GOVERNING BODY REPORT

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Title Norfolk & Suffolk Primary & Community Care Research Office Annual Report 2018/19
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Purpose This annual report presents the research work managed by the Norfolk and Suffolk Primary and Community Care Research Office during the 2018/19 financial year. The Research Office supports research across Norfolk and Suffolk Primary Care, Norfolk Community Health and Care and East Coast Community Healthcare and the CCG’s Duty to Promote Research and the report encompasses work across all these areas.

This report has been submitted for information and discussion and in the context of the CGG’s Duty to Promote Research and is expected to be published on the Research Office website and disseminated to stakeholders and partners following agreement of the Norfolk and Suffolk CCGs.

Applicable CCG Clinical Priorities:

1. To promote self care
2. To ensure high quality local services where possible
3. To improve the health of those most in need
4. To improve health & educational attainment for children and young people
5. To improve access to mental health services
6. To improve outcomes for patients with diabetes to above national averages
7. To improve care for frail elderly individuals
8. To allow patients to die with dignity and compassion and to choose their place of death where appropriate
9. To ensure that the CCG operates within agreed budgets

Action required by Governing Body:

This report has been submitted for information and discussion and provides evidence to support the CCG’s Duty to Promote Research.
1. **Background**

1.1 Research is increasingly core business for the NHS, bringing benefits to patients, clinicians and NHS organisations and CCGs have a duty to “promote research and innovation and the use of research evidence”.

1.2 Since the inception of the CCGs in 2013 the Suffolk CCGs have had a Service Level Arrangement with the Norfolk and Suffolk Primary and Community Care Research Office (hosted by South Norfolk CCG), to support research across primary care in Suffolk and the CCG’s duty to promote research. These arrangements have been and continue to be supported by the Local Clinical Research Network (CRN: Eastern) who part fund the Office and support the delivery of national important research within the Eastern region. The Norfolk and Suffolk CCGs as members of the Norfolk and Suffolk Research System Steering Group, have a role in overseeing the work of the Office and influencing the wider research system across Norfolk and Suffolk.

2. **Key Issues**

2.1 The Research Office operates across all 7 Norfolk and Suffolk CCG areas and works with partners across the health system to support and promote research as a core part of health care commissioning, delivery and service provision and the Annual Report showcases work undertaken by clinicians, commissioners, researchers, the Norfolk and Suffolk CRN Eastern Primary Care Research Delivery Teams, and the Research Office in line with the five year Research Strategy (2014-2018).

**Key achievements highlighted in the report are:**

- Over 6,000 patients from primary and community care sites across Norfolk and Suffolk took part in 65 nationally important studies. 21 Suffolk and 51 Norfolk practices regularly took part in research as part of the 2018/19 Research Site Initiative (RSI) Scheme.

- High research recruitment between October 2017 and September 2018 by practices in NHS Great Yarmouth and Waveney CCG, NHS Ipswich and East Suffolk CCG, NHS North Norfolk CCG, NHS Norwich CCG, NHS West Norfolk CCG and NHS West Suffolk CCG and was rewarded with each CCG receiving £20,000 of recruitment-related RCF in April 2019.

- The Barrett’s oESophagus Trial (BEST3) was the top recruiting primary care study with over 1400 recruits across Norfolk and Suffolk in 2018/19. The BEST3 trial tests if a Cytosponge is a good way to find Barrett’s oesophagus when used in GP surgeries. The Research Office has collected study impacts indicating that cases of Barrett’s oesophagus have been identified as a result of participating in the study which may not otherwise have been picked up.

- Six of the seven Norfolk and Suffolk CCGs were in the top 50 CCGs nationally in terms of recruitment to studies relative to population size and NHS Ipswich and East Suffolk CCG reported the second biggest increase nationally in number of studies. (29 recruiting studies in 2018-19 compared to 17 in 2017-18)

- A Tier 3 Bursary, which offers funding and mentoring support to help develop research ideas was awarded to a Designated Nurse for Safeguarding Children at Ipswich & East and West Suffolk CCGs - to explore the area of mindfulness practice and its effect on the resilience and safeguarding practice of clinical staff working in the area of safeguarding children

- Research Impacts have been collected on a regular basis through the use of a brief online survey to highlight the difference research has made to clinicians and patients. These have been collected across the region reporting benefits including increases in knowledge and access to different therapies and treatment options, better engagement with patients, faster diagnosis and better care for patients taking part in these studies.

- 50 health and social care staff from across Norfolk and Suffolk attended the Research Office’s “Getting Started with Service Evaluation” in 2018/19, bringing the total to more than 90 staff trained since November 2017.
South Norfolk CCG as host of the Research Office took the lead CCG role on behalf of all CCGs in CRN: Eastern in management of Excess Treatment Costs in Research and helped smooth the transition to the new system which was implemented in October 2018

2.2 In 2019/20 we are looking to:

- Develop a Research and Evaluation Strategy for Suffolk in line with the Norfolk and Waveney Research and Evidence Strategy (in development) and the anticipated national 10 year research strategy
- Hold a Suffolk stakeholder event to inform development of the Suffolk Strategy
- Work with UEA Health and Social Care Partners to support system research and help support Norfolk and Suffolk CCG bids to UEA Health Partners
- Establish links with Primary Care Networks across Norfolk and Suffolk and identify links to research and priority areas for research
- Agree a programme of Research Dissemination Briefings to support commissioners and extend assessment of research impacts
- Refresh research accountability arrangements within the CCGs and Steering Group

3. Patient and Public Engagement

3.1 Involvement of patients and the public in the development and delivery of research is critically important ensuring research quality and relevance.

3.2 The Research Office has a 50 strong Patient and Public Involvement in Research (PPIRes) panel to support this work, showcased in the annual report (section 3.2). A survey of users and members of this panel was conducted in 2018 and a stakeholder event was held with UEA to look at strengthening collaborations between academia and the NHS.

3.3 Results of the CRN led annual Patient Research Experience Survey are also reported in the annual report indicating that patients taking part in research across practices in Norfolk and Suffolk had a positive experience of taking part and were treated with both dignity and respect, reflecting the professionalism of both the CRN delivery staff and practice staff involved.

4. Recommendation

4.1 This document is used as evidence to support the CCG’s Duty to Promote Research. It would be useful to get the Governing Body’s feedback on how they would like to feed into the development of a Suffolk Research Strategy.
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³CRN Eastern Suffolk and North East Essex Research Delivery Team, hosted by East Suffolk and North Essex NHS Foundation Trust
1. Introduction

Norfolk and Suffolk have a long-standing reputation of being high-performing research areas, with engaged clinicians. This is supported by close collaborations between the Research Office, academic partners, CCGs, Trusts, NHS professionals, practices and the National Institute for Health Research (NIHR) Clinical Research Network (CRN) Eastern.

In 2018/9 the Norfolk and Suffolk Primary and Community Care Research Office (Research Office) continued to undertake research development and management in primary and community care for the seven Norfolk and Suffolk CCGs, Norfolk Community Health and Care NHS Trust (NCH&C) and East Coast Community Healthcare CIC (ECCH).

The Annual Report showcases work undertaken by clinicians, commissioners, researchers, the Norfolk and Suffolk CRN Eastern Research Delivery Teams, and the Research Office in line with the themes of CCGs’ five year Research Strategy:

- Research to underpin evidence-based commissioning
- Participation in research
- Research regulation and quality
- Dissemination and communication
- Research environment and infrastructure
- Financial sustainability.

This year has seen the development of the 2019-2023 CCG Research Strategy which once endorsed by the Norfolk and Waveney CCG Governing Bodies will provide a strong foundation for the development of CCG research and evidence, and guide the work of the research office. Suffolk CCGs have committed to undertaking a stakeholder event to inform the development of a Suffolk focused strategy using the frameworks from the Norfolk and Waveney Strategy. These complementary Research Strategies will drive our work, with a vision to ‘promote a culture that enhances the health and wellbeing of the population of Norfolk and Suffolk through involvement in research and its translation into practice’.

CCGs have a duty to “promote research and innovation and the use of research evidence”, and, as members of the Norfolk and Suffolk Research System Steering Group, have a role in influencing the wider research system across Norfolk and Suffolk and oversee the work of the Research Office. Our work covers two STP areas, Norfolk and Waveney, and Suffolk and North East Essex. Our Chief Officer, Melanie Craig was appointed in April 2019 to lead the five Norfolk and Waveney CCGs, and Ed Garrett, is the Accountable Officer across the three Suffolk and North East Essex CCGs. Both Melanie and Ed head up the STPs in their respective areas. The Research Office is now part of Strategic Commissioning within the developing organisational structure across the Norfolk and Waveney CCGs.

The NHS Long Term Plan launched in January 2019 highlights the need for “Research and innovation to drive future outcomes improvement” and states that “Patients benefit enormously from research and innovation, with breakthroughs enabling prevention of ill-health, earlier diagnosis, more effective treatments, better outcomes and faster recovery.” The Research Office works with partners across the health system to support and promote research as a core part of health care commissioning, delivery and service provision.

We present here the achievements of the Research Office for the 2018/19 financial year. Finally, we look forward to how we can work with local and national partners to meet upcoming challenges; address commissioning and delivery priorities; meet the needs of our local population whilst being nationally relevant; and work more closely with all our partners, locally and nationally.

4https://www.longtermplan.nhs.uk/
Key Achievements 2018/19

On behalf of Norfolk and Waveney CCGs, **NHS South Norfolk CCG hosted three NIHR funded grants (total value approximately £2.5 million)** with a further application “recommended for funding” and due to start in June 2019 in the area of supporting the prevention of smoking relapse in those who have managed to quit.

NHS South Norfolk CCG received £164,443 of Research Capability Funding (RCF) based on the previous calendar year’s (2017’s) research income and is one of only eight CCGs consistently receiving grant-related RCF.

Over 6,000 patients from primary and community care sites across Norfolk and Suffolk took part in 65 nationally important studies. **72 Norfolk and Suffolk practices regularly took part in research** as part of the Research Site Initiative Scheme (RSI).

The Barrett’s oESophagus Trial (BEST3) was the top recruiting primary care study with over 1400 recruits across Norfolk and Suffolk in 2018/19. The BEST3 trial tests if a Cytosponge is a good way to find Barrett’s oesophagus when used in GP surgeries. The Research Office has collected study impacts indicating that cases of Barrett’s oesophagus have been identified.

A further 50 health and social care staff from across Norfolk and Suffolk attended the Research Office’s “Getting Started with Service Evaluation” this year, bringing the total to more than 90 staff trained since November 2017.

In April 2018, NHS Great Yarmouth and Waveney CCG, NHS North Norfolk CCG, and NHS Norwich CCG each received £20,000 of recruitment-related RCF for recruiting at least 500 patients into NIHR portfolio studies during the previous reporting year.

The Patient and Public Involvement in Research (PPIRes) team supported a panel of 50 members of the public from Norfolk and Suffolk. These PPIRes members worked with local researchers to support the development of 30 research studies.

Evaluation of the Central Norfolk CCGs’ Admiral Nurse Service was carried out by the Development Team and the report delivered in November 2018. The report has been used to inform the ongoing support that will be provided within the community.

The Research Office launched a redesigned and more comprehensive website in October 2018 providing advice and support to academics, health and social care practitioners and commissioners, patients and the public in the delivery of healthcare research.

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The Research Office piloted a graduate internship project that delivered ten evidence briefings for commissioners to support service redesign and commissioning decisions.

In April 2018, NHS Great Yarmouth and Waveney CCG, NHS North Norfolk CCG, and NHS Norwich CCG each received £20,000 of recruitment-related RCF for recruiting at least 500 patients into NIHR portfolio studies during the previous reporting year.

Six of the seven Norfolk and Suffolk CCGs were in the top 50 CCGs nationally in terms of recruitment to studies relative to population size and **NHS Ipswich and East Suffolk CCG reported the second biggest increase** in number of studies.

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2. Research to underpin evidence-based commissioning

A strong evidence base is core to the design, commissioning and delivery of health service for the population. We have addressed this strategic theme in the following ways:

- Working with academics, healthcare practitioners and commissioners to ensure that locally developed research is scientifically robust, feasible and addresses local and national health needs.
- Brokering the delivery of evidence briefings for CCGs from academic teams supported by Research Capability Funding (RCF)5.

RCF-supported evidence briefings

Identifying and discriminating between mild cognitive impairment, dementia, delirium and combinations: delivery of the most suitable care for patients

Support needs of informal carers and implications for improving carer support

Goal-setting for older patients with multimorbidity in primary care

Interventions to prevent, delay or reduce frailty in community-living older adults

- Engaging Graduate Interns via UEA to provide bespoke evidence briefings for NHS South and North Norfolk CCG Transformation teams to support decisions on service redesign (November 2017 to November 2018). These CCGs invested £20K in this initiative. The briefings have been shared across the system where possible.
- Delivering “Getting Started with Service Evaluation” training to health and social care staff in Norfolk and Suffolk (commissioners and provider) – see Training in 3.4
- Where CCG funding was available - designing and conducting evaluations:

- the Central CCGs’ Admiral Nurse Service (report delivered in Nov 2018)
- The Musculo-Skeletal First Contact Practitioner (MSK-FCP) Pilot in North Norfolk (report due autumn 2019)
- The Cancer Alliance Transformation Programme (report due May 2020)

The Admiral Nurse Evaluation highlighted the challenges faced by family and other informal carers of people with dementia living in the community. The report has been used to inform the ongoing support that will be provided within the community. The report and poster (above) are available on the Research Office website6.

“The Central Norfolk Admiral Nursing Service Evaluation is an excellent piece of work, and will be used to inform our future commissioning decisions for the service. This was a great example of how commissioning and research colleagues can work together to ensure the CCG is making evidence-based decisions and measuring the right outcomes to enable service evaluation.”

Commissioner, Research Office Experience Survey

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5RCF supported evidence briefings can be viewed at https://nspccro.nihr.ac.uk/working-with-us/evidence-informed-commissioning/evidence-summaries

6https://nspccro.nihr.ac.uk/evaluation/evaluation-of-the-admiral-nurse-service
2.1 Developing projects

The Research Office has a small Research Development Team who offer expert support for Research Design and Development activities. We supported the development of 36 discrete grant proposals during 2018/19, always in collaboration with academic, NHS and other healthcare partners.

Where grant applications can be submitted with a CCG as contractor (thus attracting RCF if funded) NHS South Norfolk CCG, which hosts the Research Office for the system, is named as contractor on behalf of all the Norfolk and Waveney CCGs. The number of applications worked shows a drop from last year (36 versus 43), and the number of applications submitted with the CCG as lead is 9. The trend of applying for more of the larger research grants that would run for around 5 years continues, in addition to supporting more junior academics to apply for smaller grants and personal fellowships. Examples of broad areas of research applications submitted are below (these are given only as broad areas as grant applications are confidential until funded and publicised).

One Public Health Research application, with NHS South Norfolk CCG as contractor submitted in April 2018, was recommended for funding and is due to start in June 2019:

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Quit-Sense
- Optimisation and feasibility randomised controlled trial of a novel smartphone app for smoking cessation that delivers “context aware” lapse prevention support in real time.
- 01/06/2019-31/05/2021 £373,588
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2.2 Evidence briefings to support service transformation

During the first part of 2018/19, we had continued financial support from NHS North and NHS South Norfolk CCG Transformation Teams to retain a graduate intern from UEA. The intern has worked within the Development Team to deliver bespoke evidence briefings to underpin service redesign.

Evidence briefings for CCGs delivered by the internship project (Q3 and Q4 2018)

- Pulmonary rehabilitation
- Home oxygen therapy and falls
- Weight management
- MSK-FCP
- Dietetics – organisation guidelines and approaches
- ME/CFS Service: alignment of current service with NICE guidelines
- ME/CFS Service: recent research evidence on treatments and interventions
- Community Development: A summary of evidence on the effectiveness of CD
- Community Development in England: A summary
“...it would be helpful to have an opportunity to share work plans / future commissioning developments that may benefit from R&D input”

Commissioner, Research Office Experience Survey

3. Participation in research

The NHS Long Term Plan, launched in January 2019, recognises the critical importance of research and innovation to drive future medical advance, with the NHS committing to play its full part in the benefits these bring to patients, working to increase the number of people registering to participate in health research to one million by 2023/24. Over 10,000 CRN Eastern participants were recruited through primary care to nationally important NIHR Portfolio studies during 2018/19, across 16 specialities, contributing to a total of over 47,000 participants in the CRN Eastern region.

NCH&C was the third highest recruiting community care trust in England with 1,145 recruits; whilst relative to their population size the seven Norfolk and Suffolk CCGs ranged from the 16th to 51st highest recruiting CCGs across England, with 5,307 recruits in total across the seven CCGs. The NIHR 2018-19 League Table headlines list NHS Ipswich and East Suffolk CCG as the joint second CCG reporting the biggest increase in number of studies (29 recruiting studies in 2018-19 compared to 17 in 2017-18) and list NCH&C as the seventh care trust for volume of research studies (with 20 recruiting studies).

3.1 Delivery of Research

The CRN funds the primary care research delivery teams for Suffolk and North East Essex, hosted by East Suffolk and North Essex NHS Foundation Trust and Norfolk and Waveney, hosted by NCH&C. The Research Office supports the set-up and management of studies rolled out by the delivery teams through ensuring permissions and support arrangements are in place, and facilitating local arrangements (see section 4.2).

The graph and map below give an overview of recruitment in 2018/19 relative to list size with the darker shading on the map indicating CCGs with the highest proportion of recruits.
The graph below shows studies with the highest recruitment in Norfolk and Suffolk throughout 2018/19: BEST3 was again the highest recruiting study with over 1400 recruits across Norfolk and Suffolk; West Norfolk CCG and Ipswich and East Suffolk CCG practices recruiting 469 and 398, respectively. Both BEST3 and EPIC, the next highest recruiting study for 2018/19, have completed recruitment in the Eastern region. iQUIT (see opposite) also recruited well across the region with over 200 patients recruited in 2018/19.

“Great uptake seen in West Norfolk: Interest amongst patients in West Norfolk continues to be some of the highest in the Trial. Across several sites, over 50% of patients invited are expressing an interest to have the test”

BEST3 Newsletter Jan 2019.
In August 2018 CRN Eastern published feedback (see figure below) from their Research Experience Survey of patients from local GP Practices taking part in HEAT, the Helicobacter Eradication Aspirin Trial, a study investigating whether eradication of the ulcerogenic bacterium Helicobacter pylori in patients will prevent increased bleeding risk with aspirin. Participants overwhelmingly felt they were treated with both dignity and respect, and they reported a positive experience of taking part in the trial, reflecting the professionalism of the CRN delivery staff and practice staff running the study at 47 practices across Norfolk and Suffolk.

“[The CRN Research Nurse] has been an excellent ambassador for both the CRN and the GLoW study and we are incredibly grateful for her support.

Where practices do not have the capacity to recruit patients and carry out study visits as a standalone site, [the Research Nurse] has provided support and carried out study visits: taking informed consent, measuring height, weight, and blood pressure, and taking blood samples according to the study protocol. She has used her knowledge and experience to engage with GP practices across the area and has personally recruited 10 practices in Norfolk.”

Chief Investigator of the GLoW Trial, a Cambridge University trial investigating the effectiveness of tailored diabetes education and weight management

3.2 Patient, Carer and Public Involvement

Public and Patient Involvement in Research (PPIRes)

The PPIRes project and its panel of 50 volunteers have supported the local research community across, primary, community, secondary care and mental health for 15 years.

PPIRes volunteers work with UEA health and social researchers and NHS clinicians to:

- develop research ideas
- design research with patients and carers at the heart
- represent patients and carers on research steering/management groups and advisory groups
- support dissemination of results and outputs

Some of the activities undertaken over the past year include:

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<th>Involvement in the development of 30 projects:</th>
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<td>Attending 20 discussion groups (coordinated by PPIRes)</td>
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<td>Commenting on Funding applications</td>
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<table>
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<th>Presented at</th>
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<tr>
<td>RDS NIHR Fellowship event</td>
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<td>Presented at PPI in Research MSc module</td>
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<tr>
<td>Ethics of Involving PPI in Research at UEA, with PPIRes volunteer</td>
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<th>4 PPIRes Panel meetings held</th>
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<tr>
<td>PPIRes supports 34 volunteers on steering, management and advisory groups across 12 funded studies</td>
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<th>Represented primary care on:</th>
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<tr>
<td>Public Involvement in Research Partnership Working Group</td>
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<tr>
<td>East of England</td>
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<tr>
<td>CRN Eastern PPI steering group</td>
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<td>RD Forum Service User and Carer Working Group</td>
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“Just a quick note to say how grateful I am for your support in the development of BET The Bronchiectasis Empowerment Tool. You and your volunteers’ knowledge, experience and kindness helped design the study essential to the successful completion of my doctorate.”

Quote from researcher on PPIRes support
PPI Stakeholder Event

The involvement of the public with research and education has several aspects, from the public involvement in developing research ideas and participation of patients in research studies, to learning from the experience of service users and including them in interviewing students, developing and delivering academic courses in Health Sciences. This also includes research to understand and promote the involvement of the patients, carers and the public in volunteering.

During 18/19 discussions between the UEA and the research team have identified that there is potential for us to strengthen collaboration on Patient and Public Involvement (PPI) work across health and academic organisations. To consider the possibilities, we brought together 35 stakeholders including volunteers, local charities, Acute Trusts, Quadram Institute, Faculty of Medicine and Health Sciences, Norwich Business School, Schools of Psychology and Pharmacy and CRN Eastern. All came together at a joint event in March 2019, to discuss the following questions:

1. What PPI models are currently being supported?
2. What are the possibilities for PPI collaborations across the system?
3. What would a good PPI system look like?
4. What recommendations do we want to make?

The theme of the morning was Working together – How do we do it? A survey of five PPI stakeholders and groups was undertaken and presented at the event to set the scene. A full event report has been circulated to all stakeholders (currently a group of over 60 and growing).

As a result of the event a task and finish group has been formed with representation from the UEA Service User Group, PPIres, academic and UEA administrative staff to scope out how to develop a unified and coordinated gateway to PPI. Meetings are scheduled to take place until December 2019, with implementation of the findings from January 2020. The group will work to the UK Standards of Public Involvement.  

Jacqueline Romero, PPIres Project Manager
Some of the early themes are:

<table>
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<tr>
<th>It is important to ask ourselves what are the risks of not doing PPI effectively</th>
<th>A clear service user strategy with buy in from the whole university</th>
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<tr>
<td>A senior academic lead role taking responsibility across UEA and Health Sciences</td>
<td>Develop a coherent view of how training should be delivered to volunteers and acknowledge that it is different to training/induction for staff/students</td>
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<td>Service user recognition in all policies but in particular HR and Finance policies as a number one priority. Keep things as simple and hassle-free as possible for the volunteers</td>
<td>Support staff to do ethical PPI by recognising it as part of their work and encouraging protected time to do it properly so it isn’t “add on” to normal role</td>
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<td>Create a coordinated hub in the university for PPI with a single point of contact – Hub and Spoke model</td>
<td>A co-ordinated approach to promotion and communication of PPI is needed e.g. dedicated website</td>
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<td>Create a work stream to take forward, champion and bring recognition that PPI deserves</td>
<td>Audit the PPI currently taking place in the University and Health and form an agreement with all groups on coordination and infrastructure</td>
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**Patient and Public Involvement in CHIPPS**

Four PPIRes members have been part of the steering group and management group since 2015. Patient and carer representative, Kate Massey wrote about her experience of being involved in the *International Journal of Pharmacy Practice*:

“The management group meetings are well planned and chaired, with no jargon allowed. Clear guidance, practical support, realistic timescales and appropriate funding are in place for the roles PI members undertake.”

**Areas of Involvement**

- Prioritising the research question
- Development of Funding application and design of the study
- Management of and undertaking the study
- Study analysis and write up
- Dissemination and Implementation of Findings

**Factors contributing to PPI success**

- Involving people throughout the life cycle
- Building relationships and Trust
- Close and collaborative working
- Good information, support and sufficient resources
- Enthusiasm and commitment of all

**Challenges**

- Finding the “right” people to involve
- Concerns over representativeness of views

**What difference has it made?**

- The study team focus on the patient and their perspective
- The study team has reviewed plans for process evaluation and dissemination with PPI members
- The study team identified that the patient and carer voice had not been considered sufficiently within process evaluation plans or logic model and there are lots of opportunities for PPI in dissemination or implementation processes.

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**PPI in NHS South Norfolk CCG hosted NIHR Grants**

Involvement of patients and the public in the development and delivery of research is critically important ensuring research quality and relevance. People who are affected by research have a right to have a say in what and how publicly funded research is undertaken. The involvement of patient representatives on NHS South Norfolk CCG held grants has been an intrinsic part of these projects, helping to shape and refine them as the case study below illustrates.

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“No matter how complicated the research, or how brilliant the researcher, patients and the public always offer unique, invaluable insights. Their advice when designing, implementing and evaluating research invariably makes studies more effective, more credible and often more cost efficient as well.”

Professor Dame Sally Davies, Chief Medical Officer Forward in Staley, 2009
PPI survey of stakeholders

A short survey was conducted of PPIRes members and researchers in late summer 2018 to determine the value of the PPIRes project to PPIRes stakeholders, and to explore what works well and what works less well from the perspective of both panel members and researchers.

36 researcher and 14 panel member responses were received, with feedback in the main being very positive.

“The meetings are highly valued. It’s good to hear from researchers explaining what they have done, what they are doing and what they think they want to do, and the Q&A parts often indicate areas they wish they had considered before doing what they do, underpinning the value of PPI and PPIRes in particular…”

Panel Member Respondent

Most involvement with PPIRes was on a study specific basis, with involvement in many cases across the whole research journey. Researchers particularly valued the discussion groups and the lay involvement in the development of patient-facing documentation.

“I am exceedingly grateful for the support and guidance that patient and public involvement has provided me and the projects on which I have sought assistance and direction. I feel that this advice and review is pivotal to the successful development of patient-centred care”

Researcher Respondent

3.3 Developing people

Early Researcher Bursary

The Research Office offers healthcare practitioners the opportunity to develop themselves and their ideas by applying for an Early Researcher Bursary. This redesigned scheme now has 3 Tiers, inviting applications from: those with little or no experience to Tier 1; those with nascent research skills to Tier 2; and to Tier 3 from those who are ready to contribute significantly to a research application.

During 2018/19, we awarded:

- one new Tier 2 Bursary to a physiotherapist at NCH&C, with a placement at UEA
- one new Tier 3 Bursary to a Designated Nurse for Safeguarding Children at Ipswich & East and East Suffolk CCGs

both of which will run on into 2019/20.

Tier 2 Bursary – with placement at UEA

A physiotherapist within the Early Supported Discharge (ESD) Stroke Team at NCH&C has been awarded a specially designed Tier 2 bursary to allow her to work alongside an experienced academic at UEA, one day a week for 39 weeks. The bursary pays for the recipient’s time to be back-filled so that the service is unaffected.

During the period covered by the bursary, the recipient will work to develop a literature review to support a grant application in the area of stroke rehabilitation by their academic mentor, with a particular focus on lower limb recovery.

It is a condition of the Bursary awards that research grant applications developed under this scheme are submitted to an NIHR funding stream with NHS South Norfolk CCG as the host organisation. If funded, these applications would yield grant-related Research Capability Funding.

Throughout 2018/19, we continued to support:

- one Tier 3 bursary recipient (Highly Specialist Clinical Psychologist) at NCH&C (research on hold due to pressures within the service)
- one bursary recipient (Specialist Physiotherapist) at NCH&C under the old scheme (research on hold due to pressures within the service).
3.4 Training

Evaluation training

The Development Team continued to deliver the “Getting Started with Service Evaluation” programme throughout Norfolk and Suffolk NHS partners. Evaluation assesses the value and effectiveness of services, ensuring commissioners can make informed decisions to improve services and patient outcomes. The training delivered locally was developed from that designed by colleagues from the West of England Academic Health Science Network (WEAHSN) and NIHR Collaboration for Leadership in Applied Health Research (CLAHRC) West. The training centres on the EvaluationWorks Toolkit and is designed to equip staff to think about how and why evaluation may be valuable in their day to day work.

By working one a week on a small study and exploring the literature with the expert guidance of a Professor at UEA, the recipient will be able to hone their skills, support their team’s effectiveness and contribute to a grant application to NIHR developed by their mentor.

In 2018/19, we ran 5 discrete sessions: two at NHS Great Yarmouth and Waveney CCG; one at NHS West Norfolk CCG; one combined session for NHS Ipswich & East and West Suffolk CCGs and one for NCH&C. Around 50 more staff have attended the training this year, making over 90 staff trained in total in the last two years, and found it helpful in focusing their thinking about their services, from both a commissioner and provider perspective.

“…practical tasks and group discussion – helpful to hear about other services and successes / barriers...”

“All content relevant and of use to my role...”

“Two presenters – kept it fresh by passing it back and forth between them”

“Using real example ... kept it real and gave it greater depth”

Anonymised attendees from training sessions

Personal Development

In collaboration with our academic partners, we work to identify opportunities for healthcare staff to become involved in research and develop their research skills from bursaries, contributing to expert reference groups in projects, sitting in management and steering groups to being co-applicants on grants.

PI Training

Principal Investigator (PI) training was, for the first time, delivered to a mixture of GPs, Community Nurses and hospital staff by the Research Office.

This training is designed to support individuals who are performing the role of study PI, the individual responsible for the conduct of the research at an individual research site. The Research Office has

Tier 3 Bursary

The Designated Nurse for Safeguarding Children for Ipswich & East Suffolk and West Suffolk CCGs, was awarded a Tier 3 bursary. The funds will allow the recipient to explore the area of mindfulness practice and its effect on the resilience and safeguarding practice of clinical staff working in the area of safeguarding children.

By working one day a week on a small study and exploring the literature with the expert guidance of a Professor at UEA, the recipient will be able to hone their skills, support their team’s effectiveness and contribute to a grant application to NIHR developed by their mentor.

http://www.nhsevaluationtoolkit.net/
two trained facilitators. There was positive feedback (shown in infographic) from those attending the PI training session at NCH&C.

GCP Training

To ensure that all research delivered within the region is carried out according to all relevant legislation, we have four trained GCP facilitators from across Norfolk and Suffolk primary and community care, one of which is a Research Office staff member, who deliver Good Clinical Practice (GCP) training to NHS staff throughout Eastern.

Other Training

We have provided training to individuals from UEA and Norfolk and Norwich University Hospitals NHS Foundation Trust (NNUHFT) on the new Excess Treatment Cost (ETC) in Research process (see section 4.4) and have presented ETC updates to the CRN Partnership Board, CRN Cluster Meeting as well as the NCH&C Research Steering Group and the Research Office Steering Group. We also ran a session on the Schedule of Events Cost Attribution Template (SoECAT) at UEA in June 2019.

4. Research regulation and quality

4.1 Management of Grants

In 2018/19 the Research Office undertook oversight as Sponsor or grant holder for four studies on behalf of NHS South Norfolk CCG:

**GOAL PLAN**
- Goal-setting in care planning for people with multimorbidity: feasibility study and intervention refinement
- 01/11/2016-31/07/2018
- £242,786

**CHIPPS**
- The development and delivery of a Care Homes Independent Pharmacist Prescribing Service
- 01/05/2015-30/04/2020
- £1,986,154

**LAB-2**
- Learning about Breathlessness Study 2
- 01/08/2018-01/012/2019
- £150,000

**PEP-TALK**
- A behaviour change physiotherapy intervention to increase physical activity following hip and knee replacements: a pragmatic randomised controlled trial
- 01/08/2019-01/08/2021
- £350,000

Oversight is achieved through working closely with the study teams and attending management and steering group meetings.

NIHR funding has also been recommended for one further study (Quit-Sense), as described in section 2.1, which started in June 2019 and is hosted by NHS South Norfolk CCG.

Recognising the benefit to the whole system of NIHR grants in primary and community care being hosted by the NHS partner but with the HEI partner acting as sponsor, we have been continuing work with UEA to develop a framework to make this happen. This means that the lead investigator’s employer has sponsor oversight and we also have the opportunity to maximise RCF into the system. RCF is used to support research development and staff both in the Research Office and at the University.

The outputs, including publications or presentations at meetings or conferences and impacts of NHS South Norfolk CCG hosted studies are listed in Appendix 1. Two NHS South Norfolk CCG sponsored studies, GOALPLAN and CADDY, completed in 2018 and the studies’ findings are presented as case studies on the next page.
4.2 Research Study Management and Support

The Research Office has a small team supporting NHS Research Management, across Norfolk and Suffolk working with partners to ensure that research is undertaken in line with all governance and legal requirements; encouraging high quality research is undertaken in line with local and national health needs and commissioning priorities; providing expert advice to support research and minimise risks to participants, patients, staff and organisations; developing and maintaining robust systems for sponsor or contract oversight and delivery, and facilitating study delivery in line with national guidance, timelines and targets.

CADDY

The NHS South Norfolk CCG sponsored and NIHR HS&DR funded study Dementia undetected or undiagnosed in primary care: the prevalence, causes and consequence (CADDY), looking at the prevalence and distribution of dementia that is not known in primary care, completed at the end of March 2018 and the final report was submitted to the NIHR in May 2018. The study conclusions were:

- the lack of relationship between severity of non-memory impairment and diagnosis may reflect low awareness of other symptoms of dementia
- there remains little objective evidence for benefits of diagnosis for people with dementia
- the sometimes extensive delay in diagnosis for the population with dementia has implications for researchers who identify cohorts via recorded diagnoses.

The study results have been presented at a number of conferences (see Appendix 1) and at a workshop on Dementia Diagnosis.

The Goalplan study completed in July 2018 and work has been ongoing on development of the next phase of the study. The feasibility stage of the study looked into adding goal setting to the care planning process in primary care for people with more than one long term condition. ‘Goal-setting is the sharing of realistic health and wellbeing goals by physicians and patients, and is rooted in an understanding of patient’s priorities and preferences’.

This cluster randomised trial involved 6 practices (5 in Norfolk and 1 in Suffolk), 11 GPs and 52 patients. The intervention involved GP training with goal-setting role-play and the delivery of goal-setting consultations for patients with 6 month follow up.

Results have shown that goal setting was acceptable to patients, who wanted more continuity of care to follow up their goals, and GPs who liked setting goals and felt it helped care be more patient-centred. The recently completed study was presented at two conferences (British Geriatrics Society and the Royal College of General Practice) and the team won best poster presentation for their work at RCGP. The findings were also presented to GPs at a UEA meeting and have been published (see Appendix 1).
Around 60 new studies are reviewed by the team annually across a broad range of specialities. Approximately 75% of these are adopted onto the national portfolio, the remainder are predominantly student projects, giving students experience of research and helping to support the research leaders of the future.

Four examples of studies that rolled out locally, and were supported by the Research Office in 2018/19 are detailed in the figure opposite.

4.3 EDGE

The Research Office team contributes to the EDGE research data management system across Norfolk and Suffolk primary and community care, ensuring that studies are assigned locally, that study attributes are entered and that data points are inputted for community care sites. The Central Portfolio Management System, which records national recruitment data will include a new functionality from April 2019 to pull in recruitment data from local systems (EDGE). This means that most studies will now draw their recruitment figures directly from locally recorded information.

ATTACK
Aspirin To Target Arterial events in Chronic Kidney Disease (CKD)

- A randomised controlled Trial (RCT) to test hypothesis that low-dose (75mg) aspirin reduces the risk of major vascular events in people with CKD, without pre-existing Cardiovascular Disease.
- Over 25,000 participants to be recruited across the UK, approx 2,500 across the Eastern region.
- Led by University of Southampton & Epsom & St Helier NHS Trust

TASKED
Understanding and managing everyday task performance in dementia

- The aim of the study is to investigate factors contributing to dysfunction in carrying out everyday tasks, with a focus on discerning between symptoms resulting from the dementia syndrome and environmental (including carer) factors.
- Expected to involve 180 participants
- Led by UEA

MedEX-UK
Mediterranean diet, Excercise and demential risk in UK adults

- RCT to test the feasibility of the intervention delivered through a web-based interactive platform, group sessions, personalized dietary and advice, and the provision of food items to adults with an above average risk of dementia.
- 108 participants to be recruited from three areas
- Led by UEA

WISE
What is the impact of large scale implementation of stroke Early Supported Discharge (ESD)?

- The purpose of this interview study is to examine whether different types of ESD services offer the same benefits to stroke survivors as those suggested by research studies.
- 75 participants to be recruited across three areas
- Led by University of Nottingham
4.4 **Excess Treatment Costs in Research**

1st October 2018 saw the implementation of a new national process for managing ETCs in Research, following a consultation by NHS England in early 2018.

**Excess Treatment Costs (ETCs)** are the costs that arise as a result of the difference between the cost of standard treatment and the cost of treatment within a research study in non-commercial research projects. The NHS is responsible for these costs which are funded through normal commissioning arrangements for commissioning patient care.

Historically there has been significant variation in how these costs have been managed leading to geographic variation in funding, and delays in set-up of studies as a result.

South Norfolk CCG agreed to act as Lead CCG for ETCs in the Eastern Region to support this process. Although CCGs remain legally responsible for these costs which are funded through normal commissioning arrangements for commissioning patient care.

Payments for ETCs are being made from a national budget funded through a CCG topslice of 5.2p / head of population (2.6p / capita for the 6 months from 1st Oct 2018) which is held in a national ETC budget by the Department of Health and Social Care (DHSC) to fund ETC payments.

March 2019 saw the first payments made via this new system, with studies allocated a nationally agreed per patient ETC, paid based on numbers of patients recruited at each site. With the exception of primary care, all providers have been set a threshold (based on 0.01% of operating income) which they are required to meet before any ETC payments will be made. Processes for managing studies which do not fit the national model are still being worked through.

The graph below shows the distribution of ETC pay outs per CRN compared to budget contributions for the six months since the October implementation. CRN Eastern received the lowest ETC payment despite having an average contribution level.

5. **Dissemination and communication**

Reporting the outcomes of research projects and programmes in a variety of ways ensures that information is disseminated in many formats that are of relevance to different groups of people and are of use in the design, commissioning and delivery of health and social care services. Researchers, sponsors and funders all have a duty to disseminate findings from research, both contributing to the evidence base and keeping information flowing to those who gave their time to support their research and to be recruited into studies.

We collaborate with national and local bodies (e.g. CLAHRC EoE and Eastern AHSN) to ensure research findings, relevant to patients and the NHS are disseminated and encourage translation into practice.
5.1 Communication

Throughout 2018/19 the work of the Research Office and research undertaken within Norfolk and Suffolk was promoted and enhanced in the following ways:

- The launch of the redesigned Research Office website\(^{11}\)

- Annual Report to Governing Bodies and all stakeholders (i.e. this document)

- Quarterly bulletins for Norfolk and Suffolk CCGs and SLA partners in a redesigned format from April 2018

- CRN newsletter to all Norfolk and Waveney general practices

- CRN newsletter to Suffolk and North East Essex general practices

- Research Office Twitter account

- Dissemination Bulletin twice yearly (also redesigned in 2018)

- NCH&C Annual Report

The Office Twitter account, @NHS_NSResearch, continues to be a useful tool, supporting engagement with multiple NHS, funding, academic and patient organisations and increasing the visibility of the Office locally and nationally. In addition it provides another communication channel by which we can support the CCGs’ ‘duty to promote research’.

In May 2018 the Research Office hosted a Tweetchat in conjunction with #Why-WeDoResearch Tweetfest 2018. The chat title ‘Living longer, ageing well’ led to discussions around research priorities to ensure the NHS is prepared for an ageing population and how results of research can reach the right people at the right time. 109 people took part in the chat.

This year we sent 179 unique Tweets, with the top five topic areas (frequency) being 1: strategic; 2: research dissemination; 3: research delivery; 4: research development and 5: PPI.

The number of followers for our Tweet account has increased from 393 to 624, and impressions and engagements remain high at over 160,000 and over 2,600, respectively.

\(^{11}\)https://nspccro.nihr.ac.uk/
5.2 Office Experience Survey

During 2018/19, a questionnaire was developed to collect feedback from our partners on their experience of working with the Research Office. Some examples of the questions we asked are:

- How proactive is the Research Office?
- How could our work with you be enhanced?
- How well does the Research Office work with your team or group?

345 of the following partners were sent the link to the survey directly in March 2019:

<table>
<thead>
<tr>
<th>Commissioners</th>
<th>Public Health</th>
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<tbody>
<tr>
<td>Providers of NHS Services</td>
<td>Researchers</td>
</tr>
<tr>
<td>Patient and Public Representatives</td>
<td>Collaborations and Partnerships</td>
</tr>
<tr>
<td>Research Offices</td>
<td>National Groups</td>
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<tr>
<td>General Practices</td>
<td>Research Networks</td>
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The questionnaire was also distributed in research newsletters and through Twitter. We have had 47 responses to date (June 2019) and are working to achieve 100 responses. Some results we have so far are shown below:

How well does the research office work with your team or group?

- 22 Extremely well
- 20 Very well
- 5 Satisfactory

How proactive is the research Office?

- 1 Extremely proactive
- 7 Very proactive
- 11 Satisfactory level
- 26 Not very proactive
- 3 Not proactive at all

“Coming out to undertake briefings when appropriate”

“Regular updates from teams on their work projects to identify early opportunities”

“Increased visibility of the team, it is always good to know who you are talking to in the research office, it would be nice for UEA staff to meet people in the R&D Office just to put a face to the name.”

Anonymised responses from Research Office Experience Survey on how to be more proactive

- Already, this feedback is being used to identify good practice and develop research services.

Promotion
- Present at UEA regularly to inform researchers on support available
- Increase visibility of team

Collaboration
- Develop joint research ideas
- Work with care sector on research
- Spend more time together

Communications
- Have agreed processes for shared information
- Regular updates

Support
- Expansion of formal structured evaluations
- Increase effective PPI support

If you have not already done so, please use the link below to give your views on the Research Office activities:

https://goo.gl/forms/5Lch6eG5KPPSNXbm1
5.3 Impacts

The annual budget of the NIHR is £1 billion. The NIHR supports research on a national scale through NIHR grant funding (including grants awarded to SNCCG – see section 4.1); Research Networks (such as CRN Eastern) and Research Centres. It is important therefore to determine how this has benefitted practices, patients and services.

We have continued to collect local impacts through our brief impact survey, collecting responses from General Practice staff across the CRN Eastern region about any changes that may have resulted from undertaking specific research projects or research activity in general. Responses are collated as one page summaries which can be viewed on the Research Office website\(^\text{12}\) (the summary sheet of BEST3 Study impacts is shown below).

We have also engaged with the NIHR Head of Impact, Mark Taylor to discuss the work we are doing on impact and participated in one of a series of stakeholder workshops the NIHR are carrying out on impact and understanding the value of research to different stakeholders.

5.4 Dissemination

Two issues of the newly designed Research Office Dissemination Bulletin (see example below), featuring published results from local research or research from further afield that would be of potential interest locally, was circulated widely to Norfolk and Suffolk CCGs and Trusts, Public Health and CRN Eastern. Past Bulletins can be viewed on the Research Office website\(^\text{13}\).

The impact responses have also been shared with the study teams so that any feedback can be incorporated into any future study design.

“We thought this was lovely to see... it’s really good to see the team [Research Office] present the impact in this easy to digest way (and in the public domain)!”

BEST3 Project Manager

Publications from NHS South Norfolk CCG hosted studies (section 4.1) are listed in Appendix 1.

Two case studies of results from local trials, TWICS and SUMS are presented on the next page.
TWICS Trial Results

This pragmatic randomised clinical trial tested whether a low-dose theophylline reduce the risk of exacerbation in patients with chronic obstructive pulmonary disease (COPD) when added to inhaled corticosteroids (routine COPD treatment).

788 participants were randomised to low dose theophylline and 779 to placebo.

Low-dose theophylline was found to have no significant effects on lung function, incidence of pneumonia, mortality, breathlessness, or measures of quality of life or disease impact. Hospital admissions because of COPD were less frequent with low-dose theophylline, however, most of this was a consequence of 10 participants being admitted 3 or more times to hospital. There were no differences in the reporting of theophylline side effects between the theophylline and placebo arms.

TWICS has provided the highest quality evidence that we should not be using low-dose theophylline as adjunctive therapy to inhaled corticosteroids for the prevention of COPD exacerbations.

The Research Office also collected impacts of TWICS, showing that while the study had a minimal impact on practice workload, it enabled “more intensive follow up” for patients. The Impact Survey Summary can be viewed on the Research Office website.

Standing Up in Multiple Sclerosis (SUMS) Study Results

The University of Plymouth SUMS pragmatic, multi-centre, definitive, randomised controlled trial aimed to assess the clinical and cost-effectiveness of a home-based, self-managed, standing frame programme in people with progressive Multiple Sclerosis (MS). The intervention group was asked to stand for a minimum of 30 minutes, three times weekly, over 20 weeks.

NCH&C was the highest recruiter out of 11 participating organisations with 48 out of 140 total recruits. ECCH and Suffolk sites also recruited well.

The key findings reported in The Lancet were:
- The standing programme was feasible
- The standing group significantly improved their motor function compared to the usual care group
- Longer standing time was associated with greater benefit

Dr Wendy Hendrie, member of the Norfolk and Suffolk research team presents the study’s findings at: https://www.youtube.com/watch?time_continue=8&v=4mC3aYvPPOQ
5.5 Events and Forums

CRN Eastern Celebration Day

Many local staff from primary and community care attended the CRN Eastern Celebration Day held in Norwich in October 2019 to celebrate all the hard work that goes on across the region to help deliver NIHR research. The Primary Care Delivery team gave a presentation on the collaborative successes of the Barrett’s oESophagus Trial (BEST3):

The day concluded with the presentation of the Celebration Awards for 2018, including:

- Ruth Osborne, Suffolk & North East Essex Research Delivery Nurse, winner of the “Bigger Picture Award” for her idea to set up a standard research template for use within Primary Care record systems, which has now been adopted by a national working party with a view to roll out the template nationally. Ruth has also supported a unique partnership and cross boundary collaboration between the Primary Care team and Secondary Care at West Suffolk Hospital.
- Kate McCloskey, the Locality Manager for the Norfolk and Waveney Delivery Team, nominated for the “Inspiration” Award.

Local Forums

Six GP Forums were run by the Norfolk and Suffolk Delivery Teams during the year to share local study information with GPs, Practice Managers and Research Nurses. The GP Forums provide the opportunity for research teams to share information on study set up for studies that are rolling out across the area or to share results and outcomes from completed studies.

The Suffolk Delivery team ran two GP forums across Suffolk and North East Essex during the year. Attendees completing feedback forms said the overall impression was excellent or good. 90% felt there were enough opportunities for discussion or questions.

A research session was held at NCH&C’s 2018 Grand Round giving a flavour of research currently happening in Norfolk and providing opportunities available for all clinicians including doctors, nurses and allied health professionals to become involved in research as part of their work or part of an academic clinical career development.

Norfolk & Suffolk GP Forums 18/19
101 Norfolk & Suffolk practices represented
56 Norfolk & Suffolk RSI clusters* represented
6 Norfolk & Suffolk practice staff attending
*see section 6.2

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*see section 6.2
International Clinical Trials Day (ITCD)

The Research Office hosted an event on May 2018 to mark ITCD, which celebrates the first recorded randomised trial by James Lind into the causes and treatment of scurvy in 1747. UEA Professor, David Wright described some preliminary results from the NHS South Norfolk sponsored study Care Homes Independent Pharmacist Prescriber Study (CHIPPS) and how the Medical Research Council (MRC) Guidance on Complex intervention helped throughout the research process.

The Research Office also hosted a ‘Be Part of Research’ session in May 2019 with a presentation by Prof Eneida Mioshi, Chair of Dementia Care from the UEA entitled ‘The Dementia Hub: an innovative approach to Dementia Care’.

ICTD was also promoted by 11 GP practices and two RSI clusters (see section 6.2) in Norfolk and Suffolk.

6. Research Environment and infrastructure

We aim to develop and maintain an environment conducive to the development, delivery and dissemination of high quality, nationally relevant research that addresses the needs of patients and NHS organisations, and that seeks to put research as a core element in the delivery of healthcare in Norfolk and Suffolk.

6.1 National and Local Influence

Strategic engagement with relevant stakeholders and partners both locally and nationally is maintained through members of the senior team holding positions on local, regional and national groups. This work enables to team to maintain and local initiatives and continue to drive the development and delivery of research for the benefit of our patients.

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<tr>
<th>HRA Research Champion</th>
<th>Management Team UKRD</th>
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<tbody>
<tr>
<td>Chair of NHS R&amp;D Forum Primary Care Working Group</td>
<td>NHS R&amp;D Forum Evidence for Commissioning Group</td>
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<td>NHS R&amp;D Forum GDPR Workstream</td>
<td>CLAHRC Capacity Building Committee</td>
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<tr>
<td>CRN Eastern Partnership Board</td>
<td>Chair of EoE Research Design Service Management Board</td>
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<tr>
<td>UEA Health and Social Care Partners - representation on Management Group and specialist groups</td>
<td>UEA NIHR Internal Review Committee</td>
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This partnership is chaired by Professor Dylan Edwards, (UEA Pro-Vice Chancellor, Faculty of Medicine and Health Sciences) and led by Mark Hitchcock (Managing Director). It brings together NHS, social care and academic partners to enhance health and care research and innovation for Norfolk, Suffolk and North Essex. This partnership champions the needs of its combined workforce and the local population it serves, aiming to bring better outcomes for both service users and the health and care professionals. It aims to deliver the following ambitions:

- Radically increasing the level of research and innovation in the region’s health and care sector;
- Shared and improved research infrastructure and inter-organisation clinical data access and analysis;
- Mass engagement with both service users and healthcare professionals to improve their experience and identify areas for innovation;
- Development of a truly mature innovation culture across partners that creates projects which achieve direct impact on service user care and;
- Lead thinking on workforce development and innovation of healthcare professions.

Norfolk and Waveney CCGs have joined this partnership, with Melanie Craig (CO Norfolk and Waveney CCGs and STP Lead Norfolk and Waveney) and Dr Anoop Dhesi (GP and Chair North Norfolk CCG) on the Executive Committee, Tracy Shalom on the Management Group and Judy Henwood on the Medicines Optimisation Group.

The Suffolk CCGs are represented on UEA H&SCP by Lisa Nobes (Chief Nurse, Suffolk and North East Essex CCGs) who sits on the Executive Committee and Ayesha Tu Zahra (GP and CCG Clinical Lead, Ipswich and East Suffolk CCG) on the Management Group.

During 2018/19, this partnership has already supported ten research and innovation groups, brought together 120 members, encompassing cross system academics and NHS colleagues, from twelve organisations and agreed funding for a range of projects that will help to deliver the above ambition including:

**Nutrition & Wellbeing among School-Aged Children**
- Undertaking a comprehensive analysis of a rich dataset from a school-based Health & Wellbeing Survey among 11,000 children and young people in Norfolk, with a focus on diet, mental health and emotional wellbeing.
- Research Office and Public Health representatives.

**Medicine Optimisation**
- The group has identified three priorities for research to support the health and wellbeing of people in East Anglia - personalised medicine; use of prescribed opioids and deprescribing.
- Representatives on group include Research Office, Norfolk & Waveney CCG GP Prescriber Lead and CSU Prescribers.

**Frailty**
- Research to explore and understand frailty better and how using routine NHS data, health and social care service innovation and interventions may benefit people with frailty and their carers.
- Collaboration between acute, community, social and primary care services and academia in Norfolk.

**CRN Partnership Group**

CRN Eastern is part of the NIHR and is the clinical research delivery arm of the NHS, set up to support research across all 16 Trusts, primary care organisations and any other qualified providers of NHS services.

The focus is to ensure that studies are carried out efficiently, and support the Government’s Strategy for UK Life Sciences by improving the environment for clinical research (including commercial research) in the NHS and social care.

Working with stakeholders through the CRN Partnership Group, CRN Eastern manages and distributes around £20 million per year to research active organisations in our region.

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17 View further information on the UEAHSCP website: https://www.uea.ac.uk/uea-health-and-social-care-partners/home
In 2018/19 CRN Eastern provided £154K funding to the Research Office to support primary and community care research. A further £6 million approximately is given to Norfolk, Suffolk and North East Essex Trusts to deliver research. £2 million is spent on primary care across the eastern region.

All 16 NHS trusts have a seat on the CRN Eastern Partnership Group alongside representation from NHS South Norfolk CCG (Associate Director of Research) on behalf of Norfolk and Waveney CCGs and Cambridge and Peterborough CCG.

During 2018/19, the above CCGs:

- Played an active role in helping develop the funding models being used by CRN Eastern to distribute research monies.
- Gave a joint presentation to the partnership group on the strength of primary care research
- Presented at the CRN Eastern cluster meeting on research management in primary care, measuring research impacts and understanding the new excess treatment costs model
- Worked with CRN Eastern to manage the new national ETC system

Dr Helen Macdonald (Chief Operating Officer for CRN Eastern) joined the Norfolk and Suffolk Research System Steering Group in January 2019 to help increase collaboration and integration of research across the system.

**Developing the 2019-23 CCG Research and Evidence Strategy**

In order to support strong NHS and academic collaboration and planning, 45 stakeholders from all sectors of the health and social care system (including Commissioners, Community Organisations, Primary Care, Research Networks, Public Health, Quadram Institute, Acute Trusts, Mental Health, CLARHC, UEA, and University of Suffolk) were invited to an event in September 2018 to help develop the 2019-2023 CCG Research Strategy. Together we considered:

- Population needs in relation to the research agenda and current CCG research achievements
- Strengths and weaknesses of the current research system
- Health and commissioning priorities
- Key themes for the strategy and how we might get there

An event report was published in November 18 outlining the views of stakeholders.

This feedback highlighted that **Leadership, Capacity and Capability, Collaboration, and Communication** were essential to achieving health and evidence priorities. This comprehensive assessment by stakeholders has been used to construct the strategy which will be reviewed by CCG Governing Bodies later this year.

A poster outlining this collaborative development exercise was presented at the NHS R&D Forum conference in May 2019.

A Suffolk stakeholder event will be held in autumn 2019 to confirm Research and Evidence priorities and develop a complementary strategy for Suffolk using the framework developed for the Norfolk and Waveney CCG strategy.

**UK Research & Development (UKRD)**

With over 100 UK NHS Trusts, NHS South Norfolk CCG and NHS Great Yarmouth and Waveney CCG (2 of only 4 CCGs) were part of this national NIHR
leadership programme for NHS R&D Directors and Managers (funded by the DHSC). UKRD was formed in 2018 from the group of Directors and senior Managers who were part of the programme. UKRD aims to:

- Be a representative body for research in the NHS
- Stand for excellence in the R&D leadership role
- Promote a discipline in leadership that advances treatment for patients
- Champion the importance of developing leadership culture within research
- Be a consultative community of leaders who deliver quality research for public benefit

NHS South Norfolk CCG applied and the Associate Director of Research was invited to join the UKRD leadership team to represent commissioning, primary and community care research in June 2018. UKRD has supported:

- Twice yearly engagement meetings with the DHSC Research Leaders, Professor Chris Whitty and Dr Louise Wood to feed into UK research policy and strategy
- Development of the framework for research becoming part of CQC inspections
- The development of a UKRD document on research following the patient for the NIHR/DHSC Executive Committee
- A National Research Conference in Leeds (November 2018) for Research Directors and Managers. NHS South Norfolk CCG ran a work shop with York Partnership Mental Health Trust on “How to support Research Following the Patient”

### 6.2 Research Site Initiative Scheme

The Research Site Initiative (RSI) Scheme offers practices infrastructure funding from the CRN in return for recruitment to Portfolio studies.

The scheme is rolled out across the Eastern Region, with 72 practices in Norfolk and Suffolk signed up to the scheme in 2018/19 either on a stand lone RSI contract or as part of the Suffolk Primary Care, Breckland Alliance or ECCH RSI Cluster contracts (see figure above, and Appendix 2 for a list of RSI practices). Cluster RSIs are served by a research team, employed within the cluster, comprising research nurse, research administration and lead GP.
7. Financial sustainability

Financial stability is the key to long-term sustainability of the Research Office and its work with partners and stakeholders. The office provides an integrated and highly professional service to primary and community care NHS organisations, and works creatively with its academic partners with a view to achieving long-term financial sustainability.

7.1 Research Capability Funding (RCF)

Research Capability Funding (RCF) from the DHSC is received by NHS organisations that hold NIHR-funded research grants in proportion to the research grant income, or, for those that do not have grant income, for recruiting over 500 research participants in a reporting year.

NHS South Norfolk CCG holds research grants on behalf of the Norfolk and Waveney CCGs and so receives the grant-related RCF. The other CCGs work to achieve recruitment related RCF. South Norfolk CCG is one of only 11 CCGs which hold grant related RCF. A further 49 CCGs hold recruitment related RCF.

All CCGs receiving RCF in 2018/19 contributed part of their RCF to support the Development team to work with academics and NHS staff to develop research.

Pooled RCF from the CCGs was used to support research proposal development with our academic partners at UEA in the areas of:

- safely increasing HbA1c targets for older people with diabetes
- improving carer support in COPD
- a study of hospital-associated deconditioning
- the impact of intergenerational programmes on health and wellbeing
- post-stroke fatigue and graded exercise therapy.

The recipients of RCF will also all prepare evidence briefings that will be advertised throughout the CCGs and appear on the Research Office website. Despite an increase in research grant income in 2017 over 2016 the amount of grant related RCF was reduced from £0.327 RCF per £ of grant income to £0.280 per £, meaning that grant related RCF for 2018/19 was £164,443, consistent with the amount awarded in previous years:

South Norfolk CCG is one of eight CCGs consistently receiving grant related RCF:

The anticipated review of RCF was published in November 2018 and resulted in some changes in the way that RCF is allocated. However, the major changes are to reduce the funding to large infrastructure projects and their hosts. It is
expected that the RCF awarded against grant income will remain at £0.280 per £ for the next 5 years. Recruitment-related RCF is also expected to remain at £20,000 for those organisations not in receipt of grant-related RCF and who have recruited 500 participants into studies.

7.2 Research Office Income

Income for the Office comes from a variety of sources. Agreements are in place for all funded activities, including:

- CRN Partnership Agreement (funding of 3.34 WTE posts)
- NIHR RCF awards (Great Yarmouth and Waveney CCG, North Norfolk CCG, Norwich CCG, South Norfolk CCG)
- Grant funding including 4 NIHR grants plus 4 PPIRes Project agreements
- Service Level Agreements with:
  - Norfolk Community Health and Care NHS Trust
  - East Coast Community Healthcare CIC
  - NHS Ipswich and East Suffolk CCG and NHS West Suffolk CCG
  - University of East Anglia (PPIRes activity only)
- CCG funding for specific service evaluations

Reports were submitted for all NIHR funded activity to DHSC as CRN Eastern as required.

7.3 Payments to practices 2018/19

The Research Office continues to manage payments to practices in Norfolk and Waveney on behalf of the CRN. In 2018/19 over £290,000 was paid to practices in Norfolk and Waveney for research activities. The majority of these payments are paid to practices on RSI contracts (see section 6.2). Less than £6,000 of these monies was paid to non-RSI practices. Payments for Suffolk and North East Essex practices are co-ordinated by the CRN delivery team in Suffolk and North East Essex.

*Excluding infrastructure payment for RSI cluster practices (see section 6.2)
8. Looking Forward to 2019/20

Over the next 12 months we will focus on the following areas:

**Infrastructure**
- With Director of Strategic Commissioning and Executive Management Team establish the research team within the new CCG management arrangement and prioritise areas for integrated working
- Help support Norfolk and Suffolk bids to UEA Health Partners for development of CCG specific research proposals
- Develop full business plan for development of an Evidence and Evaluation Hub to support strategic commissioning
- Undertake a review of Research Accountability structures with EMT and Norfolk and Suffolk Research System Steering Group and where necessary refresh governance arrangements
- Agree a programme of Research Dissemination Briefings to support commissioners and extend assessment of research impacts to support national strategic initiatives using exemplar work

**Partnership**
- With CRN Eastern and NCH&C help support research delivery in primary care, and as lead CCG for Excess Treatment Costs continue to support the establishment and monitoring of this new national system
- Establish links with Primary Care Network’s and identify links to research and priority areas for research
- Work with UEA to align and where appropriate integrate PPI for research in line with national quality frameworks
- Work with UEA Health and Social Care Partners to support system research, and develop proposals for submission to the partnership
- Prioritise partnership working with Public Health colleagues in line with national pushes to ensure research follows the patient particularly those in deprived communities

**Strategy**
- Co-ordinate approval of 2019-2023 Research and Evidence Strategy and review by Joint Strategic Commissioning Committee and endorsement by all Norfolk and Waveney Governing bodies. Develop arrangements for oversight of strategy delivery
- Develop Research and Evidence Strategy for Suffolk
- Refresh Research Communication strategy and align with Joint Communication plans being developed for Norfolk and Waveney CCGs
- National 10 year Research Strategy is due for release in late autumn. Assess national plans and make changes to the CCG Research and Evidence Strategy where required in agreement with EMT and Governing Bodies
- Develop and commission programmes of research with UEA and commissioners to deliver population priorities
**Glossary of Terms**

**AHSN / EAHSN** – Academic Health Science Network / Eastern AHSN – organisations whereby the NHS and universities can work with industry, with the goal of improving patient and population health outcomes by translating research into practice.

**CRN Eastern** – NIHR Clinical Research Network for the Eastern region, providing researchers with practical support they need to make clinical studies happen across the NHS– supporting the set up and delivery of studies through the funding of some Research Office management and delivery team staff costs and payment of research support costs. CRN Eastern replaced the previous research networks in the East of England on 1 April 2014.

**CLAHRC / CLAHRC EoE** – Collaborations for Leadership in Applied Health Research and Care / CLAHRC East of England bring together a collaboration of the local providers of NHS services and NHS commissioners, universities, other relevant local organisations and the relevant AHSN.

**CPRD** – Clinical Practice Research Datalink. A not-for-profit research service, jointly funded by the NHS NIHR and the Medicines and Healthcare products Regulatory Agency (MHRA), which collects and manages a large dataset of anonymised healthcare records from UK GP practices for use in public health research.

**DHSC** – Department of Health and Social Care.

**ECCH** – East Coast Community Healthcare CIC.

**EDGE** – Web-based database used for the management and monitoring of research studies by R&D Offices and the CRN.

**ETC** – The costs that arise as a result of the difference between the cost of standard treatment and the cost of treatment within a research study in non-commercial research projects.

**GCP** – Good Clinical Practice - an international ethical and scientific quality standard for designing, conducting, recording, and reporting trials that involve the participation of human subjects.

**GDPR** – EU General Data Protection Regulation

**HEI** – Higher Education Institute.

**HRA** – The Health Research Authority was established in December 2011 to protect and promote the interests of patients and the public in health research, and to streamline the regulation of research. In 2015/16 HRA Approval was introduced to centralize the process of approval of research in the NHS.

**National Portfolio** – Studies on the national portfolio are those which are deemed of national importance to the NHS. They can be non-commercial (project needs to be awarded a grant through a funding body which is open to national competition and applications are peer-reviewed) or commercial (need to have a valid research question with a possible future benefit for patients as its objective). Portfolio studies receive CRN support not available to non-portfolio studies such as access to CRN Research Nurses and support funding.

**NCH&C** – Norfolk Community Health and Care NHS Trust.

**NIHR** – National Institute for Health Research – organisation which is aiming to maintain a health research system in which the NHS supports leading edge health research, focused on the needs of patients and the public.
NNUHFT – Norfolk and Norwich University Hospitals NHS Foundation Trust

PPIRes – Public and Patient Involvement in Research – a patient group run by the office which provides researchers with the facility to access patient and public involvement.

Principal Investigator (PI) - An individual responsible for the conduct of the research at a research site. There should be one PI for each research site.

RCF – Research Capability Funding – DHSC funds allocated to research-active NHS organisations to maintain capability and capacity for research. Funding is awarded in proportion to the total amount of other NIHR income received by that organisation (grant-related RCF), or on recruitment of more than 500 participants to NIHR research in the previous reporting year (1st October- 30th September; recruitment-related RCF). Organisations receive either grant-related or recruitment-related RCF, not both.

RSI – Research Site Initiative Scheme – CRN scheme whereby practices receive funding to support research infrastructure and delivery on portfolio studies. The scheme is run annually and funding is tied to performance.

UEA – University of East Anglia.
## Appendix 1: Outputs from NHS South Norfolk CCG hosted NIHR Grants

### Ongoing Studies

Development, refinement, and acceptability of an educational intervention for informal carers of patients with breathlessness in advanced disease (Learning about Breathlessness Study 2: LaB2)

Morag Farquhar, University of East Anglia

### Study Details

<table>
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<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Funding Stream</th>
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<tbody>
<tr>
<td>01/08/2018</td>
<td>01/12/2019</td>
<td>NIHR Research For Patient Benefit</td>
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### Engagement Activity

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<th>Impact</th>
<th>URL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presentation at Palliative Care Doctors Education Meeting (Norfolk) 2018</td>
<td>Farquhar M &quot;Improving care and support for patients and carers living with advanced disease' Palliative Care Doctors Education Meeting, Norfolk &amp; Norwich University Hospitals and Priscilla Bacon Lodge Hospice, Norwich - Bob Champion Building, Norwich Research Park [oral presentation] Nov 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LaB2 in British Lung Foundation King's Lynn Breathe Easy newsletter 2018</td>
<td>Newsletter piece introducing the LaB2 study to carers and patients with breathlessness who are group members.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LaB2 at NNUHFT Respiratory Seminar 2018</td>
<td>Farquhar M, Barnes S, Ewing G. &quot;Learning about Breathlessness Study programme&quot;. NNUHFT Respiratory Team seminar [oral presentation]. 12/12/18</td>
<td></td>
<td></td>
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</table>
LaB and SNAP in Norfolk Palliative Care Doctors Educational Meeting - Nov 2018

Nov 2018 - Farquhar M "Improving care and support for patients and carers living with advanced disease" Palliative Care Doctors Education Meeting, Norfolk & Norwich University Hospitals and Priscilla Bacon Lodge Hospice, Norwich - Bob Champion Building, Norwich Research Park [oral presentation] - included LaB and SNAP

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### Award Recognition

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<tr>
<th>Type</th>
<th>Reason for Recognition</th>
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<th>Url</th>
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</thead>
<tbody>
<tr>
<td>Invited talk to the Life of Breath Project, University of Bristol, 18th January 2019.</td>
<td>Farquhar M. Improving care and support for people living with breathlessness. Talk comprised of four sections, one of which related to the LwB, SNAP and LaB programmes.</td>
<td>Discussion around clinical implications</td>
<td><a href="https://lifeofbreath.org/">https://lifeofbreath.org/</a></td>
</tr>
<tr>
<td>Chair of funding panel 2019</td>
<td>Dr Morag Farquhar invited to act as Chair of funding panel - Health Research Board (Ireland) Investigator-Led Projects 2019 (Dublin, June 2019)</td>
<td>Event yet to occur</td>
<td><a href="https://www.hrb.ie/funding/funding-schemes/all-funding-schemes/grant/investigator-led-projects/">https://www.hrb.ie/funding/funding-schemes/all-funding-schemes/grant/investigator-led-projects/</a></td>
</tr>
<tr>
<td>LaB2 Keynote speaker at BTS Summer Meeting 2019</td>
<td>Dr Morag Farquhar personally invited to give an oral presentation on &quot;Enabling informal carers to support patients with COPD&quot; at the British Thoracic Society (BTS) Summer Meeting 2019 in Manchester - this will focus on the Learning about Breathlessness research programme.</td>
<td>Event will occur 13/14 June 2019</td>
<td><a href="https://www.brit-thoracic.org.uk/bts-learning-hub/bts-summer-and-winter-meetings/summer-meeting-2019/">https://www.brit-thoracic.org.uk/bts-learning-hub/bts-summer-and-winter-meetings/summer-meeting-2019/</a></td>
</tr>
<tr>
<td>LaB Keynote speaker at Life of Breath seminar 2019</td>
<td>Farquhar M. Improving care and support for people living with breathlessness. Talk comprised of four sections, one of which related to the LaB research programme.</td>
<td>unknown</td>
<td><a href="https://lifeofbreath.org/">https://lifeofbreath.org/</a></td>
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Other Outputs

<table>
<thead>
<tr>
<th>Other outputs</th>
<th>Details</th>
<th>Benefit to Patients</th>
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</thead>
<tbody>
<tr>
<td>UEA HSC Associate Director for Research (Research Environment) (2018+)</td>
<td>Internal appointment as Associate Director for Research (Research Environment) for the School of Health Sciences, University of East Anglia from September 2018 (3 year role)</td>
<td>Ensuring a positive research environment, facilitating the quality and quantity of research outputs from the School of Health Sciences, University of East Anglia, and the impact that can bring to society/economy.</td>
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</tbody>
</table>

Care Homes Independent Pharmacist Prescribing Service (CHIPPS): Development and delivery of a cluster randomised controlled trial to determine both its effectiveness and cost-effectiveness

Prof David Wright, University of East Anglia

Study Details

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Funding Stream</th>
<th>End Date</th>
<th>Funding</th>
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<tbody>
<tr>
<td>01/05/2015</td>
<td>NIHR Programme Grants for Applied Research</td>
<td>30/04/2020</td>
<td>£1,985,354</td>
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Publications

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**Influence on Policy**

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<tr>
<th>Type of Influence</th>
<th>Influence</th>
<th>Impact</th>
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<tbody>
<tr>
<td>Influenced training of practitioners or researchers</td>
<td>Competency Framework use in national training scheme for care home pharmacists (2018, UK wide)</td>
<td>The evidence based framework and methodology we developed within CHIPPS work package four was used to inform the training plan for 240 FTE care home pharmacist and pharmacy technician posts which have been released across England in 2018</td>
</tr>
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**Engagement Activity**

<table>
<thead>
<tr>
<th>Dissemination</th>
<th>Results of Activity</th>
<th>Impact</th>
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<tbody>
<tr>
<td>Key note speaker at Primary Care Pharmacist Association (Care Homes) symposium 2018</td>
<td>45 minute lecturer on CHIPPS and feasibility study outcomes</td>
<td></td>
</tr>
<tr>
<td>Research lecture to Royal Pharmaceutical Society National Conference 2017</td>
<td>Lecture on Care Homes Independent Pharmacist Prescribing Study (CHIPPS): Early Experiences</td>
<td></td>
</tr>
<tr>
<td>Key note lecture at Primary Care Pharmacy Association (Care Homes) conference 2017</td>
<td>30 minute lecture on early phases of CHIPPS work</td>
<td></td>
</tr>
<tr>
<td>British Society of Gerontology small events grant funded: Event title: Can research make a difference in your care home? 2018</td>
<td>CHIPPS Provided a breakout workshop which involved learning about the role of the pharmacist in care homes. considering the process of medication review and supporting people with dysphagia</td>
<td></td>
</tr>
</tbody>
</table>
Completed Studies

Goal-setting in care planning for people with multimorbidity: feasibility study and intervention refinement

Prof Nick Steel, University of East Anglia

Study Details

| Start Date | 01/11/2016 | Funding Stream | NIHR Research For Patient Benefit |
| End Date | 31/07/2018 | Funding | £241,721 |

Publications

<table>
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<tr>
<th>Publication Type</th>
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<tbody>
<tr>
<td>Journal Article</td>
<td>Ford J. et al. Can goal-setting for patients with multimorbidity improve outcomes in primary care? Cluster randomised feasibility trial. BMJ Open. 9:e025332</td>
<td><a href="https://bmjopen.bmj.com/content/9/6/e025332.full">https://bmjopen.bmj.com/content/9/6/e025332.full</a></td>
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Further Funding

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<tbody>
<tr>
<td>NIHR Collaboration for Leadership in Applied Health Research &amp; Care (CLAHRC)</td>
<td>Research grant (including intramural programme) - 1 year; £51,194</td>
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Engagement Activity

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<th>Results of Activity</th>
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</thead>
<tbody>
<tr>
<td>GoalPlan study results dissemination meeting 2018</td>
<td>29 attendees at dissemination meeting held at UEA on 08/11/18, presented results of GoalPlan and one other primary care based study with academic colleagues, patient stakeholders, GPs and members of the public.</td>
</tr>
<tr>
<td>Event/Appointment</td>
<td>Details</td>
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<tr>
<td>Society for Academic Primary Care regional meeting Oral Presentation January 2018</td>
<td>10 minute presentation of ongoing research to Society for Academic Primary Care regional meeting.</td>
</tr>
<tr>
<td>The Commonwealth Fund Harkness Fellowships in Health Care Policy and Practice 20th anniversary event, Surrey, 20-22 July 2018 (panel presentation: Nick Steel)</td>
<td>Expert panel presentation</td>
</tr>
<tr>
<td>1. International Conference on Communication in Healthcare, Porto, 1-4 September 2018: i. Workshop presentation (C Salter); ii. Poster presentation (N Steel)</td>
<td>Workshop and poster presentation at International Conference on Communication in Health Care</td>
</tr>
<tr>
<td>Centre for Inter-professional Practice Conference, University of East Anglia, Norwich, 7 September 2018: Oral presentation (C Salter)</td>
<td>Conference presentation</td>
</tr>
<tr>
<td>University of East Anglia Faculty of Medicine &amp; Health Lecture Series, Oral Presentation 28 September 2018 (C Salter)</td>
<td>Seminar presentation</td>
</tr>
<tr>
<td>Royal College of General Practitioners Annual Primary Care Conference, Glasgow, 4-6 October 2018: i. Oral presentation (N Steel); ii. Poster presentation (N Steel)</td>
<td>Oral presentation and poster presentation, both of which generated a lot of interest, discussion and enquiries from the audience. The poster was awarded 'Best in Category: research'. Contact was made with RCGP Clinical Innovation and Research Centre representatives and discussions are ongoing regarding collaboration on an e-learning training package relating to the research intervention.</td>
</tr>
<tr>
<td>British Geriatric Society Autumn Meeting, London, 16-18 November 2018: Abstract Presentation (N Steel)</td>
<td>Abstract presentation</td>
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**Other Outputs**

<table>
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<th>Other outputs</th>
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<th>Benefit to Patients</th>
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</thead>
<tbody>
<tr>
<td>The study team developed an open access online training course for GPs and other clinicians, based on the study findings. The first run of this course with enhanced facilitation from educators and researchers will be available at <a href="https://www.futurelearn.com/">https://www.futurelearn.com/</a> 1st - 31st July 2019.</td>
<td>During three interactive sessions, and using examples from real-life consultations, GPs will get the chance to investigate the theory and practice of goal-setting in primary care, be supported as they try the techniques, and evaluate their readiness to be a goal-setting GP.</td>
<td></td>
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</table>
Dementia undetected or undiagnosed in primary care: the prevalence causes and consequences (CADDY)

Clare Aldus / George Savva, University of East Anglia

Study Details

| Start Date | 01/01/2016 | Funding Stream | NIHR Health Service and Delivery |
| End Date   | 31/03/2018 | Funding        | £353,923                          |

Publications

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<tr>
<td>Conference Proceeding Abstract</td>
<td>Dementia undetected or undiagnosed in primary care: the prevalence, causes and consequences (2017)</td>
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<tr>
<td>Other</td>
<td>The prevalence, causes and consequences of dementia undetected or undiagnosed in primary care (2017)</td>
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<tr>
<td>Other</td>
<td>What predicts missed diagnosis among people with dementia (2017)</td>
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<tr>
<td>Conference Proceeding Abstract</td>
<td>Dementia undetected or undiagnosed in primary care: The CFAS II Dementia Diagnosis Study (CADDY) (2018)</td>
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<td>Conference Proceeding Abstract</td>
<td>What can epidemiology tell us about dementia? (2019)</td>
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<td>Conference Proceeding Abstract</td>
<td>The prevalence and correlates of undiagnosed dementia (2018)</td>
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Engagement Activity

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<tbody>
<tr>
<td>Local PPI board meeting 2016: The role of patient and public involvement in epidemiologic* studies: insights from three ongoing projects in dementia epidemiology (CADDY, ZED and ABCD)</td>
<td>The aim was a two-way dialogue between researchers and a local PPI group, explaining the purpose of epidemiologic studies, the role of PPI in epidemiologic research and how PPI has specifically informed three ongoing studies at UEA. We also heard what the PPI group would expect or need in terms of training to fully participate and feedback from the studies. As an outcome we have agreed to prepare an article for the benefit of the PPI and research community summarising our discussion.</td>
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</tbody>
</table>
The prevalence, causes and consequences of undiagnosed dementia - workshop and panel discussion 2017

| Key experts presented the findings from four recent research studies into dementia diagnosis and facilitated a workshop and panel discussion. This event provided a forum for Healthcare Commissioners, Policy Makers, Patient Representatives, Primary and Secondary Care Practitioners, Research Commissioners and others working towards timely dementia diagnosis to get together for face-to-face discussion on current perspectives, experiences and key challenges in dementia diagnosis policy and practice in England. |
|---|---|

Public Lecture 2017, University of East Anglia, Norwich, UK

| Undiagnosed dementia: prevalence, causes and consequences |
|---|---|

**Addressing social anxiety in adults who stutter: A pilot study**

Dr Jan McAllister, University of East Anglia

**Study Details**

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<td>End Date</td>
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<td><strong>Funding</strong></td>
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**Publications**

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### Engagement Activity

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<tr>
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<th>Impact</th>
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<tbody>
<tr>
<td>British Stammering Association Conference Presentation 2014</td>
<td>I presented a poster at the above conference. Various people approached me afterwards and discussed their attitudes to research participation by people in the client group, as well as their own involvement in studies.</td>
<td>Participants asked to be kept informed of the progress of the research.</td>
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</table>

### Award Recognition

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<tr>
<th>Type</th>
<th>Reason for Recognition</th>
<th>Impact</th>
<th>Url</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keynote speech at Oxford Dysfluency Conference 2014</td>
<td>The project’s PI, Dr Jan McAllister, was invited to present a keynote speech under the heading 'New Directions for Therapy' to an international audience of researchers and clinicians. The presentation was entitled &quot;Stuttering, social anxiety, and cognitive bias &quot;.</td>
<td>Increased network of colleagues. Led to invitation to present keynote in Lisbon, November 2014.</td>
<td><a href="http://www.dysfluencyconference.com/conference-speakers.html">http://www.dysfluencyconference.com/conference-speakers.html</a></td>
</tr>
<tr>
<td>Keynote speech and workshop at VII Congresso Nacional da Associação Portuguesa de Terapeutas da Fala 2014</td>
<td>Dr Jan McAllister, the PI of the project, was invited to give a keynote speech following advance publicity for another keynote presentation in July at the Oxford Dysfluency Conference, which related specifically to the content of the award. After discussion it was agreed that, due to the nature of the conference, the presentation would be better situated in the 'workshops' part of the conference, and the keynote was presented on a different topic. Nonetheless the original invitation related to the content of the award.</td>
<td>International contacts in my field.</td>
<td><a href="http://www.congressoaptf.com/#!programa/clqy">http://www.congressoaptf.com/#!programa/clqy</a></td>
</tr>
<tr>
<td>Keynote speech at international conference, Rome 2015</td>
<td>Dr Jan McAllister presented an invited keynote speech entitled &quot;The psychosocial impact of stuttering&quot; at the 2nd International Conference on Stuttering on 17th October 2015.</td>
<td>This award helped me to develop my networks among researchers and clinicians working in the area of stuttering, and increased the reputation of my department and university.</td>
<td></td>
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Supervised pharmacy student led medication review in primary care: A pilot study to ascertain the potential costs and effects

Prof David Wright, University of East Anglia

Study Details

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<tr>
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<th>Details</th>
<th>URL</th>
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Are NICE clinical guidelines for primary care based on evidence from primary care?

Prof Nick Steel, University of East Anglia

Study Details

| Start Date | 21/07/2011 | Funding Stream | NIHR Research For Patient Benefit |
| End Date | 20/07/2013 | Funding | £223,357 |

Publications

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### Journal Article


### Engagement Activity

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<tr>
<th>Dissemination</th>
<th>Results of Activity</th>
<th>Impact</th>
<th>Url</th>
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<td>NAAT 2012 reported_Health professionals seminar - invited speaker</td>
<td>30 GPs attended a dissemination event, which sparked questions and discussion afterwards</td>
<td>questions and discussion with GPs</td>
<td><a href="http://www.southnorfolkccg.nhs.uk/research/contact-us/rd-contacts">http://www.southnorfolkccg.nhs.uk/research/contact-us/rd-contacts</a></td>
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<tr>
<td>NAAT 2012 reported_Academic Poster Presentation</td>
<td>Guidelines International Network, Aug 2012, Berlin Are clinical guideline recommendations for primary care based on research related to a primary care setting? Stokes T (presenter), Steel N, et al</td>
<td>Discussion with international guideline developers</td>
<td><a href="http://www.g-i-n.net/">http://www.g-i-n.net/</a></td>
</tr>
<tr>
<td>PPI meeting 2013 invited speaker</td>
<td>Presentation at a local Research Dissemination Meeting for the public and PPI, 26 February 2013 Are NICE guidelines for primary care based on evidence from primary care? Dr Nick Steel &amp; Keith Paterson</td>
<td>Questions and discussion with the public</td>
<td><a href="http://www.southnorfolkccg.nhs.uk/research/contact-us/rd-contacts">http://www.southnorfolkccg.nhs.uk/research/contact-us/rd-contacts</a></td>
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## Appendix 2: RSI Practices 2018/19

<table>
<thead>
<tr>
<th>NHS West Norfolk CCG</th>
<th>NHS North Norfolk CCG</th>
<th>NHS Norwich CCG</th>
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<tbody>
<tr>
<td><strong>Stand Alone Practices</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bridge Street Surgery</td>
<td>Cromer Group Practice</td>
<td>Castle Partnership</td>
</tr>
<tr>
<td>Feltwell Surgery</td>
<td>Fakenham Medical Practice</td>
<td>Lakenham Surgery</td>
</tr>
<tr>
<td>Great Massingham Surgery</td>
<td>Hoveton &amp; Wroxham Medical Centre</td>
<td>Lawson Road Surgery</td>
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<tr>
<td>Manor Farm Medical Centre</td>
<td>Ludham &amp; Stalham Green Surgeries</td>
<td>Lionwood Medical Practice</td>
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<tr>
<td>Southgates &amp; Wooton Surgeries</td>
<td>Mundesley Medical Centre</td>
<td>Magdalen Medical Practice</td>
</tr>
<tr>
<td>VIDA Healthcare</td>
<td>Reepham &amp; Aylsham Medical Practice</td>
<td>Oak Street Medical Practice</td>
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<tr>
<td></td>
<td>Sheringham Medical Practice</td>
<td>Prospect Medical Practice</td>
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<tr>
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<td>Slaithes Surgery</td>
<td>St Stephens Gate Medical Practice</td>
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<tr>
<td></td>
<td>The Market Surgery</td>
<td>Trinity &amp; Bowthorpe Medical Practice</td>
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<tr>
<td></td>
<td>Wells Health Centre</td>
<td>Wensum Valley</td>
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<thead>
<tr>
<th>NHS South Norfolk CCG</th>
<th>NHS Great Yarmouth &amp; Waveney CCG</th>
<th>NHS Ipswich &amp; East Suffolk CCG</th>
<th>NHS West Suffolk CCG</th>
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<tbody>
<tr>
<td><strong>Stand Alone Practices</strong></td>
<td></td>
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</tr>
<tr>
<td>Elmham Surgery</td>
<td>Alexandra &amp; Crestview Surgeries</td>
<td>Barrack Lane Medical Centre</td>
<td>Clements &amp; Christmas Maltings Surgery</td>
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<tr>
<td>Hingham Surgery</td>
<td>Andaman Surgery</td>
<td>Bildeston Health Centre</td>
<td>Swan Surgery</td>
</tr>
<tr>
<td>Humbleyard Practice</td>
<td>Beccles Medical Centre</td>
<td>Ixworth Surgery</td>
<td>Woolpit Health Centre</td>
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<tr>
<td>Long Stratton Medical Group</td>
<td>Bridge Road Surgery</td>
<td>Martlesham Heath Surgery</td>
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</tr>
<tr>
<td>Mattishall &amp; Lenwade Surgeries</td>
<td>Cutlers Hill Surgery</td>
<td>Little St Johns Street Surgery</td>
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<tr>
<td>Orchard Surgery</td>
<td>East Norfolk Medical Partnership</td>
<td>The Peninsula Practice</td>
<td></td>
</tr>
<tr>
<td>Roundwell Medical Centre</td>
<td>Gorleston &amp; Hopton Surgery</td>
<td>Wickham Market Medical Centre</td>
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<td></td>
<td>Longshore Surgery</td>
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<td></td>
<td>Rosedale Surgery</td>
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| Breckland Cluster             | ECCH Cluster                                                       | Suffolk Primary Care Cluster                                                    |                                                                                    |
|--------------------------------|-------------------------------------------------------------------|---------------------------------------------------------------------------------|                                                                                    |
| Grove Surgery                  | Bungay Medical Practice                                           | Chesterfield Drive                                                             | Brandon Medical Practice                                                           |
| School Lane Surgery            | Falkland Surgery                                                  | Combs Ford Surgery                                                             | Oakfield Surgery                                                                   |
| Watton Medical Practice        | Kirkley Mill Health Centre                                        | Deben Road Surgery                                                             |                                                                                    |
|                               | Millwood Surgery                                                  | Debenham Group Practice                                                        |                                                                                    |
|                               | Nelson Medical Practice                                           | Haven Health                                                                   |                                                                                    |
|                               | Sole Bay Health Centre                                            | Howard House Surgery                                                           |                                                                                    |
|                               |                                                                   | Leiston Surgery                                                                |                                                                                    |
|                               |                                                                   | Norwich Road Surgery                                                           |                                                                                    |
|                               |                                                                   | Stow Health                                                                    |                                                                                    |

