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NHS R&D Forum Response:

Consultation on a new NHS System Oversight Framework 2021/22

The NHS R&D Forum leadership team submits this statement to the NHSE/I System Oversight Framework 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.

We write separately and in addition to the survey we have submitted, to request NHSE/I uses its considerable influence, alongside the CQC, to enable the critical role of research and evidence to be embedded in health and care organisations, across systems and place.

Research is a core function of health and care. It is essential for health, well-being and high quality care, reducing inequalities and ensuring that patients continue to benefit from improved and modern services.

For research to have the best impact on patients, practitioners and service development and delivery, research needs to be collaborative, embedded into everyday practice in all settings and focused on the most important questions and challenges. The evidence from research must be mobilised throughout Integrated Care Systems to inform decision-making.

Integrated Care Systems will focus on integration and innovation and should have ambition to embed a culture that enhances the health and wellbeing of

their population through involvement in research and translation of evidence into practice across all its health and care partners

We understand that the research statutory duties of Clinical Commissioning Groups to promote research and promote the use in the health service of evidence obtained from research will flow to the new ICS statutory bodies. We therefore consider it important that research and the use of evidence should be included in the new oversight framework for Integrated Care Systems.

We believe it would be a missed opportunity not to promote the vital role of research as we come out of the pandemic. A culture of research in the NHS with a supportive, joined up national research infrastructure has contributed to our successful COVID19 research response, whilst ensuring health and care systems are research active means that they are informed by evidence and ready and able to respond when needed.

There is still however much work to do as we begin our recovery to ensure non-COVID research is supported. The new [UK Vision for Clinical Research Delivery](#) aims to address this and the implementation of this vision will rely on collaboration, partnerships and the value of research to be fully recognised and enabled across systems.

Research ensures we can learn from improvement, evaluate innovations and bring safe clinical interventions to the front line. Embedding research into everyday practice across the NHS and all health and care settings; and making research open to everyone and participation as easy as possible generates evidence about the safety, use, effectiveness and decommissioning of interventions. There is increasing evidenceⁱ that being in a research active environment improves outcomes for patients, even if they are not taking part in a study themselves. Research contribution also supports the workforce by

providing development opportunities and careers for all healthcare staff and can support workforce recruitment and retentionⁱⁱ.

Failure to champion inclusive research as a key ambition risks having a negative impact on the health and care of some groups who are already disadvantaged by a lack of research opportunity. Research and evidence are therefore essential to a modern health service.

It is critical now that the value of research is embedded into integrated systems and services and that our growing commitment to being research active is not lost. 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 and embedded into clinical care and patient pathways. The need for research to generate evidence and to assess the 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.

Including research, innovation and evidence in system oversight from the outset will avoid a greater challenge further down the line and considerably strengthen the framework. We therefore urge the NHSE/I to consider bringing research and the use of evidence from research up front and centre to ensure it is not forgotten in the development of the new integrated systems.

We welcome the opportunity to work with NHSE/I in translating this ambition into the System Oversight Framework.

Consultation survey questions

We have answered **two questions** in the consultation specifically to highlight where we believe research and evidence are missing and might be included in the framework.

Q1: Do you agree that the proposed approach to oversight in the consultation document meets the purposes and principles set out in section 2: 'Purpose and Principles'?

Yes partly agree

The given purpose of the proposed new framework is to:

- (a) *Align the priorities of ICSs and the NHS organisations within them.*
 - Whilst the mechanisms for alignment may be identified in the framework, the role and importance of research and use of evidence from research to NHS organisations is not mentioned anywhere in the document.
 - Research, innovation and evidence are key priorities for the NHS and there is considerable risk that this priority will not transfer to the ICS setting if not championed now or included from the outset.
- (b) *Identify where ICSs and organisations may benefit from or require support to meet the standards required of them in a sustainable way, and deliver the overall objectives for the sector in line with the priorities set out in the 2021/22 Operational Planning Guidance, the NHS Long Term Plan and the NHS People Plan*
 - Support to meet standards must include support for research contribution and the use of evidence in addition to supporting the duty to promote research and the use of evidence from research already bestowed upon CCGs.
 - We argue that it may much harder to identify the support required for research and evidence, if research and evidence are not mentioned in the framework.
- (c) *Provide an objective basis for decisions about when and how NHS England and NHS Improvement will intervene in cases where there are serious problems or risks to the quality of care.*
 - Performance for research at systems level is critical and Quality of care outcomes depend on research and evidence.
 - It is hard to see how the UK might have responded to the pandemic without the role of research generation and delivery across the NHS and therefore any serious barrier to research contribution or the use of evidence should equally be considered to be a risk to quality of care.

Q3: Do you agree that the framework's six themes support a balanced approach to oversight, including recognition of the importance of working with partners to deliver priorities for local populations, as set out in section 4: 'Approach to oversight'?

Yes, partly agree

- The framework's 6 themes should include reference to research, innovation and evidence. Ideally these would be a separate, stand-alone theme however if this is not possible then we believe they might be well placed under quality of care, access and outcomes, preventing ill health and health inequalities.

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