

Symposium

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Demystifying the Legislations and other requirements on ICSs: NHSE Guidance for Research

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Research and
Development Forum

ICS and Research

The AAC is a unique partnership between patient groups, government bodies, industry and NHS bodies

We work together to streamline the adoption of new innovations in healthcare:



BOARD*



Lord Darzi



Amanda Pritchard



Matt Whitty



Dr Sam Roberts



Lucy Chappell

* Selected AAC Board Members

AAC set five priorities for the next two years

All of our work will be informed by patient experience and will support addressing health inequalities, NHS England's clinical priorities, net zero targets and the life science vision.



Increase the scale, diversity and speed of research

Increasing the scale, diversity and speed of research so that the NHS has the clinical evidence that reflects the population, in turn making it easier to adopt innovations that benefit all.



Frontline innovation

Supporting programmes that help the NHS workforce to develop, evaluate and drive innovation on the front line.



Delivering transformational commercial deals at scale

Negotiating great deals at scale that support rapid roll out of the most promising innovations.



Articulating NHS needs and finding solutions

Signalling to researchers, funders, innovators and industry what the NHS needs while also systematically searching for new solutions to high priority areas of need.



Supporting the most promising innovations

Working to increase uptake of NICE approved innovations from medicines, diagnostics, medical devices and digital products.

At the AAC board meeting on 29th June, we set out our ambitions for research:

- To make the NHS the best place in the world to undertake research.
- Every patient will be supported to take part in research that is appropriate for them and every NHS organisation will be involved in clinical research.



1. 1. NHSE research roadmap
 - Clearer definition of what research/evaluation in NHS means
 - Highlighting how NHSE/I currently supports/uses research
 - Sets clear tangible actions NHSE/I will take to support research in NHS
2. Developing Best Practice Document for ICS/B
3. LTP commitment to include research metric in NHS assurance frameworks
4. Support to increase diversity of those taking part in research
5. Research for R&D programme and developing a National Research Volunteer Registry with linking NHS App, and NHS.net
6. Incentives and Levers
7. Streamlining processes eg NCVR and ETCs

The Role of ICS/Bs:

Legal Duties

H&SC Act transfers duty to:

- (a) promote research on matters relevant to the health service, and
- (b) promote the use in the health service of evidence obtained from research.
- (c) Take responsibility for Excess Treatment Costs (ETCs)

ICS Framework broad requirements to

- foster and deploy research and innovations
- Promote innovation and research

CQC Strategy and Well Led Framework

- encourages and considers providers participation in research
- Supports the creation of a culture where research and innovation can flourish

NHS Standard Contract requires

- Recruitment of service users and staff into approved research studies
- The need to follow the [National directive on commercial contract research studies](#) when undertaking Commercial Contract Research
- Comply with HRA/NIHR Research Reporting Guidance

Excess Treatment Costs

- Responsibility transferred from CCGs

ICS Best Practise Framework/Guidance:



Things ICS's could consider when developing a research strategy

- **Leadership Role:**
 - Medical Directors and Directors of Nursing job description include responsibility for research & innovation
 - Visibility of research in governance structures
- **Research Governance**, contracting and set up processes
 - Opportunity to streamline processes
 - Place based recruitment and research
- ICS's role as a **commissioner**
 - Including research in provider commissioning and contracting discussions
 - Role of evaluation/research in service improvement
- Patient/Participant **Recruitment**
 - Increasing diversity of people getting participating in research
 - Linking research recruitment to local areas of prevalence
- **local need and health inequalities**
 - Using research to identify local health inequalities
 - Using research to address health inequalities

research in
non acute
settings

Recruitment
across an ICS

relationships

leadership

ICS & Legal Duties

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Governance

ICS Research
Strategies

relationships