

Agenda
item

15.0



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Research and Development Report

Dr Gregor Russell
Research and Development Director, BDCFT
Visiting Associate Professor, University of Leeds

Who are we?



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- **BDCFT Research and Knowledge Services**
- *Director-* Gregor Russell
- *Head of Research and Knowledge Services-* John Hiley
- *Library and Information Services Manager-* Federica Bianchini
- *Lead Clinical Studies Officer-* Deepa George
- *Data, Information Systems & Governance Officer-* John Vertannes
- *Research & Development & Library Administrator-* Kirsty Lee
- 4 R&D Clinical Specialty Leads
- Team of 8 clinical studies officers
- <https://www.bdct.nhs.uk/about-us/research/>

What do we do?

- BDCFT Research Strategy 2019-2024
- *“The aim of the Research and Development Department in BDCFT is to establish the Trust as a recognised centre of excellence for conducting applied health research in mental health and community health, in collaboration with academic partners.”*



Research Strategy 2019-2024

“The aim of the Research and Development Department in BDCFT is to establish the Trust as a recognised centre of excellence for conducting applied health research in mental health and community health, in collaboration with academic partners.”

Within this we have 4 main goals:

1. To further increase our capacity and reputation for high quality research
2. To develop and undertake programmes of research that will deliver real benefit to our patients and communities.
3. To be at the forefront of evidence based innovative care and services.
4. To maintain research management that facilitates research, and ensures safety of research participants



David Killmarney, Chief Executive Officer
Discusses aims for the new R&D Strategy



Gregor Roweth, Director of R&D
Introduces the new R&D Strategy

- Collaboration/Partnership key themes

Partnership: CRN



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- We have formal status as a “Partner Organisation” of the Yorkshire and Humber NIHR Clinical Research Network
- Purpose is to deliver NIHR Portfolio studies
- Funded to identify and recruit patients to these studies
- Last year recruited 979 participants to 28 studies
- From CAMHS, to dementia, to dentistry; surveys, psychological therapies, drug trials, genetics
- This year- priority is the “Urgent Public Health” portfolio ie COVID-19 research. Currently recruiting to 3 studies, supporting 2 others, 2 more in set up.

Partnership: HEIs



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- **University of York:**
- Najma Siddiqi- *Clinical Senior Lecturer*. DIAMONDS, NIHR Programme Grant to develop intervention for people with diabetes and severe mental illness
- **University of Leeds:**
- Peter Day- *Associate Professor in Paediatric Dentistry*
- Gregor Russell- *Visiting Associate Professor in Older Peoples Mental Health and Dementia*
- **University of Bradford:**
- PhD studentship with Pharmacology department
- RCF funded projects with Pharmacist and EIP team member
- GR work with Centre for Applied Dementia Studies

Partnerships: Y&H ARC and Wolfson CAHR



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- **ARC- Applied Research Collaboration**
- Mechanism to bring academic/NHS together to deliver research agenda relevant to local population needs
- <https://www.arc-yh.nihr.ac.uk/>
- 5 year programme, 4 themes- we are engaged in 3 of these (healthy childhood, comorbid mental/physical health, healthy ageing)
- **Wolfson Centre for Applied Health Research**
- New project at BIHR, shared facility for researchers from local NHS/HEIs. Lead for engagement for each institution to promote collaboration- significant progress particularly with University of Bradford.
- Also engagement with “Born in Bradford” project

Partnerships: PRC



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- **NIHR Patient Recruitment Centre**
- Bradford one of 5 across England
- Purpose to increase delivery of commercial research
- Collaboration between BTHFT, BDCFT and primary care
- NOVOVAX vaccine trial delivered through PRC
- 500 recruits in 3 weeks. BDCFT R&D and clinical staff supporting delivery
- PRC is game-changing platform to enable us to develop commercial portfolio- can enable access to cutting edge treatments and be revenue generating

Strengths



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- *Strategy Goal 1: “To further increase our capacity and reputation for high quality research”*
- Consistently exceed CRN performance targets. Shown high degree of flexibility and willingness to support cross-organisational working, and to support CRN priority initiatives e.g. improving inclusion of BAME communities in research
- Recognised by CRN- John Hiley tasked to lead the preparation of business case for substantial CRN investment in Mental Health trusts over next 5 years
- Clear support from R&D from Trust board, and interest from clinical staff; and good engagement across key partners

Improving areas



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- *Strategy Goal 2: “To develop and undertake programmes of research that will deliver real benefit to our patients and communities”*
- Requires development of local cohort of clinical academics and clinicians able to act as co-applicants with partners in local Universities
- Significant progress in this: DIAMONDS programme
- 3 bids submitted to NIHR Research for Patient Benefit call this month (2 with trust staff member lead applicant)
- 2 RCF funded projects intended to lead to RfPB grant application next year (EIP, clozapine clinic)

Challenges



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- Funding- Research funding model does not fit well with annual budget setting cycles- start each year with notional deficit, in-year funding calls (CRN, elsewhere) improve position- most years achieve break-even.
- Unfunded pay and pension increases for CRN-funded staff have put pressure on this
- Business case in progress should help increase CRN contribution
- 'Invest to Grow'- increasing clinician time to participate leads to grant applications and new funding streams, and allows greater control over setting the research agenda to meet needs of local population, rather than delivery of research generated elsewhere. Benefits already being seen- RCF has allowed us to direct funding to projects of local priority

Challenges

- Staff time- pressure on all staff from COVID-19 pandemic, squeeze on ability to take on research roles
- All CRN studies need clinician/manager to act as the local 'Principal Investigator' (PI)- without this, can't open studies, recruitment reduced, funding base destabilised
- Need support from Board to ensure Clinicians have capacity to both take on PI roles, and to engage with local academic partners to develop research ideas
- All groups important- but 2 key groups are Medics (drug studies require medical PI, vital for PRC), and psychologists (as many will have doctoral-level qualification and can 'fast track' engagement with developing research projects)

Conclusion



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- Second year of current Research Strategy
- Already very significant progress
- Enabling access for our service users to innovate treatments
- Developing staff members and ensuring clinical services keep up with innovations
- Supporting the effort to deal with coronavirus
- Enabling Trust to deliver on CQC “Well Led” requirements
- Supporting clinical staff to work with R&D team across range of roles (PI work, engagement with partners, developing research proposals) is key to future success