



# Trust Perspective on Research

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Why should Trusts do research?

Differing Strengths - Case example

Achieving NIHR goals

Current Challenges

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# Why Should a Trust Engage in Research?

## Constitutional

**"Research is a core part of the NHS.** Research enables the NHS to improve the current and future health of the people it serves.

The NHS will do all it can to ensure that patients, from every part of England, are made aware of research that is of particular relevance to them."

**Handbook to the NHS Constitution, January 2009**

# Why Should a Trust Engage in Research?

## Operating Framework

Embedding Research at the core of the NHS:

NHS Operating Framework for 2009/10 -

- The NHS must fully support research
- All providers must increase participation in research
- Patients in high-quality trials should **double** in 5 yrs
- SHAs should ensure Trusts work with the local CLRN to contribute to this increase

# Why Should a Trust Engage in Research?

## Constitutional

### Shared Responsibility for Research in the NHS:

<p>The NHS</p>	<p><b>NHS Constitution</b>          NHS commitment to the promotion and conduct of research  <b>NHS Operating Framework</b>          NHS must play its full part in supporting research; national ambition to double the number of patients in clinical research</p>
<p>Strategic Health Authorities (SHAs)</p>	<p><b>NHS Operating Framework</b>          SHAs to ensure that NHS Trusts work with NIHR Clinical Research Networks locally to contribute to the increased numbers of patients in clinical research  <b>Duty to promote innovation</b>          SHAs to support NIHR Clinical Research Networks locally;          SHAs to develop the capacity of the NHS to support research</p>
<p>Primary Care Trusts      NHS providers</p>	<p><b>NHS Operating Framework</b>          All providers to increase their participation in research  <b>Quality Accounts</b>          All providers to report on the number of patients in clinical research</p>
<p>NHS patients</p>	<p><i>Handbook to the NHS Constitution</i>          The NHS will do all it can to ensure that patients are made aware of research that is of particular relevance to them</p>

# Why Should a Trust Engage in Research?

## Financial

Study commissioned in 2007 by the MRC, Wellcome Trust and Academy of Medical Sciences - economic benefits of 17 years of UK medical research

The health and gross domestic product (GDP) from UK public and charitable investments in research were equivalent to an annual rate of return of around 39%

*i.e. for every £1 the taxpayer or health charity invests in research, yields a wider chain of events equivalent to earning 39 pence each year, forever.*

# Why Should a Trust Engage in Research?

## Innovation

- |                  |   |
|------------------|---|
| <b>1948-1958</b> | Lung cancer and smoking<br>The dangers of bed rest  |
| <b>1959-1968</b> | Hip replacement<br>Palliative care and the modern hospice movement                          |
| <b>1969-1978</b> | The Glasgow Coma Scale (GCS)<br>The world's first IVF baby                                  |
| <b>1979-1988</b> | Detecting osteoporosis using ultrasound<br>A genetically engineered vaccine for hepatitis B |
| <b>1989-1998</b> | Preventing recurrent miscarriage<br>Joining up the dots to save premature babies            |
| <b>1999-2008</b> | Bioengineering new heart valves from stem cells   |

# Why Should a Trust Engage in Research? For Patients

I had a stroke in Apr 2008. I felt ill and went to my GP.....

.... next thing I knew was I in the stroke unit .....

The doctor suggested I had clot-busting drugs and I was interviewed for the DASH trial, I was all for helping others

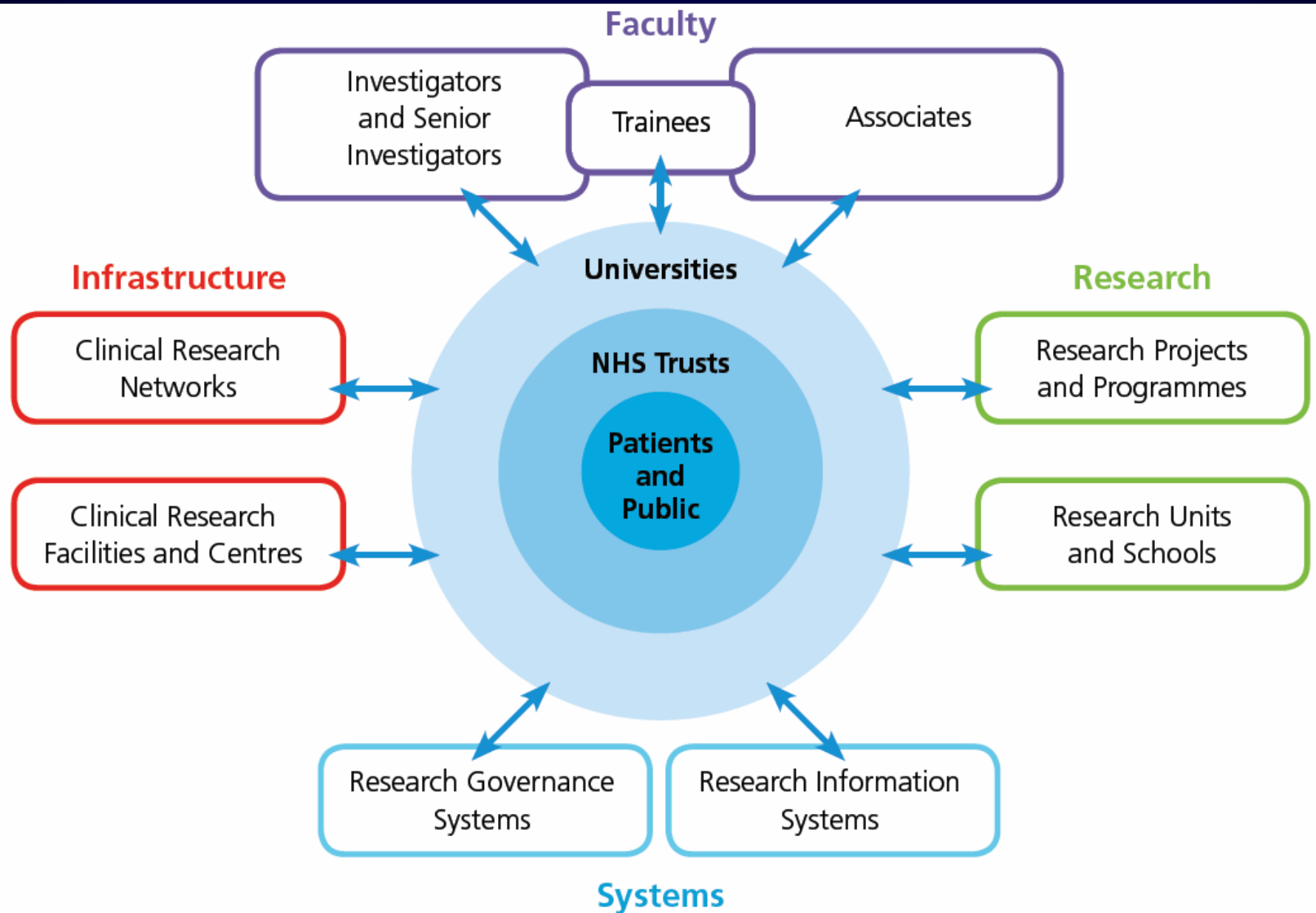
The effects were immediate, I started to feel better straightaway .....

My speech has returned and I'm walking 4 miles a day....

My recovery has been miraculous.

DW, aged 65ys, retired farmer.

# Trusts: Quality - at the heart of change



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Current Challenges

# Not all Acute Trusts are the same....

## University Hospital Trusts

- Medical School and/or Basic Science workforce
- Infrastructure
- Commercial Engagement

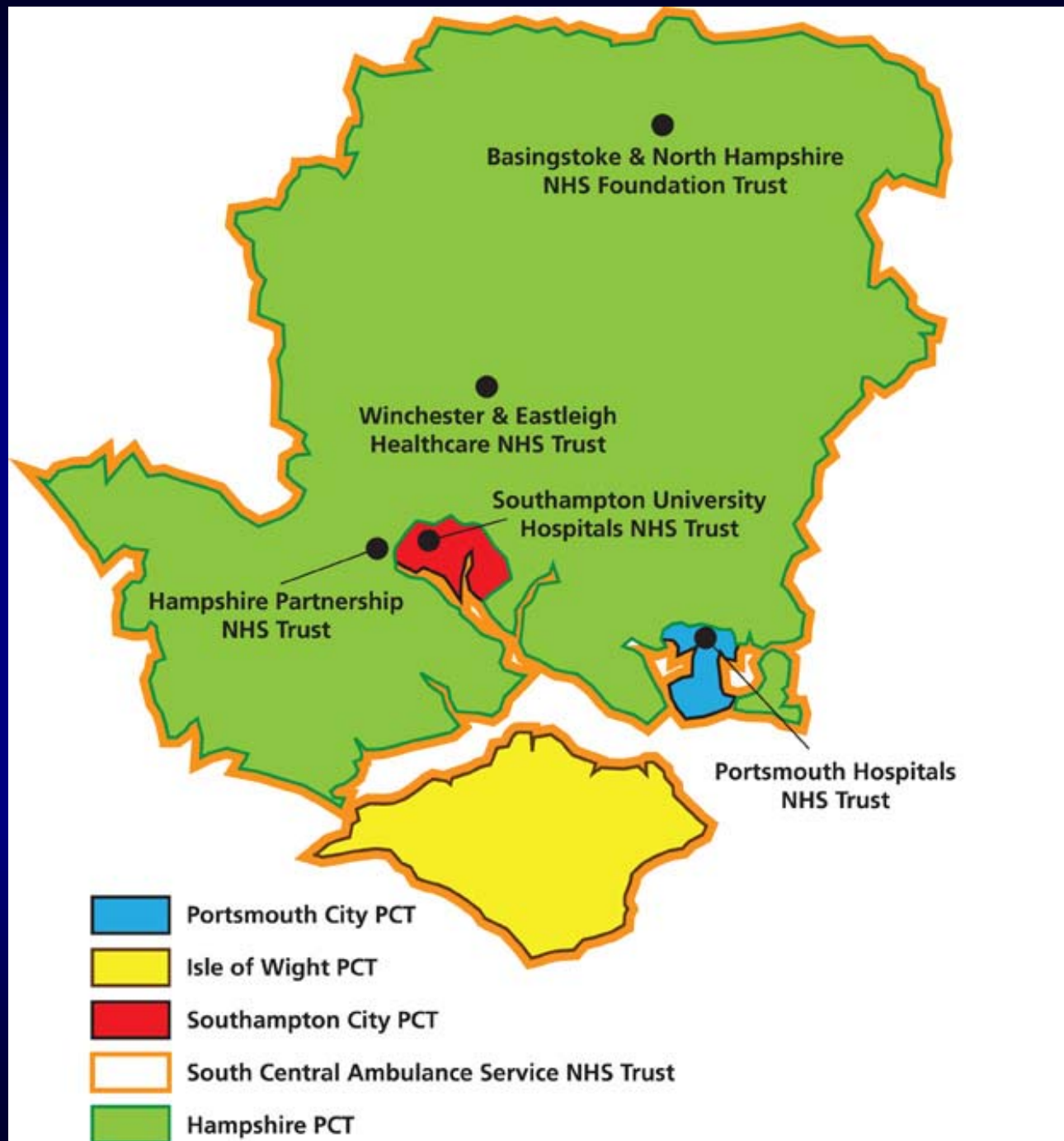
## Foundation Trusts

- Variable size
- Proven financial control, autonomous

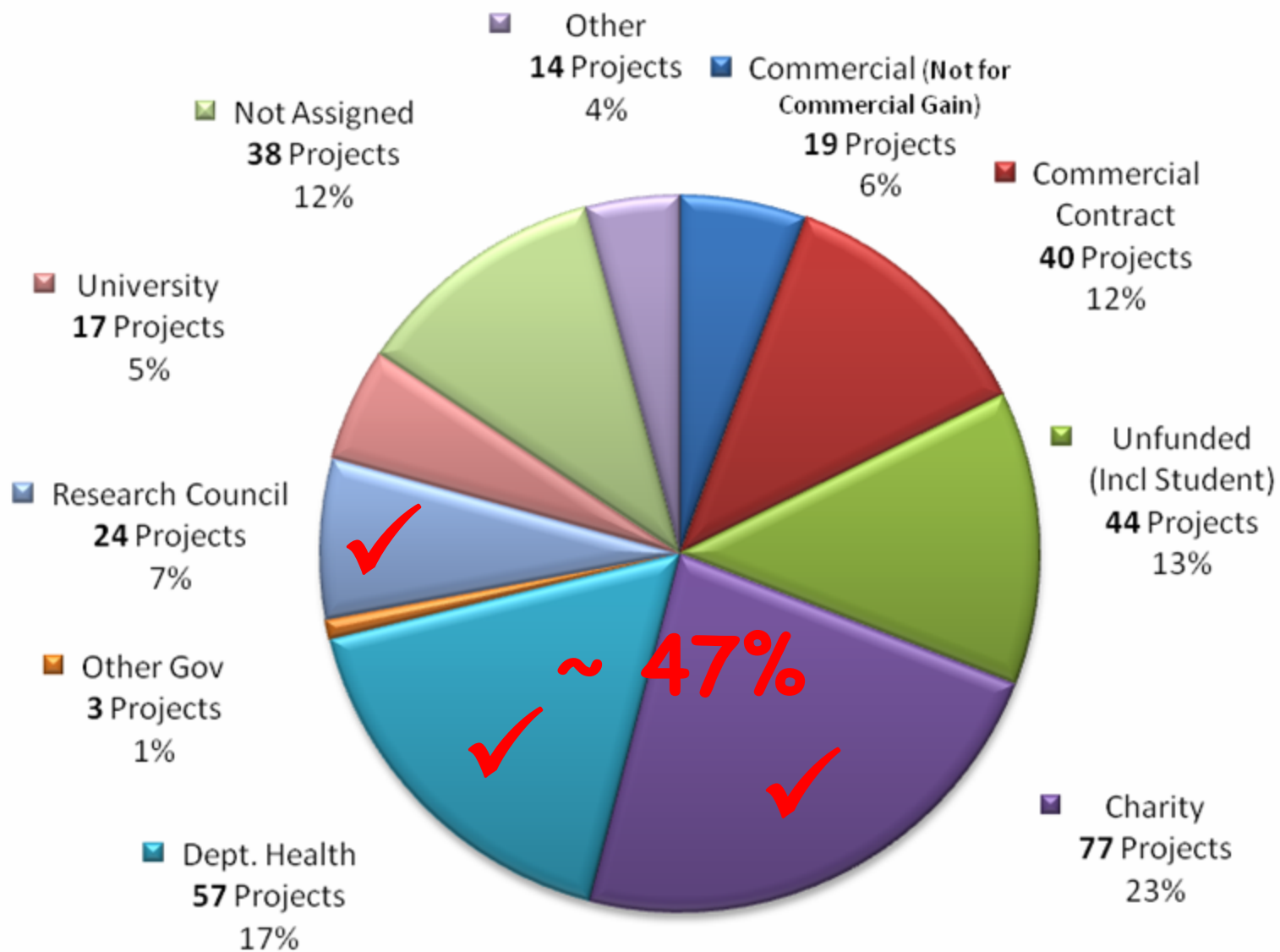
## District General Trusts

- Variable size, large populations
- Differing relationship with local Universities
- Pockets of excellence e.g. IVF

# Hampshire and Isle of Wight CLRN



All Projects "Open" In 2008-2009, by Funding Category  
(Total Projects = 246)



# Local Strengths

- Large population >500,000
- Track record of commercial and non-commercial activity
- Good recruitment into clinical trials especially cancer network
- Historic health and academic partnerships
- Ability to act as a research sponsor - GCP
- Skilled Research Managers
- Expertise e.g. Cancer, Allergy, Respiratory, Diabetes, Gastroenterology

# Common Weaknesses

- No clinical trial facilities
- New Hospital - ↓ ability to build capacity and capability
- Compliance with research governance standards
- Possibly overly risk-averse in policy interpretation (!)
- Contribution to academic research agenda
- Consumer Involvement
- Own account studies ++
- No financial control

# Shared Opportunities

- Work with CLRN
- Funding opportunities with NIHR - see exhibits
- Research networks
- Own account - raise the bar
- Responsive mode funding streams
- RDS re-configuration
- Molecular PET-CT (only one of it's kind in Europe!)

# Different Threats

PHT financial recovery plans and move to FT and PFI

Clinical Managers don't see the value of research

Managing 'own account' research  
- "baby and the bathwater"

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# Trusts - A Need for Strategic Overview

## Vision

To improve the health of our patients through the generation of, and participation in, research and innovation.

## Mission

Create a nationally recognised centre of research excellence; supporting local individuals to be innovative and to lead, collaborate in and host priority-driven research, focused on the needs of our patients and the public.

# Trusts - Developing Local Strategic Goals

- Goal 1** Integrate a research strategy into Trust structure, policy and process
- Goal 2** Maximise patient participation in high-quality, funded, patient-focused clinical research
- Goal 3** Develop key priority areas of research expertise within the Trust
- Goal 4** Ensure research activities are compliant with nationally recognised standards of good practice and regulatory requirements
- Goal 5** Maximise the clinical and economic benefits of research and research innovations

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## Goal 1 - Integrate a research strategy into Trust structure, policy and process

- Written a strategy!
- Trust Board - C12 but needs to accept the value of accruals and other KPI's into Divisional targets
- Ensure clear processes of financial accountability
- Dedicated HR support for recruitment of staff - RAP
- *Every clinical speciality should participate in portfolio trials*

## Goal 2 - Maximise patient participation in high-quality, funded, patient-focused clinical research

- Increased number of research nurses in Priority Areas - critical care, ophthalmology, cardio, etc.
- Reward and recognise participation in research
  - PA's for clinicians
  - Service support: pharmacy, pathology, imaging
- Workforce plan with support and management
  - Who manages the CTPs - clinical, research?
- Increase number of CIs - develop research e.g. tuning fork study and RfPB

## Goal 2 - Maximise patient participation in high-quality, funded, patient-focused clinical research

- Work with our BRUs - COPD nutrition, Asthma
- Engage with TCRNs
  - Cancer, Diabetes, DenDRoN, Stroke, ... others?
- Use of FSF
- Use the RDS, help senior investigators develop ideas e.g. renal, ED, falls
- Identify barriers - radiotherapy, IRMER
- Work with Industry, NIHR-adopted trials

## Goal 3 - Develop key priority areas of research expertise within the Trust

- Identify areas of interest/excellence - joint partnership with the UoP, "Memorandum of Understanding", so use NIHR funding streams
- Develop research champions - aligned to Priority areas
- Create research plans which reflect local (CLRN) priorities and needs

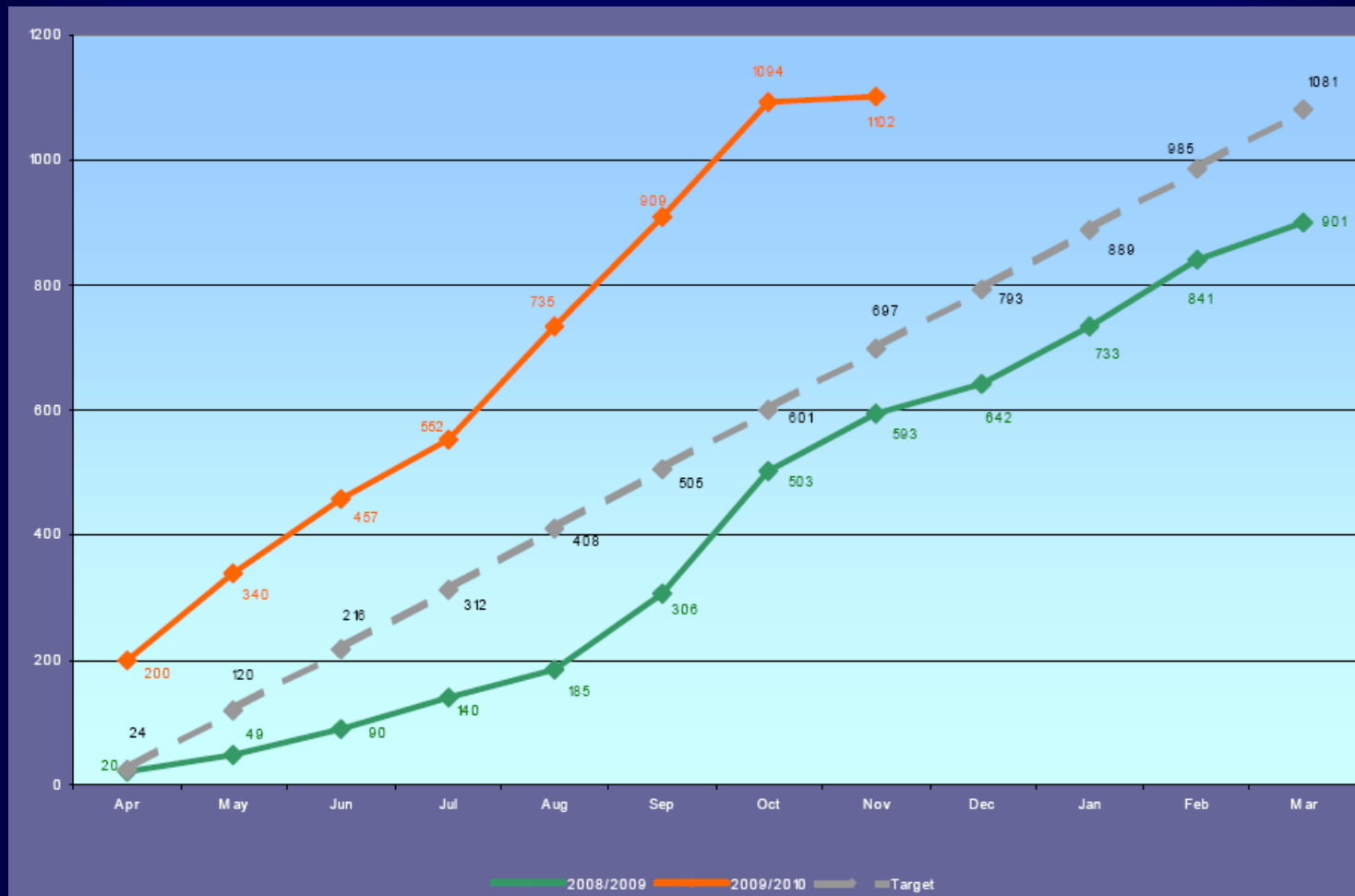
# Multi-faceted approach to ↑ accruals in CLRN

Improve:

- Accuracy of data at local level
- Data capture/reporting - communication between Trusts and Leads
- Performance of existing UKCRN studies - unblock blocks
- Focus/resource to studies that are feasible and will succeed/accrue
- Capacity to deliver portfolio adopted studies across departments
- Communication - Trust commitment to NIHR activity (*core business and everybody's job to accrue*)
- Numbers of Portfolio studies in organisation per se:
  - Support local leads
  - encourage "own account" to seek funding
  - RDS help and adoption

# How are we doing?

Apr 08-09 = 824, Target 20% = 989    Apr 09-10 ...1102



In a further 4 years .... 1648 ?

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**Current Challenges**

# Shared Challenges for Trusts

**SPACE:** clinical room to do trials

**SERVICE SUPPORT:** Identify true costs

**REWARD:** job plans or supplements? Why part-time?

**FISCAL:** Managing income - zero-budgeting/carry over

**BUY-IN:** Senior NHS managers to support research

**WORKFORCE:** manage research staff to ensure 'VFM'

**CORE SKILLS:** Colleges ↑ research element in training

**COMMISSIONERS:** PCTs to engage e.g. ETCs

# Current Challenges for NIHR and Trusts

Too long, too expensive to obtain permissions in research

Variable governance standards between organisations

Incentivise NHS Managers to support research

Early days .....

..... but the best thing to ever happen to UK research