

Research & Development Annual Report 2018-19

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Introduction

The purpose of this Research and Development Status Report is to present information to the Committee on the full-year R&D activity for Hull CCG for the period 1st April 2018 to 31st March 2019. The report provides the evidence that Hull Clinical Commissioning Group (CCG) maintains and develops its 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 2018
- Planned Future Work

Background

The UK government is committed to promoting research throughout every level of the NHS. It sees research as a core function of health and social care that can lead to improvements in people's quality of care and health outcomes as well as increases in staff skills, organisational cost-efficiencies and the availability of robust evidence (UK policy framework for Health and Social Care Research, 2017).

This commitment has been recently reinforced in the NHS Long Term Plan (2019) which outlines measures to support the growth of research and innovation across the NHS over the next decade; a pledge underpinned by the Health and Social Care Act (2012) which places a legal duty on Clinical Commissioning Groups (CCG's) to:

"...promote research and Innovation and the use of research evidence."

Commissioners are directed on how to support research, innovation and growth in the latest NHS Planning Guidance 2016/17-2020/21 which argues for building on the research infrastructure as 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 NIHR Portfolio Study Activity

The data from the NIHR portfolio study report presents the study activity from the period April 2018 to March 2019. The report is shown in **Appendix 1** and lists the number of practices recruiting and current studies that are open.

There has been a noted increase in the number of participants into NIHR studies in Hull and there is potential for further growth as there are a number of pending NIHR studies that will be opening in the Hull CCG area in 2019/20.

Through the Partnership and Engagement group with the Yorkshire and Humber Clinical Research Network (Y & H CRN), work remains ongoing to ensure the data is regularly cleansed and the R&D service are kept informed of any CRN development updates with the Hull GP Practices. This is highlighted in the strategic work **section 1.4**.

1.2 Studies Funded by Hull CCG

Hull CCG has funded locally-grown research since 2013 as part of its commitment to promote research and the utilise 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.

1.2.1 Budget year 2015-16: Research Capability Funding Allocation

Hull CCG was allocated Research Capability Funding (RCF) for 2015-16 of £20,000.00; this was awarded by the Department of Health (DoH) for recruiting at least 500 individuals to non-commercial studies, conducted through the National Institute for Health Research Clinical Research Network (NIHR CRN), during the previous reporting period.

Based on DoH guidance, a local bidding process was developed for primary care professionals to apply for funded, protected time to work up NIHR research grant and fellowship applications. The study progress reports for these successful applicants 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	Researcher been formally awarded a Research for Patient Benefit Grant (RfPB) grant and has signed the contract and has a start date of 1/4/19. The researcher offered this feedback ' <i>Thank you very much for supporting the development of this application by funding my time with CCG RCF funding, much appreciated. Please pass this information onto everyone on the R and D committee.</i> '
Catriona Jones: RfPB grant for larger perinatal mental health study	£5,682.00	The study outline has been agreed. We submitted a stage 1 application to the Mental Health themed call for Research for Patient Benefit in July 2018.
Jane Wray:	£2,781.00	The application to Research for Patient

RfPB Grant for Involving Carer's in Risk Assessment in Acute Mental Health Settings		Benefit is in the process of being submitted.
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1.2.2 Budget year 2016-17

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
Status	Closed. The recommendations from the end of study report can be found in Appendix 2 .
Impact	Further engagement has taken place with the study team and key recommendations have been produced which will help inform the next steps with the CCG and establish the impact from the findings of the study. The recommendations can be found on Appendix 2

1.3 Excess Treatment Costs

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).

1.3.1 Funding for 2018/19

Hull CCG has demonstrated that it has committed to following this national policy guidance by approving the following ETCs in the full year 2018/19:

Study Title	Study details	ETC Amount Approved	Date Approved
CLASP	The study aims to evaluate an online intervention offering lifestyle and wellbeing support for cancer survivors	£878.40	11 June 2018
ASPECT	A randomised controlled trial comparing the clinical and cost-effectiveness of one session	£6808.00	29 May 2018

	treatment with multi-session cognitive behavioural therapy in children with specific phobias		
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1.3.2 Status Updates

The table below provides progress updates from studies that have been allotted ETC funding from Hull CCG and are currently still open.

Study Title	Study Details	Study End Date	ETC Amount Approved	Progress Update from the Study Team
BASIL III Balloon vs Stenting in Severe Ischaemia of the Leg-3	To determine which of three methods (plain balloon, drug-coated balloon or drug releasing stent) keeps patients with severe limb ischaemia alive and with their leg intact, the longest.	2019	£5025.00	<ul style="list-style-type: none"> Hull is one of the top recruiters in the UK for this trial; 9 participants recruited to date. The trial has given patients the opportunity to participate in ground-breaking research and has the potential for preventing extra surgical procedures (amputations), saving the local NHS time and money; although the definitive savings are yet to be confirmed.
HERO	To determine the clinical and cost effectiveness of a home-based exercise intervention for older people with frailty as extended rehabilitation following acute illness or injury, including internal pilot and embedded process evaluation	2021	£13068.40	<ul style="list-style-type: none"> Recruitment is going particularly well in Hull; 5 participants have been recruited to date, of these, 4 have been randomised to receive the trial intervention. These 4 participants have received further therapy in their own home from physiotherapy teams trained to deliver the intervention. The original pilot suggested that those in receipt of such an intervention will improve/maintain

				their physical functioning compared to those who do not post-discharge.
ALL HEART	To investigate whether adding allopurinol to patients with ischaemic heart diseases' usual medications will reduce their risk of having a stroke, heart attack or dying due to cardiovascular disease.	2019	£877.50	<ul style="list-style-type: none"> No recruits to date in Hull; the Humber R&D Service are liaising with the study team to ensure payments are only scheduled upon receipt of recruits.

1.3.3 National Changes to the Excess Treatment Cost Process

A national [consultation](#) on ETCs was undertaken in 2017 by NHS England, the Department of Health and Social Care (DHSC), the NIHR and the Health Research Authority (HRA). It proposed to streamline the ETC process across England. NHS England's [response](#) to the consultation was released in May 2018. It identifies next steps and changes to the current model. Three changes are to be implemented by the 1st October 2018 and are as follows:

1. Partnering with the 15 Local clinical research networks (LCRNs) to help manage the Excess Treatment Cost process on behalf of their local Clinical Commissioning groups (CCGs).
2. Establishing a more rapid, standardised process for ETCs associated with specialised commissioning, which are the responsibility of NHS England.
3. Setting a minimum threshold under which ETCs will need to be absorbed by providers participating in studies.

In contributing to a regional funding pot for payment, an allocation of 5.2 p per capita (per CCG patient) per CCG per annum to ETCs will be undertaken for a 6-month trial period from 1st October 2018 to 31st March 2019. This equates to an actual allocation of 2.6 p per capita for the 6 month trial period. Data on actual ETCs incurred during this period will inform a review of the allocation rate for 2019/20.

A position statement from NHS England in October 2018 outlined the implementation of the process and the confirmed definitive amount for the CCG allocation of funds. The shared R&D service has been working closely with the local NIHR CRN and national stakeholders, such as the R&D Forum, to establish the operational detail of how the process was to be implemented for Hull CCG.

1.4 Strategic Work

1.4.1 R&D Vision

In 2018- 19 the R & D steering group has been connecting with wider stakeholders to establish a partnership strategy for Research, Innovation, Evaluation and Improvement. The new strategy is underpinned by national drivers, such as the Health and Social Care Act (2012) which places a duty on commissioners to deliver the key statutory duties; to promote and support research, to use research evidence in commissioning and to ensure treatment costs in research are appropriately resourced. The vision has been approved by the CCG Board in March 2019 and will aim to support the Hull Place Plan by:

- Ensuring those who commission and deliver health –related services in Hull have the capacity and capability to make and direct evidence informed decision and conduct innovation, evaluation and improvement work as a foundation for the Hull Place Plan objectives. This will enable a change in culture that supports the highest quality outcomes for the population of Hull.
- Increasing the involvement by patients, carers and the people of Hull in the research cycle- from conception of research through to dissemination of results- in order that their insight and experience can help to improve the quality, relevance and effectiveness of local studies.

The vision will look to embed a culture of integrated working and innovative approaches in all aspects of the CCG work with the aim of ensuring the people of Hull receive improved health and care outcomes.

It will aim to achieve excellence in supporting research, innovation, evaluation and Improvement and to routinely use the best available evidence in decision making that delivers the highest quality health and care outcomes for the people in Hull.

1.4.2 Improving the NIHR Portfolio Research Study Activity

As has been previously reported, there has been a continued regional reduction in the number of participants recruited into NIHR CRN studies and discrepancies had been discovered in GP recruitment data. Consequently, the shared R&D Service has instigated formal partnership working arrangements with the Yorkshire and Humber CRN. The aim of this partnership is to form a collaborative approach to improving the quality and quantity of local primary care engagement in research.

In 2018/19, the following joint strategic objectives were agreed:

1. Make CCG GP Data accurate by March 2019
2. Sign-up two practice nurses to the NIHR CRN Nurse Development Programme by September 2018
3. Promote Research at one promotional event for each CCG and obtain contact details of at least two clinicians whilst in attendance by March 2019
4. Establish links with allied community professionals within all four CCGs before March 2019

These objectives are reviewed on a quarterly basis; this is ongoing work that the shared R & D service is still progressing with the Yorkshire and Humber CRN, a review of the objectives is due to take place in April 2019.

1.4.3 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 have been held quarterly in 2018/19. There is proactive dialogue with partners within Public Health to further the level of engagement and potential collaboration on projects; this embodies an integrative partnership approach for R&D.

2.0 Development work

In addition to the above work, Hull CCG has been focusing on further R & D work in 2018/19. These are listed as follows:

2.1.1 CCG Development work

- A project is to be progressed *to understand the speech, language and communication needs and outcomes for pre -school (early years) children who are referred to the Hull Paediatric Speech and language service.* The Shared R & D service has been working with the Hull CCG strategic Lead for Children, Young People and Maternity and links have been made with academia in the Allied Health professional (AHP) field at the University of Sheffield. The prospective plans are to undertake a piece of evaluative work in 2019/20; this is being supported through the Hull CCG R & D monies from 2018/19.
- A piece of research is to be initiated in 2019/20 entitled: *The Proactive Anticipatory Care Evaluation: A non-randomised, controlled study with an embedded qualitative component to assess the effectiveness of a proactive anticipatory multidisciplinary care intervention for frail older people.* **Short title: PACE.** Hull CCG is linked into this evaluative work, which is being led by Professor of Palliative Care, Fliss Murtagh, a Research Associate and a cohort of PhD students. This will bring many benefits of evaluating the effectiveness of the new Jean Bishop Integrated care Centre. An outline summary is given in **Appendix 3.** The Shared R & D service is linking in with this work and will attain status reports in 2019/20 on the progress of the evaluation
- A project is to be undertaken to *evaluate Connect Well and Social Prescribing in Hull.* Academics from the Faculty of Health Sciences are working with the CCG and wider

partners to carry out the evaluation. Work is in progress to ensure the necessary approvals have been sought including University ethics and the academics have the necessary checks in place to access potential NHS sites. The shared R & D service are working with the academics to facilitate these processes.

- **PEOPLE – Hull** is a project entitled; *primary care and community engagement to optimise time to presentation with lung cancer symptoms in Hull*. PEOPLE- Hull seeks to help to develop interventions which would result in patients at risk of lung cancer seeking help earlier and being referred sooner for potential lung cancer symptoms. The study is funded by Yorkshire Cancer Research and plans to be initiated in 2019/20. **Appendix 4** gives a brief outline to the study.
- **CROP – Campaign to Reduce Opiate Prescribing** - A campaign to reduce Opiate Prescribing (CROP) has been explored with research colleagues in West Yorkshire and a workgroup has been established to take forward the next steps, this has involvement from the Medicines Optimisation team. Further exploratory work is being progressed.

2.2.2 R & D Infrastructure support and capacity building in primary care.

In January 2019, an Options paper was taken to the R & D steering group for the utilisation of the allotted NHS Hull CCG R & D monies in 2018-19. Four options were discussed with the group and the option taken forward was to engage further and strengthen the capacity and work between the CCG and the GP member practices to support the overall research agenda.

A CCG funding call for expressions of interest was sent out at the beginning of February 2019 with a close date of the 18th February 2019. **Appendix 5** demonstrates the flyer that was forwarded out to GP member practices.

The funding was aimed at helping to develop early stage ideas, build capacity and resources to consider undertaking research and development work, support locally driven research, quality improvement initiatives and explore or undertake a piece of evaluation.

The CCG was keen to support and facilitate potential opportunities between groupings and clinical lead(s) / disciplines raising the profile of primary care research and potentially developing the practice / grouping to undertake further research projects and wanted to ensure that primary care professionals took a lead in any research ideas or initiatives that was based in, and was relevant to primary care.

Essentially the funding opportunity was to help generate the evidence to guide practice and improve patient care.

After further dialogue with the CCG, two expressions of interest were received from primary care. One was linked to R & D capacity /infrastructure building and the second one was to facilitate an actual evaluative piece of work.

The funding for the two pieces of work was approved and the work is due to be instigated in 2019/20. These pieces of work will feed into the R & D lines of reporting so progress reports can be attained.

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. Outlined below is a summary of the key highlights from what the evidence is telling us from 2018-19 and how Hull CCG have made demonstrable impact to the R & D agenda.

What is the Evidence telling us?

- From the **1st April 2018 to the end of March 2019** the percentage of Hull GP Practices recruiting into the National Institute for Health Research (NIHR) clinical research trials has increased from **5% to 18%**, which means that the number of GP practices in Hull CCG who are taking part in NIHR research has doubled (data extracted from the NIHR Clinical Research Network Business Intelligence Unit on 26-03-19).
- Up to the **end of March 2019 NIHR** performance recruitment data for the number of participants into NIHR clinical trials in Hull CCG reached **210** which is a noted increase in recruitment from 2017 – 18 which reached **78** (data extracted from the NIHR Clinical Research Network Business Intelligence Unit on 26-03-19).
- During **2018- 19** Hull CCG has shown a commitment to promoting research and the use of research evidence by supporting **five** Excess treatment cost requests which have been part of the normal commissioning arrangements. One example of a clinical trial the CCG has supported is the following:
Balloon versus stenting in severe limb ischaemia. The trial aims to determine which of the three methods (plain balloon, drug coated balloon or drug releasing stent) keeps patients with severe limb ischaemia alive and with their leg intact the longest. Although the study is still ongoing and the findings are to be realised, the progress update is telling us that the trial has given patients the opportunity to participate in ground breaking research and has the potential for preventing extra surgical procedures and potential savings in NHS time and resources.
- Hull CCG has supported a researcher at the Wolfson Institute at Hull, York Medical School, at The University of Hull, to have the time and ‘headspace’ to develop a National Institute for Health Research (NIHR) grant application for a Research for Patient Benefit call (RfPB). In December 2018 the researcher was formally notified that they have been awarded the grant and has offered their thanks to Hull CCG for

the support. The outline for the next stage of the RfPB grant work is given below , more information on the work can be located at the following link:

<https://www.hyms.ac.uk/research/research-centres-and-groups/wolfson>

Title: Breathlessness RELief AT Home (BREATHE)

Funder: [National Institute for Health Research - Research for Patient Benefit stream](#)

Time frame: 2019 - 2021

Contact for more details: Dr Ann Hutchinson and Professor Miriam Johnson

Breathlessness is common in people with heart and lung conditions and can get very severe and frightening. We want to see if we could run a research study that tests if paramedics trained in breathlessness techniques are more effective for people in breathlessness crisis than usual care in easing breathlessness and help more people stay at home. This initial study will therefore test if we can recruit, collect the required information and if the proposed intervention is acceptable to patient and paramedic and possible to use in daily practice.

Breathlessness RELief AT Home (BREATHE) is a collaboration between the Hull York Medical School, the [Yorkshire Ambulance Service](#), the Universities of [York](#) and [Sheffield](#) with support from the [British Lung Foundation](#). The development of the application was supported by funding from [NHS Hull CCG](#) and the Alumni of the University of Hull.

- With the financial support of Hull CCG a piece of work was undertaken by Dr Lesley Glover and colleagues at The University of Hull which explored what it means to maintain health and - being in old age and the barriers and facilitators to this- the DEarEST Project. The recommendations from the study team have been collated and the impact to the older population of Hull is to be driven forward. The Recommendations for the DEarEST project are identified in the R & D Annual Report – **Appendix 2**.
- In 2018- 19 a number of research opportunities have been pursued which will aim to bring benefits and noted impact to the local population of Hull in 2019-20. The projects are outlined further in the R & D Annual report 2018-19, one of the projects that is due to commence is the PACE study, the details are given below:

Title of project: Proactive Anticipatory Care Evaluation (PACE) project

Funder: University of Hull

Time frame: 1 October 2018 - 1 April 2021

Contact for more details: PACE@hyms.ac.uk

The aim of this project is to assess the effectiveness of a proactive anticipatory multidisciplinary care intervention in improving the overall quality of life and health outcomes for severely frail older people.

This is a research study evaluating a new service developed by the NHS Hull Clinical Commissioning Group to improve care for older people who are frail. This service will be delivered in the community (via the new Integrated Care Centre) and care homes and will involve different health professionals assessing and addressing a person's care needs in a single visit.

This project led by Professor Fliss Murtagh is part of a Cluster scholarship programme (comprising of a research associate and 3 PhD students).

- In 2018- 19 Hull CCG have developed a vision with local organisations to support research, innovation, evaluation and improvement which will help to inform how evidence based interventions can measurably enhance health care and improve the perceptions of the experience of the care by patients, families and staff in Hull.
- In **2018- 19** Hull CCG have established funding to help build research capacity in primary care with the aim of bringing benefits to the local population of Hull and the primary care workforce.
- Collaborative links have been developed in **2018- 19** with the Academy of Primary care and wider academic peers within the Hull, York Medical School and work is to be progressed with the academics in the Institute for Clinical and Applied Health Research (ICAHR) at the University of Hull.

The summary of the evidence and full 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 in taking forward the partnership Vision for Research, innovation, evaluation and improvement.

The developments in 2018/19 particularly the inception of the new partnership vision will help to drive forward and build on the R & D commitment in 2019/20 and link into the Hull Place Plan. This further work will drive forward research, innovation, evaluation and improvement 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

CRN	Clinical Research Network
DoH	Department of Health
DHSC	Department of Health and Social Care
Hull CCG	Hull Clinical Commissioning Group
NHS	National Health Service
R&D	Research and Development
NIHR	National Institute for Health Research

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Appendix 1



NHS Hull CCG NIHR Research Activity From 1st April 2018 to the end of October 2018 (6 month period).

NHS Hull CCG	
No Practices in CCG	39
No Practices Recruiting	8
% Practices Recruiting	21%
CCG Studies	8
CCG Recruitment	81

NHS Hull CCG NIHR Research Activity. From 1st April 2018 to the end of March 2019.

NHS Hull CCG	
No Practices in CCG	39
No Practices Recruiting	7
% Practices Recruiting	18%
CCG Studies	9 ↑
CCG Recruitment	210 ↑

Practice Name	Recruits	Study Short Name
HAXBY GROUP HULL	3	Radicalisation and General Practice
HAXBY GROUP HULL	1	A coordinated programme for improving the outcome of very early inflammatory arthritis
JAMES ALEXANDER FAMILY PRACTICE	44	Opioid Analgesic Dependence Study (OAD)
JAMES ALEXANDER FAMILY PRACTICE	32	BOWEL SCOPE SCREENING: INTERVENTIONS TO INCREASE UPTAKE IN YORKSHIRE
JAMES ALEXANDER FAMILY PRACTICE	24	PRIM 5039
JAMES ALEXANDER FAMILY PRACTICE	24	EUROASPIRE V/ ASPIRE-3-PREVENT Survey
JAMES ALEXANDER FAMILY PRACTICE	3	Radicalisation and General Practice
JAMES ALEXANDER FAMILY PRACTICE	2	RSV and vaccination in pregnancy
ORCHARD 2000 GROUP	25	BOWEL SCOPE SCREENING: INTERVENTIONS TO INCREASE UPTAKE IN YORKSHIRE
ORCHARD 2000 GROUP	1	The United Kingdom Aneurysm Growth Study

ST ANDREWS PRACTICE	1	The United Kingdom Aneurysm Growth Study
THE BRIDGE GROUP PRACTICE	40	BOWEL SCOPE SCREENING: INTERVENTIONS TO INCREASE UPTAKE IN YORKSHIRE
WILBERFORCE SURGERY	8	BOWEL SCOPE SCREENING: INTERVENTIONS TO INCREASE UPTAKE IN YORKSHIRE
WOLSELEY MEDICAL CENTRE	1	Radicalisation and General Practice
WOLSELEY MEDICAL CENTRE	1	Access to medicines study

NB: Data is owned by and extracted from the NIHR CRN Business Intelligence Unit.

Acknowledgements and thanks to the Local Clinical research nurse team in supporting this practice level data cut.

Appendix 2

Recommendations for implementing the findings of the DEarEST project

Co-creating Healthy Ageing in Hull

Introduction

The population is ageing. With age comes an increased risk of poor health, social isolation and long term conditions. This is particularly evident in poorer populations including Hull. Evidence identifies five key elements that significantly contribute to health and wellbeing. These are often couched in complex health care language which can alienate people. In everyday language these are good hydration (**D**rink), healthy diet (**E**at), exercise (**movE**ment), rest (**S**leep) and social interaction (**T**alk) (**DEarEST**).

In October 2016 we received £29,964.00 from NHS Hull Clinical Commissioning Group (CCG) to undertake a co-creation study with older people to investigate what it means and how to support maintaining health and wellbeing in older age.

Background

In co-creative research future service users work with professionals on an equal basis to design, develop and produce the service or intervention; in this case to support healthy ageing. Older people are under-represented in research, which means they rarely get to shape the development and design of interventions or services. This is problematic as the lack of inclusion of older adults may result in interventions which do not account for their context or their barriers to participation. Services or interventions are then less effective due to this poor match.

Evidence demonstrates that interventions are more effective when we consider determinants (barriers and facilitators) to the behaviour in question, we tailor interventions according to these, and we use psychological theory throughout the process. Interventions to promote health and wellbeing often address one aspect but fail to take a whole person perspective.

The Study

Aim

To undertake a co-creation study with older people to investigate what it means to maintain health and wellbeing in older age and how to support this.

Objectives

1. Form a project team of lay older people and researchers;
2. Develop a shared understanding of the meaning of healthy ageing from the perspective of older people and explore how these relate to the elements of **DEarEST**;
3. Identify barriers and facilitators to adopting the **DEarEST** healthy lifestyle behaviours;
4. Demonstrate the application of co-creation with the local community to inform future work;
5. Make recommendations for adapting existing services or developing new ones that are feasible, acceptable and sustainable.

The **recommendations** are based on the following premises which emerged from the project:

1. Connection is the keystone which if present supports the other DEarEST behaviours (good hydration, healthy diet, exercise, rest) and protects against the well documented health risks of loneliness. Indirect support of DEarEST behaviours via connection is likely to be more powerful than direct targeting of the individual behaviours.
2. There is no lack of opportunities, activities etc. for people to join in Hull, the lack of engagement in activities relates to a lack of widely available and accessible information and barriers such as a lack of confidence, transport difficulties and poverty.
3. Working with older people with a co-creation model is the way to create innovative and inclusive ideas and solutions to the barriers described above.
4. Hull has access to an extraordinary resource in the Absolutely Cultured volunteers.

Implementing the DEarEST findings requires the following steps:

1. Create a working group including older people from Hull who will shape and lead the project. The group will consist of older people, interested others from the community and local stakeholders. The group will be self-governing and led by members of the community.
2. Follow a team led co-creation model to develop a way of working to meet the needs of local people. It is important to note that in co-creation we can recommend a process but

cannot specify where that will lead. The practicalities and shape of the implementation would be generated by the process and is likely to differ between localities.

3. Identify people who are isolated or at risk, or who have the potential to be, our suggestion is that this could be done through GP practices but there are other creative solutions, involving postmen and women, local shops and via local media.
4. Create a comprehensive list of activities, services, opportunities open to or specifically for older people across the spectrum in Hull.
5. Develop a way of assessing what would suit each individual person (making no assumptions) to increase their connections, this may involve outings but for some people connection to others through the internet or a 1-1 in their home may be most appropriate.
6. Volunteers in Hull in Absolutely Cultured, are already well trained in communication skills and in City of Culture year would often act as a bridge between visitors arriving in the city and available activities. With some extra training, their role would be to spend time talking to individuals identified as at risk in order to find out what their needs, wants, abilities and desires are and to provide suggestions as to what to access.
7. Volunteers would then provide the bridge between the individual and possible activities, the bridge function might involve accompanying them, helping with preparation e.g. how to get there, what, if anything, is needed.
8. Volunteers withdraw and allow the person to continue in their new activity. Ideally, new volunteers would be recruited from those who take part in the project.
9. Given the size of the city it seems appropriate to have locality specific DEarEST groups in order to maximise the role of community and meet the specific needs of community members.

We are aware of the social prescribing model in Hull and want to emphasise that while there are undoubtedly overlaps with that model, there are also significant differences. A key part of the DEarEST model is the central involvement of older people and the idea of drawing on resources that already exist within communities. It has the unique elements of being a co-creation project and of identifying the need for a bridge, in the form of a volunteer, to bridge the gap between what is available and what is accessed. So while this project may be allied to, or have overlaps with social prescribing, it differs significantly in that it is not underpinned by a medical model.

If the CCG is keen to take this forward we would suggest piloting the approach in two sites. From the pilot it would be possible to create a 'guidebook' on how to go about the process which could then be used in other sites.

Recommendations compiled by Dr Lesley Glover, Prof Fiona Cowdell, Dr Judith Dyson, with input from other members of the project team.

November 2018

Appendix 3

Title: The Proactive Anticipatory Care Evaluation: A non-randomised, controlled study with an embedded qualitative component to assess the effectiveness of a proactive anticipatory multidisciplinary care intervention for frail older people. (PACE)

Project aim

To assess the effectiveness of a proactive anticipatory multidisciplinary care intervention in improving the overall quality of life and health outcomes for severely frail older people.

Objectives

1. To characterise this proactive anticipatory multidisciplinary care intervention; what components, actions, referrals, and coordination are delivered or implemented during and following the intervention
2. To assess the impact of this intervention on the outcomes of care; in particular, on health-related quality of life, functional status, and symptoms
3. To identify and explore – with frail older people and their family caregivers - the most commonly neglected problems of i) breathlessness, ii) unplanned weight loss and iii) use of pain medicine and possible side effects

Lay summary

As the number of older people is increasing this is leading to a rise in some of those suffering from a number of illnesses at the same time. Some symptoms and concerns such as breathlessness (which frequently leads to admission to hospital), unintentional weight loss (which increases frailty) and adverse effects from medicines are particularly neglected in this group.

NHS Hull Clinical Commissioning Group (Hull CCG) has developed a new service to improve care for older people who are frail. This includes those living in the community (via the new Integrated Care Centre) and those living in Care homes (via team visits to the care homes) enabling different health professionals to assess and address a person's care needs in a single visit. We want to find out if this new service will lead to improvement in the overall health and wellbeing of those who receive it. To achieve this, we will ask those invited to use the service in both the care home and community to answer some brief questions. We will follow this with further brief questions after 3 weeks and then 12 weeks later. We will also recruit patients who are not receiving this new service but have been identified by their GPs as being similar in age and frailty. They too will be asked to answer brief questions at three time points. We will compare the results of both groups to see if the new service has been successful in improving health and wellbeing for those receiving it.

Those with the symptoms of breathlessness, unintentional weight loss, or on certain pain medicines, will be invited to talk in more detail to one of the researchers about these concerns, and how this affect their care and overall health.

If our result shows that this service improves the health of people in this age group, it will help to provide evidence for continuing the service, and act as a standard for other CCGs to introduce this service too. It will also help us to understand how breathlessness, weight loss, and some medications can be better managed to help people with these issues.

For more details, contact Mabel Okoeki, mabel.okoeki@hyms.ac.uk

Appendix 4

Primary care and community Engagement to Optimise time to Presentation with Lung cancer symptoms in HULL (PEOPLE-HULL)

The PEOPLE-Hull study is funded by Yorkshire Cancer Research.

The **purpose** of this study is to improve the pathway to diagnosis for people with lung cancer in order to facilitate earlier diagnosis. We will seek to raise awareness about lung cancer symptoms, encouraging the public to seek help if they have new potential lung cancer symptoms. We also want to work with GP practices with the aim of increasing referrals to x-ray for people with potential lung cancer symptoms and by making it easier for people with lung symptoms to get appointments.

There are three main areas of activity.

1. **Media public awareness campaign.**

We have developed a public/community campaign about lung cancer stories and symptoms and encouraging people to see a doctor as soon as they notice a symptom or a change in the symptom. These will appear on billboards, buses etc from April 5th 2019.

2. **Community engagement events.**

We will hold community events across Hull at which participants will complete a symptoms questionnaire. If they identify a potential lung cancer symptom (NICE referral symptom):

- a. The participant will be given a card advising them to see their doctor within 7 days;
- b. The community support worker will help the community event participant to schedule the appointment by calling the practice.
- c. We will inform the participant's doctor about their patient's reported symptoms and abnormal test results as well as their need to be seen within 7 days.

3. **General practice activities**

We also want to work with a few GP practices with the aim of increasing referrals to x-ray for people with potential lung cancer symptoms and by making it easier for people with lung symptoms to get appointments. We will be in touch with practices about the practice part of the study over the next few months.

Study team

The research team is led by Dr Liz Mitchell and Professor Una Macleod from Hull York Medical School.

Contact:

PEOPLE@hyms.ac.uk

Tel: 01482 463040

Funding Available for Primary Care Research, Innovation and Improvement

Is your General Practice Grouping interested in a small grant to undertake research, innovation and/or evaluation work in order to improve current practice?

Hull Clinical Commissioning Group has set aside a total fund of 90K for 2018/19 to support Hull General Practice Groupings with this type of work to drive benefits for both staff and patients.



Examples of how your practice could spend the monies include but are not limited to:

- Backfill time for staff; for instance to attain RCGP 'Research Ready' accreditation status as a quality assurance measure for potential/active engagement in research or to explore a quality improvement initiative.
- Costs associated with research/innovation/improvement training and resources.

If you are interested, please complete the Expression of Interest form by 5pm on **Monday 18th February 2019**. For any further questions or to understand the potential long-term benefits, please contact marie.girdham@nhs.net for an informal discussion.