



# Research & Development **Annual Report 2017 - 18**

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## Introduction

The purpose of this Research and Development (R&D) Annual Report is to present information to the Committee/CCG Board on the full year R&D activity for 2017-18. The report provides the evidence that Hull Clinical Commissioning Group (CCG) maintains and develops their statutory duty to 'promote research, innovation and the use of research evidence' (Health and Social Care Act, 2012).

The report presents information on the following:

- Locally-funded research
- Excess Treatment Costs
- R&D strategic work in 2017/18
- Planned Future Work

## 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 2015 (DoH, 2015)  
One of these principles includes a commitment to  
*"(T)he 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 states  
*"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."* (DoH, 2010, p.24)
- 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."*  
(DoH, 2011, p.26)

This mandate is recognised within the latest NHS Planning Guidance 2016/17 – 2020/21 which raises the issue of how commissioners can support research, innovation and growth by building on the research infrastructure which can be a pathway to generate new innovative approaches to service development that impact on service delivery and improve patient outcomes.

## 1. Promotion of Research and use of Research Evidence

### 1.1 Studies Funded by Hull CCG

Hull CCG has successfully funded locally-grown research since 2013; the purpose of this was to demonstrate its commitment to promoting research as well as the utilisation of evidence to inform its commissioning priorities. The reports below provide the progress updates on the status of studies allocated monies from the Hull CCG R&D budget since 2015.

#### 1.1.1 Budget Year 2015-16

Trish Green: Factors influencing smoking behaviour in Hull: an in-depth study of local women to understand motivators, attitudes and access to smoking cessation advice and services (FISH)	
Purpose	To understand in greater depth the factors that influence Hull women's smoking behaviours and attitudes and access to smoking cessation services.
Funding	£14,968.50
Activities to date	<p>The overall aim of this study was to understand in greater depth the factors that influence smoking and attitudes and access to smoking cessation services. Our specific objectives were:</p> <ol style="list-style-type: none"> <li>1. To explore the factors that influence smoking behaviour amongst women living in deprived areas of Hull;</li> <li>2. To explore why some local women choose not to take up smoking to see what we can learn from their attitudes and motivations;</li> <li>3. To explore attitudes to smoking cessation advice and services amongst women living in deprived areas of Hull;</li> <li>4. To understand what motivates local women to access smoking cessation advice and services;</li> <li>5. To understand the barriers faced by local women living in deprived areas in accessing smoking cessation advice and service</li> </ol> <p>We have met these aims. Our final tasks are translating our findings into recommendations and dissemination of study results.</p>
Planned activities	Writing up and dissemination of findings.
Status	Study closed. The end of study report can be found in <b>Appendix 1</b> .
Impact	The findings will be shared with CCG commissioning managers in 2018. The potential impact can then be determined and reported on later in the year.

#### 1.1.2 Budget year 2015-16: Research Capability Funding Allocation

Hull CCG was allocated Research Capability Funding (RCF) for 2015-16 of £20,000.00. RCF is allocated to research-active NHS bodies or NHS health care providers based on the following:

- Either they received sufficient NIHR income during the previous calendar year to reach a threshold to trigger an RCF allocation of at least £20k.
- Or they recruited at least 500 individuals to non-commercial studies, conducted through the NIHR-Clinical Research Network (CRN), during the previous NIHR CRN reporting period of 1 October - 30 September.

(NIHR, N.D.)

In the case of Hull CCG, they had recruited over 500 participants to studies during the previous NIHR CRN reporting period of 1 October - 30 September 2015. However, the Department of Health (DoH) has defined strict criteria of how the monies can be spent.

Based on this national guidance, a local bidding process was developed for primary care professionals to apply for funded, protected time to work up NIHR research grant applications and NIHR fellowship applications. The bidding closed in January 2016 and a decision was made before the end of the 2015-16 financial years. Five applications were received and reviewed by the Hull CCG R&D Steering group. Three of the applications were successful. The study progress reports for the studies are 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 RCF 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. The submission for an RfPB grant was progressed in November 2017 to undertake a feasibility study. The outcome is still awaited.
Catriona Jones: RfPB grant for larger perinatal mental health study	£5,682.00	The study outline has been agreed. We are aiming for stage 1 application in March 2018. We are currently undertaking public involvement work.
Jane Wray: RfPB Grant for	£2,781.00	Larger grant application is being progressed under the NIHR PfpB call which was submitted in November 2017.

Involving Carer's in Risk Assessment in Acute Mental Health Settings		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>
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### 1.1.3 Budget year 2016-17

#### 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.

Purpose	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	Final recruitment, data-analysis and write-up of findings.
Planned activities	Further discussions with CCG staff regarding how the research recommendations can be taken forward.
Status	Closed. The final report, with recommendations, can be found in <b>Appendix 2</b> .
Impact	The findings will be shared with CCG commissioning managers in 2018. The potential impact can then be determined and reported on later in the year.

#### Lesley Glover: Working with Older People to design sustainable healthy lifestyle interventions.

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	Our Research Assistant left the project at the end of October and so although we will have a report for the CCG by the end of March, our complete write up and dissemination will take longer than originally anticipated. We have received approval from the CCG to extend the final project deadline until end September 2018.
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. We will report fully

	on the model in our final report.
Status	On-going
Impact	Not yet known as study on-going.

## 1.2 Excess Treatment Costs

### 1.2.1 Funding for 2017/18

Excess Treatment Costs (ETCs) are the difference between the total treatment costs incurred as part of a research study and the cost of standard treatment. ETCs that occur in research in England funded by Government and Research Charity partner organisations should be met as part of the normal commissioning process (NHS England, 2015).

Hull CCG has demonstrated that it has committed to following this national policy guidance by approving the following ETCs in 2017/18:

Study Title	Study details	ETC Amount Approved	Date Approved
HERO	An RCT evaluation looking at the clinical and cost effectiveness of a home-based exercise intervention as extended rehabilitation for older people with frailty following illness or injury.	£13,068.40 <ul style="list-style-type: none"> <li>• 2018/19: £4,900.65</li> <li>• 2019/20: £7,514.33</li> <li>• 2020/21: £653.42</li> </ul>	1 February 2018
CRYOSTAT 2	An RCT looking at the effects of transfusing early high dose cryoprecipitate (a concentrated source of fibrinogen), to adult trauma patients with severe bleeding within 90 minutes of admission to the Major Trauma Centre at Hull Royal Infirmary.	£8,000.00 <ul style="list-style-type: none"> <li>• 2018/19: £4,000.00</li> <li>• 2019/20: £4,000.00</li> </ul>	27 March 2018

### 1.2.2 National Changes to the Excess Treatment Cost Process

In summer 2017, the Department of Health (DoH), NHS England and Public Health England commissioned researchers at the University of Sheffield to undertake a fact-finding exercise on ETCs. The aim was 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.

This work informed a consultation that was launched in November 2017 (NHS England, 2017); the aim of this consultation was to propose ideas to simplify and standardise the NHS research process. Depending on the outcome of the consultation, the proposals would result in suggested changes to

the NHS Standard Contract; such changes will be conveyed to Hull CCG by the North Yorkshire and Humber R&D Service as and when they are communicated.

### 1.3 Strategic Work

#### 1.3.1 Improving the NIHR Portfolio Research Study Activity

The National Institute for Health Research (NIHR) Portfolio of studies consists of high-quality clinical research studies that are eligible for consideration for support from the Clinical Research Network (CRN) in England. There has been recognition across the Yorkshire and Humber region of a continued reduction in the number of participants recruited into such studies since 2015. This reduction has been compounded by the number of national infrastructure changes in the R&D landscape in this time; this is not just local to Hull but has been recognised at a national level. The North Yorkshire and Humber R&D service has also been made aware of local NIHR data discrepancies across the Humber region; it is for this reason that the data for the year 2017-18 has not been included in this report.

In order to promote NIHR primary care study activity at a local level, the North Yorkshire and Humber R&D Service have instigated formal partnership working arrangements with the Clinical Research Network (CRN). The aim of this partnership is to form a collaborative approach to encourage primary care engagement in research. The inaugural meeting was held in February 2018 and involved the establishment of principles of partnership working, roles/responsibilities and proposed aims and objectives for 2018/19. Further meetings will be held in 2018 and will focus on planning, measurement and achievement of improvements in the primary care research activity within the Hull CCG area.

#### 1.3.2 Maintaining the Focus of the Research and Development Steering Group

In recognition of the national agenda to offer a firm commitment to the promotion of research, innovation and best evidence-based practice, a Hull CCG R&D Steering Group is established and focuses on the following areas:

- Promoting opportunities for high-quality and relevant research to improve health outcomes and reduce inequalities
- Developing a strong evidence base for clinical decision making
- The promotion and conduct of research

Meetings are held bi-monthly and the minutes from the meetings are disseminated to the necessary committees that R&D report to. There is proactive dialogue with partners within Public Health to further the level of engagement and potential collaboration on projects that the CCG are receiving requests on to financially support. The level of engagement has been reflected in the Action Plan for 2017-18 in **Appendix 3**.

## 2. Planned Future Work

### 2.1 R&D Strategy 2014-17



The establishment of an R&D strategy was formally agreed by the Board in 2014. This sets out the key objectives for Hull CCG and is reflective of the Hull 2020 vision. However in order to bring the strategy up to date for 2018 onwards, an extraordinary meeting of the R&D Steering Group will be held in April 2018. This will determine the future focus for the R&D Strategy for Hull CCG.

## Summary

This report presents evidence that Hull CCG is continually striving to be at the forefront in making the promotion of research and the use of research evidence a part of its core work. The report demonstrates how it is supporting local and national studies and using the outcomes from research to inform commissioning decisions. This has been shown, for example by demonstrating the outputs from funding local projects and working with partner organisations, including academia, public health and the progressive work of the Hull R&D Steering Group.

The developments in 2018/19 will aim to build on this commitment, including how R&D links into the Sustainability and Transformation Plan. Further evidence will drive forward research, service evaluation and innovation when addressing the healthcare priorities of the population in Hull. This will ensure commissioning decisions are based on the best available evidence.

## Glossary of Terms

NHS	National Health Service
R&D	Research and Development
Hull CCG	Hull Clinical Commissioning Group
NIHR	National Institute for Health Research

## References

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(Accessed 21 March 2018)

**Appendix 3**

**Hull CCG R&D Strategic Action Plan 2017-18**

RAG rating	
	Completed / On-track within timeframe
	Pending within timeframe
	Not completed / Completed outside of timeframe

	Strategic Objective	Action	Lead	Timeframe	Progress
<b>1</b>	Sustain a Hull CCG Research Champion at Board level who will assist in identifying research topics against the commissioning priorities.	Appoint an accountable officer at Board level with in the CCG responsible for Research and Development. Identify an Operational Lead to champion R&D activity.	CCG Director of Quality and Governance/ Executive Nurse. CCG Clinical Lead	March 2018	Closed

	Strategic Objective	Action	Lead	Timeframe	Progress
2	Strengthen and support the culture of evidence based commissioning underpinned by research and clinical effectiveness.	<p>Publicity via CCG Link on website and in CCG newsletter of research activity and development work</p>	<p>CCG Communications team in dialogue with R&amp;D North Yorkshire &amp; Humber service.</p>	<p>March 2018</p>	On -going
		<p>Next steps to be undertaken from evidence informed commissioning baseline survey via R&amp; D team in partnership with Library and Knowledge services at Hull and East Yorkshire Hospitals Trust</p>	<p>R&amp;D North Yorkshire and Humber service with HEY Library and Knowledge services</p>	<p>December 2017</p>	
		<p>CCG to maintain and grow funding support for research projects which have an impact on needs of local population</p>	<p>Round of calls for funding support to take place every <b>two years</b> aligned to research cycle via R&amp;D North Yorkshire and Humber service.</p>	<p>March 2018</p>	Closed
		<p>CCG to explore opportunities against changing landscape of how to widen the infrastructure support and capacity building in primary care for R&amp;D. <b>(Link to objective 7)</b></p>	<p>Link with R&amp;D Steering Group and research active GP(s)</p>	<p>December 2017</p>	Closed
3	<p>Ensure the inclusion and opportunities for patients to be involved in research through our main providers' contractual requirements.</p>	<p>Review and report current level of research activity in our main providers as a baseline to inform future requirements and through Quality Accounts reports</p>	<p>R&amp;D North Yorkshire &amp; Humber Service</p>	<p>March 2018</p>	Closed

	Strategic Objective	Action	Lead	Timeframe	Progress
4	Develop proactive engagement with partners for knowledge transfer, the translation of research into practice and rapid implementation. For example NICE, Public Health Observatories, CLARHC's, AHSN's, The Cochrane Library, local Higher Education Institutions.	Establish partnership and links and the necessary networks, to ensure evidence based practice is sound and robust. Refer into R&D Steering group <b>(Link to objective 2)</b>	Hull CCG with local partners/stakeholders including academia, public health.	March 2018	On-going
		Dissemination and translation of research findings to inform commissioning priorities /decisions – reporting streams identified.	R&D service reporting links into Quality and Performance ,Planning and Commissioning, and communications and engagement team	Six monthly /annual reporting./updates on CCG Website	On-going
		Exploration of a possible showcase R&D event in Humber region with relevant partners/stakeholders	Linked in with R&D Steering group/ North Yorkshire and Humber R&D service and other partners/stakeholders	March 2018	Closed
5	Meet the responsibilities to promote and support research including excess treatment costs associated with non-commercial research.	<p>Maintain clear and transparent process/ local CCG pathway adopted for the handling of excess treatment costs. (ETCs).</p> <p>National survey commissioned by NHS E, DOH and Public Health England on current ETC process across all CCGs.</p>	<p>R&amp;D Steering group</p> <p>North Yorkshire and Humber R&amp;D Service to access the recommendations from the work and what impact this has for the CCG.</p>	<p>March 2018</p> <p>December 2017</p>	On-going

	Strategic Objective	Action	Lead	Timeframe	Progress
6	Support the engagement of patients and public in research both as participants and researchers.	<p>Support the work of the NIHR through its patient and Public involvement strategy and research champion programme</p> <p>Increase public involvement and engagement in research studies via provider activity (Refer to Objective 3)</p> <p>Develop an interlink with CCG Communications and Engagement strategic work</p>	R&D Steering group and R&D service to act as an enabler To encouraging PPI input working across the Local Clinical Research network – Yorkshire and Humber	December 2017	On-going
7	Continue to support and promote the local research infrastructure, research capacity and recruitment into NIHR portfolio studies with GP Practices with engagement with the local Clinical Research Network (LCRN) and in partnership with North Yorkshire and Humber R&D Service	Partnership arrangements with CRN to be proactively strengthened. Communication channels to be enhanced	Collective response from R&D steering group on strategic approach to objective (7) (Link to objective 2)	December 2017	On-going