

Research & Development

Annual Report

(April 2019 - March 2020)

Contents	Page(s)
Introduction	3
Background	3
1. Promotion of Research and use of Research Evidence	4-8
1.1 NIHR Portfolio Study Activity	4
1.2 Studies Funded by Hull CCG	4-10
1.2.1 Budget year 2016-17	4-5
1.2.2 Budget year 2018-19	5-7
1.2.3 Budget year 2019-20	7-10
1.2.4 Non- funded CCG Studies	10-13
1.3 Excess Treatment Costs	13
1.3.1 Status Updates	13-16
1.3.2 National Changes to the Excess Treatment Cost Process	16
1.4 Strategic Work	
1.4.1 R & D Strategy/ Vision	17
1.4.2 Health Research, Innovation, Evaluation and improvement Group	17-18
1.4.3 Engagement of the NIHR Portfolio Research Study Activity	18
2. Development work	
2.1.1 CCG Development work	19
2.2.2 Development work in 2020-21	19
Summary	19
Glossary	20
References	21
Appendices	22-28

Introduction

The purpose of this Research and Development Annual Report is to present information to the Committee on the R&D activity for Hull CCG for the full year from 1st April 2019 to 31st March 2020. 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 annual report presents information on the following:

- Locally-funded research
- Excess Treatment Cost- update on studies
- R&D strategic Development work
- Development Work in progress and going forward in 2020-21.

Background

The UK government remains committed to promoting research throughout the NHS. With research identified as a core function within 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 was 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 on matters relevant to the health service and the use in the health service of evidence obtained from research on matters relevant to the health service and the use in the health service of evidence obtained from research."

More recently this aim has also been reinforced with the inclusion of a commitment to research within the Primary Care Network Clinical Director role through a pledge within the job description to *"facilitate member practices to take part in research studies and acting as a link between the PCN and local primary care research networks and research institutions."*

Commissioners are also 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.

The evidence in the Hull R & D Annual Report 2019-2020 demonstrates how in **2019-2020** Hull Clinical Commissioning Group (ERY CCG) have endeavoured to meet its statutory duty to 'promote research, innovation and the use of research evidence' (Health and Social Care Act, 2012).

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 2019 to March 2020. The report is shown in **Appendix 1** and lists the number of practices recruiting and current studies that are open.

In 2019 - 2020 there has been a further increase in the number of participants into NIHR studies. The numbers of participants in **2018-19 was 210**. In **2019-20 this has increased to 277 participants into NIHR studies in Hull**. There has also been a further growth in the percentage of Hull Practices taking part in NIHR studies; this has increased from **18% in 2018-19 to 21% in 2019-20**. The number of NIHR studies has remained static but there has been the initiation of PEOPLE – HULL and the PACE study, a non- portfolio study to evaluate the impact of a new integrated service (a frailty care pathway at the Jean Bishop Integrated Care Centre (ICC) and within care homes) on quality of life and wellbeing of frail older people living in Hull.

A collaborative approach continues to be maintained with the R & D shared service and the Yorkshire and Humber Clinical Research Network; this is detailed more in **section 1.4.2**

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.

The study progress reports for those studies still open shown below. Closed studies will have been included in previous annual and status updates to the CCG.

1.2.1 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 were presented in Hull CCG R & D Annual report 2018-19.

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 were presented in the Hull CCG R & D Annual report 2018-19, dialogue has since taken place in establishing how the impact can be progressed, and this work remains ongoing.
--------	---

1.2.2 Budget Year 2018-19

Applicant Name and Research title	Funding Amount	Progress Update from the Study Team
<p>Speech & Language Therapy Review – Early Years Cohort</p> <p>Bernie Dawson/Mike Foers .Commissioning Manager(s)</p> <p>Linked in with the University of Sheffield with Dr Judy Clegg.</p>	£4,166 + VAT	<p>Due to governance arrangements within HTFT, access to the data has been slow. HTFT Clinical Director has taken this through the appropriate governance channels within the organisation and has agreed to release the data for the review to commence. Example data was submitted initially which has resulted in an interim report. Unfortunately this out of scope of the review.</p> <p>This is being picked up with HTFT Clinical Director to get the data shared as soon as possible.</p> <p>Since the last report a meeting was due to be held with research team at Sheffield on the initial preliminary report ,this had to be postponed due to the pandemic from May 2020 to July 2020.</p>
<p>Evaluation of Connect Well and Social Prescribing in Hull</p> <p>Jo Bell</p>	£49,990.76 (Hull CCG and Hull City Council Funding project)	<p>Good progress continues to be made with the evaluation, building on the work undertaken in the initial phase of the evaluation (and reported in October 2019).</p> <p>Positive milestones since the previous report include:</p> <p>This phase of the evaluation focusing on data collection. Data collection activities have been undertaken and have included interviews with:</p> <ul style="list-style-type: none"> • 4 referrers • 1 service user • 1 well being coordinator • 3 community providers

		<p>In addition a focus group with referrers has been undertaken and further interviews are forthcoming.</p> <p>Research team continues to meet regularly with Hull CCG and City Council to ensure progress.</p> <p>Research team has continued to experience difficulties in recruiting service users and carers to the evaluation. Additional participants from these groups are still required. Liaising with Connect Well to ensure that progress is made in this area. Study team have also amended the original ethics application to enable liaison directly with community agencies, to enable recruitment from those agencies, as well as from Connect Well.</p> <p>The previous progress report noted that the study team had been unable to access the quantitative data required for the evaluation. They continue to liaise with East Riding CCG to ensure access to the required data.</p>
<p>Lisa Billingham/ Prof Mike Holmes - Evaluating the impact of multi-professional teams on clinician and non- clinician wellbeing.</p>	<p>£15,990.00</p>	<p>The study team have introduced a wellbeing strategy. As well as setting up a wellbeing oversight group and carrying out a staff survey to assess wellbeing before and after the introduction of the group, changing the culture of the organisation.</p> <p>The study has benefitted the practice (across two cities) by raising the importance of wellbeing, signposting people to resources, asking them to think about it. It has also generated a focus on compassionate leadership. We have used qualitative and quantitative mechanisms to measure the impact.</p> <p>We are still analysing the results but we feel this has had a positive effect. Our aim was to raise awareness and are assessing whether our intervention has done that.</p>
<p>Dr Scot Richardson (Lead) Initiative aim: For R & D infrastructure and capacity building.</p>	<p>£25,764,48</p>	<p>Following the award of funding a research assistant was successfully recruited. The successful applicant has previous experience of working with primary care research teams</p>

		<p>(as part of the CRN) with a good understanding of research and fundamentally primary care research. They also have an established network of peer support and contacts which will undoubtedly help the cluster move forward.</p> <p>The post commencement date was Monday 14th October 2019. This post is a permanent full time position. The additional and on-going costs are to be picked up by James Alexander Family Practice.</p> <p>The key priorities of the role are to support the existing research team and overall aims include:</p> <ul style="list-style-type: none"> • To increase research activity at the existing research active practices within the cluster. • To increase the number of practices within the cluster being research active. • To support James Alexander Family Practice to successfully take part in a second CTIMP trial and become a Research Ready Advanced Accredited Practice. • To develop a network for patient engagement in relation to primary care research.
--	--	--

1.2.3 Budget Year 2019-20

In partnership with the Hull CCG Health Research, Innovation, Evaluation and Improvement group the R & D team held a 'Dragons Den' Panel meeting in February 2020 to discuss three applications that had been received for possible R & D monies. A panel meeting was held and applicants were asked to present and take questions. The table below lists the projects have been awarded Hull CCG funding from R & D.

Applicant Name and Research title	Funding Amount	Outline of study Aims
<p>Professor Fliss Murtagh/Mabel Okoeki (co-Leads) University of Hull, Allam Medical Building, Title :Understanding facilitators and barriers to inform ongoing service development of the Integrated Care Service for older frail people at the Jean Bishop Centre.</p>	<p>£21,928</p>	<p>To help improve health outcomes for people living with multi-morbidities, the NHS Hull Clinical Commissioning Groups (Hull CCG) commissioned an integrated care service which implements a frailty care pathway across care homes and an Integrated Care Centre (ICC) (the Jean Bishop Centre). The pathway involves multidisciplinary care delivered by a team of General Practitioners with Extended Roles (GPwERs), Community Geriatricians, Physiotherapist and Occupational Therapists, Pharmacists, Social Workers, and selected members of voluntary sector organisations.</p> <p>We were invited to undertake an evaluation of the Integrated Care Centre service, to evaluate impact on the wellbeing and quality of life of these older people with frailty (due to report in Autumn 2020).</p> <p>Alongside the formal evaluation of the PACE project (a non-randomised controlled trial), we have been collecting ‘open question’ data on patients’ experiences of the service. Preliminary findings show positive results, including on quality of life and care, and patients’ experiences. However, there are some concerns around follow-through after the ICC interventions, and wider liaison across primary and community services.</p> <p>This piece of work will propose further formal investigation of these issues to better understand the challenges and implications for service delivery, and inform further ICC service development</p> <p>The purpose of this study is to explore facilitators and barriers to inform ongoing service re-design of the Integrated Care Service for older frail people at the Jean Bishop Centre.</p> <p>The proposed study objectives are to:</p> <ul style="list-style-type: none"> •Identify facilitators and barriers to follow-through and possible impact from the patients’ and family carers’ perspectives. •Understand perspectives and challenges faced by health professionals within the

		<p>integrated care team, and within the primary and community services regarding this new model of care.</p> <ul style="list-style-type: none"> •Understand the feasibility of long-term monitoring of patients and their outcome once they are returned for primary care review.
<p>Lizzie Borrill Hull KR Community Foundation Hull Kingston Rovers Rugby League Club C/O NHS Hull CCG – Teaming up for Health Team (Contact Erica Daley)</p>	<p>£84,000</p>	<p>The Hull KR Healthy Mind Healthy You Program is a five-step education program which uses the power of the Hull KR brand, and its elite players, to increase mental health awareness among children, young people and parents, reduce the stigma around mental illness, start positive conversations and encourage help-seeking behaviours.</p> <p>The aim of the program is:</p> <ul style="list-style-type: none"> •Use the sport of Rugby League and the Hull KR brand, our reach, profile, club and players to help remove the stigma around mental health •Increase our participants understanding of mental health and mental illness •Stimulate help-seeking behaviours throughout secondary schools by providing appropriate literature and resources •Educate and inform secondary school children through multiple face to face sessions to improve mental health literacy •Provide an online resource for participants to access the information at home with useful links to other services •Connect our target audience with our mental health partners and local service providers •Develop our senior playing squad to be leaders in mental health advocacy within the local community <p>Research questions: What impact does the programme have on young people’s knowledge / awareness of mental health? Are young people more knowledgeable about mental health following completion of the programme? Do young people’s attitudes toward mental health change? Are young people more likely to refer themselves or others to support following access to the programme? Are young people’s families / carers more aware of referral routes and access to support after involvement in the</p>

		<p>programme? What are families / carers perceptions of the value of the Healthy Mind Healthy You Programme? To themselves? To their young person?</p> <p>What do teachers perceive as the impact of the programme on mental health and wellbeing in the school? To themselves? To the young person? To the school? Does the Healthy Mind Healthy You Programme impact on X (e.g. attendance levels, bullying reporting, student grades etc.)?</p> <p>All participants will undertake a pre-program assessment and post-program assessment to measure and evaluate individual participants outcomes.</p>
<p>Patience Young/ Linda Hoban Moving in Dignity</p>	<p>£10,000</p>	<p>The overall aim of the project is to change processes when assessing for, and providing support with moving and handling. Current provision dictates that a minimum of 2 people are almost always required when hoisting. However, there has been research and evidence to suggest this is not always necessary or appropriate. The project will develop assessor's skills, competence and ability to change process. With the result being personalised care, rather than being dictated by custom and practice.</p> <p>An evaluation of the project is to be undertaken, bringing in the application of a mixed methods approach. Connections have been made by the project lead(s) to York St Johns University to commission a Research Assistant to support the evaluation.</p>

1.2.4 Non funded Hull CCG Studies

Applicant Name and Research title	Funding Amount	Progress Update from the Study Team
<p>PEOPLE-HULL: Primary care and community Engagement to Optimise time to Presentation with Lung cancer symptoms in HULL Julie Walabyeki Research Fellow</p>	<p>£712,501 Yorkshire Cancer Research</p>	<p>The Community events and Lung Health Media Campaign (this is part of the first phase of the study for which we obtained local ethical approval) are progressing well while the practice recruitment component is currently suspended and is being revised. We suspended practice recruitment at the end of December because of the roll-out of the NHS</p>

<p>The University of Hull</p>		<p>England Lung Health Check programme. Additionally, feedback from the practices we were approaching to participate in/recruit to the study indicated that they were getting confused since there was an overlap of the population being targeted. Consequently, not only would the practices be confused, so would the patients receiving two letters inviting them to the practice and/or the van in community setting. Furthermore, both interventions are being referred to as 'Lung Health Checks'. Most importantly, we are encouraging people to visit their GP and not bypass the GP as the NHS programme is doing. To avoid this, we are revising the PEOPLE-Hull practice recruitment process. Yorkshire Cancer Research are aware of the challenges this situation brings to the PEOPLE-Hull study and are supportive of the revision. They advised revision of the proposal and return to them for peer review. We have done this and hope to commence recruitment in April 2020 for one year.</p> <p>Milestones up to 11 March 2020 include:</p> <ul style="list-style-type: none"> • 56 community events in North, East and Central Hull attended. We plan to increase the event venues in this latter half of the study. • 1565 members of public engaged with during the roadshows. • Members of public are invited to participate in the study by completing the Symptoms questionnaire. They have the option of having the Carbon Monoxide test. • Number of study participants is 1300 and the number of study participants whose GPs have been informed of their symptoms through the blue card system is 352. • Reasons why those who do not participate in the study include some decline participating, others are too busy to participate and some are from areas out of Hull. • Staffing: We have recruited a pool of
--------------------------------------	--	---

		<p>Community Support Workers who will enable us to double up the community events held weekly.</p> <p>Community events observations:</p> <ul style="list-style-type: none"> As part of the focused ethnography aspect of the study, 7 community events have been observed so far. <p>Practice recruitment</p> <ul style="list-style-type: none"> We need to recruit a fifth of the Hull population which is around 80,000 patients. We recruited one practice, James Alexander Family Practice between October 2019 and December 2019 who conducted spirometry on 45 patients and referred 3 patients for chest x-rays. We then suspended recruitment to revise the study proposal and obtain approval from Yorkshire Cancer Research as soon as possible. About 6 practices including two Primary Care Networks expressed their interest to participate in the study and we are waiting for their decision. We hope to obtain the recruitment confirmations from all interested practices once the Yorkshire Cancer Research approval is obtained. <p>The main challenge to the practice recruitment component of the study is the roll-out of the NHS England Lung Health Check programme. We are currently revising the study proposal. We still need to reach out to the often considered ‘hard-to-reach’ population and we are reviewing alternative ways of doing that.</p>
<p>Proactive Anticipatory Care Evaluation (PACE) Mabel Okoeki Research Associate/Project Lead The University of Hull (A non-randomised, controlled study with an</p>	<p>Not applicable – research posts funded through University of Hull but not</p>	<p>The study is currently ongoing. This is a non-randomised control study evaluating the impact of a new integrated service (a frailty care pathway at the Jean Bishop Integrated Care Centre (ICC) and within care homes) on quality of life and wellbeing of frail older people living in Hull. This evaluation is being</p>

<p>embedded qualitative component to assess the effectiveness of a proactive, anticipatory multidisciplinary care intervention for frail older people).</p>	<p>project specific</p>	<p>carried out by recruiting intervention (those accessing the new service) and control group (and those not accessing the service) participants to complete a validated health questionnaire. Recruitment at the ICC and care homes are complete, control group data collection continues, and analysis is yet to be undertaken.</p> <p>There was a slight delay because study team decided to recruit control participants from East Riding CCG so as not to interfere with the care of Hull patients as they accessed the new integrated service. As a result of these changes; the ethics process and engaging practices has impacted on the study timeline. We have however resolved all of these challenges and recruitment for the control group is now under way.</p>
--	-------------------------	---

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 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
<p>BASIL III Balloon vs Stenting in Severe Ischaemia of the Leg-3</p>	<p>To determine which of three methods (plain balloon, drug-coated balloon or drug releasing stent) keeps patients with severe limb ischaemia alive</p>	<p>2019</p>	<p>£5025.00</p>	<p>Recruitment paused in December 2018 pending ethical review. A statement released in June 2019 advised that recruitment is to re-open September 2019 (pending ethics). Overall the national recruitment target was</p>

	and with their leg intact, the longest.			<p>reduced to 389 participants.</p> <p>Hull has now recruited 25 participants and is one of the top 3 recruiters in the UK (out of 41 centres) in total.</p> <p>Since the last reporting period the study team have recruited 8 further participants.</p> <p>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 and the MHRA and FDA support the importance of the trial.</p>
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	<p>The study has been open in 15 sites across Yorkshire and the South West.</p> <p>Nationally, recruitment is below target with some sites performing better than others.</p> <p>The NIHR HTA has approved a trial extension in order to recruit to target nationally and the recruitment period extended to January 2021. Reaching recruitment target is expected prior to that date.</p> <p>The clinical team in Hull have set a target of 4-5 recruits per month, leading to 2-3 intervention participants per month in line with maximum cumulative capacity of the</p>

				<p>treating therapists.</p> <p>To date Hull has recruited 39 participants to the trial since opening in July 2018. Of the 39 participants, 22 have been randomised to receive the intervention.</p>
CLASP – Cancer Life Affirming Survivorship in Primary Care	The study aims to evaluate an online intervention offering lifestyle and wellbeing support for cancer survivors	2019	£878.40	<p>To date, data has yet to be analysed.</p> <p>Recruitment target reached but now subject to 12 month follow up.</p>
ASPECT	A randomised controlled trial comparing the clinical and cost-effectiveness of one session treatment with multi-session cognitive behavioural therapy in children with specific phobias	2021	£6808.00	<p>In July 2019 the study was granted a funded 7-month extension to the trial. This was in response to lower than expected phobia referrals which significantly impacted upon the predicted recruitment. The study has seen a consistent increase in recruitment since the award of the extension. Meeting and in some cases exceeding the recruitment rate.</p> <p>Recruitment target is being met comfortably within both budget and time.</p>
MIDFUT – Multiple Interventions for Diabetic Foot Ulcer Treatment	Phase II – the study will investigate the short-term efficacy of 4 treatment strategies compared to treatment as usual (TAU); Phase III will investigate the	2022	£1873.20	<p>There has been difficulty recruiting overall across all sites. An amendment was submitted to rectify patient eligibility criteria to help improve recruitment. In Hull the study team are relying on referrals from the CHCP Podiatry clinic.</p>

	clinical and cost effectiveness of a maximum of two treatment strategies continued from Phase II compared to TAU in the treatment of hard to heal Diabetic Foot Ulcers.			The Study team are in contact with the CHCP Podiatry clinic team, the nurse research team will attend the clinic to help with improving referrals. The Exclusion criteria are still prohibitive at the Hull site since the patients that are seen in the hospital setting are no longer eligible due to the extent of the deterioration of the wound.
Cryostat	Cryostat-2: A multi-centre, randomised, controlled trial evaluating the effects of early high-dose cryoprecipitate in adult patients with major trauma haemorrhage requiring major haemorrhage protocol (MHP) activation.	01/07/2020	£16,000 pa	Confirmation of well-structured multi-disciplinary team working. Introduction of wider processes to facilitate enhanced care for trauma patients. Continuation of recruiting every eligible patient Informed practice and progress as a Major Trauma Centre including the introduction of bespoke blood products kept in the department.

1.3.2 National Changes to the Excess Treatment Cost Process

As of October 1st 2018, the way Excess treatment costs (ETCs) was paid changed. Under the revised system the local Clinical Research network (LCRN) now help manage the ETC process on behalf of the CCGs and in collaboration with NHS England. A defined threshold for providers has been calculated at 0.01% of operating income with a lower threshold of £10,000. The budget to reimburse ETC spend in excess of the (non –primary care) provider threshold is managed by the CRN with payments made by the LCRN on behalf of the CCGs in England.

1.4 Strategic Work

1.4.1 R&D Strategy/ Vision

A revised R & D Partnership Vision was approved by the CCG Board in March 2019 with Hull CCG, Hull City Council and Hull, York Medical School, The University of Hull. The Vision was underpinned by National drivers, such as the Health and Social Care Act (2012) which placed 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 aims 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.

In 2019 - 2020, the following actions have been initiated but in response to COVID 19 progressing further strategic work has been post poned:

- A partnership Vision meeting has been held to initiate a performance delivery plan bringing in the necessary stakeholders.
- A DRAFT performance plan has been developed which is in Appendix 2. Some initial work had been commenced but in response to the COVID 19 situation has been put on hold.
- A task and finish communications group was initiated with Partners to drive forward the key messages of the Partnership Vision.

In 2020-21 this work will need to be reviewed as part of the recovery process and transition to business as usual after the current pandemic.

1.4.2 Health Research, Innovation, Evaluation and Improvement Group.

In recognition of the national agenda and the establishment of a new partnership strategy to offer a firm commitment to the promotion of research, innovation, evaluation and improvement, a Hull Research, Innovation, Evaluation and improvement Group has been established and focuses on the following areas:

- Implementation of the overall delivery plan to meet the strategic aims of the Research, Innovation, Evaluation and Improvement Vision; which provides a framework for the CCG mandate to promote research and the use of research evidence.
- To achieve excellence in supporting Research, Innovation, Evaluation and Improvement by driving forward the strategic delivery plan which builds on the ambition to deliver the highest quality health and care outcomes for the people of Hull.
- Encompass the generation and application of Research, Innovative ideas, Evaluation and Improvement work, this will be underpinned by delivering on the Key aims set out in the CCG Vision.

Meetings are due to be held quarterly. There is proactive collaboration with partners at the University of Hull and Hull City Council within Public Health to operationally deliver on the Hull Health Research agenda; this embodies an integrative partnership approach for R&D.

1.4.3 Engagement of the NIHR Portfolio Research Study Activity

The Yorkshire and Humber Clinical Research Network (Y & H CRN) and Shared R & D service continue to adopt a collaborative approach to promoting studies in primary care and working with the study support service at the CRN to help with engagement and to raise the profile of potential studies coming into the Yorkshire and Humber region. This collective approach will help to build the infrastructure and capacity to take studies on with the aim of the number of studies and participants recruited into NIHR CRN studies. Examples of the collaborative approach can be seen in an increased numbers of participants into NIHR studies as identified in **Appendix 1**.

The R & D shared service continue to represent and feed into formal meetings 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.

This level of engagement has been evident in the fast track process which has been adopted for the urgent Public Health COVID 19 studies with the Clinical Research Network and the Health Research Authority approvals process.

2. Development work

2.1.1 CCG Development work.

- **CROP** – Campaign to Reduce Opiate Prescribing - A campaign to reduce Opiate Prescribing (CROP) has been instigated with research colleagues in West Yorkshire the Medicines Optimisation team are linked in with this piece of work , further updates will be sourced in the recovery stage following the pandemic.
- **Research Capability Funding** – Hull CCG has been awarded Research Capability Funding for 2020-21 of 20,000. This is ring fenced Department of Health funding that is to be utilised to support research capacity and research infrastructure in the Hull CCG area. The R & D shared service has made accessible the national guidance on how the funding can be spent, case study examples and initial dialogue has commenced on the next steps for the spend in 2020-21.

2.1.2 Development work in 2020-21

As outlined in the R and D Annual Report the work that had been initiated for the R & D partnership vision which is set out in the **DRAFT** strategic Action plan (**Ref: Appendix 2**) will need to be reviewed , this will be integral to the transition into a business as usual model that will inform the progression of the strategic objectives and the proposed actions/workstreams. In recognition of COVID 19 , the partnership work that had been initiated will need to be ‘refreshed’ and a possible refocus may be required to the partnership vision/strategy.

Summary

This Annual 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 inception of the Hull Health Research, Innovation , Evaluation and Improvement group

The continual development work in 2019/20 and the noted ambition of the new partnership vision will help to drive forward and build on the R & D commitment in 2020/21 and start to establish links 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 .This further work will need to be reviewed against the transition to a potential business as usual work model following the COVID 19 pandemic.

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

References

Department of Health (2010) 'Equity and excellence: Liberating the NHS' [Online]. Available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213823/dh_117794.pdf

(Accessed 12 September 2018)

Department of Health (2011) 'Government response to the NHS Future Forum report' [Online]. Available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216361/dh_127719.pdf

(Accessed 12 September 2018)

Department of Health (2015) 'The NHS constitution' [Online]. Available at:

<https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england#>

(Accessed 12 September 2018)

Health and Social Care Act (2012) 'Embedding research as a core function of the health service' [Online]. Available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/138273/C8.-Research-270412.pdf

(Accessed 12 September 2018)

NHS (2015) 'Delivering the Forward View: NHS planning guidance 2016/17-2020/21' [Online]. Available at:

<https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf>

(Accessed 12 September 2018)

NHS England (2015) 'Guidance on Excess Treatment Costs' [Online]. Available at:

<https://www.england.nhs.uk/wp-content/uploads/2015/11/etc-guidance.pdf>

(Accessed 12 September 2018)

NHS England (2017) 'Supporting Research in the NHS: A consultation covering changes to simplify arrangements for research in the NHS and associated changes to the terms of the NHS Standard Contract' [Online]. Available at:

https://www.engage.england.nhs.uk/consultation/simplifying-research-arrangements/user_uploads/supporting-research-consultation.pdf

(Accessed 12 September 2018)

Appendix 1



NHS Hull CCG NIHR Research Activity from 1st April 2019 to the 31st March 2020.

NHS Hull CCG	
No Practices in CCG	39
No Practices Recruiting	8
% Practices Recruiting	21%
CCG Studies	7
CCG Recruitment	277

Note: the NIHR CRN Business Intelligence Unit (BIU) is currently updating the dataset on the number of practices in the CCG to reflect any changes.

Practice Name	Recruits	Study Short Name
HAXBY GROUP HULL	44	GP Waiting Room Study
JAMES ALEXANDER FAMILY PRACTICE	4	PRIM 5039
JAMES ALEXANDER FAMILY PRACTICE	6	Opioid Analgesic Dependence Study
JAMES ALEXANDER FAMILY PRACTICE	16	Bowel Scope Screening: Interventions to Increase Uptake in Yorkshire
JAMES ALEXANDER FAMILY PRACTICE	45	People Hull
THE BRIDGE GROUP PRACTICE	5	Bowel Scope Screening: Interventions to Increase Uptake in Yorkshire
NAYAR JK	1	An Investigation of skill mix in Primary Care
WOLSELEY MEDICAL CENTRE	46	GP Waiting Room Study
BURNBRAE MEDICAL PRACTICE	82	GP Waiting Room Study
Drs RAUT AND THOUFEEQ	11	Opioid Analgesic Dependence Study
MODALITY PARTNERSHIP (HULL)	17	CLASP

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

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

Appendix 2

Hull R&D Partnership Vision - Action Plan DRAFT

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

YEAR ONE 2019-20

Strategic Objective	Action	Lead	Time frame	How	Funding	Progress
<p>AIM 1: We will increase and promote staff awareness, skills and knowledge in using the principles and practice of research, innovation, evaluation, learning and improvement work.</p> <p>OUTCOME 1: We will achieve a positive change in culture that puts research, innovation, evaluation and improvement work at the center of the highest quality health and care outcomes</p>	<p>To support the vision by promoting a vision/story of why high quality research matters - tell the story so far in order to drive culture change.</p>	<ol style="list-style-type: none"> 1) Hull Partners to engage in the work of a communications Task and Finish group. 2) Communications/Marketing work to showcase the existing profile of R & D, what commitment has already been given to R & D as research active organization(S) in Hull –why research matters. 3) Illustrate that research is an ACTIVITY as well as an OUTPUT-through communications work. 4) Share/celebrate impact and learning from engagement and comms work. 	<p>Communications and engagement project role.</p>	<p>Recruitment process to be initiated</p> <p>Communications/engagement plan</p>	<p>Resource to be set aside.</p>	

Strategic Objective	Action	Lead	Time frame	How	Funding	Progress
<p>AIM 2: We will build on the capacity and capability to undertake research, innovation, evaluation and improvement work with a focus on out of hospital care, whatever the setting.</p> <p>OUTCOME 2: We will participate and use research as a quality indicator that will improve the health and care outcomes in Hull</p>	<p>To work with partners/stakeholders to commission/fund new research ideas, which may encompass evaluation and improvement work that may 'reach out' to academia.</p>	<p>Locally grown commissioned projects which align to Hull's priority areas to be promoted and encouraged to grow through commissioning support for implementation, for example, recruitment and dissemination.</p>	<p>Hull Health Research, Innovation, Evaluation and Improvement Group.</p> <p>Assistant Director of Quality /Deputy Chief Nurse (Aligned with R & D Budget)</p>	<p>March 2020</p>	<p>Panel review</p>	<p>Agree set budget/ for 2019-20</p>
<p>AIM 2: We will build on the capacity and capability to undertake research, innovation, evaluation and improvement work with a focus on out of hospital care, whatever the setting.</p> <p>OUTCOME 2: We will participate and use research as a quality indicator that will</p>	<p>Continue to build on research that is co-produced and involves commissioners set against the commissioning priorities</p>	<p>Work with academic partners to identify and collaborate on at least one NIHR funded project that fits with CCG priority areas</p>	<p>Hull Health Research , Innovation, Evaluation and Improvement Group</p>	<p>To Be agreed In 2020-21</p>	<p>NIHR collaborative Grant building work</p>	<p>Options to be explored in 2020-21</p>

Strategic Objective	Action	Lead	Time frame	How	Funding	Progress
improve the health and care outcomes in Hull						
<p>AIM 2: We will build on the capacity and capability to undertake research, innovation, evaluation and improvement work with a focus on out of hospital care, whatever the setting.</p> <p>OUTCOME 2: We will participate and use research as a quality indicator that will improve the health and care outcomes in Hull</p>	Continue to meet the commissioning responsibilities to promote and support research, for example Excess treatment costs.	<ol style="list-style-type: none"> 1) R & D support service to report on the pre October 2018 ETCs as part of reporting system for identifying study progress and any learning points. 2) National coordinating Centre at the NIHR to provide financial update report(s) on CCG payments which can feed into CCG reporting and inform the budgetary spend 	ERY R & D Support service	N/A	Quarterly national coordinating center CRN	CCG top sliced monies

Hull R & D Partnership Vision – Action Plan (DRAFT)

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

YEAR TWO -2020-21 (Work to be progressed)

Strategic Objective		Action	Lead	Time frame	How	Funding	Progress
<p>AIM 1: We will increase and promote staff awareness, skills and knowledge in using the principles and practice of research, innovation, evaluation, learning and improvement work.</p> <p>OUTCOME 1: We will achieve a positive change in culture that puts research, innovation, evaluation and improvement work at the center of the highest quality health and care outcomes</p>	<p>To support and enable staff group(s) to have a better awareness and knowledge base to know, what is research, evaluation and improvement, why it matters and how the evidence be applied</p>	<ol style="list-style-type: none"> 1) Include R & D in the induction programme for all new staff to promote and grow a culture of evidence based commissioning. 2) Explore the potential idea of building research into relevant job descriptions and aspire to a culture of 'blue sky' thinking. 	<p>HR/Workforce lead 1 & 2</p>	<p>To be agreed</p>			

<p>AIM 1: We will increase and promote staff awareness, skills and knowledge in using the principles and practice of research, innovation, evaluation, learning and improvement work.</p> <p>OUTCOME 1: We will achieve a positive change in culture that puts research, innovation, evaluation and improvement work at the center of the highest quality health and care outcomes</p>	<p>To enable staff to gain the skills and confidence to underpin the principles and practice of research, evaluation/improvement and evaluation and inform a culture of enquiry.</p>	<p>1) Explore the possibility of establishing a baseline understanding from staff group(s) of what we mean by research (the types of research) /evaluation and improvement.</p> <p>2)From the baseline work Identify any gaps in knowledge from the staff group(s) and what access is required to the necessary training/educational tools/resources(National and local sources)</p>	<p>To be agreed</p>	<p>To be agreed.</p>			
<p>AIM 3: We will increase the involvement by patients and the public of Hull in the research cycle from ideas to practice.</p> <p>OUTCOME 3: We will through specific communications and engagement, achieve more visibility for</p>	<p>To 'refresh' the approach to patient and public/citizen engagement in research, innovation, evaluation and improvement work and explore/identify further opportunities for improving the understanding of how research ideas are applied in practice.</p>	<p>1) Explore the possibility of 'reaching out' to public facing groups/forums to gain a wider understanding of what /how research is perceived and identify how the Hull Place based plan can inform what are the key research areas/priorities that need further enquiry.</p>	<p>To be agreed</p>				

patients and the public on available opportunities for engagement in research, innovation, evaluation and improvement.							
--	--	--	--	--	--	--	--