Avon Primary Care Research Collaborative

Research and Development Strategy 2013-2016
Vision

Commissioners in Bristol, North Somerset and South Gloucestershire will achieve excellence in supporting research and in routinely using the best available evidence to commission the highest quality services and deliver better health.

Context and Strategic levers

National Context

The Avon Primary Care Research Collaborative (APCRC) last set out its key strategic aims and objectives in 2007. Since then the pace and extent of change within the NHS that the Health and Social Care Act (2012)\(^1\) precipitated has been unprecedented: Many of the basic NHS structures have altered; the commissioning architecture and the key organisations involved in commissioning have been transformed; and with an increased emphasis on competition and patient choice. Local Public Health departments have transferred from the NHS and are now part of the Local Council infrastructure. New organisations including Clinical Senates, the Health and Wellbeing boards, Health Education England and Public Health England have also been introduced. The replacement of the Primary Care Trusts by Clinical Commissioning Groups and NHS England in April 2013 was a key pivotal event, as it effectively revolutionised the environment in which the collaborative works.

The 2012 Health and Social Care Act specifically states that commissioners in CCGs and NHS England have a duty to promote research and the use of evidence in the exercise of their functions. These new commissioning organisations are required to devise innovative care pathways and deliver effective care, and to do that they need to be able to access the best research evidence, and be able to evaluate the services they provide. This is both a challenge and an opportunity, is an area in which the support of an effective and efficient R&D team is crucial.

\(^1\) Links to this document are available here: http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted/data.htm
There is a renewed emphasis on ensuring patients are aware of and able to take part in suitable research projects. Commissioners can fulfil their duty to promote research by including in their service specifications and contracts the requirement that all their providers have processes in place to facilitate the recruitment of patients into studies. There is also the possibility of other commissioning levers such as CQUINs (Commissioning for Quality and Innovation). The research arena has become increasingly professionalised in recent years with trusts and GP practices receiving full reimbursement for recruiting patients into studies. Alongside this, research funding streams are now very firmly based on a range of directed and commissioned research programmes with an explicit emphasis on research excellence, with recruitment being delivered to time and target.

This evolving picture is completed by the creation of a range of new organisations that have been set up at a national and local level, each of which will impact on the work of the Collaborative. National initiatives such as the Academic Health Sciences Networks (AHSNs), and the Collaborations for Leadership in Applied Health Research and Care (CLAHRCwest) and local initiatives such as Bristol Health Partners will influence the environment in which research is undertaken, and its introduction into practice across the region.

**Local Context**

As of April 2013, in return for some core funding, the APCRC provides a full range of research and development services on behalf of Bristol, North Somerset and South Gloucestershire CCGs. (see section 3 for a full description of the four key work streams we support). The CCGs will each develop their own strategic and operational plans for the coming years, and as an R&D team the APCRC staff will need to support the key deliverables inherent in each plan.

Locally, the West of England AHSN and CLAHRCwest have recently been approved and we need to position ourselves to work closely with these organisations, supporting them where appropriate and exploring the opportunities that they will provide. Similarly APCRC staff need to engage, support and work with Bristol Health Partners and their Health Integration Teams to ensure seamless cooperation. A picture of how these new organisations fit together, and work together, is given in Appendix 1.

In recent years we have worked closely with the Western Local Comprehensive Research Network and a range of other ‘topic specific networks’ – most notable, the Primary Care Research Network. In April 2014 the new integrated network will be launched. It is important that during the transition phase between now and April, the APCRC staff keep abreast of the changes and ensure that we understand and are engaged with the new processes.
Beyond this, APCRC staff work closely with colleagues at the Universities of Bristol and the West of England. Our joint pan-Bristol Evaluation vision statement is an example of this joint working. Part of our task is to fully engage academics in the NHS agenda, so that high quality research ideas that reflect the needs of the NHS / CCGs are developed and submitted for funding. The flow of ideas must continue in both directions from NHS to academia and from academia to the NHS.

The current picture for research is one of fast paced change and opportunities. Beyond this APCRC staff need to support the key deliverables and cost effective pathways identified by commissioners in their plans. This may present the APCRC with chances to promote their work more widely with the help of the organisations described above, and key staff at APCRC need to be prepared for this possibility.

In summary, there have been major changes to the context in which the R&D team is working, both nationally and locally. At this stage a re-examination of, and update to, the APCRC research strategy is timely. The new strategy needs to emphasise the importance of working with our local and regional partners to support our CCGs in what they do, and to deliver research excellence, better services and better health. The new strategy will cover the period 2013 – 2016, so as to tie in with the emerging CCG two year and five year plans.

Our Key work Streams

Day to day APCRC activity focusses on four key work streams:

- Supporting and managing Research
- Service Evaluation and Clinical Audit
- Creating a hub for Best Evidence
- Undertaking Research Governance

Supporting and Managing Research means encouraging new research ideas, supporting the development of high quality research bids, acting as host to those that are funded. In turn this generates Research Capability Funding (RCF) from the Department of Health which we then invest, partly via a competitive process, in the development of future research proposals and successful funding applications. As such the ‘RCF virtuous circle’ is maintained. The APCRC currently hold the second largest RCF award in primary care in England.
Service Evaluation and Clinical Audit support covers the advice, guidance and training that we are able to offer in these two areas. We work closely with commissioners to help them build evaluation into the commissioning cycle so that all future commissioning decisions are based on sound and robust evidence. We are also working to ensure that large scale programmes of work (including the Healthy Futures Programme, the West of England AHSN, the CLAHRCwest, the Health Integration Teams and Bristol Health Partners) are all subject to rigorous evaluation. We plan to extend this work to areas of primary care that are now commissioned by NHS England. Our Audit support service is available to CCG staff and to GP staff needing advice and guidance in terms of the how, when and why to undertake a clinical audit.

Our Creating a hub for Best Evidence work will help commissioners locate access, appraise and use evidence better. We have investigated what ‘evidence’ means in this context, the barriers to accessing evidence and the difficulties of reviewing and evaluating that evidence. Phase II of the work is to develop, in conjunction with Commissioners, a web based tool to overcome those difficulties, to point commissioners in the right direction in terms of finding and using the best available existing evidence. The tool will also act as a repository for evidence summaries once they have been accessed, so that future users can access work already done. When we have completed the preparatory work and produced a prototype tool we will then work with the West of England AHSN to develop the final tool and launch it across the WEAHSN area.

Research Governance, and the assurance that all studies being undertaken in our area meet the required standards in the Research Governance Framework, is carried out by the APCRC research governance staff. This work is funded by Western CLRN and their staff monitor our performance on a range of metrics. Our reputation in this area is exemplary – we provide a helpful, friendly, customer-focused service, within the timelines specified.

These work streams constitute the key purpose of our service, and each of the work streams is realised via one of our four Strategic Aims. These aims are described in detail, and the associated objectives and actions for each aim is set out, below. How we will measure whether we have achieved these aims is detailed in section 6 of this document:

Aim 1: To increase the value, breadth and range of the research portfolio and embed its management into the core business of the CCGs
Aim 2: To embed research, robust evaluation and the use of evidence into the core business of the CCGs
Aim 3: To ensure that the APCRC creates the best use of all available evidence and expertise through collaboration and networking partnerships
Aim 4: Maintain and promote APCRC as a highly effective, efficient, innovative and user-responsive organisation for research governance and to lead the field nationally in all our work streams on behalf of the CCGs
Our Strategic Aims and Associated Objectives and Actions

Aim 1: To increase the value, breadth and range of the research portfolio and embed its management into the core business of the CCGs
We will work to increase the value, breadth and range of the research portfolio hosted in the NHS, and strive to ensure that research is relevant to the NHS and to patients. We will use our Research Capability Funding to support a virtuous circle of new research applications and ensure a steady flow of RCF in future. We will support researchers as they write and submit their bid, and as they work to set up their studies, gain assurance and begin recruiting participants. RCF is the ‘engine’ of all the work we do and without the RCF our ability to grow, to develop our service, and to undertake all the pillars of our work would be severely diminished

Objective 1.1: Work with partners on research grants to ensure that research ideas reflect NHS priorities and are of relevance to the NHS and to patients
— Build up partnerships with key HEI staff
— Identify key NHS staff to be included in the work up of bids, so that they can influence the research idea as it develops

Objective 1.2: Maximise the success rate of submitted bids
— Support researchers with all aspects of the bid writing
— Sign post researchers to expert help via the Research Design Service (RDS) the Specialist Methodological Research Training Units (SMART) and CLAHRCwest.
— Locate suitable partners from our NHS Colleagues and other organisations as appropriate
— Provision of appropriate costings to identify all resources required to deliver the research.

Objective 1.3: Work with our partners each year to produce a well-developed plan for the RCF that maintains the virtuous circle
— **R&D Manager to liaise with key senior academics at the two Universities**
— **Publicise the ‘responsive mode’ scheme widely and ensure exposure for the competition**
— **Monitor the work of those in receipt of RCF funding to ensure that goals and objectives are met**
— **Ensure that the financial return to the DH each year is accurate, of high quality and that it demonstrates our practical use of the RCF and describes our strategic use of the funding**

**Objective 1.4:** Ensure systems in place to facilitate swift study assurance and set up
— **maintain our research governance expertise (See aim 4 for more detail)**

**Objective 1.5:** Ensure system in place to deal swiftly with requests for Excess Treatment Costs
— **set up a dedicated budget across all three CCGs, and arrange for the R&D team to have responsibility for approving, and for paying, the ETCs on studies being undertaken in Primary Care that are commissioned by the CCGs**

**Objective 1.6:** Maintain our position as a trusted ‘host’ for NIHR funded grants
— **Work hard to maintain our excellent reputation in this area – key to this is clear, concise communication and speedy responses to enquires and queries from funders, researchers and the support departments in partner organisations.**

**Aim 2: To embed research, robust evaluation and the use of evidence into the core business of the CCGs**

We will embed research, evaluation and evidence into the culture and core activities of the clinical commissioning groups, and will work to ensure that research and evaluation are integral to decision making across the three CCGs that fund and support the APCRC.

**Objective 2.1:** Secure sign up from each CCG for Evidence Informed Commissioning (EIC) as normal practice
— **R&D Programme manager will produce a document outlining the advantages of EIC and a workplan for making the concept a reality**
— Present this concept at a Governing Board seminar in each CCG
— Secure CCG Governing Body sign off for this approach in each CCG using the work plan for EIC that was approved by the Bristol CCG Board in September 2013 as a basis – will need to rework that plan to fit each CCG.

Objective 2.2: Secure sign up from each CCG to the Association of Medical Research Charities ‘Research Charter’
— R&D Programme manager will produce a document outlining the advantages of signup to the Charter and a workplan for making the concept a reality
— Present this concept at a Governing Board seminar in each CCG
— Secure CCG Governing Body sign off for this approach in each CCG area using the work plan for sign up to the AMRC Research Charter that was approved by the Bristol CCG Board in September 2013 as a basis – will need to rework that plan to fit each CCG.
— Involvement in research activity and getting research into practice is seen as usual practice in the CCGs

Objective 2.3: Ensure that patients are provided with opportunities to participate in research by supporting commissioners in the development of their service specifications, to ensure that research and evaluation is specifically identified
— Work with commissioners to develop the relevant wording for inclusion in their service specifications and contracts, so that patients are assured of the opportunity to participate in research studies
— Support the commissioners with expertise in terms of explaining these clauses to all provider organisations

Objective 2.4: Ensure the Research and Development service is well positioned to support the Key Deliverables of each of the three CCGs, as outlined in their two year and five year plans
— R&D Manager to contribute a Research and Evaluation section to each CCG two year or five year plan which describes how R&D can support the key deliverables identified by each CCG.
— Regularly review support for those key deliverables, and adjust the planned approach accordingly, to maintain support in each CCG area

Objective 2.5: Provide an Evaluation support service to underpin the adoption of evidence informed commissioning

— The APCRC evaluation team will provide a comprehensive service to commissioners to help them build evaluation into the commissioning cycle
— The evaluation team will be available to offer expert assistance to staff wishing to undertake service evaluations
— Evaluation team members will help ensure a strong evidence base underpins the development of new service specifications
— Evaluation team members will support the commissioning of external evaluation support for large evaluations, including assisting with Invitations to Tender and with choosing appropriate contractors
— The Evaluation officers will maintain a database of all on-going evaluation projects across the region
— The team will work to ensure the results of evaluations are publicised, in line with our Communications policy, and that they feed back into practice
— Evaluation team members will evaluate the impact of the ‘evaluation toolkit’ that was devised for commissioners, and revise accordingly
— Evaluation team will work closely with the UWE Senior Research Fellow in Evaluation take forward work around the existing ‘vision for Evaluation’ that has been developed

Objective 2.6: Develop our work as an Evidence Hub

— Work to identify the ‘gaps’ in terms of accessing high quality evidence
— Produce a plan to address those gaps and devise a robust system for commissioners to use when accessing evidence
— Work with the Centre for Reviews and Dissemination at the University of York and other evidence providers on specific questions which they will help answer
— Ensure that new developments in this area dovetail with the work already being undertaken by staff in public health departments

Objective 2.7: Promote and increase the understanding of all staff at the CCGs, of the role of research and innovation in high quality clinical care
— APCRC staff will work to raise awareness amongst all staff of the value and contribution research makes to commissioning and to practice, by contributing to the CCG induction sessions – content of the sessions to be agreed
— APCRC staff will arrange periodic presentations at staff meetings in each CCG site

Objective 2.8: Work to ensure that key members of the local research community are able to link to key commissioners, commissioning working groups, or commissioning strategy groups, so that research, evaluation and evidence can be incorporated into plans at the earliest opportunity.
— APCRC staff will work to facilitate meetings of appropriate staff
— APCRC staff will work with academic and commissioning colleagues to build up relationships
— APCRC staff will work with Bristol Health Partners to ensure that Commissioners are involved with the work of the HITs and are integral to the development of new HITs
— APCRC staff will work with CLAHRC staff to ensure that Commissioners are able to feed in new research ideas to the CLAHRC processes.

Objective 2.9: Use the various existing fora, (e.g. Local Executive Groups, Clinical Steering Groups and their equivalent bodies) to keep abreast of new commissioning ideas, to provide information on evaluation and research, to provide feedback to interested researchers and to capture new emerging research ideas.
— APCRC staff will link with the relevant groups to facilitate this objective
Aim 3: To ensure that the APCRC creates the best use of all available evidence and expertise through collaboration and networking partnerships

We will engage with partners across our region to maximise the benefits of collaborative and multidisciplinary working and we will share our expertise on the local and the national stage

Objective 3.1: Engage with a range of local partner organisations including:
- Provider trusts
- All providers of services in the new landscape
- NHS England Area Team
- Local Authorities in Bristol, North Somerset and South Gloucestershire
- The Health and Wellbeing board
- Department of Health
- Research Funders
- The Western Comprehensive Local Research Network and its successor organisation the Local Clinical Research Network
- The Primary Care Research Network and its successor organisation
- The University of Bristol
- The University of the West of England, Bristol

- Maintain active and supportive links with key contacts in all these organisations
- Respond to all opportunities to publicise our work via these organisations or meetings of their committees
- Respond to any requests for data and information in a timely fashion

Objective 3.2: Work closely with the West of England Academic Health Science Network to ensure we maximise the opportunities to help the AHSN deliver its strategic goals.
- Ensure that the role of the AHSN is explained to our commissioning colleagues
- Participate in task and finish groups designed to move the work of the AHSN forward
- Support the delivery of the AHSN business plan and the key objectives for implementation where they overlap with our own work
— Support the development of the AHSN Evaluation plan in conjunction with academic staff at the University of Bath
— Provide expert research and evaluation advice to specific initiatives or projects that the AHSN is involved with
— The APCRC programme manager will work with the AHSN team to identify funding that can support objectives that are important to both organisations
— APCRC staff to champion the CCG interests via the West of England Academic Health Science network

Objective 3.3: Work closely with Bristol Health Partners and the Health Integration Teams (HITS) and with CLAHRCwest
— Ensure that CCG colleagues are fully informed as to the work of both organisations and the relevance of the HITS
— Work with Bristol Health Partners to ensure Commissioner engagement and input to the development of existing and emerging HITS
— Arrange for a local CCG to act as host for each of the primary care focussed Health Integration Teams
— Offer support to academic staff, via RCF funding, to get the initial research ideas that are integral to the HITS, off the ground
— Provide expert advice to each HIT team, to Bristol Health Partner leadership and to CLAHRCwest in terms of evaluating themselves and their work and impact
— Utilise the Evaluation working group to further evaluation work with the CLAHRCwest and Bristol Health Partners.
— APCRC will host the Evaluation Officer funded by the Bristol Health Partners, and will undertake the usual line management duties
— APCRC staff to champion the CCG interests via Bristol Health Partners and the CLAHRCwest
— Support the delivery of the key objectives of the CLAHRC initiative
— Continue to support the SMART initiative via RCF funding

Objective 3.4: Engage with Higher Education Institutions to exchange knowledge between those HEIs and the NHS
— Offer support to academic staff, via RCF funding, to write grant applications that reflect NHS priorities
— Provide RCF funding for ‘management fellowship’ and senior research fellow posts – these involve the secondment of senior (band 7 and above) NHS staff to the HEIs, with a view to sharing information and expertise in both directions
— Consider a secondment form the HEI sector to the NHS in the future, to further develop the Knowledge Exchange
— Provide RCF funding for ‘Graduate Evidence Trainees’ to straddle the HEI / NHS/Local Authority interface at a more junior level (band 5). This post will enhance the available expertise in evidence synthesis.
— Support all levels of primary care staff with a research interest where possible
— Continue to support Primary Care Research Fellows

Objective 3.5: Maintain links with the three Local Authorities with a view to integrated working, in line with the Health and Social Care Agenda
— Maintain links with Public Health Colleagues with expertise in the Evidence Appraisal arena
— Work with public health colleagues to understand the core offer available to Commissioners
— Work with Local Authorities in terms of offering ‘assurance’ of health related research being undertaken by public health colleagues
— Maintain links with Local Authorities so that we are abreast of developments on the Health and Social Care commissioning agenda

Objective 3.6: Demonstrate to our CCGs how APCRC can work closely with the new organisations that are emerging (WEAHSN, CLAHRRCwest, HITs and Bristol Health Partners). Integration between these bodies will enable increased pace and scale and shared agendas.
— The APCRC team will filter the information emerging from the new organisations ensuring that CCG staff are made aware of the key and important messages
— Provide strong and effective two way representation of the CCGs at all appropriate local, regional and national research meetings and groups
— Continually promote CCG priorities at each forum
— **Guide and support the CCG Research and Evidence leads as effective conduits between the CCGs and the APCRC**

Objective 3.7: Promote the APCRC and publicise our processes with a view to sharing good ideas with a wider audience and spreading good practice.

— **Follow up opportunities for discussing our approach and strategy for R&D at local meetings – including CLRN meetings and R&D managers’ meetings, Board seminars at the CCGs, AHSN and CLAHRC initiatives**

— **Follow up on opportunities for presenting our approach and strategy for R&D support at national meetings. These may arise via the R&D forum, and via the networks into which our R&D Programme Director is tied**

— **Create a new Communication policy for the R&D service that includes publicity via traditional written documents as well as via our website, and social media routes**

— **Continue to work closely with the Primary Care Research Network and their successor organisation**

Objective 3.8: Continually check that we are delivering what our colleagues and stakeholders want and need, across all four pillars and strategic aims of our work.

— **Undertake an annual survey to find out what we could be doing better**

— **Create an action plan to convert the findings of the survey into practical changes and improvements**

Aim 4: Maintain and promote APCRC as a highly effective, efficient, innovative and user-responsive organisation for research governance and lead the field nationally in all our work streams on behalf of the CCGs

Provide a high quality service, responsive to user needs, which is cost effective and transparent and uses a cycle of continuous improvement to meet those needs.

Objective 4.1: Provide a research governance assurance service for all research being undertaken in primary care settings in our region and ensure that delays to study start-up are minimised. The governance process includes
confirmation of Ethical approval by the relevant ethics committee, as well as all other checks relevant to each individual study.

- Provide NHS assurance, for studies that are recruiting in our area, so that providers have all the necessary information to decide whether to take part in any study.
- Work with commercial research companies to ensure all checks and balances are undertaken in the same way for commercial work as for academic research.
- Exceed the Clinical Research Network targets for time taken to issue assurance.
- Produce letters of access and honorary research contracts on behalf of NHS England Area Team.
- Ensure all our standard operating procedures are up to date and are reviewed on time.
- Ensure we have adequate cover in the team for when core Research Governance staff are absent.
- Regularly review the system of assurance to ensure it meets the standard required, and that changes to the assurance requirements are incorporated into our system immediately.
- Ensure the recognised database system – E-dge – is utilised fully for all studies.
- Respond to all requests for information in a timely fashion.
- Undertake an annual audit of 10% of the studies on our database to ensure that all the required permissions and documents are in pace. Produce recommendations on the basis of the audit and ensure these are put in place.

Objective 4.2: Ensure that the financial position of the APCRC is tenable, transparent and clear:

- In essence this involves maximising the value of the grants we ‘host’, maintaining the RCF income, optimising income from funders such as the DH and Western CLRN [Clinical Research Network: West of England as of April 2014].
- Maintaining our agreed Excess Treatment Costs Budget from the CCGs.
- Maintaining responsible budgeting of our agreed ‘core funding’ from the CCGs.
The R&D programme manager will work with the West of England AHSN team, the Bristol Health partners team and the CLAHRCWest team to identify funding that can support mutually beneficial objectives.

Objective 4.3: Communicate effectively with all our partners
- develop a communications policy that will cover all our work, all our partners, and all our stakeholders and which includes all communication routes
- implement the communication policy, monitor the impact and revise as necessary
- devise a mechanism for gathering feedback from our key service users
- Ensure a robust quarterly reporting mechanism to the CCGs via the Quality and Governance Committees and other routes as appropriate locally
- Maintain the regular APCRC research, evaluation, audit seminars every two months

Objective 4.4: Maintain an experienced team of highly skilled professionals under the APCRC umbrella, with a reputation for extensive and detailed knowledge and high quality advice
- Set up systems for ensuring APCRC staff can access continuous professional development and training
- Clear line management in place for all staff, and good systems for tracking workload

Objective 4.5: Provide Training and Development around research and evaluation and the importance of evidence, for CCG staff
- Organise a short session on the CCG induction course, where the role of APCRC and the importance of research and evidence can be explained.

Objective 4.6: Engage with the Patient and Public Involvement agenda across all aspects of our work
- Create a new PPI policy for APCRC, action this and monitor progress and problems
— Work with other PPI organisations, such as ‘People and Research South West’ to ensure consistency of message
— Liaise with the PPI lead at each CCG to ensure congruent messages
— Provide support and advice on patient and public involvement in research at all stages of study development and delivery.
— R&D staff will engage with existing work streams in PPI being led by the universities, the West of England AHSN, the CLAHRCwest and the emerging Clinical Research Network
— Highlight PPI issues in our evaluation work and our guidance to colleagues.

Objective 4.7: As an experienced team of Research and Evaluation professionals, the APCRC team need to evaluate the service we provide and the ‘added value’ we create. This is the final stage in the Vision, Strategy, Action, Measurement cycle that we are using to frame our work.
— The APCRC Evaluation staff to work up a feasible approach to this and to set up a system whereby the results can feed back into our future work, thus enabling a system of continuous improvement
— In the table below are some suggested Key Indicators of Performance set against our four key Strategic Aims. Some of these are measures of process, some are measures of outcome.
### Timetable

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<thead>
<tr>
<th>Suggested metrics / KPIs</th>
<th>Timeframe</th>
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<tr>
<td><strong>Aim 1:</strong> To increase the value, breadth and range of the research portfolio (including re-investment Research Capability Funding into maintain the virtuous circle), and embed this business of the CCGS</td>
<td>Annually</td>
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<tr>
<td><strong>Aim 2:</strong> To embed Research, Robust evaluation and the use of evidence into the core business of the CCGS</td>
<td>Annually</td>
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<thead>
<tr>
<th>Activity</th>
<th>Frequency</th>
<th>Description</th>
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<tbody>
<tr>
<td>Gralins – gather feedback from PI s of hosted grants Are we maintaining our position as a trusted host for NHR WCNR large. Is the system for Study Assurance exceeding the quick delivery and not causing delays to the start of studies Who is the value of the RCF funding, What is the trend Are we maintaining the RCF virtuous circle</td>
<td>Quarterly</td>
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<td>Diol of NHR Funding</td>
<td>Annually</td>
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<td>Of the percentage of those submitted for funding What is the success rate in terms of NHR funding (successful tender each year How many bids are being submitted via a CCG to NHR</td>
<td>Annually</td>
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<td>Percent of grant applications to key NHS priorities</td>
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### This is reported every 6 months

**Integration teams**
- CLAHRC Wessex Bristol Health Partners and the Health
  West of England AHSN
- Number of joint projects and initiatives undertaken with

**Timeframe**
- Engagement with, locally, and nationally?
- How many patients are we successfully working with or

**Suggested metrics / KPIs**

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### Aim 3: To ensure that the APCR C creates the best use of all available evidence and expertise through collaboration and networking partnerships

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<tr>
<th><strong>Annually</strong></th>
<th><strong>of the R&amp;D Team</strong></th>
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<tbody>
<tr>
<td><strong>April 2014</strong></td>
<td>Assess the level of awareness amongst staff of the role</td>
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<tr>
<td><strong>Quarterly</strong></td>
<td>Is there an R&amp;D section in each CCG or 5 Year Plan</td>
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<td><strong>January</strong></td>
<td>Consider this in January</td>
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<td><strong>Every six months</strong></td>
<td>Conjunction with staff in public health departments</td>
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<td><strong>Quarterly</strong></td>
<td>Is the evidence hub idea established and working in</td>
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<td><strong>Every six months</strong></td>
<td>Are commissioning indicators relating to research and</td>
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<td><strong>Quarterly</strong></td>
<td>Chapter and delivering the 7 criteria</td>
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<td><strong>1 Year Timeframe</strong></td>
<td>AMRC Research Charter, is each CCG signed up to the</td>
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<tr>
<td><strong>3 Months</strong></td>
<td>Are evidence informed commissioning now usual</td>
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<tr>
<td><strong>Quarterly</strong></td>
<td>Is evidence informed commissioning, once it has</td>
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<tr>
<td><strong>3 Months</strong></td>
<td>Are we on target in terms of delivering the Workplan</td>
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<td><strong>3 Months</strong></td>
<td>Are agreed by each CCG</td>
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<tr>
<td>Quarterly</td>
<td>Are we exceeding WCARN Targets</td>
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<td>Research Governance:</td>
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<td>* Suggested metrics / KPIs</td>
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All our work streams on behalf of the CCGs and our user-responsive organisation for research governance and to lead the field nationally in the development of APeRC as a highly effective, efficient, innovative and sustainable model. Aim 4: Maintain and promote APeRC as a highly effective, efficient, innovative and sustainable model.

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<tr>
<th>Annually</th>
<th>CCG customer needs</th>
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<tr>
<td></td>
<td>To investigate the extent to which we are meeting our needs.</td>
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<td>Undertake a customer satisfaction survey / focus groups.</td>
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Regular meeting with key Evidence Leads and Quarterly meetings with the APeRC team. |

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<th>CCG customer needs</th>
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<td>To improve the quality of the service and satisfaction of the end users.</td>
</tr>
<tr>
<td></td>
<td>Monitor changes in the market and the competitive landscape.</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Yearly</th>
<th>CCG customer needs</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>To measure and improve the CCG's performance and effectiveness.</td>
</tr>
<tr>
<td></td>
<td>How satisfied are our colleagues and stakeholders with our services.</td>
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<td>To measure the effectiveness of our work streams.</td>
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<td></td>
<td>Are the CCGs satisfied that the APeRC is representing their interests.</td>
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<td></td>
<td>What is the nature of our contact with the three local researcher at the HEIs – how many bids are we successful in?</td>
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<tr>
<td></td>
<td>Supporting / hosting etc.</td>
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</tr>
<tr>
<td>Frequency</td>
<td>Action Description</td>
</tr>
<tr>
<td>--------------------</td>
<td>-------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Monthly</td>
<td>Are we maintaining responsible budgeting of our ETC</td>
</tr>
<tr>
<td>Monthly</td>
<td>Accountant - CCC Finance colleagues and our Management - Funding that satisfies our R&amp;D Advisory Group - Are we maintaining responsible budgeting of our core</td>
</tr>
<tr>
<td>Quarterly, and at every 6 months (March 2014)</td>
<td>Is the Communications policy in place, and being implemented and monitored</td>
</tr>
<tr>
<td>PDR Review</td>
<td>Is the R&amp;D team up to strength</td>
</tr>
<tr>
<td>6 months (March 2014)</td>
<td>Is the R&amp;D session included in the CCG induction</td>
</tr>
<tr>
<td>Contingency etc. and regularly (March 2014)</td>
<td>Is the PPI policy in place, and being implemented and monitored</td>
</tr>
<tr>
<td>6 months (March 2014)</td>
<td>Programmes</td>
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Glossary

**AHSN – Academic Health Science Network**
The AHSN is a vibrant and diverse network of partners committed to excellence. The West of England Academic Health Science Network will accelerate the spread of innovative, evidence-based care to improve health and care quality. This shared commitment to excellence will deliver economic benefits through regional investment, job creation and effective procurement. More details here: [www.weahsn.org.uk](http://www.weahsn.org.uk)

**APCRC- Avon Primary Care Research Collaborative**
The Avon Primary Care Research Collaborative has been responsible for everything to do with primary care research, across the Bristol, North Somerset and South Gloucestershire area since 2003. Over the last three years it has expanded its remit to lead on supporting service evaluation. The twin aims of the APCRC are first to build our portfolio of NHS-relevant research through close working with colleagues from local universities and second, to ensure that high quality evaluation is routinely considered as part of every commissioning cycle. The APCRC works on behalf of Bristol, North Somerset and South Gloucestershire CCGs. [www.apcrc.nhs.uk](http://www.apcrc.nhs.uk)

**Bristol Health Partners**
Bristol Health Partners is a dynamic collaboration between six NHS bodies, the city’s two universities and its local authority. The purpose of Bristol Health Partners is to transform the understanding, prevention and treatment of key health problems in Bristol. The organisations that comprise Bristol Health Partners have formidable strengths in a range of health-related fields and a long history of joint working. This collaboration brings a new dynamic approach to the way that innovative health benefits will be delivered to patients. [www.bristolhealthpartners.org.uk](http://www.bristolhealthpartners.org.uk)

**CLAHRCwest – Collaboration for Leadership in Applied Health Research and Care**
The NIHR CLAHRCwest, hosted by University Hospitals Bristol NHS Foundation Trust (UHB), will commence on January 1st 2014. It is directed by Professor Jenny Donovan and has funding up to 31st December 2018. Its aims are to conduct high quality applied health research and implement this and other evidence across the West Country (Bristol, Bath, Gloucestershire, Somerset and Wiltshire) in collaboration with the West of England Academic Health Sciences Network (WEAHSN). The initial programmes of research are in the broad areas of public health interventions, management of chronic diseases, and delivering equitable, appropriate and sustainable health and healthcare.
Research will be undertaken by researchers in five methodology teams: evidence, medical statistics, health economics, epidemiology, and ethnography/social science.

**Health Integration Teams**
HITs are cross organisational and interdisciplinary groups set up to harness research, innovation, education, healthcare and prevention strengths to improve health outcomes. They are tackling major health priorities by working together in a new integrated way. All HITs are aligned with the priorities of the partners and with the research, education and healthcare strengths in Bristol. [www.bristolhealthpartners.org.uk/health-integration-teams/](http://www.bristolhealthpartners.org.uk/health-integration-teams/)

**Western Comprehensive Local Research Network (WCLRN)**
WCLRN is the local branch of the NIHR clinical research network. WCLRN supports research by helping researchers to set up clinical studies quickly and effectively; supporting the life-sciences industry to deliver their research programmes; providing health professionals with research training; and working with patients to ensure their needs are at the very centre of all research activity. WCLRN also work to ensure that patients are recruited into studies and that all studies meet their performance targets in this respect. In April 2014 the WCLRN will evolve into the West of England Local Clinical Research Network. More information can be found here: [http://www.crncc.nihr.ac.uk/about_us/ccrn/western/news](http://www.crncc.nihr.ac.uk/about_us/ccrn/western/news)

The relationship between these organisations is shown overleaf if Appendix 1. NB the links and flows of various resources is likely to change in the coming months as the organisations become embedded.
Appendix 1 Links between the Key Organisations
Member organisations, partners and influencers at National and local level from Commissioning, providers, local authority, public health, higher education, industry, voluntary and community sector and patients and the public.