NHS
Vale of York
Clinical Commissioning Group

RESEARCH AND DEVELOPMENT POLICY

APRIL 2016

Authorship :	Boki Savelyich, Lead Research & Development Manager (North Yorkshire), NHS East Riding of Yorkshire CCG
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POLICY AMENDMENTS

Amendments to the policy will be issued from time to time. A new amendment history will be issued with each change.

New Version Number	Issued by	Nature of Amendment	Approved by & Date	Date on Intranet
0.1 1.0	NHS East Riding of Yorkshire CCG	New Policy	Governing Body 1st September 2016	

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01904 555 870 or valeofyork.contactus@nhs.net

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1. INTRODUCTION

Research in Healthcare

1.1. The focus on improving the quality, efficiency and effectiveness of health and care services means that commissioners need access to good quality evidence. Designing, re-designing and commissioning services is complex and requires different sources of evidence. One important source of evidence-based health care is research, both clinical and non-clinical.

1.2. Although research is an important element of the knowledge pathway, there is often a gap between the world of research and health services, with health research not translated into practice effectively or used as part of the commissioning cycle consistently.

Wider research policy context

1.3. The CCG research policy is suggested against the background of the current national health research strategic directions and the last national health research strategy (Best Research for Best Health, Department of Health 2006) which set out the vision to improve the health and wealth of the nation through research, through creation of a health research system in which the NHS supports outstanding individuals, working in world-class facilities, conducting leading-edge research, and is focused on the needs of patients and the public.

2. POLICY STATEMENT

2.1. The Vale of York Clinical Commissioning Group policy statement, e.g., the Vale of York Clinical Commissioning Group aspires to the highest standards of corporate behaviour and responsibility. All Vale of York Clinical Commissioning Group staff are required to comply with this policy.

3. IMPACT ANALYSES

Equality

3.1. As a result of performing the screening analysis, the policy does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage. The results of the screening are attached.

Sustainability

3.2. A Sustainability Impact Assessment has been undertaken. Five positive impacts were identified within the twelve sustainability themes. The results of the assessment are attached.

Scope

3.3. The overarching goals of the CCG in relation to research will be to :

- Enhance the impact of clinical research as part of its core business
- Actively engage in developing a portfolio of clinical research, trials or achieving a sizeable increase in the level of commitment to research in the provider organisation it commissions
- Work on expanding in the breadth of disease specialties or service areas engaged in clinical research in relation to population it commissions service for.
- Work towards new strategies or projects that significantly increase the scope of research activity undertaken
- Develop, or assist in developing, far-reaching promotional campaigns to raise patient awareness of research activity, and increased access to research participation
- Engage in initiatives or programme of activities to champion clinical research

4. POLICY PURPOSE / AIMS AND FAILURE TO COMPLY

4.1. General directions to promote and use research in healthcare commissioning.

4.2. To address its statutory responsibilities as they relate to research, the CCG will :

- Make research everybody's business.
- Create environment to enable promotion, support and use of research towards better commissioning
- Use the best research evidence to improve the quality, safety and effectiveness of commissioned services

4.3. In particular, the CCG will consider implement the following actions:

- Ensure research is a standing (or regularly present) item at Quality & Finance Committee Meetings.
- Specify in provider contracts the requirement, type and level of support for research activities.
- Require provider organisations to enable mechanisms for providing information to all patients about opportunities to be involved in research.
- Require provider organisations to demonstrate their commitment to increase the number of patients recruited into National Institute of Health Research (NIHR) portfolio research studies.

- Ensure a mechanisms is in place to consider and meet patient expenses for research studies involvement (including Excess treatment Costs).
- Support development of research proposals (including pilot and feasibility studies) relevant to local commissioning needs
- Create processes and mechanisms to identify knowledge gaps to be addressed by research, and implementation of research results into the front-line health services
- Assist in expanding primary and community health research, including activities towards an increase in number of member GP practices that have completed accreditation as RGCP research ready.
- Proactively engage with the National Institute for Health Research, Academic Health Science Networks including other relevant stakeholders such as the Collaborations for Applied Health Research and Care, Professional bodies (e.g. Royal Colleges), NHS R&D Forum, Research charities and patient groups.
- Work towards creating resources to inform patients about opportunities for involvement in health research, including study design and future research development on the CCG website
- Include research skills and evidence appraisal as desired criteria in NHS jobs.
- Ensure appropriate induction and continuous professional education of employees includes discussion and guidance related to research's function to provide evidence to inform service delivery, innovation and improvement.
- Enable employees to have access to appropriate training to enable them to access and appraise research evidence, as well as further develop research skills.
- Promote a range of research opportunities and access to research training for future leaders as part of career development.
- Incentivise and reward staff for their participation in research.

4.4. Failure to comply may result in a complaint being made to the NHSE, Health Watch and/or their local MPs maintaining that we are not fulfilling our statutory obligations in respect to the HSCA (2012).

5. PRINCIPAL LEGISLATION AND COMPLIANCE WITH STANDARDS

Statutory Instrument

Bribery Act 2010

5.1. All employees have a personal responsibility to protect NHS Vale of York Clinical Commissioning Group from bribery or corruption.

5.2. The CCG is absolutely committed to maintain an honest, open and well-intentioned atmosphere within the organisation, so as to best fulfil the objectives of the CCG, and of the NHS. It is, therefore, also committed to the elimination of bribery within the organisation, to the rigorous investigation of any such allegations and to taking appropriate action against wrong doers, including possible criminal action.

5.3. Further information on the Bribery Act can be found at www.opsi.gov.uk/acts.

NHS / Department of Health Guidance

5.4. Research has an important role in providing evidence for commissioners and the Health and Social Care Act 2012, the NHS Operating Framework, and the NHS Outcomes Framework all place an emphasis on research and the use of research evidence in the commissioning and delivery of services.

5.5. The Health and Social Care Act 2012 places a statutory duty on NHS England and Clinical Commissioning Groups to promote :

a) Research on matters relevant to the health service, and

b) The use in the health service of evidence obtained from research.

5.6. The Department of Health mandate to NHS England (Department of Health 2012) to :

"…ensure that the new commissioning system promotes and supports participation by NHS organisations and NHS patients in research funded by both commercial and non-commercial organisations".

The NHS Constitution

5.7. The NHS Constitution (2015) commits to innovation and to the promotion and conduct of research to improve the current and future health and care of the population. This commitment features in one of seven key principles - the principle that the NHS aspires to high standards of excellence and professionalism.

5.8. The NHS Constitution includes pledges to inform patients of research studies in which they may be eligible to participate, and to anonymise the information collected during the course of your treatment and use it to support research and improve care for others.

Standing Orders, Standing Orders, Strategic Operating Plan

5.9. Appendix 3 for more details on specific actions to promote and use research in healthcare.

6. ROLES AND RESPONSIBILITIES

The Governing Body

6.1. The minutes of the Clinical Research Sub-Committee shall be formally recorded and these can be presented to the Governing Body on request. The Committee will operate in line with the CCG Standing Orders.

Sub Committees

6.2. The Clinical Research Sub-Committee shall be accountable to the NHS Vale of York CCG Clinical Research and Effectiveness Committee.

Lead / Accountable Manager / Officer

6.3. The lead for Research & Development within the Vale of York CCG is Michelle Carrington, Chief Nurse.

Staff / Employees

6.4. An evidence-informed health and care system requires more people (leaders, managers, healthcare professionals and patients) to be aware of the importance of clinical research to patients and the health and care system, and to become actively engaged in the conduct of clinical studies. To this end the CCG will ensure the commissioners have been given an opportunity to develop and maintain research relevant skills, promote and use research in healthcare commissioning process

East Riding CCG

6.5. East Riding CCG host a Research and Development post that the Vale of York CCG contracts to support the CCG to carry out their statutory responsibilities related to research in line with agreed arrangements.

7. POLICY IMPLEMENTATION

7.1. Following approval by the Clinical Research and Effectiveness Committee the policy will be sent to :

- The Communications Manager who will disseminate to all staff via the team newsletter process
- The Chairs of the Governing Body, the Council of Members and all other committees and sub committees for dissemination to members and attendees.
- The Practice Managers of all member practices for information, (if appropriate).

8. TRAINING AND AWARENESS

8.1. This policy will be published on the CCG's website and will be available to staff on the organisation's intranet.

8.2. The policy will be brought to the attention of all new employees as part of the induction process. Further advice and guidance is available from the Strategy and Assurance Manager.

9. MONITORING AND AUDIT

Monitoring and Accountability

9.1. The Clinical Research Sub-Committee shall be accountable to the NHS Vale of York CCG Clinical Research and Effectiveness Committee and all internally funded research reports will be submitted to the sub-committee in the first instance and subsequently to the Clinical Research and Effectiveness Committee for scrutiny. Any cause for concern will be escalated to the Quality & Finance Committee.

10. POLICY REVIEW

10.1. This policy will be reviewed every three years. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation/guidance.

11. REFERENCES

See Appendix 4

12. ASSOCIATED POLICIES

- Business Conduct
- Conflicts of Interest
- Procurement
- Sponsorship

13. CONTACT DETAILS

Lead Research and Development Manager
Tel:01904 555870
Email: valeofyork.contactus@nhs.net
NHS Vale of York Clinical Commissioning Group, West Offices, Station Rise, York. Y01 6GA

14. APPENDIX 1 : EQUALITY IMPACT ANALYSIS FORM

1.	Title of policy/ programme/ service being analysed
	Research and Development Policy
2.	Please state the aims and objectives of this work.
	To promote research and utilize research findings in commissioning decisions
3.	Who is likely to be affected? (e.g. staff, patients, service users)
	Staff, patients and service users
4.	What sources of equality information have you used to inform your piece of work?
	This policy was developed in accordance with the CCG Equality and Diversity Strategy
5.	What steps have been taken ensure that the organisation has paid due regard to the need to eliminate discrimination, advance equal opportunities and foster good relations between people with protected characteristics
	The analysis of equalities is embedded within the CCG's Committee Terms of Reference and project management framework.
6.	Who have you involved in the development of this piece of work?
	Internal involvement: The Clinical Research Sub-Committee Stakeholder involvement: Consultation with Senior Managers, NHSE, the R&D Forum and the NIHR Patient / carer / public involvement: This is an Internal policy aimed at staff employed by the CCG and contractors working for the CCG. The focus is on compliance with statutory duties and NHS mandated principles and practice.

7.	What evidence do you have of any potential adverse or positive impact on groups with protected characteristics? Do you have any gaps in information? Include any supporting evidence e.g. research, data or feedback from engagement activities There is nothing in the policy that does not support equality and diversity in accordance with the CCG Equality and Diversity Strategy.	
Disability People who are learning disabled, physically disabled, people with mental illness, sensory loss and long term chronic conditions such as diabetes, HIV)		Consider building access, communication requirements, making reasonable adjustments for individuals etc.
Men and Women		Consider gender preference in key worker, single sex accommodation etc.
Race or nationality People of different ethnic backgrounds, including Roma Gypsies and Travellers		Consider cultural traditions, food requirements, communication styles, language needs etc.
This applies to all age groups. This can include safeguarding, consent and child welfare		Consider access to services or employment based on need/merit not age, effective communication strategies etc.
Trans People who have undergone gender reassignment (sex change) and those who identify as trans		Consider privacy of data, harassment, access to unisex toilets & bathing areas etc.
N/a		

Sign off
Name and signature of person / team who carried out this analysis Charlotte Sheridan-Hunter

Sexual orientation This will include lesbian, gay and bi-sexual people as well as heterosexual people.	Consider whether the service acknowledges same sex partners as next of kin, harassment, inclusive language etc.
N/A	
Religion or belief Includes religions, beliefs or no religion or belief	Consider holiday scheduling, appointment timing, dietary considerations, prayer space etc.
N/A	
Marriage and Civil Partnership Refers to legally recognised partnerships (employment policies only)	Consider whether civil partners are included in benefit and leave policies etc.
N/A	
Pregnancy and maternity Refers to the pregnancy period and the first year after birth	Consider impact on working arrangements, part-time working, infant caring responsibilities etc.
N/A	
Carers This relates to general caring responsibilities for someone of any age.	Consider impact on part-time working, shift-patterns, options for flexi working etc.
Other disadvantaged groups This relates to groups experiencing health inequalities such as people living in deprived areas, new migrants, people who are homeless, ex-offenders, people with HIV.	Consider ease of access, location of service, historic take-up of service etc.

Date analysis completed 11 April 2016
Name and signature of responsible Director Michelle Carrington
Date analysis was approved by responsible Director 11 April 2016

16. APPENDIX 2 : SUSTAINABILITY IMPACT ASSESSMENT

Staff preparing a policy, Governing Body (or Sub-Committee) report, service development plan or project are required to complete a Sustainability Impact Assessment (SIA). The purpose of this SIA is to record any positive or negative impacts that this is likely to have on sustainability.

Title of the document	Research and Development Policy
What is the main purpose of the document	To enhance the impact of clinical research on commissioning decisions and promote clinical research
Date completed	11 April 2016
Completed by	Charlotte Sheridan-Hunter

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Travel	Will it provide / improve / promote alternatives to car based transport?	0		
	Will it support more efficient use of cars (car sharing, low emission vehicles, environmentally friendly fuels and technologies)?	0		
	Will it reduce ‘care miles’ (telecare, care closer) to home?	0		
	Will it promote active travel (cycling, walking)?	0		
	Will it improve access to opportunities and facilities for all groups?	0		

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
	Will it specify social, economic and environmental outcomes to be accounted for in procurement and delivery?	0		
Procurement	Will it stimulate innovation among providers of services related to the delivery of the organisations' social, economic and environmental objectives?	1	To support the development of clinically effective and cost effective services	
	Will it promote ethical purchasing of goods or services?	N/A		
Procurement	Will it promote greater efficiency of resource use?	1	To support the development of clinically effective and cost effective services	
	Will it obtain maximum value from pharmaceuticals and technologies (medicines management, prescribing, and supply chain)?	1	To support the development of clinically effective and cost effective services	
	Will it support local or regional supply chains?	?		
	Will it promote access to local services (care closer to home)?	?		

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
	Will it make current activities more efficient or alter service delivery models	1	To support the development of clinically effective and cost effective services	
Facilities Management	Will it reduce the amount of waste produced or increase the amount of waste recycled? Will it reduce water consumption?	N/A		
Workforce	Will it provide employment opportunities for local people?	1	To support the development of clinically effective and cost effective services	
	Will it promote or support equal employment opportunities?	N/A		
	Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)?	N/A		
	Will it offer employment opportunities to disadvantaged groups?	N/A		
Community Engagement	Will it promote health and sustainable development?	N/A		
	Have you sought the views of our communities in relation to the impact on sustainable development for this activity?	N/A		

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Buildings	Will it improve the resource efficiency of new or refurbished buildings (water, energy, density, use of existing buildings, designing for a longer lifespan)?	N/A		
	Will it increase safety and security in new buildings and developments?	N/A		
	Will it reduce greenhouse gas emissions from transport (choice of mode of transport, reducing need to travel)?	N/A		
	Will it provide sympathetic and appropriate landscaping around new development?	N/A		
	Will it improve access to the built environment?	N/A		
Adaptation to Climate Change	Will it support the plan for the likely effects of climate change (e.g. identifying vulnerable groups; contingency planning for flood, heat wave and other weather extremes)?	N/A		
Models of Care	Will it minimise ‘care miles’ making better use of new technologies such as telecare and telehealth, delivering care in settings closer to people’s homes?	N/A		
	Will it promote prevention and self-management?	N/A		

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
	Will it provide evidence-based, personalised care that achieves the best possible outcomes with the resources available?	1	To support the development of clinically effective and cost effective services	
	Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways?	N/A		

17. APPENDIX 3 : OPERATING PROCEDURES

17.1. The CCG will generally support and facilitate any initiative or activity to :

- Increase provider participation in NIHR portfolio studies, service evaluation and other studies, and raise awareness about research and opportunities for patients for patient participation
- Including research and evaluation in service specifications and contracts with providers
- Include measures of the scope, quality, quantity and adoption of research in the CCG outcomes indicator set
- Increase RCGP Research Ready accreditation of local GP practices
- Review and meet the Excess Treatment Costs and outline of responsibilities in relation to ETCs
- Promote participation through communication channels, including newsletters, health research-related websites and other similar initiatives

Service procurement

17.2. When the CCG embarked on a procurement of all its health services, it will:

17.3. Include specific requirements in the service specifications that all potential bidders should have processes in place to facilitate the recruitment of patients into approved research studies.

17.4. There has been a considerable widening of the range of potential NHS providers, including many with no track record of research.

17.5. The General Conditions to the NHS Contract defined an "*Approved Research Study*" as a clinical research study:

(i) which is of clear value to the NHS;

(ii) which is subject to high quality peer review (commensurate with the size and complexity of the study);

(iii) which is subject to NHS research ethics committee approval where relevant;

(iv) which meets all the requirements of any relevant Regulatory or Supervisory Body; and

(v) in respect of which research funding is in place compliant with NHS Treatment Costs Guidance

17.6. Ensuring that service specifications include requirements around research is crucial for patient choice, research viability and for the quality of care.

- Developing 'promoting research' specifications further may be used as one of judging criteria for the bids (including research related Key Performance Indicators).
- Developing CQUIN activities around research is another way forward of promoting research within commissioning context
- In supporting the health research, the CCG will:
- Ensure all research involving NHS patients is compliant with research governance, including Research ethics, through engagement with the HRA and following the standards and guidance the HRA establish.
- Define its position (through policy and standard operating procedures) in relation to supporting, including funding, of any health research

Funding Excess treatment costs (ETC)

17.7. The CCG will follow guidance from the NHS England in relation to meeting the Excess Treatment Costs for patients engaged in research:

- Treatment costs will be paid through normal commissioning arrangements for patient care
- The CCG will have a formal mechanism of engagement when funding ETC requests are made by eligible providers

17.8. In relation to the ETC, the CCG will work towards ensuring that:

17.9. The CCG will follow principles for meeting patient care costs, resulting from research and development, as set out in DoH document HSG (97)32 and Attributing the costs of health and social care research including Excess Treatment Costs for non-commercial research (AcoRD, 2012).

17.10. Excess treatment costs are identified at an early stage of a clinical trial/research.

17.11. Where possible costs should be minimised and discounts negotiated.

17.12. Consideration is given when the Excess treatment savings (ETS) i.e. savings made on patient care costs during a trial or study (e.g. due to industry providing drugs or devices) can be offset against ETCs.

17.13. In relation to the ETC, the CCG will work towards ensuring that:

- The CCG will follow principles for meeting patient care costs, resulting from research and development, as set out in DoH document HSG (97)32 and Attributing the costs of health and social care research including Excess Treatment Costs for non-commercial research (AcoRD, 2012).
- Excess treatment costs are identified at an early stage of a clinical trial/research.
- Where possible costs should be minimised and discounts negotiated.

- Consideration is given when the Excess treatment savings (ETS) i.e. savings made on patient care costs during a trial or study (e.g. due to industry providing drugs or devices) can be offset against ETCs.

Use of research evidence in healthcare services

17.14. In use of research evidence, the CCG follows these principles:

- **The use of research evidence to support decision making** of commissioners to commission the right services in the right place at the right time is of real value and improves the process.
- **Research findings can support service improvements**. Using evidence and research to demonstrate what works can lead to improvements in patient outcomes and in the way services are delivered.
- **Clinical research provides the evidence** needed to evaluate the effectiveness and the cost implications of new or different treatments, so that health and care services can continue to improve the quality of care for patients within the available resources.

17.15. Evidence may be gathered from observation or as the result of a scientific experiment to support a hypothesis or theory. It can also be gathered from secondary sources or may be contextual or experiential based on professional understanding, insight, skill, knowledge and expertise.

17.16. Healthcare commissioners, clinicians, and managers need to be able to access and use evidence, including that generated by research and service evaluation, to undertake their role effectively. The best available evidence will be collected and used to inform decision-making.

17.17. When using evidence from research, the CCG will:

- Define processes for searching for and using evidence
- Determine what are the formal requirements to consider the best evidence available
- Specific responsibilities around accessing and using evidence for commissioning decisions.
- Skills needed to access evidence and review its applicability and robustness.
- Extent to which the understanding research and evaluation are made core competencies for staff
- How to disseminate its own knowledge repository across different groups.

17.18. In **addressing a commissioning question** or knowledge gap to be supported by research evidence, the CCG will consider:

- If there any similar projects currently being undertaken or completed

- Looking at evidence as far as appropriate
- Is this something that can be supported within the organisation or does it need a collaborative approach?
- What advice, support and resources are needed?
- Is this a policy research question that could be addressed within the DoH Policy Research Programme (PRP)?
- What research funding streams are available to improve the outcomes or benefits to patients?
- Should funding be sought from a NIHR funding programme or from a research charity?
- Is this research relevant to other organisations/partners, and how it may be shared so that others can learn from it.

17.19. Depending on the size and scale of project that is needed, advice and support should be primarily sought from the local and accessible Research and Development resources (e.g. Research Design Service, Academia, etc.).

17.20. In **developing the evidence base** to inform commissioning decisions, the CCG will use a range of different types of information, knowledge and evidence

17.21. Some examples of the **primary sources used** as research evidence include, but are not limited to, the following:

- Academic studies
- NICE evidence
- NHS evidence
- Published primary research
- Systematic reviews
- Cochrane reviews
- Reviews and Dissemination Centres
- Structured patient views and experience (e.g. surveys and focus groups)
- Consensus on expert and professional opinion
- Case studies, including commissioner experience
- Joint Strategic Needs Assessment

17.22. Local knowledge base, including library services resources, will be used to assist in accessing the different sources of information.

17.23. Examples of **research-complementary sources** of evidence that will be used:

- Clinical guidelines

- National and local data including financial, performance and activity data
- Service evaluation and audit results
- Grey literature
- Government departments
- Special interest groups

17.24. In **evaluating the research study findings** suitability for local commissioning decisions, the CCG needs to consider the quality of evidence for each research question which may include:

- The rationale for the study
- Aims and objectives of study
- Research question & hypothesis
- Design of study
- Research methods
- Sampling framework

17.25. Furthermore, the following are relevant for evaluating a research paper, report or briefing in order to be considered by the CCG as a source of research evidence:

- The analysis
- The results
- Limitations of research and design
- The discussion
- Conclusions
- Generalizability
- Implications of the research

17.26. The CCG relies on the use of good evidence. It needs evidence and knowledge in order to understand needs and problems, to know what works and which are the most efficient and effective services to achieve the outcomes wanted.

17.27. Evidence can vary in terms of its robustness and value and sometimes there are gaps in the evidence or it is patchy.

Transferring research knowledge into practice

17.28. The process of transferring evidence into practice is often known as knowledge transfer or knowledge translation. Knowledge transfer refers to the process of transferring information and evidence from one part of the organisation to another. It involves the creation, capture, organisation or

distribution of information and evidence to ensure its availability for future users.

17.29. Knowledge translation is an umbrella term for all of the activities involved in moving research from its source into the hands of people and organizations that can put it to practical use. It is a spectrum of activities which will change according to the type of research, the timeframe, and the audience being targeted.

17.30. To support transfer of research knowledge into services, the CCG will use variety of approaches, some of which are :

- Supporting continued education opportunities
- Timely sharing of findings, dissemination and implementation of research and relevant guidelines
- Engagement with opinion leaders or knowledge champions
- Engagement of stakeholders (e.g. researchers) at an early stage of a research project
- Engaging with AHSNs and CLARHCs (e.g. be proactive in relevant for a, research agenda setting and identification of relevant findings)
- Ensuring that commissioned providers utilise best evidence and practice in their services, including monitoring this (e.g. through the contracting process)

Engagement with principal stakeholders

17.31. The CCG will be proactively engaged with stakeholders to support the implementation of research

17.32. There are several organisations that support capacity development for clinical research, both at an institutional level, and at the level of the individual practitioner, and which provide valuable sources of information and resources for commissioners.

Department of Health (DoH)

17.33. The DoH leads on a wider health research policy, and provide some funding for capacity development of the NHS organisations in relation to their research activities. The CCGs may also benefit from this by virtue of hosting research in primary care. The type of financial support is called Research Capacity Fund (RCF). In addition, DoH will assist in Excess Treatment Costs subventions under certain circumstances, and also runs some specialised research policy funding (Policy Research Program)

National Institute for Health Research (NIHR)

17.34. The NIHR is the way in which the government (through Department of Health) invests in all aspects of the health research system, for the benefit of patients and in line with the priorities identified. This includes supporting the

development of researchers at all stages of their career, the provision of world-class facilities, funding programmes for leading-edge research and systems to support the delivery of clinical studies across the NHS in England.

17.35. The NIHR Clinical Research Network (CRN) provides funds to NHS organisations to employ clinical research nurses, and other clinical staff, to deliver its portfolio of studies across all therapy areas. There is also a facility to monitor patient recruitment by research centres as well as a link to the database of research studies available. The local presence is realised through Local Clinical Research Network teams.

17.36. The NIHR Trainees Coordinating Centre makes training awards to researchers whose work focuses on people and patient-based applied health research that is relevant to the NHS and which is expected to have an impact within five years of its completion. There are a wide range of programmes available for individuals at all stages of their clinical research career.

17.37. The NIHR Evaluation, Trials and Studies Coordinating Centre, and the Central Commissioning Facility both run programs to fund clinical research studies. Research priorities and questions identified by commissioners will be submitted to the coordinating centre. There are various health research funding programs and bid calls in relation to the NIHR priorities.

17.38. NIHR Dissemination Centre is a relatively new unit (established 2015) and produces summaries and bulletins of completed research studies it funded. It also has a peer review process to determine and assign research findings relevancy. The CCG will relay on the information from this centre, among other relevant institutions, when considering research implementation.

Yorkshire and Humber Academic Health Science Networks (YH AHSN)

17.39. The CCG is a founding member of this AHSN, which was developed as a result of the Innovation Health and Wellbeing strategy. AHSNs are tasked with supporting their local health community with the translation of research into practice including bio-medical and health services research. They are collaboration between academia and the NHS working with industry, social care and public health.

Health Research Authority (HRA)

17.40. The HRA was established by The Care Act (2014) as a statutory and non-departmental public body, with a remit to protect the interests of people in health and social care research. This act enables the HRA to lead in standardization and implementation of effective research governance and ethics procedures for obtaining approvals to implement health research in the NHS. In addition, HRA ensures publishing research summaries and Research Ethics Committee opinions, promoting trial registration (desirable for all studies, and mandatory for clinical trials) and work towards mandatory publication of research results/data.

17.41. Other relevant stakeholders include: Collaborations for Leadership in Applied Health Research and Care (CLAHRC) with a role in implementing and translating research into practice, academic institutes and universities, health charities, Public health research observatories, commercial health research organizations, and other similar organizations.

Patient and public involvement in research

17.42. The CCG key policy directions will be to:

- Ensure the patients are given the opportunity to participate in research;
- Made available information about research to patients and the public in accessible formats;
- Use Patient and public involvement in research to lead to better research questions and outcomes and to increases recruitment into studies.

17.43. The NHS has a responsibility to increase public awareness of research opportunities and research that is being undertaken. The NHS Constitution (2012) has a commitment to inform patients "--- of research studies in which you may be eligible to participate".

17.44. The goal is for "every willing patient to be a research patient" (Innovation, Health and

17.45. Wealth; Department of Health 2011). The involvement of patients, their families and carers, and the engagement of the public, can help to ensure the NHS undertakes and commissions research that is relevant to the people who use its services.

17.46. Patient and carer involvement leads to more focused priority setting and research questions and increases engagement and participation in research. This benefits both the NHS and patients and increases the availability of patient data which informs research priorities and improves patient safety.

17.47. The benefits of involving service users and carers in the planning and delivery of health and social care services have been well documented. Benefits include:

- Learning from the knowledge and perspective of service users and carers of living with and managing health and social care problems and using services.
- Asking more relevant research questions and using more culturally relevant research methodologies.
- Challenging professional perspectives.
- Valuing of the service user and carer perspective.
- Increasing the confidence, self-esteem and wellbeing of the service user or carer.

- Development of new skills and knowledge for both professionals and service users and carers.
- Development of a greater understanding of health services and higher education for the service user or carer.
- Empowering Service Users to become advocates and aid recovery for self and others.
- The CCG will principally use:
- The UK Clinical Trials Gateway, which provides details of studies that are recruiting patients and is a source of information for patients interested in participating in research studies.
- The OK to Ask campaign, which encourages patients and carers to ask their doctor for information about NHS research in which they can take part.
- Other similar organisations that have been deemed by the CCG to present a good opportunity for local patient engagement
- Own on-line communication capabilities to inform on current research study engagement opportunities

Research skills relevant training

17.48. The CCG will ensure the commissioners have been given an opportunity for developing and maintaining research relevant skills training

17.49. An evidence-informed health and care system requires more people (leaders, managers, healthcare professionals and patients) to be aware of the importance of clinical research to patients and the health and care system, and to become actively engaged in the conduct of clinical studies.

17.50. As a commissioner of healthcare services, we encourage service providers to extend their capacity for clinical research, which in turn will increase the overall ability of the NHS to answer research questions that lead to better care, and affordable treatments

17.51. The CCG will also look to access the training opportunities provided internally, locally and nationally through:

- Staff induction programmes
- Commissioned and internally developed research skills workshops
- Using on-line resources
- Partnerships with higher academic institutions, NIHR, Public Health, Commissioning Support Units, AHSN and CLAHRCs
- Attendance at national and international conferences
- Specialist Library Services access.

17.52. When considering its *Induction of staff* program and the *core staff competencies*, the CCG will incorporate the following components as appropriate:

- Understanding information and knowledge needs
- Understanding evidence and research findings
- Use of evidence and research findings in practice
- Identifying research tropics from commissioner's perspective
- Developing a research question
- Research methods
- Data analysis, summary and interpretation
- Research report evaluation
- Identification of learning needs (e.g. accessing and using evidence; sources of evidence; critical appraisal skills).

18. APPENDIX 4 : REFERENCES

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