



This is a repository copy of *Joint working to develop R&D capacity in three rural Primary Care Trusts*.

White Rose Research Online URL for this paper:
<http://eprints.whiterose.ac.uk/132268/>

Version: Accepted Version

Article:

Robertson, S. orcid.org/0000-0002-5683-363X, Hornby, C. and Jones, R. (2005) Joint working to develop R&D capacity in three rural Primary Care Trusts. *Primary Health Care Research and Development*, 6 (1). pp. 1-4. ISSN 1463-4236

<https://doi.org/10.1191/1463423605pc235xx>

This article has been published in a revised form in *Primary Health Care Research & Development* [<https://doi.org/10.1191/1463423605pc235xx>]. This version is free to view and download for private research and study only. Not for re-distribution, re-sale or use in derivative works. © Cambridge University Press.

Reuse

This article is distributed under the terms of the Creative Commons Attribution-NonCommercial-NoDerivs (CC BY-NC-ND) licence. This licence only allows you to download this work and share it with others as long as you credit the authors, but you can't change the article in any way or use it commercially. More information and the full terms of the licence here: <https://creativecommons.org/licenses/>

Takedown

If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing eprints@whiterose.ac.uk including the URL of the record and the reason for the withdrawal request.



eprints@whiterose.ac.uk
<https://eprints.whiterose.ac.uk/>

Joint working to develop R&D capacity in three rural Primary Care Trusts

**Steve Robertson PhD, RGN, RHV
R&D facilitator (Primary Care) Health R&D Northwest
Institute for Health Research
Lancaster University
Lancaster LA1 4YT
Tel: 01524 593376
Email: s.robertson@lancaster.ac.uk**

**Claire Hornby BSc, CBiol, MIBiol
R&D Co-ordinator for Cumbria Primary Care Research Network**

**Rod Jones MB, ChB, MSc, FRCGP
Chair for Cumbria Primary Care Research Network**

Joint working to develop R&D capacity in three rural Primary Care Trusts

Introduction:

Historically, there has been a low research base and culture within many primary care organisations (NHS Executive 1997). This stands in contrast to a recognition that good quality research, and its application, in primary care is much needed (De Maeseneer et al 2003) and often neglected as a responsibility of PCTs (DoH 2004). The starting point in solving this apparent contradiction must therefore lie in developing quality research capacity so that, as a minimum, NHS staff understand the research process and principles to enable the implementation of evidence based practice. This paper considers how collaboration between a small primary care research network, (Cumbria Primary Care Research Network, CumbReN) and a Research and Development Support Unit (Health R&D North West, HRDNoW) has begun this process of research capacity development across three rural Primary Care Trusts (PCTs).

Historical development

As separate organisations both CumbReN and HRDNoW have been in existence for a number of years. CumbReN was first formed in 1988. Its aim has always been to provide an efficient and effective support network for all interested healthcare researchers in what are now the three North Cumbria PCT's; Carlisle & District PCT, Eden Valley PCT and West Cumbria PCT (figure 1). HRDNoW, established in 1998, is a collaboration of three universities; Lancaster University (which hosts the core unit), the University of Liverpool, and the University of Salford (figure 2). It was established to provide research support to the NHS in what was the North West Regional Health Authority. At this time, research support for North Cumbria was the responsibility of the Northern & Yorkshire Regional Health Authority. With the disestablishment of the regions in 2001, HRDNoW's remit was extended and, for the first time, incorporated the North Cumbria PCTs. These changes provided the opportunity for CumbReN and HRDNoW to work collaboratively in developing research capacity within North Cumbria.

The emerging relationship

North Cumbria has a characteristically rural nature - a large geographical area (figure 1) with low population density and attendant health issues (Cox 1997). This creates both barriers and opportunities when considering R&D capacity & capability. The importance of collaborations between practitioners and academic institutions in developing an NHS research culture has been highlighted by Pitkethly & Sullivan (2003) and by Thomas et al (2001). Yet, obtaining research support from academic institutions can be financially costly. Add to this the fact that no university has its main base in Cumbria (although three universities do have campus sites there) and issues of accessing such support and developing such necessary collaborations are compounded within this rural setting. Previous work undertaken by CumbReN had highlighted the need for high quality research education and training and, importantly, that this needed to be delivered locally. However, CumbReN only receives infrastructure support and does not have any dedicated funding to deliver such training. Early discussions between CumbReN and HRDNoW therefore focused on how and what research training could be developed and delivered locally to health professional staff given that such provision falls within the brief of HRDNoW. A rolling programme of bespoke workshops has developed since 2002 (figure 3) being convened by HRDNoW who act as a conduit, drawing in academic staff from appropriate disciplines to deliver these sessions. The programme now develops responsively in line with workforce identified R&D training needs.

Moving forward

Whilst the development of the workshop programme has been significant in itself, it has also cemented the collaboration between CumbReN and HRDNoW and has thereby led to a range of other positive outcomes. First, it has raised the profile of CumbReN as the first line provider of research support for primary health care professionals. Second, potential researchers now have more ready and free access to what has become a known provider of R&D expertise across a wide range of research topics, including statistical support from medical statisticians. Third, if this expertise is not directly available within HRDNoW, they will broker relationships with appropriate academics/departments on behalf of NHS staff.

Department of Health information on implementing Research Management and Governance (RM&G) in Primary care (DoH 2002), states that existing expertise and resources, including research networks, should be utilised to develop research governance arrangements. Also, the same DoH information suggests that RDSUs can have a significant role in RM&G support. In North Cumbria, CumbReN provides RM&G support to the PCTs but, through its close relationship with HRDNoW, it does not need to do so in isolation. HRDNoW facilitates peer support meetings for R&D

managers across the Lancashire & Cumbria Strategic Health Authority who are involved in implementing RM&G within their organisations. These meetings have enabled the support that CumbReN provides to the PCTs to be informed by best practice from other often larger and more research experienced organisations. There is also currently an emerging desire within Lancashire and Cumbria to develop shared RM&G documentation and arrangements, for example with cross organisational audit and monitoring of research. It is hoped that this will streamline what is often perceived as a complex and bureaucratic research process and thereby encourage more research within the two neighbouring counties.

In addition, the close relationship, established initially through the workshop programme, has also led to the involvement of HRDNoW at a strategic level within both CumbReN and the PCTs. A member of HRDNoW sits on the CumbReN education sub-committee and advises not only on future workshop developments but also provides practical input into the Annual North Cumbria Health Care R&D Conference organised by CumbReN. This input includes suggesting and approaching appropriate keynote speakers, reviewing abstract submissions, and chairing sessions on the day. A recent development within the PCTs is that they now have a shared corporate management team, including having a single chief executive. Under this new structure, an R&D committee has been established that sits across the three

PCTs. HRDNoW have been invited to sit on this committee, and their expertise can therefore be utilised to provide organisational development advice to help guide the strategic direction of R&D within North Cumbria.

Conclusion

Since beginning collaborative working in 2002, a synergy has developed between CumbReN and HRDNoW that has helped build research capacity at an individual and organisational level within the North Cumbria PCTs. The following are specific outcomes of this process:

- 1) An increase in the provision of high quality research workshops tailored to workforce requirements.
- 2) A raised profile for both CumbReN and HRDNoW as providers of research support.
- 3) Easier access to appropriate academic expertise.
- 4) Assistance for the PCTs to receive greater support with implementing RM&G arrangements, including the streamlining and standardisation of these processes.

- 5) The opportunity for the PCTs to utilise organisational development expertise to help guide R&D strategic direction across North Cumbria when needed.

Whilst much has been achieved, there is further work to be done and the changing nature of the NHS will undoubtedly bring new challenges. However, a relationship has been established between a small research network and an RDSU that will strengthen the ability of the organisations jointly served in North Cumbria to meet such challenges.

References

Cox J. (1997) Rural general practice: a personal view of current key issues. *Health Bulletin* 55(5): 309-315

De Maeseneer J.M. van Driel M.L. Green L.A. van Weel C. (2003) The need for research in primary care. *The Lancet* 362: 1314-1319

Department of Health (2002) Development of research management and governance in primary and community care: information for Primary Care Trusts. DoH, London

Department of Health (2004) Joint ministerial review of the role of primary care trusts in relation to learning and research in the new NHS. DoH, London

NHS Executive (1997) R&D in primary care. National Working Group Report.

Professor David Mant

Pitkethly M. Sullivan F. (2003) Four years of TayRen, a primary care research and development network. *Primary Health Care* 4(4): 279-283

Thomas P. Griffiths F. Kai J. O'Dwyer A. (2001) Networks for research in primary care. *British Medical Journal* 322: 588-90

Figure 1 – PCTs in Cumbria & Lancashire Strategic Health Authority

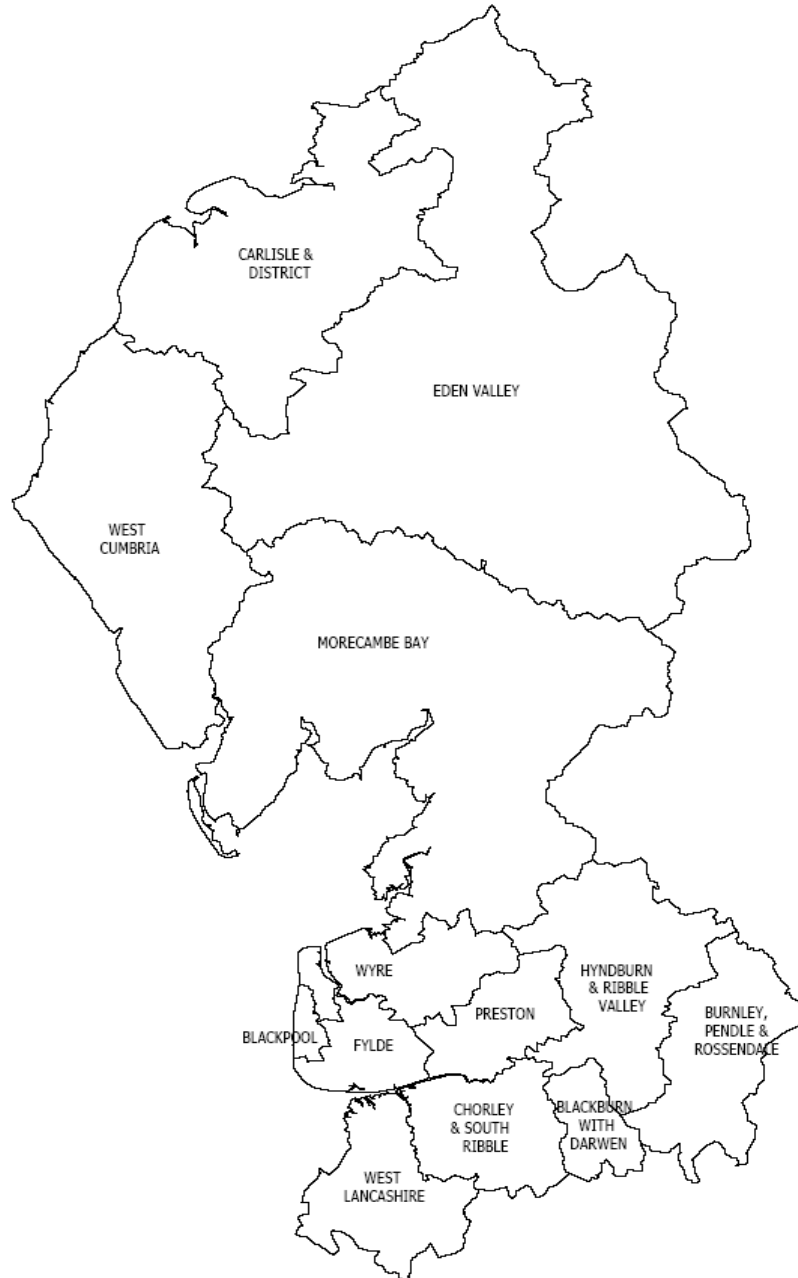


Figure 2 - Structure of HRDNoW

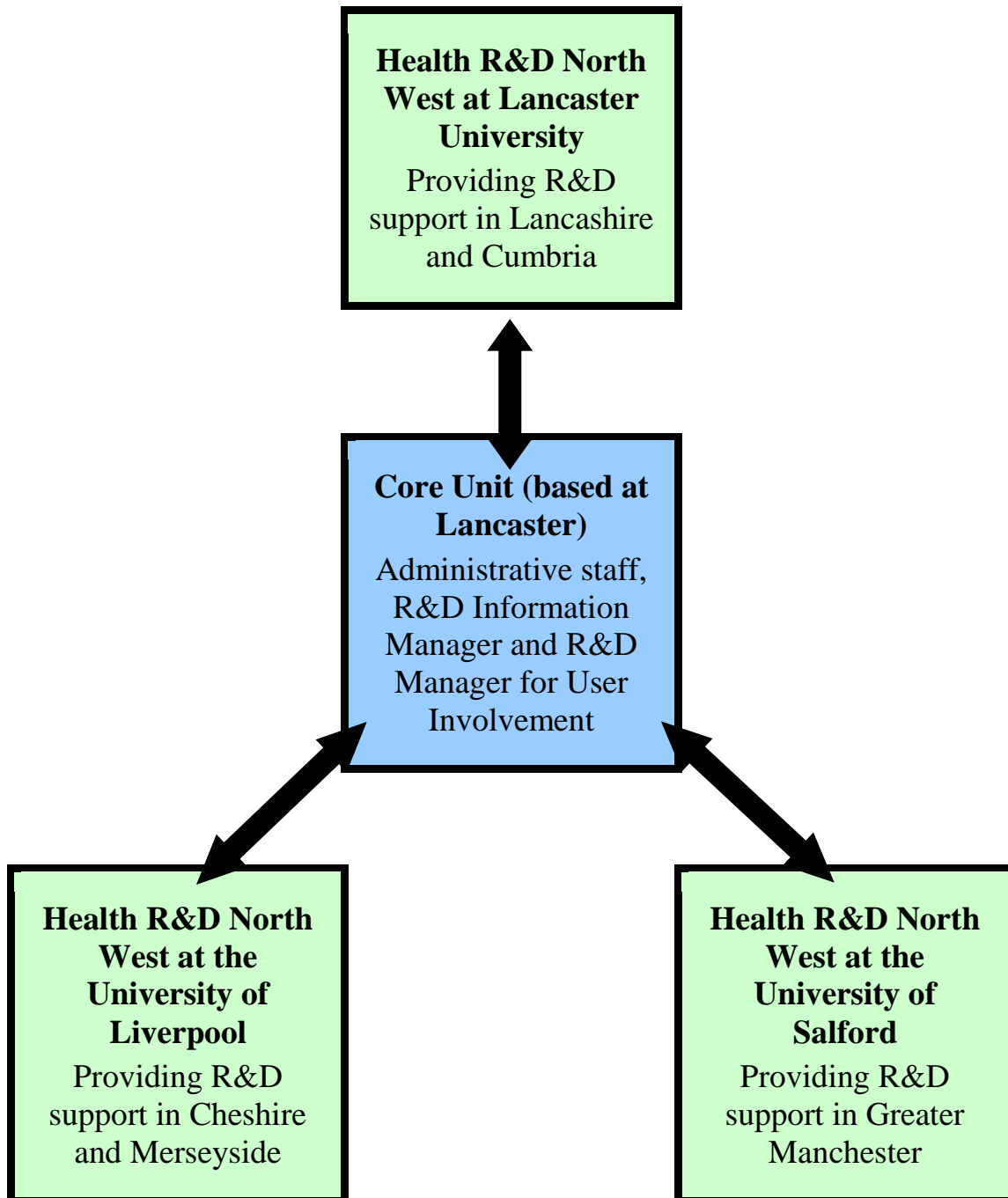


Figure 3 - Bespoke workshop programmes

2002

- Ethics and ethical approval
- Research governance

2003

- Ethics and ethical approval
- Introduction to surveys
- Accessing and critically reviewing research evidence

2004 (delivered and planned)

- Involving service users in research and development
- Introduction to qualitative research
- Action research
- Understanding and undertaking focus groups and interviews
- Developing a research proposal
- Accessing and critically reviewing research evidence