Academy of Medical Sciences response to Department of Health and Social Care major conditions strategy call for evidence - June 2023

Question: How can we support people to tackle these risk factors?

Response:

- Public health research is essential to identify, understand and develop strategies to address risk factors for ill health. Undertaking and embedding research in public health practice is therefore vital to improve the health of the public and support people to tackle these risk factors.
- The translation of evidence from research into practice is being limited by the reduced resource within the wider public health system.[1] Evidence from public health research can inform decisions about effective public health practice, yet investment in this research has not kept pace with need.[2]
- Additionally, the public health system in England has seen decreased investment in real terms per person for almost a decade, negatively impacting on the health of the population.
- In 2016, the Academy published recommendations to ensure a future in which the UK population experiences substantial improvements in physical and mental health, and associated quality of life.[3] Our recent review of these recommendations, to be published shortly, has highlighted four priority areas for action to achieve these aspirations:
  1) **Investing in health of the public research and practice through cross-government and cross-agency working to build an effective, evidence based and integrated public health system.** This would enable the development of evidence, the translation of evidence into policy, and the implementation of interventions that will improve health.
  2) **Harnessing data and novel methods and technologies for health of the public research and practice.** This would enable those responsible for local public health initiatives to use relevant data to improve health. The existing mechanisms for generating, collecting and linking wider determinants of health data should be reviewed to maximise opportunities to enhance the use of public health data.
  3) **Facilitating the use of health evidence for all policies.** The Government should adopt a 'health evidence for all policies' approach across all government departments to maximise the additional benefits of improving health to other domains, including supporting economic growth.
  4) **Developing the next generation of public health researchers and practitioners.** Regular reviews of undergraduate and postgraduate curricula are needed to ensure the public health workforce has the skills required to improve public health research and optimise its translation into policies that improve population health, both now and in the future.
- Making progress on these four priorities will only be achieved if underpinned by:
  - Efforts to **partner with the public** – to develop effective public health interventions that address unmet priorities for the public and are acceptable to them.

  - **Global collaboration** – to prepare for global health threats and learn from international colleagues. Our report ‘Multimorbidity: a priority for global health research’ has led to the establishment of cross-funder framework to drive forward the multimorbidity agenda in the UK and globally.[4,5]

Question: How can we make better use of research, data and digital technologies to improve outcomes for people with, or at risk of developing, the major conditions?

Response:

- As outlined most recently in our report ‘Future-proofing UK Health Research: a people-centred, coordinated approach’, research is key to improving outcomes for all patients, including those at risk of developing major conditions.[6,7] It is therefore vital that the Major Conditions Strategy is underpinned by, and facilitates, research to drive continued improvements in care.
- To achieve this, research must be embedded in the NHS. The Academy welcomes the focus on research in the Health and Care Act 2022, requiring NHS leaders to facilitate research, and Integrated Care Boards and NHS England to outline and report on plans to promote research. These legal duties must be monitored to ensure that research is being supported by ICBs. Clear metrics, beyond the existing guidance, for reporting on research are needed to demonstrate the fulfilment of research while recognising that existing metrics, such as patient recruitment and study numbers, can create perverse incentives. Future NHS workforce plans should consider how to facilitate staff to get involved in research. NHS organisations and funders should work together to develop a pilot in which dedicated time for research is available to a proportion of healthcare professionals wishing to engage in research.[8]
- As noted in our response to the question on tackling the risk factors for ill health, harnessing data and novel methods and technologies for health of the public research and practice would enable those responsible for local public health initiatives to use relevant data to improve health. The existing mechanisms for generating, collecting and linking wider determinants of health data should be reviewed to maximise opportunities to enhance the use of public health data.
- In addition, the Goldacre review recommended that Trusted Research Environments (TREs) should be established for the use of health data for research.[9] These provide a secure environment for the storage and analysis of health data, but it remains challenging to integrate other datasets on the wider determinants of health within TREs due to complex governance issues.
- Public and patient involvement is required at all stages of research to ensure its relevance and effectiveness.[10,11] Our reports ‘Our data-driven future in healthcare’ and ‘Realising patient and NHS benefits from health and care data’ set out important considerations for patients and their data.[12,13]

Question: How can we improve access to palliative and end of life care?

Response:

- Shifts in death demographics - for example a rise in multiple long-term conditions - are occurring, and demand for palliative and end of life care will increase as our population ages. Despite this, death remains a taboo topic and support at the end of life a confusing and often unknown interface to navigate. There is a need to ensure robust and universal provision of end of life and palliative care.
- The Academy's public engagement project 'The Departure Lounge' established a pop-up installation in South London in 2019 with the aim of encouraging a national conversation on death and dying. Resources to support and stimulate such discussions are available on our website.[14,15]
- This public engagement exercise informed the Academy's wider policy work looking at the policy landscape for end of life and palliative care. A series of workshops identified the evidence gaps and opportunities to inform future policy activity.[16,17] The key challenges and relevant next steps that emerged from discussions include:
    1) **Overcoming fragmentation of the sector** – palliative and end of life care should be seen as a public health issue and requires the attention of multiple specialties. There is a need to forge better links with health and social care and informal services, supported by increased resource provision in community settings and greater remit for community efforts. A scoping review of existing local initiatives and their links with national initiatives along with link roles such as Community Development Workers, would be a beneficial step. Further training for health and social care professionals on the broader implications and social aspects of death could help to achieve more universal provision of support to tackle the disconnect between patients, families and carers.
    2) **Increasing public and patient engagement** – including promoting public dialogue, engaging different communities and co-designing research and care with patients and carers. Further efforts to increase public awareness on what to expect from end-of-life care and the types of support available is necessary.
    3) **Improving evidence-based practice** – further evidence is needed on successful and unsuccessful interventions. Evaluation of interventions should consider improved outcomes rather than cost-savings alone. Greater promotion of the value of research to stakeholders, including patients, the public, carers and health care settings is needed, as well as increased and better targeted research funding and better metrics.
- The reports from the policy landscape and policy catalysis workshops outline the challenges and necessary action in more detail.[18,19]

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