

# ICB Research Annual Report 2025

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# Foreword

It is my privilege to introduce the NHS Bristol, North Somerset and South Gloucestershire Integrated Care Board (BNSSG ICB) Research Annual Report for 2024/25. This year's report reflects a period of remarkable growth, innovation, and partnership across our health and care system.

Our research programme continues to be driven by a clear purpose: to deliver health and care research that makes a real difference to those who need it most. This year, BNSSG ICB achieved national recognition, securing £1.79 million in Research Capability Funding and ranking second nationally. Our approach, investing in future NIHR grants and fostering a virtuous circle of growth, has enabled us to support a wide range of partners, from general practices in disadvantaged communities to voluntary sector organisations, universities, and local authorities. Together, we have generated over £11.8 million in research-related income, opened 38 NIHR portfolio projects to recruitment, and expanded our Research Engagement Network to over 220 members.

As we look ahead, our commitment remains unwavering: to harness the power of research to improve outcomes, reduce inequalities, and embed evidence into practice across BNSSG. Together, we are building a thriving research environment—one that sets a benchmark for integrated care systems across England.

**Dr Joanne Medhurst**

**Chief Medical Officer**

# Introduction

NHS Bristol North Somerset and South Gloucestershire (BNSSG) Integrated Care Board (ICB) Research programme exists to support health and care research in the *wider care settings*, with services that support collaborations of academics with health and care planners and providers to design and deliver research, to align research activity with health and care priorities and the communities with the greatest needs, and to utilise research evidence to improve health and care for our population.

Our aim is “Health and care research that makes a difference to those who need it most”.

## Our Services

We structure our services into 6 workstreams to cover the full breadth of the research lifecycle, from supporting early ideas for research, through to helping the health and care services utilise research evidence in practice.



## ICB Research Strategy

March 2024 saw the launch of our co-designed research strategy, setting ambitions for the ICB's research work from 2025 to 2028.

The strategy sets out 5 strategic pillars to improve inclusivity, better align research with health and system challenges, improve research opportunities for under-represented staff (both professions and protected characteristics) and increasing the available resources for research, innovation and evaluation in the wider care settings through research.

The five strategic pillars are:

**Targeting the Greatest Needs:** Focus research efforts on communities with the most significant health inequalities to ensure impact where it is needed most.

**Radically Diversifying Research:** Expand participation and leadership in research across under-represented populations and professions to foster inclusivity and relevance.

**Developing Research Partnerships at every level of the Integrated Care System (ICS):**  
 Build strong, system-wide partnerships, bringing communities, health and care providers, strategic commissioners and academics together to co-develop and deliver impactful research.

**Accelerating Research into Practice:** Embed research findings into service delivery swiftly and effectively to improve outcomes and reduce the gap between knowledge and implementation

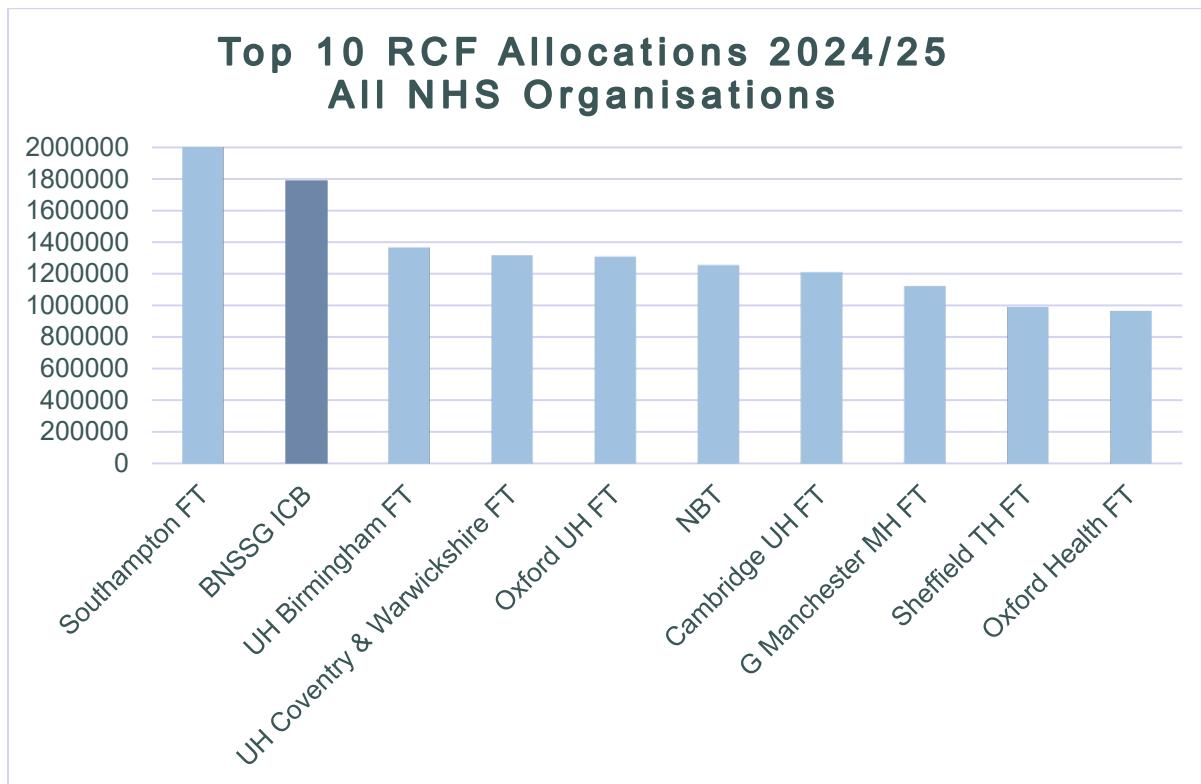
**Generating Resources for the ICB:** Harnessing the potential of funding, skills, and infrastructure that research can bring to our health system to dramatically increase the ability to innovate and evaluate across the ICS.



This report will be structured with a section on each of our 6 workstreams but starts with the performance of our overall programme of work. Each section highlights how the workstream supports each of the 5 pillars detailed in our ICB Research Strategy.

# Programme

The key performance indicators for the ICB's Research work are the ICB's Research Capability Funding award and national ranking.



**Chart 1: The top 10 Research Capability Funding recipients in 2024**

BNSSG ICB was awarded £1,788,249 in Research Capability Funding for the 2024-25 financial year. This put BNSSG 2<sup>nd</sup> in the national rankings and the only non-Trust organisation in the top 20 of Research Capability Funding recipients.

This demonstrates our approach continues to work incredibly well.

Chart 2 below shows that our Research Capability Funding income has an upwards trend, this is despite a significant reduction to the weightings used to award Research Capability Funding, which was £0.44 for every £1 NIHR income in 2017, with several reductions down to £0.275 per £1 today.

This graph demonstrates that our research portfolio has had continued and significant growth.

Growth was the explicit aim of our approach of adopting a virtuous circle, where the ICB uses Research Capability Funding to invest in future NIHR grants. Our national performance indicates this approach continues to work very well.

44      44      40      40      36      36      28      28      27.5  
 27.5    27.5

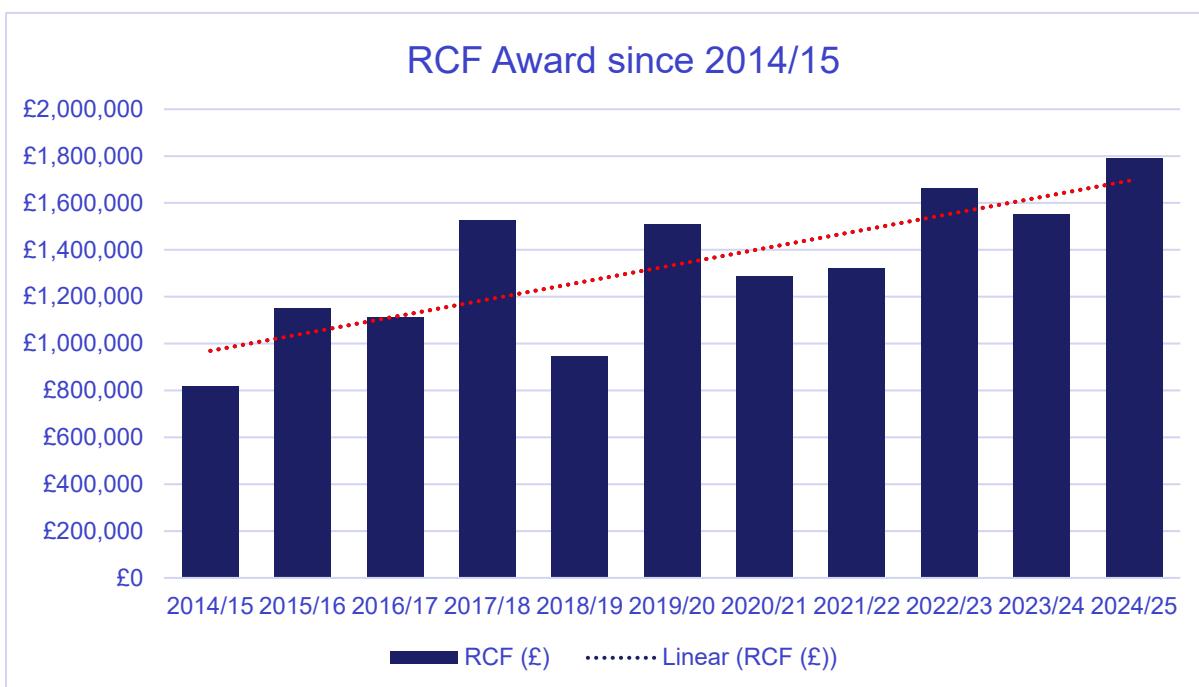


Chart 2: BNSSG RCF awards each year from 2014 to 2024.

## Where BNSSG Research Capability Funding is used

It is worth noting that whilst the ICB receives the Research Capability Funding award, this is on behalf of many partner organisations within our Integrated Care System. As such BNSSG Research Capability Funding has been spent amongst multiple partners to generate and support health and care research in the wider care settings:

- 6 x general practices working in the most disadvantaged communities in BNSSG
- The GPs in the Deep End Network for the 17 BNSSG practices serving the 15% most deprived communities
- 6x VCSE organisations serving some of the most disadvantaged communities within BNSSG
- Sirona Care and Health
- North Somerset Local Authority
- UHBW
- University of Bristol
- UWE, Bristol,
- Bristol Health Partners Academic Health Science Centre
- And within the ICB Research Capability Funding has supported:
  - Research Team
  - Medicines Optimisation
  - Nursing Directorate
  - Population Health Management
  - Modelling and Analytics

- Training Hub
- Learning and Development
- Women's Health Hub
- Weston and Worle Locality
- Woodspring Locality

We sincerely thank all our partners who contribute to creating such a thriving research environment that supports more applied health and care research in BNSSG compared with any other ICS in England. This is real and genuine partnership working, and something all partners can be proud of being part of creating.

## **Year in numbers: Achievements in 2024/25**

**£11,860,582\*** Research related income to BNSSG ICB in 2024/25

**£325k** Research Capability Funding awarded in the ICB's Responsive Call for 23 research development projects in priority areas of health and care

**50** Individuals funded by BNSSG Research Capability Funding across our ICS and Partner Universities

**>360** People attending our Research Seminars (up from ~180 in 2023/24)

**38** Research projects opened to recruitment in BNSSG wider care settings

**220** Members of our diverse Research Engagement Network (up from ~150 in 2023/24)

\*£11,860,582 break down:

- £7,234,479 NIHR grants
- £281,215 REN
- £59,916 Other research grants
- £1,788,249 Research Capability Funding,
- £2,300,000 SDE
- £196,723 IAU

## Idea stage

Early ideas for research come from all parts of the health and care system, communities and from academics. The ICB's role is to support idea generation that brings academics together with the communities with the greatest needs, the health and care staff who support them, as well as those who plan health and care services.

The highlights of how this workstream has delivered against the ICB's Research Strategy during 2024/25 is shown below, followed by further detail on each of the Workstreams' schemes.

| Strategic Pillar   | Workstream highlights   |
|--|---|
| Targeting the Greatest Needs                               | Updating our application review criteria to increase the scores for research that is generated with the communities with the greatest health needs and the services working with those people.  |
| Radically Diversifying Research                            | Introduced recognition payments to GP Deep End practices and VCSE organisations in the REN who are involved in early stage research development.  |
| Developing Research Partnerships at every level of the ICS | <p>Researchers in Residence bringing valued skills and delivering evidence projects whilst building relationships with teams across the ICB.</p> <p>The ICB has developed its processes to proactively link together and share learning between projects that have similar focus on particular communities or health topics. This is linking together teams, whether they are academic research or ICS improvement projects to help reduce the duplication of enquiries made to particular communities, and to better value the information that has already been gathered.</p> |
| Accelerating Research into Practice                        | Type 1 research development awardees are linked with system partners (strategic commissioners and providers) who would be integral to embedding the eventual evidence into our health and care system. This ensures their perspectives are part of the design from the very earliest conversations, and throughout. This helps ensure the evidence that is created will be useful and can be adopted into our health and care system.   |
| Generating Resources for the ICS                           | <p>Our Ideas stage activities generated £419,952 to enhance priority areas of work within our ICS, which breaks down as:</p> <p>£63,000 awarded to develop research in areas of health and care priority.</p>   |

|  |   |
|--|---|
|  | <p>Type 1 awards have provided £15,572 for service improvement projects in GPs at the Deep End practices and REN member VCSE organisations serving our CORE20PLUS populations.</p> <p>Researchers in Residence brought additional skills into the Healthier Together system to the value of £60,165.</p> <p>The Idea workstream has supported 20 academic collaborations with health and care colleagues actively seeking external funding that will enhance ICS work.</p> <p>The Research Engagement Network secured £281,215 to support racially minoritised communities to participate in every stage of health and care research.</p> |
|--|---|

## Research Engagement Network

The Research Engagement Network (REN) is a national programme run by NHS England where ICB's can apply for funding to work with VCSE organisations and members of communities who are under-represented in research. The BNSSG REN focus is on increasing the representation of racially minoritised communities in NIHR projects. We understand that for the representation of participants in research recruitment to improve, research needs to be designed with the communities who are under-represented, and dissemination of research findings needs to be transparent and actively involve under-represented communities. The BNSSG REN has created a forum with regular meetings to enable these conversations and the ICB introduced a new award of funding to recognise REN VCSE organisations involved in the development of research with the ICB.

The diverse Research Engagement Network in numbers:

- The REN grew its membership from around 180 members in 2024 to **220** members in 2025.
- The REN held **12** network meetings, 4 in-person events at community venues and 8 online.
- The REN coordinated a community event held in the Rose Green Centre in East Bristol, to discuss the findings from the previous year's work on South Asian and African Caribbean women's experiences of chronic pain. The event had **over 50** attendees from communities, health care providers, academics and commissioners to discuss women's experiences, services available and the research findings.
- The REN's 5 Health Ambassadors connected **33** researchers with under-represented communities.
- The BNSSG REN secured **£281,215** in funding from NHS England for PPI and VCSE involvement in the REN.

- BNSSG ICB awarded **£10,403** to REN organisations involved in the development of ICB research.
- **15** NIHR grant applications were submitted which included REN community partners.
- **1** Community Research Coordinator role appointed at Nilaari to facilitate research activities.

## **GPs at the Deep End**

The BNSSG GPs at the Deep End network supports general practices serving the most disadvantaged communities across Bristol, North Somerset and South Gloucestershire.

Through peer support, and workforce, education, advocacy, and research opportunities, the network harnesses the passions and skills of clinicians working in challenging settings to improve health outcomes and reduce inequalities.

In 2024/25, Deep End practices participated in collaborative research projects, and contributed as well as led, NIHR grant development, strengthening the voice of under-served populations in health research design and delivery.

The ICB awarded £30,500 for research development activities in Deep End practices, and in line with our Strategy, an additional £22,848 for the practices to utilise in service improvements in recognition of their efforts to be involved in research development – activities we need to happen in under-served areas in order to create health and care research that makes a difference to those who need it most.

GPs at the Deep End 2024/25 research activities in numbers:

- **8** x Deep End Practices recruiting to NIHR Portfolio research projects
- **462** patients recruited into NIHR Portfolio research by Deep End practices
- **5** Deep End Practices awarded Research Capability Funding for leading roles in the development of NIHR research in:
  - Continuity of care
  - Chronic Pain
  - Osteoporotic fractures and injuries from falls
  - Perimenopause and HRT prescribing
  - General Practice buildings and interior environments

## **Type 1 Research Capability Funding Awards**

The ICB's Type 1 Research Capability Funding awards provide ring-fenced time and PPI budgets to explore a topic with all stakeholders, form a research project team, undertake some evidence reviews and agree on the research that is of highest priority and most needed.

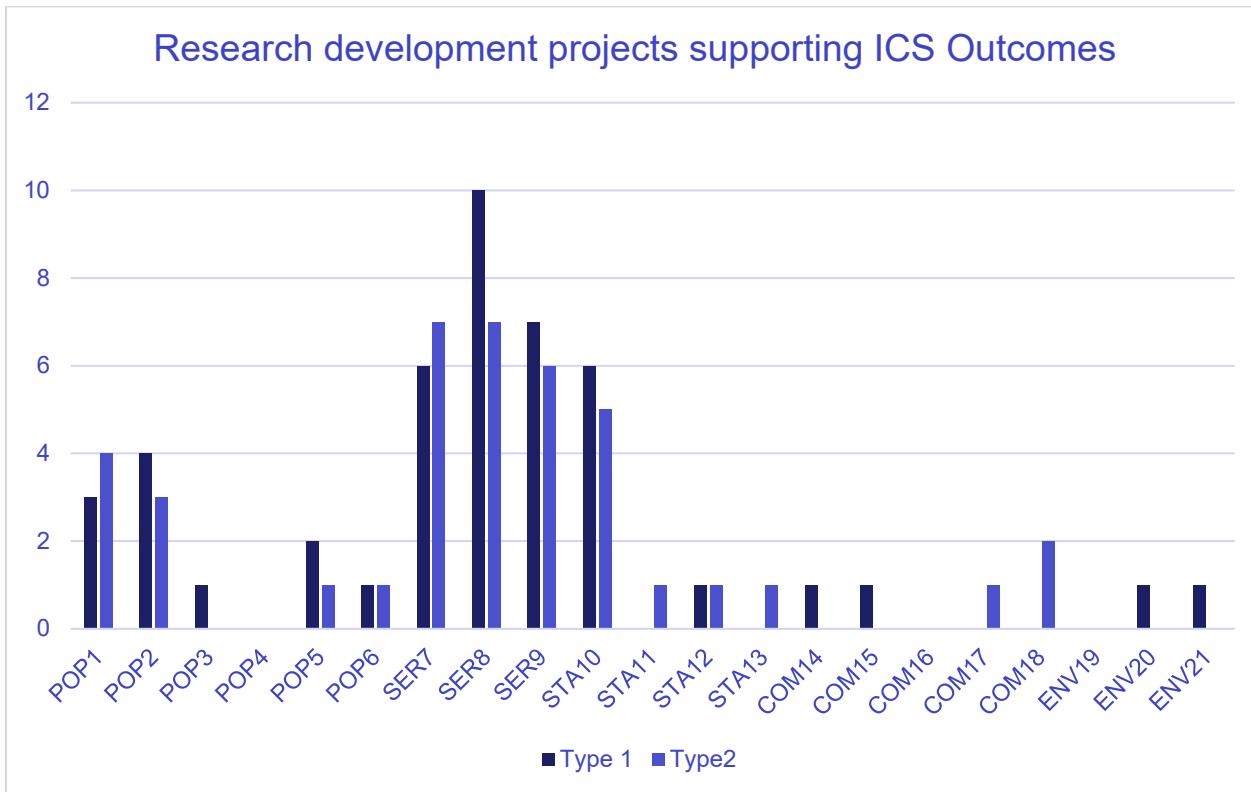
The ICB awarded 13 Type 1 Responsive Call applications.

54% of the Type 1 awards originated within GPs at the Deep End or VCSE organisations involved in the Research Engagement Network

85% of the awards specifically focus on the CORE20PLUS population, the other 15% all embed inclusive practice from the very earliest stages to maximise the chance of diverse representation throughout the design and recruitment of participants.

| Project   | Idea originated in                                       | Lead Applicant               | Lead Organisation     |
|---|--|------------------------------|-----------------------|
| Exploring non-pharmacological coping strategies to manage sleep problems in older adults with dementia.   | REN VCSE member(s)                                       | Sunny Chan                   | UWE, Bristol          |
| Project to investigate the buildings and interior spaces through which primary care is delivered  | GP Deep End Network member practice                      | Barabara Caddick/Helen Leach | University of Bristol |
| Exploring health inequalities experienced by disabled people exacerbated by the cost-of-living crisis   | REN VCSE member(s)                                       | WECIL (Lucie Martin-Jones)   | WECIL                 |
| Enhanced screening of osteoporotic fractures and injuries from falls in primary care  | GP Deep End Network member practice                      | Corinne Birch                | Pier Health           |
| Chronic Pain in Weston-Super-Mare, Worle and Villages   | GP Deep End Network member practice                      | Jenny Lewis                  | UWE, Bristol          |
| Experiences of HRT prescribing in the perimenopause   | GP Deep End Network member practice                      | Victoria Pitts               | Downton Road Surgery  |
| Reducing Health Inequality amongst a Somali Community in Lawrence Hill, Bristol with a focus on cardiovascular risk factor interventions developed through community based participatory research | REN VCSE member(s) & GP Deep End Network member practice | Kiran Cheedella              | GP                    |
| Educational and supported-self management interventions to support people with cancer-related chronic pain.   | UWE, Bristol   | Julie Armoogum               | UWE, Bristol          |
| Experiences of gynaecological issues including endometriosis in underserved women from ethnic minority groups.  | University of Bristol                                    | Chloe Gamlin                 | University of Bristol |
| Exploring ways to deliver primary care for older (aged over 50) people living with HIV  | University of Bristol                                    | Richard Ma                   | University of Bristol |

|   |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|
| (PLWHIV) in UK general practice   |                       |                       |                       |
| Continence management and antimicrobial resistance specifically through development of a digital catheter passport.   | UWE, Bristol          | Nikki Cotterill       | UWE, Bristol          |
| Provision of mental health support for people with serious, life-limiting illnesses including those receiving end-of-life care within a primary care setting. | University of Bristol | Cathryn Pinto         | University of Bristol |
| Engaging Stakeholders to Identify and Address Outdoor Occupational Risks Contributing to Chronic Kidney Disease of Non-Traditional Origin (CKDnt)             | UWE, Bristol          | Faatihah Niyi-Odumosu | UWE, Bristol          |



**Chart 3: Healthier Together Outcome measures supported by ICB Research Development investments**

Chart 3 above shows the breadth of Healthier Together Outcomes supported by the research development awards made in 2024/25. The Outcomes are listed in the Appendix, with the numbers of Type 1 and Type 2 funding awards that support the ICS Outcome.

## Researchers in Residence

The ICB awarded 7 Researcher in Residence opportunities in 2024/25, bringing academic skills into multiple teams working across the health and care system.

| Project   | ICS Team   |
|---|--|
| Cardiovascular Treatments and Services across Bristol, North Somerset and South Gloucestershire.  | Population Health Management                                     |
| Evaluation of Sirona pilot to provide and coordinate information from relevant health partners in the system to assist in a strategy discussion and decision making as part statutory child protection arrangements under the Children Act. | ICB Nursing Safeguarding Team                                    |
| Analysing the consequences of long elective waits   | ICB Modelling and Analytics Team                                 |
| Women's Health Hub  | ICB Health Inequalities Team                                     |
| Building evidence-based practice in healthcare for survivors of sexual violence   | The Bridge Sexual Assault Referral Centre (SARC), UHBW NHS Trust |
| NS Local Authority Research Practitioner (LARP)   | North Somerset Locality Partnership                              |
| Power to Pill   | Woodspring Locality  |

# Grant Applications

Supporting applications to the NIHR for research funding is fundamental to the ICB's research programme. Hosting NIHR grants generates Research Capability Funding (RCF) for NHS Organisations, and RCF funds the Research Team and much of the research development activities the ICB is able to support.

Further, NIHR funding provides resource for our Integrated Care System to innovate, evaluate and learn through high quality research.

Our aim is to support collaborations between academics, health and care professionals and patients & public to co-design high quality grant applications for NIHR funding.

| <b>Strategic Pillar</b>                                    | <b>Workstream related efforts</b>   |
|--|---|
| Targeting the Greatest Needs                               | Updating our application review criteria for Type 2 Responsive RCF to increase the scores for research that is generated with the communities with the greatest health needs and the services working with those people.  |
| Radically Diversifying Research                            | Introduced recognition payments to GP Deep End practices and VCSE organisations in the REN who are involved in Type 2 RCF projects that are co-developing research grant applications.  |
| Developing Research Partnerships at every level of the ICS | All Research Capability Funding Type 2 applications are reviewed by professionals working across the ICS to ensure alignment to ICS work and involvement of ICS colleagues in research development.   |
| Accelerating Research into Practice                        | Type 2 research development awardees are linked with system partners (strategic commissioners and providers) who would be integral to embedding the eventual evidence into our health and care system. This ensures their perspectives are part of the design from the very earliest conversations, and throughout. This helps ensure the evidence that is created will be useful and can be adopted into our health and care system.   |
| Generating Resources for the ICB                           | Our Grant Application Support activities generated £6,692,224.61 to enhance priority areas of work within our ICS, which breaks down as:<br><br>£233,678.61 awarded through Type 2 Responsive Call awards to develop research in areas of health and care priority with an Additional £9,792 awarded for service improvement projects within organisations serving our CORE20PLUS populations (GPs at the Deep End practices and REN member VCSE organisations) who are involved in research development. |

|  |   |
|--|---|
|  | <p>The Grant Application workstream has supported 45 academic collaborations with health and care colleagues actively seeking external funding that will enhance ICS work.</p> <p>BNSSG ICB was secured £6,448,754 in new research grants awarded during 2024/25.</p> |
|--|---|

## **Grant Application support in numbers**

Applications submitted during 2024/25 = 45

Applications awarded during 2024/25 = 10

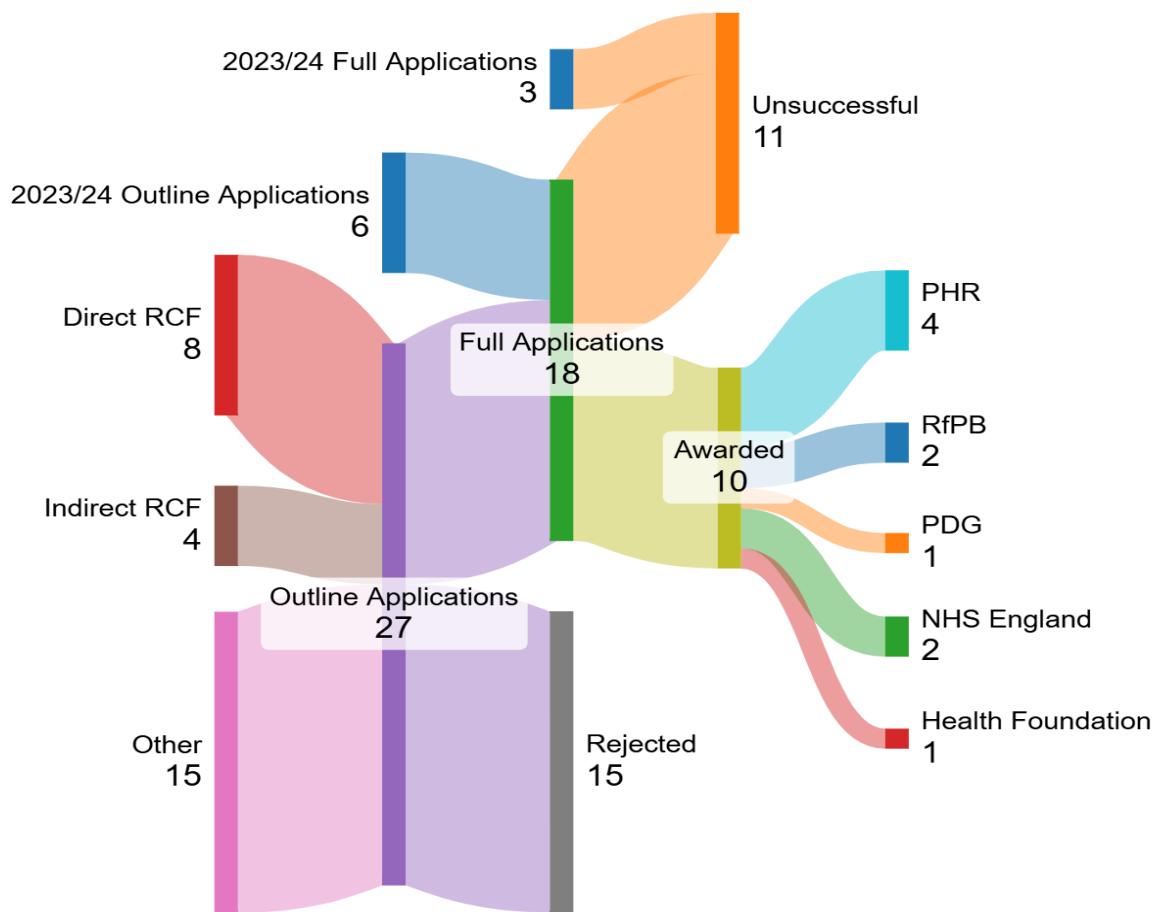
Research funding secured during 2024/25 = £6,448,754

The success rate of first stage applications made during 2024/25 = 44%

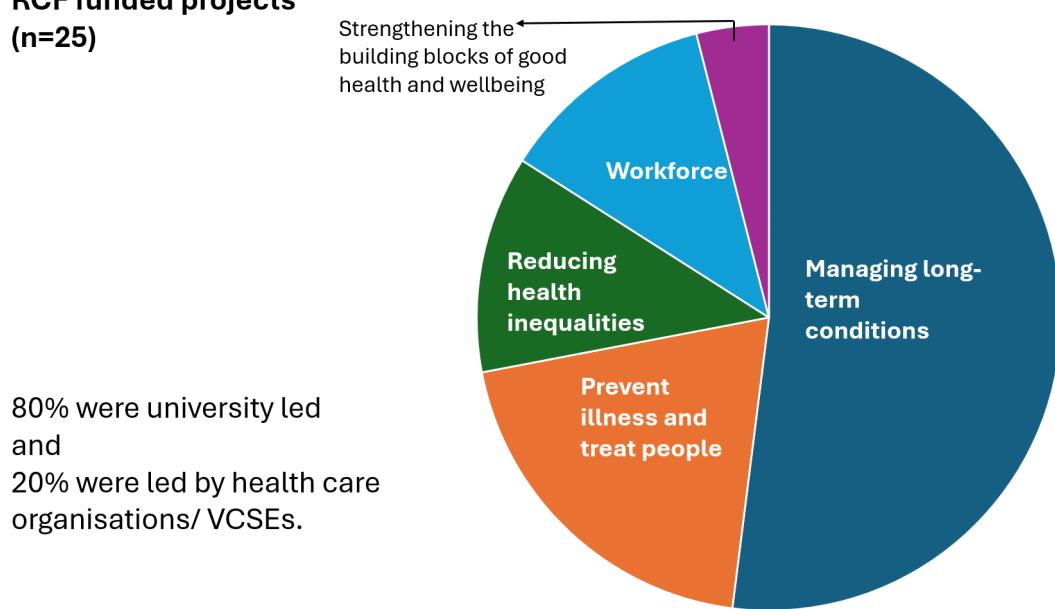
The success rate of final stage applications made during 2024/25 = 56%

## **Grant Application Portfolio oversight**

The Sankey diagram below shows the various routes for the applications we support to come to us, and their outcomes.



The ICB supports research with a wide breadth of health topics. We are pleased to report the portfolio of research in development with the ICB are very well aligned to local and national health priorities. The word clouds and system outcomes supported (shown in appendix) demonstrate the breadth of topics supported by ICB research. The word clouds are split into themes from the pie chart below that illustrates the relative proportion of research applications focusing on different areas of health and care.

**RCF funded projects  
(n=25)**


## Research Capability Funding Type 2 Awards

The ICB has invested in the development of NIHR grant applications through our Type 2 Responsive Call awards. These awards fund the time needed to build collaborations, undertake Patient and Public Inclusion and Engagement, as well as some activities to ensure the data required for the research is feasible to collect.

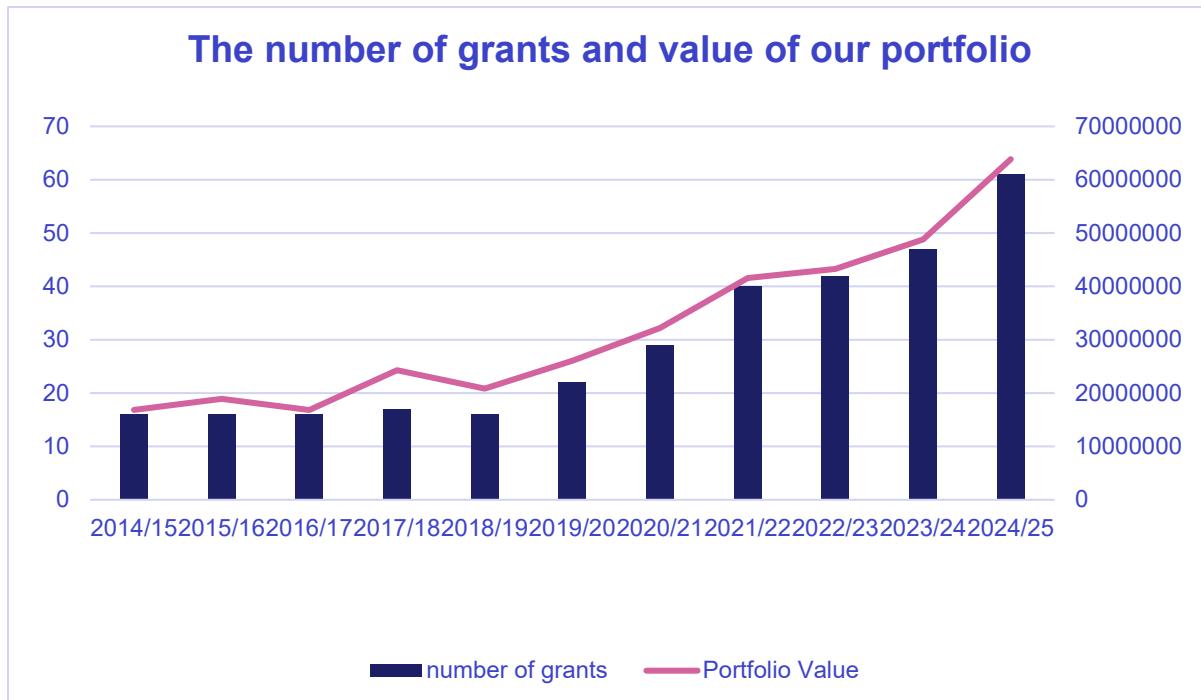
| Lead Applicant       | Idea Originated in    | Project   | Lead Organisation |
|----------------------|-----------------------|---|-------------------|
| Dr Alison Llewellyn  | UWE, Bristol          | Understanding the quality of life and needs of people with either multiple sclerosis or Parkinson's disease towards end of life   | UWE, Bristol      |
| Emma Anderson        | University of Bristol | Conversations about Vaccination with Empathetic Refutational Skills Enhancement (ConVERSE) Study  | UoB               |
| Chloë Place          | UWE, Bristol          | Exploring the lived experiences of international care workers in UK care homes  | UWE, Bristol      |
| Sunny Chan           | UWE, Bristol          | Co-developing and evaluating the acceptability of a Dyadic mind-body intervention for Relieving Enduring sleep disturbances Among older individuals with deMentia and their caregivers (DREAM) in both white and ethnic minority communities in Bristol | UWE, Bristol      |
| Prof Nikki Cotterill | Health & Care Service | Learning about Incontinence aSsociated wiTh fEmale genital mutilatioN (LISTEN)  | UWE, Bristol      |
| Joanne Webb          | Health & Care Service | Preparatory PPI work to apply for NIHR RfPB funding to develop and refine the Social Model of Baby Hubs   | Sirona            |
| Christie Cabral      | University of Bristol | Improving care for older people with acute infections   | UoB               |

|   |                       |  |              |
|---|-----------------------|--|--------------|
| Dr Jo White   | UWE, Bristol          | Improving service provision for Black people living with stroke in England through sharing their lived experience: Implementation and evaluation of a digital intervention   | UWE, Bristol |
| Dr Onyeka Amiebenomo  | UWE, Bristol          | Promoting Eye Care Practice for Children with Learning Disabilities (PEPChiLD)   | UWE, Bristol |
| Drs India Wheeler, Deborah McCahon, Polly Duncan, Hyunkee Kim | Health & Care Service | The Bristol Continuity Tool: development and implementation of a new tool to improve continuity in general practice.   | UoB          |
| Matt Jones  | Health & Care Service | How can local Voluntary, Community, Faith & Social Enterprise Support Services (VCFSEs) and the North & West Bristol Locality Partnership (LP) be better jointly mobilised to improve the health and well-being of residents identified as a priority in North and West Bristol? | UWE, Bristol |

## Grant Management

| Strategic Pillar   | Workstream related efforts   |
|--|--|
| Targeting the Greatest Needs                               | We contribute additional administration resource to coordinate the Research Engagement Network (REN)   |
| Radically Diversifying Research                            | Co-creating an alternative contracting model for working with VCSE organisations   |
| Developing Research Partnerships at every level of the ICS | Research Team members are members of hosted grants management meetings and frequently represent the ICB and facilitate links between ICS colleagues and academic teams.                    |
| Accelerating Research into Practice                        | Process for securing funding from existing grants for Impact Accelerator Unit activities.  |
| Generating Resources for the ICB                           | Our value of our 61 NIHR grants is £63,852,773<br>Add to this that the ICB hosts the South West Secure Data Environment (SDE) with a value of £7.8m for improved health data connectivity. |

The more we invest in research, the more research funding we bring into BNSSG



Our portfolio of hosted research has been growing in number and value since 2018, and the trend continues in 2024/25. This has made BNSSG the most research-active ICB in England and research accounts for over a fifth of the ICB's contracts.

## Inclusive Research Support Services

The ICB was proud to be named as host of a successful application for NIHR funding for a community led research project "Transforming assessment and diagnosis of dementia in Bristol for people from Chinese, Caribbean and South Asian communities". The project is led by local VCSE organisations the Chinese Community Wellbeing Society, Bristol Black Carers and Dhek Bhal working with Professor Rik Cheston, at UWE, Bristol.

As an experienced Host of NIHR grants the ICB set about issuing draft contracts based on our standard templates. Our community partners were not happy to sign and pointed out many elements of the standard contracts that were inappropriate for community led research. We are grateful for the efforts of the Bristol Black Carers, Chinese Community Wellbeing Society and Dhek Bhal for working with us to co-create a Letter Agreement for community research that has been signed by all parties.

The ICB are proudly promoting this Letter Agreement template as best practice for other researchers across the country working with community organisations to make use of.

# Delivery Support

In partnership with the Regional Research Delivery Network, the ICB Research Team supports delivery of high-quality health and care research in the wider care settings of BNSSG. This mainly involves primary care providers, but also supporting Local Authority, Sirona Care and Health as well as Hospices and Care Homes to be research active. The ICB Research Team supports researchers to engage with health and care providers, and supports health and care providers who need support from an R&D team – many of the providers are perfectly able to deliver research on their own and the ICB role is to support Capacity and Capability from a system perspective, to reduce duplication and to troubleshoot and support wherever things don't go so smoothly.

| Strategic Pillar   | Workstream related efforts   |
|--|--|
| Targeting the Greatest Needs                               | 8 GP Deep End practices involved in research delivery, including Pioneer Medical Group which recruited to the most NIHR studies (15) in BNSSG during 2024/25   |
| Radically Diversifying Research                            | Supporting a Regional application for NIHR Internships for health and care professionals across our ICS to gain research experience.   |
| Developing Research Partnerships at every level of the ICS | Supporting providers to undertake research, and engaging colleagues within the ICB, BCC and Sirona when new studies want to open in our area. Facilitating and supporting regular meetings within BCC and Sirona to discuss their research activities. |
| Accelerating Research into Practice                        | Supporting the delivery of the Tech for Better Care project, a collaboration between the ICB, Sirona and UWE, Bristol to improve adherence to medication amongst traditionally underserved populations.  |
| Generating Resources for the ICS                           | We supported Sirona with applications for funding for research delivery activities, securing £50,000 for advancing their research activities.  |

## Year in numbers

**63** research projects approved to open in BNSSG during 2024/25.

**66%** of practices in BNSSG recruited to NIHR Portfolio Research (49 of 74 practices)

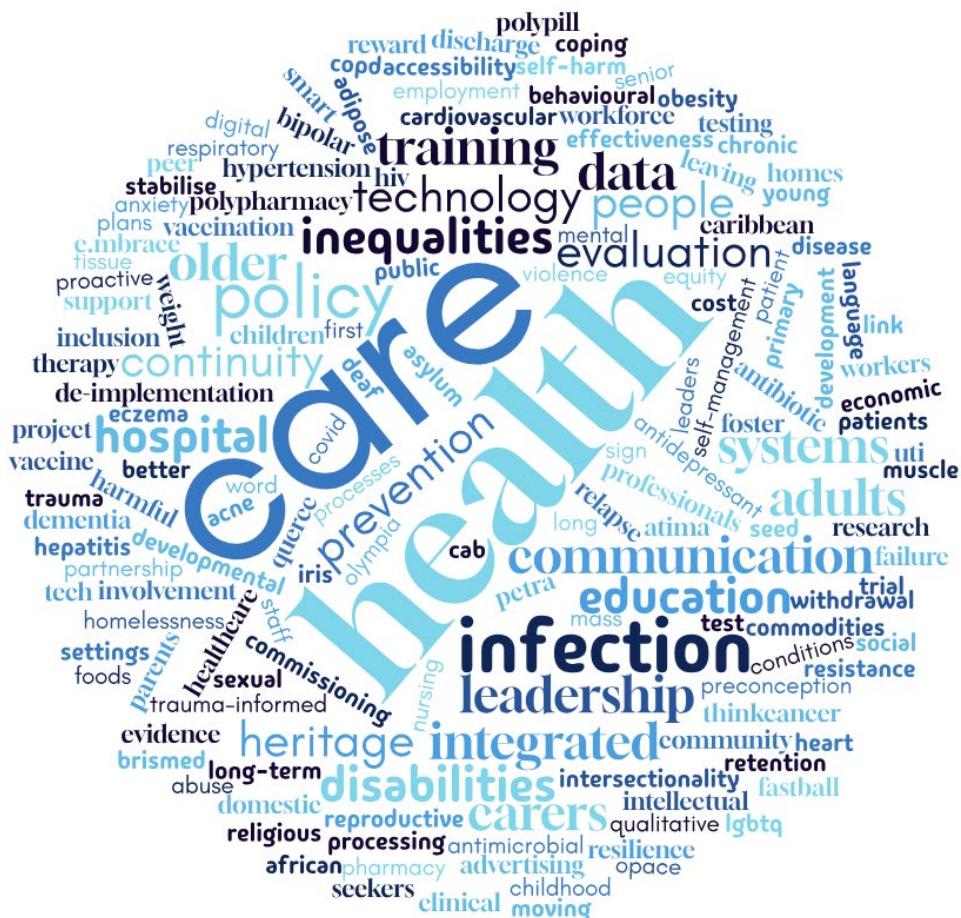
**19%** of total NIHR recruitment activity across BNSSG came from our primary care providers (3,580 of 19,349)

## 8 x Deep End Practices recruiting to NIHR Portfolio research projects

**462** patients recruited into NIHR Portfolio research by Deep End practices

## Areas of research

The broad spread of project recruiting in BNSSG is shown in full in the appendix, with a word cloud below that illustrates the various themes of research.



## **South West Secure Data Environment**

To date, we have secured over £7.8m in funding to support research infrastructure in the region. The SDE is also written into a number of grants as a collaborator, supporting a multi-million pound pipeline of research with academic partners.

SWSDE has applied best practice standards (SATRE) and the five safe principles to develop a secure by design, cloud based trusted research environment. The infrastructure has been installed on a standalone cloud environment within the ICB. In parallel, the programme has developed the decision making, and information governance framework to manage research requests, and more rapidly on-board new data providers once the platform goes live.

- Highlight successes:
  - Awarded a funding to develop and host a national/European standard diabetes dataset.
  - Established a single data access committee for South West, with 6 joint controllers (ICBs and SWASFT) representing providers across the region.
  - Received Research Ethics Committee (REC) and Confidentiality Advisory Group (CAG) support for a regional dynamic dataset.
  - Independently audited by NHSE/DHSC to ensure the platform adheres to best practice process and design standards.
  - Set-up network of 550+ academic and NHS research professionals that meets annually (SWAIH) and also delivers insight talks between meetings. The aim is to promote closer working between NHS, care and the research community.
  - Established a cluster model to jointly deliver the programme on a regional approach, with collaboration agreements across BNSSG, University of Exeter and University of Bristol.
  - Launched public website and data use registers public, new releases/regular updates, and social media.
  - Public contributors are included on all management/leadership boards.
  - 200+ people engaged in public workshops.
  - Expanding Data Collaboration Framework (DCF) approach with 11 permanent public contributors, ensuring allocation and public voice in all workstreams.

# Dissemination

The Research Team disseminate research opportunities and latest evidence to a wide audience. The team have identified that there is more need than we have capacity to meet and initiated a plan to secure dedicated communications resource within the Research Team to further develop our work on dissemination.

BNSSG ICB colleagues received research updated throughout the year at weekly all staff meetings, including from external academic presentations.

We regularly disseminate research news and findings through our X @BNSSGResearch and Bluesky @BNSSGResearch.bsky.social social media accounts, totalling over 1300 followers.

| Strategic Pillar   | Workstream related efforts   |
|--|--|
| Targeting the Greatest Needs                               | Inclusive research seminar highlighting good practice in inclusive research.   |
| Radically Diversifying Research                            | Inviting speakers from under-represented professions in research, as well as our mailing list bringing research to a wide variety of health and care colleagues and public.<br>Lots of different organisations follow us on X and Bluesky. |
| Developing Research Partnerships at every level of the ICS | Wide range of attendees hearing about research at our Seminars which are created as a forum to encourage collaborations between health and care colleagues and academic partners.  |
| Accelerating Research into Practice                        | System staff attend seminars around their areas of need and interest.<br>Study info and results pushed on social media too.<br>The Research Team share published evidence from research with relevant system operating groups.             |
| Generating Resources for the ICB                           | Disseminating opportunities for research funding and research career development opportunities leads to increased capacity for innovation and learning within our ICS.   |

## Research Showcase Seminars

14 colleagues presented their work during 6 online seminars.

Over 500 individuals from BNSSG ICS and beyond subscribe to our seminar mailing list.

Seminars were presented on:

- Research projects around healthy weight, social care, and public health.
- Inclusion and diversity in research, attracting **88** attendees from across the BNSSG ICS.
- Seminars about resources, such as our Launching Fellowship funding and using Wikipedia for research dissemination.

Seminars were rated '**good**' on all aspects of structure, relevance, the opportunity to ask questions, the booking process, and the advertising and pre-event information.

**94%** of respondents said the seminars met their expectations.

**49%** said the content would impact their work going forward.

The seminars are a great opportunity to disseminate research to a board audience. A wide range of organisations have attended, including representatives from:

- Multiple VCSE organisations,
- Hospices,
- Community Care Providers,
- NHS England,
- NIHR,
- Health Innovation Network,
- Research Delivery Network,
- Local Authorities,
- NHS Trusts,
- GP practices,
- ICB colleagues locally and nationally,
- Members of the public not affiliated to any organisation,
- Many academics from various Universities (mainly University of Bristol and UWE, Bristol).

# Impact

The BNSSG Impact Accelerator Unit (IAU) is a partnership between the University of Bristol, UWE, Bristol and the NHS, embedded within the BNSSG Integrated Care Board. The aim of the IAU is to accelerate the adoption of evidence into health and care practice.

Our innovative model leverages NHS networks, tacit knowledge from health and care experts and academic expertise to embed research evidence into commissioning and service delivery, with a focus on tackling health inequalities and improving population outcomes.

| Strategic Pillar   | Workstream related efforts  |
|--|---|
| Targeting the Greatest Needs                               | Developing a process for Equality and Health Inequality Impact Assessments at project level to ensure focus on reducing unfair and avoidable differences in health outcomes   |
| Radically Diversifying Research                            | Creating opportunities for non-academic colleagues working within our health system to embed research evidence into practice  |
| Developing Research Partnerships at every level of the ICS | We have appointed a dedicated Impact Accelerator Unit Manager to establish links across the system, acting as a knowledge broker  |
| Accelerating Research into Practice                        | Supporting 13 research projects to plan their implementation strategy and proactively establishing connections within the health system for evidence to be considered   |
| Generating Resources for the ICB                           | Secured funding of £196,723 which breaks down as:<br>£60,000 from our University Partners to deliver the IAU<br>£92,985 for the continuation of the IAU from 7 new grants in 2024/25<br>£38,838 from NIHR Applied Research Collaboration (ARC) West for 2 Knowledge Mobilisation Fellows to lead evidence into practice projects.<br>£4900 from underspend against NIHR grants hosted in our portfolio. |

## **Focus on FRONTIER (First Contact Physiotherapy in Primary Care)**

This study, led by UWE, Bristol and funded by NIHR HSDR, investigated the effectiveness and costs associated with First Contact Physiotherapy (FCP) for Musculoskeletal Disorders in Primary Care.

FRONTIER created the first clinical and cost comparison of GP versus physiotherapy led models of care.

Facilitated by the IAU, the implementation toolkit developed within the research has now been distributed to sites across the UK to support their implementation of FCP services (also facilitated by the Chartered society of Physiotherapy).

The toolkit resource includes animations that are currently being used within practices in England to advertise and inform patients of the FCP services.

Of particular note is the international interest in this work which has led to the resources being requested and used to support service planning in Italy, Australia, Portugal, Norway, Singapore and the US.

This was the first (part) year of the IAU having dedicated staff and we look forward to continuing and building our support over the coming years with many other projects.

# Appendix

| System Outcome Measure |   | Type 1:<br>Research Idea<br>Development | Type 2: NIHR<br>Grant<br>Application<br>Development |
|------------------------|---|---|---|
| POP1                   | We will increase population healthy life expectancy across BNSSG and narrow the gap between different population groups           | 4                                       | 4   |
| POP2                   | We will reduce early death from preventable causes in the communities which currently have the poorest outcomes                   | 3                                       | 3   |
| POP3                   | We will lower the burden of infectious disease in all population groups   | 0                                       | 0   |
| POP4                   | We will reduce the proportion of people in BNSSG who smoke  | 0                                       | 0   |
| POP5                   | We will improve everyone's mental wellbeing   | 1                                       | 1   |
| POP6                   | We will give the next generation the best opportunity to be healthy and well  | 1                                       | 1   |
| SER7                   | We will increase the proportion of people who report that they are able to find information about health and care services easily | 7                                       | 7   |
| SER8                   | We will increase the proportion of people who report that they are able to access the services they need, when they need them     | 7                                       | 7   |
| SER9                   | We will increase the proportion of people who report that their health and care is delivered through joined up services           | 6                                       | 6   |
| STA10                  | We will increase the proportion of our health and care staff who report being able to deliver high value care                     | 5                                       | 5   |
| STA11                  | We will reduce sickness absence rates across all our Healthier Together partner organisations                                     | 1                                       | 1   |
| STA12                  | We will improve self-reported health and wellbeing amongst our staff  | 1                                       | 1   |
| STA13                  | We will improve Equality and Diversity workforce measures in all Healthier Together Partner Organisations                         | 1                                       | 1   |
| COM14                  | We will reduce the number and proportion of people living in fuel poverty   | 0                                       | 0   |
| COM15                  | We will reduce the number of people living in poor housing conditions   | 0                                       | 0   |
| COM16                  | People will grow up and live in homes and communities where they are safe from harm   | 0                                       | 0   |
| COM17                  | We will reduce levels and impact of child poverty   | 1                                       | 1   |
| COM18                  | We will increase the number of people who describe their community as a healthy and positive place to live                        | 2                                       | 2   |

|       |  |   |   |
|-------|--|---|---|
| ENV19 | Improve the environment: We will improve the overall environmental impact and sustainability of our services, especially the damaging local impacts of air pollution   | 0 | 0 |
| ENV20 | Specifically target carbon: We particularly recognise the pressing urgency to address our carbon footprint and will reduce the impact of our services on the environment by achieving net zero carbon across all emission scopes by 2030   | 0 | 0 |
| ENV21 | Generate a BNSSG-wide movement: Our sustainability behaviours, actions and innovations as anchor institutions will support a cultural change amongst local citizens and businesses resulting in wider improvement in air quality, biodiversity, and the quality of the natural environment | 0 | 0 |

# All NIHR portfolio projects recruiting in BNSSG wider care settings during 2024/25

## Primary care

| Title   | Project Type   | Theme               |
|---|----------------|---------------------|
| ThinkCancer! - Phase III Randomised Controlled Trial  | Non-Commercial | Cancer              |
| A Randomised, Double-Blind, Placebo-Controlled, Parallel Group Study to Assess the Effect of Baxdrostat on Ambulatory Blood Pressure in Participants with Resistant Hypertension -D6970C00009 Bax24   | Commercial     | Cardiovascular      |
| A Phase III, Randomised, Double-Blind, Placebo-controlled, Event-driven Study to Evaluate the Effect of Baxdrostat in Combination with Dapagliflozin Compared with Dapagliflozin Alone on the Risk of Incident Heart Failure and Cardiovascular Death in Participants with Increased Risk of Developing Heart Failure (BaxDuo Prevent-HF) | Commercial     | Cardiovascular      |
| STRIPE- Study of Treatment in Paediatric Eczema (part of TOPIC programme)   | Non-commercial | Dermatology         |
| IRIS + Trial - A primary care system-level training and support programme for the secondary prevention of domestic violence and abuse: a multicentre cluster randomised trial with economic and process evaluation  | Non-commercial | Domestic Violence   |
| Health Inequalities in Primary Care   | Non-Commercial | Health inequalities |
| Brismed - Pragmatic Evaluation of Effectiveness and Acceptability of the Bristol Medication Review Toolkit  | non-commercial | Infection           |
| COAT - Cellulitus Optimal Antibiotic Treatment  | Fast           | Infection           |
| Rapid Immune Test   | non-Commercial | Infection           |
| ATIMA (Adipose tissue inflammation and regulation of muscle mass)   | Non-Commercial | Inflammation        |
| Guided self-help EMDR for PTSD  | Non-Commercial | Mental Health       |
| Olympia- Discussing online activity and mental health with young people in primary care   | Non-Commercial | Mental Health       |
| PETRA Study - PrEgabalin for Treatment Resistant generalised Anxiety disorder   | Non-Commercial | Mental Health       |

|   |                |                    |
|---|----------------|--------------------|
| Investigating the neural mechanisms of antidepressant withdrawal and associations with reward processing, depressive symptoms and relapse.  | Non-Commercial | Mental Health      |
| STABILISE - The clinical and cost effectiveness of behavioural therapy for interepisode bipolar symptoms (STABILISE): a randomised, controlled feasibility study  | Non-Commercial | Mental Health      |
| The CO-produced Psychosocial INtervention delivered by GPs for young people who self-harm (COPING) feasibility study  | Non-Commercial | Self Harm          |
| P Risk 2 - Live Implementation  | Non-Commercial | Mental Health      |
| Fastball- Detecting dementia using Fastball neurocognitive assessment   | non-commercial | Neurological       |
| OPACE - Optimising Azithromycin Prevention Treatment in COPD to reduce exacerbations  | Non-Commercial | Respiratory        |
| Coral - the effectiveness and cost effectiveness of coenzyme Q10 in heart failure with reduced ejection fraction: a pragmatic, patient centred, data enabled trial in primary care  | non-commercial | heart failure      |
| A study on the immune response, safety and the occurrence of RSV-associated respiratory tract illness after administration of RSV OA vaccine in adults 60 years and older. (RSV OA+ADJ-021)   | Commercial     | Respiratory        |
| Phase 2b, Randomized, Double-Blind, Placebo-Controlled Study to Assess the Efficacy, Safety, and Tolerability of Taplucainium Inhalation Powder (NOC-110) in Adults with Refractory or Unexplained Chronic Cough (NOC110-C-202)                 | Commercial     | Respiratory        |
| AFLOAT - Antibiotics for uncomplicated LRTI in Older Adults   | Non-Commercial | Respiratory        |
| A Phase 3, 24-Week, Randomised, Double-Blind, Placebo-Controlled, Parallel-Arm Efficacy and Safety Study with Open-Label Extension of BLU-5937 in Adult Participants with Refractory Chronic Cough Including Unexplained Chronic Cough (CALM-2) | Commercial     | Respiratory        |
| QUERCC Study - Quantifying, Understanding and Enhancing Relational Continuity of Care   | Non-Commercial | Continuity of Care |
| Test Smart -The clinical and cost-effectiveness of an evidence-based testing package to monitor long-term conditions (LTC) in primary care: the 'Test Smart' cluster randomised controlled trial  | Non-commercial | Test Results       |
| Accessible Results: enabling patients with diverse needs to access and understand   | Non-commercial | Test Results       |

**Community care, Schools, Pharmacy and Hospice**

| <b>Title</b>   | <b>Project Type</b> | <b>Theme</b>       |
|--|---------------------|--------------------|
| PolyPILL (Polypharmacy in Children & Young People with complex/life limiting conditions)   | Non-Commercial      | Children           |
| Acne Care Online - feasibility and full-scale RCT of an online intervention to support acne self-management  | Non-Commercial      | Dermatology        |
| Digital Awareness to Action (DATA)   | Non-Commercial      | Bladder & Bowel    |
| E.mbrace Study - will assess the effectiveness and safety of an investigational vaccine in the prevention of blood infections in adults aged 60 or over.                           | non-commercial      | Vaccinations       |
| ZosterFlu Cov  | Non-Commercial      | Vaccinations       |
| Improving access to HIV Pre-Exposure Prophylaxis (PrEP): examining pharmacy delivery that will deliver an intervention for pharmacy staff to provide PrEP awareness and delivery.  | Non-Commercial      | HIV Prevention     |
| Long Covid   | Non-Commercial      | Long Covid         |
| Tech for better care (T4BC) Phase 3  | Non-commercial      | Medicines Review   |
| Research Exploring how Preconception Health is promoted through Sexual and reproductive health services (REPHreSH): a qualitative exploration of clinician's views and experiences | Non-Commercial      | Sexual Health      |
| Evaluation of the Common Ambition Bristol (CAB) project: Addressing HIV stigma & testing with people of African and Caribbean heritage   |                     | Sexual Health      |
| Experiences of Patients and Carers receiving Hospital Link Worker support for discharge from hospital: A qualitative interview study (ConnectED Project B)                         | Non-Commercial      | Hospital Discharge |

**Local Authority**

| <b>Title</b>  | <b>Project Type</b> | <b>Theme</b>      |
|---|---------------------|-------------------|
| A qualitative study exploring Foster Carer's experiences of peer support groups and resilience.   | Non-Commercial      | foster care       |
| Working with Islamic Religious Settings to tackle ethnic inequalities in childhood obesity - early phase translation of innovation from Bradford to Bristol   | non-Commercial      | Childhood obesity |
| Children's social care staff Research Survey - Assessing Knowledge, views and skills in using research evidence among staff in children's social care depts in local authorities: Part of SEEDs Project | Non-Commercial      | social care       |

|   |                |                        |
|---|----------------|------------------------|
| Ethnographic investigation into establishing a research-practice partnership in Children's Social Care (Study is part of the SEED Project)  | Non-Commercial | Children's Social Care |
| What are the factors that influence parents' choices of what first foods to give their children?  | Non-Commercial | Children's Social Care |
| Digital Awareness to Action (DATA)  | Non-Commercial | Bladder & Bowel        |
| Exploring the experiences of parents, carers and Special Education Needs (SEN) caseworkers working in partnership with the Education, Health and Care Plan (EHCP) process (student dissertation)  | N/A            | Education              |
| A study exploring the facilitators of, and barriers, to education, employment and training for young people leaving care, and the potential role of the educational psychologist  | Non-Commercial | Education              |
| Exploring the experiences of Educational Psychologists taking part in Fair Access Protocols   | Non-Commercial | Education              |
| Include Age: Intersectional Perspectives for Community Inclusion: Understanding the Past and Shaping the Future with Older Marginalised Intellectual and Developmental Disabilities and Lesbian, Gay, Bisexual, and Transgender+ People | Non-commercial | Learning Disability    |
| Sharing learning to enable trauma-informed systems change across public services  | Non-Commercial | trauma informed        |
| Developing resources to support the retention of health and social professionals in England   | Non-Commercial | staff retention        |
| Understanding variation in English Local authority policies for the restriction of harmful commodities advertising and sponsorship: co-creation of a detailed typology and protocol for non-experimental evaluation                     | non-Commercial | Policy                 |
| Evaluation of the Common Ambition Bristol (CAB) project: Addressing HIV stigma & testing with people of African and Caribbean heritage  | Non-Commercial | Sexual Health          |
| Understanding requests for 1 to 1 care for care home residents: A qualitative study (Connect ED sub study D)  | Non-Commercial | Care Homes             |
| Homeless adults' experiences of SWEP (Severe Weather Emergency Protocol) in Bristol   | N/A            | Homelessness           |
| Deaf, Adult, Sign Language User's of Experiences of Interaction with Social Workers: The challenges and Opportunities for Improved experience and Understanding   | N/A            | Social work            |
| Younger children's experiences of communication with social workers   | non-Commercial | Social work            |
| Moving on up: A qualitative Exploration of Facilitators and Barriers to Moving on From Abstinent Housing in Bristol   | non-Commercial | Housing                |

|  |                |                    |
|--|----------------|--------------------|
| Hospital transfer staff and link worker involvement in discharge from hospital: a qualitative interview study of staff views and experiences (ConnectED Project A) | Non-Commercial | Hospital discharge |
| Social workers' perspectives on interacting with adults seeking asylum in southern England   | Non-Commercial | Social work        |

**VCSE**

| <b>Title</b>   | <b>Project Type</b> | <b>Theme</b>       |
|--|---------------------|--------------------|
| PROACTIVE: HePatitis C Reinfection: Optimising SurveillAnCe For detectIon and preVEntion   | Non-commercial      | Infection          |
| Hospital transfer staff and link worker involvement in discharge from hospital: a qualitative interview study of staff views and experiences (ConnectED Project A) | Non-Commercial      | Hospital discharge |