



**Integrated  
Care System**

Nottingham & Nottinghamshire

# **Nottingham and Nottinghamshire ICS Research Strategy**

## **2024-29**



# Executive summary

This research strategy sets out our ambition for research in the Nottingham and Nottinghamshire Integrated Care System (ICS) for the next five years.

In 2023, our ICS set out its vision in an Integrated Care Strategy “Every person will enjoy their best possible health and wellbeing”. Research has a key part to play in delivering this vision cost-effectively, as outlined in the Nottingham and Nottinghamshire NHS Joint Forward Plan:

## Research can:

- ✓ **Improve clinical and care practice**
- ✓ **Reduce the cost of health and care**
- ✓ **Lead to a healthier population**
- ✓ **Support a happier workforce**

We have a very vibrant research ecosystem in our ICS, with all partners involved in research. This research strategy was developed through consultation with over 100 individuals and groups across the ICS. These included stakeholders from a variety of settings <sup>[1]</sup>, from a range of professions <sup>[2]</sup> and from a wide geographical area <sup>[3]</sup>. The collaborative participation in the development of this strategy underlines the strong base of research expertise and enthusiasm that exists across our system.

<sup>1</sup> Hospitals, GP surgeries, community care, care homes, at home, pharmacies, dental surgeries, opticians, pre-hospital care

<sup>2</sup> Doctors, nurses, midwives, allied health professionals, clinical psychologists, pharmacists, optometrists, dentists, public health, social workers, advanced clinical practitioners, commissioners, academics and research managers

<sup>3</sup> The four Places of the ICS: Nottingham City, South Nottinghamshire, Mid Nottinghamshire, Bassetlaw.

**Through these discussions, we identified four pillars that this strategy will address:**

**Population**

**Workforce**

**System**

**Implementation**

These pillars represent the opportunities to work together to drive, develop and improve research in our system, so that everyone in our population can benefit; everyone who works in health and care can benefit; and we harness our collective strengths to collaborate effectively and efficiently together.

Alongside this strategy, we are developing an operational plan which will set out the specific actions to be taken to deliver the aims.

This research strategy is for people of all ages: adults, young people and children, the workforce that supports them and the delivery of services provided for them.

The development of this strategy was funded by the NIHR Clinical Research Network East Midlands.

# Why is research important?

Research is essential in providing the evidence needed to continually improve population health and wellbeing, provide high quality joined up services, contribute to a net zero health and care system and reduce health inequalities. From the improvement of clinical and care practice to the reduction in the cost of healthcare and the wellbeing of the workforce, research offers enormous opportunities for solutions to today's challenges.

## Improving clinical and care practice

Through research, new and better ways are found to prevent, diagnose and treat health problems for our population.

Research can:

- ✓ Transform services, increase quality of care and improve outcomes.
- ✓ Increase patient satisfaction and quality of life.
- ✓ Increase safety and save lives.

## Reducing the cost of health and care

Against a backdrop of acute budgetary pressures, research supports enhanced productivity and value for money.

Research can:

- ✓ Provide evidence of the benefits of more cost-effective treatments and interventions.
- ✓ Reduce resources spent on unnecessary or ineffective treatments, interventions and care.
- ✓ Improve efficiency of health and care delivery.

**“Research is the single most important way in which we improve our healthcare.”**

*Department of Health and Social Care<sup>[4]</sup>*

## Healthier population

Research shows that good health is dependent on a wide range of factors linked to the environments in which we grow, live and work.

Research can:

- ✓ Inform greater understanding of inequalities and how to tackle them.
- ✓ Identify measures to strengthen the building blocks of good health.
- ✓ Help understand how people engage with health and care services so that we can better meet the needs of our diverse and underserved populations.

## Happier workforce

In a health and care system with workforce pressures, we know that staff satisfaction is higher among staff who are involved in research.

Research can:

- ✓ Help organisations to recruit and retain staff.
- ✓ Contribute to workforce wellbeing through greater job satisfaction.
- ✓ Enhance the skills of the workforce and support continuous improvement.

# What do we mean by research?

Research is about generating new knowledge that could lead to changes to treatments, policies or care. It provides the data to inform evidence-based practice and policies.

**It includes a broad range of topics, for example:**

- Clinical research into the discovery and development of medical treatments.
- Evaluation and development of care models and pathways.
- Research into methods of diagnosing, monitoring and predicting health.
- Social care research into how to improve people's lives and help them live well.
- Public health research into population health issues, prevention of ill health and reduction of health inequalities.
- Management research into efficiency of delivering health and care.

Research can be any size or scale: from a short project with local application, to a multi-million-pound programme with global application.

## Activities related to research

Research is one of a range of ways we can improve health and care. Related activities which may lead to research or stem from research include:

- **Audit** evaluates practice against standards or criteria to ensure adherence of care against evidence-based guidelines and best practices.
- **Quality improvement** processes identify areas of care which can be improved to achieve better patient outcomes.
- **Development** is the application of research to create prototypes or pilot schemes.
- **Innovation** refers to the development and implementation of new ideas, technologies, and processes that improve the quality and efficiency of health and care services.
- **Evaluation** uses measurement and analysis to learn how well a service or intervention is achieving its outcomes, to assess its value.

## Involvement in research

Anyone in the health and care sector, in any profession or role, can play a part in research. They may

- Lead their field and be a principal or co-investigator on a project.
- Identify areas where research could be beneficial and advise and support researchers.
- Play a role in recruiting people to research studies or delivering research.
- Collect or analyse data for projects.
- Promote or help explain research to the public.

# Research in our ICS

In our ICS, we have a thriving research ecosystem where research takes place across all our health and care settings and where our universities provide a wealth of research expertise, facilities and centres of excellence. Over the years, we have developed supportive research networks and there are good examples of collaboration between partners. Nonetheless, we can improve.

With the creation of the ICS, we have the opportunity to further integrate our research across our partners, benefiting from our combined expertise, resources and infrastructure and increasing the implementation of research evidence into practice.

**Doncaster and Bassetlaw Teaching  
Hospitals NHS Foundation Trust**

**Nottingham Trent University**

**University of Nottingham**

**East Midlands Ambulance  
Service NHS Trust**

**Nottingham University  
Hospitals NHS Trust**

**Primary care providers of NHS Services**

**NHS Nottingham and Nottinghamshire  
Integrated Care Board**

**Nottinghamshire County Council**

**Care homes**

**Nottingham CityCare Partnership**

**Nottinghamshire Healthcare  
NHS Foundation Trust**

**Voluntary and community  
sector organisations**

**Nottingham City Council**

**Sherwood Forest Hospitals  
NHS Foundation Trust**

**Commercial companies**

*Organisations undertaking health and care research within our ICS*

# Research in our ICS *continued*

## Our research infrastructure

Our research infrastructure has benefitted from significant investment from the National Institute for Health and Care Research (NIHR), charities, Research Councils, place-based funds and industry, as well as from the government, the NHS and universities. This represents a huge opportunity for all partners to use these joint major assets.

## Research and innovation support

We can also draw on the expertise available from local and regional organisations and services. These offer support along the research pathway to ensure our research has the best chance of success in its design, delivery and in its translation to use in practice.

*Research and innovation support organisations and services*

## Partnerships

In addition to the expertise and infrastructure within our ICS, we have partnerships with organisations regionally and nationally which can support and enhance our local capabilities.

*Examples of major health and care research facilities and centres of excellence*

# Our priorities

## Our vision

In five years' time, our ICS will have an integrated and supportive research environment, clearly aligned with system priorities, that ensures improved outcomes and reduced health inequalities for our local population, and efficiencies for our health and care system.

## The pillars of our research strategy

Through consultation with over 100 individuals and groups across the ICS, and informed by national and local strategies and plans related to population health and care research, we have identified four areas of priority that form the pillars of our research strategy.

### Population

We will undertake research to improve the health and care outcomes and reduce the health inequalities of our local population.

### Workforce

We will support our workforce to drive and deliver research in a culture where research is everyone's business.

### System

We will maximise the collective capabilities and strengths of the system through collaboration and shared infrastructure.

### Implementation

We will increase the implementation of research outcomes that are shown to improve health and care.

# Pillar 1: Population

**We will undertake research to improve the health and care outcomes and reduce the health inequalities of our local population.**

## **We will**

- Ensure that our local population benefits from research, by co-producing research that focuses on their health and care needs.
- Widen participation in research to involve the communities with greatest need, and across the many different health and care settings.
- Work together to prioritise and support research that focuses on preventing poor health and strengthening the building blocks of good health.

## **How this pillar supports the Integrated Care Strategy aims and principles**

The Population pillar addresses “Prevention is better than cure” and “Equity in everything” and particularly tackles the ICS aims “Improving outcomes” and “Tackling inequalities” by “Working with people and their communities”

We recognise that research benefits from the involvement of patients, carers, service users and community members. We will help researchers engage effectively with these groups and with the wealth of population data, to understand their needs and co-produce studies that are meaningful to them. We will also focus on co-producing research that supports the Integrated Care Strategy and Core20Plus5 <sup>[1]</sup> priorities within our ICS.

There are significant health inequalities across our population. We recognise that those with the worst health are least likely to be involved in research studies, yet participation in research is shown to improve health outcomes and helps engage patients in their own healthcare. We will focus on widening participation in research studies, including NIHR portfolio studies, overcoming the barriers that we have identified, to enable equity of access, so that all communities can benefit from research.

Most health and care research is targeted at treating people who are already ill. We will put an emphasis on prioritising and supporting research that focuses on prevention of ill health. We will work with partners across the system, including those with responsibility for the building blocks of good health, on research to reduce or delay the need for health and care services.

<sup>[1]</sup> Core20PLUS5<sup>[10]</sup> is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level.



# Pillar 2: Workforce

**We will support our workforce to drive and deliver research in a culture where research is everyone's business.**

## **We will**

- Develop a research culture by growing a shared understanding by the health and care workforce of how research can improve quality and outcomes so that it can be embedded in care.
- Build the capacity and capability of the workforce to participate in research, providing equitable and inclusive opportunities to include research as an integral part of working life.
- Develop research-involvement career pathways in all professions to support staff motivation, recruitment and retention.

We know that health and care staff want to participate in research: whether that is driving research programmes as research leaders, identifying opportunities for improved care and seeking solutions, or supporting patients' participation in studies.

We recognise that only some of the workforce has the opportunity to be involved in research and that the benefits of research are not always understood. We will build a culture where research participation is encouraged at all levels, where research is visible and that successes are celebrated, however small. We will ensure we learn the lessons where things haven't worked.

In the context of operational and workload challenges, we will work with leaders to recognise research as productive time and develop the capability of the workforce through proportionate training.

Research involvement is widely acknowledged to motivate the workforce and provide an incentive for recruitment and retention. We will work with managers across all health and care settings and for all professions to identify ways that people can build research into their career.

## **How this pillar supports the Integrated Care Strategy aims and principles**

The Workforce pillar addresses "Equity in everything" and "Integration by default" and particularly tackles "Enhance productivity and value for money" by "Supporting our workforce"

# Pillar 3: System

## We will maximise the collective capabilities and strengths of the system through collaboration and shared infrastructure.

### We will

- Develop system-wide leadership and improve working practices for collaborative research that addresses system priorities.
- Create streamlined governance to overcome barriers to collaboration and to maximise use of the entire ICS research infrastructure and services.
- We will work towards a technological method to safely access and utilise patient data for research.

We know that for this strategy to be effectively delivered we need to work together so the opportunities can be realised. Our system-wide Research Leadership Group will drive a positive research culture from the top, lead the changes and develop the capacity to address our priorities.

There is a breadth and depth of capability and research infrastructure across the system. We recognise that this is not available to everyone in the system and that sometimes reaching agreement on governance issues can create barriers in delivering research. We will work together to improve the ways that we collaborate and work in an integrated way, from our resources (workforce, equipment and services) to our processes and governance, to make research more efficient and effective for all partners.

Across the system there is a wealth of data about the health of our population. Safe access to and utilisation of this data is crucial to be able to undertake the research which will lead to a healthier population. This will be met through the ICS Digital Notts delivery programme. We will bring together the different partners to develop a streamlined approach to information governance for research.

## How this pillar supports the Integrated Care Strategy aims and principles

The System pillar addresses “Integration by default” and particularly tackles “Enhance productivity and value for money” by “Having the right enabling infrastructure”.

# Pillar 4: Implementation

## We will increase the implementation of research outcomes that are shown to improve health and care.

### We will

- Systematically use evidence from research to inform the choices and decisions we make.
- Make it easier for the workforce to discover the findings of research and how these could be used to improve health and care outcomes.
- Enable all partners to identify shared health and care challenges to inform research priorities that will generate evidence for implementation.

While evidence from research is used to inform practice across our system, we recognise that we do not yet do this systematically. We will build the use of evidence from research into our decision making so that our population and workforce routinely benefits from the best available evidence.

To commission and deliver cost-effective services and care, decision makers and the workforce need easy access to the latest research findings and be able to identify how they can be applied to improve the health outcomes of the populations they serve. We will work with the research community to improve the communication of research so that its benefits are easier to find and understand, to maximise successful implementation.

Across the system, we understand our local population health and care challenges through our data and our workforce who may have ideas about how to meet these challenges through research. We will work with the research community to focus and collaborate on these priorities.

## How this pillar supports the Integrated Care Strategy aims and principles

The Implementation pillar particularly tackles “Enhance productivity and value for money” through an “Evidence based approach, whilst encouraging innovation” and a “Focus on outcomes and impact to ensure we’re making a difference”.

# Next steps

This strategy sets out our system's priorities for the next five years. We recognise the current operational and financial pressures that the system is under and we are mindful that any plans to deliver this ambitious strategy will exist within this difficult context.

But it is important that we make progress and continue to deliver the strategy throughout the five years, especially as research can help resolve some of the pressing issues.

We are not starting from scratch. Many of the partners in our system have their own research strategies and there is a wealth of activity already happening, with excellent examples of best practice which can be shared between our partners. The extensive consultations that took place in the development of the strategy highlighted the enthusiasm and willingness of many people to share their knowledge and support the other organisations in our system.

There are also conversations in national bodies for different professional groups and strategies for national priorities which focus on many of the same issues as our pillars. We will harness the activities that are taking place in these national organisations and seek to identify how these can be implemented locally.

In recognising the value of working as a system to achieve our research goals, we have also received many ideas and suggestions for how we should work better together and what plans we could put in place.

An operational plan is now in development and activities will be prioritised in discussion with system partners.

Thank you to everyone who gave their time to contribute to the development of this strategy.

# References

The following publications informed the development of this strategy:

## Local strategies and plans

- 1 [Nottingham and Nottinghamshire Integrated Care System Integrated Care Strategy 2023-27](#)
- 2 [Nottingham and Nottinghamshire NHS Joint Forward Plan 2023-27](#)
- 3 [Digital Notts Strategy 2023-28](#)

## National strategies and plans

- 4 [Saving and Improving Lives: The Future of UK Clinical Research Delivery - GOV.UK](#)
- 5 [NIHR Best Research for Best Health: The Next Chapter June 2021](#)
- 6 [NHS England: Maximising the benefits of research: Guidance for integrated care systems](#)
- 7 [NHS Long term plan](#)
- 8 [A plan for digital health and social care - GOV.UK](#)
- 9 [Commercial clinical trials in the UK: the Lord O'Shaughnessy review - final report - GOV.UK](#)
- 10 [NHS England - Core20PLUS5 – an approach to reducing healthcare inequalities](#)

## Strategies and plans for workforce and settings

- 11 [NIHR Clinical Research Network Primary Care Strategy 2022](#)
- 12 [NHS England Making research matter: Chief Nursing Officer for England's strategic plan for research 2021](#)
- 13 [Royal College of Nursing Research Strategy 2024-27](#)
- 14 [NHS England: Chief Midwifery Officer for England's strategic plan for research 2023](#)
- 15 [NHS Health Education England: Allied Health Professions' Research and Innovation Strategy for England 2022](#)
- 16 [NHS Long Term Workforce Plan](#)
- 17 [Report of a UK survey of pharmacy professionals' involvement in research](#)
- 18 [Research Strategy 2020-2025 - College of Optometrists](#)
- 19 [NHS England: Centre for Advancing Practice Multi-professional Practice-based Research Capabilities Framework 2024](#)