

## Overview

The Academy of Medical Sciences considers that research and innovation must sit at the heart of the NHS to improve patient care, deliver cost-effective healthcare and facilitate the growth of a strong commercial life sciences sector. During the passage of the Health & Social Care Bill through Parliament, together with partner organisations in medical research, we emphasised the importance of promotion of research and use of research evidence being a core duty of the Secretary of State for Health, NHS Commissioning Board (now NHS England) and Clinical Commissioning Groups (CCGs).<sup>1</sup> The Academy also stressed the need to ensure that this new duty, introduced in the Health and Social Care Act 2012, is embedded in the Government's mandate to NHS England.<sup>2</sup>

At the request of the Chair of NHS England, Sir Malcolm Grant CBE, a dinner was held on 14 October 2013 at the Academy of Medical Sciences, chaired by the Academy's President. The aim of the dinner was to discuss with Sir Malcolm how NHS England would approach its statutory duty to promote research and use evidence obtained from research.<sup>3</sup> It also provided an opportunity for Sir Malcolm to hear the experiences clinical academics about their experiences of research in the NHS. This report summarises the key areas of discussion at the dinner. A list of attendees is at Annex 1.

## Key issues raised

The importance of research and innovation in achieving a world-leading and sustainable healthcare system was acknowledged. NHS England is keen to capitalise on opportunities presented by advances in science and new technologies, for instance around genomics and stratified medicine, to transform patient care. A range of issues were discussed which can broadly be grouped into the following areas: data; education and workforce; excess treatment costs; metrics for research for CCGs; Academic Health Science Networks (AHSNs); and research governance.

**Data:** The attendees recognised the great potential offered by data held in the NHS but highlighted challenges. Four issues were raised:

- Good quality data and effective transmission through the healthcare system is needed. Secondary care data is thought to be particularly problematic. The 100,000 Genome Project, with its drive to link genomic and phenotypic information, may act as incentives to improve IT infrastructure at the local level.<sup>4</sup>

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<sup>1</sup> <http://www.acmedsci.ac.uk/download.php?file=/images/project/132075268151.pdf>

<sup>2</sup> <http://www.acmedsci.ac.uk/index.php?pid=100&puid=252>

<sup>3</sup> Health and Social Care Act 2012 c.7, Part 1 Section 23 (1) Chapter A1 13L Duty in respect of research: 'The Board must, in the exercise of its functions, promote (a) research on matters relevant to the health service, and (b) the use in the health service of evidence obtained from research.'

<sup>4</sup> <http://www.genomicsengland.co.uk/100k-genome-project/>

- Importance of aggregated data. The new 'care.data' programme will provide whole system data but this will take some time to become established.
- Outcome data is important. The new consultant outcome data that will report for 10 specialities was noted.
- Patient consent is key. There is a need to harness demands of patients to participate in research. The importance of engaging with the Information Commissioner and being aware of the impact of European legislation was highlighted. There needs to be ongoing thinking about who owns, controls and releases data.

**Education and workforce:** There was agreement that without a research-aware workforce and a supportive training environment for clinical academics, NHS England's aspirations for research and innovation will not be realised. The pressure for service delivery was noted as a continuing disincentive to undertake research and teaching. The importance of culture change at all levels, from administration to senior management, and across the healthcare profession was highlighted. We will need to monitor closely how the recommendations arising from the Shape of Training Review will be taken forward.<sup>5</sup> It was also acknowledged that all the chairs of arms-length bodies (e.g. Health Education England, National Institute for Health and Care Excellence, Monitor, Public Health England) need to understand and champion the importance of research.

**Excess Treatment Costs:** The difficulty in getting NHS Trusts to agree and pay excess treatment costs for research was highlighted as a major problem by the clinical academics. This causes particular problems for multi-site research where different Trusts take different approaches. Sir Malcolm agreed to explore with NHS England whether a national model can be developed so that there is consistency between Trusts, drawing on existing best practice.

**Metrics of research for Clinical Commissioning Groups:** The clinical academics agreed that metrics that reflected participation in research were needed, as part of a suite of metrics for the CCGs, to drive a research culture. Top-down targets, however, were recognised as not always being effective in the medium to long term. The need for a more scientific approach to service improvement was also noted. It was suggested that the 13 Collaborations for Leadership in Applied Health Research and Care (CLAHRC) would be helpful in identifying the gaps where evidence is not being put into practice.

**Academic Health Science Networks (AHSNs):** Great potential of AHSNs was recognised but it was agreed that they need stability of funding. It was noted that universities are able to support Trusts in developing commercial and/or research plans, possibly through the AHSNs. The need to align research incentives in universities and the NHS was highlighted. The capacity of AHSNs to evaluate and test novel technologies was also discussed. This is thought to be very attractive to developers of these technologies, opening up the possibility of new forms of partnerships with commercial providers to the NHS, for instance of patient monitoring devices.

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<sup>5</sup> The report of the *Shape of Training* review: <http://www.shapeoftraining.co.uk/reviewsofar/1788.asp>. The Academy's response: <http://www.acmedsci.ac.uk/index.php?pid=118>.

**Research governance:** A number of attendees raised the challenges of research governance in the NHS, as had been highlighted by the Academy's report 'A new pathway for the regulation and governance of health research'<sup>6</sup>.

## Summary

Sir Malcolm expressed his strong commitment to supporting research and innovation through NHS England but noted the many other statutory requirements placed on the organisation. The President of the Academy offered Sir Malcolm the support of the Academy in delivering NHS England's research and innovation agenda and it was agreed that continued dialogue would be important.

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This document reflects the views of the attendees expressed at the dinner and does not necessarily represent the views of all participants or of the Academy of Medical Sciences. For further information, please contact Dr Rachel Quinn, Director, Medical Science Policy ([rachel.quinn@acmedsci.ac.uk](mailto:rachel.quinn@acmedsci.ac.uk), (0)20 3176 2163)

## The Academy of Medical Sciences

The Academy of Medical Sciences promotes advances in medical science and campaigns to ensure these are converted into healthcare benefits for society. Our Fellows are the UK's leading medical scientists from hospitals and general practice, academia, industry and the public service.

The Academy seeks to play a pivotal role in determining the future of medical science in the UK, and the benefits that society will enjoy in years to come. We champion the UK's strengths in medical science, promote careers and capacity building, encourage the implementation of new ideas and solutions – often through novel partnerships – and help to remove barriers to progress.

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<sup>6</sup> <http://www.acmedsci.ac.uk/p47prid88.html>

## **Annex: Attendees at the dinner with Sir Malcolm Grant**

**Sir John Bell FRS HonFREng FMedSci** - Regius Professor of Medicine at Oxford University and Life Sciences Champion.

**Professor Gary Ford CBE** - Jacobson Chair of Clinical Pharmacology at Newcastle University and Chief Executive of the Oxford Academic Health Science Network.

**Sir Malcolm Grant CBE** – Chair NHS England

**Professor Kay Tee Khaw FMedSci** - Professor of Clinical Gerontology and Fellow of Gonville and Caius College, University of Cambridge.

**Professor Peter Mathieson FMedSci** – Dean of Medicine and Dentistry at the University of Bristol.

**Dr Rachel Quinn** - Director of Medical Science Policy, Academy of Medical Sciences

**Professor Martin Roland CBE FMedSci** - Chair in Health Services Research at the University of Cambridge.

**Professor Sir John Tooke PMedSci** – Vice-Provost for UCL and President of the Academy of Medical Sciences.

**Professor Paul Stewart FMedSci** - Dean of Medicine at the University of Leeds.

**Professor Peter Weissberg FMedSci** - Medical Director of the British Heart Foundation.

**Professor Moira Whyte FMedSci** - Head of the department of Infection and Immunity and head of the academic unit of Respiratory Medicine at the University of Sheffield. Registrar of the Academy of Medical Sciences.

**Dr Naho Yamazaki** - Head of Policy, Academy of Medical Sciences