



# H | S | R | C

## Health Services Research Centre

# The Next Five Years

## Strategy 2017–2022



# Foreword

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**The National Institute for Academic Anaesthesia’s Health Services Research Centre (HSRC)** is based at the Royal College of Anaesthetists (RCoA) and was launched on 16 March 2011. The vision at that time was for improvement in quality and effectiveness of patient care to be driven by the development of a “World class centre of excellence in Health Services Research in anaesthesia, perioperative medicine, pain and the anaesthetic specialties.”

The work delivered over the past five years provides evidence that this founding vision has been achieved. Exemplar initiatives which the HSRC has delivered or supported include: three National Clinical Audit Programmes (the RCoA National Audit Projects, the Healthcare Quality Improvement Partnership’s National Emergency Laparotomy Audit, and the Association of Anaesthetists’ of Great Britain & Ireland’s Anaesthesia Sprint Audit of Practice in hip fracture surgery); the highest recruiting anaesthesia-based patient-consenting study in the history of the NIHR portfolio (Sprint National

Anaesthesia Project-1); and co-production with patients, carers and the public, through partnership with the James Lind Alliance and the development of an involvement and engagement group for perioperative research.

This document sets out the HSRC’s strategy for the next five years, listed under five themes or aims, and supported by a series of specific objectives. While the vision is the same, our mission statement reflects our forward-looking priorities: developing, evaluating and improving quality of patient care in anaesthesia, perioperative medicine and pain management. Our work will address the broad challenges of healthcare today and in the future, supporting the plans laid out by NHS England’s Five Year Forward View and the RCoA’s Perioperative Medicine Programme and new five-year strategy.

Our aspirations will be delivered through strong collaborations with patients and public, professional partners, the international clinical and academic community, and key funding and strategic partners such as the National Institute for Health Research and the Health Foundation, and their wider networks. Crucial to the HSRC’s future success will be developing people – both the core academic and support team based at the RCoA, and our broader group of clinician collaborators in every hospital which provides anaesthesia, perioperative or pain services in the United Kingdom.

The work of the HSRC can only be achieved through a strong alliance between clinicians, patients and academics. Over the next five years we will continue to work together to deliver world-class patient-centred academic work which will support our specialties, the broader NHS and the international community to deliver the highest quality patient care. This document sets out our commitment to these aims.



# I: Defining Quality

## Metrics: Definition, development and validation

We are co-leading two international initiatives: **Core Outcome Measures in Perioperative and Anaesthesia Care (COMPAC)**, and **Standardised End-points in Perioperative care (StEP)**. Through these initiatives,

*We will:*

- establish a core outcome set which should be measured in all perioperative clinical trials
- provide standard definitions for how individual outcomes should be measured
- identify gaps in the current evidence base and lead new research to develop, modify and validate patient-centred measures of quality and outcome, for use in research and clinical practice

## Guidelines: development, dissemination and adoption

Evidence synthesis and consensus building are critical steps in the development of evidence-based professional guidelines. **Understanding whether guidelines are adopted in practice**, and focusing on opportunities to improve this, is of particular interest to the HSRC.

*We will:*

- build on our current programme of systematic reviews and Delphi consensus processes to support professional organisations in their development of guidelines for perioperative care
- work with professional partners to explore innovative methods for dissemination and adoption of guidelines, and develop strategies to support implementation in practice

# II: Evaluating Quality

## Establish the HSRC Perioperative Improvement Research Lab (PIRL)

The PIRL will provide **expertise in improvement science**, including but not limited to statistics, health economics and the social sciences.

*We will:*

- collaborate with NHS Trusts developing innovative services across the UK, to deliver robust mixed methods evaluations of impact on the quality of patient care
- accelerate knowledge dissemination from these evaluations, so providing an important service for patients, the anaesthesia community and the wider NHS

## Operationalise ‘Big Data’

**Health Services Research is increasingly using administrative databases**, e.g. Hospital Episode Statistics (HES) to explore hypotheses to drive clinical trials or prospective observational research. Increasing adoption of electronic health records in perioperative care also presents an opportunity for new health services research.

*We will:*

- embark on a new programme of research using administrative and routine data
- focus initially on Hospital Episode Statistics and existing national clinical audit datasets
- explore opportunities for multi-centre collaborations using electronic health records
- assess the benefits and risks of becoming a “safe haven” for nationally held data (e.g. HES) with a view to providing a cost and time efficient structure to support high quality database research

## Support the development of new national registries and databases

This new work-stream will support the development and hosting of **quality and safety registries and databases in anaesthesia**, perioperative medicine and pain. The HSRC will provide methodological and governance expertise to partner national organisations, and provide a safe haven for data storage and analysis.

*We will:*

- work with partners on two pilot projects to assess the feasibility of this work-stream
- a 'Front Of Neck Airway' (FONA) registry to be developed by the Difficult Airway Society and the RCoA Airway Leads
- a national cardiopulmonary exercise testing database to enable data sharing and collaborative research, to be led by the national Peri-Operative Exercise Testing and Training Society (POETTS)

## Deliver the RCoA National Audit Projects (NAPs)

The HSRC will continue to oversee the RCoA's **National Audit Projects (NAPs)**. This will include supporting topic selection and clinical lead appointments as well as academic, methodology and statistical support for the projects themselves.

*We will:*

- support the transition of clinical leadership of the RCoA's National Audit Projects
- continue to support the NAP selection process (topic and clinical leadership)
- support research to evaluate the impact of previous NAPs on patient safety and quality of care
- review and implement the recommendations of the Moppett Report to ensure the NAPs deliver the best possible outcomes for patients and the profession

## Develop and analyse high-quality surveys of structure and practice

*We will:*

- coordinate a programme of national surveys including (for example) the National Emergency Laparotomy Audit (NELA) Organisational Survey or National Audit Project (NAP) activity survey
- Perioperative Quality Improvement Programme (PQIP) Structural Survey
- support the conduct of selected high quality surveys led by RCoA members and fellows. This will include support with survey development, peer review and dissemination via the appropriate national network (e.g. QuARCs, airway leads)

## Deliver and explore sustainability of the Sprint National Anaesthesia Projects (SNAPs)

**The Sprint National Anaesthesia Projects (SNAPs)**

are a means of engaging the profession in health services research through the conduct of short-term observational studies of patient-centred outcomes, with the aim of 100% participation of eligible NHS hospitals.

*We will:*

- deliver SNAP-2 to time and budget
- undertake an evaluation of the sustainability of the SNAPs, in particular aiming to evaluate feasibility of funding and appointing senior (Consultant) and trainee leads from the anaesthesia, perioperative medicine and pain community



## III: Improving Quality

### Develop the National Emergency Laparotomy Audit to maximise benefit for patients and the NHS

Emergency Laparotomy remains a high priority area, with more than one in ten patients dying within 30 days of surgery. The HQIP-funded NELA is in its 4<sup>th</sup> year of patient data collection and over 50,000 patients have been audited so far.

We will:

- support renewal of the RCoA's contract to deliver NELA from 2017 onwards
- continue to develop NELA's methodology to support continuous quality improvement at local level
- develop the methodological expertise within the HSRC to deliver all aspects of NELA

### Establish and exploit PQIP for benefit of patients and the NHS

The Perioperative Quality Improvement Programme (PQIP), started in 2016, will measure and improve complications, failure to rescue and mortality in patients undergoing major planned non-cardiac surgery.

We will:

- establish and promote PQIP as a national audit and quality improvement programme aiming for at least 70% of UK NHS hospital participation;
- work with academic and clinician partners to use PQIP as a vehicle for efficient clinical research through collaborative grant applications



## IV: Developing People

The next five years will renew our focus on supporting health professionals to work with patients and public to deliver high quality research and quality improvement across the UK. Additionally, a stable cohort of research staff is essential to deliver HSRC projects.

### Network development and leadership

*We will:*

- establish a **Quality Network** to support local quality improvement based on HSRC-led projects such as PQIP and NELA. This will be led by the RCoA/HSRC Quality Working Group. Network development will occur in conjunction with relevant stakeholders and networks, including (for example) patients and public, the Royal College of Surgeons, the Health Foundation/NHS England Q initiative, NELA and PQIP leads, the RCoA Perioperative Medicine Programme, HSRC Quality Audit and Research Coordinators, and trainee research & audit networks.
- support the **development of HSRC associated networks** through leadership development for network leads and strengthened support for members (e.g. online resources, supporting network meetings etc.)



### Supporting the future of clinician-led and delivered Health Services Research

*We will:*

- **continue to develop opportunities for all health professionals**, especially trainees, to engage with HSRC-delivered work, through, for example, the SNAPs and PQIP.
- expand our cohort of research fellows undertaking HSRC-led research
- explore additional funding streams and supervision models to support the recruitment of trainees from across the UK to work on HSRC projects

### Building HSRC core expertise

All HSRC projects, and in particular NELA, PQIP and the new HSRC PIRL would benefit from **developing core expertise in health economics, quantitative and qualitative research methods**. This is important both for organisational memory and for the sustainability of our research programmes.

*We will:*

- develop the business case, and appoint non-clinical academics to support HSRC work in health economics, applied statistics, and qualitative research methods
- develop a model by which these staff can support a wide range of projects for the HSRC, RCoA and clinical community (e.g., working with the RCoA's Perioperative Medicine programme to identify Beacon sites which would benefit from formal evaluations of innovative services through the PIRL).

# V: Communicating effectively, engaging widely

## Patients and Public

The HSRC is committed to **co-production with patients and the public** to support its work.

*We will:*

- evaluate the impact of the James Lind Alliance Priority Setting Partnership with a view to undertaking a further PSP within 5-6 years
- invite two patient/public representatives to join the HSRC Executive Management Board
- continue to offer a lay perspective on planned research, and advice on future public involvement, to the entire perioperative research community through the Patient, Carer and Public Involvement and Engagement (PCPIE) group
- commit to further engagement with patients and the public through existing projects (e.g. PQIP and the COMPAC initiative) and all new research programmes

## Policy makers

The HSRC has the opportunity to work with its partners, particularly the RCoA, **to inform and influence policy, and the professional response to policy changes**, through research and audit.

*We will:*

- work with the RCoA to develop provision of academic expertise (e.g. health economic) to support their engagement with policy makers. This will be facilitated through the development of staff within the HSRC PIRL.

## Professional partners

Several membership societies support clinical, research and quality improvement activity in **specific clinical areas of anaesthesia, perioperative medicine and pain management**.

*We will:*

- engage with specialist societies to develop our programme of work to cover a broad range of clinical areas
- focus initially on shared opportunities for work on acute and chronic pain (with the British Pain Society and Faculty of Pain Medicine), perioperative health services research in the paediatric population (with the Association of Paediatric Anaesthetists and Royal College of Paediatrics and Child Health) and in advanced airway skills (with the Difficult Airway Society).
- foster further collaborations including, for example, with nursing and allied health professionals

## International collaborations including global health initiatives

**The HSRC's work has international relevance** and many of its projects are seen as exemplar initiatives by the international perioperative HSR community. Many of the areas prioritised by the Lancet Global Surgery commission are also key topic areas for the HSRC.

*We will:*

- build on current successes, particularly with the NAPs, SNAPs and COMPAC/StEP initiatives, to foster international collaborations for patient benefit
- work with UK and international expert partners to consider areas of relevance to the global health agenda in HSRC work (e.g. emergency laparotomy care, development and validation of quality metrics)

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