NHS England

NHS England Research and Development Strategy– Stakeholder Feedback

Name Oliver Watson (on behalf of organisations below)
Organisation Association of UK University Hospitals and Medical Schools Council

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

Yes | X | No | | Don't know | |

How can this be improved? :

As organisations working at the interface between research, education and service delivery we welcome the commitment to research being "everybody's business" in this strategy. It is also particularly welcome that the importance of partnership with Higher Education Institutions (HEIs) is recognised.

We would suggest the following improvements:

- **make it explicit that partnership is a core element of the vision**

Collaborative working will underpin the success of NHS England's role in research and development. While this is acknowledged in the strategy, it would be welcome to see more explicit mention of this as an objective within the vision. We would support NHS England in actively contributing to existing mechanisms for identifying research priorities, as opposed to identifying these alone. Engaging with the work of NIHR in particular will be vital to ensure that responsibilities and actions are clear and complementary. The success of the Office for Strategic Co-ordination of Health Research and joint calls for research projects should be built upon.

- **build on commitments to improve capacity and capability for research in the NHS**

There is welcome reference to increasing the "capacity amongst NHS England and commissioning staff to undertake research, and to utilise the outcomes of research". We would support an extension of this to a role in enhancing research capacity and capability across the NHS. A separate objective to cover this would be helpful. In collaboration with partners, this may manifest itself through the following mechanisms:

- Oversight of commissioning structures
- Alignment of informatics strategy with research strategy
- Use of contracts
- Performance incentives
- Supporting GCP training
- Encouraging single sign-off for research permissions in collaboration with NIHR and HRA
- Supporting research, education and training in the NHS workforce (for example, ensuring sufficient consultant SPA time is allocated for these activities to take place)

- **add a focus on demonstrating the active benefits of research**

For research to be "everybody's business" it is essential that everybody's business benefits from research. It will be important for NHS England to demonstrate the value of research, particularly to commissioners challenged with competing pressures.

- **make clear that local priorities will help to form NHS England priorities in supporting research**

Increased mention of the need for NHS England to support research in a way that addresses local priorities would be welcome.

- **ensure that recognition of academia as a key partner is consistent in the text**

Partnership with NIHR, Health Education England, HEIs, industry, medical research charities and others with an interest in health research will enable NHS England to deliver on its objectives. We welcome that this is recognised in the text, and would recommend consistent reference to all partners throughout the document.

NHS England

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

Yes ☒ X   No ☐   Don't know ☐

How can this be improved?

Clear description of responsibilities between NHS England, NIHR and other arm's length bodies would be welcome.

3. Are there any polces 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?

Our suggestions are expanded in response to question 1.

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

Yes ☒ X   No ☐   Don't know ☐

If not sufficient, what different input could be included?

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 | 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?

Adding recognition of the need to channel local priorities would be welcome here.

NHS England

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　　[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?

Greater clarity on NHS England's role in supporting AHSNs and other health research networks would be welcome. AHSNs have huge potential and will require support and monitoring to ensure that benefit is being delivered. Description of how NHS England will ensure that implementable results from these networks are flowing into the NHS would be supported. Learning from the experiences of BRC and BRU evaluation may be helpful here.

We would suggest that ensuring the implementation of NICE guidelines is of more relevance to core service development than a research objective.

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?

Evidence that Excess Treatment Costs are being met is an important outcome to be monitored.

Other measures are identified in response to question 1.

5. 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 ☒   No ☐   Don't know ☐

Do you agree with the actions?

Yes ☒   No ☐   Don't know ☐

Do you agree with the outcomes?

Yes ☒   No ☐   Don't know ☐

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

We would encourage actions to support partnership with existing patient groups.

In addition, we would support work to ensure that patients can be approached with research opportunities at the point of access to NHS care.

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?

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?

While we support the objective and planned actions and outcomes, we suggest that many of these points would fit best under previous objective headings. Distinction between the objectives of economic growth and improving patient outcomes would be welcome.

We would suggest that the action in bullet point 4 (effective partnerships) should be an objective in itself.

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

1. Forming partnerships and maximising these relationships for prioritisation and production of research

2. Building research capability and capacity in the NHS

3. Ensuring that research is translated into practice

7. What would successful implementation look like for you?

- Clarity over roles and responsibilities for different national organisations
- Evidence of local commissioners supporting research and making it a priority
- Research embedded within providers as a core activity alongside other clinical priorities, with patients at the centre of local research priority setting. Local priorities set, not just national ones, responsive to local commissioning needs.
- AHSNs and other health research networks being seen as a helpful and integrated part of the NHS
- Strong partnerships between the NHS and academia built on mutual understanding
- Increased patient participation in trials and enhanced patient care as a result

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

We would suggest the following principles:
- Create measurable indicators based on the actions identified
- Evaluation should include feedback from all interested partners in both the short and longer term.
- Annual evaluation would be welcome to ensure progress is monitored and corrective action can be taken where necessary.

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