



Applied Health Research in collaboration with NHS partners

Collaborating for Impact

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NIHR Support for HCPs

New opportunities for HCPs by career stage

○ Undergraduate/pre-registration

- expand INSIGHT programme

○ Early to mid-career

- increase number of internships
- provide bursaries for master's level courses in clinical research devliery leadership
- increase number of DSE awards and In-Practice Fellowships
- increase support provided by Application Development Awards

○ Advanced career

- introduce Senior Clinical and Practitioner Research Award
- introduce Clinical Research Leaders programme for AHPs

<https://www.nihr.ac.uk/career-development/support-by-profession>



Why HCPs?

Supporting more HCPs to become researchers can benefit them personally, and also patients and healthcare systems:

- ▶ research-active roles can increase job satisfaction, enhancing staff retention within the NHS
- ▶ a multi-professional approach to research can help address complex healthcare challenges
- ▶ research-active health and care settings have better outcomes and patients receive better care



What is Applied Health Research?

- ▶ Research that addresses real-world clinical or service problems
- ▶ Clear and identifiable patient, service user or carer benefits
- ▶ Key features:
 - ▶ Translation into practice
 - ▶ Service improvement
 - ▶ Patient outcomes and experience
- ▶ Basic research: Considers context to a lesser extent, e.g. bench sciences.
- ▶ Vital for HEIs to be engaging in applied research with HCPs given the need for impact of research



How HCPs Shape Research

- ▶ Shaping research questions
- ▶ Generating and gathering evidence
- ▶ Implementing findings
- ▶ Improving patient outcomes
- ▶ Bridging the research-practice gap



HEI / NHS Collaboration in Research Design

- ▶ Together they can deliver stronger bids, more robust research, and meaningful impact.
 - ▶ Universities bring methodological expertise, research governance, academic supervision and opportunities for publications and dissemination.
 - ▶ NHS Trusts bring access to patients/populations, clinical settings, real-world context, service improvement potential.
- ▶ Models of collaboration: In individuals (joint posts, clinical academic roles, secondments, honorary contracts) or in teams or on projects.



Benefits for the Trust

- ▶ Direct benefits:
 - ▶ Improved patient care and outcomes through research-driven service changes.
 - ▶ Staff development (HCPs engage in research → skill growth, greater job satisfaction).
 - ▶ Access to additional funding (NIHR, charities) and innovation opportunities.
- ▶ Institutional benefits:
 - ▶ Enhanced reputation, ability to attract high calibre staff.
 - ▶ Possibility of joint appointments (clinician-academic posts), publications which raise Trust profile.
 - ▶ Stronger research culture, which helps in service accreditation, staff retention.





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The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

GRACE Partners





About the GRACE Project

Aim: To understand the lived experience of people who have had gynae-radiotherapy to co-create decision support infrastructures (policies, procedures, resources) that enhance informed consent and delivery of care to improve patient experience of physical effects, psychosocial wellbeing and quality of life.

The timeline...

May 2018 - Sept 2020	Gynae Narratives Project (NWCR funded, with Clatterbridge Cancer Centre)	Dr Lisa Ashmore
August 2022 RfPB Application	Decision Regret in Radiotherapy Treatment for Gynaecological and Colorectal Cancers: Understanding Patient Preferences and Priorities for Long Term Outcomes (unsuccessful)	Dr Lisa Ashmore Dr Emily Holmes Mr Rob Jones
July 2023 NIHR HSDR Stage 1	Creating patient-centred infrastructures to enhance informed consent and improve patient experience of radiotherapy for gynaecological cancers (successful)	Dr Lisa Ashmore Dr Emily Holmes
November 2023	Stage 2 Application	
March 2024	Successful outcome received	
Sept 2024	Project start	
February 2027	Expected completion date	



▶ *I recently re-read the [information leaflet] about radiotherapy while doing this and I commented to a friend that I think it was the Disney version I read.... I really wasn't scared or nervous of the treatment but I think I should have been more aware of it. I think the information you get should be more realistic and be told what can happen mentally and physically. **Kathleen***

▶ *I felt I was making an informed choice, sadly that wasn't the case. So much information was lacking. **Georgina***

▶ *Making possibly life-changing decisions after a telephone consultation is far from ideal. I felt very much a name on a screen, a number, a woman of a certain age, rather than a real person, an individual, somebody who mattered, someone vulnerable. **Judy***

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Bringing the Team Together

- ▶ Interdisciplinary approaches - shared goal
- ▶ Who is missing?
- ▶ Roles within the research team
 - ▶ Host organisation
 - ▶ PI/Co-PI / Leads - overall responsibility.
 - ▶ Co-applicants - bring specific domain expertise (clinical, service, methodology), responsibility for delivery.
 - ▶ Collaborators - may contribute but with lesser responsibility.
 - ▶ Workpackage leads
 - ▶ People with Lived Experience
 - ▶ Researchers
 - ▶ Project manager
 - ▶ Project co-ordinator



Co-App vs Collaborator

Co-Applicants

- ▶ Share responsibility for the project's day-to-day delivery.
- ▶ Support the Joint Leads in delivering the project.
- ▶ Lead or contribute to key areas such as Work Packages, engagement, and dissemination.
- ▶ Actively contribute to project leadership and decision-making.
- ▶ Collaborate with partners and stakeholders to ensure successful delivery.

Collaborators

- ▶ Support the delivery of the project but don't lead on a specific component of the research. For example:
 - ▶ sharing facilities
 - ▶ providing access to resources
 - ▶ providing expertise
 - ▶ sharing subject-specific knowledge and guidance.

Operational Structure

Research Team

Dr Lisa Ashmore, Joint Project Lead and WP1 lead

Dr Emily Holmes, Joint Project Lead and WP3 lead

Dr Hilary Stewart – WP2 lead
Vladislav Kulikov – Research Officer

Daniel Allen – Senior Research Associate

Claire Selby – Project Manager

Anna Lewis – Project Coordinator

Helen Pritchard – Patient Researcher

Dr Laura Wareing – WP4 lead
PhD and Masters students

Co-Investigators

Lynsey Rice - Radiotherapy UK
Claire Powlesland - South Tees NHS Trust

Dr Jennifer Pomfret - Lancashire Teaching Hospitals NHS Trust

Miss Amy Fisher - Lancashire Teaching Hospitals NHS Trust

Daniel Hutton - NorthWest Radiotherapy Network

Public and Community Involvement

Practitioner Group
Public and Community Involvement Panel

Steering Group, Chaired by Mr Rob Jones, Liverpool

GMC Director of Education and Standards

Clinical Oncologist

Health Economist

Sociologist

Nurse

Charity and public representatives

General Practitioner

Consultant Hepatobiliary surgeon and NIHR Fellow





NHS Costing and Financials

- ▶ Who in your organisation provides this?
- ▶ Staff time, how will this be realised? Is back fill possible?
- ▶ Research support office costs
- ▶ Early liaison with finance teams



Things to Consider...

- ▶ Early and meaningful involvement of clinical/service partners (PWLE, HCPs, Trust R&D) ensures relevance & buy-in.
- ▶ Protected time for HCPs to engage in research is critical.
- ▶ Clear costing and recognition of effort (for both Trusts and HEIs) reduces risk of “research burden” without reward.
- ▶ Plans for dissemination, implementation and evaluation (including cost) strengthen the case to Trusts and funders.
- ▶ Sustainability: joint / honorary appointments, building capacity, research culture.



GRACE Info



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<https://wp.lancs.ac.uk/grace/>