



# Research & Development **Hull CCG Status Report** April - October 2017

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## **1. Introduction**

The purpose of this Research and Development (R&D) Status Report is to present information to the CCG Board of research and development activities undertaken during the period April- October 2017. The status report provides the evidence that Hull CCG is continuing to ‘...promote research and the use of research evidence’ (Health and Social Care Act, 2012).

## **2. Background**

The UK government has stated its firm commitment to promote research throughout the NHS which it sees as essential to continually improve effectiveness of health services and patient outcomes. Indeed, there is an expectation that the UK will be the first research-led health service in the world.

A number of current policy documents have placed a strong emphasis on research activity in the NHS:

- (The NHS Constitution, 2009)  
One of these principles includes a commitment to ‘the promotion and conduct of research to improve the current and future health and care of the population’.
- (The NHS White Paper, Equity and Excellence: Liberating the NHS, 2010)  
‘The government is committed to the promotion and conduct of research as a core NHS role. Research is vital in providing the new knowledge needed to improve health outcomes and reduce inequalities’.
- The government response to the NHS Future Forum report made the following commitments with respect to CCGs and research:  
‘CCG’s legal duties should reflect their key role in making sure that, at a local level, the need for good research, innovation and a strong evidence for clinical decisions is paramount’.

## **3. Research-based Activity – Progress reports**

### **3.1 NIHR (National Institute for Health Research) Portfolio Study Activity (Non-funded by Hull CCG)**

The data from the NIHR portfolio study report shown in Appendix 1 presents the GP practice study activity for the period April 2017 to August 2017 (Data cut September 2017).

### **3.2 Hull CCG-funded Non-portfolio Studies**

As part of the monitoring/reporting process, the North Yorkshire and Humber Research & Development Service has continued to request reports pertaining to studies that were allocated monies from the previous year’s 2012- 13, 2015- 16 and 2016-17. Status reports are shown as follows:

### 3.2.1 Budget Year 2012-13 – Study progress report

Professor Simon Rogers and Dr Ian Harvey: Medical Elderly Patient Concerns Inventory (ME-PCI)	
Purpose	Development and trial of the Medical Elderly Patient Concerns Inventory (ME-PCI) to assess its potential as a tool for health needs assessment to aid the quality of the clinical consultation by easing communication between the patient and clinician.
Funding	£102,661.00 from NHS Hull CCG in 2012
Activities to date	End of study report generated and the recommendations will help to inform the commissioners of what impact this work can make locally.
Planned activities	End of study report received from Dr Ian Harvey in September 2017
Status	See (attached) Appendix 2 for the Final end of study report
Impact	<p><i>The study team have provided the summary below on the potential recommendations of how the PCI tool can be applied in practice:</i></p> <p>This project gives some guidance as to how the PCI could be used in practice. First, the PCI appears more useful in clear symptom based clinics, particularly those dealing with an acute or sudden change in circumstances with wide ranging impacts, where a range of needs may be present, and where understanding and communicating those needs may be more difficult. The Collapse Clinics were a good example of this.</p> <p>Second, since there may have been some reticence on the part of patients to identify wider social need to consultants, it may be that the PCI approach could be shared between consultants, nursing staff or AHPs. This may further ease communication in a cost effective manner, and allow the PCI to be readily integrated into nursing care.</p> <p>Third, while clinical issues dominated most patient concerns, many of the elderly had difficulties with commonly identifiable issues, such as personal care and mobility, income and benefits, and family and carer responsibilities. These issues were largely pragmatic, and could be managed by appropriate referrals to specific public services or voluntary or commercial agencies. For example, handrails, walkers, stair-lifts, managed carer provision and respite support etc. Many patients had psychological and social needs, mainly relating to low mood and anxiety, and it can be argued that provision of mental health services, although less directly functional in nature, are similarly pragmatic approaches that could be integrated into routine services, probably at a fairly low level of intensity.</p> <p>Fourth, some clinics, particularly those identified above, could benefit from parallel provision of a mixture of specific clinical and social services to address areas such as benefits, building modifications etc., and voluntary or commercial organisations to address more subtle needs, such as respite, mental health support etc. For example, Social Services, Occupational Therapy, Age UK and Continence Services would appear to be useful for new patients in Collapse Clinics, since it is likely they would be fully utilised, and therefore cost</p>

	<p>effective. Social and voluntary provision could be built into these clinics – for example, mental health care using voluntary or commercial organisations. Gastroenterology Clinics would benefit from Dietician support, and Neuropsychiatry clinics may gain from Physiotherapy and Occupational Therapy provision. Other clinics would have different potential configurations, and by assessing these, it is likely that some common sets of collective provision could be usefully delivered in parallel for many services dealing with these clinical groups."</p> <p>The study team have commented that there is plentiful opportunity for Hull to proceed the medical elderly side as a proper trial, and indeed for Hull to adopt the PCI approach for some groups of patients (particularly those who've had some recent dramatic change and wide ranging in circumstance, such as a fall etc.</p> <p>Work is still in progress in regard to next steps of establishing the local impact to the population of Hull.</p>
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### 3.2.2 Hull CCG-funded, Non-portfolio Studies 2015-16

The progress updates for the studies allocated monies in the financial year 2015-16 are listed in the table below.

<b>Helen Gibson: Factors influencing smoking behaviour in Hull.</b>	
Purpose	An in-depth study of local women to understand motivators, attitudes and access to smoking cessation advice and services.
Funding	£14,968.50
Activities to date	Due to staff changes the study had had an agreed extension in the time lines. The study team are now at the point of study completion with a full final report and intention to disseminate by the end of 2017.
Planned activities	The study results will be considered from the perspective of how they might influence/inform existing interventions to support smoking cessation in this hard to reach group.
Status	As above
Impact	Await Final study report end of 2017

<b>Dr Sathyapalan: Service Users' perspectives on Accessing Type 2 Diabetes Mellitus Services within Hull</b>	
Purpose	The purpose of the study was to determine service users perspectives around accessing and utilising Type 2 Diabetes Mellitus Services within Hull.
Funding	£22,864.00
Activities to date	The end of study report has been attained – See (attached) Appendix 3.
Planned activities	The writing-up stage for the study has been completed and the study team have also carried out a dissemination event at the University of Hull
Status	Study completed, end of study report published September 2017.
Impact	<p>On review of this research it is positive to see that issues we are aware of, such as care home training are concurrent, which adds further support to our plans as part of the transformational funding to develop a wider training for HCA's and support to care homes from Hull CCG. This works covers both Diabetes and Better Care. The feedback from patients is also a key point which we are addressing in the transformation of diabetes care as we fully acknowledge that consistency for patients as well as good and beneficial support/signposting is required to support patients in self-caring and managing their type 2 diabetes. Work on education to patients and health care professionals as well as supportive tools in primary care are features that will be enacted as we progress to a community model for diabetes care which includes specialists and associated care.</p> <p>As part of our plans for transformation and our reviews prior to submission in January 2017, we had noted the closer need for mental health support and are working to progress support from mental health developments, as well as use of 'Making Every Contact Count (MECC) principles of care for those with diabetes.</p> <p>The majority of the recommendations are within the plans for transformational diabetes care and link to diabetes prevention and weight management support factors across Hull and East Yorkshire.</p> <p>With regards to work moving forward we would like the research team to look at focus groups with teenagers (transitioning) and young adults (mainly type 1 diabetes) on how they find accessing services and how they would like to see type 1 diabetes support for their age groups – i.e. skype, apps, technologies, settings of appointments etc. Ideally we would like a group to recommend what would be within their ideal service to support them transition from paediatric to adult services and into young adulthood.</p>

### 3.2.3 Hull CCG-funded, Non-portfolio Studies 2016-17

The progress updates for the studies allocated monies in the financial year 2016-17 are listed in the table below.

<b>Bronwen Williams: An observational Cohort study of standard Care versus Non – Alcoholic Fatty Liver Disease E- ICP care pathway in Primary care: Their impact on patient journey and Outcomes.</b>	
Purpose	The principal research objective is to evaluate the effectiveness of the NAFLD e- ICP with the aims of standardising the management of NAFLD patients in the community
Funding	£15,270
Activities to date	Current recruitment from Hull GP sites stands at 18 with 7 patients still to be consented. The study team are continuing to recruit until the end of October 2017. The study team have three active Hull GP practices each of who have referred patients for consent to the study.
Planned activities	Final analysis of mapping of data and recruiting of the last patients into the study due to take place by November 2017
Status	Final data analysis to take place in November and final study report with recommendations will then be presented to the CCG
Impact	Await final study report with recommendations.

<b>Lesley Glover: Working with Older People to design sustainable healthy lifestyle interventions.</b>	
Purpose	In partnership with older people in Hull the research team will explore what it means to maintain health and well –being in older age and the barriers and facilitators to this.
Funding	£29964.00
Activities to date	We have recruited up to 10 older people to work with the research team on co-creating ways of supporting healthy ageing in Hull. We have had three out of our four meetings. The group has worked very well together and we are currently focusing on helping older people to stay connected as a key to supporting healthy ageing. This is one of the project’s key elements to staying healthy (the others being hydration, healthy diet, adequate sleep and movement). The Group feels that being connected with others supports the other elements and so is a keystone.
Planned activities	The study is still in progress; however the outcomes of the discussions and ideas brought forward by the group have the potential to provide some extremely useful information about how to support older people to stay healthy.
Status	Data collection will be completed by the end of October 2017, write up and dissemination complete by the end of March 2018.

Impact	End of study due End of March 2018.
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### 3.2.4 Allocation of Research Capability Funding

Hull CCG was allocated Research Capability Funding (RCF) for the year 2015-16 of £20,000.00 from The Department of Health (DoH) who have strict criteria on how the money should be spent. Based on these criteria and with consensus from the Hull CCG R&D Steering Group committee, a local bidding process was developed to enable local researchers to apply to use the funding for development of NIHR Research for Patient Benefit (RfPB) grant applications and NIHR fellowship applications.

A status update for the current on-going studies is shown below:

Applicant Name and Research title	Funding Amount	Progress Update from the Study Team
Ann Hutchinson: RfPB Grant for breathlessness study	£9,138.00	The aim of the Research Capability Funding was to provide infrastructure support via Staff costs to enable a researcher to complete a systematic review leading to the identification of which evidence based interventions might be plausibly used by paramedics with patients in a breathlessness crisis. From this review the research team devised the BREATHE mnemonic to guide the paramedics when managing breathlessness at a call out. Thirteen local healthcare professionals have been interviewed to discuss the validity of the BREATHE mnemonic as the basis of an intervention. The interviews are currently being analysed. A strong team of co-applicants for an RfPB grant with PPI involvement and feedback from the NIHR Research Design Service York has been developed and a submission for an RfPB grant is being progressed for November 2017 to undertake a feasibility study.
Jane Wray: RfPB Grant for Involving Carer's in Risk Assessment in Acute Mental Health Settings	£2,781.00	From the monies Hull CCG a larger grant application is being processed and is due to be submitted for funding under the next NIHR RfPB call, which will be submitted under the next call in November 2017. A PPI group has been established for the study in collaboration with RETHINK. Humber Foundation NHS Trust will be the host organisation for the funding bid in collaboration with the School of Health and Social Work, University of Hull with additional expertise and support from Canterbury Christ Church university and City University London. A paper has been submitted to the Journal of Mental Health, <i>'Involving carers in risk assessment: A study of a structured dialogue between staff and carers.'</i>



#### **4. Excess Treatment Costs - Update**

The Department of Health (DoH), NHS England and Public Health England have commissioned researchers at the University of Sheffield to undertake a fact-finding exercise on Excess Treatment Costs (ETCs). The aim is to review the current guidance and planning in order to formulate strategies to improve the excess treatment costs system for research within health and care system in England. Since collation of this status report, the R&D service is awaiting the outputs from this piece of nationally commissioned work.

During the period April 2017-October 2017, Hull CCG received **NO** applications for Excess Treatment Costs for consideration.

#### **5. Promotion of Research and Use of Research Evidence**

##### **5.1 Clinical Research Network: Yorkshire and Humber – New development work**

The North Yorkshire and Humber R&D service has developed closer links with the Yorkshire and Humber Clinical Research Network (CRN); additional resource via the CRN in the form of staff time has also been initiated. A partnership approach is being adopted by the NY and Humber R and D Service with the CRN with the aim of increasing the level of research activity in Hull for primary care and in the community; for example within care homes and the hospice. Appendix 4 provides a summary report of the CRN research team with the key aims. The team have been invited to present at the Hull CCG R&D Steering Group meeting in November 2017.

##### **5.2 Prospective work on the Utilisation of R&D Monies – 2017-18**

Exploration work is currently being undertaken in respect of how the R&D Monies are to be utilised. Initial discussions at a wider stakeholder and senior CCG level are currently underway.

##### **5.3 Hull York Medical School (HYMS) – New Professor in Primary Care Research**

A new Professor of Primary Care Research – Joanne Reeve – has commenced at Hull York Medical School (HYMS). Initial links have been made with the Professor who has an interest in patient centred models and polypharmacy and will be working on a sessional basis in the Hull area at a GP practice. Joanne will be joining the Hull R and D Working group from November 2017.

#### **6. Recommendations**

The CCG Board are asked to note the report.

## 7. Glossary

NHS	National Health Service
CCG	Clinical Commissioning Group
DoH	Department of Health
R&D	Research & Development
NIHR	National Institute for Health Research
CRN	Clinical Research Network
HYMS	Hull York Medical School
ETC	Excess Treatment Cost
RCF	Research Capability Funding

**NIHR Clinical Research Network Study Report  
 Hull CCG  
 April 2017 - August 2017 (Data cut 11th September 2017)**

**1. Hull CCG NIHR Portfolio Study data April- August 2017**

The table and below provides a summary of recruitment data for Hull CCG GP surgeries from the period April – August 2017

<b>NHS Hull CCG</b>	
No Practices in CCG	50
No Practices Recruiting	3
% Practices Recruiting	6%
CCG Studies	5
CCG Recruitment	9
CCG Population (2015/16)	257,589
Recruitment per million population	35

**2. Hull CCG Research-active GP Practices April- August 2017**

The table below illustrates the names of the research-active GP practices within Hull CCG for the period April – August 2017 as well as the level of studies and recruitment per practice.

<b>GP Site</b>	<b>Study ref No</b>	<b>Study Title</b>	<b>Recruitment</b>
Wolesey Medical centre	30395	COMMANDS- O2. An e – Consult NAFLD Integrated Care Pathway	1
Wolesey Medical centre	32961	Radicalisation and General Practice	1
James Alexander Family Practice	32036	Cervical Screening Study	1
James Alexander Family Practice	20015	PRIM 5039	4
HAXBY GROUP	30395	COMMANDS- O2. An e – Consult NAFLD Integrated Care Pathway	1
HAXBY GROUP	2484	A Co-ordinated programme for improving the outcome of very early inflammatory Arthritis	1
<b>Total Recruitment</b>			<b>9</b>

**Clinical Research Network (CRN): Yorkshire and Humber**  
**New Community Research team supporting Hull and East Riding**

Date of Report: October 2017

Authors: Jocelyn Cook, Sarah Wilson & Chardé Naylor

We are a small, experienced team made up of a Senior Research Nurse, Research Nurse and a Clinical Trials Assistant funded by the Clinical Research Network (CRN). We were based in Secondary care at Hull and East Yorkshire Hospitals Trust for 7 years. We covered a wide variety of specialities, areas starting research for the first or needing assistance to expand. We promoted a research nurse network across both sites, bringing closer involvement within the CRN Trust workforce. Access to further funding and support needed for specific trials.

Working across Hull and East Yorkshire we link with the core CRN team based in Leeds. We meet monthly in Leeds to stay up to date with their aims and objectives. This gives us the opportunity to feedback information about our area and help problem-solve any issues we encounter.

Our key aim is to increase research activity in primary care and the community. We can assist in the following:

- Supporting access to research funding and increase recruiting practices with clusters and start-up funding and support.
- Provide researchers and practice nursing staff, bespoke facilitation for Good Clinical Practice certification, consent overview, feasibility and the Principal Investigator (PI) masterclass.
- Help with study set-up and Site File management.
- Support to set up research and governance procedures.
- Provide information on available National Institute of Health Research (NIHR) studies.
- Assist with recruitment, research nurses able to deliver or support staff to deliver.

- Feedback on how research performance is going in practices and against other Clusters in our region and to exchange experiences.
- Help with invoicing for studies and provide links to commercial/pharmaceutical research.
- Increase studies, using us to make them more aware of studies open and support local study activity lead by university.
- Increase public and patient awareness of research activity in Primary Care.

The CRN is currently offering funding for GP practices to start up research and for GP practices that want to form clusters. Funding amounts can be as much as £18,000. We are keen to get more practices on board in Hull and we have the capacity to be able to support them along the way.

Hull currently has two clusters and two standalone practices, all recruiting to clinical trials. Some of these are CRN funded some are not. These practices are; Bransholme Cluster, Haxby Cluster, Wolseley Medical and Kingston Health.

Case study examples showing how we can assist and support:

Case study A:

One of the practices we work with receives CRN funding. They have a GP who leads the research for both practices and a practice nurse who has 7 hours a week protected-time to work as a research nurse. They have recently joined up with another local practice. This makes the practice more attractive to study sponsors. They are able to identify participants that are eligible for studies and are able to access patients with rare conditions. Due to their commitment and our on-going support they are the top-recruiters in the area. They are offering their patients opportunities to become involved in research and are continuously looking for ways to improve patient care. Furthermore the research has given the practice an additional funding stream.

Case study B:

A GP contacted us as they were interested in becoming involved in research. They were not currently doing any research at that time in the practice. We were able to assist them with

their initial application for CRN funding. The practice was awarded start-up funding. They used this money to become research-ready. They were able to pay for staff time to complete GCP training; it also allowed them to purchase essential equipment (laptop, filing cabinet for site files) for the practice to engage in research. It also allowed funding for GP/nurse time to work on trials.

GCP training was organised and delivered to meet the needs of all staff involved. One-to-one training with practice nurses was also included, ensuring they were both confident and competent with the clinical trials process. We completed some trial specific training needed for HEAT and Allheart studies.

The practice nurse that was due to consent several participants for HEAT was unfortunately off sick. Our team was able to step in and recruit these patients on behalf of the nurse and the practice.

#### Our vision going forward in 2017-18:

- We plan to engage further with Hull CCG, GP practices, care homes and hospices in the Hull and East Riding area.
- Reinforce links with Hull University.
- Strengthen links between primary and secondary care to promote a more cohesive working relationship.
- Raise research awareness and engagement amongst patient population.
- Engage with the practice nurse forum.
- Work with North Yorkshire and Humber Research and Development service to collaboratively support these key areas going forward.