Health Services Research Centre (HSRC)

The next five years: growing up, reaching out

Ramani Moonesinghe, Director, HSRC

Defining, evaluating and improving quality in anaesthesia, perioperative and pain medicine. This is the new mission statement for the Health Services Research Centre (HSRC), which has celebrated its fifth birthday in 2016 and is now under new leadership. These goals will be achieved through developing our most important resource – people – and through wide engagement with patients and the profession. A new strategy has been launched which will engage and support every anaesthetist who works in the NHS, and lead to improved quality of care for our patients. Over the next couple of pages I will describe some of the key projects that the HSRC will develop, and I hope this will engage and inspire you to join us in delivering our goals.

What is the HSRC?

The HSRC is funded and hosted by the RCoA, and is one of the 'delivery arms' of the National Institute for Academic Anaesthesia. It manages a number of projects which you will be familiar with and may have contributed to, such as the National Audit Projects (NAPs), the National Emergency Laparotomy Audit (NELA) and the Sprint National Anaesthesia Projects (SNAP). We also lead or contribute to a number of other academic projects, such as the international Core Outcome Measures in Perioperative and Anaesthesia Care Initiative (which will define the core outcome measures which are used in future clinical trials), and the Patient, Carer and Public Involvement and Engagement (PCPIE) Group (which provides a conduit between patient representatives and researchers, with the aim of improving the quality and patient-centeredness of research in our field). The HSRC is managed by its Executive Board, the membership of which is currently determined by its various areas of activity; thus it includes a healthy balance of research-active and improvement-focused NHS clinicians, trainee investigators supporting major national projects, and clinical academics working within anaesthesia and perioperative care.

Strong foundations

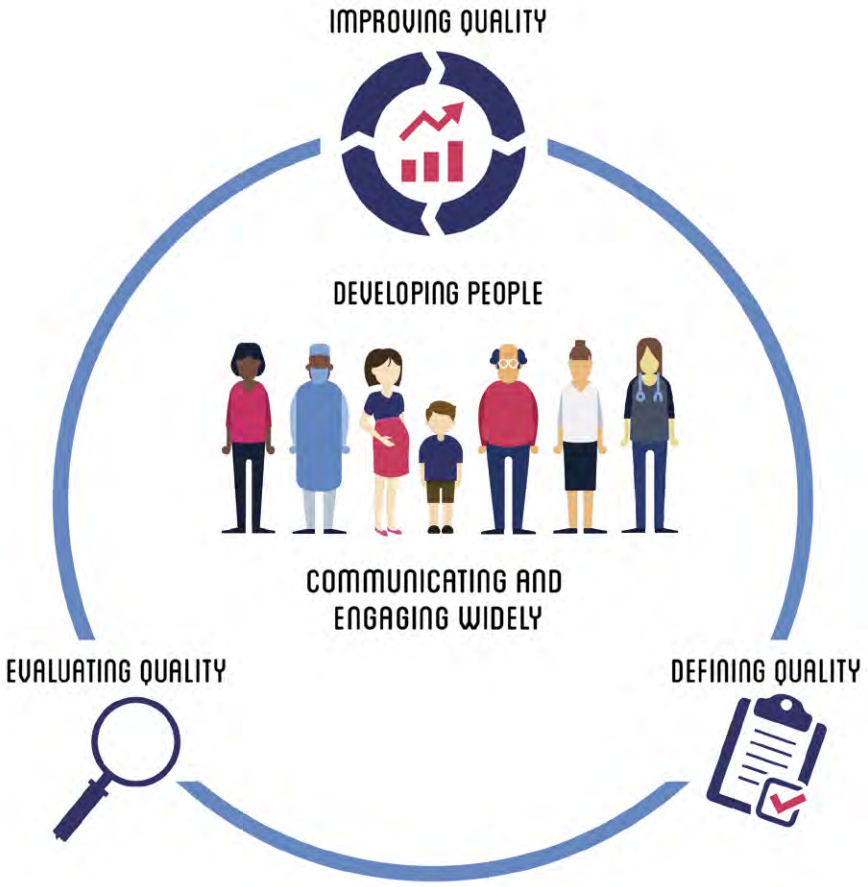
In April 2016, Professor Mike Grocott (Southampton University) who was the founding Director of HSRC, handed over the leadership of the HSRC to me. In May, at the culmination of a highly competitive national recruitment process, Iain Moppett (Associate Professor, University of Nottingham) was appointed as the new Deputy. In June, an awayday was held to discuss and agree a new five-year strategy: http://bit.ly/1Tu7uq2, which is summarised in the infographic (opposite page). The strategy builds on the strong foundations which have been laid in the first five years, developing existing projects and embarking on several new workstreams. 'Developing existing projects' also means critically appraising whether they continue to be of value to patients and to our main collaborators. Thus, we will undertake formal evaluations of recurring or completed workstreams such as the NAPs, SNAPs and the James Lind Alliance Research Priority Setting Partnership, in order to ensure that we

NIAA National Institute of Academic Anaesthesia HSRC Health Services Research Centre

are using resources wisely and directing our attention to where there is likely to be the greatest gain.

Reaching out: new opportunities

A priority for us will be to expand opportunities for supporting anaesthetists in their personal development in research and quality improvement. This will have several levels. We are already playing a role in developing tomorrow's academic leaders, through the HSRC Fellowship scheme. We now have ten HSRC fellows supporting the Perioperative Quality Improvement Programme (PQIP), NELA, SNAPs, patient-centred research methodology and our emerging work in paediatric perioperative health services research. Most are undertaking MDs or PhDs. These posts are predominantly funded by the fellows undertaking part-time clinical work at London private hospital ICUs. While this has the advantage of providing a steady source of funding for early-career researchers (without having to rely solely on the highly competitive world of obtaining independent grant funding), the fact that the posts require presence in London on one or two days per week, presents a difficult choice for trainees who have settled outside the capital's commuter belt. It is important to note that this challenge is not insurmountable - many RCoA Council members and other contributors to RCoA and AAGBI life regularly travel from outside London to fulfil their roles, and we are very proud to have our Northern NELA boys, Mike Bassett and Tom Poulton, on board. Nevertheless, a major focus of work moving forward will be to explore opportunities to develop renewable HSRC fellowships which are either externally funded (through research grants or charitable fellowships) or part-funded through collaborations with individual hospitals or training schools across the UK. We hope that this will encourage more trainees from outside the London commuter belt to apply for our fellowships, and we will continue to work with the RCoA and NIAA to ensure that trainees from all schools are able to take advantage of opportunities that become available.



We also want to play a role in developing every anaesthetist – trainee, specialty doctor, physicians' assistant or consultant – who wants to engage with achieving our goals. The Quality Audit and Research Co-ordinators' (QuARCs) network provides an HSRC representative in almost every anaesthetic department in the UK. The network has been highly effective at supporting HSRC work such as SNAP-1, and we have held three well attended free-of-charge CPD days for the QuARCs to thank them for their work. Over the next few years we will work hard to further develop this network and recognise their achievements. In parallel, the development of the RCoA/HSRC Quality Faculty[1] will aim to engage every fellow and member of the RCoA based in the UK to support major HSRC projects such as NELA and PQIP and other future quality improvement initiatives. The aspiration of the Berwick report, which is to develop a learning, improving NHS, is at the very core of our mission – developing the Quality Faculty will go a long way towards realising that ambition.

Finally, we want to reach out more broadly by means of collaborations with professional organisations, and with individuals who have relevant expertise both in the UK and beyond. We are already in discussion with a number of UK-based specialist societies regarding potential opportunities for collaboration, and will be inviting representatives from the AAGBI and the pain, critical care, paediatric and obstetric anaesthesia communities to join the Board. We are thrilled that SNAP-2 is likely to take place in Australasia as well as the UK, enabling interesting comparisons between healthcare systems and cultural

behaviours. We would like to explore the possibility of working with individuals and organisations with expertise in the challenges of health service delivery in Low and Middle Income Country settings. We also want to enhance our relationship with patients and the public, and are delighted to welcome lay representatives to the Board, in addition to those who already contribute to each of our constituent projects.

Build and grow: new projects

In addition to the broad areas addressed above, the HSRC intends to embark on several new workstreams over the next five years, and I will focus on two of these here. The first is a plan to get into 'Big Data'. This can mean different things to different people and there are many avenues to explore, but the basic principle of using routinely collected and administrative data to explore research questions is one which we are keen to embrace. The second major workstream is the development of a Perioperative Improvement Research Laboratory (PIRL). The aim of this is to support local teams in evaluating novel services or methods of service delivery and support. Innovation is going on everywhere – examples include the development of high-risk preoperative assessment services, regional anaesthesia block rooms, and postoperative perioperative medicine rounds. However, the ability to evaluate these services for clinical and cost effectiveness, and for patient and staff satisfaction, can sometimes be challenging, particularly for departments without clear links to academic centres. Thus, the PIRL aims to build on the concept of an 'embedded research team' which will support local clinicians in the evaluations of their innovations so that we can get a better idea of whether or not the innovation 'works', and to aid the mobilisation of knowledge to other departments. We hope that PIRL will therefore be a real service to you, the clinician, who is aiming to make patient care better, and thus strengthen the relationship between the HSRC and front-line staff.

How you can get involved

If you want to dip your toe in the water, please look out for details of the Quality Faculty as it develops, and continue to engage in projects such as NELA, NAPs, SNAPs and the new Perioperative Quality Improvement Programme launching in November. If you are a consultant who wants to get more involved, please talk to your local QuARC or NELA/PQIP leads, and see what support they might need for delivering this work. If you are a trainee, please contact your local trainee research network, QuARC, NELA or PQIP lead to see what opportunities there are to get involved in these national projects. If you are interested in research opportunities as an HSRC fellow, please contact the HSRC administrator Laura Farmer, on lfarmer@rcoa.ac.uk. We're really looking forward to working with you over the next five years – it's going to be fun!

Reference

1 Moonesinghe SR, Johnston C, Drake S. The RCoA/HSRC Quality Faculty. *RCoA Bulletin* 2016;99:30–31.

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