

## **R&D Forum Response to NHS England Research Strategy Consultation**

*January 30<sup>th</sup> 2014*

### **1. INTRODUCTION**

- NHS England (NHSE) published their draft Research Strategy “*Research is everybody’s business 2013-2018*”, for consultation in December 2013.
- The NHS R&D Forum welcomes this opportunity to comment and shall embrace any opportunities for further collaboration in the ongoing development and delivery of a final strategy.
- The NHS R&D Forum is a professional network for Research Directors, Managers and other associated roles concerned with the leadership, development, management, sponsorship and delivery of NHS Research. Members of the Forum represent a breadth of organisations across the NHS (primary, secondary and community care), as well as academic and industry partners.

### **2. METHOD**

- The NHSE national consultation exercise was advertised on the [Forum website](#) and via the Forum news bulletin on [LinkedIn](#). Members have been encouraged to respond either through the Forum or directly via their own organisations.
- A teleconference was held (22<sup>nd</sup> January 2014) between representatives of the Forum working groups in order to discuss and formulate a response on behalf of the wider NHS R&D Forum members. The Research Management Working Group discussed the strategy as an agenda item (24<sup>th</sup> January 2014)
- Contributors to this document are identified in *Appendix A*, and the Forum Executive Group and Management Team are extremely grateful to all those who have taken part in this important exercise. All contributors have been invited to comment on a draft of the consultation document before its finalisation and submission to NHS England.
- The Forum has elected not to submit a response via questionnaire as this was difficult without a better understanding of NHSE’s role in the national research landscape. Written hard copy of this document has been submitted to the consultation process with a covering letter. Verbal feedback has also been provided to NHS England via teleconference with Shona Haining (27<sup>th</sup> January 2014) who is co-ordinating all responses received nationally.

### 3. R&D FORUM RESPONSE

#### **Executive Summary**

- That NHS England has developed and published a draft research strategy is welcomed. This shows a positive commitment to research in the NHS and makes explicit the national expectation that research must be a part of the NHS in England.
- There is an appetite amongst a breadth of organisations for NHSE to undertake a national research leadership role, and the Forum should like to see this challenge met more explicitly for the benefit of the wider NHS community.
- The Forum should like there to be greater clarity in the strategy with regards to whom the Strategy specifically relates and the part that NHS England will play in the research landscape nationally (a clear Mission statement for NHSE).
- The Forum suggests the strategy would benefit from being more concise and focussed on the role of NHSE, with more visionary goals. The strategic objectives should be clearly owned by NHSE (as opposed to other partners), and SMART, to bring about a change that NHSE can effect as part of its organisational remit.
- The Forum should like there to be a more explicit strategic commitment to the removal of barriers and the delivery of Excess Treatment Costs (ETCs) for NHS Research as an example of a direct impact and change that NHSE can make happen for the benefit of the wider community. The Forum has previously made clear that ETCs are still widely considered to be a problem for NHS research activity and suggests that the removal of such barriers should be a clear strategic goal.

#### **Some clarity is required**

*Who the strategy is for and what is the role of NHSE in NHS R&D?*

- It is not clear who the strategy is for and this needs to be made much more explicit at the start of the document. It is currently unclear if the strategy is intended as a plan for NHS England staff, NHS commissioners, or the wider community. More clarity is therefore needed around who will be responsible for delivering the strategic objectives.
- As previously stated it is not clear what NHS England's role and responsibilities are in the R&D landscape and without this understanding it is very difficult to comment on the specific objectives within the Strategy. The objectives should be taken from NHSE's

organisational remit but it is felt there is currently some overlap with other strategies and the responsibilities of other organisations for example, the NIHR and INVOLVE.

- At present the document is a little confusing with some duplication, and it attempts to address too many things, including some that are already happening across the NHS. The Forum suggests a more concise plan with more visionary statements to make clear what NHSE will do *in addition* to others to bring about change
- It is suggested that the Strategy would benefit from a clear Mission statement for NHSE and definition of the scope of the strategy with regards to research and its alignment with innovation and evidence based practice.
- It is unclear from the current document whether it is an objective for NHSE to become commissioners of research or; whether instead it is to identify research questions that relate to commissioning priorities but for others to fund?. The scope is therefore not clear in this regard and it should be specified whether NHSE aims to create and/or fund and/or support commissioners to do research.
- The Forum suggests if NHSE is to commission research activity themselves (in the current aims), the remit of this function should also be made explicit including whether there is a defined budget and how it will differ from other national funders e.g. NIHR and AMRC etc.
- It is unclear from the current document whether NHSE now owns the policy for the management of Excess Treatment Costs in their entirety or only the elements of funding provision for which NHSE and commissioners are responsible. Please see comments on Excess Treatment Costs below.

## Recommendations

*What should the strategy focus on?*

- It is suggested that the Strategy should focus on where NHS England can lead and make a tangible difference to research generation, delivery and uptake, in the NHS. NHS England has a unique opportunity to make a real difference and add value due to its position.

- It is suggested that the Strategy should embrace the wider NHS England whilst at the same time focus on providing leadership for primary care R&D and increasing the involvement of primary care independent contractors (GPs, dentists, community pharmacists and optometrists) in research through contractual levers, to ensure high quality research opportunities are opened up to all patients across the country. Independent contractors are not mentioned enough in the current draft.
- Commissioning organisations are key to all NHS organisations and so this strategy should include what commissioners can do to make research happen, and their role in the wider research landscape. The future strategy should set out what NHS England expects from those for which it is responsible. If the strategic intent for NHSE staff and commissioners is to create and undertake research themselves as well as to support research and to ensure the services they commission are evidence based, this should be stated explicitly.
- Key strategic goals could be the removal of barriers to research, and creating equity of access to research opportunities for all patients. Objectives might include specific system improvements to open up equality of opportunity/access for patients to take part in research no matter where they live in the country. If the intention is for research to become everybody's business then it should be specified how NHSE plans to enable this to become a reality across the NHS using the incentives and levers in the system between commissioners and providers.
- The strategic links between NHS England, Public Health England, NIHR, HRA, AMRC, AHSNs, INVOLVE etc., at a national level need to be stated and the strategy should aim to speak to everyone involved in NHS Research such that wherever they sit in the NHS architecture it is clear what the strategy means to them and their organisation. Ultimately however this strategy should focus on the strategic objectives that NHS England own and have accountability for.
- The action plan needs more information on how the objectives will be achieved and by whom.

*Excess Treatment Costs*

- ETCs are a key challenge in the system from all perspectives i.e. funder/sponsor commissioner, provider or researcher. Resolving this challenge is the one single thing that NHS England could do to improve the delivery of interventional research in the NHS to support the wider community and the commitment here is welcomed.

- The Forum should like to better understand if NHSE now owns the current policy for ETC delivery in its entirety, or just the element of ETCs for which it is responsible.
- The Forum should like to see more detail and clearer strategic intent to remove ETCs as a barrier to research, and would welcome the opportunity to support NHSE in the development of new policy and process.

*Suggestions for improvement in ETCs include:*

- a. A policy that makes clear what NHSE and the commissioners are responsible for in relation to the funding of ETCs (as opposed to provider organisations); how they should be funded and by whom, including specialist commissioning, shared care, and ETCs below a certain threshold etc.
- b. A defined process to ensure ease of access to funding for ETCs from commissioners. This is currently lacking since the disbanding of PCTs and particularly difficult when numbers of CCGs are involved in one study.
- c. Simplification of the process. The calculation of costs and the management of cost recovery is generally a complex process that can be bureaucratic and a hidden cost burden to the community. Simplification should be an aim.
- d. Standard operating procedures for all stakeholders to ensure a consistent process across the wider NHS England, and equity of access for all.
- e. Serious consideration should be given to centralising funds
- f. Escalation routes for when ETCs are a barrier to research or requests are refused and costs unmet.

**Other issues raised by Forum contributors**

- Honorary Research Contracts and indemnity for primary care research is still an issue. Has this been resolved by the working party and pilot?
- CLAHRC is misspelt twice.
- Reference is made to '*Best Research for Best Health*' but the Forum members understood that this policy was no longer relevant since the the Coalition Government was elected (Labour Government policy).

## APPENDIX A:

### FORUM CONTRIBUTORS

#### **Primary Care Working Group:** *Via Teleconference*

- Rachel Illingworth, Head of Research and Evaluation, Nottingham City CCG
- Vivienne Shaw, Research Manager, Cambridgeshire & Peterborough CCG
- Peter Dodds, RM&G Manager, RM&G Consortium for Kent and Medway
- Sue Palmer-Hill, Head of Research and Development, Northamptonshire R&D Service
- Nicky Dooley, RM&G Coordinator, Cumbria & Lancashire CLRN \* *(Unable to verify Forum written response)*

#### **Research Strategy Working Group:** *Via Teleconference*

- Rebecca Smith, Research Operations Manager, North Bristol NHS Trust
- Mary Tourette, Head of Research, Chelsea & Westminster Hospital NHS Foundation Trust
- Fiona Parker, Research Support Services Manager, Oxford University Hospitals NHS Trust
- Kathryn Harney, Associate Director Research, Greater Manchester West Mental Health NHS Foundation Trust

#### **Research Management Working Group**

##### *Via Teleconference*

- Alexandra Ross, Research Operations Manager, North Bristol NHS Trust

##### *Via Email*

- Damon Foster, Research Manager, York Teaching Hospital NHS Foundation Trust

##### *Present at Management Working Group Meeting*

- Sean Scott, RM&G Manager, Newcastle Upon Tyne NHS Foundation Trust
- Linda Henderson, R&D Manager, Northern Devon HealthCare NHS Trust
- Sarah McAllister, Senior Research Manager, NHS Blood & Transplant
- Celia Gonzalez-Cuevas, Clinical Trials Pharmacist, Worthing Hospital
- Tracy Assari, Research Governance Co-ordinator, Cambridge University Hospitals NHS Trust
- Barbara Stafford (on behalf of Tharani Thurairajah), Research Governance Co-ordinator, Oxford University Hospitals NHS Trust
- Debbie Palmer, Research Manager, Great Western Hospitals Foundation Trust\* *(Unable to verify Forum written response)*
- Sally Humphreys, Research Sister, West Suffolk NHS Foundation Trust\* *(Unable to verify Forum written response)*

#### **Response Coordinators present during Teleconference with NHSE**

- Rachel Illingworth, Head of Research and Evaluation, Nottingham City CCG
- Kate Greenwood, R&D Forum Manager & Research Manager Portsmouth Hospitals NHS Trust