

Symposium

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NIHR CRN and ICS/ICBs: How can we work collaboratively together

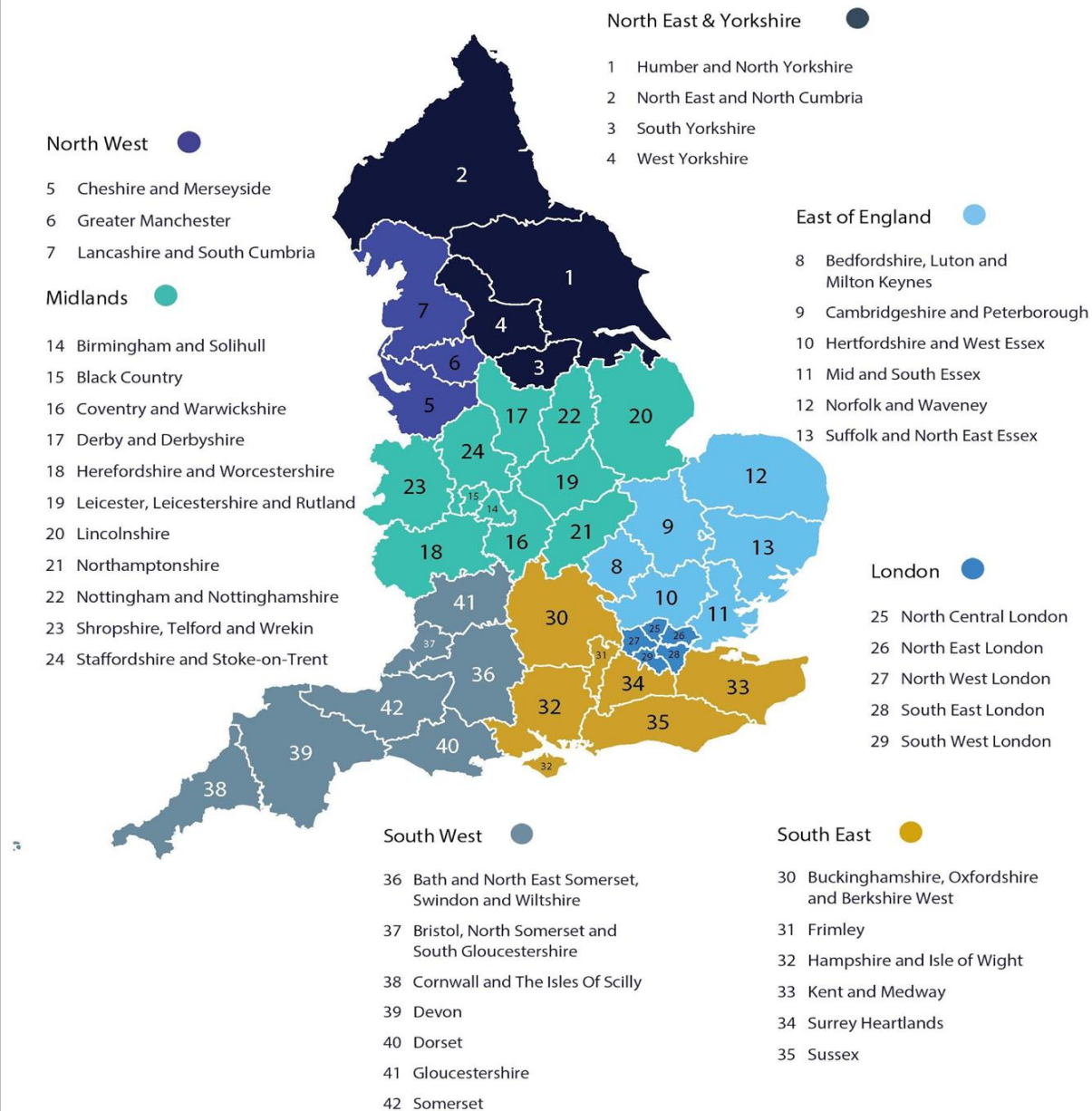
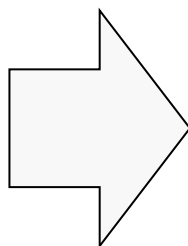
Presented by: Professor Philip Evans
Deputy Medical Director, NIHR CRN

NHS

**Research and
Development Forum**

ICS and Research

NIHR CRN & the LCRNs



ICS Key Priorities / fundamental purposes

1. **Improving outcomes** in population health and healthcare;
2. **Tackling inequalities** in outcomes, experience and access;
3. **Enhancing productivity** and value for money;
4. Supporting broader **social and economic development**

Integrating Care: Next Steps To Building Strong and Effective Integrated Care Systems (2020)

NIHR Priorities - *Best Research for Best Health : The Next Chapter (2021)*

The seven areas of strategic focus are as follows:

- Build on learnings from the **research response to COVID-19** and support the recovery of the health and social care systems
- Build **capacity and capability** in preventative, public health and social care research
- Improve the lives of people with **multiple long-term conditions** through research
- Bring **clinical and applied research** to underserved regions and communities with major health needs
- Embed **equality, diversity and inclusion** across NIHR research, systems and culture
- Strengthen **careers for research delivery staff** and under-represented disciplines and specialisms
- Expand our work with the **life sciences industry** to improve health and economic prosperity

Context: H&C Act – Research



Health and Care Act
2022

CHAPTER 31

1 July 2022, Statutory Bodies

ICB research duty to “facilitate or otherwise promote research on matters relevant to the health service”

ICB joint forward plan

ICB annual report

Performance assessment of ICBs by NHSE

NHS England

CQC

Why research?

Game-changing results e.g. RECOVERY study

Hospitals that take part in research have better outcomes:

- For patients - survival, outcomes
- Staff benefits
- CQC indicators

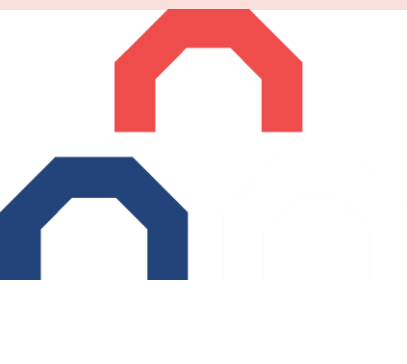
Evidence needed in other areas e.g. Primary care -ARAPAHQ study (results awaited)

Our learning from the pandemic shows that embedding clinical research within the NHS is achievable and delivers benefits both for patients as well as for the NHS. Through implementation of this vision, more healthcare professionals will be able to become involved in research, improving and benefiting patients across the country.

Saving and improving lives



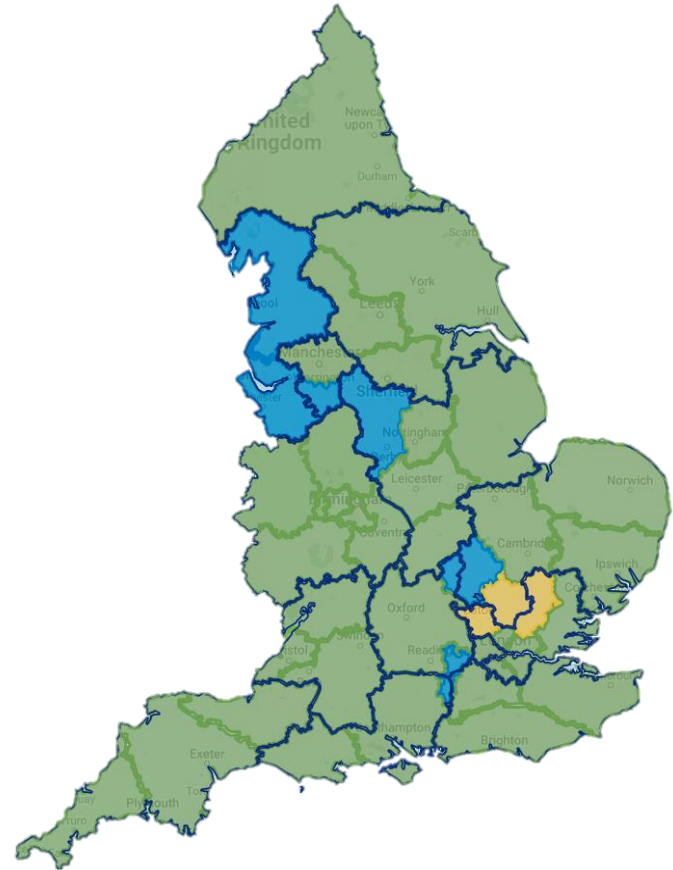
Boundaries



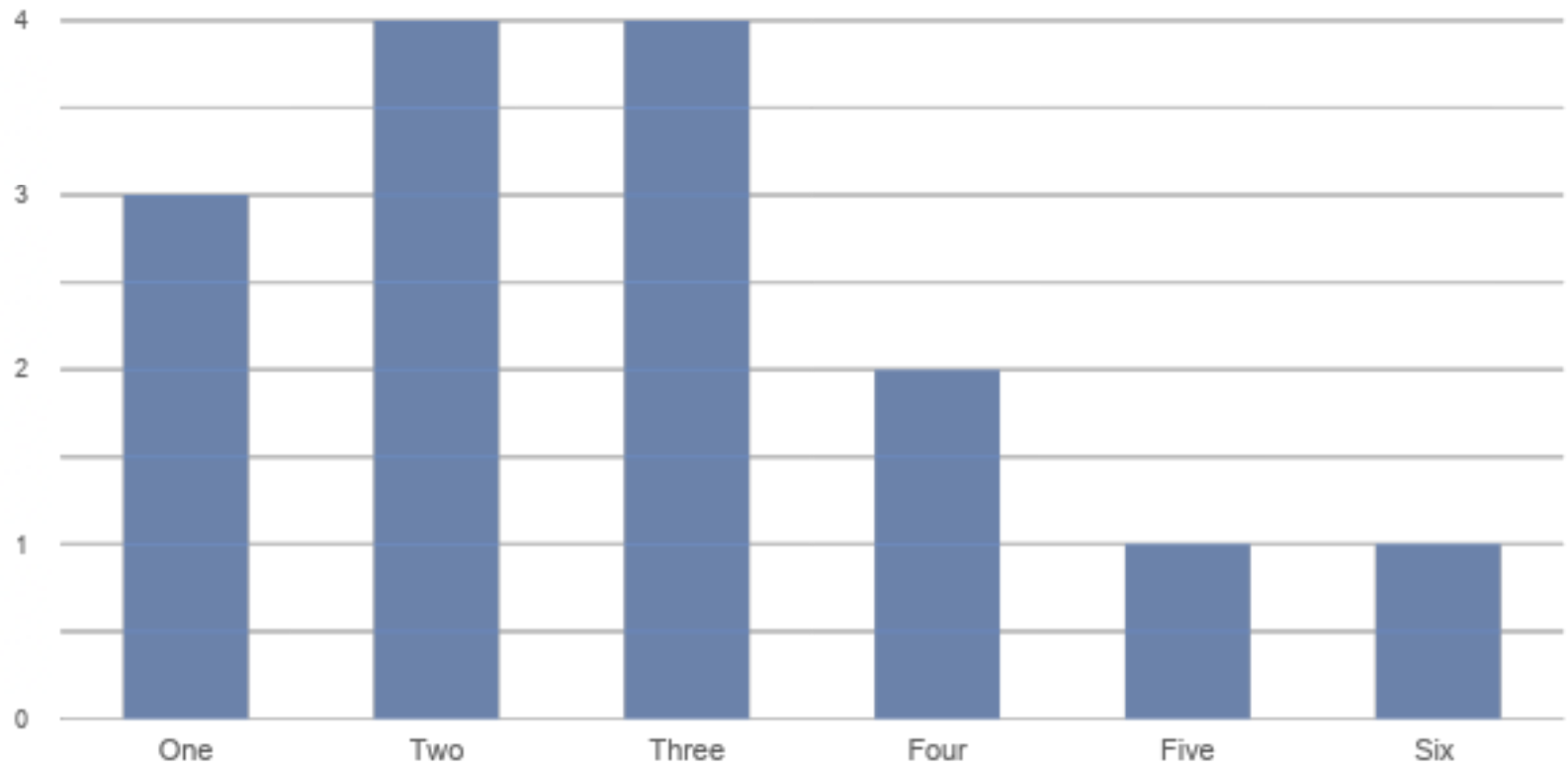
Boundaries, Mapping and Tracking

Currently 15 LCRNs
AND
42 ICSs

- 36 wholly within an LCRN
- 4 sit between two LCRNs
- 2 sit between three LCRNs



Boundaries – spread of LCRNs leading engagement



Range 1 – 6, mean of 2.8, median of 2.5

Framework - Strategic Overlap w/ ICSs

Population Health, Underserved Populations & Health Inequalities

Data and Digital

Patient Pathway and Settings – PC/SC/PH/HSR

Workforce

Research Governance, Finance and Funding

Embedding Research and Care

REDUCING HEALTHCARE INEQUALITIES

The Core20PLUS5 approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

CORE20
The most deprived 20% of the national population as identified by the Index of Multiple Deprivation



Target population

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups



CORE20 PLUS 5

Key clinical areas of health inequalities

1



MATERNITY
ensuring continuity of care for 75% of women from BAME communities and from the most deprived groups

2



SEVERE MENTAL ILLNESS (SMI)
ensuring annual health checks for 60% of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)

3



CHRONIC RESPIRATORY DISEASE
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations

4



EARLY CANCER DIAGNOSIS
75% of cases diagnosed at stage 1 or 2 by 2028

5



HYPERTENSION CASE-FINDING
and optimal management and lipid optimal management



SMOKING CESSATION
positively impacts all 5 key clinical areas

e.g. Segmentation of CRN portfolio by CORE20PLUS5

DHSC – Data and Digital



Policy paper

Data saves lives: reshaping health and social care with data

Updated 15 June 2022

Section 5. Empowering researchers with the data they need to develop life-changing treatments, diagnostics, models of care and insights

Mutual benefits

ICB/S

NIHR CRN

Using **data** for research

Identification of patients (e.g. in primary care) for research

Patient pathways and research

Virtual trials experience

Population Health management

Addressing **health inequalities** e.g. CORE20PLUS5

Long Term Conditions - Multimorbidity

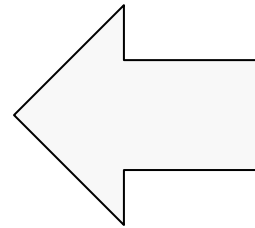
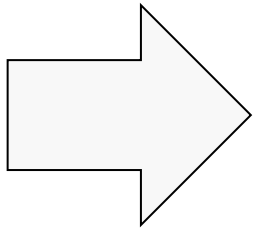
Research into **illness prevention**

Integration of research and care

Workforce benefits of research

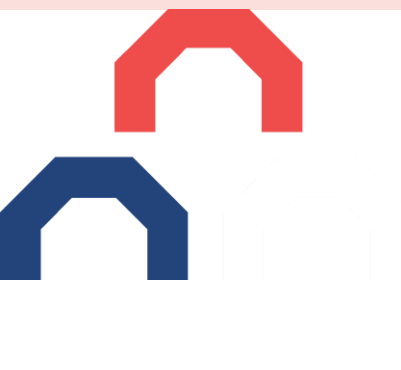
PPIE

Industry expertise & Inward investment





“Out of hospital” and non-NHS research



“Out of hospital” research

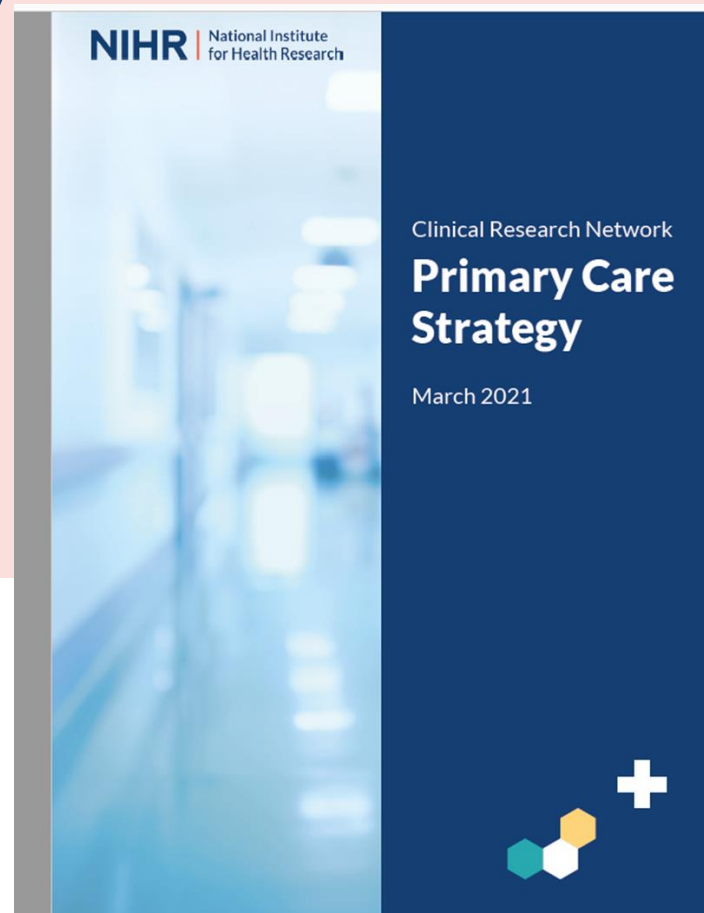
- 52% of GP practices took part in CRN research (21/22)
- 160,000 patients recruited in primary care
- 25,000 + in PANORAMIC study of COVID-19 oral antivirals
- Embedded CRN-funded staff in Local Authorities (pilot)
- CRN Social care strategy
- NIHR Schools e.g. SPCR
- Community-based research e.g. mental health
- Need for research governance (CCG legacy)

Offering research opportunities at every stage of the patient journey

NIHR CRN Primary care strategy



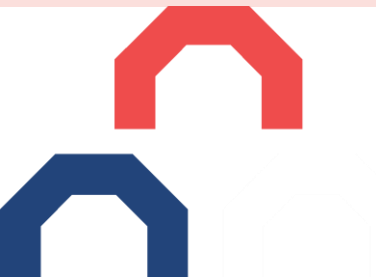
PC strategy NIHR CRN (England) now online :
NIHR Clinical Research Network Primary Care
Strategy





Blueprint vision statement:

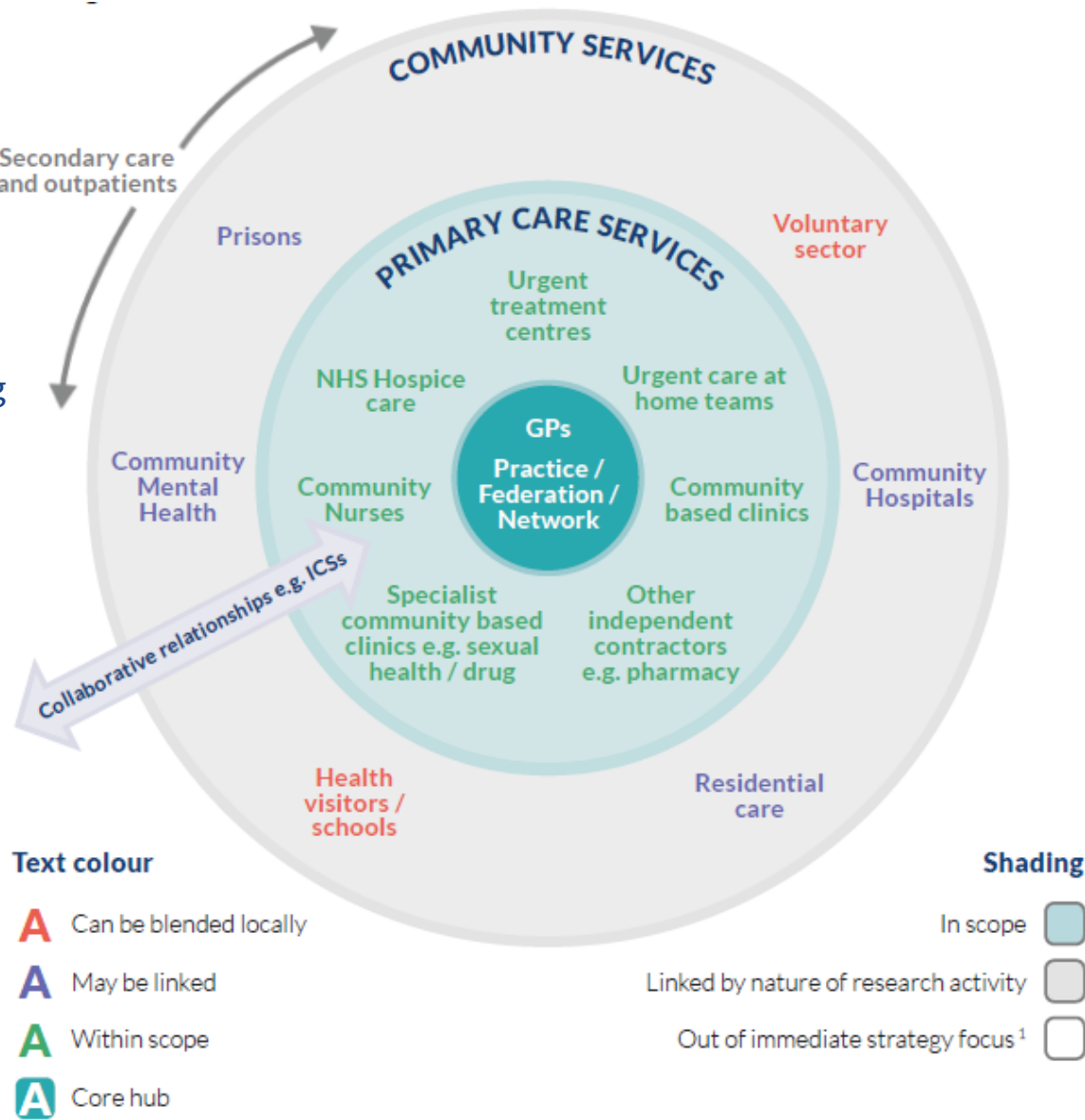
‘The CRN, working with our NIHR and wider strategic stakeholders, will develop, promote, and facilitate high quality research in the Primary Care setting that is integral to delivering health and care, for the population's benefit.’



Scope

The strategy covers all research activity in Primary Care settings and therefore includes wider clinical care settings where part or all of the research is supported or initiated in Primary Care. The strategy defines this as at least one of the following taking part in Primary Care:

- Feasibility
- Invitation to participate (or self-referral)
- Consent
- Delivery of intervention
- Delivery of follow up



Theme A

Research is available and responsive to the health and care needs of our population

Theme B

Adaptive connection of research systems and processes to Primary Care systems

Theme C

Strategic engagement and incentivisation in Primary Care

Theme D

Strategic development of the Primary Care Research Workforce

Overview of feedback from LCRNs on engagement and integration of research with local ICSs



Different ICS engagement needs



ICS in some large cities have pre-existing relationships and structure between care/research



ICSs storming/forming with active AHSCs/AHSNs/ARCs/etc in their patch



ICSs storming/forming with limited existing research/care relationships

Findings from our LCRNs

- Tackling the transition phase.
 - The challenge of **knocking on busy doors**.
 - The value of **monthly meetings**.
- Adopting a **project management** approach
- Creating a **consortium**
- **Themes:** Mental Health and Primary Care, frailty, children and young people, mental health and planned care e.g. Dorset are focusing on early diagnosis (cancer) as this is an ICS focus.

Examples of LCRN approaches to Ways of Working

- Leadership: named LCRN lead for engaging with each ICS
- Use of Senior Management Teams and executive leads
- Task and Finish groups
- Smaller/medium sized defined projects
- Engage with senior leadership, alongside management throughout ICS structure to enhance impact at different levels: system, place and neighbourhood

NIHR CRN Partnerships Update

NHSE/I

- Research Guidance / Framework

CQC

- Well-led Framework for Trusts
- Single Assessment Framework for ICSs

NHS Confederation

- ICS Network & Primary Care Network

HRA

NHS R&D Forum

CARE Group

Examples of Joint Working with ICSs (1)

- **Representation within ICS Structures** - e.g. research and innovation steering group, research sub-committee, ICS provider boards, monthly research meetings
- **Building regional research alliances** - e.g. new and re-purposing structures such as NIHR Infrastructure Group, Community Research Collaborative
- **Joint ICS-CRN events** – e.g. research awards, sandpit events, and joint research conference
- **Co-funded roles** - e.g. programme manager role, funded by CRN for first 18 months

Examples of Joint Working with ICSs (2)

- Focus on **disease/condition priorities** of the local ICS - e.g. child and adolescent mental health, CVD prevention and supporting CVD studies
- Use of care sector key **priorities** e.g. Core20PLUS5 and data/digital
- Engagement with **ICPs and Health and Well-Being Boards** re : Research Ready Communities work
- Research and **Nurse forum**



Thanks for listening

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