

### The Second Year Implementation Of A Research Strategy For East And North Hertfordshire NHS Trust

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#### Summary

This paper provides a summary of progress made during the second year of implementing the Trust's Research Strategy. It describes:

- Development of the Trust's research strategy, progress made in 2017/8.
- Public and patient engagement, involvement and research participant feedback.
- Examples of how research enhances patient outcome and experience, and the setting of the 2018/9 priorities.

#### The development of the Trust's research strategy

During 2016/7 we launched our Trust's Research Strategy. This was devised through extensive internal communication, two public engagement events and an analysis of detailed feedback from a survey to which there was 499 respondents – including staff, members of the public, patients, various stakeholders (such as university staff, people from other NHS organisations, industry, the Department of Health and NHS England). The development of the Trust's Research Strategy was published in the 2016 June edition of the Hertfordshire Journal of Medicine<sup>1</sup> and the Strategy is available on the Trust's website.<sup>2</sup> Progress made in Year 1 was published in the 2017 June edition of the Hertfordshire Journal of Medicine.<sup>3</sup>

Our Research Strategy is based around the recognition that a 'research-active' organisation provides a better care environment than an organisation with little or no research. The Trust is an important part of the National Institute for Health Research (NIHR) and is within the East of England Clinical Research Network. As such we support health and care research and translate discoveries into practical products, treatments, devices and procedures, involving patients and the public in all our work. This ensures that the Trust is able to support research from a wide range of funders to encourage broader investment in, and economic growth from, health research.

The Trust has four hospital sites. Three of these, the Lister, new QEII and Hertford County provide a large acute secondary care service to a population of 600,000. The Lister and the new QEII have recently undergone a centralisation and expansion of services. In addition there is a sub-regional Renal Unit which provides Renal Services to 1.4 million people in Hertfordshire, Bedfordshire and Essex. The Trust also manages the internationally recognised Mount Vernon Cancer Centre which provides a tertiary service for a population of over 2 million people.

We work with charities and the life sciences industry to help patients gain earlier access to breakthrough treatments and we train and develop researchers to help keep the nation at the forefront of international clinical research.

### Progress made in 2017/8

The Research Strategy set out a vision of “*Enhancing patient experience and outcome through research opportunity and innovation for all patients and all staff*”. There are five aims and progress is described against each of these.

#### **Aim 1: The Trust to be an internationally recognised centre of excellence for research and patient outcomes**

The Trust’s ambition is to be in the top 20% of large acute NHS Trusts for research activity by 2019. For research participation the Trust was ranked 61 of 155 Acute Trusts in 2016/7 (up from 66 in 2015/6). The increase in research participation for 2017/8 should result in an increase in national ranking when this is published in the autumn of 2018.

In terms of a regional perspective and ranking within East of England, the Trust is third highest being ranked immediately following the two Trusts with Medical Schools - Cambridge University Hospitals NHS Foundation Trust (CUH) and Norfolk and Norwich University Hospitals NHS Foundation Trust (an increase from 4<sup>th</sup> last year). In terms of participation, cancer research at the Trust remains second in the region behind CUH. For the East of England, the Trust was the top recruiting site for 21 multi-site studies.

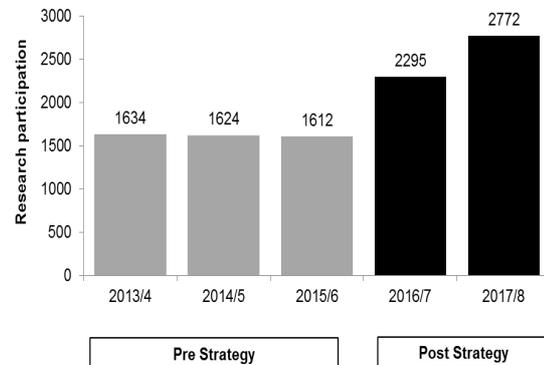
We are proud of our track record on research publications. In 2017, members of our team were authors to 189 research publications.<sup>4</sup> The main points are:

- There is a very wide range of research areas including patient care and also patient experience
- Publications are often part of collaborations with a wide variety of organisations
- The research is published in a number of key prestigious journals
- Different staff groups contribute to research publications

#### **Aim 2: Patients And Public To Be Engaged With, Participate In, And Benefit From Research And Innovation**

The Trust’s ambition is to recruit 3,000 patients to research studies in 2019. For the period April 2017 to March 2018, the Trust supported the entry of 3,008 participants into research. Of these 2,772

participants were to research studies adopted to the NIHR Portfolio. This represents an increase of 71% from the pre-strategy 3 year annual average of 1,623 (Fig 1). We see this as a strong sign that our research strategy is delivering sustained benefits in its second year.



**Figure 1: Research Participation For Studies Adopted To The NIHR Portfolio For The Last Five Years (Data available April 2018)**

From a national perspective the Trust had the highest participation rate of consultants in the ‘High-intensity Specialist Led Acute Care study (HiSLAC)’. Many thanks to all 337 ENHT consultants who completed a survey to contribute to this national study. Our participation rate of 95% was the highest of the 108 trusts that took part and we had the highest total number of consultants participating. A special mention must also go to staff who co-ordinated the study and who provided data entry. This commitment is a great indication of the research culture at the Trust. Further details are available via the Trust website.<sup>5</sup>

#### **Aim 3: Research is funded via external grant applications, from industry and with the support of charities**

The Trust’s ambition is to increase external research funding by 10% each year and we have achieved that for 2017/8.

At the Trust we support our staff to apply for external research funding. We work closely with the NIHR East of England Research Design Service to develop high quality research grant applications. Over the last 12 months there has been a significant increase in numbers of grant applications. Much of this can be attributed to working in partnership with The University of Hertfordshire.

### **Aim 4: Research is embedded into the planning and delivery of routine patient care for all patients**

The Trust's ambition is 80% of our Clinical Directorates to have research in their annual plans by 2019. Research is an explicit component of the Mount Vernon Cancer Centre Strategy and is included in planning considerations of all Divisions.

There is significant activity across a number of Trust Specialty areas and this has changed from 2016/7 to 2017/8 (Table 1). The research participation information provides just one indication of research activity. When further aspects are examined the following should be noted:

- Local lead researchers - the increase from 56 to 64 (14%) in total number indicates a growth in capacity to lead research at the Trust.

- Studies recruiting patients - the decrease from 159 to 144 (9%) in total number of active studies reflects a more robust assessment of studies and an active choice to select those studies that, in aggregate, optimise the delivery of our Research Strategy. This is necessary because we are resource-limited.
- Research Participants – there has been an 11% increase in overall research participation for all studies from 2016/7. When the participation for studies adopted to the NIHR Portfolio is examined there is a 21% increase from 2,295 in 2016/7 to 2,772 in 2018/9, representing the emphasis on recruitment to NIHR Portfolio studies (which are supported by CRN: Eastern) from other studies which are not adopted and do not attract CRN: Eastern support.

Speciality	2016~7	2017~8	Change
Anaesthetics	0	78	78
Cancer	527	407	-120
Cardiology	414	461	47
Critical Care	285	0	-285
Diabetes	37	56	19
ENT	247	185	-62
Gastroenterology	5	277	272
Health Services Res	92	337	245
Mental Health	46	0	-46
Musculoskeletal	34	32	-2
Neurology	0	18	18
Orthopaedics	3	134	131
Paediatrics	1	74	73
Renal	740	598	-142
Respiratory disorders	91	36	-55
Stroke	10	0	-10
Supportive Oncology	154	255	101
Surgery	29	60	31
<b>Grand Total Participants</b>	<b>2715</b>	<b>3008</b>	<b>293</b>
<b>Grand Total Specialties</b>	<b>16</b>	<b>15</b>	<b>-1</b>

**Table I: The number of research participants across Trust Specialties in 2016/7 and 2017/8 (Data available April 2018)**

### **Aim 5: Research is well governed, managed and supported so studies are delivered, as promised**

The Trust's ambition is to be amongst the top 20% of large acute NHS Trusts for the time it takes to open research studies by 2019. These measures are measured nationally through a scheme called "Performance in Initiating and Delivering Clinical Research".

Based on first nine months of 2017/8 the Trust was nationally ranked 126<sup>th</sup> of 207 organisations for set-up and 127<sup>th</sup> of 175 organisations for delivery.

We have introduced a 'Key Studies' and 'Key Metrics' initiative to improve our ability to deliver studies and we have seen early signs of this working though it will take time for this to be fully reflected in our national ranking.

### **Public and patient engagement, involvement and research participant feedback**

Examples of public and patient engagement and involvement have included the following:

- International Clinical Trials day 24<sup>th</sup> May 2018.
- Public Trust AGM 3<sup>rd</sup> July 2018.
- Public and patient engagement events, drawing on expertise from a pool of over 3,000 engaged Trust members.
- Patient and public involvement in trials as co-applicants.

A research participant survey was carried out November – December 2017 (which included some of the same questions as for 2016) and 119 patients provided feedback. The qualitative responses were very positive around patient experience though parking remains an issue. A comparison of the main quantitative results is given in Table 2. Comments from the 2017 survey include:

*"I am very happy with the care and treatment that I have received over the last few years. Both doctors and nurse have been brilliant"*

*"I was happy to take part in this trial/research study, in the hope that it will help others and myself"*

*"I have been extremely satisfied with all aspects of my care and treatment"*

<b>% of research participants that either agreed or very strongly agreed to the following statements</b>	<b>2016 Survey (n=100)</b>	<b>2017 Survey (n=119)</b>
The study was explained to me in a way that I understood	100%	97%
I fully understood what I was consenting to	100%	99%
It was explained to me that my care would not change if I decided not to take part	98%	99%
My questions were answered in a way that I could understand	99%	97%
I was kept well informed throughout the study	98%	95%
I felt the research staff put my needs first during the study	100%	95%

**Table II: Results of research participant surveys 2016 and 2017**

In order to promote involvement with research the Trust has published videos with four research participants who describe their experience.<sup>6</sup>

### **Examples of how research enhances patient outcome and experience**

These include:

- **Cancer:** Short Course Oncology Therapy – A Study of Adjuvant Chemotherapy in Colorectal Cancer (**SCOT**) has shown that three months of chemotherapy is as good as six months in colorectal cancer with full therapeutic benefit and significantly less toxicity, time and cost. The Systematic Therapy in Advancing or Metastatic Prostate Cancer (**STAMPEDE**) – has shown that giving Abiraterone / Docetaxel earlier significantly improves survival in prostate cancer patients.
- **Supportive Oncology:** Ear acupuncture service for breast cancer treatment-related hot flushes and night sweats, now expanded to general wellbeing for prostate patients. Brain tumour study highlighted lack of carer support, now built into service delivery.
- **Diabetes:** Four years ago our research team was involved in trials with mono-clonal antibodies (PCSK9 inhibitors). The publication of this research informed NICE guidance.

Lister hospital was subsequently one of the first NHS hospitals that treated patients with this medication.

- **Kidney Disease:** Several studies conducted on quality of life and survival in patients with advanced kidney failure resulted in the development of a pathway for patients choosing Conservative Management (as opposed to Dialysis) providing a comprehensive package that includes on-going medical treatment and multi-disciplinary support by a team consists of nephrologists, specialist nurses, renal counsellors, social workers, dietitians and community and hospice services.
- **Dialysis:** Haemodialysis is a life improving treatment for people with kidney disease, but the process can be demanding. The SELFMADE Study paved the way to the development of Shared Care in our Renal Units where patients are encouraged and trained to put themselves on and take themselves off dialysis. We have also carried out studies looking at anti-depressant use and psychological interventions in renal dialysis patients. These showed that a self-affirmation intervention helped in treatment adherence in these patients. We now have a psychologist as part of the renal team.
- **Heart Research:** A study we have undertaken in patients with an abnormal heart rhythm called atrial fibrillation has demonstrated that using novel oral anticoagulants rather than warfarin allows patients to achieve therapeutic anti-coagulation more quickly and therefore reduces the delay in elective cardioversion to restore normal heart rhythm from an average of 34 to 25 days.

### Setting of the 2018/9 priorities

Much progress has been made in the second year of the strategy. Things of particular note for the setting of the 2018/9 priorities are:

- To continue to be amongst the best for patients wishing to participate in research and to contribute to research design; for staff to develop and gain funding to implement research ideas; to increase the

Trust's capacity to act as Research Sponsor; to deliver externally-sponsored research; and for maintaining financial sustainability.

- To increase the number of NIHR Portfolio studies that originate from the Trust through seeking external non-commercial research funding and or access to other funding streams which make research eligible for NIHR-adoption.
- To continue to support commercial research associated with the Life Science Industry.
- To work with the University of Hertfordshire, Brunel University London and other organisations such as UCLH to promote the development and conduct of research.
- To develop the next Research Strategy as a basis to deliver the Trust's next 5 year Strategy.

### References

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- 4) East and North Hertfordshire NHS Trust Research Publications 2017 accessed 11th May 2018 via [http://www.enherts-tr.nhs.uk/files/2018/02/East-and-North-Hertfordshire-NHS-Trust-Publications-2017\\_corrected.pdf](http://www.enherts-tr.nhs.uk/files/2018/02/East-and-North-Hertfordshire-NHS-Trust-Publications-2017_corrected.pdf)
- 5) Smith, P., McCue, J., Holme, A., Bhatti, R., Cruz, C., Developing A Research Culture Through The Conduct Of Studies That Require A High Level Of Staff Participation Across The Organisation HJM 2017 14(2) 4-9.
- 6) East and North Hertfordshire NHS Trust Research Participant Videos, accessed 11th May 2018 via <https://www.youtube.com/playlist?list=PLlu8A8k7WfPoK7WhWSfbk64XmLqRSIhtJ>.