

## Summary

- The **lack of mention of research and innovation in the Department of Health and Social Care's White Paper presents a missed opportunity** to emphasise their vital contribution to improvements in patient and population health and care.
- **Research active healthcare settings deliver better care**, as reflected by the higher Care Quality Commission ratings they receive.<sup>1</sup> Research active hospitals also **have better patient outcomes**, including lower mortality rates, with the benefits of research extending beyond those directly participating in research.<sup>2,3,4</sup>
- **Research and innovation also underpin the 'triple aim' set out in the White Paper** for NHS organisations 'to support better health and wellbeing for everyone, better quality of health services for all, and sustainable use of NHS resources'.
- The commitment to innovation and to the promotion, conduct and use of research to improve the current and future health and care of the population is enshrined in the NHS Constitution for England.<sup>5</sup> The last reforms in the Health and Social Care Act 2012 conferred Clinical Commissioning Groups with duties in respect of research, and to promote innovation and the NHS Constitution.<sup>6</sup> Such **recognition for research and innovation must be mirrored in the upcoming Health and Care Bill and incorporated as duties for Integrated Care Systems (ICSs), with ownership for research and innovation at ICS Board level.**
- We welcome the White Paper's emphasis on tackling inequalities and wider determinants of health, as well as proposals for a new duty to promote collaboration across the healthcare, public health and social care system. A holistic approach is needed for public health systems to be integrated effectively into the proposed new system. **Although we would prefer future arrangements for public health to be considered as part of the Health and Care Bill, we would strongly encourage that at a minimum, the Bill addresses the location and lines of responsibility for prevention, population health care planning and public health in the health and social care system, at national, regional and local level, as well as the integration between them.**
- **The Health and Care Bill presents an important opportunity for the Government to place research and innovation at the heart of the delivery of care in the NHS** and thereby further enhance the delivery of safe, effective, high quality care for all. The Academy would be delighted to work with the team developing the Bill and other partners across the sector to ensure the potential for research and innovation in the NHS are fully realised.

## Introduction

The Academy of Medical Sciences is the independent body in the UK representing the diversity of medical science. Our mission is to promote medical science and its translation into benefits for society. The Academy's elected Fellows are the UK's leading medical scientists from hospitals, academia, industry and the public service. We work with them to promote excellence, influence policy to improve health and wealth, nurture the next generation of medical researchers, link academia, industry and the NHS, seize international opportunities and encourage dialogue about the medical sciences. Most recently, the Academy published a report entitled 'Transforming health through innovation: integrating the NHS and academia', which outlined a series of actions to better harness the research expertise and capability of the NHS to improve the health and wealth of the nation.<sup>7</sup>

We welcome the opportunity to respond to the House of Commons' Health and Social Care Select Committee's inquiry into the Department of Health and Social Care's White Paper, *'Integration and Innovation: working together to improve health and social care'*. The Academy agrees with the Government's ambition to build on the collaborations seen throughout the COVID-19 pandemic to support the health and care system. **The Academy strongly believes the Health and Care Bill would benefit from the inclusion of research and innovation to contribute to this ambition.**

## The Health and Care Bill must recognise the importance of research and innovation

The Academy believes that the lack of mention of research and innovation in the White Paper presents a missed opportunity to emphasise their vital contribution to improvements in patient and population health and care. Evidence (outlined in further detail below) suggests that research benefits not only the quality of care and patient outcomes, but also the healthcare workforce. Research and innovation also underpin the 'triple aim' set out in the White Paper for NHS organisations 'to support better health and wellbeing for everyone, better quality of health services for all, and sustainable use of NHS resources.

The commitment to innovation and to the promotion, conduct and use of research to improve the current and future health and care of the population is enshrined in the NHS Constitution for England.<sup>8</sup> The last reforms in the Health and Social Care Act 2012 conferred Clinical Commissioning Groups (CCGs) with duties 'in respect of research' and to promote innovation and the NHS Constitution (clause 26).<sup>9</sup> The White Paper outlines plans for CCGs to become part of Integrated Care Systems (ICSs). **We would therefore expect the CCG duties to promote research and innovation to be transferred to ICSs, with ownership for research and innovation at Board level, and for these duties to be explicitly set out in the Health and Care Bill.**

To date, the majority of research efforts within the NHS have been located in secondary care. However, to make progress in prevention, early diagnosis, health inequalities and the place agenda, research engagement and leadership from social and community healthcare professionals will be critical. ICSs offer a great opportunity for a step change

in research and innovation across primary care, public health and social care. **It is therefore critical that research and innovation is embedded in ICSs' duties.**

We welcome the intentions set out in the White Paper to improve the quality and availability of data across the health and social care sector, as well as to enhance data sharing to enable more effective use of data for the benefit of patients and to optimise the effectiveness of the health and care system. The data strategy for health and social care referred to in the White Paper as being developed must consider how these data can be effectively shared for research purposes, with appropriate safeguards for patient privacy and confidentiality, and with the aim of benefitting patient care and improving outcomes.

We also note that the Medicines and Healthcare products Regulatory Agency (MHRA) new national medicines registries outlined in the White Paper could be an important resource for researchers. Currently, the Yellow Card database (spontaneous reports of suspected adverse drug reactions or medical device incidents) and the Clinical Practice Research Datalink (anonymised patient data from a network of GP practices across the UK, linked to a range of other health related data) offered by the MHRA have been rich resources for research.<sup>10,11</sup> There is a need for greater clarity on whether and how these new registries might be used for research purposes to support the safe and effective use of medicines for patient benefit.

### ***Research directly benefits patient care and outcomes***

Clinical research is a vital contributor to improved health and care of the public. This has been clearly demonstrated during the COVID-19 pandemic, with clinical trials such as the RECOVERY trial recruiting over 30,000 participants to identify a number of successful treatments, including Dexamethasone and Tocilizumab.<sup>12</sup> Dexamethasone alone has been estimated to have saved the lives of around 12,000 COVID-19 patients in the UK.<sup>13</sup> The development of the Oxford/AstraZeneca COVID-19 vaccine is another powerful example of the enormous benefits of research across academia, industry and the NHS.<sup>14</sup> The Government's recently published vision for clinical research delivery highlights the success of UK clinical research throughout the COVID-19 pandemic and outlines an ambitious vision for clinical research delivery that capitalises on innovation and improves the lives of patients across the UK.<sup>15</sup>

Beyond COVID-19, there is a growing body of evidence outlining the benefits of research to patients. Research active healthcare settings deliver better care, as reflected by the higher Care Quality Commission (CQC) ratings they receive.<sup>16</sup> Research active hospitals also have better patient outcomes, including lower mortality rates, with the benefits of research extending beyond those directly participating in research.<sup>17,18,19</sup> For example, in a study of patients with colorectal cancer, the mortality rate in the first 30 days after major surgery was 5% in hospitals with high research participation, but 6.5% in hospitals that did not achieve high participation, a difference of 30%.<sup>20</sup>

Patients also value participating in research. 90% of clinical research participants have a good experience of participating in studies.<sup>21</sup> They report being motivated by altruism, as they feel that participating in research improves care for others in the future, and they often have better understanding and monitoring of their own conditions.

By embedding research, NHS Trusts can make even more progress in improving patient care and outcomes by implementing interventions that have shown to be effective, decommissioning those that have proven to be ineffective, and better tailoring services to meet the needs of patients.

**With research and innovation playing this important role in improving patient care and outcomes, we would strongly encourage duties for ICSs to promote research and innovation to be included in the Health and Care Bill. This would help to further raise the profile of research in the NHS and enhance the delivery of safe, effective, high quality care.<sup>22</sup>**

### ***Research benefits the health and care workforce***

A thriving and resilient workforce is key to the provision of good healthcare. Evidence suggests that engaging in research may improve clinicians' job satisfaction, can boost morale and can reduce burnout.<sup>23,24,25,26,27</sup> Almost two thirds (64%) of doctors surveyed by the Royal College of Physicians (RCP) said they would like to spend more time on research. When asked to rank potential measures to improve job satisfaction, consultants valued support to spend their time on: leadership, education, training and research.<sup>28</sup> Four out of five (80%) of those more recently surveyed said that they participate in clinical research because it improves patient care.<sup>29</sup>

The UKCRC Sub-Committee for Nurses in Clinical Research noted that research active nurses have more opportunities to shape the evidence base that informs their clinical practice; influence the broader agenda of health research so that it contributes to high quality health services and patient care; and make a critical contribution to nurse education.<sup>30</sup>

Including academic content in medical posts has also been shown to enhance recruitment and retention, with some doctors using research as a mechanism to avoid burnout.<sup>31,32,33</sup> Research-focused roles are likely to lead to more applications, with over two thirds (67%) of respondents to an RCP survey stating that having dedicated time for research would make them more likely to apply for a role. Offering research opportunities could be an effective way of attracting staff and increasing job satisfaction, while contributing to the overall improvement in patient outcomes and healthcare delivery. This could help to relieve pressures of high staff turnover, reliance on locums, and identifying cost effective innovations to improve care.<sup>34</sup>

Engaging in research could also facilitate the promotion of evidence-based practice, by enhancing the workforce's ability to understand, interpret and implement the findings of research to improve patient care and outcomes. It could also provide the workforce with professional skills such as team-working, mentoring and communication.

**The Government's intentions outlined in the White Paper to support and enable the health and care workforce, organisations and wider system to work together to improve, integrate and innovate are welcome. As opportunities for research can support the recruitment and retention of high-quality staff to enhance patient outcomes and healthcare delivery, we would strongly encourage the Health and Care Bill to include duties for ICSs to promote research and innovation.**

## **Future arrangements for public health**

We welcome the White Paper's emphasis on tackling inequalities and wider determinants of health, which have been further exposed during the COVID-19 pandemic. We also welcome proposals for a new duty to promote collaboration across the healthcare, public health and social care system, including the emphasis on ICSs to bring together health, social care and public health and develop plans to address wider health, social care and public health needs of the system. However, we are concerned that plans for future arrangements for public health are being considered separately to the Health and Care Bill.

As outlined in our letter to the Secretary of State for Health and Social Care, health protection, prevention and health improvement initiatives must be fully integrated with services in local authorities and linked into academia and NHS structures, such as ICSs, at a national, regional and local level.<sup>35</sup> This will be vital to ensure that initiatives are coordinated across stakeholders and geographies, and that evidence gathered locally and regionally can inform national strategies. The recently announced National Institute for Health Protection will also need to work with the health care system to ensure high standards of health protection and infection control. There is a need for greater clarity on where the responsibility for health protection will sit within the new system and how it will be effectively integrated. A holistic approach is needed, and we have questions as to how public health systems can be integrated effectively into the proposed new system if not considered as part of this Bill.

**Although we would prefer future arrangements for public health to be considered as part of the Health and Care Bill, we would strongly encourage that at a minimum, the Bill addresses the location and lines of responsibility for prevention, population health care planning and public health in the health and social care system, at national, regional and local level, as well as the integration between them.**

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This response was prepared by Angel Yiangou, Policy Manager, and informed by our previous policy work in this area. For further information, please contact: Angel Yiangou, Policy Manager (angel.yiangou@acmedsci.ac.uk; +44(0)20 3141 3224).

Academy of Medical Sciences  
41 Portland Place  
London, W1B 1QH  
+44(0)20 3141 3200  
info@acmedsci.ac.uk

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