



Northern IAPT Practice Research Network

Terms of reference document

Contributors

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Mission

The network's mission is to generate practice-based evidence that will influence psychological services in England. The network's aspiration is to develop a research culture within its constituent services. It will do so through a 'bottom-up' process of research carried out in the front line of mental healthcare. The network will operate independently from the central IAPT programme or department of health, but will forge links with key stakeholders, funding bodies and policy makers in its goal to influence practice.

Scope

The network will start by including northern IAPT services/universities, but would be open to including other interested partners in the future. The network will embrace both quantitative and qualitative research methods. It will primarily focus on learning from retrospective clinical data collected by its constituent services, but will also consider projects that involve prospective data collection.

Operation

- The English IAPT programme generates a vast amount of clinical data, which is underutilised for the improvement of clinical services. It is the intention of the PRN to maximise the potential of existing datasets in order to contribute to the evidence-base for psychological therapies and ultimately to improve access and quality of care in front-line services. Therefore, sharing and aggregating clinical data is essential to enable this, in a way that is compliant with information governance, research ethics and clinical audit guidelines published by the English National Health Service.
- Not all partner services may necessarily participate in every study carried out by the network; a flexible way to operate will be to prioritise project topics and to ask network services to 'opt in' to these. This may result in smaller project teams that help to carry out individual studies. Therefore, each individual study will have a project lead, and a project team which will include representatives of partner IAPT services and academic researchers. Each member of specific project teams will be expected to have a designated role as a study collaborator, and the tasks for each team member will be defined and outlined in a project plan. The project plans will be co-ordinated by each project lead. To enable efficient communication across services, the project teams could use email, Skype, message boards and a dedicated web-site.
- The role of the wider PRN will be to enable these teams / projects to come together, to offer support in terms of methodology/funding streams, and also to provide a formal mechanism to review progress at quarterly PRN steering group meetings. Therefore, future steering group meetings will be organised to (a) enable project teams to meet in person, (b) to communicate progress to the wider PRN members, (3) to obtain advice and support from the wider PRN members to advance current projects, (4) to scope future opportunities for funding / grant applications.
- Within the PRN membership there will be a mix of skills and knowledge which should enable high quality collaborative research. For example, current members have expertise in quantitative & qualitative research methods, clinical trials, research funding, links to wider networks like CLAHRC / NIHR, as well as experience in the management and delivery of IAPT interventions. The PRN could benefit from linking in with other organisations/networks depending on the requirements of specific projects, for example working alongside

experts in health economics, epidemiology, psychometrics, qualitative data analysis, etc. The decision to collaborate with professionals who are not formal members of the Northern IAPT PRN will be driven by the needs and design of specific projects, and will be decided by the project manager of each project.

- It is important for the PRN to communicate and disseminate its research activity/findings to key stakeholders including front-line clinicians, managers, service users and wider bodies like the IAPT programme, BABCP, etc. To this end, we will actively forge links with other national institutions, networks and policy makers.
- In terms of structures and roles, it was agreed that the PRN needs: (a) a chair person to co-ordinate it, (b) funding to sustain its work, (c) links with wider networks to be in a good position to find out about and to apply for funding, (d) a means of communication / internet web-page, (e) smaller projects teams that will carry out individual projects, (f) clarity about the role/tasks of project team members, (g) a formal review period/timescale to keep the momentum, which can be tied in with the steering group meetings, (h) patient representation and membership.
- The appropriate ethical approvals, information governance and organisational permissions will be sought prior to undertaking any of the network projects. The process to accomplish this will be clearly specified in the project plans.

Proposing and developing new projects

Consistent with the above mission statement, scope and operational guidelines, network members are encouraged to follow the below process in order to develop new projects.

- 1) Use the 'Project proposal' sheet to concisely formulate a proposal for PRN members to consider.
- 2) Email the completed proposal to the network administrator at iapt.research@nhs.net
- 3) The proposal will be initially peer reviewed by the PRN Chairman and at least one academic researcher from allied Universities. Comments and suggestions will be offered about the proposal (e.g. feasibility, methodological suggestions or references) to reach a final version.
- 4) The network administrator will email the final proposal form to all network members for consideration. Network members will be encouraged to reply within 2-4 weeks to confirm their interest in supporting the proposal and joining a project team.
- 5) If one or more IAPT services support the proposal, a project manager will be identified (usually the person who initially writes the proposal) and a project team meeting will be convened. Ideally, projects should also be supported by academic researchers who can offer methodological expertise linked to the topic and design of your project.
- 6) Use the 'Project Plan Template' document to guide the development of a new project. Ideally, a first draft will be circulated to project team members prior to the initial team meeting. The project plan will then be revised / completed shortly after the initial team meeting, and will be a working document to guide the conduct of the project. The 'Project Plan Template' is an optional document, you may choose to use this as a framework to develop your study, or you may choose to use other templates or protocol formats.
- 7) Organise a schedule of regular team meetings or alternative modes of communication (e.g. email, telephone) to keep the project on track.
- 8) Provide a formal update on your project to all team members on a regular basis, the frequency of updates should be specified in your project plan (e.g. monthly, quarterly, etc.). This can be done via email. Also forward your update to the network administrator at iapt.research@nhs.net. This will ensure that the PRN web-site can include updates on your project's activity.
- 9) Disseminate news and updates about your project at the wider Northern IAPT PRN steering group meetings and use the website to share news.

Supporting documents

The Project Proposal and Project Planning documents cited above can be downloaded from the PRN website at:

<http://iaptprn.weebly.com>

These documents can also be requested via email: iapt.research@nhs.net

Version control

This document was developed in consultation with the contributors listed above.

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