

R&D Annual Report for 2004 (including assessment by Department of Health)

Section 1 – Contact details:

Organisation Name: Fisher Medical Centre

Organisation Code: 5KJ17

Strategic Health Authority: North and East Yorkshire and Northern Lincolnshire

Contact Name: Dr Alan Hassey

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Section 2A-2E – NHS research programme: 81049 Supporting consumers in maximising their benefits from medicines; enhancing the capacity of pharmaceutical practice to improve the patient experience

2A Programme details	
1) Programme Identifier:	81049 Supporting consumers in maximising their benefits from medicines; enhancing the capacity of pharmaceutical practice to improve the patient experience
1b) Status on 30 June 2004	Unchanged
1c) Are you the administrative organisation for this programme?	No
2) Role of organisation in Programme	Contributing site
2B NHS R&D priority and needs areas	
<i>Not applicable to this programme</i>	
2C Parties involved in the programme	
<i>Not applicable to this programme</i>	
2D Changes to the programme from description in the 2003 Annual Report	
<i>Not applicable to this programme</i>	
2E Research deliverables	
8) Number of peer-reviewed publications	0 (unspecified year type)
9) Number of higher degrees directly funded by NHS R&D Support Funding	0 (unspecified year type)
10) Outcomes	Related impacts
1. Research capacity building through establishing collaborative links with WOREN's Pharmacy Research Network. 2. A possible collaborative bid for an intervention	 This project has led to the direct involvement of a GP research practice with the WOREN Pharmacy Research Network. A joint bid for an intervention study involving community pharmacists in diabetes mellitus is planned


<p>study using community pharmacists to promote adherence in type 2 diabetes will have important impacts on health and social care (Particularly in primary care).</p> <p>3. This project is also the subject of discussions with the MRC and may feed into the GPRF</p>	<p>in 2004-05.</p> <p>Please note WOREn is now operating under the National Coordinating Centre for Research Capacity Development for 2003/4 and 2004/5 and our collaboration should appear in their annual report.</p>
11) Intellectual property outputs	

DH assessment of programme 81049 Supporting consumers in maximising their benefits from medicines; enhancing the capacity of pharmaceutical practice to improve the patient experience

Feedback to be given to the organisation:

Please contact the administrative lead to obtain Department of Health feedback on this programme. We note that you are a contributing site, for the next annual report would you please describe your role in this programme.

Section 2A-2E – NHS research programme: RGDJE YReN3 - Ethnicity and Health

2A Programme details	
1) Programme Identifier:	RGDJE YReN3 - Ethnicity and Health
1b) Status on 30 June 2004	Unchanged
1c) Are you the administrative organisation for this programme?	No
2) Role of organisation in Programme	Contributing site
2B NHS R&D priority and needs areas	
<i>Not applicable to this programme</i>	
2C Parties involved in the programme	
<i>Not applicable to this programme</i>	
2D Changes to the programme from description in the 2003 Annual Report	
<i>Not applicable to this programme</i>	
2E Research deliverables	
8) Number of peer-reviewed publications	1 (Financial year)
9) Number of higher degrees directly funded by NHS R&D Support Funding	0 (unspecified year type)
10) Outcomes	Related impacts
The work on this project within the programme has been fed into the MRC GP Research Framework (GPRF) and the WOREn Pharmacy Research Network. Intervention studies involving primary care (general practices) and community pharmacy are likely to emerge from ongoing discussions. The	 Dr Hassey has been appointed as an honorary member of the senior academic staff to the MRC Clinical Trials Unit, ensuring GP input into intervention study design and development through the CTU &


main outcome are; 1. the involvement of primary care practitioners in the design and development of intervention studies. This is particularly important under the new performance-related contracts for GPs and community pharmacists. 2. Peer-reviewed publication (submitted) 3. Research capacity building through collaborative projects 4. Research outcomes that have important jhealth and social care implications particularly in primary care.	GPRF. FMCRU are planning a bid with YReN and Diabetes UK to appoint a researcher to take this study forward.
11) Intellectual property outputs	

DH assessment of programme RGDJE YReN3 - Ethnicity and Health

Feedback to be given to the organisation:

Please contact the administrative lead to obtain Department of Health feedback on this programme. We note that you are a contributing site, for the next annual report would you please describe your role in this programme.

Section 2A-2E – NHS research programme: RNP Evaluating New Mental Health Services

2A Programme details		
1) Programme Identifier:	RNP Evaluating New Mental Health Services	
1b) Status on 30 June 2004	Unchanged	
1c) Are you the administrative organisation for this programme?	No	
2) Role of organisation in Programme	Contributing site	
2B NHS R&D priority and needs areas		
<i>Not applicable to this programme</i>		
2C Parties involved in the programme		
<i>Not applicable to this programme</i>		
2D Changes to the programme from description in the 2003 Annual Report		
<i>Not applicable to this programme</i>		
2E Research deliverables		
8) Number of peer-reviewed publications	0 (unspecified year type)	
9) Number of higher degrees directly funded by NHS R&D Support Funding	0 (unspecified year type)	
10) Outcomes		Related impacts
The Practice has become involved in this programme through its connection with other trusts in the North Yorkshire NHS R&D Alliance. With completion of the Alliance contract this year and establishment of the Alliance R&D Unit greater involvement in the programme is expected next		


	year. We expect to be a recruitment site for projects on (1) assertive outreach services and (2) crisis resolution & home treatment services. We are well placed to contribute to projects concerned with the challenges to implementation of such services in rural areas.		
11)	Intellectual property outputs		

DH assessment of programme RNP Evaluating New Mental Health Services

Feedback to be given to the organisation:

Please contact the administrative lead to obtain Department of Health feedback on this programme. We note that you are a contributing site, for the next annual report would you please describe your role in this programme.

Section 2A-2E – NHS research programme: RXG Modernising mental health and learning disability services

2A Programme details	
1) Programme Identifier:	RXG Modernising mental health and learning disability services
1b) Status on 30 June 2004	Unchanged
1c) Are you the administrative organisation for this programme?	No
2) Role of organisation in Programme	Contributing site
2B NHS R&D priority and needs areas	
<i>Not applicable to this programme</i>	
2C Parties involved in the programme	
<i>Not applicable to this programme</i>	
2D Changes to the programme from description in the 2003 Annual Report	
<i>Not applicable to this programme</i>	
2E Research deliverables	
8) Number of peer-reviewed publications	1 (Calendar year)
9) Number of higher degrees directly funded by NHS R&D Support Funding	0 (unspecified year type)
10) Outcomes	Related impacts
Our project within this programme has led to primary care collaboration with the South West Yorkshire Mental Health Trust (SWYMHT) and Huddersfield University. A joint research post (funded by FMC & SWYMHT) is planned to develop a research bid in 2004. This project will deliver; 1. Peer reviewed publication (submitted)	 The MRC GPRF is very interested in this project as the basis for an intervention study. We are meeting the MRC for further discussions in the summer of 2004 as one of two FMC projects that may lead to MRC GPRF research activity. We have provided early feedback to managers, professionals and consumers of mental health

2. Research capacity building through collaborative partnerships 3. Important health and social care impacts in mental health (primary and secondary care)	services in SWYMHT area from the project so far.
11) Intellectual property outputs	

DH assessment of programme RXG Modernising mental health and learning disability services

Feedback to be given to the organisation:

Please contact the administrative lead to obtain Department of Health feedback on this programme. We note that you are a contributing site, for the next annual report would you please describe your role in this programme.

Appendix to section 2E – attachment containing list of publications:

Current attachment: Research.zip (5.0 KB)

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

Projects ending after 31st March 2003 ordered by title:

1) Project title	2) Externally funded?	3) Primary funder	4) Ongoing in 2004/05?	5) Main base?	6) External funding 2003/04 (£)
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DH assessment of non-programme activity

Feedback to be given to the organisation:

The Trust has not reported any non programme activity.

Section 3 – Financial information and tables

Table 1 – Spend against type of R&D funder in 2003/04:

	A. Total Spend (£)	B. Percentage of 1.k	C. Total number of ongoing projects
1.a) Research Council Work	12,000	33 %	4
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)	12,000	33 %	4
1.g) R&D outside of HSG (97) 32	0	0 %	0
1.h) R&D that has no external funder	17,492	48 %	4
1.i) Training	3,000	8 %	
1.j) Management costs	4,000	11 %	
1.k) (Sum 1f - 1j)	36,492	100 %	8
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 programme in 2003/04:

Columns A-G

A) Programme identifier	B) SFS Funding allocated 2003/04 (£)	C) PNF Funding allocated 2003/04 (£)	D) Actual SFS spend (£)	E) Actual PNF spend (£)	F) Variance	G) Explanation of variance
Non-programme activity:						
	2,734	8,201	9,941	9,627	SFS: £7,208 (264%) PNF: £1,425 (17%) Total: £8,633 (79%)	Spending on management costs and training are shown in this table, together with costs associated with preparation for the RCGP PCRTA process and work associated with MRC CTU & GPRF projects (4 ongoing MRC GPRF projects)
Programmes from your 2003 Annual Report: <i>last year's programmes must have been imported in Section 2A-2E before they appear in this list</i>						
81049 Supporting consumers in maximising their benefits from medicines; enhancing the capacity of pharmaceutical practice to improve the patient experience	1,250	3,750	623	500	SFS: £-627 (-50%) PNF: £-3,250 (-87%) Total: £-3,877 (-78%)	Much of the early work in this project was done as part of our involvement with the YReN3 programme. We have been slow to spend in this area because our partners have only recently appointed a researcher to develop a joint funding proposal (see comments)
RGDJE YReN3 - Ethnicity and Health	5,000	15,000	4,369	7,867	SFS: £-631 (-13%) PNF: £-7,133 (-48%) Total: £-7,764 (-39%)	The project costs were lower than anticipated in this year because we have not actually committed funds to a joint researcher with either Leeds (through the CRPC) or WOREN (see programme 81409) - see comments below.
RNP Evaluating New Mental Health Services	1,000	3,000	100	230	SFS: £-900 (-90%) PNF: £-2,770 (-92%) Total: £-3,670 (-92%)	There has been no activity in this project this year. We have had a great deal of difficulty committing the local mental health team to the project because mental health services are being re-configured in Airedale/Bradford during 2004-5.

RXG Modernising mental health and learning disability services	1,000	3,000	1,236	2,000	SFS: £236 (24%) PNF: £-1,000 (-33%) Total: £-764 (-19%)	This project has been extremely successful in 2003-04. We have submitted a paper for publication and collaboration is likely between the FMC practice, SWYMHT & the MRC GPRF. This will probably be our main project in 2004-05
Table 2 Total	10,984	32,951	16,269	20,223	SFS: £5,286 (48%) PNF: £-12,728 (-39%) Total: £-7,443 (-17%)	

Table 2 – Spend against programme in 2003/04:

Columns H-J

A) Programme identifier	H) Total external funding 2003/04 (£)	I) Ongoing externally funded projects	J) Ongoing projects without external funding
Non-programme activity:			
	0	0	4
Programmes from your 2003 Annual Report: <i>last year's programmes must have been imported in Section 2A-2E before they appear in this list</i>			
81049 Supporting consumers in maximising their benefits from medicines; enhancing the capacity of pharmaceutical practice to improve the patient experience	0	0	1
RGDJE YReN3 - Ethnicity and Health	0	0	1
RNP Evaluating New Mental Health Services	0	0	1
RXG Modernising mental health and learning disability services	0	0	1
Table 2 Total	0	0	8

Table 2 – Spend against programme in 2003/04:

Columns K-R

These columns show the best estimate possible of the amount of NHD R&D Funding spent during 2003/04 on each of the specified national priority areas (£)

A) Programme identifier	K) Cancer	L) Coronary heart disease	M) Children's services	N) Diabetes	O) Emergency care	P) Mental health	Q) Older people	R) Reducing inequalities
Non-programme activity:								
	0	2,500	0	2,500	0	2,500	2,500	0
Programmes from your 2003 Annual Report: <i>last year's programmes must have been imported in Section 2A-2E before they appear in this list</i>								
81049 Supporting consumers in maximising their benefits from medicines; enhancing the capacity of pharmaceutical	0	500	0	1,123	0	0	750	1,123

practice to improve the patient experience									
RGDJE YReN3 - Ethnicity and Health	0	2,000	0	8,497	0	0	2,000	2,000	
RNP Evaluating New Mental Health Services	0	0	0	0	0	330	0	0	
RXG Modernising mental health and learning disability services	0	0	0	0	0	3,236	0	1,000	
Table 2 Total	0	5,000	0	12,120	0	6,066	5,250	4,123	

Table 2 – Spend against programme in 2003/04:

Columns S-Z

These columns show the best estimate possible of the amount of NHD R&D Funding spent during 2003/04 on each of the specified national priority areas (£)

A) Programme identifier or activity name	S) Waiting times	T) Improving the patient experience	U) Building capacity to deliver health and social care	V) Renal disease	W) Respiratory disease	X) Chronic neurological disease	Y) Genetics	Z) Primary care
Non-programme activity:								
	0	2,500	14,626	0	0	0	0	14,626
Programmes from your 2003 Annual Report: <i>last year's programmes must have been imported in Section 2A-2E before they appear in this list</i>								
81049 Supporting consumers in maximising their benefits from medicines; enhancing the capacity of pharmaceutical practice to improve the patient experience	0	1,123	0	200	0	100	0	1,123
RGDJE YReN3 - Ethnicity and Health	0	8,497	2,000	1,000	0	0	0	8,497
RNP Evaluating New Mental Health Services	0	330	330	0	0	0	0	330
RXG Modernising mental health and learning disability services	0	1,000	1,000	0	0	0	0	3,236
Table 2 Total	0	13,450	17,956	1,200	0	100	0	27,812

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.

This has been a very successful year for the Fisher Medical Centre Research Unit (FMCRU). We have formed strong alliances for collaborative projects within three of our four programmes. We have developed a formal relationship with the MRC through Dr Hassey's appointment to the senior scientific staff at the MRC Clinical Trials Unit (CTU). We have nearly completed our portfolio for accreditation under the RCGP PCRTA scheme and we are looking forward to our formal assessment visit in November 2004. Two papers have been submitted for publication and collaborative funding bids are planned in two of our four projects.

Developing our research infrastructure has been a priority in 2004. This has been achieved through supporting research training for 2 GPs. One will be awarded his MSc in 2004-5 and the other will complete research training towards the MMedSci qualification at Leeds University in 2004. Training has also been offered to the wider primary health care team and several members, including our practice manager have undertaken research training courses. We have appointed a part-time research nurse to co-ordinate MRC GPRF activity (see below). Work is well underway to ensure the practice gains accreditation under the RCGP PCRTA scheme and we hope to achieve this by the end of 2004. FMC is becoming a "research practice" in the same way that it has been a training practice over the last 30 years. Research is now part of the practice culture.

Collaboration is the theme for this year's annual report. Firstly with the MRC both through the CTU and the GPRF where we hope to be involved in (at least) four projects in 2004-5;

1. MRC C13 Urea Breath Test & Eradication Trial (CUBE)
2. Lay and professional attitudes towards and experience of long acting contraception (LAPALAC)
3. A study to assess the incidence of pesticide-related illness presenting to general practitioners in Great Britain
4. Air travel and venous thromboembolism: A case control study in general practice

Our newly-appointed research nurse will co-ordinate these projects on behalf of the RMCRU with the MRC GPRF. We are also in discussion with the MRC about the possibility of them taking 2 of our projects forward through the GPRF and developing them into national studies (alcohol in the elderly & community pharmacy interventions to improve compliance in type 2 diabetes - see also the sections on "impacts").

We have developed a flourishing collaborative partnership with the South West Yorkshire Mental Health Trust and we hope to employ a joint researcher to develop a funding proposal to take this work further in 2004-5. We also hope to develop a similar proposal with WOREN's pharmacy research network in the next few months. Finally we have had preliminary discussions with the Institute for Health Studies at Oxford University about possible collaboration in the development of a trial of interventions to improve adherence in diabetes.

We are fully engaged in research governance with Dr Hassey's membership of the Harrogate Area R&D Committee, which held its first meeting in May 2004. External peer-review of our research activity is now an established part of our research governance arrangements and we are careful to ensure expert, independent scrutiny through research presentations (e.g. YReN, WOREN) and expert consultancy (Dr James Newell).

However, one downside to collaboration has been that things sometimes seem to move frustratingly slowly. While we have been ready to commit funds to joint -projects, our partners have not. Some of this has been due to delays around new research governance arrangements and some to budgetary restrictions within year. This has meant that we have two projects that will seek joint external funding with our partners, but it will not happen before 30th June 2004. Thus we will miss one of our key objectives from the DoH feedback from 2003/4. Unfortunately, a small organisation like FMCRU is at the mercy of our larger partners and their financial and research priorities.

We have begun to address the issue of Intellectual Property (IP). MediPex Limited (a Company Limited by Guarantee) has now been formed by 6 Yorkshire trusts (Leeds, Sheffield, York, Bradford, Barnsley, Hull). MediPex is the Yorkshire and Humber Innovation Centre. MediPex is making its services available to all trusts in Yorkshire and Humber so CHARD PCT is covered by that arrangement and we can now call on MediPex to advise and manage IP. It will also be conducting an IP audit in the area.

In conclusion, we believe that we have performed strongly this year and developed in line with the recommendations from last year's DoH feedback. We are now a "research practice" within a strong collaborative framework, underpinned by our links to the MRC. We will have RCGP PCRTA accreditation and be party to funding bids by this time next year.

Meanwhile we continue to publish and disseminate our research, develop our research projects in line with DoH priorities and provide a beacon for fellow primary care researchers.

Table 3 – Proposals for the next financial year 2005/06:

Non-programme activity:

A)	B) Total indicative budget 2005/06 (£)	C) Support for Science allocation (%)	D) Priorities and Needs allocation (%)
Non-programme activity	15,000	50	50

Active programmes declared in Section 2:

A) Programme identifier	B) Total indicative budget 2005/06	C) Support for Science allocation	D) Priorities and Needs allocation
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	(£)	(%)	(%)
81049 Supporting consumers in maximising their benefits from medicines; enhancing the capacity of pharmaceutical practice to improve the patient experience	12,000	33	67
RGDJE YReN3 - Ethnicity and Health	1,000	33	67
RNP Evaluating New Mental Health Services	4,781	33	67
RXG Modernising mental health and learning disability services	12,000	33	67
Programme sub-total	29,781		
Table 3 Total	44,781		

DH assessment of financial information

Data checks

Difference between Table 1 row 1k column A (total spend=£36,492) and Table 2 total columns D and E (actual spend=£36,492)	£0 (0%)
Difference between Table 1 row 1k column C (number of projects=8) and Table 2 total columns I and J (number of projects=8)	0 (0%)
Difference between Table 1 rows 2a+2b (total external funding=£0) and Table 2 total column H (total external funding=£0)	£0 (0%)
Difference between Table 2 columns B (SFS allocation) and D (SFS actual spend)	£5,286 (48%)
Difference between Table 2 columns C (PNF allocation) and E (PNF actual spend)	£-12,728 (-39%)
Proportion of funding spent on national priorities (total Table 2 columns K-Z=£93,077 /Table 1 row 1k=£36,492) (Note that the same funds can be allocated to more than one area)	255%

Feedback to be given to the organisation:

In setting out your plans for 2005/6 you do not appear to have used the right indicative figure for your 2005/6 allocation, we will be asking you to correct this.

Section 4 – PCT (Research Management and Governance)

This section does not apply to Fisher Medical Centre

Section 5 – Management of intellectual property:

1) Name of Lead Person for IP in Organisation	Damon Foster
2) Position of Lead Person for IP in Organisation	R&D Manager (Contracts, Finance & Innovation), North Yorkshire Alliance R&D Unit. We will be calling on MediPex, through CHARD PCT, to advise and manage intellectual property
3) Has an internal policy based on the new Framework and Guidance been approved by your board?	Yes
4i) Has the policy been disseminated to employees engaged in research?	Yes
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?	Yes
7) If 6 is yes, what type of organisation is the external body?	Commercial
8) In total, how many items of potentially valuable IP have been identified in 2003/04?	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 2003/04	0
16ii) Number of patent applications from your organisation filed outside the UK in 2003/04	0
16iii) Number of patent applications from your organisation published in 2003/04	0
16iv) Number of patent applications from your organisation granted in 2003/04	0
17) Number of licence agreements concluded in 2003/04	0
18) Income from IP received by your organisation in 2003/04	£0
19) How much income had been distributed to your employees in 2003/04?	£0

Overall comments

Overall feedback to be given to the organisation

The Fisher Medical Centre has a contributing role in these programmes and should describe its role to enable us to make sound assessment of your work.