

Research and Evidence North East and North Cumbria CCGs

This summary document will highlight the key successes and challenges in the key areas. A full annual report for assurance and information is attached and is submitted to each CCGs.

Primary Care Research Strategy

A Primary Care Research Strategy was developed and approved regionally across the research system of the North East and North Cumbria, led by Dr Shona Haining, NECS and Dr Justine Norman, CRN Primary care research lead. An Oversight of Implementation Group, chaired by Dr Tim Butler, has met regularly with an agreed Terms of Reference.

The key objectives are to aspire for the growth, delivery and adoption of primary care research in the North East and North Cumbria with the aims of:

- Becoming core business.
- Contributing to quality and skills of staff
- Improving patient outcomes and wealth
- Supporting a vision of excellence of the local system and so aiding recruitment and retention.

Successes

- Engagement of a range of stakeholders from academia , HEE, ARC, CRN and multiple professionals
- Through CRN , HEE and individuals there is a growing number of GPs “ dipping their toe in the research water “ ,and doing further degrees
- NECS hosts a network of GPs interested in research, from academics to those as collaborators

Challenges

- Wider primary care professionals engaging - e.g. practice nurses
- Time and resources to develop research : some CCGs have funded GPs session for this

Applied Research Collaborative (ARC)

ARC is a collaboration between universities, the NHS, (providers and commissioners across all sectors) local authorities (social care and public health) , voluntary organisations, charities and businesses toll tackle issues causing health and care inequalities in the region.

The aim of the ARC is to support, facilitate and increase the rate at which high quality research findings are taken up into practice through multi sectorial working, building capacity in evidence generation and knowledge mobilisation and , enabling public and patient partners to shape evidence generation and translation .Full details on new website www.arc-nenc.nihr.ac.uk

Successes

- One year on most posts filled and starting to deliver early projects
 - Evaluation of Deep End Movement
 - Care homes: implementation of Healthcall and use and impact of NEWS2
 - Evaluation of smoke free app
 - Regional back pain
 - NHS Knowledge Management services about health librarians and knowledge mobilisation as implementers of research evidence
- Annual Open funding call funded 31 projects, £1.5M across all themes and all of the region. These include
 - Making Every Contact Count for the Health of Disabled People: Training the Social Workers of Today and Tomorrow in Physical Activity Promotion
 - Improving the accessibility of medicines review services in primary care for older people from BAME communities – a co-design process
 - Working with Children and Families at the Edge of Care - A realist evaluation of North Tyneside Council's Keeping Families Connected (KFC) Provision
 - Tackling the health inequalities experienced by people with a learning disability who are homeless
 - Researching the impact of a new, innovative workforce development strategy for Enhanced Care for Older People with Complex Needs (EnCOP).
 - Developing policy and practice guidelines for working with young people aged 18 and under in relation to self-harm, suicide attempts and deaths by suicide.
 - Mapping 'Making Every Contact Count' (MECC) implementation across the North East and Cumbria: A comparative analysis of delivery models, service reach and system-level relationships
 - REAL general practice toolkit for Shared Decision Making (REAL SDM): Developing a skills development programme to prepare patients with multi-morbidity to engage in person-centred discussions with clinicians to identify their priorities and options for living well
 - Clinical Digital Resource Collaborative (CDRC) – Tackling Health Inequalities by addressing cardiovascular risk – A digital resource
 - Modelling financial incentives to motivate pregnant smokers to quit - using Evolutionary Game Theory
 - Understanding prescribing practices and the factors that influence decision making by health care professionals when prescribing opioids for patients with acute pain.
 - Evaluating the feasibility and acceptability of virtual group consultations for tertiary prevention in patients with non-alcoholic fatty liver disease (NAFLD) - a mixed-methods pilot study
 - An evaluability assessment of BoroManCan: working with local communities to improve men's health and wellbeing in Middlesbrough
 - Evaluating the implementation of whole school approaches (WSAs) to improve mental health and wellbeing in the Trailblazer schools
- CCG representation on Stakeholder Board (Mark Adams) and Implementation Advisory Group (Neil O'Brien and Mark Dorman)
- AHSN /ARC exec to exec for alignment of priorities and working together

- Training lead Gill Rowlands , GP and Prof of Primary care undertaking a listening exercise for training needs to increase research capacity and capability

Challenges

- Keeping the ARC alignment with CCG system, population priorities , understand research skills needs and priorities to evaluate
- Readiness for 2021 call: Feb / March with submission late May

Research Capability funding (RCF)

RCF is allocated to research-active NHS organisations to act flexibly and strategically to maintain & grow research capacity and capability. This is awarded when at least 500 participants are recruited during the reporting period of 1st October – 30th September.

NECS hold a regional pot from 2 senior academics, research grants NECS host and 4 CCGs. North Cumbria will use the RCF for local capacity growth.

The pooled NECS RCF is available to be transparently and competitively bid for and awarded based on research strengths, capacity building and priorities.

Successes

- Over £250k fund available
- Range of projects funded
 - Perceived barriers to Shared Medical Appointments in Primary Care
 - Economic evaluation of Newcastle Gateshead Enhanced Health in Care Homes
 - Exploring primary care's role in supporting mental health pathways and care for young people in transition to adult services
 - An evaluation of the mental health service provision available to refugees & people seeking asylum in the South Tees area: Taking a needs-led approach to inform primary care
 - Public Health Lectureship , supporting Deep End evaluation and Health Inequities impact assessment
 - Older People's drinking practices and support from Primary Care
 - A method comparison study to support application for funding of 2020 data collection of a unique longitudinal cross-sectional study of adolescent dietary intake
 - Primary care, Multi-morbidity & frailty analyses
 - Early career GP developing research interests – PhD now awarded
 - GP academic between PhD and fellowship (now awarded)
 - Paediatric allergy - integrated care model approach to pilot study - GP research session
 - Scoping exercise for NIHR programme grant application to develop and trial an alcohol interaction decision support system to use in primary care.
 - Frailty and ended-of-life care - GP's palliative care approach/es
- Scoping key inequalities aspects for further research

Challenges

- Developments from primary care staff
- Due to COVID, all primary care research was ceased and focus on UPH in acute settings. Therefore CCG accrual below expected and not reaching the threshold jeopardising CCG RCF for 21/22. Working with DH to consider options due to this unintended consequence

Clinical research network (CRN)

CRN is the delivery arm of all nationally supported research studies working across all sectors to recruit patients. NECS R&E team have positive close working relationships

Successes

Primary care research continues to grow in numbers of patients being recruited and working at Federation /PCN level in some areas

- Nationally there is a push to “deliver research based on patients need”. All CRNs have a ring-fenced budget to focus on priority areas and this has funded posts to support Diabetes research in Darlington and Care Home research in North
- Justine Norman, CRN Primary care lead, GP North Tyneside is now on CRN executive, bringing the primary care voice to the CRN decision making for the first time in years
- Shona Haining, deputising for Jonathan Smith, attends CRN Partnership Group and on COVID Vaccine Regional steering group
- CRN fund session across all NE&NC for primary care research engagement leads

Challenges

- Inequitable engagement of practices across CCGs so inequitable opportunities for patients to get involved in research
- Delivery of COVID vaccine research

Use of research Evidence for Research

To ensure evidence from research is shared and is searched for, critiqued and applied relevantly to commissioners decision making

Successes

- STEM club (System Transformation by Evidence Mobilisation) is a group of librarians, knowledge managers, PH and commissioners, aligning with regional priorities to access and use evidence once. Aligned to frailty, MH, Clinical guidelines etc.
- Related training for CCGs now online and some CCG senior staff development sessions undertaken
- Shona Haining is on the Editorial Board for NIHR dissemination ensuring evidence relevant for commissioners and primary care is shared and in a relevant manner <https://evidence.nihr.ac.uk/>

- Shona Haining is knowledge Exchange and partnership lead for ARC to align the CCG /primary care agenda with research and ensure the end products are relevant and useful

Challenges

- Maintaining skills and awareness of evidence for research
- Consistent approach and assurance of evidence based decisions making
- All librarian and knowledge management staff in the region are in provider setting

Excess Treatment Costs (ETC)

Current policy and process is still bedding in but is providing a more consistent and robust means of ensuring treatment costs related to research are transparently and robustly funded across the country

ETC are now top sliced from CCG budget based on per capita basis, Providers (except GP practices) have a threshold to reach before payments are made. NECS support the process of the excess treatment funding with Newcastle Gateshead CCG acting as lead CCG for all NE&NC CCGs.

Shona Haining represents NE&NC on national groups with NHSE and DHSC to ensure fairness and support for CCGs. Annual updates spend per region is attached.

Successes

- New national process that is streamlined and bedding in
- Underspend rolled over
- Recognise they cannot increase the CCG contribution per population any more (8.5p/capita)

Challenges

- Inequitable distribution of ETCs in some regions, linked to some high cost studies , but always knew a national pot would be a challenge
- No ETC money has been taken from CCG budgets yet in 20/21 due to
 - Bulk funding allocations to CCG during COVID and it would have been “ lost “
 - Uncertainty of ETCs for Urgent Public Health studies
 - Modelling of ETCs for rest of the year to ensure there is a balance on ETC from CCGs and that Providers contribute their threshold. Expecting approx. 4p/capital