

City Of Research: A Framework to enable collaborative working in research for the ICS

A discussion paper for the Place Based Partnership Board and Yorkshire & Humber Clinical Research Network

Executive Summary

Research is a vital component of health service design and delivery. It helps healthcare providers determine how services should be set up, and what interventions should be provided, in order to maximise benefit to their service users. To be most useful, research should be carried out close to the populations who will be affected by it; and so for the Bradford District and Craven area, research should involve people living here.

However, the ability to have a truly integrated research service and infrastructure has historically been constrained by a number of factors, including a concentration of research activity and capacity in the acute trusts, and limited research activity and capacity outside of this in primary care and mental health/community service; and governance and operational barriers between organisations hampering the ability to direct research resource where appropriate. As research increasingly moves to capture the reality of how people live and encounter healthcare services, with pathways of care increasingly cutting across organisational boundaries, and being delivered in a wide variety of settings with more of a focus in community settings, the structures that support research generation and delivery need to adapt to reflect this reality.

The City of Research is an initiative of the Bradford and Craven district to meet this challenge and is currently being developed by the R&D offices of the healthcare organisations in the district. It will have several components. These will include work to understand the factors that act as impediments to cross-agency working, including governance, HR, data sharing and finance issues, and to identify solutions to these as well as the development of staff to undertake and promote research. Currently it involves healthcare providers and the University of Bradford, but this will expand to include other academic institutions, and voluntary care and social care partners.

In order to realise these goals- to have local healthcare providers able to access current, relevant best evidence as to how to help the people who use their services- the City of Research team will need further support from their relevant organisations, the NHS Trusts, and the Integrated Care Board. This support will include senior leadership buy-in and agreement to make changes across the areas identified in order to facilitate genuine cross-organisational project delivery, and allow research resource to be targeted where it is needed. This will allow us to extend the 'Act as One' principles, so as to enable us to 'Research as One'.

Vision and Values

There is a strong ethos and track record of healthcare research collaboration within the Bradford, Airedale and Craven area which has been in existence for many years and since the inception of the NIHR. In 2007 the Bradford Institute for Health Research (BIHR) was established by Bradford Teaching Hospitals NHS Foundation Trust in 2007 in partnership with primary and secondary care NHS Trusts in Bradford and Airedale and its local Universities. Since then a number of unique academic, practice and community strengths have coalesced including:

- **An international reputation in applied research** with a particular focus on child health, older people and quality and safety of health care including the **Wolfson Centre for Applied Health Research**¹ and the **NIHR Applied Research Collaboration Yorkshire and Humber**²
- **A strong track record in clinical research** with ability to recruit patients quickly (global and national firsts) and deliver recruitment targets. BTHFT hosts one of five **NIHR National Patient Recruitment Centres**³ **World class community research cohorts. Born in Bradford**⁴, the global-first experimental birth cohort study Born in Bradford's Better Start and the **CARE 75+**⁵ frail elderly cohort are leading the world in community engagement in research and translation of research into policy and practice.
- One of the **leading improvement agencies, the Yorkshire and Humber Improvement Academy**⁶, and one of the top **patient safety teams the Yorkshire Quality and Safety Research Group**⁷
- **Whole system research.** Bradford has an excellent track record of collaboration across health and education sectors and close co-production with patients and communities. In 2019 it was awarded a UK Prevention Research Consortium to establish an **ActEarly 'City Collaboratory'**⁸ to tackle the wider determinants of health.

¹ <https://wolfsoncahr.uk/>

² <https://www.arc-yh.nihr.ac.uk/>

³ <https://local.nihr.ac.uk/prc/bradford/>

⁴ <https://borninbradford.nhs.uk/>

⁵ <https://www.bradfordresearch.nhs.uk/care75/>

⁶ <https://improvementacademy.org>

⁷ <https://yqsr.org/>

⁸ <https://actearly.org.uk>

- **Connected data.** Bradford hosts the **Connected Yorkshire**⁹ programme that is working to enable safe and secure sharing and analysis of data to redesign pathways of care.

Over the last 14 years over 50,000 citizens have become actively involved in clinical and health research – probably the highest levels of research engagement of any city in the world.

The pandemic has heightened people's interest in science and research. When we ran vaccine trials in Bradford we were overwhelmed by support with nearly 4000 people volunteered and signed up to our local vaccine registry. The COVID-19 pandemic has also highlighted the importance of science and research in leading policy and practice.

During the pandemic Bradford, Airedale and Craven as a place came together to plan and then deliver therapeutic and vaccine research. These adaptations and collaborations demonstrated the value of this synergistic way of working and that future working should follow a similar path. This path is now also that of the NHS which is currently transitioning to the formal arrangements of Integrated Care Systems which will implement place-based responses to service delivery. In Bradford, Airedale and Craven this delivery will be through the 'Act as One' programme, similarly, research will follow the same principle and our collaborative way of working will be formalised by our 'City of Research' (CoR) initiative and our 'Research as One' way of working. To this end we will adopt the following beliefs and values:

- **Inclusiveness** - we respect people, value diversity and are committed to equality.
- **Participation** - we value and recognise the engagement of people within organisations and communities.
- **Quality** - we strive for excellence through continuous improvement.
- **Openness** - we are committed to a culture of teamwork and collaboration.
- **Reciprocity and mutualism**- we help each other out to support the common good.
- **Solution-focused**- We have a 'can do' attitude to get things done.

By adopting these values we will continue to build our City of Research by:

- Building on a strong history of collaborative working to deliver further high-quality research to our population.
- Capitalise on the enthusiasm of the Bradford, Airedale and Craven population's interest in research by asking them to volunteer for other research and have a 'research-ready' population.
- Enable sharing of good practice and provide opportunities for (research) staff within

⁹ <https://www.bradfordresearch.nhs.uk/our-research-teams/connected-bradford/>

our organisations to develop or enhance their research skills.

- Develop a City of Research culture and partnership that enables research reach to all of our communities and provide equity of access.

Our City of Research collaboration will focus on the full spectrum of research but for this purpose, it will be divided into 4 stages/ work programmes in order to consider how the region can embrace the 'research as one' philosophy:

1. **Development** – activities that enable research ideas to evolve and research projects created.
2. **Governance** – meeting the statutory requirements to enable safe and equitable delivery.
3. **Research Delivery** – running a study and delivering the agreed number of participants within the time allocated to the study.
4. **Dissemination** – spreading the knowledge learned from research into patient services to improve the quality of care.

Development

Development covers all activities surrounding the way in which collaborations can be supported and how infrastructure, capacity and capability are developed:

- Coordinated activity to bring more grant funded research into the area that addresses the needs of all of our population.
- Cross organisational development of staff in order to ensure there is more capacity for delivery of research (grant funded and own account), this will include training and mentorship for researchers and research-active staff.
- Investment in our staff to generate ideas and provide a mechanism to access academic back-up and support.
- Ensuring there is the right infrastructure for our research teams to operate effectively, e.g., access to clinical and office space.

There is already strong engagement with the academic community but this needs to be built upon and extended so this is evident across the full Bradford, Airedale and Craven area and not just concentrated in specific locations.

Within our patch we have the NIHR Patient Recruitment Centre: Bradford which has an excellent reputation and track record of delivering commercial clinical trials. This expertise needs to be shared and we need to continue to positively engage with more industry partners, particularly outside of the PRC's focus of late phase trials, to open up access to additional resources both financial and non-financial and enabling access to new therapies, new technologies or equipment potentially sooner which subsequently improves patient care.

The key to this being effective is the ease of movement of research staff between organisations, with shared rights, privileges, and accessibility in all City of Research member organisations. This will facilitate ease of delivery of research activity with all staff, once trained, being able to work across all systems for the specific purpose of the delivery of inter-organisational research. These to include:

1. HR related research contract issues.
2. IT training related to Electronic Patient Records (EPR).
3. IG training that differs from the staff 'home' institution'.
4. Shared SOPs and any other relevant regulation/guidance that may be relevant to the studies being delivered e.g., lone working, pathology sampling etc.
5. Accessible IT at all CoR sites.
6. Access to standardised training packages.

Governance

We need to ensure regulatory requirements are met in the most efficient manner as possible regardless of entry point or organisation. We will seek to harmonise our approach to regulatory matters so that capacity and capability sign off can be reached as efficiently as possible. Removing the perceived barrier that is assumed through meeting these regulatory requirements will help to promote the City of Research and lead to greater opportunities to participate in research studies.

Confirming 'Capacity and Capability' for applications, including ensuring that all research has a sponsor, appropriate Chief investigator and local collaborators, and ensuring that the financial resource elements have been considered needs to take place in a manner which is not seen as a deterrent to research activity.

In order to speed up any approval/authorisation processes, each CoR member organisation should be prepared to work closely with each other to develop shared governance/ 'franchise-like' arrangements, so that the whole CoR collaboration can offer a single feasibility and authorisation mechanism to potential research teams/Sponsors.

Key features within this will include:

1. Allowing the research to follow the patient pathway across organisational boundaries.
2. Facilitating one local team (e.g. PI and research nurses/CTA etc.) to follow the patient throughout this pathway.
3. Systems to share/combine recruitment/accruals across organisations (e.g. as a single ICP) to facilitate ease of generation of performance metrics.
4. Oversight of Excess Treatment Costs across organisations to follow related activity and flexibility in terms of organisation receiving payment.

5. Appropriate IG to facilitate data transfer between organisations to complete research related tasks.
6. Collective or shared performance metrics and reporting.

Research Delivery

There is a need to ensure that the population covered by the City of Research is aware that research opportunities exist and that health and care organisations are research active. This will be achieved by ensuring the R&D community support and participate in NIHR campaigns and initiatives which aim to encourage awareness and participation in research to both our patients and out into the wider local community.

Opportunities for research participation including NIHR funded and commercial studies will be maximised by:

- Engaging with stakeholders, which could include GP Practices, PCNs and Federations.
- Increasing opportunities for patients to be recruited into current and future studies.
- Exploring different ways in which to advertise, identify and recruit research participants.
- Opening up current PPIE groups across organisation to consult and advise on research so that our residents are fully engaged through the entire process.
- Shared resource and activity to engage with 'under-served communities' to promote and provide education about the role and importance of health related research in all communities.

We will seek to move to a position with clinicians and staff across the region that research is not just considered as something optional to do but becomes something that we need to do. In this way we develop clinicians that can act as Chief Investigators or Principal Investigators. However, developing clinicians will not be enough. It is vital that all of the additional roles that make research happen are promoted and there is creation of research career pathways for all research roles across the City of Research footprint.

In addition to activities to promote the value of research to patients, service users, residents etc., similar activities should be aimed at improving staff engagement. This overlaps with current CRN-YH activity to promote staff engagement and awareness at all levels of services.

Dissemination

Our organisations need to become more open to the adoption of new evidence, equipment, technology and all other products derived from research.

Dissemination is seen therefore as both a process and a practice, adopted by all staff within the health and care service but directed from the R&D community:

- Knowledge will become the bedrock for evidence-based service transformation in our new place.
- Knowledge will be easily communicated so that the heavy reliance upon extensive and/or specialised prior knowledge is removed.
- We will seek to ensure that all are motivated and capable of sharing the knowledge.
- The intended receivers of the knowledge (e.g. receptive and able to understand and act upon the knowledge); and the complexity of the products of knowledge generation are distilled so that they can be conveyed in simple conversations.

This will include:

1. Establishing systems to follow up study Sponsors for results/findings from projects conducted in CoR member organisations, including any specific participant focussed communications – this will need additional resource within R&D or may be a task for Library Services.
2. Active dissemination of findings of studies undertaken in CoR Organisations via specific internal routes (newsletters etc.), CoR shared resources (eg. CoR website) and other relevant means.
3. Resource to feedback to:
 - a. Study participants by whatever means were agreed at the point of consent into the study.
 - b. Organisations involved in recruitment e.g. voluntary organisations, Local Authorities etc.
 - c. Feedback may be provided by Patient Research Champions/volunteers.

Some of these actions may be conducted within R&D offices with additional resources, but could also be done in collaboration with Library Services and Organisational Development colleagues.

Conclusions and Recommendations

As clinical services transition to commissioning at ICS level, this poses challenges for research delivery, in being able to engage with patients effectively as they move through pathways that cut across organisational boundaries. Research delivery must adapt to this reality. However, a 'bare minimum to allow activity to continue' approach would miss the opportunity to implement more wide-reaching reforms which would allow the full potential of research to improve clinical services to be realised. These are national issues, and there is no 'preferred solution' to them yet identified. This is an opportunity for Bradford District and Craven to establish itself as the model for 'best practice' in how to integrate research operations across an ICS, and would be of national interest.

The recommendations to fulfil the potential of a CoR are:

- NHS Trusts, primary care, research partners (including University of Bradford, local authority and voluntary sector, local authority) adopt the 'City of Research' model as the preferred solution for research design and delivery in the ICS.

Action: all partners, if agreeable, sign up to an MoU to operate within the City of Research framework

- Continued support of the 'City of Research' project by providing a project lead for each partner organisation with delegated authority to make decisions relating to their organisation's contribution to the project and who will develop a strategic and operational plan and timescales for the project and report to the CoR Strategic Board.

Action: Each partner identifies a senior R&D representative to act as project lead for their organisation for the CoR working group (working group already in operation with members including Research Heads/ Managers/ Directors).

- Establish a City of Research Strategic Board with representation from R&D, HR, Informatics, Finance, Y&H CRN network chaired by a Director of R&D from one of the partners (potential rolling Chair) with established reporting lines in their organisational governance structure, in order to respond to recommendations being produced by the City of Research project; Chair will sit on ICS Board.

Action: City of Research Strategic Board to be established.

- The Integrated Partnership Board supports the City of Research project and takes reports on its progress considering research in future ICS developments.

Action: Research is standing item on IPB.

- NIHR CRN Yorkshire and Humber Clinical Research Network have senior representative on CoR groups to facilitate the development of novel models of practice between the CoR and the network including contracting, funding and performance.

Action: Representation from network on CoR Working Group and Strategic Board.