

4th March 2021

NHS R&D Forum additional letter of response to the draft CQC Strategy: ‘The world of health and social care is changing: so are we’.

The NHS R&D Forum leadership team submits this statement to the CQC strategy consultation on behalf of members of the NHS R&D forum. The [NHS R&D Forum](#) is a UK-wide professional network for the research management, support and leadership community in health and care.

This statement is submitted in addition to the feedback form we completed (summarised here on pages 3-7), in order to make explicit our request that the CQC use its considerable influence to ensure the critical role of research in the quality and improvement of health and care is embedded in organisations and across systems.

We are pleased to see the strategy aim to improve support for organisations, flexible pragmatic regulation, learning from excellence, equality and inclusion, peer sharing and the acknowledgement of people and human factors. We therefore welcome the ambitions of the strategy and acknowledge that it is for the inspectorate rather than organisations or providers of health and care.

We do however believe that the pillars identified for advocacy would be strengthened further by the inclusion of research, and that it would be a missed opportunity not to promote the vital role of research when it is most needed as we come out of the pandemic response and move to Integrated Care Systems.

In this regard we would urge the CQC to consider bringing research up front and centre.

The inclusion of research, in the current well-led pillar, has been extremely well received by our community and we hope that this will continue to be reflected. However the CQC now has the opportunity to lead the way and show how research activity can, and should be, integrated into health and care organisations and systems for the benefit of all by integrating research into the essence of its own strategy; bridging the gaps between research, quality improvement and care.

Please find below a copy of the answers we submitted via the online survey. We would welcome any further opportunity to discuss the ongoing strategy development.

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We responded as follows to each of the existing ambitions submitted via the online survey:

1) People and communities:

- We support all of the ambitions included in the strategy but believe a commitment to enabling research should be included. Research is in the NHS Constitution and a core component of the quality of care, innovation and improvement cycle. We believe it is a missed opportunity to leave this out of the new strategy.
- We would like to see the CQC make a strong case for ensuring research occurs in a health and care setting, both within organisations and across systems.
- There is growing evidence to show that research-active organisations deliver better quality of care and have better patient outcomes, with the benefits extending beyond those who participate in the studies themselves to all being treated in a research active environment.
- We therefore believe that people and communities should expect to be offered research-driven care and to be treated in a research-enabled setting.
- People should include staff and communities in conversations and opportunities for research collaboration.
- There is an increasing evidence¹ base that staff believe in and benefit from making a contribution through research.

1

- Lambert TW, Smith F, Goldacre MJ. Making clinical academic careers more attractive: views from questionnaire surveys of senior UK doctors. *JRSM Open*. 6(8): 2054270415602644, 2015.
- Dale J, Potter R, Owen K, Parsons N, Realpe A, Leach J. Retaining the general practitioner workforce in England: what matters to GPs? A cross-sectional study. *BMC Family Practice*. 16:140, 2015.
- Watson C, King A, Mitra S, Shaaban AF, Goldstein AM, Morowitz MJ, Warner BW, Crombleholme TM, Keswani SG. What does it take to be a successful pediatric surgeon-scientist? *Journal of Pediatric Surgery*. 50(6): 1049-52, 2015. *Community*
- Research (2018). Adapting, Coping, Compromising research. <https://www.gmc-uk.org/-/media/documents/adapting-coping-compromising-research-report-79702793.pdf> Shanafelt TD, et al. (2009). Career Fit and Burnout Among Academic Faculty. *Archives of Internal Medicine* 169(10), 990–995.

- We would like to see the CQC bring research up front and centre as part of the new strategy to help to embed quality care and improvement at every level across the system.
- To build on the successes of the research pandemic response, to ensure quality and to redress inequalities in health, it is imperative we ensure there is an explicit expectation that research is core business in the future.

2) Learning through safety

- As above we support this ambition but believe it would be strengthened considerably if it were to include a commitment to safety through both learning and research. We would like to see the CQC make a strong case for ensuring research takes place in a health care setting.
- We believe that research driven care ensures safer, high quality care, compelling all organisations to contribute to generation of evidence.
- There is increasing evidence that being a research active organisation improves the quality of care but also the pandemic research response has demonstrated how embedding clinical trials into care can translate quickly into making safer clinical decisions.
- Some innovations can be more safely and ethically evaluated as research when in a real time care setting and this has been well demonstrated by the [Recovery Trial](#) and [REMAP-CAP](#)
- A culture of research goes hand in hand with a culture of safety. Embedding Randomised Controlled Trials in clinical care will secure answers about the safety of interventions more quickly. This is critical to a modern health service.
- By embedding research, organisations can make even more progress in improving patient care and outcomes by implementing interventions that have been shown to be effective, decommissioning those that have proven to be ineffective, and better tailoring services to meet the needs of patients. This was particularly evident when the Recovery trial found there was [no clinical benefit](#) from hydroxychloroquine in hospitalised patients with COVID 19.

3) Accelerating Improvement.

- We support this ambition however we believe that the CQC is also in a strong position to ensure improvement through engagement in research.
- Research evaluates improvements in care but also brings improvements to the care setting. There is growing evidence² to show that patients, who are cared for in a research active organisation, will benefit even if they are not directly in a study themselves.
- The CQC has a unique opportunity to influence and identify important research questions to be answered to ensure the generalizability of improvement initiatives.
- We would like to see the CQC to show leadership for research by sharing how the CQC values research as part of the business of quality and improvement. This is critical in giving a clear steer to Health and Care organisations that being research active is expected for improved patient and public benefit.
- Research accelerates improvement in care, ensuring improvement interventions and initiatives are evaluated in a rigorous and transferable manner.
- Whilst quality improvement methodologies used across many settings are not formally defined as research, the generalisability of successful local initiatives will often depend upon robust evidence from research.

2

- Downing A, Morris E JA, Corrigan N, et al. High hospital research participation and improved colorectal cancer survival outcomes: a population-based study. *Gut* 2017;66:89-96.
- Ozdemir BA, et al. (2015). Research Activity and the Association with Mortality. *PLoS One* 10, e0118253.
- Jonker L & Fisher SJ (2018). The correlation between National Health Service trusts' clinical trial activity and both mortality rates and care quality commission ratings: a retrospective cross-sectional study. [Public Health, 187, 1-6](#)
- Boaz A, et al. (2015). Does the engagement of clinicians and organisations in research improve healthcare performance: a three-stage review. *BMJ Open* 5, e009415. McManus RJ, et al. (2008). How representative of primary care are research active practices? Cross-sectional survey. *Family Practice* 25, 56–62.

4) Health & Care Services at a local level

- Good health care does not happen in isolation of a good health and care system. We therefore welcome the ambition to improve care at a systems level. As we move towards Integrated Care Systems it is critical that the value of research is embedded in these integrated services and that the commitment to be research active is not lost across systems.
- A culture of research in the NHS with a supportive, joined up national research infrastructure has contributed to a successful research response to the pandemic [compared to the US](#). Ensuring NHS organisations are research active means they are ready to respond when needed.
- The research response to the pandemic has been phenomenal. Over 1,342,563 have been recruited into CRN supported studies to date during 2020/2021. 910,626 participants have been recruited to over 90 Urgent public health studies set up. 46,840 participants recruited to Urgent Public Health Therapeutic studies and 38,713 vaccine and prophylactic studies³. We should continue to learn from the value it has created⁴
- Research works best when a collaborative endeavour. Every part of the system has a role to play as [team science](#) becomes the model of choice over and above [lone research leadership](#)
- We argue that health and care services working collaboratively to contribute to research, is critical and that building contribution to research into the assessment process will benefit all.
- The CQC has a unique opportunity to drive this expectation and to make a clear commitment that quality, safe care and improvement at a local system level also includes participation in research.
- The Royal College of Physicians report "[Research for all? An Analysis of Clinical Participation in Research \(2020\)](#)", has clearly highlighted an inequity in access to research across the UK. If evidence for health and care is only derived from research of certain populations from certain areas, then we cannot address health in equalities in health and care.
- The Pandemic has shown us how important equality and inclusion in research is for equality and inclusion in health and care. Vaccine uptake among those in ethnic minority groups may have been greater had their involvement in the research designs been improved. Research active NHS sites have worked

³ Data supplied by the NIHR CRN CC at March 2nd 2021

⁴ Keogh, B. 'The NHS rose to the challenge of COVID, but its next test may be even harder' Guardian, February 2021.

hard to recruit participants for vaccine assessment during trials, and lessons have been learned in this process, which has then been rolled out into clinical practice. This includes directly involving local communities and learning from their experience to support study engagement. See point 12 of the following Forum [Shared practice bulletin](#)

5) Equality Impact Statement

- There is a risk that failure to champion research and inclusive research as a key ambition will have a negative impact on the health and care of some groups who are already disadvantaged by a lack of research opportunity.
- We cannot stress how strongly we believe in the importance of the CQC reflecting the role of research in health and care; in our organisations and also across systems, which is particularly important now as we move into Integrated Care Systems.
- Research impacts on the quality of care and our ability to learn from improvement, evaluate innovations and bring safe of clinical interventions to the front line.
- The need for research to measure quality and effectiveness of innovation is critical and if research is not part of the language of our organisations and systems we will perpetuate the divide between care and the evaluation of best care.
- Patients and the public should expect both research driven care and research enabled care organisations. We believe it is a missed opportunity not to reflect this as part of the CQC strategy for the future
- The role of research is key. This is critical to ensure it is joined up, whether researching innovations, developments, improvement initiatives or services.