

Foreword

The NHS constitution requires that research is seen as core NHS business and states that every patient should be offered the opportunity to engage in research. High quality research underpins advances in healthcare and should be used to influence the commissioning of evidence based services across the health, social care and the voluntary sector.

The strategic aim for the next three years is to build on work with respect to development of integrated health data systems and new models of care and implement these across the Pennine Lancashire footprint ensuring patients can live well, keep well and care is effectively joined up across all care pathways.



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Executive Summary

The Pennine Lancashire Research, Innovation and Clinical Effectiveness Strategy sets out the importance of research and innovation within the national and local contexts. These include key national drivers such as The Five Year Forward View (2014-15-2018-19), the Quality, Innovation Performance and Prevention (QIPP) agenda and locally the Pennine Lancashire Health and Wellbeing Principles and priorities (2017-21).

Our focus is on improvement work and innovation that offers potential gains for population health outcomes and ensure value for money through reducing unwanted variation. The strategy aims to provide practical detail on how commissioners might exercise their duty to promote research and the use of research evidence. In particular, it offers suggestions on how commissioners can enhance their decision-making through collaboration with the health research community and use their contracting power to develop the evidence base through improved participation of their patients in research studies. Developing the supporting research infrastructure including recruiting and retaining a high caliber workforce, developing supporting technologies and providing modern and appropriate facilities, is key to delivering a strategy aligned to and facilitating translation of research and practice.

Our vision is clearly articulated, however in order to achieve this vision, the Pennine Lancashire Health and Wellbeing Economy must maintain a culture where all the constituent parts believe that research is a primary function aligned to patient care and continuous improvement; research is everyone's business. We will support the Pennine Lancashire Health and Wellbeing Transformation Programme in becoming an excellent partnership by providing a culture that values and promotes research and innovation.

The overarching aims and objectives have been identified along with outcomes and impact of each. These include:

- Identifying and prioritising local commissioning health services research and innovation topics and coordinating this work via internal Pennine Lancashire CCGs processes engaging other stakeholders as necessary.
- Developing the evidence base in relation to models of commissioning to ensure the approach to commissioning services is based on best evidence and effectiveness.
- Increasing capability amongst Pennine Lancashire CCGs and members to utilise the outcomes of research and successful innovation bids, thereby increasing the safety and quality of care and treatment.
- Ensuring the inclusion of patients in setting priorities for research and participation in

the design, delivery, and dissemination of research.

- Promoting the ideal that every patient coming into the NHS is offered an opportunity to take part in research.
- Increasing the availability of information on current and completed research and innovation projects to the public.
- Maximising the benefits from research through innovation, income, knowledge improvement and impact.

The newly formed Committee for Research, Innovation and Clinical Effectiveness will be the group that oversees the strategy and delivery of objectives. The terms of reference for this committee are provided in appendix 1. The National Institute for Health Research (NIHR) infrastructures and funding sources are summarised in appendix 2. The Association of Medical Research Charter for NHSE and CCGs is provided in appendix 3. The research pathway for the regional and local footprint is represented in appendix 4 and research approach is represented in appendix 5.

Introduction

The NHS Constitution requires that research is core NHS business and Clinical Commissioning Groups's (CCG) have a statutory duty to engage with research activities. The NHS Constitution (2012) states CCG's have a commitment to inform patients of research studies in which they may be eligible to participate. The involvement of patients, their families and carers, and the engagement of the public, is imperative to ensuring NHS England undertakes and commissions research that is relevant to the people who use its services. Patient and carer involvement leads need to be more focused on priority setting and research questions and increase engagement and participation in research. NHS England supports the goal for "every willing patient to be a research patient" (Department of Health 2011). This benefits both the NHS and patients whilst increases the availability of patient data which informs research priorities and improves patient safety.

NHS England anticipates that the population's need for healthcare services will continue to grow faster than the funding available for those services. The Department of Health has identified improving the uptake and diffusion of innovation within the NHS as a potential solution to this increasing demand. The Innovation, Health and Wealth (IHW) strategy makes the case that innovation can improve both quality and productivity and that, in the context of increasing demands for care in a financially constrained system, innovation can help improve efficiency, and thus the sustainability of the NHS.

By promoting research and innovation this will enable Pennine Lancashire's vision to "*commission and ensure the delivery of high quality health services and enable our population to live longer healthier lives*" and ultimately deliver the following strategic priorities:

- Prevent ill health
- Reduce health inequalities
- Improve healthcare quality (safety, experience and effectiveness)
- Improve health and wellbeing outcomes

This will contribute to the Pennine Lancs objective to "improve health and wellbeing across the locality footprint and remove health inequalities". Priorities include prevention, self-care and public health, whilst creating integrated, effective and financially sustainable health and care services.

The Pennine Lancashire Health and Wellbeing Economy (PLHWBE) aims to commission the best possible care and experience for patients. This will be facilitated by utilising the research and innovation infrastructure by working collaboratively with health, public health and academic colleagues to ensure wide scale engagement, which is crucial in delivering this strategy.

1. Background

1.1 National Context

Innovation is increasingly held up by senior healthcare leaders and NHS England as the vital solution to meeting many of the challenges in health and social care. There are a number of publications which are drivers for innovation and change in the NHS:

- **The Five Year Forward View (2014/15 – 2018/19)**
- **The National Information Board's (NIB) 2014 report 'Personalised Health and Care 2020'**
- **Creating Change: Innovation Health and Wealth – One year on (2012)**
- **Quality, Innovation, Productivity and Prevention (QIPP) initiative**

The clear message is the need to improve quality whilst reducing costs across the NHS and that a system for innovation continually scans for new ideas to take them through to widespread use. Creating a culture of innovation is a key theme of Innovation Health and Wealth and therefore a priority within this strategy.

One of the consequences of the Health and Social Care Act 2012 is an increased emphasis on research and the use of evidence. In view of strong national drivers, the Act places a statutory duty on the Secretary of State, NHS England and Clinical Commissioning Groups to promote, in the exercise of its functions:

- a) Research on matters relevant to the health service, and
- b) The use in the health service of evidence obtained from research.

This is re-iterated in the Government's mandate to the, the NHS Operating Framework, NHS Outcomes Framework and the NHS Constitution.

The NHSE function of CCGs sets out in regulation 7 that, if they are the relevant body, CCGs must comply with a technology appraisal recommendation by NICE. It is therefore important that research, innovation and clinical effectiveness encompasses how the CCG fulfils this obligation and uses NICE technology appraisals (TA) and guidelines to improve quality standards in healthcare delivery and outcomes by access to innovative drugs, devices or procedures.

Currently the Pennine Lancashire CCGs have a formal process to gain assurance from providers that all NICE TAs relating to medicines, for which the CCG is the responsible

commissioner, when published, will be evaluated and assessed if it is relevant to primary care or NHS commissioned providers. If relevant to NHS commissioned providers the CCG has committed to funding all positive NICE TA drug treatments (on a monitored basis if a PBR excluded drug) from the date of publication to ensure innovative treatments are available to patients registered in Pennine Lancashire as quickly as possible. If a drug receives a negative NICE TA then assurance should be obtained in a similar way that the drug is no longer provided routinely.

Definition of Innovation

Innovation is any new service or product which can demonstrate it is feasible, desirable and viable. This combination creates **added value** for patients, staff or the organisation.

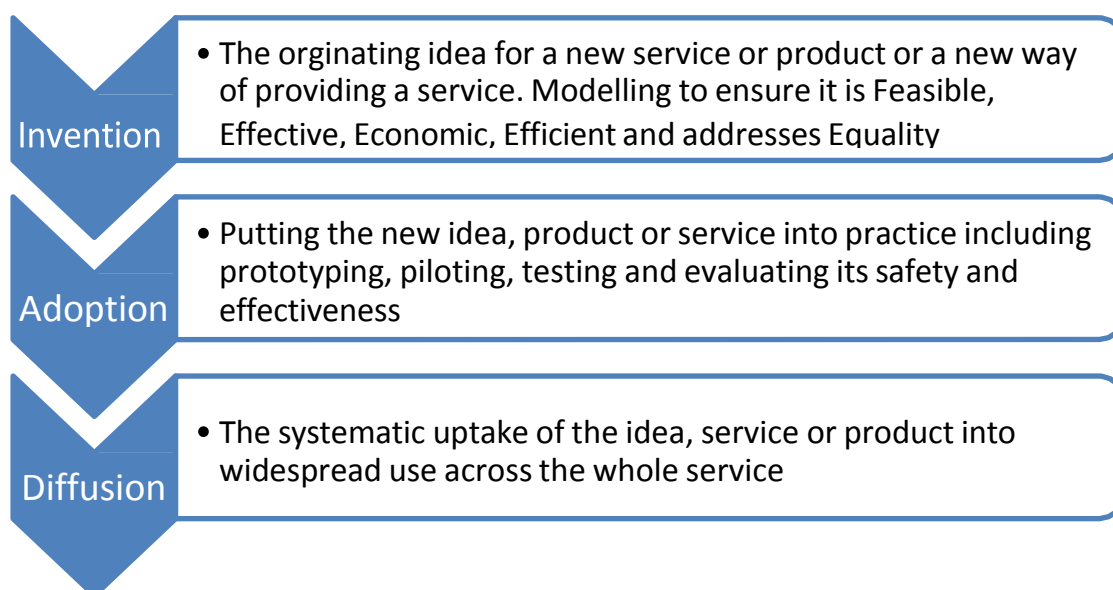
“An idea, service or product, new to the NHS or applied in a way that is new to the NHS, which significantly improves the quality of health and care wherever it is applied”

An innovation may be incremental (building on and improving existing practices), radical (a completely new approach to solving existing problems), or revolutionary (an innovation that creates an entirely new and unexpected market). Innovation is not just about the originating idea, but also the whole process of the successful development, implementation and spread of that idea into widespread use.

Innovation Health and Wealth, Accelerating the Adoption and Diffusion in the NHS DH 2011

The innovation process is summarized in figure 1.

Figure 1: The innovation process



Definition of Research

Research in the NHS is defined as:

'The attempt to derive generalisable or transferable new knowledge to answer or refine relevant questions with scientifically sound methods. This excludes audits of practice and service evaluations. It includes activities that are carried out in preparation for or as a consequence of the interventional part of the research, such as screening potential participants for eligibility, obtaining participants' consent and publishing results. It also includes non-interventional health and social care research (ie. Projects that do not involve any change in standard treatment, care or other services), projects that aim to generate hypotheses, methodological research and descriptive research.

[\[http://beta.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/uk-policy-framework-health-social-care-research/\]](http://beta.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/uk-policy-framework-health-social-care-research/)

The Health Research Authority <http://www.hra.nhs.uk/> and NHS research and development forum have issued guidance on the categorising of research clinical audit and evaluation. Research requires research ethics committee review, governance arrangements are via the Clinical Research Network (CRN).

1.2 Local Context

The Pennine Lancashire Care and Wellbeing Transformation Programme outlines the vision for people and families to live well, stay well and have access to joined up care and in high quality hospital care and support when required. The partnerships with NHS East Lancashire and Blackburn with Darwen Clinical Commissioning Groups (Pennine Lancashire CCGs) East Lancashire Hospitals Trust (ELHT), Lancashire Care Foundation Trust (LCFT), Lancashire County Council (LCC) and Blackburn with Darwen Borough Council (BwDBC) will work collectively as an Accountable Care System (ACS) over the coming months and years, working closely between adult health and social care teams to provide the residents of Pennine Lancashire with high quality sustainable services which meet their needs. Local citizens will also help to shape and be fully engaged in the system, and recognise the vital role they have in sustaining it by maintaining their own health, supporting neighbours and friends, and contributing to the local economy.

Pennine Lancashire principles have been developed which underpin the vision and commitments and the thinking and analysis has been guided by these principles which are highlighted in figure 2.

Figure 2: Pennine Lancashire Health and Wellbeing Principles

Pennine Lancashire Principles
<p>Place based – transformation will bring about an integrated ‘place based health system’, that shifts the service model to one that spans organisational boundaries and has more health and social care focussed on prevention and promoting wellbeing.</p>
<p>People centred – people are considered in terms of their assets; they are empowered to improve their own health and wellbeing, and manage their care. Care and support is person-centred, personalised, coordinated, and empowering.</p>
<p>People as partners - in developing services and in providing care and support to others, as carers or volunteers are identified, supported and involved</p>
<p>Health and wellbeing is everyone’s business – health; wellbeing and health improvement is everyone’s business. Whole system transformation requires a ‘whole of society’ approach.</p>
<p>Equity before equality - recognising that some people will need more help and support to ensure they can access the same opportunities as others.</p>
<p>Digital first or digital only – maximising technological developments to give people greater control over their health, care and lifestyle choices.</p>
<p>Safe and effective care – delivery of evidence-based services and interventions which maximise clinical safety and effectiveness.</p>
<p>Shared outcomes – the focus will be on ensuring quality and narrowing inequalities. Voluntary, community and social enterprise and housing sectors are involved as key partners and enablers. People will be given the opportunity to shape their care and support and work towards the outcomes they want to achieve.</p>
<p>One workforce – there will be one workforce, made up of different services, including voluntary; community and faith sector services, who are all working to the same principles and values. Health; care and wellbeing will be everyone’s business, and it will be everyone’s responsibility to provide support.</p>
<p>Accessible and safeguarded information – for people; patients and professionals when they need it.</p>

A number of priorities have been identified for health and wellbeing improvement to ensure focus is maintained on the main issues affecting health and wellbeing of patients in Pennine Lancashire. These are highlighted in figure 3:

Figure 3: Pennine Lancashire Health and Wellbeing Priorities 2017-2021

<p>Healthy Lungs – including a focus on;</p> <ul style="list-style-type: none"> ○ COPD ○ 0-19s (paediatric asthma) <p>Healthy Hearts – including a focus on;</p> <ul style="list-style-type: none"> ○ Stroke ○ Diabetes <p>Healthy Minds – including a focus on;</p> <ul style="list-style-type: none"> ○ Crisis mental health ○ Substance misuse ○ Psychological support for long term conditions <p>Frailty</p> <p>Cancer</p>	<p>Musculoskeletal</p> <p>End of life</p> <p>Healthy Children and Young People – including a focus on;</p> <ul style="list-style-type: none"> ○ Accidents and injuries (including road traffic accidents) ○ Nutrition and physical activity (incorporating dental health, obesity and low weight) ○ 0-25s complex physical needs and long term conditions ○ 0-25s complex psychological/social needs ○ Infant mortality
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The NHS is heavily investing in the Right Care Programme, including enhanced Commissioning for Value packs and other improvement products including help and support to health economies over a two year period. Adoption of the Right Care approach along with other technical systems such as ECLIPSE and PresQIPP will help the Pennine Lancashire Health Economy focus on improvement work and innovation that offer potential gains for population health outcomes and ensure value for money through reducing unwarranted variation.

The Pennine Lancashire Health and Wellbeing Economy will form connections between social value and health equity and will develop a vision to use commissioning decisions, procurement processes and contract management to seek the maximum social, environmental and economic wellbeing benefit from public sector spending. The Health Inequalities Assessment Tool (HIAT) may be used to support this. By having a broader understanding of the wider determinants of physical and mental health, linked with an aspiration to maximise social value, this will facilitate sustained impacts on population wellbeing.

This strategy aims to provide some practical detail on how commissioners might exercise their duty to promote research and the use of research evidence. In particular, it offers suggestions of how commissioners can enhance their decision-making through collaboration with the health research community and use their contracting power to develop the evidence base through improved participation of their patients in research studies. Developing the

supporting research infrastructure including recruiting and retaining high a calibre workforce, developing supporting technologies and providing modern and appropriate facilities, is key to delivering a strategy aligned to and facilitating translation of research into practice.

2. 1 Research and Innovation in Pennine Lancashire - Our Vision

The vision is to:

- Support the development of high quality commissioning underpinned by research evidence and innovation.
- Support the Pennine Lancashire Health and Wellbeing Transformation Programme in becoming an excellent partnership by providing a culture that value and promotes research and innovation.
- Ensure research or evaluations commissioned by Pennine Lancashire CCGs are patient centered and, through its implementation, strive to improve outcomes for patients.
- Offer every patient the opportunity to take part in research (where practicable), either as participants in clinical trials or as advisors shaping other research and evaluation studies.
- Contribute to economic growth through opportunities offered by research e.g. collaborative working with other partners such as the Innovation Agency.

In order to achieve this vision, the Pennine Lancashire Health and Wellbeing Economy must must maintain a culture where all the constituent parts believe that research is a primary function aligned to patient care and continuous improvement; research is everyone's business. All stakeholders will recognise and understand the role that research plays in increasing and delivering safe, quality care.

This means creating incentives to take part and removing any barriers to research. It also places a responsibility on the organisation to promote the use of research evidence and support better knowledge transfer and translation as well as increasing patient and public engagement in research by sharing information and findings in a systematic way.

By 2021 Pennine Lancashire will have:

- A culture of evidence based commissioning and decision making that utilises research evidence and knowledge translation;
- More staff and patients engaged in research and quality improvement methods;

- Equity of access to opportunities to take part in research for residents and patients;
- A culture that values and promotes research.

2.2 Aims

- To demonstrate and deliver the NHS England statutory duties to promote the use of research and the use of evidence obtained from high quality research.
- To support the NHS outcomes framework objectives by building the evidence base and identifying best practice.
- To commission research evaluations that delivers benefits for patients and families and supports the development of the evidence base and innovative practice.
- To increase patient and public engagement in research as participants and researchers.

2.3 Objectives

To achieve our vision and aims Pennine Lancashire will meet the following objectives:

- To identify and prioritise local commissioning health services research topics and coordinate this work with the Innovation Agency (IA), Clinical Research Network (CRN), Collaboration for Leadership in Applied Health Research and Care (NWC CLAHRC), Strategic Clinical Networks (SCNs), NIHR, industry and other stakeholders.
- To develop the evidence base in relation to models of commissioning to ensure the approach to commissioning services is based on best evidence and clinical effectiveness and ensure evaluation and monitoring is embedded in the process.
- To increase research capabilities amongst Pennine Lancashire staff to use research and quality improvement methods to utilise the outcomes of research, thereby increasing the quality of care and treatment commissioned.
- To ensure the inclusion of patients in setting priorities for research and participation in the design, delivery, and dissemination of research.
- To promote the ideal that every patient coming into the NHS is offered an opportunity to take part in research.
- To increase the availability of information on current and completed research and outcomes to the workforce and public.
- To maximise the benefits from research through innovation, income, knowledge improvement and impact.

3.0 Delivering the objectives

3.1 Objective one

To identify and prioritise local health services research and innovation topics through leveraging free resource to undertake delivery and coordinate this work via internal Pennine Lancashire CCGs processes and as necessary engage other stakeholders such as the NWC CLAHRC.

- Introduce an annual process for identifying and prioritising emerging research priorities across Pennine Lancashire.
- Identify and prioritise innovation gaps which may inform the commissioning process.
- Communicate research priorities to key stakeholders and form partnerships with external research and innovation organisations and academia to foster collaborations to address shared priorities.

Outcomes and impact

- A planned and coordinated research activity plan that reflects local research priorities, supports policy requirements and contributes to the evidence base for commissioning high quality services for Pennine Lancashire residents.
- Research evidence that informs commissioning plans, for specialist commissioning, primary care, mental health and health systems design which improves patient safety.
- The implementation of service developments based on proven research evidence.
- Collaborations with partner organisations that lead to adoption and spread of evidence, e.g. Innovation Agency, SCNs, CRNs and NWC CLAHRC.

3.2 Objective Two

To develop the evidence base in relation to models of commissioning to ensure the approach to commissioning services is based on best evidence and effectiveness.

Evidence based healthcare utilises best evidence in making decisions about commissioning health services, delivering services and individual patient care. Best evidence is based on information from relevant high quality research. Pennine Lancashire staff and primary care staff will have differing evidence, knowledge and information needs depending on their role but in general the following levels of need have been identified:

- Information and knowledge,
- Accessing evidence to support and inform commissioning decisions, service redesign, and service improvement,
- Synthesising evidence i.e. commissioning academic reviews - rapid, systematic reviews,
- Sharing knowledge,
- Knowledge management,
- Translation of research findings into practice; translation of research and innovation into practice; diffusion of innovation.

Pennine Lancashire CCGs will:

- Promote a culture where the commissioning and provision of NHS services and the care provided is based on the evidence of what is most effective.
- Strengthen the culture of evidence based commissioning and care through engagement with area teams, CCGs and Commissioning Support Units (CSUs), medical and nursing schools, public health schools.
- Foster the use of the proper appraisal of evidence in strategic commissioning, service transformation, reconfiguration and service development by promoting and providing access to sources of evidence.
- Support the implementation of NICE guidance and NICE quality standards.
- Work with key stakeholders and partners such as the Innovation Agency, Strategic Clinical Network (SCN) and North West Coast Collaboration for leadership in Applied Health Research and Care (NWC CLAHRC), support knowledge transfer, the translation of research into practice, and rapid implementation.
- To ensure that this information is the basis of rapid spread of evidence based improvement, for example, through working effectively with the Innovation Agency.

Outcomes and impact

- A culture within Pennine Lancashire of research awareness, translation of research evidence into real world impacts on patients and services and the rapid adoption of innovation.
- A clear interface between the Innovation Agency and NWC CLARHC and the NHS where the translation of research (bio-medical, health, clinical and economic) into practice is supported and spread.
- Use of evidence for clinical improvement, informing commissioning plans and health systems design. Increased implementation of NICE guidance.
- The implementation of effective knowledge transfer models and development of knowledge champions.
- Development of CLAHRC interns across various clinical disciplines.

3.3 Objective Three

To increase capability amongst Pennine Lancashire CCGs and members to utilise the outcomes of research and successful innovation bids, thereby increasing the safety and quality of care and treatment.

- Promote training and development opportunities and strengthen the research skills of staff and members in order to utilise research evidence and to commission and participate in research. This may include promotion and use of evaluation and evidence tools such as NWC CLAHRC.
- To work with the RCGP and GP practices at a grass roots level to encourage them to become '*research ready*' and '*quality improvement ready*' in undertaking research and evaluations at local as well as national levels.
- Ensure the statutory responsibility to promote health and social care research funded by both commercial and non-commercial organisations (NHS Constitution 2013, Health and Social Care Act 2012) is enacted and that the treatment costs, including Excess Treatment Costs of patients involved in non-commercial research, are managed.
- Utilise research evidence to support the developing vision for the future of health services including resource allocation and the development of new technologies.
- Encourage systems that incentivise members and GP federated collaborations to participate in research.
- Build on the recent developments of academic G.P posts and research associates in partnership with The University of Central Lancashire as part of the local

workforce development plan.

Outcomes and impact

- Increased awareness of staff of the value of research evidence to clinical practice, commissioning, organisational development, and service management.
- Increased numbers of staff and members taking advantage of research opportunities and developing their career potential.

3.4 Objective Four

i To ensure the inclusion of patients and/or carers in co-production and setting priorities for research and participation in the design, delivery, and dissemination of research.

ii To promote the ideal that every patient coming into the NHS is offered an opportunity to take part in research.

iii To develop networks with third party/voluntary organisations in promoting research.

Patients also have a role to play throughout the development and undertaking of research including its dissemination. Pennine Lancashire CCGs have a commitment to ensure that patients, their families and carers are involved at all stages of the research process and will:

- Promote patient and public engagement and involvement for Pennine Lancashire CCGs research activity.
- Offer every patient / resident the opportunity to take part in research (where practicable).
- Promote the involvement of patients/ residents as participants in non-commercial and commercially funded research, in setting priorities for research, in the delivery of research and in its dissemination.
- Utilise the knowledge, expertise and experience of patients/residents and their carers to inform the development and implementation of the strategy.
- Ensure that the processes for the timely payment of treatment costs for patients taking part in research funded by the Government, NIHR and research charities are clear and consistent and do not act as a barrier to participation.
- Build and maintain strategic links with national patient and public involvement partners as well as regional links with, NWSCN, NWC CLAHRC and INVOLVE.

Outcomes and impact

- Research priorities and activities which are reflective of patient's/residents priorities.
- An increase in the number of patients who take part in research as participants.
- Increased public awareness of research opportunities and research that is being undertaken.
- The establishment of a Pennine Lancashire Research, Innovation and Clinical Effectiveness Committee to inform the development and implementation of the research strategy

3.5 Objective Five

To increase the availability of information on current and completed research and innovation projects to the public. Ensure there is a communications strategy for dissemination of information to staff and the public.

- Outline and promote the benefits of involvement and engagement in research to researchers and patients, and the public, whilst taking account of the recommendations of the Caldicott Review of Information Governance.
- Dissemination of Pennine Lancashire involvement in research projects eg. University projects, NWC CLAHRC programmes.
- Support the work of the NIHR through its Patient and Public Involvement strategy and research champion programme.
- Training for Public Advisors and provision of development opportunities for the public to get involved.

Outcomes and impact

- Links to accurate and up to date information for the public about research opportunities, on-going research and the outputs and outcomes of research.
- Increased numbers of patients in specialist services and primary care taking part in research.
- Increase in the number of patients who are engaged in the dissemination and translation of research.

3.6 Objective Six

To maximise the benefits from research through innovation, income, knowledge improvement and impact.

- Seek out opportunities offered by research to contribute to overall economic growth and to work effectively with partners, such as the Innovation Agency, NWSCN, CRNs and NWC CLAHRC.
- Identify areas of primary care and public health practice that have an under developed evidence base and raise the profile of these areas via innovation priorities and with research funders.
- Develop Commissioning through Evaluation (CtE), in partnership with NICE, to enable new treatments to be delivered, whilst developing the evidence base and evaluating the clinical benefits, in order to inform commissioning policy decisions.
- Innovation Health and Wealth (IHW) identified the need to reduce variation and strengthen compliance of the uptake of NICE Technology Appraisals. One aspect of this recommendation was to develop and publish an innovation scorecard to enable benchmarking and increase transparency to patients and the public. The scorecard is produced on a quarterly basis by the Health and Social Care Information Centre (HSCIC).
- Align innovation, research and improvement to achieve improvements in patient outcomes through effective partnerships with research charities, industry and other academic, health and social care research networks.
- To contribute to health innovation by supporting timely recruitment of patients into trials in primary care.
- Support health, well-being and social factors through the development, testing, evaluation and early adoption and spread of new products and services.

Outcomes and impact

- The increased translation of research into practice and spread of innovation and good practice across Pennine Lancashire.
- Completed research projects which have informed practice and organisational development and improvement.
- A growing evidence base of treatment options for prescribed specialised services with under developed evidence of clinical and/or cost effectiveness.
- Collaborative working between academia and NHS commissioners to develop innovation and where appropriate commission successful innovations.
- Collaborative working with the life sciences industry to deliver new investment, increase innovation, and improve outcomes for patients.
- Collaborative working, to develop and answer policy research questions, between a range of agencies including NHS England, CQC, Monitor, Health Education

England, and Public Health England.

- Collaborative working with the NIHR and research networks to develop research programmes in under developed areas that increase and improve the outcomes within the NHS outcomes framework.
- Increased numbers of staff with research skills and knowledge contributing to the research evidence base.

4.0 Implementing the strategy

In order to fully implement the actions arising from this strategy, robust governance processes will be required. There will be active engagement with universities and the Clinical Research Network to ensure the Pennine Lancashire priorities are clearly linked with studies awarded for the area. The newly formed Pennine Lancashire Committee for Research, Innovation and Clinical Effectiveness will be the overarching group to review all aspects of innovation and research on behalf of Pennine Lancashire CCGs. This group will meet quarterly and will formally report to the Pennine Lancashire CCGs Quality Committee. The Governing Body will continue to receive any policies relating to innovation and research.

4.1 Milestones

A high-level activity plan for 2017-19 will be developed which will include areas of highest priorities. The activity will be monitored throughout 2017-19 and progress reported to the Pennine Lancashire Quality Committee. Although this is a four-year strategy, the activity plans will be refreshed at the end of year 2.

Appendix 1: PL Research, Innovation and Clinical Effectiveness Committee Terms of Reference

Accountable to The Pennine Lancashire Quality Committee

Membership:

Public Health R&D Representative(s) (BwD Council; LCC; LCFT)
Associate Director of Medicines, Research and Clinical Effectiveness
General Practitioner Education and Research Lead
Research Nurse
Head of Quality
Mackenzie Chair of Primary Care Medicine
Mackenzie Primary Research Fellow
Public/Patient Representative(s)
Invitation of co-opted guests as appropriate including local acute providers
Pennine Lancs Local Delivery Plan (LDP) representative

AIMS

1. To demonstrate and deliver NHS England statutory duties to promote the use of research and use of evidence obtained from high quality research.
2. To support the NHS outcomes framework objectives by using the clinical evidence to identify best practice.
3. To commission research evaluations that delivers benefits for patients and families and supports the development of evidence based innovative practice.
4. To increase patient and public engagement and involvement in, and recruitment to research as advisors, researchers and study participants.
5. To support collaborative working arrangements between Pennine Lancashire partners to further shared research agendas.

OBJECTIVES

1. To identify and prioritise local commissioning health services research topics and coordinate this work with the Innovation Agency, Clinical Research Network (CRN), Strategic Clinical Network (SCN) and the Collaboration for Leadership in Applied Health Research and Care (NWC CLAHRC), NIHR, industry and other stakeholders.
2. To develop the evidence base in relation to models of commissioning to ensure the approach to commissioning services is based on best evidence and effectiveness.
3. To maximise the benefits from research through innovation, income, knowledge improvement and impact.
4. To increase research capabilities amongst NHS East Lancashire and BwD CCG staff to use research and quality improvement methods to utilise the outcomes of research, thereby increasing the quality of care and treatment commissioned.
5. To ensure the inclusion of patients in setting priorities for research and participation in the design, delivery, and dissemination of research.
6. To increase the availability of information on existing and completed research and outcomes to the public.
7. To advise the CCG Governing Bodies on the local implementation of the Department of Health Research Governance Framework for Health and Social Care.
8. To implement standards for monitoring research ensuring that it complies with the Department of Health Research Governance Framework.
9. To share registered research activity across the interface to provide strategic oversight and

- enable potential opportunities to inform commissioning decisions and shared learning.
10. Implementation of the PL Research and Clinical Effectiveness Strategy.
 11. To promote integration of research between multi-professionals and multi-agencies.
 12. To encourage R&D activity around National priorities and local needs.
 13. To support continued professional development of staff in R&D skills.
 14. To ensure communications and engagement forms part of the research strategy with respect to dissemination of information to key stakeholders.
 15. To promote and facilitate R&D activity in primary care.
 16. To foster relationships with research partners including universities, other research providers, potential funders and research collaborators
 17. To foster potential for local organisations to partner on bids for research, evaluation and innovation projects;
 18. To foster mutual support to access data (e.g. GP practice/patient, and other service data) to support particular projects and wider collaborative developments.

ADMINISTRATION: R&D Administrator

FREQUENCY OF MEETINGS: Initially Bi-monthly then Quarterly thereafter. Urgent matters will be managed virtually through the membership.

QUORACY: Three members

REPORTING: Minutes to Pennine Lancashire Quality Committee

REVIEW: September 2019

Appendix 2: NIHR Infrastructures and Funding Sources

National Institute for Health Research (NIHR)

The NIHR is funded through the Department of Health to improve the health and wealth of the nation through research. It commissions and funds health, public health and social care research projects through a number of funding programmes which have both commissioned and researcher-led calls: http://www.nihr.ac.uk/funding/research_programmes.htm.

The NIHR also funds various “infrastructures” – which themselves fund research (NWC CLAHRC; SPHR) and innovation (Innovation Agency) projects; and provide different kinds of support for local organisations to lead/partner on NIHR funding bids (RDS), and/or get involved in research in different ways (CRN; NWC CLAHRC). The NIHR infrastructures are configured on a North West Coast footprint covering Cheshire, Merseyside, Lancashire and Cumbria (NWC CLAHRC; RDS) or South Cumbria (Innovation Agency; CRN):

NIHR Collaboration for Leadership in Applied Health Research and Care North West Coast (NWC CLAHRC) - <http://NWC CLAHRC-nwc.nihr.ac.uk/index.php>

The NWC CLAHRC is a multi-agency partnership led by Liverpool, UCLAN and Lancaster Universities and hosted by Liverpool CCG. It aims to improve the scope and application of research and innovation between universities and health and social care and has an over-arching focus on health inequalities. There are over 30 partners including local authorities, CCGs and NHS Trusts. Within Cumbria and Lancashire they include: Lancashire County Council, Blackburn with Darwen Council, Blackpool Council, Cumbria County Council, Lancashire Care NHS Trust, Lancashire Teaching Hospitals NHS Trust, University Hospitals of Morecambe Bay NHS Trust, East Lancashire CCG; and Blackburn with Darwen CCG and others have applied to join.

The NWC CLAHRC has four programme themes: delivering personalised health and care; improving mental health; improving public health; and managing complex needs. Each theme has an established programme of research – see for example the Public Health Theme Briefing available at <http://www.NWC CLAHRC-nwc.nihr.ac.uk/our-work/improving-public-health.php> for an outline of on-going work with local authority partners. In addition, all four of the NWC CLAHRC themes are open to research funding proposals from local areas. The CLAHRC is therefore a key mechanism through which local partners could pursue a joint research agenda and/or joint projects with other NWC CLAHRC partners.

It is also possible for partners to apply for support to carry out an evidence synthesis. The Evidence Synthesis Outline Proposal Form and an overview of the application process can be downloaded from: <http://www.NWC CLAHRC-nwc.nihr.ac.uk/our-work/evidence-synthesis-collaboration.php>. And there are a number of capacity-building opportunities open to partners including PhD Studentships and Internships supporting Knowledge Exchange – see <http://www.NWC CLAHRC-nwc.nihr.ac.uk/our-work/capacity-building.php>

North West Coast Innovation Agency

<http://www.nwcinnovationagency.nhs.uk/index.php>

The North West Coast Innovation Agency is one of 15 Innovation Agencies established in England during 2013–14. It operates across Cheshire, Merseyside, South Cumbria and Lancashire and is focused on closing the gap between best practice and current practice, translating research into practice and ensuring that innovation is spread at “scale and pace”. Its primary role is to form a network of NHS organisations, universities and industry/businesses and through collaborating with patients, the NHS, academia and industry to co-develop solutions to joint challenges with the aim of achieving measurable results in the following key delivery areas:

- to identify and address unmet need/priority improvement areas
- to speed up the adoption of innovation
- to identify and enable research; and to create wealth.

The NWC Innovation Agency holds the national lead for five areas: Digital Health, Personalised Medicine, Infection, Neurological Health, Procurement & Industry Engagement. Other work programmes include: Medicines Optimisation, Patient Safety, Academic Programme. In addition, the Innovation Agency has six clinical themes: Cardiovascular, Maternal and Child Health, Cancer, Long-Term Conditions, Mental Health, Stroke. The Innovation Agency has its own funding calls to support adoption of innovation and highlights other relevant funding opportunities – see <http://www.nwclnnovation Agency.nhs.uk/funding-opportunities.php>

NIHR Clinical Research Network North West Coast (CRN) - <http://www.crn.nihr.ac.uk/north-west-coast/about/>

The CRN (which replaced the former Comprehensive Local research Network and topic networks) launched in April 2014. It supports the effective delivery (i.e. patient/study participant recruitment) of research in all the Trusts, primary care organisations and other qualified NHS providers throughout the North West Coast area.

The Public Health Specialty (<http://www.crn.nihr.ac.uk/publichealth/>) and Primary Care Specialty (<http://www.crn.nihr.ac.uk/primarycare/>) are two of 30 Specialties of the CRN which bring together communities of clinical practice to provide national networks of research expertise. The CRN supports a wide range of public health research, which deals with health interventions, not the causes of disease - see <http://www.crn.nihr.ac.uk/publichealth/about-public-health-research/> This is specifically studies that are eligible for inclusion on the national NIHR CRN Portfolio (both NIHR funded and other university-led and industry-led studies that have been subject to international peer review in order to receive funding).

NIHR School for Public Health Research (SPHR) - <http://sphr.nihr.ac.uk/>

The NIHR SPHR was launched in 2012 with a budget of £20 million over five years. The School is a partnership between eight leading academic centres with excellence in applied public health research in England – including the LiLaC collaboration between the University of Liverpool and the University of Lancaster. For more information on the Lancaster and Liverpool Universities Collaboration for Public Health Research (LiLac) see: <http://www.lilac-healthequity.org.uk/>

SPHR's goal is to produce high quality evidence for public health practice to improve population health and reduce health inequalities. To achieve this, the School must address the challenges faced by public health practitioners working on the 'front line' – in the NHS, in local authority public health teams, in other local authority departments including social care, schools and transport and in the third sector. To help respond to these challenges the SPHR set up the Public Health Practice Evaluation Scheme (PHPES) (See: <http://sphr.nihr.ac.uk/phpes/>). PHPES enables people working in public health who are introducing innovative initiatives aimed at improving health, to work in partnership with SPHR (e.g. through LiLac) to conduct rigorous evaluations of their cost-effectiveness. The scheme is particularly focused on local public health initiatives, rather than projects that are part of national programmes.

NIHR School for Primary Care Research - <http://www.nihr.ac.uk/funding/school-for-primary-care-research.htm>

The NIHR SPCR was the first school to be established within the NIHR in October 2006. The School comprises the leading academic centres for primary care research in England and their focus is on research to improve everyday practice in primary care. The School has two complementary roles: to conduct high-quality research to increase the amount of evidence to support primary care practice;

and to train future research leaders by providing multidisciplinary training and career development opportunities for all types of professionals who can contribute to primary care research. University of Manchester is one of the nine universities involved and is the main academic partner from the North West.

NIHR School for Social Care Research (SSCR) - <http://www.sscr.nihr.ac.uk/>

The NIHR SSCR aims to increase the evidence-base for adult social care practice. It covers the delivery of social care by professional and non-professional staff working in both statutory and independent sectors. It includes research by social care professionals as well as academics, and encourages the active involvement of service users and their carers. Professional social work will be a major focus, but it will not be the sole disciplinary resource for the School. The University of Manchester is the partner from the North West.

The NIHR Research Design Service North West (RDS NW)

<http://www.rds-nw.nihr.ac.uk/home/who-are-we/>

The RDS NW is funded by the NIHR as part of a network of regional Research Design Services in England. The RDS aims to increase the number of successful applications for funding for applied people-focused health and social care research. The RDS therefore provides advice on developing proposals for national, peer-reviewed funding competitions including the NIHR's own calls (see below for some examples relevant BwD CCG and PH), Personal Awards Schemes and Programme Grants; as well as opportunities from other major funders such as the Medical Research Council (MRC) and charitable organisations such as The Wellcome Foundation. The RDS NW has a central coordinating office at Lancaster University and three local offices including one for Cumbria and Lancashire which is also hosted by Lancaster University. The Local Offices bring together senior academics at Universities across the region to provide expert advice on all aspects of the Research Design process, including help on applying for relevant funding. To find out more information on the particular advice topics covered and eligibility criteria for using the RDS see <http://www.rds-nw.nihr.ac.uk/home/who-can-use-us/>

Each NIHR funding programme has a different remit so different programmes are relevant to different aspects of the local primary care and public health agendas. Examples are:

- Health Services and Delivery Research (HS&DR) funds research to produce rigorous and relevant evidence on the quality, accessibility and organisation of health services, including costs and outcome – so is potentially relevant to public health commissioning. HS&DR supports a range of types of research including evidence synthesis and primary research: <http://www.nihr.ac.uk/funding/health-services-and-delivery-research.htm>
- Research for Patient Benefit (RfPB) is a national, response mode programme that funds research on a regional level through ten Regional Advisory Committees including one for the North West (http://www.nihr.ac.uk/funding/RfPB_regional-advisory-committees.htm). RfPB is about improving, expanding and strengthening the way that healthcare is delivered for patients, the public and the NHS and so research should be of direct benefit to those groups: <http://www.nihr.ac.uk/funding/research-for-patient-benefit.htm>
- Health Technology Assessment (HTA) programme funds and delivers research information about the effectiveness, costs and broader impact of healthcare treatments and tests for those who plan, provide and receive care in the NHS. The term 'health technology' covers a range of methods used to promote health, prevent and treat disease and improve rehabilitation and long term care including drugs, devices, procedures, settings of care and screening: <http://www.nihr.ac.uk/funding/health-technology-assessment.htm>
- Public Health Research (PHR) Programme funds research that evaluates public health interventions, providing new knowledge on the benefits, costs, acceptability and wider impacts of non-NHS interventions intended to improve the health of the public and reduce inequalities in health: <http://www.nihr.ac.uk/funding/public-health-research-programme.htm>

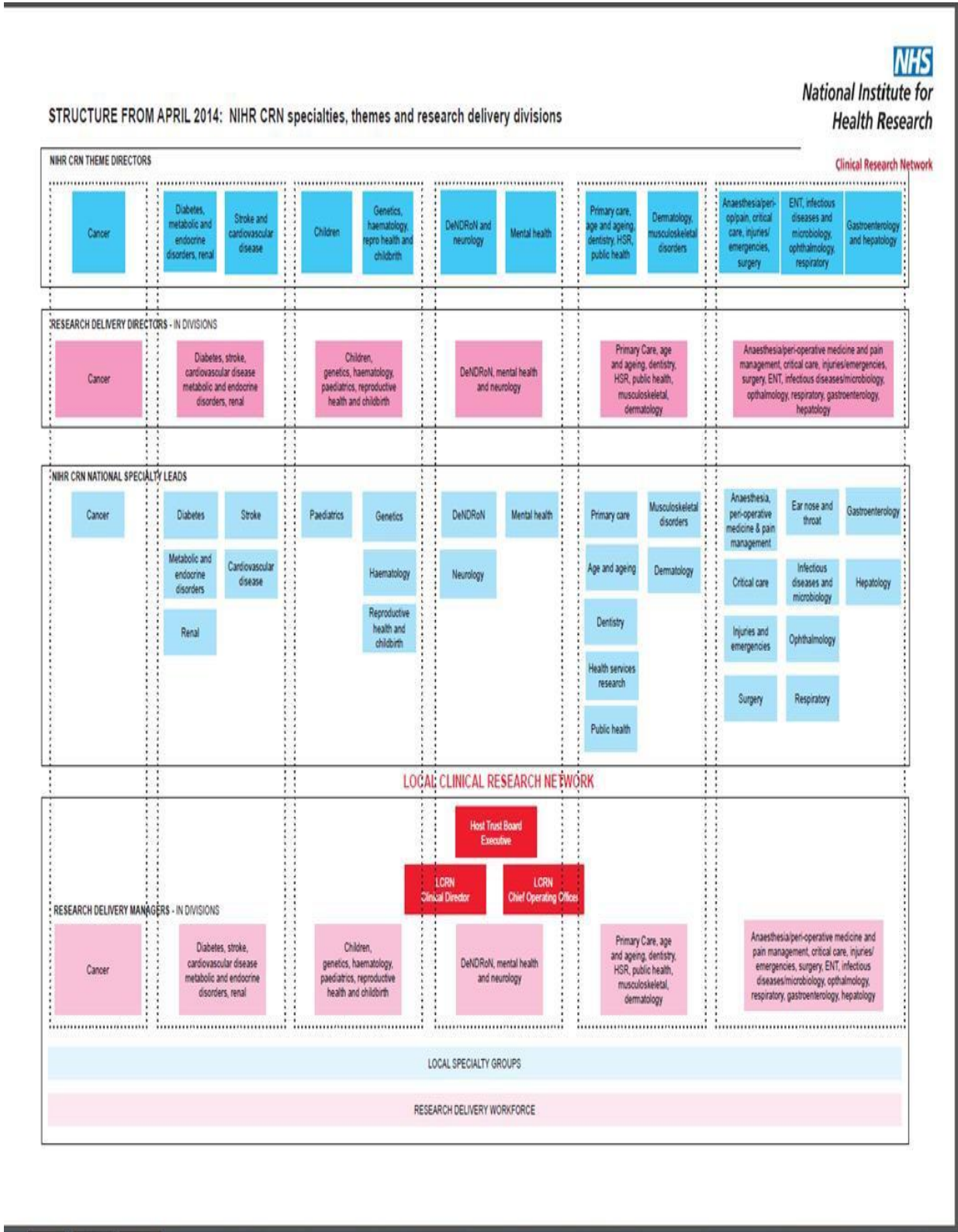
Appendix 3: Association of Medical Research Charter for NHSE and CCGs

Association of Medical Research Charter for NHSE and CCG's	Origin of measure	Responsibility
Appoint Individual at board level with a responsibility for research	NHS East Lancashire and BwD CCGs	Director of Quality
Ensure engagement with all external research and innovation organisations to share the strategy	NHS East Lancashire and BwD CCGs	Director of Quality Associate Director of Medicines, Research and Clinical Effectiveness
Annual Research prioritisation exercise	NHS East Lancashire and BwD CCGs	Medicines, Research and Clinical Effectiveness Committee
Commission evaluations as part of the innovation process	NHS East Lancashire and BwD CCGs	Medicines, Research and Clinical Effectiveness Committee
Promote best practice in the handling, use and sharing data by providers when commissioning services and developing innovation bids.	NHS East Lancashire and BwD CCGs	Medicines, Research and Clinical Effectiveness Committee
Develop a process to ensure ETC are managed within 60 days of submission	NHS East Lancashire and BwD CCGs	Director of Quality Associate Director of Medicines, Research and Clinical Effectiveness
Promoting workforce education and training in innovation, research and using quality improvement methods to build on and develop the processes and structures for routinely accessing relevant evidence including research evidence appraisals, service evaluation and grey literature to inform service redesign and commissioning policy.	NHS East Lancashire and BwD CCGs	Director of Quality Associate Director of Medicines, Research and Clinical Effectiveness, Medicines, Research and Clinical Effectiveness Committee.
Ensure a robust process for cascading research findings in partnership with the CRN, Pennine Lancashire CCGs and CCG communications team.	NHS East Lancashire and BwD CCGs	Medicines, Research and Clinical Effectiveness Committee

Commissioned Research organisations by NHS East Lancashire and NHS Blackburn with Darwen CCGs 2017/18	Type of Organisation	Responsibility
<p>AQUA Support NHS East Lancashire and BwD CCGs Business Intelligence Team with standard data collection and process mapping training Access to AQUA Training</p>	<p>Quality Improvement with a focus on safety</p>	<p>Director of Quality</p>
<p>Develop digital and technology innovations which promotes smooth interface with primary and secondary care, self-management of long term conditions e.g. blood pressure, cardiovascular disease, and diabetes</p>	<p>NHS East Lancashire and BwD CCGs with CRN.</p>	<p>Director of Quality Associate Director of Medicines, Research and Clinical Effectiveness</p>
<p>The Innovation Agency shall focus on: Population prevention through a ‘find and treat’ programme across Pennine Lancashire in collaboration with PHE, NHSE Patient safety, in secondary, primary, community and social care. Supporting primary care across Pennine Lancashire to free up capacity to and build research and commissioning capability to help support and address the disconnect between the outcomes of research and the commissioning agenda.</p> <p>Support evidence-based commissioning and develop visible and effective pathways for commissioning to produce rapid change in clinical practice</p>	<p>Commissioned by NHS East Lancashire and BwD CCGs</p>	<p>Director of Quality Associate Director of Medicines, Research and Clinical Effectiveness</p>

Qualitative research to explore the impact of various initiatives on general practices in Pennine Lancashire designed to relieve pressure on practices.	NHS East Lancashire and BwD CCGs with the NWC CLAHRC.	Director of Quality Associate Director of Medicines, Research and Clinical Effectiveness
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Appendix 4: Research Pathway – regional and local footprint



Appendix 5: Research and Innovation Functions and Pathway

R&D is creative work undertaken on a systematic basis to increase the stock of knowledge. The objective for Pennine Lancashire (PL) is to use this knowledge to support its commitment to achieving the highest standards of excellence. An organisation needs continuously to learn and to ensure that its activities are based on the best evidence available. For PL, the strategic goal is to enable translation of knowledge and research discoveries into:

- i) better services, now and in the future; and
- ii) improvement in current and future outcomes for the population.

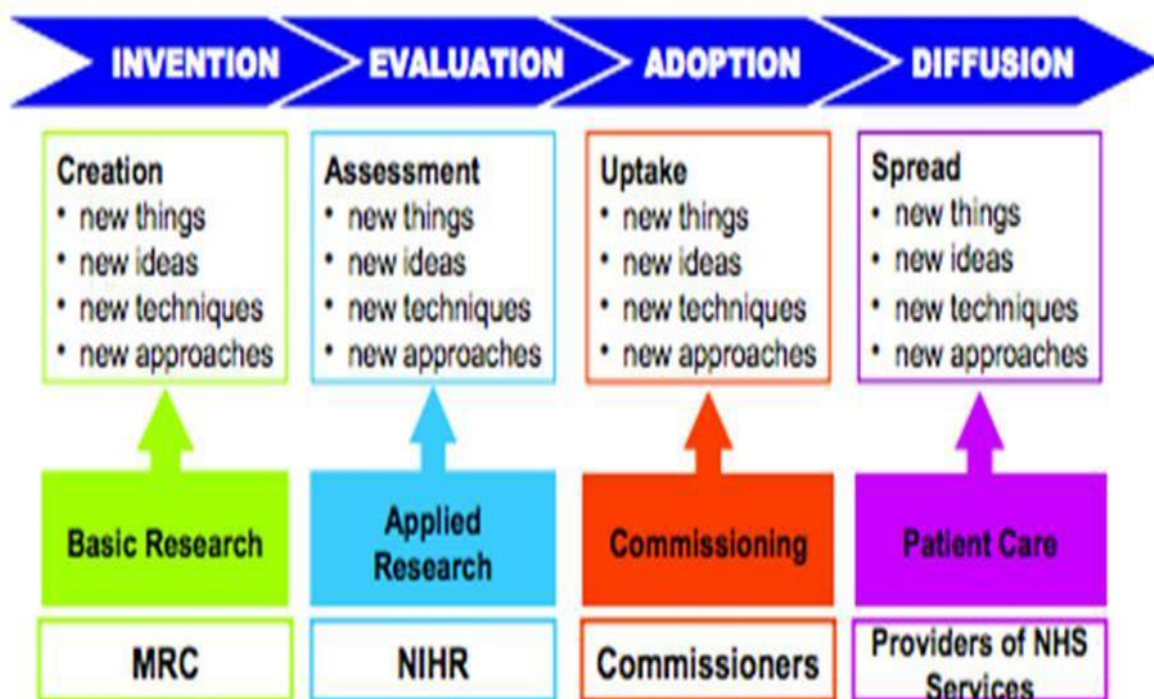
Practically this means using what we have called the R&D function to inform priority setting, commissioning, professional practice etc.

The R&D Function involves three discrete but linked elements: research (primarily applied), development (defined as stimulating innovation) and evaluation (measuring impact and efficiency):

1. **Research:** This consists of original investigation undertaken to acquire new knowledge. It addresses clearly defined theories and questions with systematic and rigorous methods. Findings are normally generalizable; potentially of value to those facing similar issues elsewhere. We access this through literature and by working on projects in collaboration with others.
2. **Applied research** (the most used locally): This is directed toward meeting some *practical* aim or objective. For example: to see what happens to outcomes if we add a new service or change an existing one or to explore new models that R&D has made us aware of. It might also involve conducting scientifically validated research to help us establish the views and opinions of service users or to examine how they experience or understand the nature of services provided. The essence lies in the rigour of the method and in experimentation with new approaches. We can perform elements of this internally and/or commission within the limits of resources.
3. **Development:** This is concerned with getting new ideas into use and seeking out and applying innovations. This might be, for example, in the form and content of service delivery or in applying alternative methods of delivery or changed organisational forms and structures. It is through development (D) that new knowledge (R) is applied to raising standards of excellence.
4. **Evaluation:** This is dedicated to measuring the impact or effectiveness of current service delivery in terms of outcomes. It can measure efficiencies (outcomes per unit of cost; processes etc.); the user benefits of particular interventions; or outcomes for the wider locality or society. It has its own established techniques and methods and is a key part of modern policy practice; and links to audit/performance (which finds out if we are doing planned activity and assesses whether it is working against predetermined standards).

The research pathway is represented below.

The Research Pathway



Appendix 6: Functional Map and NIHR Infrastructures and Funding Source

NIHR School for Public Health Research (SPHR)

<http://sphr.nihr.ac.uk/>

School is a partnership between eight leading academic centres with excellence in applied public health research in England – including the LiLaC collaboration between the University of Liverpool and the University of Lancaster

Goal is to produce high quality evidence for public health practice to improve population health and reduce health inequalities. Public Health Practice Evaluation Schemes (PHPES) enables people working in public health who are introducing innovative initiatives aimed at improving health, to work in partnership with SPHR (e.g. through LiLaC) to conduct rigorous evaluations of their cost-effectiveness. The scheme is particularly focused on local public health initiatives, rather than projects that are part of national programmes.

North West Coast Innovation Agency

<http://www.nwcahsn.nhs.uk/index.php>

One of 15 Innovation Agencies established in England during 2013–14. It operates across Cheshire, Merseyside, South Cumbria and Lancashire and is focused on closing the gap between best practice and current practice, translating research into practice and ensuring that innovation is spread at “scale and pace”. Its primary role is to form a network of NHS organisations, universities and industry/businesses and through collaborating with patients, the NHS, academia and industry to co-develop solutions to joint challenges with the aim of achieving measurable results in the following key delivery areas:

- To identify and address unmet need/priority improvement areas
- To speed up the adoption of innovation
- To identify and enable research; and to create wealth.

The NWC AHSN holds the national lead for five areas:

1. Digital Health
2. Personalised Medicine
3. Infection
4. Neurological Health
5. Procurement & Industry Engagement.

Other work programmes include:

- Medicines Optimisation
- Patient Safety

In addition, the Innovation Agency has six clinical themes:

1. Cardiovascular
2. Maternal and Child Health
3. Cancer
4. Long-Term Conditions
5. Mental Health
6. Stroke.

The Innovation Agency has its own funding calls to support adoption of innovation and highlights other relevant funding opportunities.

NIHR School for Primary Care Research

<http://www.nihr.ac.uk/funding/school-for-primary-care-research.htm>

First school to be established within the NIHR in October 2006. The School comprises the leading academic centres for primary care research in England and their focus is on research to improve everyday practice in primary care. The School has two complementary roles:

- To conduct high-quality research to increase the amount of evidence to support primary care practice
- To train future research leaders by providing multidisciplinary training and career development opportunities for all types of professionals who can contribute to primary care research. University of Manchester is one of the nine universities involved and is the main academic partner from the North West.

National Institute for Health Research [NIHR]

http://www.nihr.ac.uk/funding/research_programmes.htm

Funded through the Department of Health to improve the health and wealth of the nation through research. It commissions and funds health, public health and social care research projects through a number of funding programmes which have both commissioned and researcher-led calls: Also funds various “infrastructures” – which themselves fund research and innovation projects; and provide different kinds of support for local organisations to lead/partner on NIHR funding bids and/or get involved in research. PL falls within the NW region for the following infrastructures:

- Collaboration for Leadership in Applied Health Research and Care (NWC CLAHRC)
- NWC Innovation Agency.
- Clinical Research Network (CRN)
- Research Design Service (RDS)
- School for Public Health Research (SPHR)

Clinical Research Network

<http://www.crn.nihr.ac.uk/north-west-coast/about/>

The CRN supports the effective delivery (i.e. patient/study participant recruitment) of research in all Trusts, primary care organisations and other qualified NHS providers throughout the North West Coast area.

The Public Health Specialty (<http://www.crn.nihr.ac.uk/publichealth/>) and Primary Care Specialty (<http://www.crn.nihr.ac.uk/primarycare/>) are two of 30 Specialties of the CRN which bring together communities of clinical practice to provide national networks of research expertise.

The CRN supports a wide range of public health research, which deals with health interventions, not the causes of disease - see

<http://www.crn.nihr.ac.uk/publichealth/about-public-health-research/>

This is specifically studies that are eligible for inclusion on the national NIHR CRN Portfolio (both NIHR funded and other university-led and industry-led studies that have been subject to international peer review in order to receive funding).

Collaboration for Leadership in Applied Health Research and Care North West Coast (NWC CLAHRC)

<http://NWC-CLAHRC-nwc.nihr.ac.uk/index.php>

The NWC CLAHRC is a multi-agency partnership led by Liverpool, UCLAN and Lancaster Universities and hosted by Liverpool CCG. It aims to improve the scope and application of research and innovation between universities and health and social care and has an over-arching focus on health inequalities. There are over 30 partners including local authorities, CCGs and NHS Trusts.

The NWC CLAHRC has four programme themes:

- Delivering personalised health and care
- Improving mental health
- Improving public health
- Managing complex needs.

Each theme has an established programme of research. In addition, all four of the NWC CLAHRC themes are open to research funding proposals from local areas. The CLAHRC is therefore a key mechanism through which local partners can pursue a joint research agenda and/or joint projects with other NWC CLAHRC partners.

It is also possible for partners to apply for support to carry out an evidence synthesis. The Evidence Synthesis Outline Proposal Form and an overview of the application process can be downloaded from: <http://www.NWC-CLAHRC-nwc.nihr.ac.uk/our-work/evidence-synthesis-collaboration.php>. And there are a number of capacity-building opportunities open to partners including PhD Studentships and Internships supporting Knowledge Exchange – see <http://www.NWC-CLAHRC-nwc.nihr.ac.uk/our-work/knowledge-exchange>

GLOSSARY

NIHR - The National Institute for Health Research
IA – Innovation Agency (formerly Academic Health Science Network – AHSN)
CRN – Clinical Research Network
CLAHRC – Collaboration for Leadership in Applied Health Research and Care
SCN – Strategic Clinical Network
CCG – Clinical Commissioning Group
ELHT – East Lancashire Hospital Trust
LCFT – Lancashire Care Foundation Trust
LCC – Lancashire County Council
PHE – Public Health England
NHSE – NHS England
BwDBC – Blackburn with Darwen Borough Council
ACS – Accountable Care System
QIPP – Quality, Innovation, Productivity and Prevention
IHW – Innovation, Health and Wealth
PLHWBE – Pennine Lancashire Health and Wellbeing Economy
NICE – National Institute for Health and Care Excellence
TA – Technology Appraisal
STP – Sustainability and Transformational Plan
RCGP – Royal College of GPs
CQC – Care Quality Commission