

Fisher Medical Centre

R&D Annual Report 2005

Signature of Chief Executive or delegated authority:

I hereby confirm that the following document is the R&D Annual Report 2005 for Fisher Medical Centre. I also confirm that it has been completed in accordance with the guidance issued by the Department of Health and provides an accurate representation of Fisher Medical Centre's position.

Signed: _____

Designation: _____

Section 1: Contact details

Organisation Name:	Fisher Medical Centre
NHS Organisation Code:	5KJ17
NRR Organisation Code(s):	N0612
Strategic Health Authority:	North and East Yorkshire and Northern Lincolnshire
Contact Name:	Dr Alan Hassey
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Section 2A-2E: NHS Research programmes

**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 31 March 2005 <i>(compared to the 2004 annual report)</i>	Deleted

Section 2A-2E: NHS Research programmes

RGDJE Ethnicity and Health Network

2A Programme details

1) Programme Identifier:	RGDJE Ethnicity and Health Network
1b) Status on 31 March 2005 <i>(compared to the 2004 annual report)</i>	Modified
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

Not applicable to this programme record

2C Parties involved in the programme

Not applicable to this programme record

2D Changes to the programme from description in the 2004 Annual Report

6a) Incorporation of deleted programmes	<i>Not applicable to this programme record</i>
6c) Contribution of organisation to the programme	<p>1. research capacity building through links with YReN & WOREN (Pharmacy research Network)</p> <p>NB Please note WOREN is operating under the National Coordinating Centre for Research Capacity Development in 2004-5.</p> <p>2. We have one peer reviewed paper accepted for publication (see below)</p> <p>3. This project and the publication from it may have an impact on the delivery of enhanced services through the new community pharmacy contract and help guide future research in this area.</p>
7) How have changes to the programme affected your organisation?	<p>1. Involvement in this programme has helped raise awareness within our organisation and future research plans of ethnicity issues in relation to health.</p> <p>2. It has helped us to facilitate a cultural shift in our organisation's awareness and approach to diversity.</p>

2E Research deliverables

Total for reporting organisation

8) Number of projects ongoing on 31 March 2005	1
9) Number of peer-reviewed publications <i>(unspecified year type)</i>	0
10) Number of higher degrees directly funded by NHS R&D Support Funding <i>(unspecified year type)</i>	0
11) Examples of impact on health services or policy	<p>1 peer reviewed paper has been accepted for publication in The International Journal of Pharmacy Practice, pending some minor amendments. These should be completed & final submission in June 2005.</p> <p>It is generally accepted that greater use could be made of community pharmacy-based interventions. Diabetes care has been proposed as an area for enhanced community pharmacy involvement. However there is no published structured review of available evidence of effectiveness or acceptability. This review aimed to identify and assess such evidence and to synthesise findings to inform the design and delivery of future community pharmacy-based interventions in diabetes care.</p> <p>This project has also helped with research capacity building through our links with both WOReN's Pharmacy Research Network & YReN.</p>

Section 2A-2E: NHS Research programmes

RNP Evaluating New Mental Health Services

2A Programme details

1) Programme Identifier:	RNP Evaluating New Mental Health Services
1b) Status on 31 March 2005 <i>(compared to the 2004 annual report)</i>	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

Not applicable to this programme record

2C Parties involved in the programme

Not applicable to this programme record

2D Changes to the programme from description in the 2004 Annual Report

6a) Incorporation of deleted programmes *Not applicable to this programme record*

6c) Contribution of organisation to the programme

This programme will be increasingly important in the next year. We have now completed a pre-protocol literature review and are planning a research project around the impact of the mental health NSF in rural areas.

We expect the focus of our research efforts to be based around

1. assertive outreach services
2. crisis resolution & home treatment services

We are well placed to contribute to the development, design and delivery of projects concerned with the challenges of implementing such services in rural areas.

Our principle contribution is to provide a strong primary care presence in the programme's areas of activity.

7) How have changes to the programme affected your organisation? *Not applicable to this programme record*

2E Research deliverables

Total for reporting organisation

8) Number of projects ongoing on 31 March 2005	1
9) Number of peer-reviewed publications <i>(unspecified year type)</i>	0
10) Number of higher degrees directly funded by NHS R&D Support Funding <i>(unspecified year type)</i>	0
11) Examples of impact on health services or policy	Our pre-protocol literature review confirms that there have been no formal published evaluations of rural mental health services since the publication of the Mental Health NSF. This study will assess the impact of the NSF on service delivery in rural/semi-rural areas of Northern England

Section 2A-2E: NHS Research programmes

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 31 March 2005 <i>(compared to the 2004 annual report)</i>	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

Not applicable to this programme record

2C Parties involved in the programme

Not applicable to this programme record

2D Changes to the programme from description in the 2004 Annual Report

6a) Incorporation of deleted programmes

Not applicable to this programme record

6c) Contribution of organisation to the programme

Fisher Medical Centre has provided funding for the collaboration to put together three research bids for external funding. Our partners include;

SW Yorkshire Mental Health Trust (research sponsor)
 Huddersfield Univ
 Nuffield Centre, Leeds Univ
 Newcastle Univ

The three external funding bids are detailed below and form the basis for our 3 ongoing projects;

1. MRC – A study of how older people use alcohol (primary care setting)
2. Help the Aged - The prevalence and correlation of falls and alcohol use among older people
3. BUPA - A study examining the alcohol use health promotion and education needs of older people in primary care

This project has delivered;

1. One peer-reviewed publication so far
2. Research capacity building through collaborative partnerships
3. An understanding of health and social care impacts in mental health
4. Stakeholder involvement and feedback - we have presented this ongoing work twice to patients, carers, professionals and managers at the annual SWYMHT research presentation day.
5. Comment and approval from local ethics and research governance committees

7) How have changes to the programme affected your organisation?

Not applicable to this programme record

2E Research deliverables

Total for reporting organisation

8) Number of projects ongoing on 31 March 2005

3

9) Number of peer-reviewed publications
(financial year 2004/05)

1

10) Number of higher degrees directly funded by NHS R&D Support Funding
(unspecified year type)

0

11) Examples of impact on health services or policy

Limited research on alcohol use patterns in the elderly in the UK
 Importance of primary care as “capture point” in health & social care system
 To explore and describe;

- Prevalence
 - Patterns
 - Perceptions
- Of alcohol use in older people

We see these projects as being the first stage in an emerging programme of research based around alcohol use and abuse in older people, to include studies of prevalence, case-finding, screening and intervention. All of this is subject to successful bids for external funding.

Publication

Alan Hassey, Helen Wilkinson, James Newell, Hannah Rossall. Alcohol abuse in older people – presentation and scope of the problem – a clinical review. *Mental Health and Learning Disabilities Research and Practice* 2004;5-13.

Appendix to section 2E: attachment containing list of publications

Current attachment: [Fisher Medical Centre Publications 2004-5.doc](#) (24.1 KB)

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

Projects ending after 31st March 2004 ordered by title:

1) Project title	2) Externally funded?	3) Primary external funder	4) Ongoing in 2005/06?	5) Main base?
A study to assess the incidence of pesticide-related illness presenting to general practitioners in Great Britain	Yes	MRC GPRF (partially funded)	Yes	No
Air travel and venous thromboembolism. A case control study in general practice	Yes	MRC GPRF (partially funded)	Yes	No

Summary

This is calculated automatically from the records shown above. It should match the numbers in the first row of Table 2 columns I and J

Ongoing externally funded projects	2
Ongoing projects without external funding	0

Section 3: Financial information and tables

Table 1: R&D support funding resources and associated spend in 2004/05

1A: Resources

	Amount (£)
a) Balance brought forward from 2003/04 (overspend is negative; underspend is positive)	0
b) Allocation in 2004/05 (including RM&G and EU Directive funding)	49,370

c) <i>Ad hoc</i> funding in 2004/05 (ie invoiced and received in year, <i>not total approved</i>)	0
d) RM&G funding in 2004/05 (accounted for in Section 4 if applicable))	0
e) Total NHS R&D support funding available in 2004/05	49,370

1B: Expenditure

	A. Total Spend (£)	B. Percentage of 1.k	C. Total number of ongoing projects
1.a) Research Council Work	14,000	30 %	2
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)	14,000	30 %	2
1.g i) R&D outside of HSG (97) 32-commercial partner	0	0 %	0
1.g ii) R&D outside of HSG (97) 32-other	0	0 %	0
1.h) R&D that has no external funder	24,292	52 %	5
1.i) Training	4,370	9 %	
1.j) Management costs	4,000	9 %	
1.k) Total spend using NHS R&D support funding (Sum 1f - 1j)	46,662	100 %	7

1C: Balance

	Amount (£)	Percentage of 2004/05 resources (1A row e)
Balance carried forward to 2005/06 (overspend is negative; underspend is positive)	2,708	5 %

1D: External funding

	Amount (£)
2) External funding for spend shown in 1a - 1h above	0
3) External income to organisation from externally funded R&D	0

Table 2: Spend on programmes and by national priority

Columns A-G

A) Programme identifier	B) SFS Funding allocated 2004/05 (£)	C) PNF Funding allocated 2004/05 (£)	D) Actual SFS spend (£)	E) Actual PNF spend (£)	F) Variance	G) Explanation of variance
Non-programme activity:						
	8,000	8,000	10,000	12,370	SFS: £2,000 (25%) PNF: £4,370 (55%) Total: £6,370 (40%)	Spending in this table relates to; 1. Management costs and training 2. costs associated

						with our successful completion of the RCGP PCRTA scheme in 2005. 3. MRC GPRF projects are also shown in this field.
Programmes declared in Section 2A-2E:						
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%)	This programme is discontinued. We transferred funding to support our activity in programme RXG
RGDJE Ethnicity and Health Network	1,250	3,750	2,060	3,066	SFS: £810 (65%) PNF: £-684 (-18%) Total: £126 (3%)	Activity in this programme area was slightly more than expected with several peer-reviewed journal submissions and associated costs
RNP Evaluating New Mental Health Services	1,781	3,000	813	230	SFS: £-968 (-54%) PNF: £-2,770 (-92%) Total: £-3,738 (-78%)	The only work under this programme was a literature review (completed) and pre-protocol work. The balance was transferred across to RXG
RXG Modernising mental health and learning disability services	5,000	10,881	6,000	11,000	SFS: £1,000 (20%) PNF: £119 (1%) Total: £1,119 (7%)	This project has been the main focus of our activity this year. We have produced one peer-reviewed publication and 3 bids (submitted) for external funding. This project will continue to be our main research activity for the next 2 years.
Table 2 Total	17,281	29,381	19,496	27,166	SFS: £2,215 (13%) PNF: £-2,215 (-8%) Total: £0 (0%)	

Table 2: Spend on programmes and by national priority**Columns H-J**

A) Programme identifier	H) Total external funding 2004/05 (£)	I) Ongoing externally funded projects	J) Ongoing projects without external funding
Non-programme activity:			
	0	2	0
Programmes declared in Section 2A-2E:			
81049 Supporting consumers in maximising their benefits from medicines; enhancing the capacity of pharmaceutical practice to improve the patient experience	0	0	0
RGDJE Ethnicity and Health Network	0	0	1
RNP Evaluating New Mental Health Services	0	0	1
RXG Modernising mental health and learning disability services	0	0	3
Table 2 Total	0	2	5

Table 2: Spend on programmes and by national priority**Columns K-R**

These columns show the best estimate possible of the amount of NHD R&D Funding spent during 2004/05 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:								
	1,000	1,000	0	1,000	1,000	2,000	5,000	2,000
Programmes declared in Section 2A-2E:								
81049 Supporting consumers in maximising their benefits from medicines; enhancing the capacity of pharmaceutical practice to improve the patient experience	0	0	0	1,123	0	0	500	0
RGDJE Ethnicity and Health Network	0	0	0	5,126	0	0	2,500	0
RNP Evaluating New Mental Health Services	0	0	0	0	0	1,043	0	1,043
RXG Modernising mental health and learning disability services	0	1,000	0	1,000	1,000	17,000	17,000	2,000
Table 2 Total	1,000	2,000	0	8,249	2,000	20,043	25,000	5,043

Table 2: Spend on programmes and by national priority**Columns S-Y**

These columns show the best estimate possible of the amount of NHD R&D Funding spent during 2004/05 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
Non-programme activity:							
	0	5,000	10,000	0	1,000	500	0
Programmes declared in Section 2A-2E:							
81049 Supporting consumers in maximising their benefits from medicines; enhancing the capacity of pharmaceutical practice to improve the patient experience	0	1,123	0	0	0	0	0
RGDJE Ethnicity and Health Network	0	2,000	0	0	0	0	0
RNP Evaluating New Mental Health Services	0	1,043	0	0	0	0	0
RXG Modernising mental health and learning disability services	0	5,000	5,000	0	0	0	0

Table 2 Total	0	14,166	15,000	0	1,000	500	0
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Table 2: Spend on programmes and by national priority

Columns Z-DD

These columns show the best estimate possible of the amount of NHD R&D Funding spent during 2004/05 on each of the specified national priority areas (£)

A) Programme identifier or activity name	Z) Degenerative neurological disorders (including Alzheimer's)	AA) Medicines for children	BB) Public health	CC) Stroke	DD) Primary care
Non-programme activity:					
	0	0	2,000	0	22,370
Programmes declared in Section 2A-2E:					
81049 Supporting consumers in maximising their benefits from medicines; enhancing the capacity of pharmaceutical practice to improve the patient experience	0	0	0	0	1,123
RGDJE Ethnicity and Health Network	0	0	0	0	5,126
RNP Evaluating New Mental Health Services	0	0	0	0	1,043
RXG Modernising mental health and learning disability services	0	0	0	0	17,000
Table 2 Total	0	0	2,000	0	46,662

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 our most successful year of research activity ever culminating in the successful completion of the Royal College of General Practitioner's Primary Care Research Team Accreditation award in 2005 at investigator practice level (Accredited Research Practice PCRTA Investigator Led April 2005 – April 2008). This represents the culmination of 18 months work by our (now) well-established practice research team.

Building our own research capacity remains a priority and this year we have been able to support research training for 2 GPs, 2 nurses and our practice manager. Research is an established part of the culture of our organisation and we are building on this through investment and support of our staff.

Our research projects involve a number of successful collaborations through the MRC GPRF and our own projects linked to programmes. We continue to show our MRC GP Research Framework (GPRF) activity in the Research Council Work and Non-Programme activity areas of the financial tables.

Our current MRC projects include;

1. A study to assess the incidence of pesticide-related illness presenting to general practitioners in Great Britain.
2. Air travel and venous thromboembolism. A case control study in general practice

We are looking at further MRC GPRF projects including a study of sexual health for 2005-6.

Our collaboration with South West Yorkshire Mental Health Trust has led to three research bids submitted for external funding this year linked to the RXG programme. All the organisations involved in this collaboration through the RXG programme are committed to working together. Experience suggests it can take several years for these collaborations to reach maturity, however, we are hopeful that our bids for external funding will be successful. We expect this programme to be the focus of our research for at least the next two years.

We did not anticipate the EU Directive Funding of £2708 in our financial plans and have not yet received these funds from our PCT. They are therefore unallocated & unspent in this report and will be carried over into the next financial year.

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. MediPex will advise on and manage intellectual property matters
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?	Yes
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 2004/05?	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 2004/05	0
16ii) Number of patent applications from your organisation filed outside the UK in 2004/05	0
16iii) Number of patent applications from your organisation published in 2004/05	0
16iv) Number of patent applications from your organisation granted in 2004/05	0
17) Number of licence agreements concluded in 2004/05	0
18) Income from IP received by your organisation in 2004/05	£0
19) How much income had been distributed to your employees in 2004/05?	£0