

Reducing research waste the PenCLAHRC way

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Research waste

- 85% of all health research (~\$170 billion) is being avoidably "wasted" (Chalmers & Glasziou, 2009)
 - not published or poorly published
 - no account of previous research
 - poorly designed
 - inefficient regulation and conduct
- research funders and regulators are pivotal (Chalmers, Bracken et al, 2014)
 - research prioritisation



Where and who is PenCLAHRC?



- CLAHRCs remit: 'develop and conduct applied health research that is relevant across the NHS, and to translate research findings into improved outcomes for patients'
- South West of England
- Partnership: policy makers and managers within provider and commissioning organisations, clinicians, patients & public, academics

What does PenCLAHRC do?



Three overarching aims:

- 1. Understand the uncertainties faced by those affected by healthcare services to help shape our research agenda.
- 2. Where sufficient evidence exists, we work with the NHS to implement service change.
- 3. Where there is insufficient evidence, we research existing or novel interventions or develop new approaches to tackle the issue.

Unique to PenCLAHRC

Research Prioritisation

1.User involvement



Generation of 'Uncertainties'

'Making Sense of Evidence'

- Attended by Health Professionals across the region
- Theory of EBP
- Identify clinical uncertainties

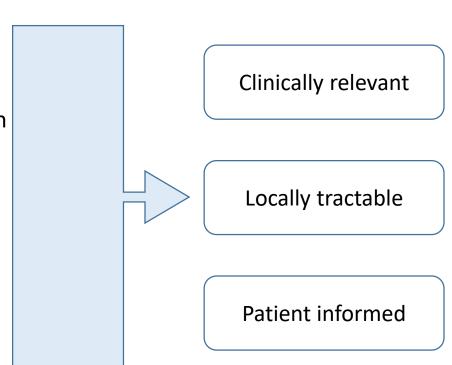
Theme-driven (Care Homes, Polypharmacy)

- Principles of EBM
- Identify key issues and uncertainties

Patient & Public Involvement

• Identify key issues

Online Webtool



2. Look for and synthesise existing evidence

Uncertainties transformed into research summaries

Information specialist and systematic reviewer involved at all stages

- What is the issue ?
- Question framed as PICO **
- What evidence exists and what research is ongoing?
- What guidelines, government strategies and local policies exist ?
 **
- How does this fit with PenCLAHRC research priority criteria
- References and Key Abstracts **



Size of the health problem

The potential for health improvement

The practicality of the research question

Whether the South West is a good place to do this research

Alignment with local health priorities





		Time	2015	2016
1. Generation of 'uncertainties'	EBM Workshops	4-6 months	70	55
	• Online			
	Theme groups			
2. Online Prioritisation	1 page research summaries	2 months		
	 27 'stakeholders' via email 			
	 Vote and <u>comment</u> 		*39	*31
	 Qs with most votes* sent out for 2nd round of voting via email 			
3. Stakeholder Meeting	 Top questions expanded into 4-6 page priority briefings 	1 month	10	10
	Discussed at face to face infecting			
	 Votes tallied and questions ranked 			
	 Top questions adopted for review/ implementation 		3 + 1PhD	2

MINDFULNESS for young people

Would mindfulness based cognitive behaviour therapy have a role in the maintaining recovery/relapse prevention among young people

2015 theme-driven workshop

Round 2: 9th /39

Stakeholder meeting: 2nd /10

Mental health problems innreasing for young people

For adults – convincing evidence that MBCT is effective and cost-effective for people with recurrent depression and helps them to stay well in the long-term.

Primary research in young people is lacking.

- Adopted by PenCLAHRC
- Development and feasibility testing of an intervention is underway

Patient Initiated Clinics

Would patient initiated clinics (PIC) be beneficial for patients with rheumatoid arthritis?

2010 submitted in MSE workshop

- Ranked 1st at stakeholder meeting (1 of 10)
- Systematic review to be undertaken prior to any project

• OUTPUTS:

- ❖ 2 systematic reviews published clinical effectiveness and cost effectiveness
- Research project of PIC for people with Rheumatoid Arthritis
- Development of toolkit to help others implement PIC
- Cochrane review of PIC in secondary care

Steroids for Sepsis in ICU

In intensive care unit patients with severe sepsis, do steroids reduce mortality?

2016 – submitted on webtool

• 7th/31 in Round 2

There are more important issues (Public and Patient Group)

Plays into the agenda of reducing healthcare costs (NHS R&D)

would need to be very large a national study to tease out
specific queries
(Academic)

Stakeholder Meeting

Ranked 10th/10

This has been resolved in the ICU community (Clinician)

"this question is an old chestnut"

– we already have the evidence –
several systematic reviews

(NHS R&D)

Increase value, Reduce waste....

Chalmers et al 2014 - How to increase value and reduce waste when research priorities are set:

- ✓ the transparency of processes by which funders prioritise important uncertainties should be increased, making clear how they take account of the needs of potential users of research
- ✓ additional research should always be preceded by systematic assessment of existing evidence
- ✓ information about research that is in progress should be strengthened and developed and used by researchers

NIHR — Adding value in research (https://www.nihr.ac.uk/about-us/our-purpose/principles/adding-value-in-research.htm) :

- ✓ questions relevant to users of research
- ✓ research is based on what is already known

Contact & Resources



- Whear R, Thompson-Coon J, Boddy K, Papworth H, Frier J, Stein K. **Establishing local priorities for a health research agenda.** *Health Expectations.* 2012. doi: 10.1111/hex.12029
- Chalmers I and P Glasziou. **Avoidable waste in the production and reporting of research evidence.** *Lancet* 2009; 374 (9683): 86-89.
- Chalmers I, Bracken MB, Djulbegovic B, Garattini S, Grant J, Gülmezoglu AM, Howells DW, Ioannidis JP, Oliver S. **How to increase value and reduce waste when research priorities are set.** *Lancet* 2014; 383(9912):156-65.
- Reduce research waste series: http://www.thelancet.com/series/research
- http://researchwaste.net/ (The Reward Alliance)

PenCLAHRC: http://clahrc-peninsula.nihr.ac.uk/

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