

NIHR CLAHRC West External Advisory Group (EAG)

Report from EAG meeting on June 22-23 2016

Overall impression

We were asked to comment specifically on the quality of the research. What we have seen and read about is research of high quality, with a good breadth and clear applicability, and relevance to what is important for the benefit of patients and the public.

We also found an organisation that is developing a real sense of identity and is well organised. A major success in our opinion has been the building of collaborative teams of researchers, with clear evidence of collegiality feeding into imaginative research and innovation and capacity building, to undertake complex and impactful programmes of work. This reflects on what we judge to be very high quality leadership from Professor Donovan and her board, and the strong relationships Professor Donovan has created with NHS, community and academic leadership in the CLAHRC West region.

The original decision to root the CLAHRC bid firmly in the identified priorities of the original call, focused on public health and chronic condition interventions, has proved crucial to shaping a programme which reflects and aligns with local academic strengths and local community health priorities. The development of Bristol Health Partners as the basis for developing the CLAHRC West bid has also had obvious and important benefits in giving shape, context and structure to the CLAHRC. In particular the creation of Health Integration Teams is an important innovation in fostering the genesis of ideas and maximising the potential for take-up and implementation of innovation fostered by the CLAHRC research.

Health Integration Teams (HITs)

The HITs provide substantive examples of inter-institution and inter-disciplinary working which underpin the CLAHRC West research programme.

Inevitably the achievements of these teams at this stage of development are variable, but **our view is that the HITs represent real success, an exciting innovation, a beacon example for other CLAHRCs, and an important strength for the future.**

We hope that changes in local NHS architecture will be able to incorporate areas of alignment in purpose and priority with HITs that will help and support their continuing evolution.

- a. We suggest developing one or two key examples of the work from HITs as exemplars of CLAHRC impact.
- b. It was encouraging to note that communication and discussion between NHS and CLAHRC West leadership on this issue is already well-established.

The programme

The approach to research development adopted by CLAHRC West (open calls for proposals and for ideas) is maturing well. We were impressed with the breadth of the research ideas considered and delivered by this approach and, in particular, how the process adopted for prioritising projects for development has helped to promote engagement with different stake-holders.

- a. There is clear evidence of strong public and patient engagement in the development of individual projects, and of robust project selection based on quality of science and relevance to patients.

- b. We noted (positively) that the second round of calls for proposals and ideas has seen increasing engagement of groups from across the whole of the CLARHC, more project leadership from outside the academic centres, and successful initiation of a PPI-led project development group.
- c. The breadth achieved has significant benefits in terms of engagement, but there is a trade-off against the need for focus of the whole CLARHC West programme. We would encourage you to continue to explore this trade-off in considering how best to achieve full impact of your research programme. We considered, for example, that 'Autism in the Somali community' had potential to develop into a full programme, with leverage into broader questions such as autism care in other ethnic or hard-to-reach communities, the benefits and harms of diagnostic labels, and the development of research teams combining professionally-trained researchers and patients, public and community workers.

The presentations of work by CLARHC West project teams to the EAG during the meeting were of high scientific quality. They confirmed a strong ethos of methodologists from a range of backgrounds developing close and positive working relationships with health care professionals and with patients and the public to deliver good research. Autism in the Somali community and Post-operative urinary retention provided two examples of outstanding integration of patients and public and community activists with clinicians and professional researchers into genuinely productive research teams.

The research strategy

During the day of presentations, it became clear that substantive research programmes were already developing from the rather broad matrix of methodological themes and research teams contained in the original submission and in the Director's report to EAG on progress.

- a. The 'optimal care' programme is beginning to contribute to selection, prioritisation and development of individual projects. We liked this and would encourage further work over time on developing a 'complementary' research strategy/story around big impact programmes of work. Issues of CLARHC renewal and the need to keep pace with high-level changes in NHS are two pragmatic reasons for doing this, but we felt it would also strengthen the CLARHC in its ambition to combine local with national and international impact, and in meeting the four NIHR output targets (applied research, impact on services or health, capacity building and the wealth agenda).
- b. We noted other potential emerging examples – drug misuse; alcohol; ethnic community-based research.
- c. However we realise that developing such a strategy must be complementary to the practical strategy (which we applaud) of delivering on individual projects as per the stated aims and objectives of the original application.

Impact

In addition to the points made above, we felt that the progress made by CLARHC West on the point that 'partnerships result in better research because clinicians and patients are involved from the start, and in better health care because researchers are involved' could be used in presentations to the academic community and University leadership

- a. Examples (the Somali project, the drugs project) which could be incorporated in departmental and University statements of research impact could be very useful.

- b. Showcasing the ethnography strand would provide another example of impact with its ethos of collegiality and integration, its focus on evaluating the systems being created, and its practical achievements

Closer work with other CLAHRCs could help to heighten impact.

The example of the Pain HIT might be used to identify and target remaining barriers to service delivery and to gain momentum for a service change which has a high likelihood of benefitting patients, whilst providing a context for continuing to evaluate that outcome.

EAG members: Peter Croft, Stuart Logan, Anne Rogers.