PCRN
Primary Care Research Network
Northern and Yorkshire

NHS
National Institute for Health Research

PCRN N&Y ADVISORY BOARD

14 April 2011, 13:30 – 15:30
The McClintock Suite, International Centre for Life, Newcastle

Present:

Scott Wilkes (Chair)	PCRN N&Y/NTW CLRN	
Claire Livingstone	NHS South of Tyne	
Anne Forster	Stroke Research Network	
Elaine McColl	University of Newcastle	
Jane Nixon	University of Leeds	
Rebecca Perrett	University of Durham	
Shona Haining	NHS North of Tyne	
Simon Howell	West Yorkshire CLRN	Represented by Anne Forster
Terri Harding	PCRN N&Y	
Tim Goodship	Northumberland, Tyne & Wear CLRN	Represented by Seamus O'Neill
Tricia Ellis	NIHR CRN CC	

In Attendance:

Gill Hastings	PCRN Network Projects Officer, NIHR CRN CC
Margaret Creek	PCRN N&Y (Note taker)

Apologies:

Ann Crosland	Mental Health Research Network
Dan Herron	North East DeNDRoN
Eugene Milne	North East SHA
Ian Watt	University of York
Linda Dobranska	West Yorkshire PCTs
Nick Taylor	North East Yorkshire & North Lincolnshire CLRN
Marie Girdham	North Lincolnshire PCTs/North East Lincolnshire Care Trust Plus
Mark Walker	Diabetic Research Network
Claire Seymour	Bradford & Airedale PCT
Sam Eldabe	Co. Durham/Tees Valley CLRN
Stephen Singleton	North East SHA
Sue Smith	Kirklees & Calderdale PCTs
Hilton Dixon	CDTV PCTs

Absent:

Chris Welsh	Yorkshire & Humber SHA
Nick Wadd	Cancer Research Network

AGENDA TOPICS – OUTCOMES & ACTIONS

1. Minutes of last meeting

SW welcomed everyone and introductions were made. Minutes of last meeting agreed as a true record.

2. Matters arising

2.1 PCRN N&Y Executive Group — TH

At the last meeting the Board requested the inclusion of additional columns to the Green Reports, relating to the open studies and their relationships within the local and national portfolio. SW advised that the PCRN NY Executive Group agreed this additional information was useful to the meetings.

Action Items	Responsibility	Deadline
Add additional columns to reports.	TH	19/5/11

2.2 Advisory Board Chair — SW

Due to concerns regarding the uncertainty of the SHA within the changing NHS, Stephen Singleton has declined the offer to become chair of the group. The group agreed a member of a GP Consortia who leads in research or a GP within the RSI scheme would be a good candidate. POST MEETING NOTE: Professor Singleton has accepted the invitation as Chair and has agreed a date for the next meeting.		
Action Items	Responsibility	Deadline
No action necessary.		

3. Current policy changes

3.1 Trust implications — SH

Discussion:	
Discussion regarding implications on the PCRN of the many re-organisational changes taking place included: • Where Research Governance responsibility lies and the further impact as more personnel leave the PCTs. • TH informed the group that the PCRN N&Y has commenced a mapping exercise to discover who the members of the GP consortia are; who to approach for R&D approval; with whom to negotiate for NHS support/excess treatment costs; the opportunity to shape these discussions over the next couple of years. The CRN is considering models and there is a possibility of a work stream currently being considered by the Department of Health. • SH informed the Board of confirmation received from local PCTs' to continue payment of Excess Treatment Costs and will forward email to TE and TH for information. • CSP process and approval issues. • The need to clarify where studies can be 'adopted' or 'co-adopted' to PCRN and the allocation of accrual figures for those studies. TE advised the group of that all NHS organisations (GPs, clinics, hospitals) have an O.D.S. code (replacing NACS code) which identifies the point of consent (where recruitment is tracked to on portfolio database). • PURPOSE study given as an example of a study that moved to two different Trusts with differing processes. Local Acute Trusts have 100 days to confirm which studies they will continue to support.	
Conclusion:	
Research Governance remains the responsibility of the Primary Care Trusts until 2013.	
A mapping exercise of how the PCRN will engage with NHS member organisations and how to make the transition to GP consortia smooth is required.	
The 'point of consent' is not always where the work is carried out - where the network resources are used is where a study should be adopted.	

Action Items	Responsibility	Deadline
Forward to TH and TE email received by SH regarding confirmation of Excess Treatment Costs guarantee.	SH	

3.2 R&D implications — SH

Discussion:	
Incorporated in item 3.1.	

Action Items	Responsibility	Deadline
No action necessary		

4. Reports

4.1 Accruals within each of the PCRN LRNs — TH

R003 Overall Accrual report for the period 1 April 2010 – 31 March 2011 (emailed to group prior to meeting) shows PCRN N&Y to be 2nd highest in the country. This report is uploaded to PCRN N&Y website quarterly.		
Action Items	Responsibility	Deadline
No action necessary		

4.2 Open studies – currently recruiting in each Spoke — TH

Open studies report (emailed to group prior to meeting) shows recruitment information for each open study and PCRN involvement level. Includes some information from Green Reports. TH asked the group to let her know if it is useful or a duplication of information.		
Action Items	Responsibility	Deadline
No action necessary		

4.3 Accruals by Spokes — TH

The Green Reports (published quarterly) are divided into 4 Spokes and indicate study and recruitment activity in each Spoke. Alison Selby is working on new columns “PCRN-led” and “PCRN-adopted” – for inclusion at next meeting.

Action Items	Responsibility	Deadline
Add columns to Green Reports for the meetings.	TH/AS	17/10/11

4.4 Staff resources to deliver the Portfolio — TH

TH’s handout demonstrated Staff Deployment and indicated funding sources (not for general circulation). (SW advised that Simon Howell requested this information at the last Advisory Board meeting as a mapping exercise to deliver the Portfolio.)

TH reported that each Spoke now has a full team in place. The report will be included in the Annual Report in July and TH will update the meeting then.

EMC suggested it may be useful to differentiate between the roles of Clinical Trial Coordinator, Research Facilitator and Research Nurse. SW suggested outlining the different roles within the ‘Question and Answers’ section on the PCRN NY website. TE stressed the importance of skills being used in the correct way.

Action Items	Responsibility	Deadline
Provide update regarding staff deployment at next meeting.	TH	17/10/11

4.5 PCRN involvement code update — TH

Discussion:

TH circulated (for information only) an update outlining:

- Study activity and recruitment - not all recruitment figures have been uploaded so numbers may alter – which is following a national trend.
- Recruitment targets for 2011/12. SW added that the PCRN NY Executive Group monitor performance via the Clinical Trial Coordinators.
- PCRN NY Team engagement with the CLRNs, Topic LRNs and AHPs
- RSI Scheme

The Board discussed:

- CRN setting indicative targets and narrative on a local basis as a guide to measure performance (and troubleshoot if not reached).
- Study teams/PCRN agreeing in advance realistic study-specific targets.
- Mechanism for assessing the resource needs to support a non-topic specific/non-primary care study - as more variable from speciality group to speciality group and CLRN to CLRN. SW explained that the PCRN try to solve this problem in Primary Care by creating a Working Group (Trusts and PCRN together) in each Spoke where details can be agreed.

Action Items	Responsibility	Deadline
No action necessary.		

5. Any other business

5.1 Engagement of stakeholder organisations — SW

SW asked for thoughts regarding the needs of the stakeholder organisations and stated the level of engagement with the stakeholders has not been as hoped but attendance should increase over time. It was agreed the data reports were useful.

JN spoke about CTU’s difficulties with some studies regarding portfolio generation and issues around efficient links with NHS (including GPs, Acute Trusts).

RP mentioned sometimes the RDS teams do not have primary care research backgrounds and are unaware who to approach for support. This highlights the importance of raising awareness of the PCRN and the usefulness of Primary Care Delivery/Development Groups and agreeing details with C.I.s at the design stage to ensure a practical strategy.

Action Items	Responsibility	Deadline
No action necessary		

Next meeting: Monday 17 October 2011, 1.30 p.m. – 3.30 p.m., The Bar Convent, York

Please forward agenda items to Prof. Stephen Singleton (stephen.singleton@northeast.nhs.uk), copy to Margaret Creek (Margaret.creek@nyren.co.uk) by 4 October for circulation by 11 October 2011.