. Researchers are also interviewing people over 70 about their experiences of living through the pandemic, in particular about their experience of social isolation. Finally we have been looking at the response of hospital and hospices in how they managed the care of the most seriously ill at the end of life.

Responding to Covid-19

When you join the Division of Health Research at Lancaster, you will become part the Faculty of Health and Medicine, where staff and students have been engaged since the beginning with responding to the coronavirus pandemic. Read stories from across the faculty on our website.

We’re working in partnership with Lancaster Medical Practice and Queen Square Medical Practice to deliver the coronavirus vaccine to our community.

Our Health Innovation Campus is the location for vaccinations for people living in and around Lancaster. This is made possible because of the strong relations we have with primary care providers across our local region.

Biomedical and Life Sciences

Whether it has been research into a vaccine, the development of mobile testing, or working alongside the local NHS trust to deliver real-time diagnostics, the Division of Biomedical and Life Sciences has been at the forefront of the coronavirus response.

Lancaster Medical School

Lancaster Medical School’s place is at the heart of the community, with strong ties to our local hospitals and NHS trusts. During the pandemic our staff and medical students have been working on the frontline of healthcare services across the country, providing invaluable patient support in this time of crisis.

Meet PhD Palliative Care student Liz.

Pursuing a PhD had always been something Liz wanted to do but it had seemed a slightly unobtainable goal, but after completing her Masters in Advanced Practice, she applied to a job where having one was seen as desirable. The way it’s structured made Lancaster’s very accessible, so she took the plunge and enrolled 12 months ago, combining the blended learning PhD with full-time work as Head of a Hospital Palliative Care team. Liz says:

“One of the best decisions I have made was to undertake the PhD at Lancaster. It’s not always been easy, and the content has been challenging but it has been immensely rewarding especially when successfully passing a module. It’s been a journey with ups and occasionally some downs. When it has been difficult what has made it ok has been the support from the university - the lecturers and my academic supervisor have been brilliant, and I can’t speak more highly of the librarians. The university run some great digital skills courses which I have taken advantage of. Studying remotely has exceeded my expectations.”

From the end of February onwards things at the hospital began changing and the hospital had to be rapidly repurposed for Covid-19. It quickly became apparent that although elderly patients were being admitted, they weren’t being referred to the Palliative Care team because they were getting too poorly, too quickly, so Liz found her role was more supporting redeployed nurses and being proactive about being visible on the wards so that she and her team could identify patients and palliative care needs.

National guidance on how to manage and treat Covid was changing very quickly and so a great deal of Liz’s work included symptom management of patients who were too sick to be ventilated. Similarly, guidance on personal protective equipment was changing: on non-Covid wards, there was no requirement to wear it and as a result a number of staff, including Liz herself, contracted the virus.

Read more of Liz’s story on our website.
Dr Yakubu Salifu is a nurse, lecturer in Palliative Care at our International Observatory on End of Life Care (IOELC), the module lead for our blended learning PhD in Palliative Care and the admissions tutor for our PhD in Health Research. He currently supervises six PhD students on a range of topics including patients, caregivers and health care professionals managing end-of-life conditions.

Alongside his role at Lancaster, Yakubu is an Associate Fellow at Higher Education Academy UK, a member of the Royal College of Nursing (RCN) and a member of the European Association of Palliative Care Reference Groups for Primary care and Public Health. In addition to this, he is an active peer reviewer for International Journal of Palliative Nursing, Journal of Palliative Medicine, Qualitative Health Research, and Palliative Medicine.

Internationally, Yakubu has been appointed a faculty member at the Palliative Care Centre for Excellence in Research and Education (PalC) in Singapore. Furthermore, he is the Founder and Director, Prostate Cancer Support Heritage, (ProCASH), a non-Governmental organisation in Ghana aimed at supporting men with prostate cancer and their caregivers.

Yakubu’s expertise and interests are broad with experience in qualitative research (individual, dyad, and focus group interviews) and thematic analysis. His research interest falls under three broad areas:

+ Palliative care/managing care at the end of life so that patients and their families will feel supported and live a more dignified life.

+ Providing care in a resource-context. This includes the provision of home-based palliative care and how services are delivered to meet the needs and aspirations of patients and their caregivers, particularly practical and technical support for care.

+ Building compassionate health and social policy for palliative and end of life care. This involves how policy and professional interventions address some culturally sensitive problems of patients and families in dealing with long-term chronic conditions as well as issues around stigma and masculinity.