HSC Public Health Agency

Research and Development

'Research for Better Health & Social Care' – Implementation Workshop

Monday 16th May 2016

12 noon – 16.15 pm

Mossley Mill, Newtownabbey

engage - Instant Report

engage

This 'engagement' real-time e-participation engage event is facilitated by Professor Jonathan Wallace, Dr Michaela Black and Brian Cleland from Ulster University.

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The Engagement

What is an 'engagement'?

An 'engagement' has evolved out of the concept of a Town Meeting. A Town Meeting is a form of participation in local government practiced in the U.S. region of New England since colonial times, when an entire community was invited by government officials to gather in a public place to formulate suggestions or provide feedback on policy actions.

In its modern version, the electronic Town Meeting (eTM) and now an 'engagement', the most fundamental features are that information on the discussion topics are provided thanks to electronic means and the stakeholders can participate in debates and express themselves individually on those issues.

The main features

The method combines the live aspect of small-scale discussion with information and communication technologies: on one hand it allows rapid transmission of work-group results to a plenary assembly; while on the other it permits surveys of individual participants' opinions through a polling system.

The 'engagement' consists of four different work steps, all aimed at facilitating the participants' discussion of the themes at issue:

- Information and in-depth investigation, allowing the participants to gain confidence with the topics of discussion;

- Discussion in small groups, allowing reciprocal listening and the confrontation between different perspectives;

- Reflection, during which the results of group work are summarised and sent back to the whole assembly; and

- An optional polling step, in which participants may be asked to individually answer questions generated during discussion.

Contents of the engagement

Context - Setting the Scene – why is the workshop important?

HSC R&D Division hosted this workshop to consult on the Implementation Plan for the new HSC R&D Strategy, 'Research for Better Health & Social Care'.

In order to do this it was important that we gather the views of the many partners who are involved with us.

The purpose of the e-participation 'engage' session which took place as part of the Implementation Workshop at Mossley Mill was to facilitate engagement between all attendees and encourage discussion and debate.

The engagement discussions were divided up into three main topics:

As our partners …

Topic One: What do you think our implementation priorities should be?

Topic Two: What will help us to get furthest, fastest?

- **Part A - What works well and what could be done better?**
- **Part B - Opportunities for and threats to success?**

Topic Three: What do you see as your role in helping us deliver these priorities?

Format of the Engagement

The topics described above will form the basis for discussion on the day. The overall structure of the Implementation Workshop was as follows:

12.00pm	Registration with Lunch	
12.45pm	Welcome	Dr Janice Bailie, Assistant Director, HSC R&D Division
12.55pm	Research for Better Health & Social Care - Introduction to new HSC R&D Strategy	Professor Ian Young, Director HSC R&D & Chief Scientific Advisor, DHSSPS
1.10pm	Implementing the Strategy	Dr Janice Bailie, Assistant Director, HSC R&D Division
1.20pm	Scottish Health Research Register - SHARE	Professor Brian McKinstry, Director, SHARE, Scotland *http://www.registerforshare.org/*
1.50pm	Personal and Public Involvement	Mrs Eileen Wright, Co-Chair, Public Involvement Enhancing Research (PIER)
2.00pm	Influencing the Implementation Plan - Your Views via engage e-participation tool – Session Introduction	Professor Allan Gaw, Associate Director for Educational Quality Standards at the National Institute for Health Research Clinical Research Network (NIHR-CRN)
2.00pm to 2.10pm	Introduction to the engage e-participation tool	Professor Jonathan Wallace, Dr Michaela Black and Brian Cleland – Ulster University
2.10pm to 2.25pm	Topic One: What do you think our implementation priorities should be?	
2.25pm to 2.40pm	Topic Two Part A: What will help us to get furthest, fastest? - What works well and what could be done better?	
2.40pm to 2.55pm	Topic Two Part B: What will help us to get furthest, fastest? - Opportunities for and threats to success?	
2.55pm to 3.10pm	Topic Three: What do you see as your role in helping us deliver these priorities?	
3.10pm	Tea, Coffee & Networking	
3.30pm	Summary of Feedback	Professor Allan Gaw, Associate Director for Educational Quality Standards at NIHR-CRN Professor Jonathan Wallace Professor of Innovation, Ulster University
4.15pm	Close	

Engagement Audience Demographics

What is your professional background?

Academic Manager/Administrator		6%
Academic		25%
PIER Member		6%
Learning & Development Manager/Co-ordinator		5%
Research Lead/Co-ordinator		27%
Director/Chief Executive		9%
Business Manager		2%
Clinician		5%
Other		16%

Discussion Outcomes

Topic One: What do you think our implementation priorities should be?

- Efficiencies in the existing structure
- Ascertain who is interested in being involved in research
- Renewal of NETSCC funding
- Embedding research culture in Trusts
- Infrastructural review seen as key priority
- Building effective network
- Raise awareness of HSC strategy and implementation plan
- Capacity building - training and building confidence
- Close infrastructure gaps
- Protected time
- Genuine interest in research
- Showcase examples of what works - i.e. research can help
- Capacity building - training and building confidence
- How do we get PPI to speak up?
- Industry liaison post to sell NI globally
- Trust metrics on research required to provide value
- HSC staff support - dedicated time needed and incentivise
- Embedding research culture in Trusts
- Links between HSC staff and universities
- Convince Department of Health of innovation in service delivery and research
- Positive about industry meeting providing links between academia and HSC
- Increase to R&D fund to correct per capita amount
- Research culture in the HSC as a system
- Clinical academic careers

- Who decides priorities
- Buy in at Chief Exec level including R&D input at board level
- Capacity - trained HSC workforce capable, willing and able to engage in research. Requires protected time in job plans for all types of staff.
- Try to embed evidence practice time and capacity issues
- A layered approach for practitioners
- Allow innovation even if it is not NI specific
- Try to embed evidence practice time and capacity issues
- Improving the understanding of the value of research to HSC community
- Student research to be encouraged - governance to be fit for purpose
- Building capacity is still key and tied in with delivering
- Reduction in paperwork required for R&D
- Relatively small community - build on this - easy to communicate
- One harmonised R&D process
- Streamlined and accelerated research approval processes.
- Demystifying research to the public - good stories instead of bad
- Streamlined and accelerated research approval processes.
- Don't always make connections to measure impact of research
- Creation of a Biomedical Research Facility
- Awareness from top to bottom and vice versa
- Student projects generate essential pilot data
- Capacity - develop intercalated degree programmes /more higher level apprenticeships - academia/business/clinical integration
- Stimulate research awareness
- Introduction of projects with not only academic leads but also with knowledge exchange leads in each project
- Research networks are important to link HSC priorities with researchers
- Stronger links between universities and trusts
- Work stream around promotion of research – e.g. SHARE sends leaflets in every hospital letter
- Health economics should be built in to research
- Sharing of good practice is essential
- Demystifying research to the public - good stories instead of bad
- Needs to be a policy decision by Department of Health
- Governance fast tracking processes
- Maximise and publicise return on investment
- Raising profile of research within Trusts
- Good statistical support regionally
- Determination of the R&D prioritisation - who should do this? patients/carers?
- Research has to demonstrate tangible benefit to patients
- Governance fast tracking processes
- Focus on research which brings patient and client benefits
- Are we now behind the rest of the UK in data linkage?

Topic Two: What do you think our implementation priorities should be? - Part A - What works well and what could be done better?

Works Well

- Size of NI
- High level of world class capability here capitalizing on that pool
- Personal relationships and communication: we're small
- We build on what's there
- Lots of Pharma studies
- Access to NIHR funding
- Networks working well identifying studies more quickly
- NICRF: has allowed research to happen that otherwise would not
- Have a willing population - keen to participate in research
- Small region - relatively compact -therefore easy to communicate
- Networks working well identifying studies more quickly
- Career pathways keep doing it
- Positive environment to promote here
- Shared investment e.g. Cochrane Fellowships leading to renowned research - good model
- Clinical Research network have worked well and built momentum but are ready for review
- Infrastructure (Biobank, etc.), co-funding, enabling research awards
- Dissemination on findings of research - knowledge exchange for clinicians

Could Do Better

- Sharing across Trusts
- More dissemination to public and more celebration of positive outcomes.
- People!
- More backfill to reimburse employer to all people to step out of normal business
- Learn from medical colleagues to improve R&D culture
- Not good at dissemination and publication
- If funded must publish
- More costs built into protocols to allow service delivery element
- Time for network PIs and other potential researchers in HSC
- Need more upstream research e.g. policy research, early intervention research, parenting research
- Communication of potential impact of R&D better to policy makers etc. re costs savings
- Time for network PIs and other potential researchers in HSC
- Communication of potential impact of R&D better to policy makers etc. re costs savings
- Budget limits - health and social care REALLY working together
- Better knowledge exchange to get the change we can bring to bear from R&D
- Not good at making most of our population e.g. data sets are we promoting these enough
- Better at sound bites to sell R&D to constituents
- Equity of opportunity to participate in research in Trusts outside Belfast
- Common income management process across Trusts
- Not good at marketing NI as a research centre
- Discretionary funds could be increased to encourage smaller pieces of research or to release staff to undertake research
- Trusts need to build their capacity and need to encourage clinicians. Links to universities.
- Biobank is a functional model that could be expanded
- Research networks need to utilised to full strength
- Links between academics and clinicians need to be built. How do we encourage clinicians?
- We haven't measures outcomes of integrated HSC - not sold our story for example what has happened in Manchester
- Giving staff time to learn about research that impacts their work
- Earlier engagement with R&D Offices
- Measuring economic benefit of research in terms of overall health of population
- Honest Broker Service has no funding and is on a shoestring /still data sets all over the place/difficult to use/rules of engagement difficult.

Topic Two: What do you think our implementation priorities should be? - Part B - Opportunities for and threats to success?

Opportunities

- Population size and stability
- Better data linkage and use of records but also threat since not easy to access these !
- All-Ireland element
- Integrated health and social care system, and potential to link to other datasets
- Public willingness to engage with research
- Willing patient population willing to engage
- Integrated HSC which not everyone has
- Having a focus and determination to deliver
- Scientific advisors in Govt. need to engage to get research into policy such as Programme for Govt.
- Great opportunity - with data sharing and technology. Honest Broker Service (HBS)
- Potential opportunity - development of Biobanks and sample banks
- Work with Pharma
- Should be well placed for diagnostic research in NI
- Investment in indigenous population
- Scotland has ability to perform rapid assessments for companies doing trials
- In NI we SHOULD be able to do this and should be attractive EU partners for funding applications
- Need governmental champion to support R&D. Research needs to be seen as an economic driver.
- Use our relationships with other NI Departments to leverage funding

Threats

- Population too small for some big data approaches
- Not enough funding
- Potential for saturation due to lack of succession planning for HSC R&D trained
- Small sample size in NI so may be a saturation of potential participants
- We move at a glacial pace
- Strategy was slow
- Timing issues could be offset by short pieces of research (creative use of discretionary fund)
- Closed door approach to data access
- Missing opportunities that others doing faster e.g. ECR / Scotland moving much faster
- Too many people in charge and no decisions
- Research governance processes
- Lack of movement of clinicians and researchers
- Suspicious of industry
- Lack of investment in third level education
- Communication and information sharing - we are often not aware of opportunities early enough
- We don't self promote enough
- Hard to stop doing something we have been doing the same for a very long time
- Demands on staff time
- Current low funding levels
- What if UK leaves the EC - lights would go out - global opportunities to mainland Europe - delays to bureaucracy - we would be too niche

Topic 2 Part A: Ranked

Table1

Top three Good:
- Infrastructure (Biobank etc.);
- Co-funding;
- Enabling research awards

Top Three Bad:
- Research approvals;
- Access to health and social care data;
- Support for inter-disciplinary research

Table2

Top three things that work well
- Good relationships between Trusts and Universities
- Networks
- PPI in cancer

Top three things that could be done better
- PPI elsewhere than cancer
- Protected time for CIs/PIs
- Communication across the organisations

Table3

No Ranking Received

Table4

Top 3:
- NIHR funding;
- Better sound bites for the added value R&D brings;
- R&D embedded into workforce planning

Table5

No Ranking Received

Table6

Top 3 Doing Well:
- Integrated HSC research;
- Good recruitment;
- NI punching above weight in terms of leaders

Top 3 Could Do Better:
- Measuring our outcomes and selling our story;
- Some conditions with higher incidence like MS not making companies aware that we have these populations;
- Need to make proactive connections in terms of global opportunities

Table7

Top 3 Doing Well:
- Build capacity
- Clinical research infrastructure
- Co-funding

Top 3 Could do better:
- Retaining talent - work with academia and business to attract and retain talent
- We support capacity-building well through Fellowships but should review the model
- Streamline and fast-track governance

Table8

Top 3 Doing Well:
- Willing population;
- Existing links between trusts and Universities;
- Research network/community and overall goodwill

Top 3 Could Do Better:
- Governance time;
- Who is genuinely interested;
- Engaging politicians/ other stakeholders

Table9

Top Doing Well:
- Small community
- Connected Community
- NI Networks

Top Could Do Better
- Improve on building capacity with what already exists.
- Rewarding research in the HSC - no career-path

Topic 2 Part B: Ranked

Table1

Top 3 Opportunities:
- Population size and stability;
- Size and public willingness to engage with research should allow NI to be nimble;
- Integrated HSC system

Top 3 Threats:
- Lack of government investment;
- Lack of time of HSC staff to engage with research;
- Population too small for some types of research.

Table2

No Ranking Received

Table3

No Ranking Received

Table4

Top 3 Opportunities:
- More sharing & collaboration;
- Biomedical research facility;
- An integrated HSC model for R&D

Top 3 Threats:
- Not enough funding;
- Lack of succession planning;
- Research governance processes

Table5

Top 3 Threats
- Staff time and demands
- Collaboration or lack of
- Lack of access to data

Top 3 Opportunities
- People willing to participate
- Research and communication strategies
- Discretionary funding

Table6

No Ranking Received

Table7

Top Opportunities
- Dedicated resource to disseminate and co-ordinate research opportunities
- Sandpit events to facilitate formation of research teams in response to funding opportunities

Top Threats
- Collaboration is talked about but we are constantly competing (all organisations)

Table8

Top 3 opportunities:
- Existing networks;
- External investment;
- Small community

Top 3 Threats:
- Research is a low priority;
- Silo mentality;
- Funding (lack of) communication (lack of)

Table9

- Top Opportunity - Skilled workforce to support bioinformatics - an area that should be developed.
- Top Threat -Taking to long to approve the use of e-data - Too conservative!

Topic Three: What do you see as your role in helping us deliver these priorities?

- Telling our story from NI
- Research priorities group in professional groups
- To be a research champion in own discipline & organisation
- Outward communication and public engagement
- Being collaborative in our approach
- Networking and engaging with peers
- Research offices specific comment: Support and facilitate researchers as they navigate the research approvals system
- PVC specific comment: Universities are going to work in partnership with R&D office to implement the strategy
- Be aware of implementation plans and strategies
- Making research a priority for the HSC.
- Accelerating adoption of innovation
- What has been successful elsewhere so we don't reinvent the wheel?
- Career pathway a need - clinical academic career needs to be more attractive
- Avoid silo working
- Research needs higher status in Trusts - staff are willing but mechanism not there
- Support to make the case for more investment in R&D in Northern Ireland
- Priorities should be fed in to Executive Directors and then Universities
- Work with trusts and voluntary sector to develop early career researchers and PPI involvement
- We need to share and learn from those who have been successful
- Multidisciplinary research which will further develop priorities and support different levels of research interest
- Work with trusts and voluntary sector to develop early career researchers and PPI involvement
- We need a better way of measuring success - changing practice etc.
- Creating local infrastructure to help with embedding research in Trusts e.g. Medicine Optimisation Innovation Centre (MOIC)

- Increase awareness of opportunities and deadlines
- PPI voice to influence politicians in a co-ordinated way
- Aspects of an ageing population which are of interests to the R&D office - develop early career researchers, share insights and learning from an All-Ireland perspective: CARDI
- Embed this strategy into other strategies, as this is integral to quality improvement, training etc.
- HSCB specific comment: continue to work with R&D to ensure all is aligned with the social care HSCB is aligned with us
- Research needs to be part of a job plan etc.
- Share key messages on research to promote research agenda
- Universities can help with leveraging of funding and hopefully produce more clinical research leaders of the future
- Developing a communication plan
- Speak positively to friends, family and others about the importance of research and encourage relevant participation
- Staff encouraged to talk about and disseminate research evidence - research needs to be seen to be core to HSC jobs
- Fastest delivery of ethical review in UK
- Invest in data quality
- Manage researcher expectations
- Voluntary Sector specific comment: keep in touch with RDO to develop better relationships and key areas for funding - more continuous relationship
- Undertake review of HBS and how we can make it work better
- We need to create an enabling environment to facilitate uptake of research findings - this could differ depending on the discipline
- Communication campaign would be useful - Use of infographics to help with understanding
- Address lack of resource in R&D Offices
- Share key messages on research to promote research agenda
- Championing appropriate pathway for research career
- In research governance approve all our studies in 30 days keep this system going
- Trust office specific comment: development of infrastructure to support researchers and management of processes in line with the regulation processes
- PPI specific comment: continue to develop the sense that all research is for the benefit for patients and service users when choosing topics and in the implementation of the research
- Opportunities for research infrastructure e.g. governance to be more than permission but get involved in the wider research agenda
- Highlight the results of research to implement change - lobbying for research and innovation to be adopted.
- Help HSC employees that businesses can be funded by Invest NI as partners with HSC
- Trust: to continue to embed a culture of R&D amongst AHPs, implementing the strategy which is active for the trust (SHSCT) and pushing the boundaries to influence this
- Need research to be KPIs within trust
- Highlight the results of research to implement change - lobbying for research and innovation to be adopted.
- Seek opportunities to promote linkages, which will facilitate research for the NI community.

engage