

Summary

- The Academy of Medical Sciences is pleased to consider this draft research and development strategy, outlining NHS England's intention to meet its statutory duty to promote research and the use of research evidence.
- We welcome the statement that NHS England will "attempt to achieve its vision of 'research being everybody's business' and building a culture that values and promotes research and innovation". The strategy could place greater emphasis on how NHS England will work to deliver this vision across the whole of the NHS.
- We consider that the strategy would benefit from further details on the 'outputs and impacts' so that it is clear what changes the community can expect, as well as the identification of metrics to assess progress in the delivery of this strategy.
- We support the intention to deliver the strategy through involvement and engagement of partners. Where joint working with other organisations is anticipated, it would be helpful if the strategy provides further information on the expected roles and responsibilities of the respective partners.

Introduction

The Academy of Medical Sciences promotes advances in medical science and campaigns to ensure that these are translated into healthcare benefits for society. Our elected Fellowship includes the UK's foremost experts drawn from a broad and diverse range of research areas. The Academy is pleased to comment on NHS England's draft Research and Development Strategy. We welcome NHS England's ambition, as set out in the consultation document, to "attempt to achieve its vision of 'research being everybody's business' and building a culture that values and promotes research and innovation". We are also pleased to note that NHS England recognises the importance of engaging with partners and would welcome ongoing dialogue through a range of fora, such as the discussion dinner we hosted with Sir Malcolm Grant¹, to ensure that research and innovation sit at the heart of NHS to improve patient care, deliver cost-effective healthcare and facilitate the growth of a strong commercial life sciences sector.

1. Do you agree with the vision outlined in the strategy?

Ensuring that an R&D culture permeates the whole NHS is essential for future health benefits of patients and we welcome the aspirations outlined in this draft strategy. We note, however, that the six-point vision contains a number of items that are focused more on changing the culture and practices within NHS England. It is of crucial importance that the vision reflects NHS England's role in influencing the whole of the NHS with respect to its statutory duty to "promote research on matters relevant to the health service, and the use in the health service of evidence obtained from research". It would also be helpful if the strategy clarifies NHS England's support for the full range of medical research that is being conducted and supported by the NHS, which ranges from clinical trials to epidemiological and health services research.

¹ <http://www.acmedsci.ac.uk/policy/policy-projects/engaging-nhs-england/>

2. Does the strategy reflect NHS England's responsibilities?

The consultation document outlines NHS England's intention to build relationships with the National Institute of Health Research (NIHR), Higher Education Institutions, Public Health, Local Authorities and other arms length bodies in delivering the strategy. The objectives also list a range of organisations that NHS England will partner with, including research charities and industry. Whilst recognising the importance of such joint working, it would be helpful if the strategy provides further details on the relative responsibilities of each of the parties included, particularly in relation to the 'outcomes and impacts' listed under the objectives.

3. Are there any policies or strategies you feel need to be included and reflected in the strategy?

The consultation document highlights how NHS England's strategy and the Department of Health research strategy 'Best Research for Best Health' (2006) share similar intentions in seeking to maximise the outcomes of research. NIHR has done much to create a stable and sustainable base for research within the NHS. It would be helpful if further details are provided on the achievements and remaining work since the publication of this document so that NHS England's strategy can be seen in appropriate context.

Incentives

Incentivisation of existing NHS structures to engage in supporting research is key to changing the culture. NHS England could ensure that commissioners seek evidence for each change/deficit/shortfall in care, and then respond on an evidential basis. Such a system reinforces the importance of metrics, against which impact can be measured, and success rewarded. Research activities should not be seen as a distraction from delivering care, but as an important component of what the NHS has to offer to patients, placing their care at the cutting edge of what is available through activities such as clinical trial participation. Such a change could be brought about through incentivisation within the existing structure, rather than a radical reorganisation and we would welcome further details on what incentives can support the delivery of the strategy.

Removing barriers

We welcome NHS England's intention to remove any barriers to commercial and non-commercial research that is set out in this consultation document, along with some specific actions proposed such as clear and consistent processes for the timely payment of excess treatment costs for patients taking part in research funded by the government, NIHR and research charities, which is particularly important. It may be helpful, however, to have a specific objective around 'creating incentives and removing barriers' within the strategy.

Delivery structure

We note that currently there is little detail of which structures within NHS England and the constituent parts of the NHS would deliver this strategy, although this may become clearer once the delivery plan is finalised. We believe a key responsibility of NHS England is to ensure the Clinical Commissioning Groups (CCGs) play their part in delivering the strategy, by encouraging them to support research, monitoring the extent to which they do this, and holding them to account if they do not. We also note that the document makes little reference to private healthcare providers who may become involved in delivering NHS care through the commissioning and contracting process, and the role and responsibility of these organisations in the delivery of the strategy. A final point relevant to delivery is whether NHS England will have an identified budget for research, which is not clear from the strategy.

Metrics

A major concern we have across the entire strategy relates to deliverables. Without specified metrics to monitor impact, and without a timeline for implementation, any assessment of effectiveness is impossible. Without such an approach, it is challenging to see how the vision can be achieved.

5. Objective one: To identify and prioritise commissioning health services research topics and coordinate this work with the Department of Health, NIHR, Health Research Authority, research charities, industry and other stakeholders.

We consider that this Objective would benefit from some rephrasing to remove ambiguity. Currently, it is unclear whether the purpose is to support NHS England to commission its own research, or for others to do so. We perceive that an appropriate focus for the research that NHS England might commission others to undertake, is around models of commissioning and their efficacy, as outlined under objective two.

We would also welcome further details on the process by which identification and prioritisation of topics would occur. No mention is made of CCGs in this section and it would be helpful to know how and where they will provide input along with the other organisations identified. We also propose the explicit mention of Research Councils and the higher education sector. Such organisations have the structures and experience - not only in medicine, pharmacy, paramedical and nursing research - but also in social sciences and economics, that might be effectively utilised.

In identifying priorities, it should be noted that there is a historical deficit in health services research, and the research capacity to support it, within the NHS and limited evidence available to support commissioning. Significant investment of resource will be required if this is to be fully addressed.

In terms of the 'outcomes and impact', more information on what the "planned and co-ordinated research activity plan" will contain would be welcome. This plan may need to be reviewed more frequently than annually to respond to emerging research needs, although such reviews should avoid simply reinventing the agenda each time. We consider that this section could also include evaluation of the implementation of service developments, which is essential to increase the evidence base.

Objective two: To develop the evidence base in relation to models of commissioning to ensure the approach to commissioning services is based on best evidence and effectiveness.

Whilst we support this objective, it would be helpful to clarify that it is "To develop the evidence base in relation to models of commissioning to ensure *that commissioning and provision of services* is based on best evidence of effectiveness", in line with the first action point. We are also unclear as to how a change in the culture of research awareness and translation into practice will be determined or measured.

We are pleased to note that NHS England intends to work with Academic Health Science Networks (AHSNs) and Collaborations for Leadership in Applied Health Research and Care (CLAHRCs) to meet this objective. It would be helpful to have further clarity in terms of the respective responsibilities of NHS England, AHSNs and CLAHRCs in terms of: conducting research; translating research; and implementing and spreading evidence based practice. For example AHSNs are very new organisations with relatively constrained budgets, with their own research agendas and at most indirect connections with commissioning structures, and should not be seen as vehicles for delivery of the strategy.

In addressing this objective, it may be worth considering learnings in knowledge management from other sectors, such as the Cabinet Office What Works Network and models in education and crime reduction. It is also important to consider the different research methodologies necessary to develop evidence base to address differing subgroups of patients depending on whether care is primarily delivered in a primary, secondary or tertiary setting, and whether the question at hand relates to common or rare diseases.

The strategy should also highlight the value of health care data resources to future outcomes. The importance of these resources in facilitating a productive research sector is in perfect alliance with the vision of this strategy, and the benefits of NHS initiatives to maximise the utility of the data that have been collected should be championed in this setting.

Objective three: To increase capacity amongst NHS England and commissioning staff to undertake research, and to utilise the outcomes of research, thereby increasing the quality of care and treatment.

Increasing research capacity and expertise is important, but we are concerned that this objective is focused on NHS England staff and commissioners, rather than on the NHS as a whole. We realise that NHS England has substantial capacity, for instance in relation to analysis of NHS statistics, and this should clearly be supported. However, it is imperative that the objective includes building the research capacity of professionals who are directly involved in the delivery of care. It is also important to note that for clinical and professional staff to take advantage of research opportunities and develop their career potential, both time and resource have to be allocated for research activities.

We note that in this section, no reference is made of engagement with higher education institutions - in particular schools and faculties of medicine and health - or Health Education England which all have critical roles in capacity building. Furthermore, there are no statements concerning how training would deliver this objective, nor how such training would be resourced. Finally, the current proposals contain no professional development targets meaning that outcomes cannot be demonstrated, or "increased awareness" measured. As noted earlier, however, the need for further details on the delivery mechanisms and outcome metrics applies across all six objectives.

Objective four: i) To ensure the inclusion of patients in setting priorities for research and participation in the design, delivery, and dissemination of research. ii) To promote the ideal that every patient coming into the NHS is offered an opportunity to take part in research.

We are supportive of this objective to offer every patient coming into the NHS an opportunity to take part in research. The other component of this objective is also welcomed, though patient – and the public - involvement might be more meaningful in a consultative and informative context, to gauge acceptability and likely uptake, rather than with an emphasis solely on involvement in research design. Lessons learnt from taking forward this objective could feed into enhanced knowledge on how to increase patient involvement, to improve the quality of the patient experience in research, and to evaluate the extent to which involving the public generates improved service outcomes.

Whilst great progress has been made in recent years, it is considered that the bureaucracy involved in the regulation of health research remains a major barrier to patient involvement. The "Partners.org" model in Boston, whereby research participation consent is implicit at point of access to care, might help inform NHS England on strategies to encourage participation through lowered barriers.

Objective five: To increase the availability of information on current and completed research and research outcomes to the public.

This objective is welcomed, although it would be helpful to know the details of how this would be achieved. Furthermore, we would like to know if the information will be tailored and disseminated to CCGs and other interested stakeholders. NHS England could also consider how it could disseminate the information in a public forum for better patient and population health, with partners such as Public Health England.

Objective six: To maximise the benefits from research through innovation, income, knowledge improvement and impact.

Whilst we welcome this objective, the action points include some overlap with previous sections. In line with previous comments, it would be helpful if there are further details on the respective roles and responsibilities of the various organisations identified within this section and the inclusion of measurable outputs to monitor impact.

6. What would you consider the top 3 implementation tasks?

The implementation tasks could include:

- The translation of research findings into practice, through evidence promotion and campaigning for continuous innovation.
- Establishing highly responsive commissioning arrangements, so that local research strengths in the health system can address locally relevant questions, and national organisations such as NICE can rapidly influence research commissioning, to address evidence gaps. Forging effective alliances with the CLAHRCs will be key in this regard.
- Streamlining bureaucracy to assist patient recruitment and the conduct of research, through a single sign-off for the majority of research governance processes across the NHS. In relation to this, we welcome the Health Research Authority's Assessment and Approval work.

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