
Norfolk and Suffolk Primary and Community Care Research Office

Annual Report 2016/17

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Report Compiled by: Dr Judy Henwood, Clare Symms and Dr Helen Sutherland, Norfolk and Suffolk Primary and Community Care Research Office

Contributors: Sue Allen, Cliff Cox, Gosia Majsak-Newman, Kate McCloskey, Siobhan Parslow-Williams, Gisela Perez-Olivas, Jacqueline Romero, Dr Tracy Shalom, Barbara Stewart and Kirsti Withington-Powell.

1. Introduction

In 2016/17 the Norfolk and Suffolk Primary and Community Care Research Office (Research Office) continued to undertake research design, management and delivery in primary and community care for the seven Norfolk and Suffolk CCGs, Norfolk Community Health and Care NHS Trust and East Coast Community Healthcare CIC.

Norfolk and Suffolk have a long-standing reputation of being high performing areas with engaged clinicians. This is supported by close collaborations between the Research Office, academic partners, CCGs, Trusts, NHS professionals, practices and the NIHR Clinical Research Network (CRN) Eastern. The Research Office is hosted by NHS South Norfolk CCG on behalf of all the Norfolk and Waveney CCGs.

This Annual Report showcases the work undertaken by clinicians, researchers and the Research Office team to deliver the five year Research Strategy (2014-18) that has been adopted by Norfolk and Waveney CCGs.

The Research Strategy drives 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”. It is underpinned by 6 strategic themes, each with goals and actions:

- i. Research to underpin evidence-based commissioning
- ii. Participation in research
- iii. Research regulation and quality
- iv. Dissemination and communication
- v. Research environment and infrastructure
- vi. Financial sustainability

Over the financial year 2016/17, the Delivery and Management Teams have worked consistently hard to ensure that patients in Norfolk and Waveney have every opportunity to participate safely in research, with more than 2000 patients taking part in nationally important studies. Reflecting the previous year’s success, all Norfolk and Waveney CCGs and NHS Ipswich and East Suffolk CCG were in receipt of Research Capability Funding (RCF) – a total of £190,560 for Norfolk and Waveney CCGs and £20,000 for NHS Ipswich and East Suffolk CCG. RCF is a measure of either recruitment success or hosting NIHR-funded research grants.

On behalf of the Norfolk and Waveney CCGs, at the end of the financial year NHS South Norfolk CCG was acting as host for three NIHR funded grants (total value approximately £2.6million) with researchers based at UEA, and the Development Team continue to develop research with UEA as our primary partner. At the end of the year, there were three applications being considered for funding with NHS South Norfolk CCG as host, with outcomes expected in the autumn of 2017.

Towards the end of the financial year, we started planning the CRN-required transfer of employment of the Primary Care Delivery Team to a clinical partner, Norfolk Community Health and Care NHS Trust. All teams within the office have worked to ensure that the development, management and delivery of primary care studies continue as usual, and that any impact of the move is minimised.

In this report, we showcase some of the achievements of the Research Office for the 2016/17 financial year, and demonstrate how they address the themes of the Research Strategy. Finally, we look forward to how we can: 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.

2. Research to underpin evidence-based commissioning

Research for the benefit of patients and the NHS is pivotal in allowing evidenced-based service design, commissioning and delivery. Across the office, we meet this theme in several ways, by:

- Working with academics, healthcare practitioners and commissioners to ensure that locally developed research is scientifically robust, feasible and addresses the health needs of the local population.
- Ensuring that research implemented within the region that has been developed elsewhere meets the same criteria and that there is the capacity and capability to deliver it.
- Supporting organisations in identifying research evidence and promoting its use in commissioning and service delivery.
- Brokering the delivery of evidence briefings from academic teams supported by Research Capability Funding (RCF).
- Distilling complex research evidence into accessible briefing formats that can be efficiently used by commissioners and GPs.

Evidence briefings produced

Educational and psychosocial interventions to prevent uptake of smoking by young people.

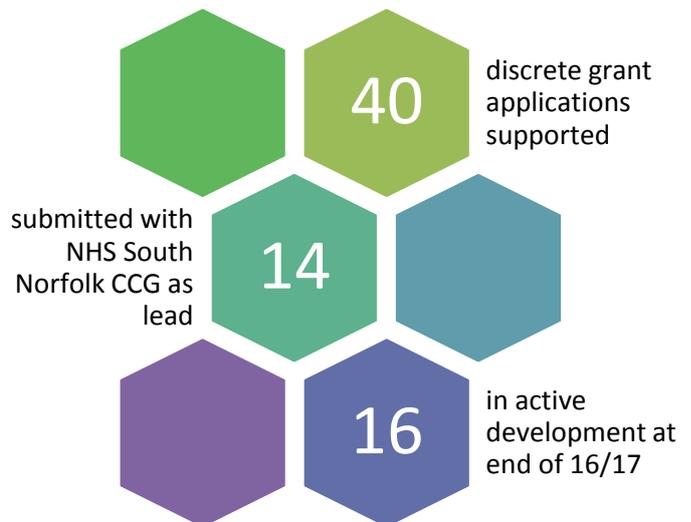
Managing patients at high risk of polypharmacy: potential role of the practice-based pharmacist.

What do we know about behavioural crises in dementia?

Another important aspect of evidence-based commissioning is being able to evaluate the service once it is being delivered. The Development Team has been working with commissioners to determine ways to objectively and efficiently evaluate the new Admiral Nurse Service that will start in the central Norfolk CCGs in late 2017.

Developing projects

We have supported 40 discrete grant proposals during 16/17, always in collaboration with academic, NHS and other healthcare partners. There has been an increase in the **number** and **proportion** of applications led by NHS South Norfolk CCG, on behalf of all CCGs in Norfolk and Waveney compared to previous years.



The advice of the Norfolk and Suffolk Primary and Community Care Research Office has been hugely beneficial for both our initial Stage 1 application and in preparation of this Stage 2 application. It informed study methodology and planned operationalisation (particularly in relation to primary care recruitment) and advised on interpretation of AcoRD guidance.

UEA Senior Lecturer

Two Research for Patient Benefit (RfPB) and one Programme Grant for Applied Research (PGfAR) were invited to submit Stage 2 applications with submission deadlines of July/August 2017 and outcomes expected in autumn 2017. The applications centre on: increasing physical activity following hip or knee replacement surgery; an educational intervention for carers of people with breathlessness in advanced COPD and cancer; and development and testing of an intervention to support medication deprescribing in primary care.

The Development Team also supported Dr Caitlin Notley to obtain Medical Research Council funding for the Preventing Return to Smoking Postpartum (PReS) study.

3. Participation in research

Good applied health research needs to meet the needs of the service commissioning and delivery structures, and the needs of the public, patients and carers. The Department of Health is committed to offering patients the opportunity to take part in robust, peer-reviewed research. We promote user involvement; support efficient implementation of studies to maximise their chances of success; promote opportunities for research involvement to staff, lay volunteers and patients; actively seek to bring high quality research into the area.

“The NHS commits to inform you of research studies in which you may be eligible to participate.”

NHS Constitution

Delivery of Research

The Eastern region has the highest percentage of GPs conducting NHS research in the country, according to a league table published by the NIHR in October 2016. More than 65% of GP practices in East Anglia recruited to NIHR Clinical Research Network Portfolio studies in 2015/16¹ compared with 42% nationally, contributing significantly to the drive for better treatments for all NHS patients.

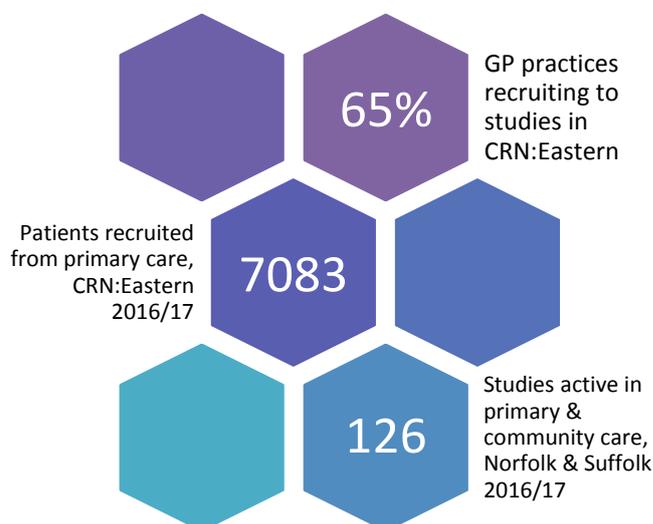
Recruitment in primary care to NIHR Clinical Research Network Portfolio studies is second only to Addenbrookes within the Eastern Region, and relative to their size, two Norfolk and Waveney CCGs are within the top 10% of CCGs nationally in terms of recruitment to portfolio studies; with 4 in the top 15%. NCH&C lies 5th out of 15 community Trusts in terms of recruitment. Success in delivery of research has led to repeat business from

organisations such as the Universities of Oxford and Southampton.

IQUIT in Practice

Fifteen Norfolk and four Suffolk practices are actively recruiting to IQUIT in Practice, a study testing the effectiveness and cost effectiveness of a personalised supportive text messages intervention to improve quit rates of smokers.

Recruitment by Norfolk and Suffolk practices is ahead of target, with six Norfolk practices already exceeding their target of 22 recruits.



A list of active studies can be found on our website².

“One million people have taken part in primary care clinical research”

NIHR February 2017

“I think we are all very fortunate to have the NHS and anything we can do to improve treatments has got to be a good thing. I would say if you can get involved in research then I think you should because it doesn't involve a lot of disruption.”

Suffolk participant who found out about the gastrointestinal study, HEAT, through his GP.

¹ 16/17 data not available at time of writing

² <http://nspccro.nihr.ac.uk/annual-reports>

User involvement: Public and Patient Involvement in Research (PPIRes)

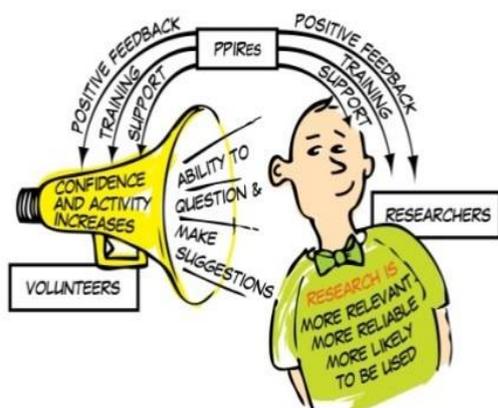
This year PPIRes Panel Members were involved in research as follows:



PPIRes works with researchers and healthcare professionals at all stages of the research process, from inception, through research implementation, contributing often to the analysis and appropriate lay dissemination of results.

"I view PPI in research as an absolutely essential part of the research planning, implementation and dissemination process."

Clinical Doctoral Research Fellow



"Discussion with ... PPIRes ... provided insight into different ways in which the various components of the project could be genuinely inclusive, helping not just to shape the design ... but also highlighting the value and importance of incorporating patient involvement in the conduct, analysis and dissemination of the study."

UEA Lecturer

Developing people

Via the Development Team, the office offers healthcare practitioners the opportunity to develop themselves and their ideas by applying for a Primary Care Researcher Bursary.

We have had successful recipients over the last few years, and during 2016/17, 3 bursaries were active.

Primary Care Researcher Bursaries - the Flume Catheter

A GP from Suffolk, Dr John Havard, was the recipient of a Primary Care Researcher Bursary which supported him in his efforts to develop an alternative to the Foley indwelling urinary catheter, so that the incidence of catheter blockage and infection could be reduced. By working with the Development Team, researchers at the University of Bristol and other colleagues, he has now formed a company and is laboratory testing a prototype of the catheter. He hopes to submit a research grant application to NIHR within 12 months.

'It was the first show of confidence I received that allowed me to pursue my research project. It funded a trip to Cardiff to meet a lead researcher in a small field and from then my project has blossomed. It was the touch paper leading to an explosion of ideas and contacts that have really made things happen and turn an idea into action.' Dr John Havard

Other members of staff have used their bursaries either to work directly with the Development Team to learn how to review research evidence, or to explore further research opportunities within their employing organisation.

The bursary supported me to develop collaborative projects with experts in my field.

This has led to our involvement as a recruitment site in two research studies to date including a large scale multi-site study.

Community Physiotherapist, NCH&C

We also work together with our academic partners to maximise the ways in which we can offer opportunities for healthcare professionals to develop their research careers within their chosen speciality.

Good Clinical Practice (GCP) Training

To ensure that all research delivered within the region is carried out according to all relevant legislation, members of the office deliver Good Clinical Practice (GCP) training to NHS staff.



16 N&W GP
practice staff
3 NCH&C staff
13 ECCH staff GCP
Trained 16/17

practical
empowering
comprehensive
interesting
thought-provoking
valuable

"I will be able to play an active role in the research within the practice"

Quote from a member of staff who attended Good Clinical Practice training facilitated by the Research Office.

The Research Design Lead holds an Honorary Senior Research Fellow contract with the School of Health Sciences, and works with research leaders there to identify ways practicing healthcare professionals can benefit from research opportunities. In partnership with a team of academics at UEA, led by Professor Eneida Mioshi and CLAHRC EoE, the Research Office committed some matched funding to an application to the Alzheimer's Society Clinical Training Partnership Scheme. If funded, this application would provide full funding for three doctoral level training posts to allied health professionals currently in practice. The projects will address dementia care in the following areas:

- The role of sleep in dementia prognosis and carer burden
- Interventions to improve wellbeing of family carers in the advanced stages of dementia
- Improving hydration in care home residents.

This exciting partnership builds on existing relationships and offers practitioners the opportunity to study for a PhD within a vibrant academic environment. The outcome is expected in October 2017.

4. Research regulation and quality

We work with all partners to ensure that research is undertaken in line with all governance and legal requirements. We encourage the undertaking of high quality research in line with local health needs and commissioning priorities; provide expert advice to support research and minimise risks to participants, patients, staff and organisations; develop and maintain robust systems for Sponsor oversight and delivery; facilitate study delivery in line with national guidance, timelines and targets.

Primary care research across CRN: Eastern achieved 91% recruitment to time and target, surpassing the national target of 80%

Sponsorship of Research Studies

The Research Office undertakes oversight as Sponsor for three studies on behalf of NHS South Norfolk CCG. All are currently running to time and target: oversight is achieved through working closely with the study teams and attending management and steering group meetings.

CADDY	<ul style="list-style-type: none"> • A study looking at the prevalence and distribution of dementia that is not known to primary care • 01/01/2016 - 31/12/2017 £354,923
GOALPLAN	<ul style="list-style-type: none"> • Goal-setting in care planning for people with multimorbidity: feasibility study and intervention refinement • 01/11/2016 - 31/07/2018 £242,786
CHIPPS	<ul style="list-style-type: none"> • The development and delivery of a Care Homes Independent Pharmacist Prescribing Service • 01/05/2015 - 30/04/2020 £1,986,154

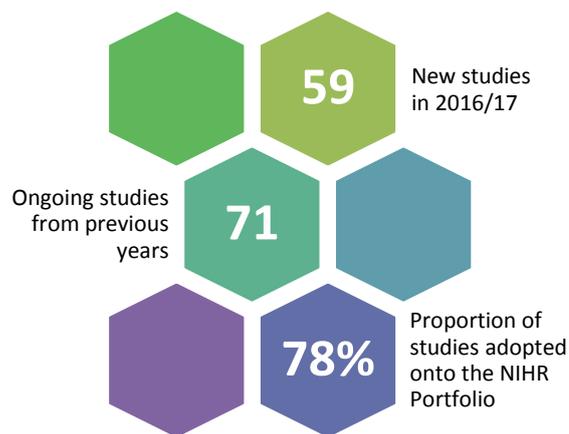
Recognising the benefit to the whole system of NIHR grants in primary and community care being hosted by the NHS partner but with the HEI partner acting as Sponsor, we have been working with UEA to develop a framework to make this happen. This means that the lead investigator's employer has Sponsor oversight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

Research Study Management

The Research Office offers advice and guidance to researchers, staff and practices to support local set-up and management of studies and ensures appropriate regulatory approval and local arrangements are in place (e.g. funding / local labs); monitors recruitment, manages issues, collects impacts and disseminates findings.

EDGE

A new research management system, EDGE, went live in primary and community care across the region in early 2017. It standardises data



management, provides consistency, enables improved performance monitoring and as a cross-organisational system will help us manage the

BEST3

The BEST3 study, run by University of Cambridge, is trialling a new test (the Cytosponge TFF3) to see if this can help in the diagnosis of oesophageal pre-cancer (Barretts Oesophagus) in patients with heartburn. 9000 patients will be involved across 120 practices. The study team have tested the cytosponge in secondary care, but this is the first trial of its use in primary care. The study will roll out in early 2017.

The Research Office supported the set-up of the study through:

- Advising on process for regulatory review and set-up relative to primary care.
- Identification and set-up of practices in Norfolk & Waveney to roll out the study.
- Liaison with 6 acute Trusts across Norfolk, Suffolk and North East Essex to gain agreement to support the study and arrange funding of excess treatment costs.
- Liaison with prescribing teams over nurse administration of Lignocaine and ensuring any safety and indemnity concerns are addressed.
- Nurses were trained in administration of the test to support practices who don't have nurse capacity, and will cascade training to practices who do.

information associated with our research portfolio, meet timelines, and support collaboration with our partners. We have worked closely with CRN: Eastern, NCH&C, ECCH and the Cambridgeshire Research Office to transfer study information to the new system.

Steering Group

The Norfolk and Suffolk Primary and Community Care Research Steering Group was reconfigured in 2016 to become the Norfolk and Suffolk Research System Steering Group to recognise that CCGs as members of the steering group have a role in influencing the wider research system across Norfolk and Suffolk.

The steering group meets three times a year to oversee the work of the Research Office, the CCGs “duty to promote research” and to work with partners across the health system to support and promote research as a core part of health care commissioning, delivery and service provision.

5. Dissemination and communication

Research-derived evidence is used to inform service design, commissioning and delivery. Researchers, sponsors and funders have a duty to report findings from research, thus contributing to the evidence base. They also have a moral obligation to disseminate findings to those who gave their time to support their research.

'Research is of no use unless it gets to the people who need to use it'
Chief Scientific Adviser for the Department of Health

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

Additionally engagement in research is known to have a positive impact on healthcare performance of organisations; promotion of research opportunities to patients and the public is expected, and the Research Office has undertaken additional work in 2016/17 to ensure research opportunities are promoted, and to assess locally the impact research has had on practice.

Communication

Throughout 2016/17 the work of the Research Office and research undertaken within Norfolk and Suffolk was promoted in the following ways:

- Quarterly bulletins of activity to CCG and SLA partners.
- Monthly newsletter to Norfolk and Waveney GP practices.
- Regular dissemination bulletins of research findings.
- Attendance at NCH&C Quarterly Research Lunches.
- Launch of the Research Office Twitter account.
- Running a cross-Trust collaboration event in Suffolk.
- Participation in “Sharing good practice, getting the best from RCF, supporting CCGs and making a difference”, hosted by the Avon Primary Care Research Collaborative.



Research Office staff helped raise public awareness of the importance of health care research at the Forum in Norwich city centre and the Market Gate Shopping Centre in Great Yarmouth on **International Clinical Trials Day (ICTD) on 20 May 2016**. Posters and other information to mark the day were also displayed at Lakeside.



Dissemination

In addition developing evidence briefings as described earlier in Section 2, additional work has been undertaken to ensure the findings of research are locally disseminated. This includes:



Impact

A short survey was designed and piloted in NCH&C and with a few GP surgeries to gain an insight into the impact of research on services. 16 responses were received, which fell into four themes:

- Staff benefit from the study training and the knowledge gained is used for future care.
- Provide educational opportunities for patients to learn more about their conditions.

“Research is good for our clients who have increased contacts with clinicians and a greater opportunity to become educated in their difficulties and how to manage them”
NCH&C healthcare practitioner

-
- Chance for staff and patients to talk outside of normal clinical experience.

“The fact that there was somebody, who was listening to them and giving them all the time they needed to talk about anything, seemed to work like some kind of a therapy session for them.”
NCH&C healthcare practitioner

-
- Highlighting areas for service improvement.

“The study has helped to identify dementia patients and helped with clinical coding ensuring the right care is in place for the patient.”

Research-active GP practice

During the course of PRESSURE 2, which looked at the monitoring of pressure areas by comparing high specification mattresses and alternating pressure mattresses, the recruiting nurse identified an area for service improvement, through the development of a patient and relative education programme. This is in development now, in collaboration with the NCH&C Tissue Viability Lead nurse and will involve service users and relatives throughout the process.

Twitter

The office launched a Twitter account [@NHS_NSResearch](https://twitter.com/NHS_NSResearch) on 28th October 2016.



We had sent 79 tweets by the end of March 2017 on a range of topics including promoting opportunities to take part in research to patients and the public and disseminating the results of studies.

The account has enabled us to become involved with #whywedoresearch, a hashtag set up by Claire Whitehouse, Lead Research nurse at JPUH which aims to raise research awareness and opportunities to staff, patients and the public. The office used the #whywedoresearch 12 days of

Christmas' initiative as a mechanism to introduce members of the team.

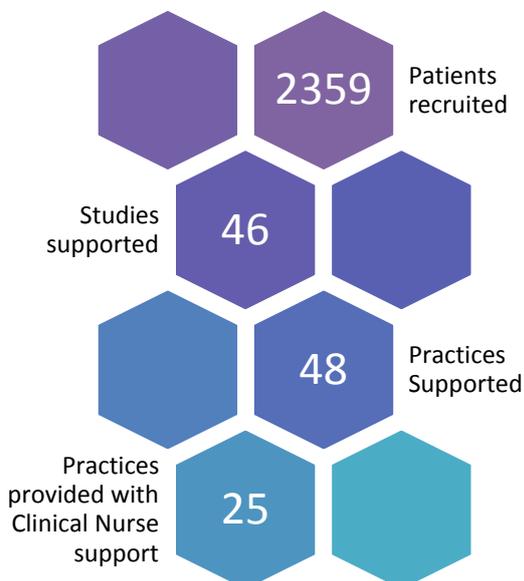


#whywedoresearch

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.

The team actively encourages researchers to apply for portfolio adoption where eligible – this enables projects to receive network support, aiding delivery, and means recruitment counts towards



RCF attainment – see section 7.

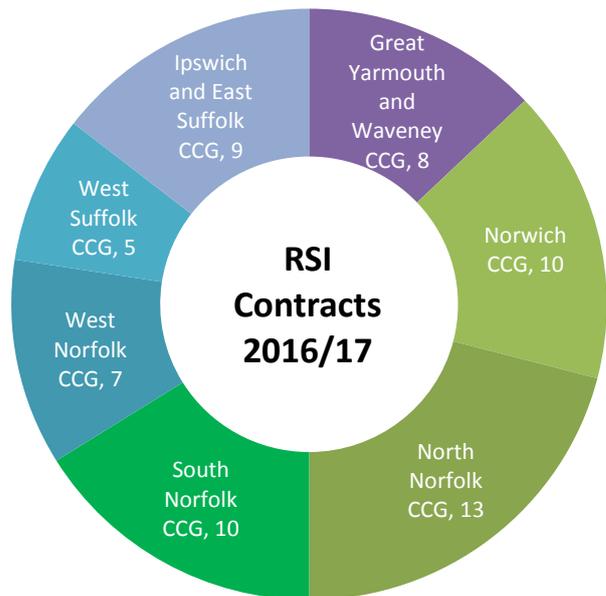
CRN Nurse Research Delivery in Norfolk and Waveney

The Research Delivery Team, hosted by the Research Office supported the roll out of research studies across GP practices in Norfolk and Waveney, providing clinical research training, nursing support and set-up support of studies.

On 1st July 2017, NCH&C took over the hosting of the CRN: Eastern Norfolk and Waveney Primary Care Research Delivery Team from NHS South Norfolk CCG (7 staff).

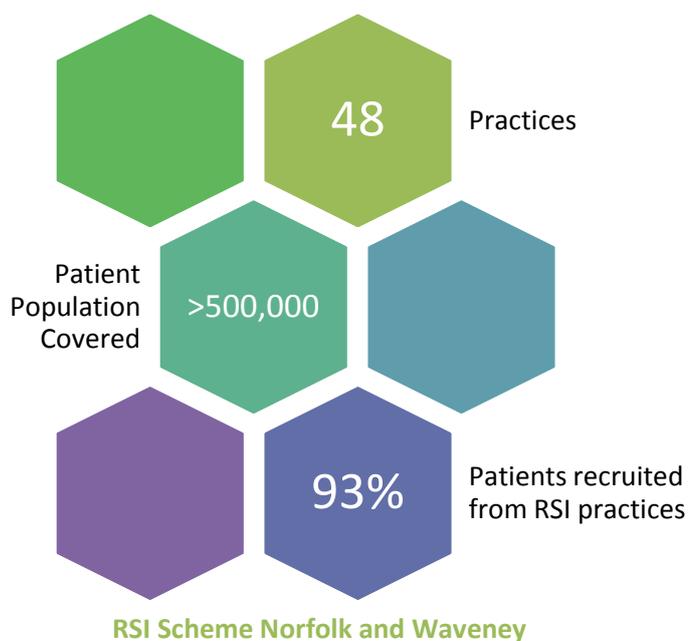
Research Site Initiative Scheme

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



On average 38 patients per practice were recruited onto NIHR portfolio studies by RSI scheme practices³, compared to only 1 per practice for those that were not in the RSI scheme.

³ Recruitment figures attributed to practices for EPIC Norfolk have been excluded from calculations as there is no practice involvement and no RSI related payments for EPIC



Working with Cambridge R&D Office

The Research Office research management team continued to work closely with the Cambridgeshire Primary Care Research Office to assess local requirements for studies running across the CRN: Eastern area. This minimises duplication and gives mutual support across the Eastern region.

“Although unique offices with different remits, this collaborative approach has supported the transition from CLRN to CRN and from Assurance to HRA Approval, and has been instrumental in agreeing a CRN wide Local Portfolio Management System (LPMS) arrangement in primary care. Our collaborative work continues to evolve and grow.”

Research Manager

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 and national groups, a number of which have been held for several years. This work enables the team to maintain knowledge of, and influence, key national and local initiatives and continue to drive the development and delivery of research for the benefit of our patients.

This has resulted in the team contributing to: national policy documents for primary care; the re-tender for the East of England Research Design Service for 2018; the success of a number of East of England NIHR grant applications.



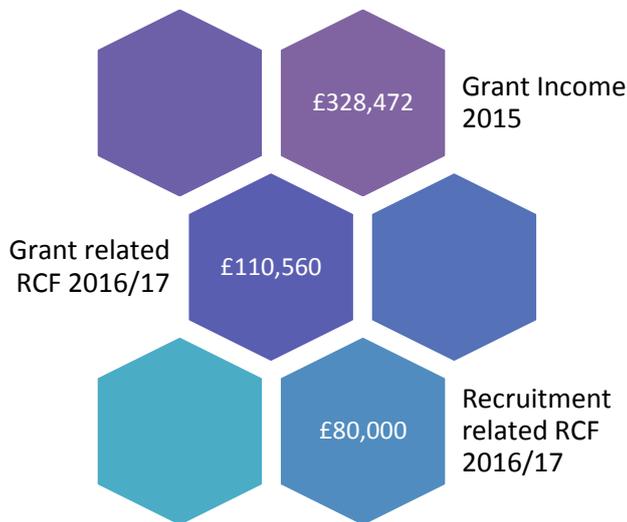
7. Financial sustainability

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.

Research Capability Funding (RCF)

Research Capability Funding (RCF) from the Department of Health 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.

RCF from the Norfolk and Waveney CCGs has been used to fund posts in the Development Team, who work very closely with academic and healthcare partners to develop patient-relevant research. In recent years, the Development Team have concentrated on developing larger research applications of longer duration, which when successful provide a more stable and sustainable



source of funding for these posts. We currently have one Programme Grant being considered at Stage 2 (£2.8 million) and another two in development (potentially £5 million).

Discussions with UEA are underway to place all primary care collaborative RCF-attracting grant applications through NHS South Norfolk CCG to maximise RCF income to the system.

Research Office Income

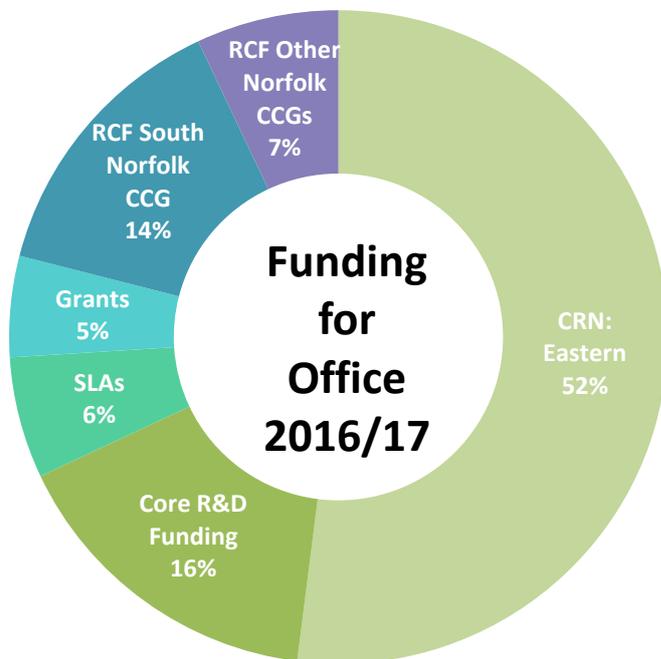
Income for the office comes from a variety of sources. Agreements are in place for all funded activities, including

- CRN Partnership Agreement (funding of 8.75 WTE posts⁴)
- NIHR RCF awards (all Norfolk and Waveney CCGs)
- Grant funding including 3 NIHR grants plus 6 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
 - Norfolk and Norwich University Hospital NHS Foundation Trust (PPIRes activity only)

⁴ Transfer of the nursing team to NCH&C on 1st July 2017 resulted in a reduction of CRN funding from 8.35WTE to 3.34WTE

- University of East Anglia (PPIRes activity only)

Reports were submitted for all NIHR funded activity.



Payments to practices 2016/17

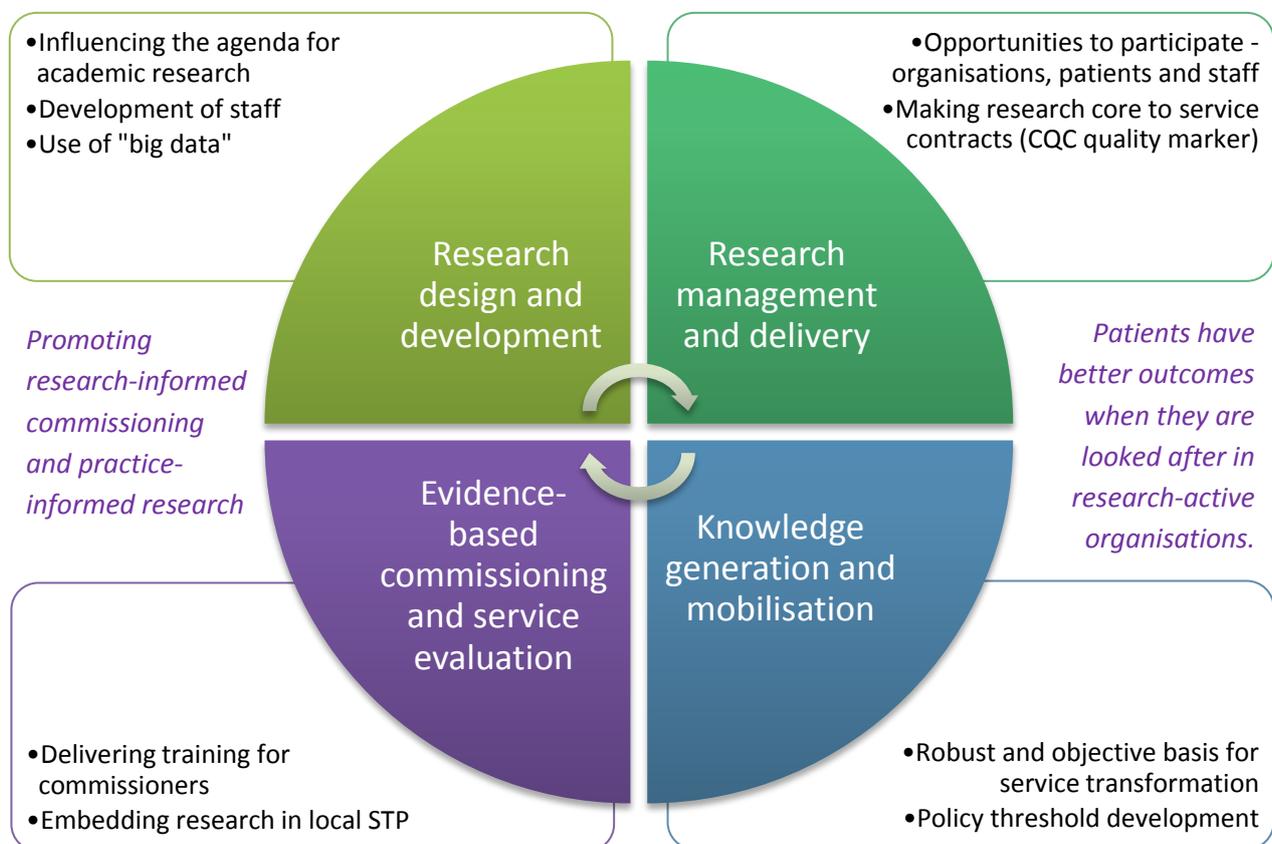
The Research Office continues to manage payments to practices in Norfolk and Waveney on behalf of the CRN. In 2016/17 over £300,000 was paid to practices in Norfolk and Waveney for research activities. Less than £5,000 of this was paid to non-RSI practices.



8. Looking Forward to 2017/18

2017/18 will bring a number of changes with the CRN Delivery Team transferring from NHS South Norfolk CCG to Norfolk Community Health and Care NHS Trust. This will offer us the opportunity to explore new ways of working across organisations to continue to maximise the impact of research in primary and community care on the health and wellbeing of our population. All of this comes at a time when we will be revisiting our Research Strategy to make it fit for the 5 years from 2018.

In overarching terms we will be working with the aim of “Making research relevant”, where we can work with all our stakeholders to maximise the potential that research can bring to the local health and care system, underpinned by the idea of getting *the right information to the right people at the right time*.



Making research relevant

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 National Institute for Health Research (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.

DH – Department of Health.

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.

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.

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.

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.

RCF – Research Capability Funding – DH 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 (Sept-Sept; 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.