



## **Essex Cancer Research Network Work Programme**

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**1st April 2011 to 31st March 2012**



**Essex Cancer Research Network**

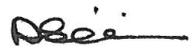
Essex Cancer Research Network operates as part of the NIHR NCRN in England. It is part of the National Institute for Health Research and forms part of the UK Clinical Research Network. The networks support and deliver high quality clinical research studies

## Essex Cancer Research Network Work Programme - Agreement Cover Sheet

This Work programme has been agreed by:

<b>Position</b>	Clinical Lead of the Cancer Research Network
<b>Name</b>	Dr Krishnaswamy Madhavan
<b>Organisation</b>	Essex Cancer Research Network
<b>Date Agreed</b>	
<b>Signed</b>	04.07.11

<b>Position</b>	Chair of the Network Board
<b>Name</b>	Ms Sheila Bremner
<b>Organisation</b>	NHS South West Essex
<b>Date Agreed</b>	
<b>Signed</b>	19.07.11

<b>Position</b>	Research Network Manager
<b>Name</b>	Mrs Ashley Solieri
<b>Organisation</b>	Essex Cancer Research network
<b>Date Agreed</b>	04.07.11
<b>Signed</b>	

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## **1.0 Strategic development of Essex Cancer Research Network**

There are no plans to change the current leadership or management model of Essex Cancer Research Network (ECRN). A one year secondment position, jointly funded by ECRN flexibility and sustainability funding and Essex Cancer Network (ECN), to support research peer review measures will be developed during 2011/12.

### **1.1 Interaction with Essex Cancer Network**

The Clinical Lead (CL) and Research Network Manager (RNM) are members of the ECN Board and will continue to attend the Network Site Specific Groups (NSSGs) to agree study lists and report recruitment. NSSG and multidisciplinary team (MDT) Research Lead role responsibilities have been drafted and these will be approved by the ECRN and ECN Board. A post, jointly funded by ECRN FSF and ECN will be established to support both the NSSG and the MDT with their research peer review measures, support the develop improvement plans, establish intra-network referral pathways and develop systems for collecting this data.

A joint training day with the clinical nurse specialists and research nurses is being planned by the RNM and the ECN Nurse Director to promote research and explore how the clinical nurse specialists can become more involved with NIHR studies and other research.

### **1.2 Interaction with other Research Infrastructure**

The ECRN have close established links with Essex & Hertfordshire Comprehensive Local Research Network (E&H CLRN). Discussions are taking place to inform E&H CLRN cancer specific funding allocations to the Trusts and this will result in further discussion with the Trusts to ensure the funding is appropriately utilised within the cancer research teams and service support departments. Discussions have taken place with the CLRN to monitor time to target data and the RNM will be receiving weekly reports containing this information from the CLRN. The RNM will analyse this information and initiate discussions with research teams to develop improvement plans where required. Thi information will also be fed into the NSSG trial recruitment discussions. Discussions with E&H CLRN to establish a joint approach to the Trusts regarding the distribution of commercial trial income has also taken place and this will be fianalised during 2011/12. Communication with the East of England Primary Care Research Network to discuss the introduction of NIHR NCRN primary care based studies did not take place in 2010/11 and is therefore planned for 2011/12.

The E&H CLRN industry lead role is undertaken through E&H CLRN Cluster Managers and the RNM will work with these to establish Trust profiles regarding their ability to undertake commercial research. This will include Trust approval times, principal investigator experience and time to target data.

## **2.0 Portfolio Development and Forecast Recruitment**

Appendix 4A in the Annual Report outlines the planned portfolio and recruitment forecast for the ECRN for 2011-12. There are a total of seventy-two cancer and pre-malignant studies; including fifty-three randomised controlled trials (RCTs), of which six are commercial, and nineteen non-RCT.

The portfolio includes studies across all common tumour sites. It is hoped that more palliative care studies will be introduced in the coming year through the work being undertaken by the Palliative Care Clinical Studies Group and three palliative care consultants within ECRN.

A systematic approach to forecasting recruitment was taken for 2010/11 by Trust staff starting with the figures recorded on the site specific assessment forms. Discussions with the principal investigators and research nurses regarding the importance of accurately predicating recruitment has resulted in the inclusion of agreed recruitment targets in the 2011/12 Service Level Agreements..

ECRN have forecast a total of six hundred and fifty-two patients to all cancer and pre-malignant studies during 2011/12, which is 10.9%. Three hundred and nine are RCT recruits which is 5%. It is acknowledged that this does not meet the 7.5% target and particular attention will be paid to increasing this recruitment where possible. There are twenty six participants forecast to commercial studies in 2011/12 which is 3.9% of the total predicted recruitment.

## **3.0 Workforce Development**

ECRN is part of the Pan London and SE Regional Training and Development group and will benefit from collaborative working to ensure local courses are viable, responsive to local needs and meet demand. Trainers are able to react very quickly to evaluative comments by delegates, observers, and course providers incorporating desired changes immediately. Local knowledge enables applicants to be directed toward the courses most relevant for them. The generic Developing Research Professionals Programme is a shining example of the collaboration and spread of good practice that has developed locally and nationally through the regional model of training.

Key priorities for the Region for 2011-2012 include updating the 2009 Induction Handbook, leading, revamping and national rollout of the cancer policy and politics course, ensure continued viability and responsiveness to demand for all other core courses, improving access for those local networks who have registered comparatively fewer delegates.

New Initiatives include sustaining momentum and commitment, and increasing participation in 'train the trainer' events and experience, and extend coaching and mentoring skills for experienced staff. We will extend collaboration across other topic networks and partnership organisations to increase the availability of viable locally based core training modules in addition to the current Regional Programme. Informed Consent training will be further developed and delivered across other NIHR organisations by the Training & Education Lead who will also provide Training for Trainers to assist with rolling out this and other courses.

The budget for next year will be enhanced by income generated to approx £24000 which will allow funding of the initiatives above, although there is a risk of increased venue costs.

The RNM continues to cover the role of the Network Training Link and there is a network team building and training needs assessment day planned for 2011/12.

#### **4.0 Consumer Involvement**

The RNM is a member of the ECN Partnership Group and regularly provides reports on the activities within the Network. The Group have requested a series of training sessions regarding NHS research in general and the RNM will deliver these through the Partnership Group. Information on the ways in which consumers can become involved have also been discussed and the RNM will be attending the patient support groups at each locality to continue raising patient and carer awareness of cancer clinical research across the network.

#### **5.0 Other Initiatives**

ECRN have engaged in dialog with Anglia Ruskin and Essex University to develop a clinical and academic collaboration and strengthen the current clinician- laboratory interface and the development of cancer studies led by clinicians keen to take on roll as chief investigators.

## 6. Work Schedule 2011-2012

Objective	NCRN Strategic Plan key theme	Work to be undertaken	Expected outcomes/success criteria	Responsibility	Delivery date	Progress
Preparation and submission of annual report and 2011/12 work programme	Network Performance	Prepare annual report and work programme for ECRN Board approval. Submit to ECN Board for approval	Approved annual report and work programme submitted to NCRN CC.	K Madhavan/A Solieri	22nd July 2011	
			Documents uploaded to CQuins and self assessment completed	K Madhavan/A Solieri	30 <sup>th</sup> September 2011	
Integration with ECN	Impact	Establish joint post to support NSSG and MDT compliance with research peer review measures	Increased compliance with NSSG and MDT research peer review measures	A Solieri/S Maughn (Network Director)	March 2012	Funding identified/draft job description
		Develop combined research and clinical nurse specialist training day	Increase research awareness and CNS participation in research	A Solieri/ C O'Leary (ECN Nurse Director)	March 2012	
Interaction with other research	Network Performance/Portfolio Delivery	Approved Funding and Workforce Agreement	Maximise use of resources across ECRN	K Madhavan/A Solieri	March 2012	Draft paper approved by ECRN Board

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<b>infrastructure</b>	<b>Industry</b>	Develop standard reporting for time to target information and action plans where required	Improved time to target success of all NIHR studies	A Solieri/CLRN Cluster Teams	March 2012	sent to CLRN Executive
		Development of Trust profiles for commercial research activity	Promote Trusts to commercial companies and increase number of commercial studies recruiting to time and target	A Solieri		
<b>Portfolio Development</b>	<b>Portfolio balance and delivery</b>	Agreed recruitment targets included in SLA	Singed SLA appendix and recruitment targets met	A Solieri		
<b>Workforce development</b>	<b>Network Performance</b>	Arrange Network team building/training needs assessment day	Encourage “Network Ethos”, working together and sharing expertise. Increased number of intra-network referrals	A Solieri	March 2012	

<b>Other initiatives</b>	<b>Portfolio Balance</b>	Establishment of academic partnerships with Anglia Ruskin and Essex Universities	Development of cancer research studies adopted onto NIHR portfolio with local chief investigators	K Madhavan/A Solieri		
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