

STHFT Research



David Throssell

Outline

- Role of clinicians in research
- Current state of STHFT clinical research
- External Reviews
- Local Research Environment
- Current Research Metrics and how to improve these
- Proposed new research structures

Role of Medical Staff in research

- Trainees
- NHS Consultants
- Clinical Academics

Role of non-Medical Staff in research

- Less-structured within career path
- Relies on individual effort to engage with agenda
- Very successful examples at STHFT

Academic Directorates

- 8 Directorates designated 2011-12
- Academic Lead sits on DMT
- Regular meetings with Director of R & D
- Prioritised for charitable research PAs
- Research co-ordinators central to success
- Consideration being given to more designations

Academic Directorates

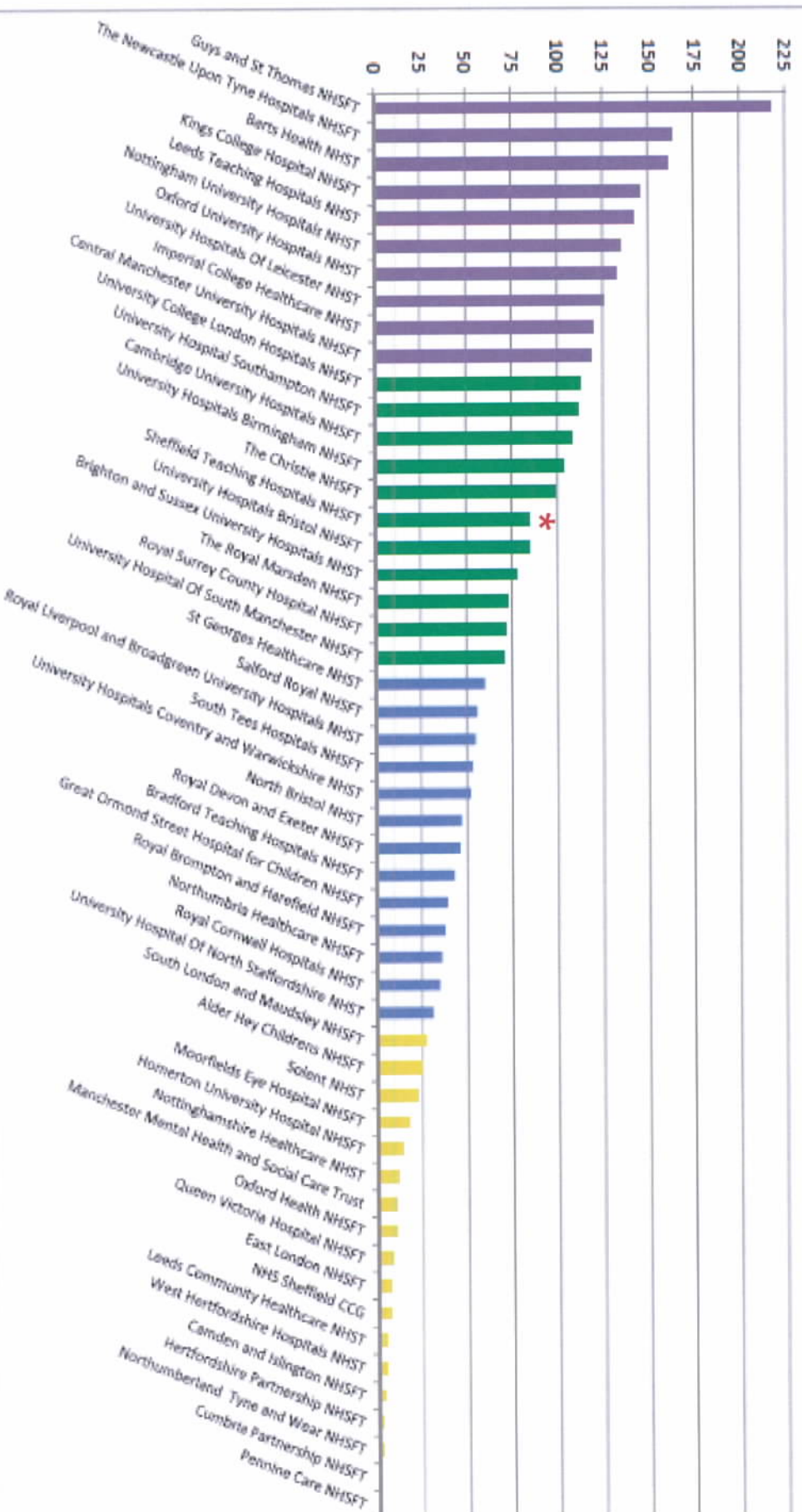
- Cardiac services
- Diabetes and Endocrinology
- Oral and dental
- Specialised Medicine
- Specialised Cancer
- Neurosciences
- Respiratory medicine
- Communicable diseases

Current and recent research environment

- Success of applications for Biomedical Research Units in cardiovascular science and metabolic bone, CR-UK Sheffield Cancer research centre followed by failure to renew all 3
- S Yorks CLAHRC now superseded by Yorks and Humber CLAHRC led by Sue Mawson at STHFT
- Success of Clinical Research Facility bid for experimental medicine funding (£3.1m), (renewal in 2 y)
- Growth of INSIGNEO
- NIHR research programmes, D4D, Diabetes, Breast cancer

Number of reported trials per provider

Number of Trials Reported Per Provider



Recent success

- Jan 2014 the Trust ranks *9th out of 390* NHS Trusts in number of trials being offered to patients to take part in clinical research
- 12 per cent increase in the number of studies compared to previous year, from 259 to 290
- 7,000 patients participated in research last year

Current challenges - research metrics

- 30 days R&D Set up time
 - STHFT 97% of trials
- 70 Day Benchmark (Valid application to recruitment of first patient)
 - STHFT 41.8% trials in Q2 (cw 20.5% in Q1)
 - Nationally 34.5% trials
 - Ranked 4/11 in League 2 and 20/52 across all Trusts
- Recruitment to time and target (RTT)
 - STHFT 45.1% closed trials (cw 40.3% in Q1)
 - Nationally 41.7% trials
 - Ranked 5/13 in League 1 and 19/52 across all Trusts

How do we improve our performance metrics on trials?

- Improved **feasibility** and **scrutiny** of recruitment targets
- Shared ownership of targets and improved **monitoring** that involves investigators and research coordinators
- **Remove barriers** to study start-up (eg costing)
- Research teams to **line up the first patient** for every study
- **Overachieve on smaller target numbers** rather than fail against a higher target.
- **Identify studies** where adding one or two recruits will reach target
- For struggling studies
 - Target early
 - Explore with sponsors modifying the protocol
 - Consider discontinuing

Host Y&H Clinical Research Network

- Strategic priority for NIHR
 - £284 million per year – £1.4 billion over 5 years
- Host responsibilities
 - Oversight of the Network at Trust Board level
 - Performance management and reporting on the £28.6million pa allocated to the Yorkshire & Humber LCRN
 - Performance Management and delivery of NIHR Network High Level Objectives
 - Opportunity for STHFT to lead improvements in delivery of CRN metrics

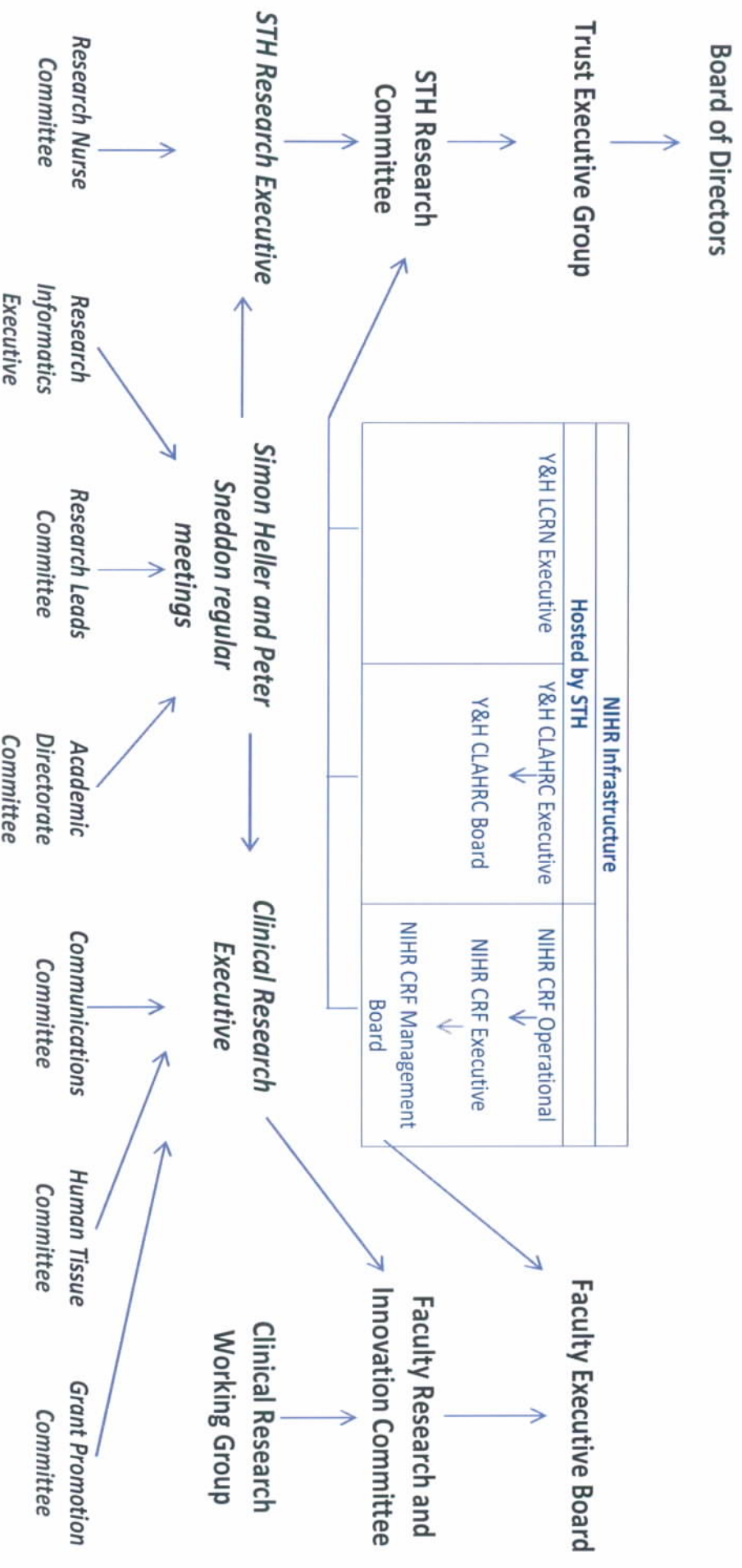
External Review May 2013

David Newby, Director of R & D, Edinburgh

Recommendations:

- Establish small joint working group between Trust and University to develop strategy
- Prioritise disease areas (neuroscience, respiratory, diabetes/endo are current areas of strength)
- Target NIHR/HTA funding allied to strengths
- Develop clinical academics (including key external appts)
- Incentivise and facilitate clinical research (including clinical time, transparent costings, improved infrastructure with greater integration and co-location of key support)
- Improve co-ordination between Trust and University

Sheffield Clinical Research Structure



Key: Italicised committees are administered by and are the responsibility of the Clinical Research Office