

Kingston Hospital: From a good hospital to a hospital that's good at research

In 2014 Kingston was rated as a good hospital (a CHKS top 40 hospital and one of the top 5 most efficient) but rated 'worst performing research Trust out of 12 in South London Clinical Research Network (CRN)'. The following key factors that held back research were identified:

- A lack of infrastructure, dedicated equipment or rooms dedicated to research
- A lack of: research was considered as an 'optional extra' rather than part of a job role
- A lack of support to set up trials, making the process appear daunting or overwhelming
- Insufficient money and time available for research
- A lack of support with screening or data input
- Problems with pathology and pharmacy, and a lack of experience and resources
- A lack of cross-speciality interaction
- A lack of trust recognition or high level support

What has changed?

Helen Matthews was appointed as Research and Development Lead for Kingston Hospital in 2014. Before this, there was no member of staff at Kingston to promote research. The NIHR CRN then funded an R&D Coordinator, Jennifer Crooks, to assist staff with the research process, provide support, and 'demystify' paperwork.

Jennifer was responsible for assisting organisations in selecting the right initial studies ('Gateway trials') to promote research and keep up momentum. CRN staff have also provided support in setting up trials. This support has made staff feel more confident about getting involved in research studies and about asking questions about research. The research process has also been broken down and segmented to make the process less overwhelming for staff.

Due to the increase in work and infrastructure needed to sustain this, a Research Manager was required to manage the growing department. This was the first Trust funded post for the department. Money from the CRN and charities has also improved staff engagement and allowed Kingston to build and develop a research portfolio.

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Targeted or face-to-face Good Clinical Practice (GCP) training has taken place within the Trust, which has been well received. This has enabled more staff to get involved in research, as the online course can often be overwhelming without face-to-face support.

The increased focus on research has given the Clinical Nurse Specialists an opportunity to act as Principal Investigators, which has proven successful. This has allowed them to spend more time with patients, and made it easier to instil a sense of ownership for the process as a whole. One of the Clinical Nurse Specialists has been asked to write an article for the British Association of Dermatology journal, helping to spread the word further and promote research. This should be replicated in more Trusts.

Screening and data entry is often done by band 3 staff, which leaves Band 5 staff free to focus on recruiting participants. This is a really cost effective way of increasing recruitment and, coupled with the hospital providing research activity across divisions and departments, enables a lean workforce that maximises efficiency.

Additionally, support from the pharmacy has now increased, due to the appointment of a proactive Research Pharmacist.

Kingston has been able to work collaboratively with Royal Marsden (for example, on the NICE FIT trial) and also has a good relationship with Kingston University.

Due to the growth of research in the hospital, more events have been organised since 2014 to promote research and involve the public, for example:

- » International Clinical Trials Day 2016/17
- » Research Awareness Survey: Hospital Volunteers
- » Hospital Open Day: Research Stand
- » Board of Governors
- » Wall of Pride
- » Presented at the Audit Seminar
- » Facilitated JDR events
- » Stands at Trust Dementia Conference

Perhaps most importantly, due to these success factors there is now more face-to-face conversation about research, and more support at board level. Targeted roadshows have taken place to promote research, and Helen Mathews and Jennifer Crooks are keen for research to be embedded within the Trust at every level.

Further challenges

Despite the numerous successes, there are still barriers to overcome, most of which are common within NHS Trusts:

- There is still a need to speed up the research set-up process
- Although the number has decreased, there are still staff within the Trust who oppose research, often due to a lack of resources, time and understanding of research or the benefits it brings. The aim at Kingston is to effectively embed research into everyday care across all specialties.
- The GCP process is still considered daunting and may put staff off getting involved in research if they are unable to take part in face-to-face sessions.
- The Trust is still lacking some specialist equipment, which limits the number of trials that can take place within the Trust.
- Kingston still needs to implement processes to support volunteers who would like to get work experience and support research.
- Like many Trusts, Kingston is currently reliant on Bank Staff in research due to the short term funding templates. Though this can be useful in expanding available resources, a lot of time is taken up training inexperienced staff.

How can these challenges be overcome?

GCP training, should be mandatory at least for Band 7 and above, Registrars, and Consultants, and should be included as part of staff inductions to emphasise that research is a compulsory part of everyday roles.

There is also a need for more communications team involvement and resources to disseminate the achievements and benefits of research across all departments of the Trust. This can help drive involvement further, and is vital in mainstreaming a culture of research throughout the hospital.

Beyond additional training, dissemination and inductions, the only way to fully embed research into normal clinical practice within every specialty is tied in with collaboration with the Care Quality Commission (CQC): research needs to be a key quality indicator. For this to happen, and be fully understood, more permanent research staff are needed within the trust to maintain the progress that has been made.

Finally, external support is required to assist with building a commercial profile for the hospital.