

Fisher Medical Centre

R&D Annual Report for 2003 (including assessment by Department of Health)

Section 1 – Contact details:

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Organisation Code: 5KJ17

Strategic Health Authority: North and East Yorkshire and Northern Lincolnshire

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Overall feedback from Department of Health on the whole report

The 2002/3 Annual Report reflects a very welcome change in the approach of the Fisher Medical Centre to its portfolio of research. The practice appears to have heeded the advice to move away from small scale own account activity and instead to forge appropriate partnerships with existing programmes and to raise the level of multi-centre trial work in the practice.

These changes are beginning to be implemented, and despite the lack of publications and external funding, this direction of travel has encouraged us to continue funding for 2004/5 as a direct contract. As indicated in the programme and financial feedback, the Practice/PCT will need to demonstrate further clear movement in this direction and to evidence active partnerships, external funding and research outputs at the next Annual Report, if it is to continue to receive a direct allocation. Failing this, the practice would receive direct Support for Science Funding plus recompense for partnership work routed via administrative lead organisations.

The Trust is advised to increase involvement in SfS eligible activity and to ensure appropriate wider partnership in the existing programmes where it would contribute to recruitment into funded studies as well as pursuing its own individual projects linked to programmes.

The practice has had some understandable difficulty in completing the Research Governance section of the report due to the emerging PCT (RM&G) structure and the possible North Yorkshire R&D Consortium. For this reason, the practice is advised to support the PCT or PCT (RM&G) to put in place workable interim arrangements at a PCT level.

The practice is reminded of the key importance in measuring the impact of research and in optimising outputs such as publications.

Overall, however, the report represents very pleasing progress for the organisation and you are encouraged to pursue the current direction of travel.

Section 2 – NHS/Academic collaborative research programmes:

Programme details for : 81049 Supporting consumers in maximising their benefits from medicines; enhancing the capacity of pharmaceutical practice to improve the patient experience

2A		
1)	Programme Identifier:	81049 Supporting consumers in maximising their benefits from medicines; enhancing the capacity of pharmaceutical practice to improve the patient experience
2a)	Role of organisation in Programme	Contributing site
2b)	Are you the administrative organisation for this programme?	No
2C		
6a)	Did this programme exist last year?	Yes
6b)	Last year's programme IDs	81049 Community Pharmacy Practice Research
6c)	Has the programme changed substantially from last year?	Yes
6d)	Description of substantial changes	<p>We have recently joined this strongly-rated pharmacy-led programme as part of the WOReN research network because of our interest in medicines-management research (see also programme RGDJEYRen3-Ethnicity & health). We are adding a primary care strand to this programme and bringing our knowledge and experience of medicines management research. Our team for this project will include;</p> <p>Prof Ali Blenkinsopp, professor of medicines management, university of Keele. Relevant publications include;</p> <ol style="list-style-type: none"> 1. Blenkinsopp A, Anderson C, Armstrong M. Systematic review of the contribution of community pharmacy to reduction in risk factors for coronary heart disease. J Pub Hlth Med 2003 (June: In Press) 2. Anderson C, Blenkinsopp A, Armstrong M. Pharmacists' perceptions regarding their contribution to improving the public's health: a systematic review of the UK and international literature. Int J Pharm Pract 2003; 11: 111-120 3. Blenkinsopp A, Tann J, Platts A, Allen J. Evaluation of feasibility and acceptability of a community pharmacy health promotion scheme - views of users and providers. Health Education Journal 2002;61:52-69. 4. Blenkinsopp, A, Anderson, C, and Armstrong, M. Evidence relating to community pharmacy involvement in health development: A critical review of the UK and international literature 1990-2001. University of Leeds 8th Health Services Research and Pharmacy Practice Conference 11th - 12th April 2002 , 41. 2002. <p>Dr Sheila Woods MSt, recently completed research, development and validation of a new method for measuring primary non-compliance in general practice (see section 2E of this report) building on Dr Hassey's earlier work validating EPRs.</p> <p>Dr Alan Hassey, research team leader, FMCRU, who did the original research validating the FMC electronic patient records (see; A survey of the validity and utility of electronic patient records in primary care", Hassey A, Gerrett D, Wilson A, BMJ 2001,322:1401-05)</p> <p>We have one project to contribute to this programme;</p> <ol style="list-style-type: none"> 1. Measuring primary non-compliance by GP, practice and BNF group. <p>This project builds on our completed project entitled "Development and validation of a new method for measuring primary non-compliance in general practice". (See section 2E of this report) and will enable accurate measurement of primary non-compliance and development/application of tools to promote compliance.</p>

2D	
7a) Number of peer-reviewed publications	0
7b) Year type for number of publications	
8a) Description of output for programme impact	<p>We anticipate this project will have an impact on medicines management interventions in primary care particularly through the role/intervention of the community pharmacist with the patient and the practice team.</p> <p>The main project deliverables will be;</p> <ol style="list-style-type: none"> 1. Peer-reviewed publications 2. Research presentations. 3. Enhanced research network capability
8b) Description of programme impact	<p>Our contribution to this programme of work is particularly important to two of the Dept of Health's priority areas;</p> <ol style="list-style-type: none"> 1. Improving the patient experience 2. Primary care <p>The project/programme should have an impact nationally directly into these areas and locally through interventions and better communication at primary care level (e.g. pharmacy/practice/patient)</p> <p>The prescribing of medicines is the most common therapeutic intervention made by GPs in the UK, costing the NHS over £5Bn in 2002. There are considerable opportunities to enhance the patient experience relating to medicine. However the evidence base to support changes in service could be improved. This needs-led programme is of major importance to the NHS to improve care and enhance the evidence base. The programme will be led by WOREN, but will include hubs of activity in Teeside (via PharmReN), Hull and East Yorkshire and links into YReN (via the FMC project)</p> <p>From a general practice perspective, all our projects/programmes have to be able to make an impact directly into clinical care, so we will seek to show improved health, social and economic benefits from our work at the patient level.</p>

Feedback from Department of Health on programme 81049 Supporting consumers in maximising their benefits from medicines; enhancing the capacity of pharmaceutical practice to improve the patient experience

Key to programme rating:

- I A **strong** programme has sufficient critical mass, a good number of publications and attracts considerable external funding.
- I A **moderate** programme has a mix of weak and strong elements and requires further development work on the programme content and focus.
- I A **weak** programme has major deficiencies in scale, content and form.
- I Collaborator sites for a programme should contact the administrative lead for the overall programme assessment.

Rating	
Comments	<p>The Department of Health is very pleased to see that Fisher Medical Centre (via Craven, Harrogate and Rural District PCT) has formed an agreed collaborative link with the WoReN programme. The role of Fisher Medical Centre is appropriate given the previous research interests and expertise of the organisation, and draws well upon academic links.</p> <p>Although the link to the programme is a single project at present, it is hoped that this link can expand as the programme itself becomes more focused in terms of its principal research questions/themes. The practice is also encouraged to seek external funding in connection with its role in the programme to set against the PNF expenditure in 2003/4.</p>

The practice should discuss the overall programme feedback which has been sent to WoReN as this does present challenges for future development in the overall programme.

Programme details for : RGDJEYReN3 - Ethnicity and Health

2A		
1)	Programme Identifier:	RGDJEYReN3 - Ethnicity and Health
2a)	Role of organisation in Programme	Contributing site
2b)	Are you the administrative organisation for this programme?	No
2C		
6a)	Did this programme exist last year?	Yes
6b)	Last year's programme IDs	RGDJE YReN4 Ethnicity and Health
6c)	Has the programme changed substantially from last year?	Yes
6d)	Description of substantial changes	<p>We have joined the YReN programme this year and have two projects to contribute.</p> <p>1. What medicines management strategies will improve adherence in adult diabetes mellitus (NIDDM)? - A systematic review. This project is registered on the NRR. The project is underway and will inform the design of our second project, but should be publishable in its own right.</p> <p>2. A study of compliance in Type 2 diabetic patients - this will be a 2 centre intervention study looking at medicines management interventions that might promote adherence/compliance in Skipton and Bradford. The project will use a methodology developed at Fisher Medical Centre to measure adherence/compliance (awaiting publication). Diabetes mellitus is a major cause of morbidity and mortality in South Asian populations and we intend to target and compare our intervention study on a white/English/rural population (Skipton) and a South Asian Pakistani/muslim/inner-city population (Bradford).</p> <p>This study may also overlap with the WOREN programme (listed above in this report)</p> <p>We are the principal investigator site for both these projects within the YReN programme and will closely collaborate with the following organisations;</p> <ol style="list-style-type: none"> 1. YReN 2. The Centre for Research in Primary Care, Leeds University 3. Nuffield Institute for Health, Leeds University 4. S & W Bradford PCT 5. Craven Harrogate & Rural PCT <p>Our research team for the first project consists of;</p> <p>Prof Ali Blenkinsopp, professor of medicines management, university of Keele Dr Alan Hassey, FMCRU research team leader Ms Hannah Rossall, Lecturer resaerch and evidence-based practice support, St John College, York</p> <p>Dr Shahid Ali (Research Director Bradford S&W PCT) & Dr James Newell (Nuffield Institute, Leeds University) will be collaborators in the second project.</p>
2D		
7a)	Number of peer-reviewed publications	0
7b)	Year type for number of	

	publications	
8a)	Description of output for programme impact	<p>We anticipate that these projects will have an impact particularly on medicines management interventions in primary care to promote adherence/compliance in diabetes mellitus. We believe these interventions should be sufficiently generic to apply to most areas of chronic disease management. The main project deliverables will be;</p> <ol style="list-style-type: none"> 1. Peer-reviewed publications 2. Research presentations (1st of these at MRC GPRF conference in Sept 03)
8b)	Description of programme impact	<p>We believe our contribution to this programme of work is important to several of the Dept of Health's priority areas;</p> <ol style="list-style-type: none"> 1. Coronary Heart Disease (the main cause of mortality in diabetes mellitus) 2. Reducing inequalities 3. Diabetes mellitus 4. Improving the patient experience 5. Primary care 6. Renal disease (a major cause of morbidity and mortality in diabetes mellitus) <p>and to the following NSFs</p> <ol style="list-style-type: none"> 1. CHD 2. Diabetes <p>The project/programme should have an impact nationally directly into these areas and locally through interventions at primary care level (e.g. practice/pharmacy/patients/PCT). From a general practice perspective, all our projects/programmes have to be able to make an impact directly into clinical care, so we will seek to show improved health, social and economic benefits from our work at the patient level.</p> <p>We are basing these projects on the future directions for diabetes research proposed in the DoH report "Current and Future Research on Diabetes - a review for the Department of Health and Medical Research Council" which can be found at: http://www.doh.gov.uk/nsf/diabetes/research/</p>

Feedback from Department of Health on programme RGDJE YReN3 - Ethnicity and Health

Key to programme rating:

- I A **strong** programme has sufficient critical mass, a good number of publications and attracts considerable external funding.
- I A **moderate** programme has a mix of weak and strong elements and requires further development work on the programme content and focus.
- I A **weak** programme has major deficiencies in scale, content and form.
- I Collaborator sites for a programme should contact the administrative lead for the overall programme assessment.

Rating	
Comments	<p>This is a new and appropriate collaboration for Fisher Medical Centre. The active and emerging projects fit well with the overall programme and with the previous research interests of the organisation. The practice should seek external funding to support this emerging area of work.</p> <p>It is positive that the PNF funding linked to the programme is cited in the YReN overview as helping to develop the programme as a whole, and we would very much support this approach.</p>

Programme details for : RNPEvaluating New Mental Health Services

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2A		
1)	Programme Identifier:	RNPEvaluating New Mental Health Services
2a)	Role of organisation in Programme	Contributing site
2b)	Are you the administrative organisation for this programme?	No
2C		
6a)	Did this programme exist last year?	Yes
6b)	Last year's programme IDs	RNP Evaluating New Mental Health Services
6c)	Has the programme changed substantially from last year?	Yes
6d)	Description of substantial changes	<p>This programme already involves a large collaboration of 10 northern universities, 12 acute or mental health trusts, 4 social services, primary care and the NORen research network. We have joined this mental health programme specifically to address questions about service delivery in rural areas.</p> <p>We have one project to contribute to this programme;</p> <ol style="list-style-type: none"> 1. Rurality issues in the delivery of the NSF for mental health <p>The project is at the pre-protocol stage and is not yet registered with the NRR. This project will enhance primary care links into the regional mental health network and involve our PCT and mental health service provider (acute trust). This work is supported by the mental health NSF team at the FMC. Through our expertise in health informatics we have validated our electronic patient records and have developed systems for the identification, call and recall of patients with mental health problems. We also have excellent working relationships with our local mental health service provider and have had preliminary discussions with them about this project.</p>
2D		
7a)	Number of peer-reviewed publications	0
7b)	Year type for number of publications	
8a)	Description of output for programme impact	<p>We expect the main output to be</p> <ol style="list-style-type: none"> 1. Strengthening collaboration/links within the core collaboration of the programme, particularly involving primary care 2. Service-relevant research > to inform service development and delivery in rural areas 3. Dissemination through publications, conferences and meetings 4. Involvement of patients
8b)	Description of programme impact	<p>This project addresses the following DoH priority areas;</p> <ol style="list-style-type: none"> 1. Mental health 2. Improving the patient experience 3. Primary care 4. Building capacity to deliver health and social care

Feedback from Department of Health on programme RNP Evaluating New Mental Health Services

Key to programme rating:

- | A **strong** programme has sufficient critical mass, a good number of publications and attracts considerable external funding.
- | A **moderate** programme has a mix of weak and strong elements and requires further development work on the programme content and focus.
- | A **weak** programme has major deficiencies in scale, content and form.
- | Collaborator sites for a programme should contact the administrative lead for the overall programme assessment.

Rating	
Comments	<p>This is a new collaboration for the Fisher Medical Centre, and is at a very early stage of development. The Annual Report envisages that the collaboration with the programme will be minor, with one project linking the practice to the wider programme. There is still considerable work to do in terms of working up the protocol for the project and seeking external funding.</p> <p>The project links to the health informatics track record of the practice, but the application to the area of Mental Health appears to be a new departure. The practice/PCT should ensure demonstrable progress with this and subsequent projects to ensure the continued feasibility of the programme link.</p> <p>As with all programmes, the practice/PCT needs to move forward in establishing a base of non-commercial external income to set against the continued PNF support.</p>

Programme details for : RXGModernising mental health and learning disability services

2A	
1) Programme Identifier:	RXG Modernising mental health and learning disability services
2a) Role of organisation in Programme	Contributing site
2b) Are you the administrative organisation for this programme?	No
2C	
6a) Did this programme exist last year?	Yes
6b) Last year's programme IDs	RXG Improving mental health and learning disability service delivery and organisation
6c) Has the programme changed substantially from last year?	Yes
6d) Description of substantial changes	<p>We have joined this programme led by SW Yorkshire Mental Health Trust this year and hope to contribute 1 project. This is at an early (pre-protocol) stage and is not yet registered with the NRR;</p> <p>1. Elderly alcohol abuse - presentation, identification and intervention - a scoping study</p> <p>This project will enhance primary care links into the regional mental health network and involve our local PCT and mental health trust. This work is supported by the mental health NSF team at FMC</p> <p>We have a second project which we will probably contribute to the RNP Evaluating Mental Health Programme (see this report). However, we are at an early stage in our discussions and it may be easier to have both projects within one programme than try to contribute to two separate mental health programmes. This project is;</p> <p>2. Rurality issues in the delivery of the NSF for mental health</p>
2D	

7a)	Number of peer-reviewed publications	0
7b)	Year type for number of publications	
8a)	Description of output for programme impact	<p>We expect the main output from these projects to be;</p> <ol style="list-style-type: none"> 1. Strengthening collaboration/links within the core collaboration of the programme, particularly involving primary care 2. Service-relevant research > to inform service development and delivery 3. Dissemination through publication and meetings/conferences 4. Involvement of patients in all of these areas
8b)	Description of programme impact	<p>The projects/programme specifically address several DoH priority arease;</p> <ol style="list-style-type: none"> 1. Mental health 2. Primary care 3. Services for older people 4. Reducing inequalities 5. Waiting times 6. Improving the patient experience <p>The three main research themes that unite the different strands/projects within the programme are;</p> <ol style="list-style-type: none"> 1. Access to and coordination of services 2. Developing and applying the evidence base to service design and delivery 3. Involving service users and carers in service delivery and planning <p>From a general practice perspective, all our projects/programmes have to be able to make an impact directly into clinical care, so we will seek to show improved health, social and economic benefits from our work at the patient level.</p>

Feedback from Department of Health on programme RXG Modernising mental health and learning disability services

Key to programme rating:

- I A **strong** programme has sufficient critical mass, a good number of publications and attracts considerable external funding.
- I A **moderate** programme has a mix of weak and strong elements and requires further development work on the programme content and focus.
- I A **weak** programme has major deficiencies in scale, content and form.
- I Collaborator sites for a programme should contact the administrative lead for the overall programme assessment.

Rating	
Comments	<p>This programme represents another emerging collaboration for the practice/PCT and the projects in question are at an early stage in development.</p> <p>The link would appear to be appropriate, but the feasibility of the continued programme link must be tested within 2003/4 by access to suitable external funding in connection with the activity, although it is acknowledged that the level of proposed activity (reflected by 2004/5 budgeting) is small. The practice/PCT should also note the overall programme feedback forwarded to South West Yorkshire Mental Health Trust.</p>

Section 2E – Research activity that does not form part of programmes:

Projects ordered by title:

1) Project title	2) Externally	3) Primary funder	4) Ongoing in	5) Main	6) External funding
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	funded?		2003/04?	base?	2002/03 (£)
Collaboration with MRC into CDM research - no MRC programme yet - this is at the stage of preliminary discussions but MRC through Dr Madge Vickers have expressed interest in working with FMC as genuine collaborators (outside GPRF framework)	Yes	Research council: MRC	Yes	No	0
Development and validation of a new method for measuring primary non-compliance in general practice (Submitted for publication)	No	Government: DH (eg HTA, SDO, PRP, NEAT, ex-Regional Office R&D Programmes)	No	Yes	0
MRC WISDOM Study (project ended Dec 2002)	Yes	Research council: MRC	No	No	0
Systematic review of scope and quality of electronic patient record data in primary care - Thiru K, Hassey A, Sullivan F. BMJ 2003;326:1070. Presented WONCA Europe 2002 (Informatics strand)	No	Government: DH (eg HTA, SDO, PRP, NEAT, ex-Regional Office R&D Programmes)	No	Yes	0

Feedback from Department of Health on non-programme activity

The non-programme activity within the practice/PCT demonstrates a helpful move away from small scale own account activity towards involvement in non-commercial multi-centre trials (SfS eligible) in line with previous feedback. We would fully support this shift and would not expect to see any small scale own account work going forward outside programmes in future years. We would expect to see a corresponding increase in involvement in multi-centre trials as a result of the developing partnership with the MRC

Section 3 – Research governance progress report – July 2003:

Table 1 – Indicators where compliance is required by March 2003:

	Indicator	Compliance status (Self-Assessed)	If non-compliant, what is the projected compliance date?	Issues concerning the indicator
Imperative Indicators				
1a)	Notification of research	Compliant		
1b)	Approval of research	Compliant		
10)	Research ethics committees	Compliant		
11)	Informed consent	Compliant		
Legal requirements				
17)	Data Protection Act	Compliant		
22)	Financial probity	Compliant		
25)	Health and Safety Act	Compliant		
Systems development				
2)	Responsibilities agreements	Non-compliant	Apr 2004	We are waiting for the establishment of the proposed N Yorks research consortium to guide the systems development section of research governance. This is with the support of our PCT who have a copy of this report.
3)	Staff aware of Research Governance Framework	Compliant		
4)	Links to clinical governance	Non-compliant	Apr 2004	

5)	Monitoring research projects	Compliant		
6)	Recording adverse events	Non-compliant	Apr 2004	
8)	Compliance with Research Governance Framework in contracts	Non-compliant	Sep 2003	
9)	Honorary contracts	Non-compliant	Sep 2003	
14)	Expert independent review	Non-compliant	Apr 2004	
16)	Approval of student research	Non-compliant	Apr 2004	
20)	Written agreements	Compliant		

Table 2 – Indicators where compliance is required by March 2004:

	Indicator	Progress towards compliance by 2004	If not on target, what is the projected compliance date?	Issues concerning the indicator, particularly if Not on Target
	Systems development indicator			
12)	Nominated research sponsor	On target		Nominal sponsor is Craven, Harrogate & Rural PCT, but this may will depend on arrangements currently being made to develop a N Yorks research consortium within the Strategic HA.
	Capacity development indicators			
7)	Detect and deal with research misconduct and fraud	On target		
15)	Consumer involvement	On target		This area needs more work and involvement of PCT research sponsor
18)	Informing service users and members of the public	On target		This area needs more work and involvement of PCT research sponsor
19)	Publication and dissemination	On target		
21)	Costing and financial management	On target		
23)	Identification of intellectual property	On target		
24)	Agreements for the ownership, exploitation and income of intellectual property	On target		

Would the Trust be prepared to share the documentation you have developed with other NHS bodies? No

Feedback from Department of Health on research governance progress report

The Department of Health acknowledges that the practice has had difficulty in completing the research governance return as the responses have to be given at the level of the PCT or PCT (RM&G) rather than at Practice level. The situation is further complicated by the fact that the PCT (RM&G) Selby and York PCT is currently negotiating with York Health Services NHS Trust and other partners to establish a North Yorkshire R&D Consortium which will affect the way

certain indicators are managed.

In the light of these development, the Department of Health will keep a watching brief on those areas where non-compliance is indicated. Indicator 2 (written agreements) is not a cause for concern as a number of organisations are managing the migration to full agreement cover over a longer timescale due to new and emerging partnerships.

We would, however, strongly urge the PCT via the PCT (RM&G) to establish interim arrangements in terms of the issuing of honorary contracts (indicator 9) and recording of adverse events (indicator 6). These can be managed via internal HR and risk management systems pending a PCT RM&G structure. Student research may also be managed via mechanisms which support the registration and approval of other projects.

Of major concern, however, is the non-compliance with indicator 14 (expert independent review) as this is crucial to the practice in terms of the development of projects to move forward the expressed programme links. We strongly suggest that the PCT work closely with the PCT RM&G to establish interim review arrangements to enable this work to proceed.

Section 4 – Financial information and tables – Table 1:

	A. Total Spend (£)	B. Percentage of 1.k	C. Total number of ongoing projects
1.a) Research Council Work	10,000	24 %	0
1.b) University Work	0	0 %	0
1.c) Charity Work	0	0 %	0
1.d) DH/NHS R&D Programme work	0	0 %	0
1.e) Other work	0	0 %	0
1.f) (Sum 1a - 1e)	10,000	24 %	0
1.g) R&D outside of HSG (97) 32	0	0 %	0
1.h) R&D that has no external funder	25,851	63 %	5
1.i) Training	1,500	4 %	
1.j) Management costs	3,500	9 %	
1.k) (Sum 1f - 1j)	40,851	100 %	5
2.a) External funding for spend shown in 1a - 1e above	0		
2.b) External funding for spend shown in 1g above	0		
3) External income to organisation from externally funded R&D	0		

Table 2 – Spend against activity in 2002/03:

Columns A-H

Programmes or activity areas are ordered by programme identifiers or activity names:

A) Programme identifier or activity name	B) Funding allocated 2002/03 (£)	C) Actual spend (£)	D) Variance (£)	Ei) Variance (%)	Eii) Explanation of variance	F) Total external funding (£)	G) Ongoing externally funded projects	H) Ongoing projects without external funding
81049 Supporting consumers in maximising their benefits from medicines; enhancing the capacity of pharmaceutical practice to	5,000	5,000	0	0%		0	0	1

improve the patient experience								
RGDJEYReN3 - Ethnicity and Health	15,851	15,851	0	0%		0	0	2
RNPEvaluating New Mental Health Services	5,000	5,000	0	0%		0	0	1
RXGModernising mental health and learning disability services	5,000	5,000	0	0%		0	0	1
Supporting MRC activity (e.g. WISDOM study)	10,000	10,000	0	0%		0	0	0
Total	40,851	40,851	0	0%		0	0	5

Table 2 – Spend against activity in 2002/03:

Columns I-P

Programmes or activity areas are ordered by programme identifiers or activity names:

These columns show the best estimate possible of the amount of NHD R&D Funding spent during 2002/03 on each of the specified national priority areas (£)

A) Programme identifier or activity name	I) Cancer	J) Coronary heart disease (CHD)	K) Children's services	L) Diabetes	M) Emergency care	N) Mental health	O) Older people	P) Primary care
81049Supporting consumers in maximising their benefits from medicines; enhancing the capacity of pharmaceutical practice to improve the patient experience	0	0	0	0	0	0	0	5,000
RGDJEYReN3 - Ethnicity and Health	0	4,000	0	8,851	0	0	0	15,851
RNPEvaluating New Mental Health Services	0	0	0	0	0	5,000	0	5,000
RXGModernising mental health and learning disability services	0	0	0	0	0	5,000	0	5,000
Supporting MRC activity (e.g. WISDOM study)	2,500	2,500	0	0	0	0	0	10,000
Total	2,500	6,500	0	8,851	0	10,000	0	40,851

Table 2 – Spend against activity in 2002/03:

Columns Q-W

Programmes or activity areas are ordered by programme identifiers or activity names:

These columns show the best estimate possible of the amount of NHD R&D Funding spent during 2002/03 on each of the specified national priority areas (£)

A) Programme identifier or activity name	Q) Reducing inequalities	R) Waiting times	S) Improving the patient experience	T) Building capacity to deliver health and social care	U) Renal disease	V) Respiratory disease	W) Chronic neurological disease

81049 Supporting consumers in maximising their benefits from medicines; enhancing the capacity of pharmaceutical practice to improve the patient experience	0	0	2,500	2,500	0	0	0
RGDJEYReN3 - Ethnicity and Health	1,000	0	1,000	0	1,000	0	0
RNPEvaluating New Mental Health Services	0	0	0	0	0	0	0
RXGModernising mental health and learning disability services	1,000	1,000	1,000	0	0	0	0
Supporting MRC activity (e.g. WISDOM study)	0	0	2,500	2,500	0	0	0
Total	2,000	1,000	7,000	5,000	1,000	0	0

Comments on Table 1 and Table 2

This space is provided for organisations to explain further any variation in finance tables or to provide additional comments as required.

Our priority in the last year has been to move away from internal research projects to build multi-professional and multi-organisational collaborative networks within which we can contribute to programme and project development and research. We have achieved this and been invited to participate in four programmes of work with five FMC projects. These involve collaboration with academia (Leeds, Keele universities), research networks (YReN, NOReN & WOReN) and PCTs (Craven, Harrogate & Rural and Bradford S&W). Over the next year we intend to develop these projects and bid for external grant funding. There will be two main strands to our programme work;

1. Diabetes and medicines management through 81049 & RGDJE
2. Mental health through RNP & RXE. At this early stage we are building our mental health links and wish to contribute projects under both programmes in the next year.

We will continue to allocate a proportion of our DoH grant towards non-programme activity particularly in relation to developing our collaboration with the MRC and achieving RCGP PCRTA accreditation.

These structural changes have been achieved quickly despite our relatively isolated geographical position, based on the strength of our research team and the quality of our projects. We also intend to build on our links with the MRC through the GPRF programme and have had preliminary discussions with the MRC about collaboration in a new programme of work around chronic disease management. This will build on our current projects and our expertise in health informatics research;

1. A survey of validity and utility of electronic patient records in general practice. Hassey A, Gerrett D, Wilson A. BMJ 2001;322:1401-1405
2. Systematic review of scope and quality of electronic patient record data in primary care. Thiru K, Hassey A, Sullivan F. BMJ 2003;326:1070 (also presented at WONCA Europe 2002)

We have also enrolled in the RCGP PCRTA scheme and hope to have submitted our portfolio for RCGP research practice accreditation by April 2004.

The FMC team has been strengthened this year and now includes members of the primary care team

1. Dr Alan Hassey - research team leader
2. Dr Helen Wilkinson - co-ordinating RCGP research practice accreditation
3. Dr James Thomas - currently undertaking dissertation for MSc
4. Mrs Jenny Hutchinson - practice manager - undertaking basic research
5. Ms Hannah Rossall - Librarian FMC & St John College York

Krish Thiru has now left the FMC as we have completed our informatics stream of projects. We have had several major publications from this work (see above) plus;

1. Krish Thiru, Alan Hassey, Frank Sullivan. The quality of data is constrained. Society for Academic Primary Care. Manchester. Accepted June.2003.
2. K Thiru, P Donnan, F Sullivan. A Validated Logistic Regression Model to Identify Coronary Heart Disease patients (CHD) within Primary Care Databases in the United Kingdom. American Medical Informatics Association. Washington DC. 2003. Accepted June 2003.
3. K Thiru, de Lusignan, F Sullivan, S Brew, A Cooper. Three steps to quality. Journal of Informatics in Primary care.. Submitted March 2003.

We have changed our financial accounting base from activity areas to projects/programmes. We can provide details of our accounts under the old activity areas arrangements if you wish. Historically, these may be easier to follow as they are consistent with previous reports we have submitted. These financial accounts and report has been fully discussed with Craven, Harrogate and Rural PCT and the Northern DHSC.

Table 3a – Spend against activity for current financial year (2003/04) (*this section is optional*):

Non-programme activity:

A)	B) Total indicative budget 2003/04 (£)	C) Support for Science allocation (%)	D) Priorities and Needs allocation (%)
Non-programme activity	10,935	25	75

Programmes ordered by programme identifier:

A) Programme identifier	B) Total indicative budget 2003/04 (£)	C) Support for Science allocation (%)	D) Priorities and Needs allocation (%)
81049 Supporting consumers in maximising their benefits from medicines; enhancing the capacity of pharmaceutical practice to improve the patient experience	5,000	25	75
RGDJEYReN3 - Ethnicity and Health	20,000	25	75
RNPEvaluating New Mental Health Services	3,500	25	75
RXGModernising mental health and learning disability services	3,500	25	75
Programme sub-total	32,000		
Table 3a Total	42,935		

Table 3b – Proposals for the next financial year 2004/05:

Non-programme activity:

A)	B) Total indicative budget 2004/05 (£)	C) Support for Science allocation (%)	D) Priorities and Needs allocation (%)
Non-programme activity	10,781	35	65

The programmes listed below are taken from the records entered under section 2A-2D, and are ordered by programme identifier.

A) Programme identifier	B) Total indicative budget 2004/05 (£)	C) Support for Science allocation (%)	D) Priorities and Needs allocation (%)
81049 Supporting consumers in maximising their benefits from medicines; enhancing the capacity of pharmaceutical practice to improve the patient experience	6,000	35	65
RGDJEYReN3 - Ethnicity and Health	20,000	35	65
RNPE Evaluating New Mental Health Services	4,000	35	65
RXG Modernising mental health and learning disability services	4,000	35	65
Programme sub-total	34,000		

Table 3b Total	44,781	
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Feedback from Department of Health on financial information

The organisation has moved forward sensibly in line with the feedback from the previous annual report. The financial profiles reflect that the practice is moving away from a focus on own account activity and towards appropriate and achievable partnership within established programmes and multi-centre funded trial activity. We very much support this direction of travel and require to see further evidence of it at the next Annual Report.

The proposed funding split for 2004/5 appears to be reasonable, but the Department of Health would prefer to sign this off now, but accept that there may need to be future agreement variation once further discussion has taken place between the practice and the MRC in terms of potential collaboration. The split may also change as emerging projects achieve external funding which incurs NHS R&D Support costs.

It is disappointing that the practice evidences no external income within 2002/3. This will need to change by the time of the next Annual Report if the programme plan is to be seen as viable and defensible.

Section 5 – Management of intellectual property:

1) Name of Lead Person for IP in Organisation	Dr Alan Hassey
2) Position of Lead Person for IP in Organisation	GP principal & Research team leader
3) Has an internal policy based on the new Framework and Guidance been approved by your board?	No
4i) Has the policy been disseminated to employees engaged in research?	No
4ii) Has the policy been disseminated to all employees?	No
5) Has technology audit as a continuous process begun in your organisation?	No
6) Has an external body been engaged for this process?	No
7) If 6 is yes, what type of organisation is the external body?	
8) In total, how many items of potentially valuable IP have been identified in 2002/03?	0
9) What is the total number of items still being evaluated including those from previous years?	0
10) Has your organisation contracted with an external body to manage this IP?	No
11) If 10 is yes, what type of organisation is the external body?	
12) Are you, or do you intend to become a member of an NHS hub?	No
13) How many items potentially valuable IP have arisen from joint work with Universities?	0
14) Have you arrangements in place with universities for management of joint IP?	No
15) Total number of patents (including patent applications) held by your organisation	0
16i) Number of patent applications from your organisation filed in the UK in 2002/03	0
16ii) Number of patent applications from your organisation filed outside the UK in 2002/03	0
16iii) Number of patent applications from your organisation published in 2002/03	0
16iv) Number of patent applications from your organisation granted in 2002/03	0
17) Number of licence agreements concluded in 2002/03	0
18) Income from IP received by your organisation in 2002/03 (£)	0
19) How much income had been distributed to your employees in	0

2002/03 (£)?	
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