NHS England Research and Development Strategy– Stakeholder Feedback

Name	
Organisation : Royal College of Physicians of Edinburgh	

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

Yes ☐   No ☐   Don't know ☒ x

How can this be improved? :

- Vision should be a shorter articulation of how research will be embedded to improve outcomes for patients and to create a research centre of excellence in NHS England. At present there is some ambiguity in the definition, leaving the reader to speculate on whether the vision is for research into the commissioning process only.
- The vision of "world class" is not strong in the document.
- The College recommends the removal of the specific example of AHSNs as other partners are larger funders of research into practice and policy (e.g. NIHR and charity sector).
- A useful addition for readers of the strategy would be a clear explanation and/or diagram of the inter-relations between the increasing numbers of bodies being given a role in research.

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

Yes ☒ x   No ☐   Don't know ☐

How can this be improved?

The document would benefit from the addition of a brief summary of NHS England's responsibilities to emphasise the point.

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

Yes | x | No | | Don't know | |

Which policies or strategies should be included?

- The strategy would benefit from the explicit inclusion of the broader NIHR family as these cover the research pipeline and will help foster engagement and coordination (Biomedical Research Units, Biomedical Research Centres). Also, CLAHRCs (where they still function) should be included as they have a research driven agenda including effective evaluation.
- It should be noted that the Medical Research Charities are major funders of health research and, given the importance of wealth and health, giving them greater prominence would be helpful. References should include the Association of Medical Research Charities who published their research strategy in July 2103.
- There is no real recognition of the bureaucratic barriers to some types of studies (e.g. multicentre or epidemiological) where the complex governance requirements do hinder progress.

4. Is patient, public and carer engagement and involvement reflected sufficiently?

Yes | | No | | Don't know | x |

If not sufficient, what different input could be included?

- The challenges of this objective should not be underestimated if involving patients and carers is to be effective and carry impact. More research is needed into how best to do this, particularly in effective commissioning of research and implementation of research findings and in encouraging public participation in clinical trials.

5. i) 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.

Is this objective appropriate and relevant?

Yes [x]   No [   ]   Don't know [   ]

Do you agree with the actions?

Yes [   ]   No [   ]   Don't know [x]

Do you agree with the outcomes?

Yes [   ]   No [   ]   Don't know [x]

Are there any other actions or outcomes that should be included?

- It is unclear what is proposed that is different to the annual process already in place for identifying research priorities in most funding organisations. Will NHS England be a direct source of funding and, if so, how will this fit into NIHR priorities? Without new money it will be difficult for NHS organisations to do much more than pay lip service to the strategy
- This section underplays the importance of translating evidence into practice and reads as if this will be dominantly about research into health policy.
- Implementation evaluation is a part of the NIHR's and CLAHRC's roles so should be included in this section.
- The question of clarity over intellectual property is indeed important for genomic technology but also to all research.

5. ii) 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.

Is this objective appropriate and relevant?

Yes | x | No | | Don't know | |

Do you agree with the actions?

Yes | | No | x | Don't know | x |

Do you agree with the outcomes?

Yes | | No | | Don't know | x |

Are there any other actions or outcomes that should be included?

- The document should recognise that there are national priorities for research but in some areas local knowledge (evidence) will be needed to support effective implementation. One size will not fit all when translating research in practice.
- Point 7 (translation of research findings into practice and fostering innovation) is the most difficult area with least investment. If this is not recognised and strengthened further then much research and best practice will not be implemented and sustained.
- How does NHS England propose to engage with medical and nursing schools on these issues and other health care professionals including health service managers?
- It is difficult to interpret how the objectives will lead to anticipated outcomes.

5. iii) 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.

Is this objective appropriate and relevant?

Yes ☐ x   No ☐   Don't know ☐

Do you agree with the actions?

Yes ☐ x   No ☐   Don't know ☐

Do you agree with the outcomes?

Yes ☐ x   No ☐   Don't know ☐

Are there any other actions or outcomes that should be included?

- This section should mention NHS Education England's essential role in skill and knowledge acquisition.
- Finding time for staff to take a greater role will require funding and management support.
- CLAHRCs (where they still function) also have a role in this area in relation to knowledge mobilisation.
- NHS England may like to consider how they support stakeholders on projects already underway.
- There is some concern about how NHS England can avoid a conflict of interest if they are commissioning research from themselves.

6. iv) 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.

Is this objective appropriate and relevant?

Yes | x | No | | Don't know | |

Do you agree with the actions?

Yes | x | No | | Don't know | |

Do you agree with the outcomes?

Yes | x | No | | Don't know | |

Are there any other actions or outcomes that should be included?

- This is essential and the NIHR should be included in this section.
- More research into patient and public involvement and the impact of this on research and outcomes is needed.
- How NHS England will integrate with the current activities of existing stakeholders to avoid duplication is unclear.
- In focusing on patients the strategy should not ignore research with the wider public especially for public health projects.
- NHS England should review the opportunities for exploiting the data already gathered by the NHS (with appropriate data protection) and this could useful be added to priorities within this strategy – in this way the strategy would also address the need for equity of participation in research by all patients and not just those where health benefits are likely to be greatest.

5. v) Objective five

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

Is this objective appropriate and relevant?

Yes | x | No | | Don't know | |

Do you agree with the actions?

Yes | x | No | | Don't know | |

Do you agree with the outcomes?

Yes | x | No | | Don't know | |

Are there any other actions or outcomes that should be included?

- There are a plethora of web-based resources considering this including CLAHRC CRN and AHSC.
- How will this activity be coordinated to quality control the information and make it accessible for the public?
- It is unclear why the strategy gives such high prominence to the Caldicott review – for publicly funded research details of all researchers should be in the public domain as should anonymised data sets with appropriate safeguards for personal patient data.

5. vi) Objective six

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

Is this objective appropriate and relevant?

Yes | x | No | | Don't know | |

Do you agree with the actions?

Yes | x | No | | Don't know | |

Do you agree with the outcomes?

Yes | x | No | | Don't know | |

Are there any other actions or outcomes that should be included?

- NIHR and CLAHRC have a track record of working with industry including non-pharma and the role of non-pharma could be highlighted in this section.
- Better access for research teams to patient level data will assist recruitment and participation rates for patient and broader benefits.

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

1. Defining working relationships with NIHR, and Medical Charities as major funders.

2. Developing a plan to engage all NHS staff and which will require a commitment to finding time and resources.

3.Defining research commissioning priorities for next 3 years.

7. What would successful implementation look like for you?

Clear evidence of:

1. More staff (as well as patients) being seen as research active, which begs the question that there is reliable baseline data.
2. Clear evidence of joint partnership and funding with industry.
3. Clear outcomes directed related to this strategy.
4. Clarity over the role of all stakeholders including NHS England to avoid duplication.
5. Improve awareness of the importance of research among the public.
6. Improved participation in research by the public.

8. What evaluation plan would you consider best for the evaluation in both the short term (2 years) and long term (5 years)?

Included in the final strategy should be:

- A clear prospective evaluation with protected funding to monitor the impact and value of this work as the strategy is implemented. In addition to an economic evaluation, this should include hard metrics of improved outcomes for patients in key research domains e.g. unscheduled care, early years, mental health and complex needs patients.
- Qualitative research into staff behaviours and benefits.
- The impact of patient involvement in all aspects research.
- The role of the CCGs – research is not high on most agendas; neither is there a significant academic input into most CCGs.
- The document does not mention cross cutting research and how it will engage with Northern Ireland, Wales and Scotland, all of which are part of the integrated NIHR network.

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Other comments:

- The document would benefit from some editing to remove duplication and deliver greater focus on the most important elements, namely:

  1. The need to encourage greater participation in research
  2. To need to accord research activity a higher priority and monitor progress

- The addition of more measurable outcomes would improve strategy implementation.
- Greater emphasis could be given to explicit recognition of the need for additional resources.

If you have any further comments on any aspect of the strategy please add them to your response and return the form to:

england.researchandimprovementdevelopment@nhs.net