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# Primary Care Musculoskeletal Research Centre

## Local Implementation of the Research Passport Scheme

# The “group”

- Keele, Staffordshire and Wolverhampton Universities
- Staffordshire, Shropshire and Wolverhampton NHS Trusts
- Pre-cursor to the West Midlands North CLRN

# The Context

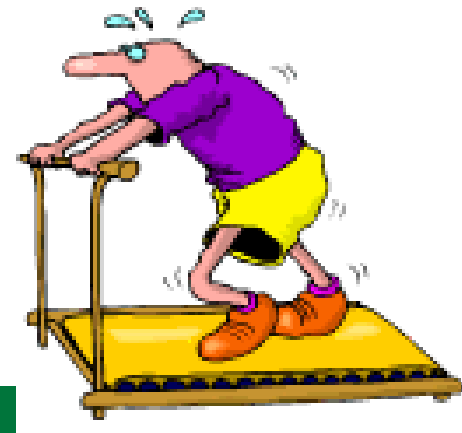
- Large portfolio of applied research
- University-led with local investigators, plus multi-centre
- Joint NHS/HEI Research Strategies
- An established NHS / HEI Liaison Group
  - Manager level
  - Problem-solving
- Ethics, Independent Peer Review, Approvals

# The Problem

- Increasing delays in achieving study set-up
- University picking up the funding costs caused by:
  - Delays in start-up: Honorary Contracts
  - Duplicated checks: Qualifications / CRB / OH
- Staff complaints:
  - Repeated CRB / OH Checks - invasion of privacy
  - Repeated NHS inductions - waste of time
- Mountains of paperwork

# Case Example

- APEX Study
  - Acupuncture
  - Multi-centre RCT
- Aim
  - To investigate the benefit of adding acupuncture, to a package of advice and exercise
- Primary care referrals to physiotherapy



# APEX - Set up

## Clinical sites:

- 104 physiotherapists
- 21 PCTs / NHS Trusts across West Midlands

## Keele University:

- 7 University based researchers
  - 3 research nurses
  - 4 physiotherapists



# RGF Implementation

## Funded timeline

Stage	Year One	Year Two	Year Three
<b>Set-up:</b> <ul style="list-style-type: none"><li>- Recruitment of centres</li><li>- Training of study personnel</li><li>- <b>TRUST DOCUMENTATION &amp; APPROVALS</b></li><li>- Pilot studies</li></ul>	■		
<b>Main Trial:</b> <ul style="list-style-type: none"><li>- Recruitment &amp; randomisation</li><li>- Outcome measurement</li><li>- Analysis and writing-up</li><li>- Dissemination</li></ul>		■	■

# Honorary Contracts

- Honorary contracts
  - For 7 research staff at 21 Trusts
    - OH screens, CRB checks, Risk assessments,
    - Check of qualifications, Induction training
- Lack of shared systems between Trusts

147 Honorary Contracts

Average 8 contacts per Trust

On Average = 21 weeks

(Range 5 to 30 weeks)

# Research Passport Pilot Study

- Offered a practical solution
- Clear guidelines and documentation
- Training
- Guidance pack to support implementation

# What we did

- Identified lead coordinator – senior manager covering HEI and NHS
- Identified leads in HEIs
  - Senior lead (Research representation)
  - R&D Management (research office)
  - HR representation
- Identified R&D and HR leads at all NHS & HEI organisations
- Organised initial meeting
- Distributed documentation
- Gained sign-up based on shared needs

# At the first meeting

- Identified the key “hot-spots”
  - Variations in NHS policies
  - Gaps in systems – HEIs
  - Ambiguity in RP guidance
- Agreed broad distribution of tasks
  - HEIs: between academic centres and HR
  - NHS: between R&D and HR

# Agreed Implementation Plan

- Nominated R&D and HR leads in each organisation
- Sign-up to the “big picture”
  - We’re going to do this within three months
  - We’ll sort out detail within first year
- Adopted implementation plan offered by the national pilot
- All communications through nominated coordinator + administrative support
  - Reporting, collation, feedback, action, review
- Set timescales for follow-up meetings

# Local Progress within 6 months

<b>Implementation Stage</b>	<b>No of Sites</b>
1 – leads identified	All
2 – formal agreement in place	All
3 – implementation plan in place	All
4 – staff trained	All
5 – policies in progress	All bar one
6 – policies signed off	All bar one
7 – launched	All bar two
8 – In progress	13
8 and 5 - In progress but policies not signed off	2
<b>Total sites</b>	<b>15</b>

# NHS Issues

- Variations in pre-engagement checks
- Categories of staff who need CRB
- Interpretation of “Direct interaction with patient care”
  - Admin / reception staff
- Standard or enhanced CRB
- OH screening:
  - paper-based or face-to-face
  - Geared to risks from patient contact
- Updating of checks / records

# NHS Issues

- Quality of liaison between HR and R&D offices
- Aimed for clarity around distribution of roles
- HR quality assure systems for issuing RP
  - HR set clear requirements, documented systems
  - R&D administer RPs – linked to project approvals
  - Timelines for signing off new RPs / Agreements

# NHS issues

- Research Passport systems highlighted need for equivalent arrangements to deal with NHS – to NHS working
  - Employer provides reassurance on pre-engagement checks
  - Used same checklist as for RP
  - Host organisation issues standard letter of engagement, accepting substantive contract

# HEI Issues – Occupational Health Screening

- Ensure OH know about:
  - who's been offered what kind of job,
  - what kind of exposures may be incurred,
  - When OH form was issued / agreed start-date
- Address risks presented by patient contact
  - Exposure-prone procedures, blood-borne viruses
- Up-dating checks to pick up on changed working circumstances

# HEI Issues – CRB checks

- Level dictated by law
  - HEI can't request enhanced disclosure, just because NHS want it
- Need for guidance on reasonable “lifetime” for CRB
  - 3 years – or when circumstances change?
- Requirement to report changed circumstances
  - Clarify with the substantive employer

# HEI issues

- On-going liaison between HR and Academic Managers
- Better clarity on employer responsibilities
- Improved understanding of management requirements within academic teams
- Improved clarity for employees
- Improved relationships with NHS partners

# Factors contributing to success

- Good communications within (R&D/HR) and between (NHS/HEI) organisations
- Buy in from HR and researchers
- Demonstrable support from highest levels in HEIs and NHS,
- Supplemented by credible local champions
- Strong network to provide support and momentum
- Regular meetings to monitor progress
- Willingness to launch without all details in place

# Outcome

- The StarTBack trial
- Study set-up in one month
- 8 staff, issued Research Passports by 12 GPs / PCTs / NHS Trusts in 14 days
- No additional checks or induction training
- Trusts not involved in the pilot now also accepting the passport



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## Interactive discussion

# CLR N Implementation - 1

- Member Organisation Agreement
  - Member Trusts have signed up to implement Research Passport scheme
- Are there barriers to local implementation? What are they

# CLRN Implementation - 2

- Can one CLRN Member Organisation act as administrative lead for all RP / NHS to NHS employment contract issues?
- Implications
- Who - Host Organisation?
- Actions needed

# CLRN Implementation - 3

- Is it possible for Trusts to accept “Research in the NHS - HR Good Practice guide as policy?”
- Can Trusts accept RP procedures wholesale?
- What action needed by who to enable this

# CLRN Implementation - 4

- Any changes /additions needed to existing good practice guidance?
- General feedback on forms and guidance notes
- Paperwork for NHS to NHS working
- Researchers in Mental Health, Children or Specialist Trusts
- NHS Sign-off:
  - Who
  - Timescales

# CLRN Implementation - 5

- Next steps .....
- Proposed implementation plan
  - Any gaps?
- Timeline for implementation
- Communication and Dissemination
- Monitoring and evaluation
- Next steps