Research, Evidence & Innovation Self Assessment Framework for Clinical Commissioning Groups and NHS Commissioning Board Local Area Teams

Draft v2.0 – Produced by Dr Peter Brindle, Director South West DeNDRoN, March 2013

Background and Purpose

One of the consequences of the Health and Social Care Act 2012 is an increased emphasis on research and the use of evidence. In view of strong national drivers, the Act places a statutory duty on the Secretary of State, the NHS Commissioning Board and Clinical Commissioning Groups to promote, in the exercise of its functions:
a) research on matters relevant to the health service, and
b) the use in the health service of evidence obtained from research.
This is re-iterated in the Government's mandate to the NHS Commissioning Board, the NHS Operating Framework, NHS Outcomes Framework and the NHS Constitution.

While Domain 4.2.2 of CCG authorisation requires the self certification of "a commitment to promoting research, and the use of research evidence, it is recognised that commissioners face a challenge in understanding exactly how best to meet the requirements of authorisation and develop beyond.

This draft self-assessment framework builds on the supporting information found at http://www.commissioningboard.nhs.uk/files/2012/09/self-cert-info.pdf, to provide some practical detail on how commissioners might exercise their duty to promote research and the use of research evidence. In particular, it offers suggestions of how commissioners can enhance their decision-making through collaboration with the health research community and use their contracting power to develop the evidence base through improved participation of their patients in research studies.

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Key Objectives and Progress Criteria – 2013-14

OBJECTIVES	**PREPARATORY LEVEL**	**INTERMEDIATE LEVEL** **All in preparatory level plus**	**ADVANCED LEVEL** **All in preparatory and intermediate levels plus**
1. The CCG and NHSCB promotes health research and innovation in the exercise of its functions			
1.aRepresentation *(CCG and NHS CB)*	The organisation has an individual at board level with responsibility for all issues relating to Domain 4.2.2 - "a commitment to promoting research, and the use of research evidence." This includes the payment of excess treatment costs.	The organisation demonstrates proactive engagement with the National Institute for Health Research (including the Clinical Research Networks), Academic Health Science Networks and other initiatives such as the Collaborations for Applied Health Research and Care.	Research, Innovation and the Use of Evidence is a standing item on the organisation board meetings. The organisation provides financial assistance or the services of staff to promote research related activity.
1.b Contracts with providers *(CCG and NHS CB)* *The key way for commissioners to promote research is for Invitations To Tender, Service Specifications and Contracts to require their providers to have systems and processes in place to promote patients' recruitment to and participation in high quality research.*	The organisation includes participation in NHS research in Provider contracts in up to 49% of new service contracts.	The organisation includes participation in NHS research in Provider contracts in 50-80% of new service contracts.	The organisation includes participation in NHS research in Provider contracts in more than 80% of new service contracts.

OBJECTIVES	PREPARATORY LEVEL	INTERMEDIATE LEVEL All in preparatory level plus	ADVANCED LEVEL All in preparatory and intermediate levels plus
1.c Workforce*(CCG and NHS CB)*	ii) At induction, inform new employees how they can contribute to the organisation's commitment to a culture of innovation and improvement and developing the evidence base through research and evaluation. ii) Ensure employees have access to appropriate training regarding accessing, interpreting and using evidence.		
1.d Links with Higher Education Institutions *(CCG and NHS CB)*	The organisation has one or two informal and occasional links with HEIs	The organisation has several links with HEIs and occasionally involves members of the research community in service redesign and decision making.	The organisation has many well established links with HEIs and routinely receives support for service redesign and provides a source of NHS relevant research ideas.
1.e Excess Treatment costs *(CCG and NHS CB)* *Commissioners must meet the NHS treatment costs for patients who are taking part in National Institute for Health Research approved research.*	The organisation has a process in place for receiving valid excess treatment cost claims.	The organisation has a recurring budget for ensuring excess treatment costs can be managed without causing delays in study initiation. .	
1.f Recruitment of patients into National Institute of Health Research portfolio research projects *(NHS CB)*	The total numbers of patients recruited by member providers (e.g. GP practices) into research projects has increased between 0-5% from the previous year (April to March).	The total numbers of patients recruited by member providers (e.g. GP practices) into research projects has increased between 6-14% from the previous year (April to March).	The total numbers of patients recruited by member providers (e.g. GP practices) into research projects has increased by 15% or more from the previous year (April to March).

OBJECTIVES	PREPARATORY LEVEL	INTERMEDIATE LEVEL All in preparatory level plus	ADVANCED LEVEL All in preparatory and intermediate levels plus
1.g Recruitment of practices into RCGP Research Ready Self-Accreditation *(NHS CB)*	Up 10%of member GP practices have completed accreditation as RCGP research ready	Between 10 and 30% of member GP practices have completed accreditation as RCGP research ready	More than 30% of member GP practices have completed accreditation as RCGP research ready
1.h Hosting of Research Support Service or NIHR infrastructure			The organisation hosts a Research Support Service or NIHR infrastructure such as research network staff on behalf of itself and neighbouring organisations.
1.i Research governance approval	Study approval is a responsibility of providers and not of commissioners. However, Organisations or NHSCB LATs may wish to support GP practices and other primary care providers through co-ordinating a collective approach to study approval and sign posting to a Research Support Service		
2. The CCG or NHSCB promotes the use of evidence informed commissioning and evaluates its services			
2.a Evidence informed commissioning*(NHSCB and CCG)*	The organisation recognizes the need to use best evidence from research and evaluation to inform commissioning decisions	The organisation has processes for accessing, interpreting and applying research evidence appraisals to inform some aspects of service redesign and commissioning policy The organisation has described its system for	Organisation has processes and structures for *routinely* accessing relevant evidence including research evidence appraisals, service evaluation and grey literature to inform *most* aspects of service redesign and commissioning policy.

OBJECTIVES	PREPARATORY LEVEL	INTERMEDIATE LEVEL All in preparatory level plus	ADVANCED LEVEL All in preparatory and intermediate levels plus
		developing defensible policies. The organisation provides evidence of using the Commissioning Intelligence Self- Assessment Tool or other appropriate and validated tools to support their commissioning decisions	The organisation can demonstrate all policies are defensible in terms of being able to provide an account of the underlying rationale and supporting evidence.
2.b Evaluation of Services (NHSCB and CCG) *The key way for commissioners to ensure appropriate evaluation of their services is for Invitations To Tender, Service Specifications and Contracts to require their providers perform a mutually agreed evaluation of the service within the value of the contract.*	The organisation is able to access appropriate advice regarding the evaluation of its services it commissions.	The organisation has processes in place for ensuring evaluation of the majority of the services it commissions.	The organisation has processes in place for ensuring that appropriate service evaluation is a routine part of the commissioning cycle for every significant commissioning decision. The organisation has explicit structures and processes for continuing quality improvement of services

Research and Evaluation – The role of the Invitation to Tender, Service Specification and Contract

Background

Following the Health and Social Care Act 2012 the commissioning and service delivery landscape are undergoing extensive restructuring. One of the consequences of the Act is an increased emphasis on research and the use of evidence. In view of strong national drivers, the Act places a statutory duty on the NHS Commissioning Board and Clinical Commissioning Groups to promote a) research on matters relevant to the health service, and b) the use in the health service of evidence obtained from research. This is re-iterated in the Government's mandate to the NHS Commissioning Board, the NHS Operating Framework and the NHS Outcomes Framework.

The Act is simultaneously encouraging a widening of the provider base to include Any Qualified Providers (AQP) and there is a risk that increased numbers of new providers with no history of recruiting patients into research studies could result in reduced choice to patients and a reduction in the quality of research evidence.

There is a recognition at a national and local level that the most effective way of commissioners 'promoting research' and also reducing the risk of reduced participation from the move to AQP, is through effective use of Invitations to Tender, Contracts and Service Specifications.

This paper suggests some 'form of words' that could be included in procurement documents and contracts.

Research

The following statement is an example of what could be used:

"The Provider is required to have systems and processes in place to ensure that patients are given the opportunity to take part in high quality research studies."[1]

Examples of such systems and processes could include:

- Adopt an 'opt-out' policy in which service users are informed that research is a routine part of Provider business and that they may be contacted about opportunities to join research unless they explicitly request not to be contacted.

Or

- Have a system in place such as a 'consent for approach register' to keep a record of patients who are willing to be offered research opportunities, together with relevant demographic details and their diagnosis
- Have job descriptions and plans that make reference to Provider's commitment to promoting patients' recruitment in to research studies
- Inform new employees at induction of the Provider's commitment to contributing to the evidence base, a culture of innovation and improvement, and how employees can contribute

[1] Routine data from the National Institute for Health Research Clinical Research Network can be used to monitor performance

- Ensure access to appropriate research-relevant training
- Facilitate opportunities for service users to inform and participate in the research portfolio. For example, research opportunities for service users should be clearly presented in clinical areas using posters and leaflets or other media, and in Provider communication strategies.
- The Provider should make a statement on research activities undertaken in their annual Quality Account and should include statement of the number of patients recruited and the number of studies they host.

Evaluation

The following statement is an example of what could be used:

"The Provider is required to perform at least one full evaluation of the service within [twelve months] of operation. Other monitoring and audit activities may be required more frequently in agreement with the commissioner. The full evaluation should use appropriate data to assess whether the [name of service] is delivering the objectives as set out in the service specification and value for money. An evaluation plan should be developed in conjunction with your [proposal / bid / service delivery plan] and clearly state the choice of performance measures that will be collected. This plan should then be agreed with the commissioner and be funded from the overall value of the contract. We expect the plan to collect a mixture of both quantitative and qualitative data (where appropriate), and this data might include:

- Patient satisfaction surveys, complaints and compliments
- EQ-5D or other measures appropriate for assessing clinical and cost effectiveness
- Surveys, interviews, focus groups and workshops with stakeholders
- Patient reported outcome measures, Quality of Life measures
- Performance measures such as numbers of patients accessing the service, referrals, waiting times, demographics, Did Not Attend