Remerge Output – ASU / CIZ

Carlisle March 8th 2018

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|  | **What do you feel are the current barriers to pursuing research projects?** |
| 1 | Time / recognition of value & utility / senior and local leadership / initiative |
| 1 | time |
| 1 | time and funding |
| 1 | lack of joined up data |
| 1 | its perceived value |
| 1 | Time constraints. weight of clinical commitment/work. |
| 1 | cost, time, nonbelievers |
| 1 | money and lack of expertise/ supervisors |
| 1 | funding |
| 1 | finance , time & ethical issue |
| 1 | Data sharing agreements - lack of. |
| 1 | capacity and capability, funding , time, culture of organisation |
| 1 | clear pathways on process of starting local research |
| 1 | dedication, motivation, support |
| 1 | gaining buy in from stakeholders |
| 1 | evidencing value |
| 1 | In my opinion, the current barriers to research are lack of facilities, financial aid and supervised research. More research meetings need to be done to come up with new ideas. |
| 1 | Protected research time (amongst clinical work); money; bureaucracy e.g. ethics is very important obviously but should it apply everywhere |
| 1 | Finance |
| 1 | 1. lack of allocated research time 2. money. 3. lack of motivation from clinical staff 4. lack of understanding of components of formal research development by clinical staff |
| 1 | low perception of this trust as a research facility/contributor |
| 1 | obsession on quick wins and lack of long termism |
| 1 | Luck of established research unit |
| 1 | ethical committee approval for research just the dynamics of whole process |

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|  | **How could they be improved?** |
| 1 | Get our senior leaders to understand the relationship between being 'research active' and being a better organistion / provider of care / place to work |
| 1 | protected time |
| 1 | willingness from the organisation to value research |
| 1 | A guiding hand. |
| 1 | leadership !!! |
| 1 | recruitment = time to perform research. new posts need dedicated time for this |
| 1 | allocated research time a la Google etc. |
| 1 | strong leadership and inspiration to do research |
| 1 | dedicated and protected time to devote to research |
| 1 | 1. UCLan basic and molecular science faculty collaboration with ASU 2. Statistics analysis courses R&D courses |
| 1 | it needs to be prioritised against other demands |
| 1 | better recognition of value of research and more stimulus |
| 1 | One thing is incentive. with collaboration with university for example is there a specific provision to reward quality/quantity research at individual/departmental level |
| 1 | career benefits & financial incentives |
| 1 | Collaboration across health and social care. |
| 1 | streamlining the of ethical committee reduced the number of people involved |
| 1 | Lifestyle improvement following the research |
| 1 | supportive infrastructure |
| 1 | improving the working culture towards research at all levels , clinicians to managerial |
| 1 | Access to an open data source, citywide, district or county |
| 1 | show staff and managers the value of research |
| 1 | help with research design and statistics |
| 1 | Supervised research, dedicated research facilities |
| 1 | Having an inclusive, supportive forum to discuss and develop ideas |
| 1 | supervision |
| 1 | supportive environment |

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|  | **What would be your selected research topic proposal for development?** |
| 1 | Understanding current demand... |
| 1 | Arts in health |
| 1 | urological |
| 1 | research linked with surgical innovation |
| 1 | Novel molecular markers in Breast Cancer |
| 1 | Health education and complications of diabetes. |
| 1 | balance measurement with smartphones |
| 1 | my theme would be 'population health' and 'popn health shift' - how do we organise our services to achieve material change in patterns of public health in North Cumbria |
| 1 | evidencing properly the value of large scale investments |
| 1 | innovative new invention |
| 1 | post intervention Quality of life studies |
| 1 | Impact of theatre environment on our health |
| 1 | 3d simulation in surgery virtual reality in surgical training |
| 1 | rurality and health outcomes in secondary care |
| 1 | new invention surgical field |
| 1 | prostate cancer detection by urine |
| 1 | Nutrition and ocular health. |
| 1 | opened ended once we've linked data sets |
| 1 | Movement in health systems in rural settings |
| 1 | cancer stem cells pathology, cells design for treatment of multiple diseases |
| 1 | impact of staff wellbeing and health on service output |
| 1 | role of osidative stress in severe cholangitis |
| 1 | Innovative research in HPB |

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|  | **Why would you select this chosen topic?** |
| 2 | Pet interest |
| 1 | We need to be a health service NOT an illness service. We should aspire to maximise health gain / impact of our services. |
| 1 | improve patient out come |
| 1 | clinically applicable |
| 1 | new novel approach in finding early diagnosis |
| 1 | personal interest |
| 1 | Population load affected by HPB related problems |
| 1 | open ended because until we link our health wide data we don't know what we don't know |
| 1 | Create understanding about rurality; define the "so what" factor |
| 1 | we have few innovative products in pipeline including one completed working prototype |
| 1 | need to try and improve the performance of our health economy |
| 1 | It will benefit us as well as future generations in protecting our health |
| 1 | evolution value |
| 1 | locally important to Cumbria |
| 1 | Hot topic in current research |
| 1 | lack of relevant studies applicable to our populations/patients/ health environment |
| 1 | To assist physician in treating severe cholangitis a benign disease with significant morbidity and mortality |
| 1 | Simulation in training will improvise the surgical training virtual reality training will enable surgeons to practice individualised operation before actually performing it on that particular patient |

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|  | **What is your opinion about the opening of a Development Zone Office in the ASU/UCLan link to the Trust?** |
| 1 | Yes - but need more info ! |
| 1 | yes |
| 1 | Yes, linked to the emerging national centre for remote medicine within UCLan |
| 1 | yes there should be coordination office for interdisciplinary collaboration |
| 1 | fully support it |
| 1 | good idea, but a discussion forum is very important as a part of it |
| 1 | more important to have an accessible person/ forum for discussion than a physical space |
| 2 | great idea |
| 1 | Absolutely yes |
| 1 | truly looking forward for it |
| 1 | yes it would support blue sky thinking and development of focused ideas |
| 1 | good idea definitely |
| 1 | Might it give access to University facilities/expertise? |
| 1 | would need to be carefully planned or could be a waste of money |
| 1 | Very good for providing opportunities for new research |
| 1 | how would you fund it. |

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|  | **What areas of technology would you like to see developed?** |
| 1 | 3D printing of new surgical instrument designs -- surgically inspired |
| 1 | Basic research |
| 1 | Simulators |
| 1 | wet lab simulation |
| 1 | electronic patient record shared across whole health system |
| 1 | tele/ remote clinical services - we have the ideal geography |
| 1 | Apps for MDT |
| 1 | spy glass and robotics |
| 1 | i think it should be open to every field of medicine .... |
| 1 | Better ways to present clinical information to patients |
| 1 | patients having access to all of the own data so they can be more informed and improve its quality and their health and care |
| 1 | laser treatment as day case |
| 1 | Technology enabled care underpinned by data (creating system wide access to data) |
| 1 | smartphone apps concentrating on two way flow of data with patients. e.g. dieting apps related to nutritional studies, training apps related to exercise and treatment outcomes |
| 1 | innovative communication methods within hospital setting to replace bleeps, faxing, telephone |
| 1 | Real time patient tracking / bed & capacity management ! |
| 1 | Technological advancements in laparascopic surgery |
| 1 | bedside patient information systems to replace paper |
| 1 | Robotic procedures |
| 1 | linked health and care data |
| 1 | not just surgical technology |
| 1 | Prevention and population health management |
| 1 | intra hospital communication to replace 1970s bleeps |
| 1 | teleportation |
| 1 | Access to expertise outside Cumbria... |
| 1 | ha ha |
| 1 | telemedicine |

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|  | **If we were to hold similar events in future, what would be your suggestions for topics to cover?** |
| 1 | Show-case local research. |
| 1 | yes - Advancements in robotic surgery |
| 1 | endogenous research presentation |
| 1 | The demolition of sacred cows in a safe space |
| 1 | Any high impact clinical or public health innovations ! |
| 1 | born in Carlisle |
| 1 | cybergreeb laser XPS technology |
| 1 | Rurality; what does it mean? |
| 1 | understanding basic research from statistician |
| 1 | using technology to engage patients in their healthcare |
| 1 | Research projects underway locally |
| 1 | more details on the "development zone" |
| 1 | evidence from other Academic Surgical Units |
| 1 | regional health programmes that could be simulated |
| 1 | bring in external university experts in different areas for "speed dating" with potential researchers |
| 1 | Selected speakers to provide links to established research centres |
| 1 | Invite industrial figures/engineers |
| 1 | what does success look like |