

Cover report to the Board of Directors meeting held in public to be held on 28th July at 11:00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Report Title										
Progress report presented to the partnership group 6 th June 2016, Annual plan 16/17 and Annual report 15/16 for the West of England Clinical Research network										
Sponsor and Author(s)										
Sean O'Kelly Chair of executive group Stephen Falk Clinical director Sue Taylor Nurse Consultant Research Delivery										
Intended Audience										
Board members	<input checked="" type="checkbox"/>	Regulators		Governors		Staff		Public		
Executive Summary										
<u>Purpose</u> UHBristol board provides oversight and governance as part of hosting arrangements of the West of England Clinical Research network										
<u>Key issues to note</u> The papers have been approved by the partnership group which represents the member organisations and the Clinical Research Co-ordinating centre in Leeds										
Recommendations										
The board approves the Annual plan 16/17 and Annual report 15/16 for the West of England Clinical Research network										
Impact Upon Board Assurance Framework										
None										
Impact Upon Corporate Risk										
None										
Implications (Regulatory/Legal)										
None										
Equality & Patient Impact										
Considered in the papers.										
Resource Implications										
Finance		Information Management & Technology								
Human Resources		Buildings								
Action/Decision Required										
For Decision	<input checked="" type="checkbox"/>	For Assurance		For Approval		For Information				

Date the paper was presented to previous Committees

Quality & Outcomes Committee	Finance Committee	Audit Committee	Remuneration & Nomination Committee	Senior Leadership Team	Other (specify)
					Partnership Group June 6 th 2016

Overview of the CRN: West of England Annual Report 2015/16 and Annual Delivery Plan 2016/17

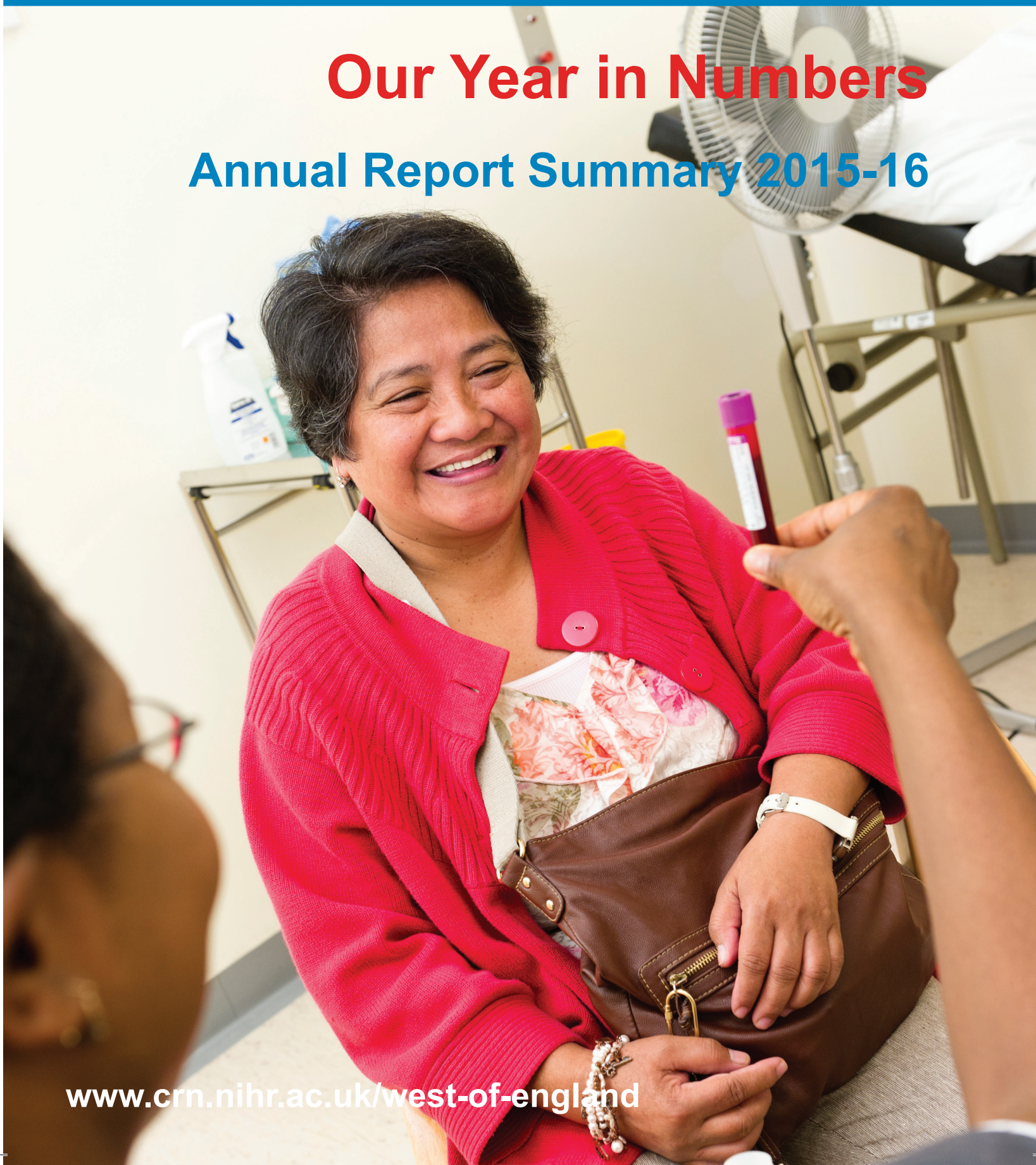
Strengths	Priorities
<ul style="list-style-type: none"> • As the 12th smallest research network out of 15 in terms of population, we work as an integrated network with a small core team in collaboration with our funded NHS partner organisations, exhibiting strong clinical research leadership, both medical and non-medical. • Robust clinical engagement provides us with experienced research teams and breadth of specialist knowledge. This is evidenced through an established workforce development programme, and education and training programme. • Renewed focus on communications channels is enhancing community building across the network, including a growing social media platform. • Excellent engagement with primary care colleagues has resulted in 60% of GP practices now research active. • Patients are influencing research development and delivery through the positive reputation of the People in Health West of England (PHWE), a collaborative venture to deliver the patient public involvement and engagement function across the LCRN Partnership with Bristol Health Partners (BHP), West of England Academic Health Science Network (AHSN) and the CLAHRC West. • Successful joint dementia research campaign with 1,400 patients and healthy volunteers signing up for the research register up to the end of March 2016. • Strengthening of governance and introduction of a programme management way of working. 	<ul style="list-style-type: none"> • In order to mitigate reduction in recruitment the network has prioritised the following areas: • Diabetes research, dementia research and mental health research for 2016/17. These projects will concentrate on developing integrated research pathways between primary and secondary care, and exploring opportunities to develop research engagement for patients. • Clearly identified clinical research priorities for specialty areas. • Planned response to national strategies with work stream leads embedded within the core local network team who are actively contributing to national groups and projects. • Improving the quality of data and analytics to aid increased recruitment and equity of access to research for patients. • Providing training and education for researchers regarding feasibility, recruitment, data and retention. • Continuing to develop the non-medical principal investigator role to deliver less complex studies • Building on our research communities of practice. • Ensuring that in particular for commercial studies recruitment to time and target metric is improved in order to attract further engagement with life sciences companies. • The CRN: West of England annual plan 2016/17 has been shared across the NIHR CRN as an exemplar.
Opportunities	Risks and threats
<ul style="list-style-type: none"> • Improving our data systems to increase our knowledge of clinical pathways so that research activity can map on to these. • Better engagement with academics, regional partners (AHSN, CLAHRC, BHP, Public Health departments) in order to contribute to growing the number of Chief Investigators • Continue to develop the PHWE agenda. • Re-focussing of the core research management role to ensure they are embedded in a smaller number of organisations with a remit to work with partner organisations more closely. • Work with Social Enterprises, any qualified providers, pharmacies, general dental practices, nursing homes etc. to widen access within the community. 	<ul style="list-style-type: none"> • 2015/16 we achieved 82% of our recruitment target, partly due to the increased complexity of research studies available on the portfolio. This limits the time available for clinical researchers to deliver on additional research studies. • In order to meet the high level objectives outlined in the annual plan, clear priorities and objectives have been set for 2016/17.

Clinical Research Network
West of England

NHS
*National Institute for
Health Research*

Our Year in Numbers

Annual Report Summary 2015-16



www.crn.nihr.ac.uk/west-of-england

Our Year in Numbers



20765

Last year, *20765 participants were recruited* into **NIHR CRN** portfolio studies across the West of England, *82% of our target*. Overall recruitment levels were lower due to a greater number of more complex studies, recruiting at lower rates.



22%

In the cancer specialty, our *overall recruitment represented 22% of cancer incidence* in the West of England.



10

We were in the *top 10 local networks* for haematology, injuries and emergencies, musculoskeletal disorders, ophthalmology, and primary care.

15%

15% of portfolio studies open in here were delivered in primary care settings. Patients in these studies made up *32% of total participants* recruited in all settings.

80%

In our first **Participant Experience Questionnaire**, more than *80% of the 473 respondents said they would take part in a trial again* and the same proportion would recommend participation to a friend.



1348

The total number of *staff who received our Good Clinical Practice training was 1348*. The face to face introductory and refresher courses were taken by 364 staff and 948 completed the online course.



1st

In terms of recruitment within specialties, we were ranked the 1st local Clinical Research Network in England for surgery, with a key contribution from the Bristol Centre for Surgical Research, part of the University of Bristol.

102%

In the dementia and neurodegeneration specialty, we *exceeded our stretched patient recruitment target by 102%*, with 889 people recruited against a target of 440.

83%

Where we are lead **LCRN**, we *met recruitment to time and target in 83% of studies*.



CRN West of England



17%

As a network, we pride ourselves on a strong performance in complex clinical research as evidenced in our **Band 3** studies, where *recruitment has increased by 17%* compared with 2014-15. Recruitment in simpler **Band 1 and 2** studies has fallen.

109

109 out of 273 primary care organisations received RSI funding in 2015-16

100

We have approximately *100 non-medical Principal Investigators* working on portfolio studies, a workforce priority we have developed to expand capability, especially within secondary care.



1st

In its launch year, **Join Dementia Research** had 1,400 registrations in the West of England, making us the *top performing network in the country*.



18.5%

Among people recruited to dementia portfolio studies in the West, *18.5% were reached through the Join Dementia Research service* - exceeding the target of 3% six fold.



88%

The proportion of studies obtaining all *NHS permissions within 40 calendar days* (from receipt of valid complete application by **NIHR CRN**) is 88%.

76%

207 out of 273 general practices (*76%*) have been *actively engaged in research* in 2015-16.



445

We were the top UK recruiters in the primary care study **HEAT** with *445 patients recruited* in 2015-16. The **HEAT** study is designed to see whether a one week course of H. pylori eradication reduces hospitalisation for ulcer bleeding in patients using aspirin.

13

We *exceeded local specialty recruitment targets in 13 specialties*: cancer, cardiovascular, dementia and neurodegeneration, diabetes, ear, nose and throat, gastroenterology, genetics, hepatology, injuries and emergencies, metabolic and endocrine disorders, musculoskeletal disorders, neurological disorders and renal disorders.



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Health Research***

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Clinical Research Network
West of England



*National Institute for
Health Research*

The Year Ahead 2016/17

Annual Plan Summary



www.crn.nihr.ac.uk/west-of-england

Introduction

Only by carrying out research into 'what works' can we continually improve treatment for patients, and understand how to focus NHS resources where they will be most effective.

This sense of continual development and improvement is a thread running through our annual plan, which sets out how the West of England Local Clinical Research Network (LCRN) will deliver its work as effectively as possible.

Our plan:

- is guided by the national CRN set of principles
- promotes equality of access for patients to participate in research
- demonstrates a 'one-network' approach to delivery

And addresses

- patient and public involvement and engagement
- continuous improvement
- workforce, learning and organisational development
- information systems and governance
- engagement and communication



Our High Level Objectives

We operate as an integrated network across the West of England, and part of a national body. That's why having a set of high level objectives to guide our decision-making processes is important. They help us to develop a sense of cohesion across all of our partner organisations and ensure we remain strategically focused.

That focus is on time and target: in order for clinical research to be meaningful, researchers need to be able to complete their study within an acceptable timescale. They also need to be able to meet recruitment targets – the number of patients or other participants required to make the study feasible.

Increasing the proportion of studies that deliver in line with the study's planned delivery time and patient recruitment targets

In 2016/17, 80% of studies in the West of England will be delivered to recruitment target and time

Increasing the number of participants recruited into studies on our portfolio of studies

In 2016/17, a target of 21,905 participants will be recruited here

Reducing the time it takes to get NHS permission for a study to start

In 2016/17, 80% of eligible studies in the West of England will achieve NHS set up at all sites within 40 calendar days

Reducing the length of time it takes to recruit the first participant on to Portfolio studies

In 2016/17, 40% of commercial and non-commercial contract studies here will achieve their first participant recruited within 30 days

Increasing the percentage of NHS Trusts that are involved in delivering our Portfolio

In 2016/17, 100% of NHS Trusts here will recruit into NIHR CRN Portfolio studies

Our priority investments

Dementia

Dementia affects 850,000 people in the UK. It is only through research that we can understand what causes the disease, develop effective treatments and improve care.

Our investment will deliver a collaborative approach to cross boundary working to increase equity of access to research opportunities by patients regardless of service provider.

The pilot phase of the project will work to:

- increase recruitment through the primary/secondary care interface
- enable research through care home settings
- enable research through any Qualified Provider Settings



Our priority investments

Diabetes

Since 1996, the number of people living with diabetes has more than doubled. It is estimated that more than one in 16 people in the UK has diabetes (diagnosed or undiagnosed).

Our investment will start to address the issue that this LCRN is one of the lowest recruiters for diabetes studies (13th out of 15), with the majority of the recruitment activity concentrated within one secondary care Trust, and commercially focused.

The investment will:

- use identified clinical champions who are committed to growing the portfolio within all the secondary care organisations
- improve our understanding of what that population looks like in primary care and the different models of how and where patients access health care to improve equity of access to research for patients within a dispersed model of care.



Our priority investments

Mental health

One in four people in the UK will experience a mental health problem each year.

We recognise that our funding model for research may misattribute some recruitment to studies, leading to an element of funding going elsewhere. This under-recognition is difficult to calculate accurately as the data do not exist in a robust format.

There is also a high staff turnover rate in mental health research, with organisations reluctant to recruit without confirmation of adequate funding longer than the current financial year.

Additional funds will be made available in 2016/17 to the Avon and Wiltshire Mental Health Partnership NHS Trust to secure staff, with an agreement to develop data collection systems required to accurately recognise the costs of mental health research in the south of the region.



Research priorities for 2016/17

Cancer

Access to research for children and young adults

Shared care model for rare cancers

Childbirth

Capitalise on IMOX study (intramuscular oxytocics)

Critical care

Sharing a rotational staff model in critical care and A&E

Dementia

Dementia investment project for cross-boundary working

Diabetes

Balanced portfolio for diabetes with development bid

Haematology

Continue to grow haematology as top recruiting LCRN

Mental health

Robust systems in mental health to ensure activity reflected

Ophthalmology

Building on excellent ophthalmology practice in Gloucester

Primary care

Improving patient experience via survey findings

Research Support Team for delivery support

Stroke

Focus on community, not just secondary care

Response to national strategies

Workforce Development

Recommend and introduce relevant skill mix models

Clinical Leadership Framework to support specialty leads

Workforce principles agreed with partners

Research career pathways to retain skilled staff

Industry and Business Development

Non-medical Principal Investigators developed for research studies

Learning from BARONET practices to introduce collaborations elsewhere

Marketing pack to attract investment and studies

Programme management office approach

Information and knowledge and NHS engagement

Regional profiling tool to define local disease burden

Routine data management capability in partner organisations

Geography-based system for Research Delivery Managers

Evidence-based effective Networks model to aid network integration

Patient and Public Involvement and Engagement and Communications

Improved online presence, including social media channels

Marketing pack to promote among Chief Investigators/industry

Patient Research Ambassadors/Patients as educators

Expand *Everyone Included* approach from mental health