Northern CCG Joint Committee

Date of meeting: 10 January 2019

Does paper need to be circulated before the agenda goes out (ie earlier than 10 working days prior to the meeting) (please circle): **No**

Title of report: Primary Care Research Strategy

Purpose of report (brief description):

To note that all 12 CCGs have now confirmed that they are signed up to the Primary Care Research Strategy.

Recommendations:
Is the paper for (please tick):

Decision-making	☐
Information Sharing	x
Discussion	☐

Actions required by Northern CCG Joint Committee:

Sponsor: Jonathan Smith
Report Author: Gillian Stanger
Job Title: Business Support Manager, NECS
Date: 17 December 2018

Primary Care Research Strategy

The attached primary care research strategy has been informed by key stakeholders across CCGs, primary care, academia, Health Education England and Local Clinical Research Network and has been presented and discussed at an earlier Northern CCG Forum meeting

CCGs have a statutory duty to support and promote research as well as use the evidence from research in decision making

This strategy builds on this to grow research projects and staff capacity and capability in line with the priorities and needs for research and evidence in North East and North Cumbria and provides an excellent platform for region wide work in research applications like Applied Research Collaborative and key work streams, all leading to improved patient care and outcomes, as well as growing your own research as necessary and with support of relevant researchers

The implementation of the strategy will be undertaken by the range of stakeholders and will be supported and monitored by an oversight group of these key stakeholders, including Jonathan Smith and Shona Haining and chaired by Dr Tim Butler NHS England.

The Local Clinical Research Network have approved the strategy and all CCGs were asked (via email) to approve the strategy. The Oversight Group have committed to providing an annual update of the progress and challenges to the Joint Committee.

This is to confirm that all 12 CCGs have now approved the strategy via email.

Gillian Stanger
Business Support Manager, NECS
17 December 2018

National Institute for Health Research

Cumbria and North East Primary Care Research Strategy

North of England Commissioning Support in partnership with NHS National Institute for Health Research Local Clinical Research Network North East & Cumbria

Partners in improving local health

North of England Commissioning Support

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1. Purpose and Aim of Paper

To aspire for the growth, delivery and adoption of primary care research in the North East and Cumbria with the aims of:

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

2. Why Research is Important

Patient consultation in primary care now accounts for around 90% of health services. With the introduction of the Five Year Forward View (FYFV) and the transformation plans that include more care being provided to patients closer to home it is essential that research in this part of the health economy reflects this growth to improve the healthcare of patients.

Research is part of the innovation process that acquires and converts knowledge and ideas into a better way of doing things, such as new or improved products or services that are valued by the health community and the patients. Within the context of the NHS, the objective of research is to answer service relevant questions and disseminate new knowledge to tackle the challenges of all aspects of health, social care, and well-being.

Recent Department of Health (DH) policy, communications, and the DH funded National Institute of Health Research (NIHR) have brought the profile of research more to the fore. In 2017, NHS England published their Research Plan (2017a). This plan is the first step in setting out NHS England's wider strategic approach to research.

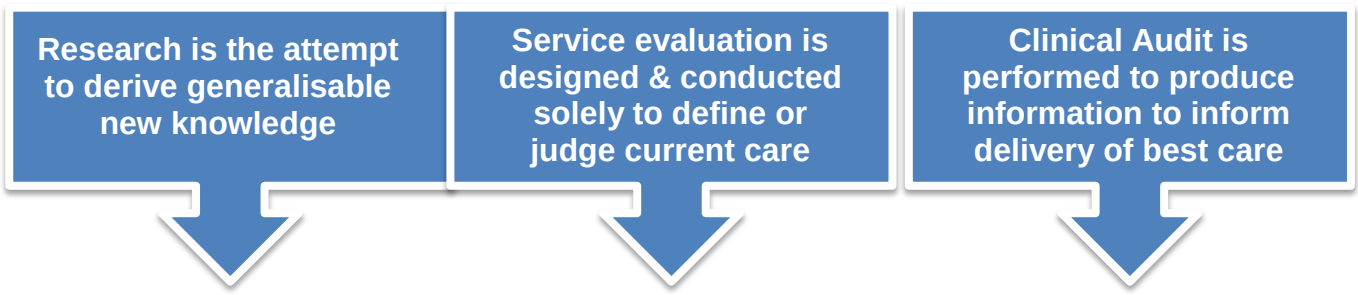
The NHS Constitution (2012) commits the NHS to aspiring to the highest standards of excellence and professionalism – in the provision of high quality care that is safe; through its commitment to innovation and to the promotion, conduct and use of research to improve the current and future health and care of the population. The constitution also pledges to “offer patients the opportunity to be involved in research where applicable”.

The NHS Operating Framework states that the NHS must play its full part in supporting research and in 2012/13 states that further action is needed to embed a culture that encourages and values research throughout the NHS and that every patient should be given the opportunity to be involved in health research.

This is enabled by the NIHR with a vision to “improve the health and wealth of the nation through research”. The aim is to create a health research system in which the NHS supports outstanding individuals, working in world-class facilities, conducting leading-edge research which is focused on the needs of patients and the public. The aim is for “faster, easier research to be undertaken in the UK”. The NIHR Clinical Research Network (CRN) North East and North Cumbria (NENC) 2020 Vision Local Strategy aims to make the North East the best place to take part in research.

Often before projects and staff get to the stage and capability of being defined as research other processes are necessary to build up the evidence base which requires enquiring minds and research skills. Audits and service evaluations are not in the scope for this strategy but must be considered as important prerequisites to good quality relevant research development and delivery.

In addition as the time lines for designing, funding, delivering and disseminating research are in excess of 10 years, decision makers often resort to lesser robust evidence sources for example service evaluations of national transformation programmes for the most recent evidence to fulfil patient needs and financial constraints and make timely commissioning decisions.



Different means of collecting evidence

Whilst this strategy is primarily aimed at those professionals working in General Practice and Clinical Commissioning Groups (CCGs) we are aware that primary care is part of a wider community and therefore this strategy must take into account the priorities of the Sustainability and Transformation Partnerships (STPs) working across the system of health and social care and across a larger geographical footprint. In addition, as more research is available and applicable to independent contractors like dentists and pharmacists, it is hoped the vision of this strategy can be extended into these groups as well as the developing Research active GP Federations.

There are 3 key distinct but related areas in the research journey for primary care and CCGs (Design, Delivery and Adoption). At each stage, collaboration with all stakeholders will lead to a state of readiness to adapt to any new or arising relevant research opportunities as part of the ONE NIHR agenda. (ref). All of these components need to be underpinned by increased capacity and capability of staff in primary care.

The Research Pathway

Staff awareness of importance of research and skills to design, deliver and use research

All resources in kind and actual, for example Local Clinical Research Network (LCRN) service support costs and strategic funding and NECS and CCG research capability funding (RCF) available to research active organisations need to be used to enable the strategy and support high quality research and delivery and need to be aligned to support this strategy.

3. How We Define Success

This strategy aspires to deliver "what good looks like" for primary care research. For primary care and decision makers this will mean co-produced research in line with their current priorities to build up relevant primary care evidence and skills with mechanisms, communities of practice and across stakeholder engagement and reflecting input form public and patients' involvement.

Recognition and exposure to primary care research through the life time of medical and clinical professional students time and training positions will allow opportunities to develop and implement skills and methods of enquiry, research, evaluation and use of research evidence, hence building primary care capacity and capability.

This will be achieved through a mixed multi agency approach to create career pathway options for primary care staff, including further degrees as well as supported sessions from a range of key funders and stakeholders' funders to embed designing, delivering and adopting research in primary care.

This will be further enhanced by a longer-term development of a Faculty of Primary Care in a Cumbria and North East University.

Commissioning decision makers will be able to use evidence from research to appropriately make better decisions on investment and disinvestment for improved patient outcomes and quality of care and support evidence based clinical practice Those involved with workforce, recruitment, retention and morale of workforce can assess the impact of research and supporting these.

For all stakeholders aligned to the many stages of primary care research this should enhance the culture and relationships and ensure that collaborative opportunities in the future can add to the work and are more likely to succeed. This will allow decision makers to also be more aligned with technical advances and real-world evidence from stakeholders such as the Academic Health Science network (AHSN) allowing the adoption of evidence-based technology into everyday primary care benefiting patients and doctors alike and encouraging collaboration and engagement in the many different types of research. Dissemination from these stakeholders into primary care can occur via existing structures like NECS (for CCGs) and the LCRN primary care speciality group who can feed back to their collective practices and federations.

Primary care teams (includes GPs, Dentists, Pharmacists and other community Professionals) should be able to offer patients a range of studies across a number of disease areas, having access to the resources and skills to enable this to happen in a timely way. This may be either referring patients in for secondary care research (PIC) or undertaking primary care site studies in the community. In addition, we will increase capacity and number of commercial research opportunities across primary care.

We recognise that whilst it is an aspiration to offer all patients the opportunity to be involved in research we appreciate that not all GP practices will be in the position to be research active. However, there may be opportunities for patients via Federations and through community and secondary care research either as patients or signposting.

4. Design

This will be aligned to and informed by the priorities of primary care and decision makers to build the evidence base with a multiple stakeholder approach to grow the number of primary care led, involved and hosted research projects:

- **People**
  Build research capacity and capability of the multi professional staff in primary care to undertake further degrees and use research skills as academics, research leads and with portfolio careers to support future research at a local level. Working with Health Education England North East and Academia to develop training roles at an early stage in General Practice training to encourage a future research focus in Primary Care and build capability and capacity in the service.

  Aim to embed individuals with the skills and interest whom would grow research within a system wide approach in primary care.

  Academic skills and awareness to align methods and grant funding opportunities to the needs of primary care.

- **Culture**
  Encourage a culture and method of capturing and developing new research ideas that come from everyday practice in primary care and decision makers
  Develop a culture through the staff of inquiring minds, skills and recognition of the importance of research and evidence as a prerequisite to improved clinical care and patient outcomes.

  Align and recognise small scale evaluations, service delivery developments as potential precursors to primary care research projects.

- **Information**
  Harness the power of primary care informatics: data sharing, and including RAIDR and other relevant tools to identify gaps in the evidence base.

Collaboration with secondary care clinicians, Specialty groups and academics with knowledge of the research in certain clinical areas, research experience and methodological robustness.
Help support research in other community areas e.g. Pharmacy, Dentistry and support the development of research within Research active GP federations as well as within the CCGs.

5. Delivery

Overarching aim is a growth in the main LCRN metrics in relation to primary care and CCG research - number of recruits, practices as research active, working across all specialities that are aligned to services in primary care.

The true potential of primary care research delivery is considerable given that GP's have access to all patients as opposed to just a fraction who attend hospitals. With the advent of federations and the joint working already established across these groups it is possible to provide hub and spoke solutions to research delivery and increase the reach and capability of primary care. Our vision is to support the spread of best collaborative practice which includes searches performed across a federation, shared research infrastructure, common governance processes and the potential for single sign off.

Primary care teams (including Research active Federations) and CCGs to be active in LCRN decision making processes and representation at the Partnership group to shape the direction and resources for primary care research delivery. Practices receive credit for collaborative working with secondary care in the form of agreed shared accruals.

Harness the power of primary care informatics to identify relevant patient numbers to attract commercial and non-commercial studies and hence increase income. Utilise data sharing agreements to deliver studies across groups of practices or federations. Use informatics experts to help design robust searches and disseminate these to encourage research naive practices to take part in research studies.

LCRN to proactively ensure all relevant research is on the NIHR research portfolio for delivery in primary care.

Maximise the support and encouragement of researchers to gain the acceptance of studies onto the NIHR portfolio.

Primary care as a potential research site either at practice or federation level is considered by the LCRN who in turn work with the other specialities in the early set up phase for commercial and non-commercial research.

General practice is encouraged to be accredited as Research Ready with Royal College of General Practitioners.

LCRN funded research engagement leads to support LCRN geographically wide primary care and to link with other key stakeholders.

Collaboration and partnership models should not be restricted to GP-to-GP agreements but need to include collaborations with local community pharmacies and with secondary care. Joint working with the Newcastle Phase 3 commercial trials unit will provide those practices within reach of Newcastle the opportunity to work collaboratively to enhance the commercial potential in the region.

A collaborative approach with enhanced search facilities will increase the viability of primary care as a site of commercial contract research. There is rapidly increasing use of digital and social media platforms to empower patients to volunteer for commercial research and GP practices represent the most convenient recruitment sites for these patients. The NENC CRN industry team are actively promoting primary care and consider this the area with the most growth potential. There is a program of business development which highlights the potential of "recruitment closer to home" and the value of primary care as the site for industry studies.

There has been a growth of GP's interested in undertaking commercial research and the potential of mentored training and principal investigator experience through placements in the Newcastle P3 Commercial Trial Centre. This could provide interested GPs with a platform to establish a track record as principle investigators, as well as working with, and learning from, staff experienced at running commercial trials.

The cumulative effect of these developments will see a doubling of primary care industry activity over the next three years. Measures of activity will be: i) the number of active study sites, ii) the number of studies in primary care settings and iii) the number of patients recruited to commercial trials in primary care settings.

Commercial research is important as it offers a wider range of research projects to patients as well as to income generate for primary care and the region. Help to support practices in the application for commercial projects and have a robust process for the dissemination of commercial research projects to encourage interest and participation is essential. Also important is building relationships with selective commercial research companies to become the recognised choice for delivery in primary care in CNE. Involvement of Primary care research practices not only in NIHR portfolio studies but also in the delivery of technological evaluations as supported by the AHSN.

6. Adoption

Working with AHSN to ensure that the evidence from research is visible to decision makers. Streamlining the process with AHSN and using existing people and systems to enable easy flow of AHSN endorsed work into primary care.

Use the HEE NE infrastructure in reaching staff from all professional groups but particularly those involved in teaching and training doctors to achieve the strategy. Staff in primary care and commissioning have the relevant capacity and capability to access, critique and use evidence from research and this is made visible in the decision-making process.

The increase in research delivery makes staff more aware of the importance of evidence to embedding research into practice to improve patient outcomes.

Improve the feedback from high quality studies back to research active practices in order to encourage future participation and also allow embedding of research into clinical care – Make the outputs of evaluations, portfolio and non – portfolio research visible to decision makers. NIHR Dissemination portal is actively promoted to give decision makers access to the latest research findings.

7. Informatics Opportunities

We need to use the power of informatics to make the region more attractive for Researchers both of commercial and non-commercial studies.

One way of achieving this is to enable Researchers to very quickly ascertain the likely number of patients that may be potential recruits for a study and potential high recruiting areas enabling a joined-up approach when it comes to delivery. This requires practices to work together in groups e.g. Federations and the use of informatics to facilitate this function is key.

It is important that we are able to streamline the screening process i.e. creating searches, letters and protocols centrally which can then be distributed. In addition, it is also important to have standardised processes for common functions such as excluding patients who do not wish to be involved in Research. This would ultimately make it easier for practices to take part in Research, conduct feasibility work and enable quicker searches for ascertainment of numbers for Study teams leading to delivery of Research at scale. SystmOne, which is one of the preferred Primary Care computer systems, easily enables practices to share searches, protocols and templates thereby sharing expertise and avoiding duplication. Other computer systems are not as developed as SystmOne when it comes to these functions, but do still allow the importing and exporting of searches to help practices

take part in studies. SystmOne reporting units also allow federations or groups of practices the ability to report across whole populations (pseudo anonymously).

Other Primary care systems like EMIS can also be utilised as a research tool and other evolving systems should be considered as relevant.

In Primary Care we really need to promote the unique nature of the Primary Care database and the ability to provide information on a whole population enabling the delivery of Research at scale.

At a practice level, Research needs to be seen as an attractive option for individual practices and Federations/ groups of practices to get involved in. The additional benefits of Research need to be explained to practices and the diversification of income will also help to drive business analytics and data sharing. The development of informatics in Primary Care is key to the Research success of the region as a whole.

RAIDR, (Reporting Analysis and Intelligence Delivering Results) is a NECS business intelligence tool that covers all of the North East and Cumbria as well as wider across England covering now over 1/3rd of all GP practices. The data collection and analysis process can be used by researchers to understand variation and trends in activity at practice/CCG level in order to identify research needs as well as where to undertake specific pieces of research. Using RAIDR data over the time course of a research project can act as a natural data collection tool as currently being piloted with a selected number of Newcastle University researchers.
The Great North Care Record is the introduction of a new electronic system enabling NHS health professionals providing patients with treatment, to view a summary of their shared medical records in real time. Harnessing this as a research opportunity is being planned.

8. Patient Engagement

The North East & Cumbria research community have had patient, public and carer involvement at the centre of their endeavours for a number of years. We will work to ensure that patients, carers, and members of the public have the opportunity to participate in high quality research such that their communities' benefit from the opportunities that this brings. We will increase awareness of the general public about primary and community care research. Concerted PPIE support will be brought to primary care practices and Federations to create a culture where patients are confident to ask about research studies relevant to their condition. Information campaigns to include Patient Research Ambassador (PRA) initiative, this opportunity particularly being made available within patient participation groups of

the CCG. From this we can identify and nurture resulting PRAs willing to be a conduit between CRN and their groups on study opportunities and CRN initiatives.

We plan to Increase awareness of the general public about primary and community care research through primary care specific communications will include feedback on studies that practices have been actively been involved with (i.e. numbers recruited per practice, results of studies, etc.).

Primary care studies will also be provided support to embed digital Patient Research Experience Survey in their design to ensure that participants are being approached in the right way and are having a positive experience of being a research participant, such that they too will become advocates for research.

9. Capacity and Capability

To deliver the aspiration of growth in primary care research, increasing the capacity and capability of the workforce in collaboration with Health Education England North East and School for Primary Care Research (SPCR) at Newcastle University will be paramount.

Research is not a possibility in primary care unless the practices themselves are motivated and have individuals who are keen to move forwards and progress a study. This can either be in the form of research generation or study delivery and involves not only GPs but nurses and AHPS. The importance of research needs to be emphasised at an early stage of GP training so it's important that research experience is gained during primary care placements and that this is within research active practices and resourced and supported by all stakeholders HEE SPCR and CRN and seen as a priority for the CCGs. This process of creating successful GP researchers can only occur if all stakeholders are engaged and see this as a priority. If GPs are exposed to research within the early stages of their training then they are more likely to be research active throughout their career and recognise Research as an important part of their role. CRN supported Green shoots and leadership schemes are also useful to encourage the development of Chief investigators and Principal Investigators in Primary Care and it should be made easier for studies to get on the NIHR portfolio and study support should be in place to support this. The GP engagement leads have a pivotal role in research leadership and engagement, encouraging recruitment into studies via practice involvement and can be the pathway for stakeholders such as the AHSN to disseminate their studies and technology trials into the primary care research network. The promotion of a regional GP champion will also promote cohesive working between the SPCR and the CCGs and hopefully lead to studies influenced by local clinical need and help influence the national primary care research strategy.

There is also a need for the cohesive building of research into Nursing, midwives and Allied Health Professionals (NMAHPs) training both from a study design and delivery point of view. The aim of development for this group is to increase research awareness within these roles, retain and develop career pathways for research and build a research leadership which can both promote and mentor research opportunities. These roles in turn need to be supported and embedded within the wider Primary Care network to be successful. The support of research training for these individuals should promote the development of chief investigators from a NMAHP background and again should be supported by the main stakeholders who include the CRN, CCGs and SPCR.

Only if we can achieve this cohesive working within all the relevant stakeholders can we increase Primary Care research capacity and influence achievements on a national basis. We have an opportunity to change the face of primary Care research in the region and this should be seen as priority. A steering group representing all stakeholders should be formed, a Primary Care Research group (PCRG), meeting approximately 6 monthly, to make sure these links are formed and opportunities for collaborative working are maximised.

The exposure to design, delivery and adoption of research in primary care needs to be a commitment throughout a medical students' training.

Opportunities with Health Education North East to expose medical students and GP registrars to research ideas, delivery and project development, as well as using evidence from research from primary care and the decision makers needs to be visible and offered at all stages of clinicians' education and career development.
A number of schemes for GP registrars' further academic qualifications are in place in both Newcastle and Sunderland Universities. These need to be aligned to primary care and CCG priorities to build skills and relevant in the primary care workforces.

To retain the current skills and capability of all current GP trainees, salaried and partners and primary care staff with academic qualifications will be identified, shared within their CCG and encouraged to become part of a primary care research group (PCRG) as well as champion the role of research within their own practice, federation and CCG.

Consideration is needed by CCGs with workforce challenges to fill GP vacancies and in their duty to support and promote research and to use evidence for decision

making of adding research opportunities and sessions and provide portfolio careers for GPs.

There has been a growth of GP's interested in undertaking commercial research and there is the potential for mentored training and principal investigator experience through placements in the Newcastle P3 Commercial Trial Centre. This could provide interested GPs with a platform to establish a track record as principle investigators, as well as working with, and learning from, staff experienced at running commercial trials.

Research training for nurses and other practice staff will be considered by the relevant bodies in academia, CCGs and LCRN North East & North Cumbria This will be aligned to the Nursing, Midwifery and Allied Health professional research capacity strategy recently launched by LCRN.

10. Excess Treatments Costs

Along with research costs and service support costs research has related treatment costs. For the majority of research studies these are aligned to the current services commissioned and delivery by providers in secondary care or GP practices. Occasionally research studies have Excess Treatment costs defined as "*those costs where patient care differs from the standard treatment in that it is either an experimental treatment or a service in a different location from where it would normally be delivered".*

It is the duty of commissioners to "ensure these are funded through the normal commissioning route".

However as guided by the most recent NHSE guidelines (https://www.england.nhs.uk/wp-content/uploads/2015/11/etc-guidance.pdf) excess treatment costs and saving must be considered.

The aim is for a clear, transparent and pragmatic approach across the Health system to ensure ETCs are not a block or barrier to research.

11. Defining Relevant Stakeholders

Strategy has been informed by and is for use by all our stakeholders including:

- LCRN engagement leads
- LCRN speciality groups
- School for Primary Care Research (SPCR)
- Academic relevant leads and departments including the Institute of Health & Society Newcastle University, Prof Scott Wilkes Sunderland University
- Education leads for GPs and practice staff - HEE
- Current primary care staff with further degrees
- AHSN
- CCG Forum
- Clinical networks
- Informatics work – Great North Care Record & LCRN primary care informatics lead
- Patients
- Community healthcare professionals, e.g. pharmacists, dentists, health visitors
- RCGP local faculty

12. Next Steps

The strategy will be supported by the key stakeholders whom will agree and take responsibility of the associated work plan.

Quarterly reporting and meeting of an implementation group for oversight will provide assurance, challenge and opportunities to deliver the strategy.

The implementation for oversight group will consist of decision makers representing:

Primary care providers:
LCRN
PPI representation / lay member of LCRN partnership group
Clinical commissioning groups

Primary care academia:
Health Education North East
NECS
Chair - Dr Tim Butler, NHS England
Secretariat to be provided by LCRN

Terms of reference and governance arrangements are shown in Appendix 1

13. Recommendations

Development and design of Research in primary Care

- Primary care researchers and decision makers annually share and discuss service and research priorities to align and plan future research.
- A regular forum, Primary Care Research Development Group, is set up as a safe and supportive environment to retain primary care staff with research expertise and further degrees and nurture those staff developing their skills and research ideas.
- Research Capability Funding aligned to primary care is pooled to make a collective and transparent use to grow primary care research and capacity aligned to service priorities and supporting increased North East and North Cumbria hosting, leading and chief investigators.

Research Delivery

- Primary care leads across CNE should expand their role from leading delivery of research to be associated with local CCGs (and their priorities) to support development as well as adoption of research and innovations from Academia and the AHSN. The AHSN should feed their work into the GP Engagement leads group. The existing structure for GP leadership should be reviewed to reflect the changing strategic geography of the developing Integrated clinical partnerships and also the role adapted to reflect increased involvement with CCGs and other local stakeholders in order to promote all aspects of Primary Care Research with the ultimate aim of increasing research delivery regionally.
- The Primary care finance group should feed into the Financial resources Strategic theme oversight group (chaired by LCRN) which ultimately reports to the CRN executive so that Primary care has a voice regarding financial decision making and accountability.
- The financial review regarding regional partner organisation funding should be supported so that the input primary care contributes to research in CNE is visible, recognised and adequately resourced.

Adoption of outcomes of research

- Outputs of research are regularly and easily accessible for decision makers whom are trained to access, critique and use evidence from research.

- CRN to be more involved with the dissemination and diffusion of study results and to alert stakeholders to studies that demonstrate clinical and cost effectiveness where local diffusion and adoption is a priority.

Informatics

- Pragmatic use of present GP IT systems, RAIDR and national collective information enablers to simplify research for practices, data sharing agreements and the delivery of research at scale and to provide data to inform gaps in evidence and research.

- Needs to be further development of a regional informatics system to support feasibility and delivery of NIHR portfolio studies. Initial work in this rapidly growing area has been shown to effectively enhance delivery and hence CRN funding is required to fully support the development of this system lead by the GP Informatics lead.

Building capacity and capability for research in Primary care

- Medical School, SPCR and HENE, supported by the CRN where appropriate, build in to the educational experience of medical students and GP trainees the opportunity to be exposed to primary care research development and LCRN delivery to enhance local chief investigators and primary care research leads. CRN should support the development of PIs within primary care (both GPs and NMAHPS) and the LCRN should pursue their joint strategy with HENE to further develop Research Capacity & Capability in both these groups. CRN to continue support of GP engagement leads and support research active GPs through programmes like Green shoots.

- Research Portfolio careers should be an option for GPs, supported by all stakeholders and could be considered by CCGs as they do clinical leadership roles. These Research GPs could then be supported by the SPCR as well as being part of the research development group and indirect support from CRN possibly via federations or larger practice collaborations.

Patient Engagement

- Engagement of patients in research design, development and delivery should be seen as priority with development of strategies to engage existing groups.

- Concerted PPIE support will be brought to primary care practices and Federations to create a culture where patients are confident to ask about research studies relevant to their condition. Information campaigns to

include the Patient Research Ambassador (PRA) initiative to be made available to patient participation groups of the CCG thereby reflecting their priorities and also continued involvement with PRES and the development of newer PPIE strategies to encourage involvement within the more geographical strategic groups.

- Increase awareness of the general public about primary and community care research through primary care specific communications. This should include feedback on studies that practices have been actively been involved with (i.e. numbers recruited per practice, results of studies, etc).

- Primary care study teams will also be provided with support to embed the digital Patient Research Experience Survey in their design to ensure that participants are being approached in the right way and are having a positive experience of being a research participant, such that they too will become advocates for research in primary care.

- PPI representation in the implementation oversight group.

Commercial Research

- Commercial research should be seen as a priority and work should be collaborative with regional commercial research experts. The development of one-point commercial research costings should make this easier as well as the development of informatics for GP practices. CRN should continue to support GP Practice groups / federations to undertake commercial research using the existing support management structure.

Report Authors: Dr Shona Haining
Job Titles: Head of Research & Evidence NECS

Dr Justine Norman
GP and Primary Care Speciality Group lead LCRN
Date of Report: July 2018

Appendix 1

Primary Care Research Strategy
Terms of Reference: Primary Care Research Strategy Oversight of Implementation Group

1. **Purpose**
The Primary care Strategy Implementation Group is established to ensure the successful implementation of the North East and North Cumbria multi –stakeholder Primary care Research strategy.

2. Membership of the Group

- Membership shall consist of senior strategic leads from - NHS England, Clinical Commissioning Groups and Primary care teams, Higher Education Institutes, Health Education England and CRN across the North East & Cumbria, to represent the key components of the strategy including development of research, capacity building, informatics, research delivery and adoption of research findings.

- It is anticipated that Members attend a minimum of 50% meetings throughout the year and that deputies will not be used in view of the frequency of the meetings which best suits consistent membership.

- The group will be chaired by Dr Tim Butler, Assistant Medical Director NHS England (Cumbria and The North East).

- .Additional colleagues may be asked to attend ad hoc meetings to support specific elements of the strategy delivery.

3. Remit and responsibilities
The Group will utilise their local knowledge, expertise, relationships and collective organisational positions to:

- Lead on the implementation of the CRN/NECS Primary Care research strategy through the accountable working groups.

- Monitor performance against agreed timelines & produce a report on progress and challenges every 6 months for stakeholders to present in their governance structures.

- Identify and make recommendations regarding resource requirements required to enact the strategy.

- Maintain a risk log and exception report issues requiring escalation to the relevant CRN NENC Executive.

- Identify and discuss new developments, initiatives and ways of working which may subsequently impact on the primary care strategy and plans.

- Consider any new recommendations, guidance or frameworks that arise nationally and their impact on the primary care strategy and plans.

4. Meeting administration & Frequency

Administrative support for the group will be provided from the CRN NENC administration team, minutes will be taken and an action and risk log maintained
The group will convene a minimum of 3 times per year.

5. Reporting arrangements

The group will work closely with the CRN NENC Executive in supporting the delivery of the primary care research strategy.

6. Governance arrangements

The group will be accountable to the organisations they are presenting.

Terms proposed:
Terms ratified:

Membership

Name	Affiliation
Justine Norman	**CRN**
Shona Haining	**NECS**
Jonathan Smith / Andrea Jones	**CCGs**
Tim Butler	**NHSE England**
Richard Bellamy	**HEE**
Mrs Turnball	**CRN PPI**
Gareth Forbes	**CRN (informatics)**
Yan Yiannakou	**CRN (Industry)**
Amar Rangan /Penny Williams	**CRN (capacity building)**
Louise Robinson	**SPCR**
Eugene Tang	**CRN/SPCR**
Lesley Young- Murphy	**NMAHP**
Hilary Allan	**CRN (primary care delivery)**

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