

## Research in the UK Public Health system

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Meeting summary, 27 June 2013

### Background

As part of its wider work on public health, the Academy hosted a meeting on 27 June 2013 between research leaders and representatives from Public Health England (PHE) to examine the interface between research and practice in public health, and assist in the development of PHE's strategy for research.

PHE is an executive agency of the Department of Health that began operating on 1 April 2013. Its formation came as a result of changes outlined in the Health and Social Care Act 2012. It is responsible for the implementation and leadership of public health at the national level. PHE took on the roles of the Health Protection Agency (HPA), National Treatment Agency, Public Health Observatories, cancer registries and a number of other health regulatory bodies.

The implementation of PHE's operational strategies will crucially depend on access to high quality, timely and relevant research results. A number of research active groups of international standard and externally-funded research programmes have been absorbed into the new organisation; most of them, although not all, from the HPA. PHE is currently developing a strategy to ensure that research is embedded within public health service delivery.

The aim of the meeting was to consider how PHE intends to undertake its own research and support external research, for example by providing access to data, and how it will identify requirements for research and evidence in relation to its areas of activity. Although the meeting focussed primarily on public health in England, attendees reflected on their experiences from Scotland and Wales.

Attendees are listed in the Annex. The meeting was chaired by Professor Robert Souhami CBE FMedSci, the Academy's Foreign Secretary.

### Key issues raised

The key conclusions of the meeting were that:

***Public health researchers, practitioners and policy makers must have a closer working relationship than at present.***

PHE has the opportunity to help this process by: facilitating the dissemination and implementation of research findings in practice; communicating the research needs of practitioners and responsible bodies, such as Local Government, to researchers; undertaking research in collaboration with research-led organisations, including higher education institutions (HEIs); and in some cases acting as an intermediary between

government departments and the workforce that researches and delivers public health. Although the Department of Health commissions research alongside other funding bodies and decides on public health policy, PHE will be one of the bodies responsible for ensuring that the necessary evidence is obtained and understood, working closely with the National Institute of Health and Care Excellence. Having inherited many and varied responsibilities, PHE must be efficient with available resources.

- **Organisations that aim to address public health in England are currently operating in a complex system. PHE is well situated in this system to facilitate knowledge exchange between research and practice.** In recent years there has been welcome new investment in public health, for both research and other activities. However, this period - which also saw structural changes resulting from the Health and Social Care Act 2012 - has resulted in a more complex public health system. Significant new administrations are involved, such as Local Authorities, the NIHR School of Public Health and the soon-to-be-formed NIHR/PHE Health Protection Research Units (HPRUs) with HEIs. This diversity could be a strength in providing different approaches and opportunities for research and the acquisition of reliable evidence. The changes have facilitated new developments in both research and service. However, there is the potential for fragmented activity. PHE must consider two issues in particular when establishing its remit. First, the need and opportunity to align and integrate different segments of the system to ensure that duplication is minimised and that resulting knowledge is disseminated effectively. Second, how to ensure that practitioners obtain the best possible evidence. These considerations require a clear overview of public health research and practice: for example, NIHR are currently mapping ongoing public health research activity that has already been funded.
- **There was support for PHE's current strategy to move away from internal funding/commissioning of health protection research programmes.** It was suggested that PHE could achieve greater efficiency by working collaboratively with existing and new academic partners: for example as envisaged in the current formation of the HPRUs; via joint academic appointments between PHE and universities, building on the existing honorary contracts that they have inherited; and from PHE developing an integrated science hub as part of its long term infrastructure plans.
- **There must be better bi-directional connections between researchers and practitioners, which could be facilitated by PHE's strategy.** Researchers and practitioners have different working practices. Practitioners in local government and PHE, responsible for service delivery, often have to respond to urgent issues on timescales of days to months. Researchers commonly require longer periods to provide reliable evidence to inform and evaluate public health policies. Therefore, it is important to develop a culture of knowledge exchange that acknowledges and balances these differences and encourages cooperation. This would capitalise on the opportunities for joint working on shared outcomes between research and practice. For researchers, this would be enabled by public health practitioners and PHE having clear routes for them to feed into practice and establish channels of dialogue. Furthermore, all practitioners must have sufficient training so as to be research-aware. For example, the scientific literacy component of the Faculty of Public Health training programme should enable practitioners to effectively appraise evidence and contribute to the commissioning of research. In turn, researchers will need to assist in developing research programmes that produce

evidence that meets the needs of public health practitioners. In developing their strategy, PHE should consider the need for clear points of contact for researchers feeding into or collaborating with PHE, and the involvement of researchers in any PHE input into the commissioning of research.

***Multi-disciplinary teams are essential for effective world-class public health research, yet the current system still maintains a strong clinical focus.***

***Training and workforce structure must continue to adapt to embrace all relevant disciplines. The pathways for public health training and career progression must be strengthened for all relevant disciplines.*** The public health system now requires multi-disciplinary teams that include statisticians, epidemiologists, social and behavioural scientists, economists and others alongside clinicians. Some perceive that there is not an identifiable career pathway in public health research for non-clinicians, potentially discouraging the best researchers from entering and remaining in the field, whether they are based within academia or public health practice. It is essential that there are clear and coherent pathways within public health training that aim for the creation of truly multi-disciplinary research teams. This will require structures that support and enable people from non-clinical backgrounds, but with valuable skills, to enter and remain in the workforce: new roles may need to evolve to achieve this. Undergraduate curricula should show how public health research and practice is changing to include many disciplines and describe its growing and strategic importance in the health of the nation.

***Key goals of public health are to recognise the socioeconomic determinants of ill health, to understand how to tackle their root causes and to take effective action.***

PHE should ensure that it builds a reliable evidence base from a broad range of sources to inform policies aimed at diminishing health inequalities.

***Large population-based data sets are essential to the field of public health. PHE must facilitate straightforward access to centrally held datasets to support research.***

PHE is ideally positioned to be a central host for epidemiological (including surveillance) data and some disease registries, and to ensure maximum benefit from existing registers and other population cohorts. In its efforts, PHE will need to work alongside HEIs, which hold many large research databases and population/clinical cohorts that could more usefully inform public health practice. This will present challenges for PHE and HEIs in developing and financing data repositories and health informatics initiatives that are aligned with existing activities: funding for disease registers and for surveillance systems that generate research useful datasets (for example congenital anomaly registers) has been a problem in the past. PHE and HEIs could also help negotiate access to other routine datasets, such as those from general practice.

## **Next steps**

There was strong support for a further meeting in autumn 2013, once PHE has begun drafting its strategy for research. This will be highly valuable both for PHE and for the research community. The Academy plans to facilitate another meeting in the autumn to inform PHE's strategy for research and approach to the use of evidence.

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This document reflects the views of participants expressed at the meeting and does not necessarily represent the views of all participants or of the Academy of Medical Sciences. For further information, please contact Dr Richard Malham, Senior Policy Officer ([richard.malham@acmedsci.ac.uk](mailto:richard.malham@acmedsci.ac.uk), (0)20 3176 2152)

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