

In this article...

- Merging two research teams at Mid Essex Hospital Services Trust
- Creating a distinct identity for the new research team
- Expanded clinical research areas and increased patient participation

Strengthening the research team to increase patient participation

Nursing Times Awards

This initiative won the Clinical Research Nursing category in the 2017 Nursing Times Awards

Key points

Broadening the research areas and providing peaceful surroundings can increase patient participation in clinical trials

Having the whole research team under one roof promotes the sharing of skills and knowledge

Creating an identity for the research team is a means of raising awareness of research activities

A supportive environment can attract nurses to a research career

Training healthcare staff in good clinical practice increases research capacity

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Abstract Since the merger of its two research teams, Mid Essex Hospital Services Trust has dramatically expanded its research activities. The number of areas in which research is conducted has multiplied, the research team has grown from 14 to 38 staff (including 30 nurses), and the number of patients participating in clinical trials has risen from 602 in 2013/14 to 1,491 in 2016/17. Behind these successes is a constant endeavour to put patients at the heart of, and create more opportunities for them to participate in, research, as well as the expertise and engagement of a dedicated team.

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Without patients volunteering to take part in research, we would not have access to half the innovative treatments and services that are available today. With an ever-increasing and ageing population, we need to continue to learn about diseases and potential treatments. This is why nursing research is so important, and why research nurses work hard to support patients on clinical trials.

In late 2011, the chemotherapy centre at Mid Essex Hospital Services Trust (MEHT) was redesigned to create a space dedicated to clinical trials, the Helen Rollason Research Centre (HRRC) – funded in part by the Helen Rollason Cancer Charity. Until 2013, MEHT still had two separate research services – one for oncology and a generic one – with research and development (R&D) activities split between them. In 2013, the two services were merged in the hope of improving collaboration between research staff, meeting National Institute for Health Research (NIHR) performance targets and broadening the research opportunities.

New facility and identity

The HRRC is located in a quiet space at the back of Broomfield Hospital, with free and easily accessible parking. It has eight treatment chairs and four private consultation rooms. The centre is used to conduct both observational and interventional research in an array of specialties ranging from cardiology to oncology, and also hosts a dedicated primary care research team. Patients attend the centre to be screened for trials, receive treatments (such as intravenous infusions and chemotherapy), attend follow-up appointments with research nurses and principal investigators, and pick up research prescriptions. At the HRRC, consultants can lead specialised research clinics and patients can take part in trials in a peaceful environment away from busy clinics. This has enhanced patient experience and increased participation in clinical trials.

We wanted to create a distinct identity for the research team. This was achieved by designing a unique blue and yellow uniform for research nurses (Fig 1), a logo, a



Fig 1. Staff wearing the new uniform

slogan, and a team purpose (“Putting our patients at the heart of research”). Our website (www.meht.nhs.uk/services/research-and-development) was expanded and is regularly updated to publicise what we do, and we use Twitter (@MEHTresearch).

Expansion

Since the merger of the two teams, we have expanded the areas in which we conduct research, thereby enhancing the choice of trials patients can volunteer for. As a direct result, our team has grown from 14 to 38 staff. Today the research team comprises 19 secondary care research nurses, seven primary care research nurses, three intravenous therapy research nurses, two clinical research coordinators, one research midwife, one laboratory research assistant, and five R&D administrators.

Before the merger, we only did research in cardiology, critical care, diabetes care, musculoskeletal medicine and oncology. Since the merger, we have launched studies in new areas, such as anaesthesia, burns and plastics, infectious diseases, midwifery, orthopaedics, rheumatology, renal medicine and urology. This expansion is reflected in the number of participating patients, which has increased from 602 in 2013/14 to 1,491 in 2016/17. In 2017/18, so far, we have already recruited 1,793 patients.

Expertise

Our nurses are often cited by pharmaceutical and academic sponsors as top recruiters in studies in the UK and Europe. In July 2017, we received the inaugural Team of the Month award, attributed by the NIHR Clinical Research Network North Thames, for recruiting patients in record time – a recognition of the constant drive of the team to achieve more.

As the whole team is under one roof, it is easier for us to share skills and knowledge, and develop a safe and supportive environment. The ‘cross-pollination’ of skills and nurturing atmosphere has led to internal teaching, an increasing number of staff completing bachelor’s and master’s degrees, abstracts being presented at conferences, and research findings being published. Our nurses have filmed training videos to help other NHS research sites with recruiting and completing follow-ups (urology); led teaching days at other trusts (burns and plastics); presented abstracts at national meetings (oncology); lectured at universities; and published papers in journals, both for research results (Nizamoglu et al, 2017) and for showcasing the role of the renal research nurse (Catley, 2016a and 2016b).

One of our senior research nurses has initiated reflective workshops. Highly attended, these are a means of learning from the whole team, and non-research nurses have started to attend them too. Attendance counts towards revalidation, with certificates issued as evidence. Our clear staff progression pathway ensures that staff are aware of how they can develop into higher-level roles and access opportunities for personal development.

“The patient focus is palpable and a constant touchstone to the whole team and its new direction” (Judges’ feedback)

Patient involvement

Among all patients seen at the trust, 1.01% are included in research, which makes us the highest recruiting district general hospital in the East of England. Only 10 of the UK’s 156 other acute NHS trusts did better in 2016/17 (Bit.ly/NIHRLeagueTable).

In 2015, our oncology research fellow audited the patient experience at the HRRC. The only negative comment received was that the centre was slightly difficult to find. To remedy this, signposts have been put up around the trust and directions are now included in appointment letters.

In 2017, some of our patients worked with us on International Clinical Trials Day to promote our research to other patients and the public, answering questions and dispelling misconceptions.

Box 1. Recommendations for research teams

- A team purpose agreed by all staff helps maintain focus
- An induction programme for new members supports the team’s purpose
- Regular and open communication is a key to success
- Involving patients in academic and social events helps build relationships and trust
- Reflective workshops are useful for participatory learning and revalidation
- Weekly ward rounds ensure trial recruitment is on track
- Student nurses should be encouraged to consider research as a career pathway

Some of our patients have published papers (Catley, 2016b) or shared their experience of how taking part in clinical trials at MEHT has helped them “continue living life to the full” (Bit.ly/NIHRTakingPart).

Clinical effectiveness and innovation

Our research team drives clinical effectiveness and maintains high research standards by providing good clinical practice (GCP) training to any staff member who needs it. Since two of our research nurses have become certified GCP trainers, we now have over 220 staff at the trust with valid GCP certification, ready to work on trials.

Some of our research nurses also act as ‘innovation scouts’, working hand in hand with Health Enterprise East (HEE) – an NHS innovation hub – to promote awareness and increase the generation of innovations across the trust. This is done through a variety of media, such as screen-savers, newsletters and posters advertising events in the main atrium of the trust.

What’s next?

We are continually striving to improve the care we offer our patients, both at the HRRC and at the trust in general. We have created new opportunities for patients, but there is still some way to go before we can offer research participation to every patient who walks through the trust’s doors. We are looking at innovative ways of engaging with potential stakeholders.

As part of our sustainability and transformation programme, we are planning to propose our research model as an example of leadership in what will be one united R&D department across three hospital sites – Basildon, Mid Essex and Southend. The first step will be to roll out the blue and yellow uniforms across the sites. The second will be to ensure that all patients can access the HRRC. The third will be to align our purposes and strategies, continuing to raise awareness of the importance of research within the NHS. **NT**

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References

- Catley C (2016a) Clinical research nursing: a possible career pathway for renal nurses. *Journal of Kidney Care*; 1: 2, 92-95.
- Catley C (2016b) Chronic kidney disease: detection and management for GPNs. *GPN*; 2: 3, 42-50.
- Nizamoglu M et al (2017) Improving mortality outcomes of Stevens Johnson syndrome/toxic epidermal necrolysis: a regional burns centre experience. *Burns*; pii: S0305-4179(17)30504-1.