

**Research for health : a research and development strategy for the NHS /
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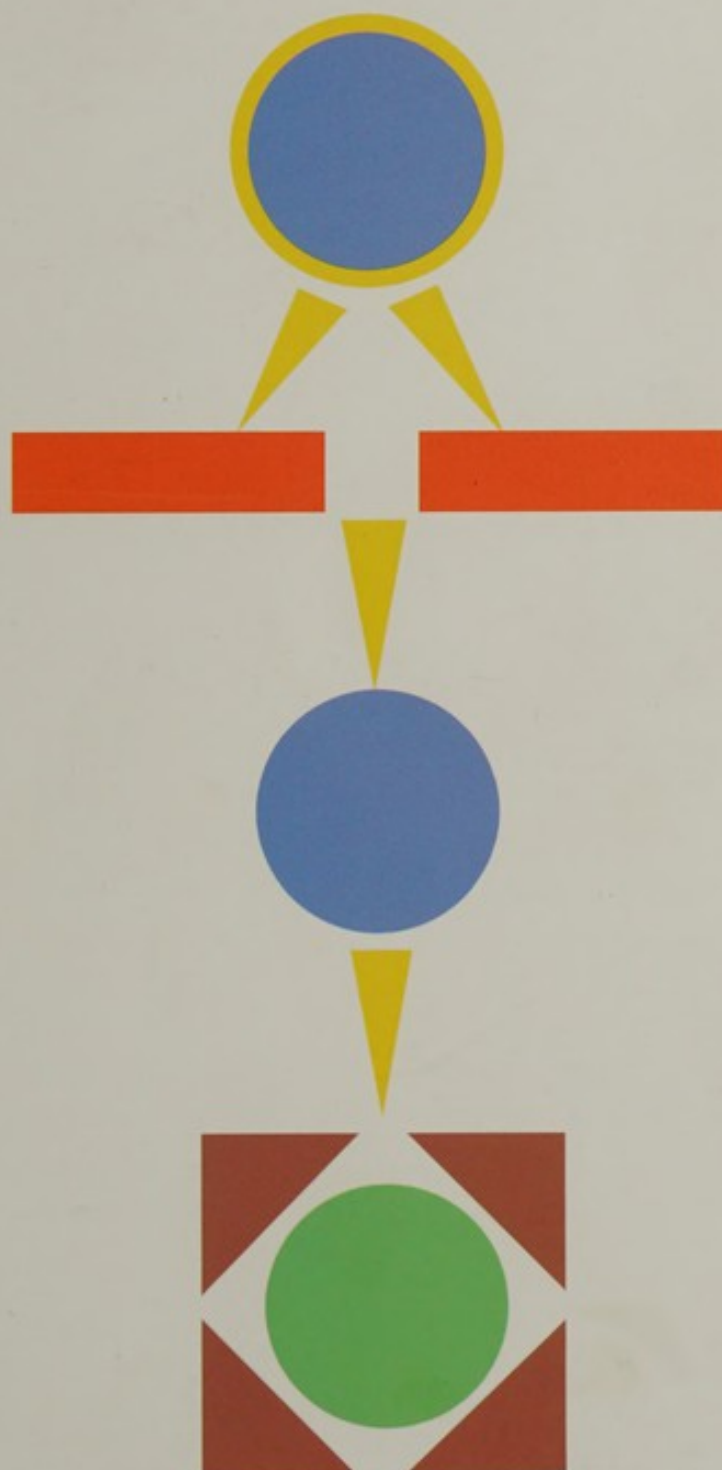
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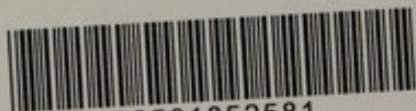
A RESEARCH AND DEVELOPMENT STRATEGY FOR THE NHS



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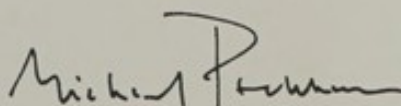
A RESEARCH AND DEVELOPMENT STRATEGY FOR THE NHS

Preliminary Statement

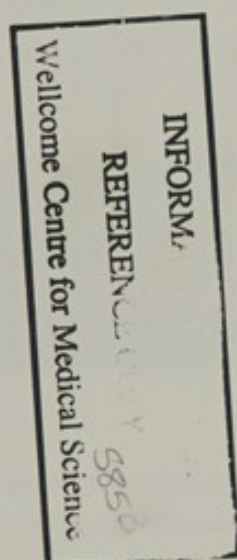
The announcement in April 1991 of a Research and Development Strategy marked the first stage in the creation of an R&D programme and infrastructure in the NHS. The prime objective is to see that R&D becomes an integral part of health care so that clinicians, managers and other staff find it natural to rely on the results of research in their day to day decision making and longer term strategic planning. Strongly held views based on belief rather than sound information still exert too much influence in health care. In some instances the relevant knowledge is available but is not being used, in other situations additional knowledge needs to be generated from reliable sources.

The NHS has in the past been a passive partner to the research funding bodies, there has been no clear way of expressing NHS priorities for the purpose of research planning, some important areas have not been covered and the results of research have not always been systematically developed within the service. This document gives a preliminary description of the strategy for developing a framework within which NHS research and development will be directed and managed. Further documents covering the content of the programme will be produced in due course and additional information on the overall thrust of the R&D Strategy has been published recently elsewhere (Lancet 1991, 338, 367-371). The new NHS R&D Initiative opens up a wide range of opportunities; it will for example greatly strengthen collaboration between the NHS, the Medical Research Council and other research councils, the universities, the medical charities and industry.

This is an exciting and ambitious programme which is probably the first comprehensive approach towards developing a national R&D infrastructure for health care. Crucially it will depend on the enthusiasm and support of the research community in universities, hospitals and medical schools, and of those managing and delivering health care within the NHS.



Michael Peckham, *Director of Research and Development*



RESEARCH FOR THE NHS - THE CHALLENGE

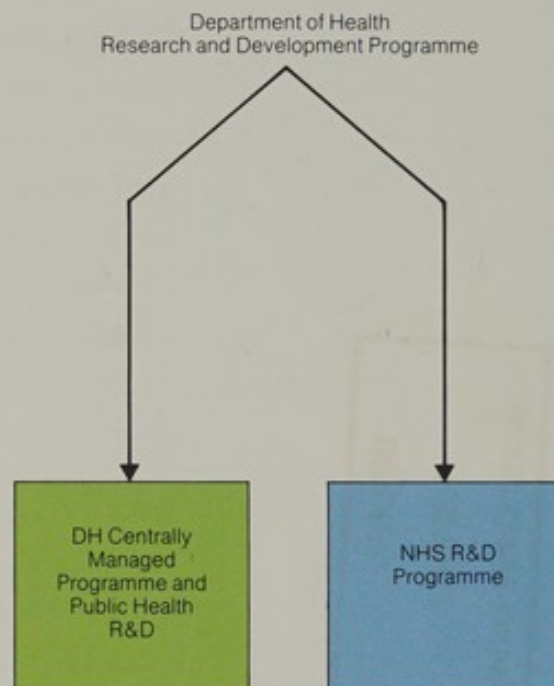
The objective of the NHS R&D strategy is to ensure that the content and delivery of care in the NHS is based on high quality research relevant to improving the health of the nation.

Research and development is essential to the effectiveness with which NHS resources are used to improve the nation's health. But there also needs to be a means of focusing research on NHS priorities. This was the gap identified by the House of Lords Select Committee on Science and Technology who, in 1988, published a report entitled "Priorities in Medical Research". The report criticised the lack of coherent arrangements for the NHS to articulate its research needs and to ensure that the benefits of research are systematically and effectively transferred into service. The Select Committee was particularly critical of the way in which public health research and operational research (ie research into the organisation and management of health services) have been relatively neglected, and suggested a marked increase in funding for this area.

Accepting that a new initiative was required to help the NHS identify and meet its R&D needs, the Government responded by creating the new senior post of Director of Research and Development (DRD), to head the Research and Development Division (RDD). The Director of Research and Development works within the Department of Health as a member of the Management Executive and is responsible for developing a strategy to tackle the deficiencies in the NHS approach to research and development¹. Professor Michael Peckham took up the post on 1 January 1991.

CONTEXT OF THE NHS STRATEGY

The R&D strategy for the NHS is part of a broader strategy for all aspects of R&D for which the Department of Health (DH) is responsible through the Director of Research and Development.



The wider framework of the DH programme will be set in the context of the various determinants of health, and will ensure that R&D contributes fully to the objectives of "Health of the Nation" and the important task of setting clear, quantifiable health targets. The DH programme will include public health issues, including disease prevention, and the health sequelae of social and environmental factors and nutrition.

¹ This strategy refers to R&D in the NHS in England.

COORDINATION OF HEALTH RESEARCH

An important aim of the wider strategy is to improve links between all those involved in health care and health research, whether as researchers, users of research findings or funders of research.



The R&D strategy will seek to forge closer links between the DH and NHS programmes, the research councils, universities, charities and industry.

RESEARCH LIAISON COMMITTEES

The strategy will promote the formation of Research Liaison Committees, along the lines of the United Kingdom Coordinating Committee for Cancer Research. Research Liaison Committees will provide an important forum in which relevant research funding organisations, including the NHS, can discuss existing support and the coordination of future plans for particular fields.

A **Cardiovascular Research Liaison Committee** including representatives of the British Heart Foundation, the Wellcome Trust, Medical Research Council, Stroke Association and the Department of Health has been convened under the Chairmanship of Sir Raymond Hoffenberg.

LINKS THROUGH ADVISORY GROUPS

Ad-hoc groups have been established to advise the DRD on aspects of research methodology and infrastructure of relevance both to the NHS R&D programme and to the Department of Health's continuing commissioned programme of research.

A **Health Technology Assessment Group** has been meeting since March 1991, and other groups are being convened to cover other key topics such as the appropriateness of clinical procedures and mental health.

PROJECT GROUP AND WORKING GROUP

A Project Group and Working Group were established to advise on the initial stages of the development of the NHS R&D Strategy. As part of the process of promoting coordination within health research, these two groups have brought together general and financial managers from the NHS and health care professionals from academic medicine and general practice.

DEVELOPING THE STRATEGY

The key points in the NHS R&D programme are:

- 1 research and development is an essential activity in which there must be sufficient investment to establish a coherent programme;
- 2 responsibility for the programme will rest largely with the regions who will develop, implement and be accountable for regional R&D programmes within a national framework;
- 3 regional R&D programmes will be resourced from regional funds; in addition, regions will contract with the centre to manage R&D in a number of priority areas of national importance which will be funded centrally;
- 4 development of the programme will depend on close collaboration between universities and the NHS, and these links will need to be reflected in regional arrangements;
- 5 the programme presents the opportunity of working towards a coherent national programme of research in collaboration with the MRC, the charities and industry.

These arrangements are designed to create and strengthen research partnerships which will benefit the NHS. Regional and local concerns will influence the research agenda of national priorities and areas of importance, which will in turn provide the context in which regional plans are developed and implemented.

SCOPE OF THE PROGRAMME

RESEARCH

The NHS R&D programme will place emphasis on evaluations of the quality, effectiveness and cost of methods of disease prevention and treatment, and on research into the delivery and content of health care. The development of an integrated approach between NHS R&D and biomedical research is crucial. NHS priorities need to be expressed clearly so that they can be taken into account in planning biomedical research; the practical implications of major research discoveries need to be anticipated at an early stage.

The programme will not cover routine surveillance or survey work undertaken for the monitoring and planning of services, nor will it cover audits comparing behaviour and performance against agreed standards. However, selected activities of this nature carried out within a research context will require support, and research will be needed to develop appropriate methods of surveillance, surveys and audit.



DEVELOPMENT

An important aim of the strategy is to see that good, relevant research findings are made use of by NHS clinicians and managers. Emphasis will therefore be given to the systematic development within the NHS of the results of research, supporting three stages in this process: the *development of new methods of care* (investigations, treatments, etc) the *experimental introduction* of these methods into services and evaluation in trials, and, finally, the *establishment of their use throughout the NHS*. Research will also be undertaken to establish means of securing the wide uptake of good developments within the NHS.

INFRASTRUCTURE

A further important aspect of the programme will be to provide support for activities necessary to sustain research and development within the NHS. Among these will be service support for non-commercially funded research e.g. the additional costs of extra tests, outpatient visits, etc. which are part of research protocols. An information strategy will be developed to underpin the initiative; as part of this strategy support will be given to the collation and analysis of research data.



**Basic research to
routine application**

In practice the steps of R&D are usually not sequential and there is often feedback, e.g. from clinical research to basic research, and from routine use to development

EDUCATION AND TRAINING

The success of the NHS R&D programme will depend on:

- 1 an understanding at all levels within the NHS of the power of R&D to promote improvements in health care;
- 2 a well trained workforce to carry out the programme; a corollary of this is the provision of appropriate training in research methodology. These issues will need to be addressed by medical schools and other institutions with responsibilities for training.

For both aspects there will be a need for research into educational needs and ways in which these should be met.

RESOURCING NHS R&D

The Department of Health and the NHS already contribute substantial resources to research and research-related activities. *Figure 1* shows that of the total of approximately £1.5 billion spent on health research in 1989/90, about 15%, or £225 million, was provided by the Department of Health and the NHS. This includes expenditure on the research component of the Service Increment for Teaching and Research (SIFTR), which is allocated to regions to cover the increased service costs of research in teaching hospitals, and is about to be augmented by a similar scheme for hospitals which conduct a substantial amount of research and were not previously covered. Also included are the Locally Organised Research Scheme, the Department of Health centrally managed budgets, the component of the funding of the London Postgraduate Special Health Authorities related to their research and development functions and funding for research in other bodies, such as the Health Education Authority. *Figure 2* shows the main components of this estimate and indicates the relevance of these components to the new NHS strategy.

Although much of this funding is committed, its inclusion within the Research and Development programme means that it will be necessary to ensure that the funds are used to good effect, and within the overall framework. In due

course each aspect will be addressed and reviewed: a start has been made in clarifying the R&D strategies of the London Postgraduate Special Health Authorities, and the outcome of the present review of SIFTR will also need to be taken into account.

The importance of research for the NHS is reflected by the priority given to R&D in the Secretary of State's objectives. To permit the development of the R&D programme, it is intended to move over a 5 year period to a target expenditure of 1.5% of the NHS budget. To put this in perspective, for the 1989/90 NHS budget for England, 1.5% would have amounted to £317 million, including NHS expenditure already allocated as set out in *Figure 2*.

Regions will have a vital role in demonstrating that existing resources are being used effectively. In 1991/92 regions will be encouraged to begin identifying resources currently used on R&D activities which fall within the scope of the programme. In 1992/93, regions will, for the first time, be asked to put forward R&D plans. As these plans develop they will be expected to show how existing resources and any additional R&D funds will be deployed to take forward national and regional priorities. Regions will fund and manage their own programmes, and will also contract to manage work in a number of areas of national priority which will be centrally funded. Central funding will also be provided for activities such as the development of information systems to support the strategy.

COMPONENTS OF THE STRATEGY

THE CENTRAL RESEARCH AND DEVELOPMENT COMMITTEE

At the heart of the strategy is the task of setting priorities for NHS research and development. The Central Research and Development Committee (CRDC) is being set up to review R&D of relevance to the work of the NHS, and to identify areas where further work – whether taken forward within the R&D programme of the NHS or by other research funders – would be of value to the NHS.

Figure 1

The chart excludes non-identifiable research funding by the NHS

Estimates of Identified Health Research Funding in England 1989/90, showing proportion of funding by each major source (total £1.5 billion)

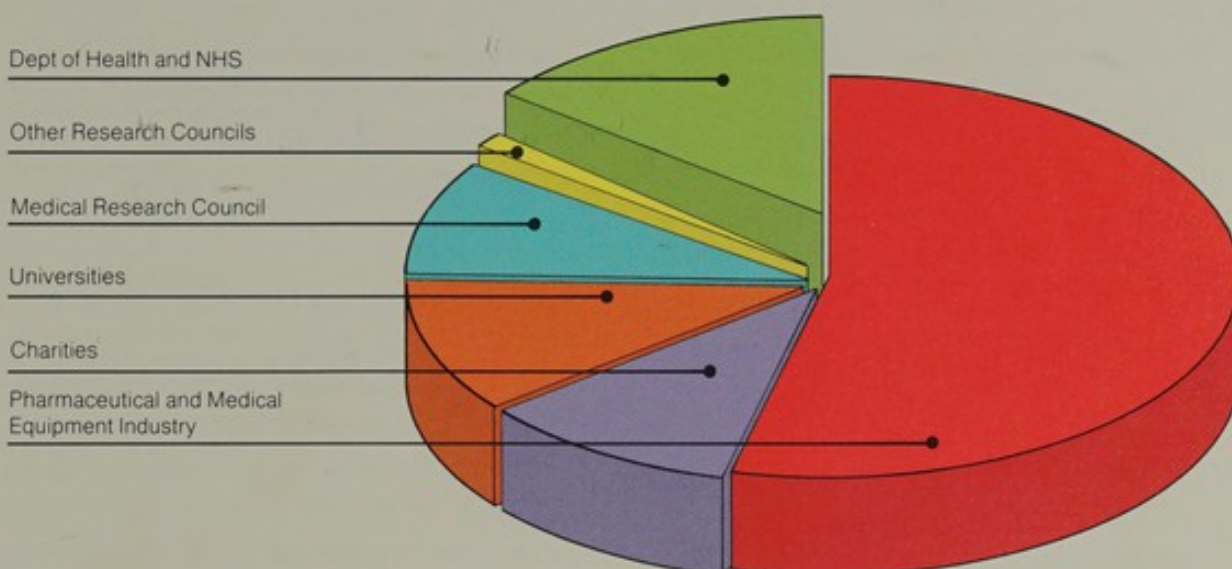


Figure 2

**Components of NHS and Department of Health
Estimated Research and Development Expenditure of
£225m in England 1989/90**

Included in the NHS programme	Research Component of SIFTR
	Central Blood Laboratories Authority
	Health Education Authority
	Other NHS R&D
	Locally Organised Research Schemes
	NHS research expenditure in London Postgraduate Special Health Authorities
Included in DH and NHS programmes	Public Health Laboratory Service Board
	Department of Health
Included in DH programme	National Biological Standards Board
	National Radiological Protection Board

Proposed terms of reference

The CRDC's proposed terms of reference are as follows:

"To advise the Director of Research and Development, and through him the NHS Management Executive, on priorities within a national strategic framework for a multidisciplinary R&D programme to improve the scientific basis of the use of health care resources. In particular, to advise on:

- 1 areas in which R&D would be of value to the NHS, distinguishing between:
 - a a number of areas of national priority which merit central NHS funding
 - b other areas of national importance on which NHS R&D should focus
 - c NHS needs that might be drawn to the attention of other funders, such as MRC
- 2 goals and objectives for work funded by the NHS in priority areas
- 3 evaluation of the outcomes of research programmes against these goals
- 4 methods of improving the utility and utilisation of research results
- 5 the infrastructure for research, including:
 - a services support for research
 - b R&D information systems for the NHS to coordinate research planning and ensure effective dissemination of results
- 6 any other matters relating to research and development on which the DRD may ask for guidance".

Membership

The Central Research and Development Committee (CRDC) will be chaired by the DRD and will bring together senior NHS managers, leading research workers from the universities and elsewhere, lay members and others with experience in industry. Members come from all over the country and from a wide variety of backgrounds, but will not act as formal representatives for organisations or groups to which they belong.

Inputs to the CRDC

In advising on the framework for the R&D initiative, the CRDC will take account of input from a wide variety of sources. Of key importance will be the input from regions, reflecting the interests and concerns of consumers of health care and other relevant groups within their boundaries. Input will also be sought from the Special Health Authorities, and other NHS bodies. Government sources will include the NHS Management Executive and other parts of the Department of Health. There will be liaison with the Welsh Office, the Scottish Office and the Department of Health, Northern Ireland. Important external sources will be the Universities Funding Council, and the universities, the research councils, charities, industry and relevant professional bodies.

CRDC Members**Ross Anderson**

Professor of Public Health at St George's Hospital Medical School with a particular interest in respiratory epidemiology.

Martin Bobrow

Professor of Paediatric Research at the United Medical and Dental Schools of Guy's and St Thomas's Hospitals and a member of the MRC Council and the MRC Strategy Committee with expertise in genetics.

John Brassington

Director of Finance at Sheffield Health Authority with experience in purchasing health care within the NHS.

Alasdair Breckenridge

Professor of Clinical Pharmacology, University of Liverpool and Chairman of the Regional Research Committee, Vice-Chairman of MRC HIV Infection and AIDS Clinical Trials Committee; expertise in the academic and industrial aspects of pharmacology.

Iain Chalmers

Director of the National Perinatal Epidemiology Unit with particular expertise in the meta-analysis of the outcomes of clinical trials.

Anthony Culyer

Professor of Economics and Related Studies, University of York and has written widely on NHS reforms and organisation of health care delivery.

Sir Colin Dollery

Professor of Medicine and Dean-elect at the Royal Postgraduate Medical School; is closely involved in the MRC Clinical Research Initiative; and formerly UFC Medical Committee Chairman.

Liam Donaldson

Director of Public Health in Northern RHA and holds an honorary chair in Applied Epidemiology at the University of Newcastle.

Geoffrey Giles

Professor of Surgery at the University of Leeds and a non-executive member of the St James Hospital Trust.

David Goldberg

Professor of Social Psychiatry, University of Manchester with expertise in the community care of mental illness.

Marion Hall

Consultant in Obstetrics and Gynaecology at Aberdeen Teaching Hospital and chairs the Audit Committee for the Royal College of Obstetricians and Gynaecologists.

Deborah Hennessy

Regional Nursing Advisor for South West Thames RHA and a member of the National Health Strategy Working group on Health Priorities.

Terry Hunt

Regional General Manager for North East Thames RHA, Chairman of the NHS Overseas Enterprises and a member of the NHS Supplies SHA.

Margaret Jay

Director of the National AIDS Trust with an interest in the ethical issues of health care.

Kay-Tee Khaw

Professor of Clinical Gerontology at the University of Cambridge with expertise in the interface between basic research and community based epidemiological studies.

Alasdair Liddell

Regional General Manager for East Anglian RHA with Regional Lead on health and health outcome.

Karen Luker

Professor of Community Nursing at the University of Liverpool and a member of the Royal College of General Practitioners' Initiative on Public Health.

Lindsay McLellan

Professor of Rehabilitation at the University of Southampton and President of the Society for Research in Rehabilitation.

Alexander McNeish

Professor of Paediatrics and Child Health and Dean of the Faculty of Medicine at the University of Birmingham.

John Newsom-Davis

Professor of Clinical Neurology at the University of Oxford, Fellow of the Royal Society and formerly MRC Clinical Professor.

Crispian Scully

Professor and Head of Department for Oral Medicine, Surgery and Pathology at the University of Bristol.

Barbara Stocking

Director of the Kings Fund Centre for Health Services Development.

Nigel Stott

Professor of General Practice, University of Wales College of Medicine with interests in deprivation, health promotion, respiratory infections and terminal care.

John Swales

Professor of Medicine at the University of Leicester with expertise in prevention and screening in cardiovascular medicine.

Richard Sykes

Group Research and Development Director of Glaxo Holdings plc.

Nicholas Wald

Professor of Environmental and Preventative Medicine, St Bartholomew's Hospital with an interest in prevention and screening.

Peter Wells

Chief Physicist and Honorary Professor in Clinical Radiology at the Bristol General Hospital and will provide the perspective of the non-clinical scientist in the NHS.

R&D PRIORITIES

At its first meeting on 23 October 1991, the CRDC will set an agenda for identifying R&D priorities. It is anticipated that expert groups will be asked to undertake or steer detailed reviews of fields to assess their importance and to set research priorities within them. A set of priorities will be developed over time, taking on board the objectives identified in "Health of the Nation" to which R&D will make an important contribution. *Figure 3* illustrates how the CRDC will coordinate input from a range of sources to set the national priorities.

Taking forward priorities set by the CRDC

The priorities set by the CRDC will fall into two main categories: areas of national priority which merit central funding, and other areas of national importance on which regional and SHA R&D funds should focus.

Priorities for centrally-funded R&D

Regions will submit bids for funds to support and manage programmes of work in the priority areas identified by the CRDC. London Postgraduate Special Health Authorities (SHAs) will also be able to bid in this process. Particular programmes will, in general, be managed by a single region or SHA; it is anticipated that the work commissioned by them may include contributions from research teams outside their regional or organisational boundaries.

The development of the detailed programme of work within a priority area will necessitate discussion between experts and research teams with whom contracts might be placed. Bids from regions and SHAs to manage the programmes will need to specify how programme development will be handled and how expert input, including appropriate input from the CRDC and its expert groups, will be secured.

The CRDC will advise the DRD on the final suitability of bids to manage programmes of work in priority areas.

In addition to the contribution it makes to the setting of priorities, the Management Executive may itself have need for particular research projects to be conducted within the

NHS R&D programme. In general this work and other centrally funded work, particularly that relating to information systems and other aspects of the R&D infrastructure, will be developed and managed by the Research and Development Division, drawing upon CRDC expertise as appropriate, and liaising with regions and other NHS bodies engaged in related work.

Priorities for non-centrally funded R&D

Research programmes in areas identified by the CRDC as priorities for non-centrally funded R&D will be developed and managed by regions and SHAs.

REGIONS

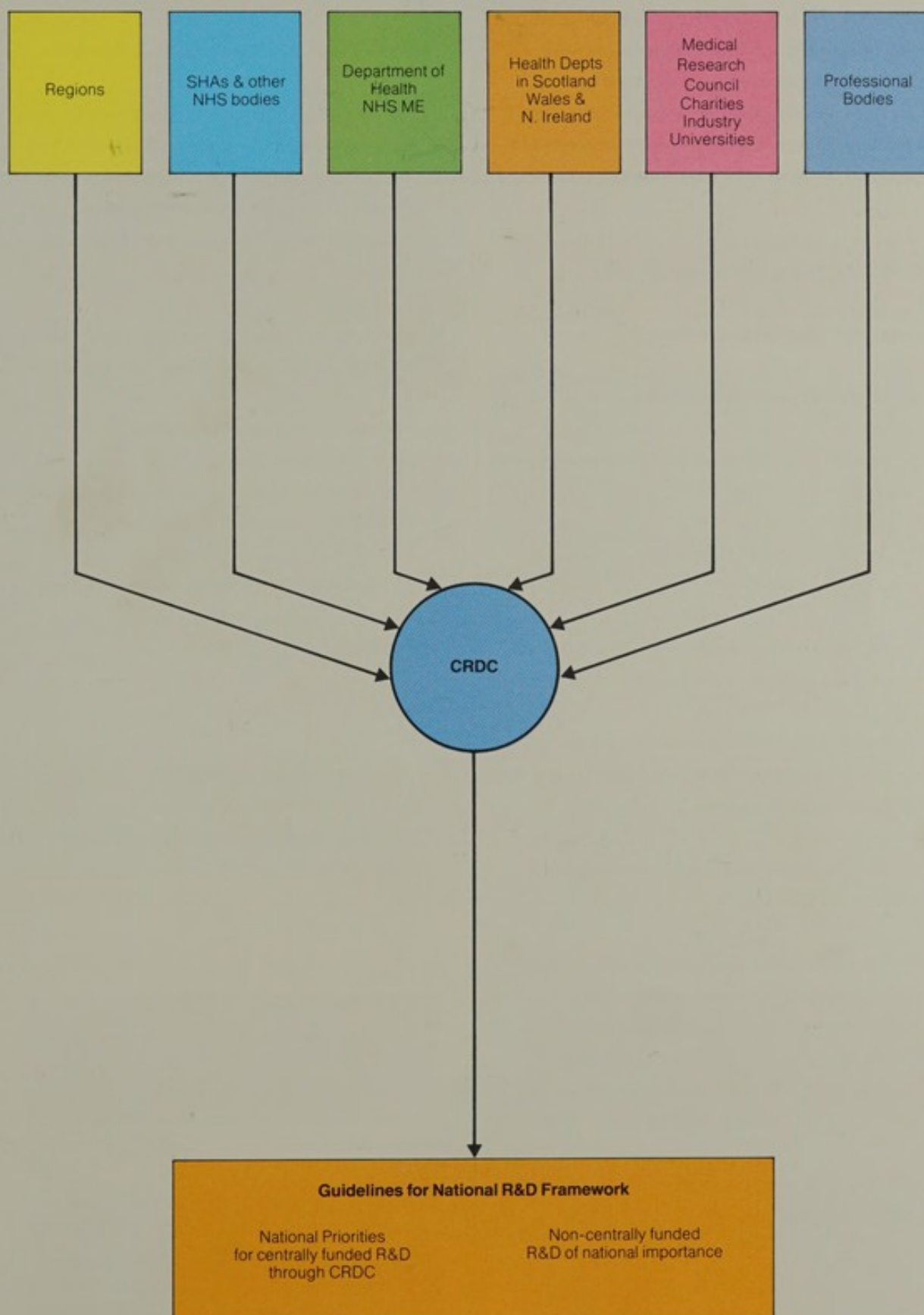
ROLE OF THE REGIONS

The regions will have a crucial role in the R&D programme – helping to shape the overall strategy, setting their own priorities, directing, commissioning and managing research and development programmes and helping to ensure that the results of good research are used to full effect. Within the strategy, regions will provide a much-needed forum for dialogue between the local research community, research managers and the purchasers and providers of health care on issues such as current research programmes, use of research findings and areas where further research is needed. These discussions will contribute to deliberations about national and regional research priorities. In addition regions are in a key position to encourage the use of good research findings through the contracting process, and through formal and informal links with managers and clinicians.

RESPONSIBILITIES

Regional Health Authorities (RHAs) will be required to prepare, publish, resource and implement (and will be held to account for) their own research and development plans. In addition to contributing to the national framework, these plans will cover the geographical area of the region and will include any R&D and related activities which are financed through the RHA. These will include research and

Figure 3 **Setting National Priorities for NHS R&D in England**



research-related activities in District Health Authorities, NHS Trusts, Directly Managed Units, Family Health Service Authorities and in General Practices. In developing their plans regions will need to identify their own R&D needs, establish what research of relevance to these needs is already being undertaken and use this information to decide where to allocate their resources. Regions will be responsible for ensuring that their own plans complement the plans of other regions, avoiding unwanted duplication of programmes and ensuring that priority areas are addressed.

COMPONENTS OF REGIONAL PLANS

Regional R&D plans will need to cover:

- 1 R&D within the priorities identified by:
 - a the region; regionally funded work – covering local needs
 - b the CRDC; regionally funded work – covering areas of national importance
 - c the CRDC; centrally funded work which the region contracts to manage – covering national priorities
- 2 provisions to respond to new research proposals (these provisions will eventually replace the existing Locally Organised Research Scheme)
- 3 provision for disseminating results and developing the use of research findings
- 4 service support for research (including research funded for non-commercial purposes by the MRC, the universities and charities requiring access to NHS facilities and patients). Service support includes the research element of SIFTR, taking current guidance into account on the principles guiding its application.
- 5 other aspects of the infrastructure needed to support R&D and its implementation

SYSTEMS AND STRUCTURES

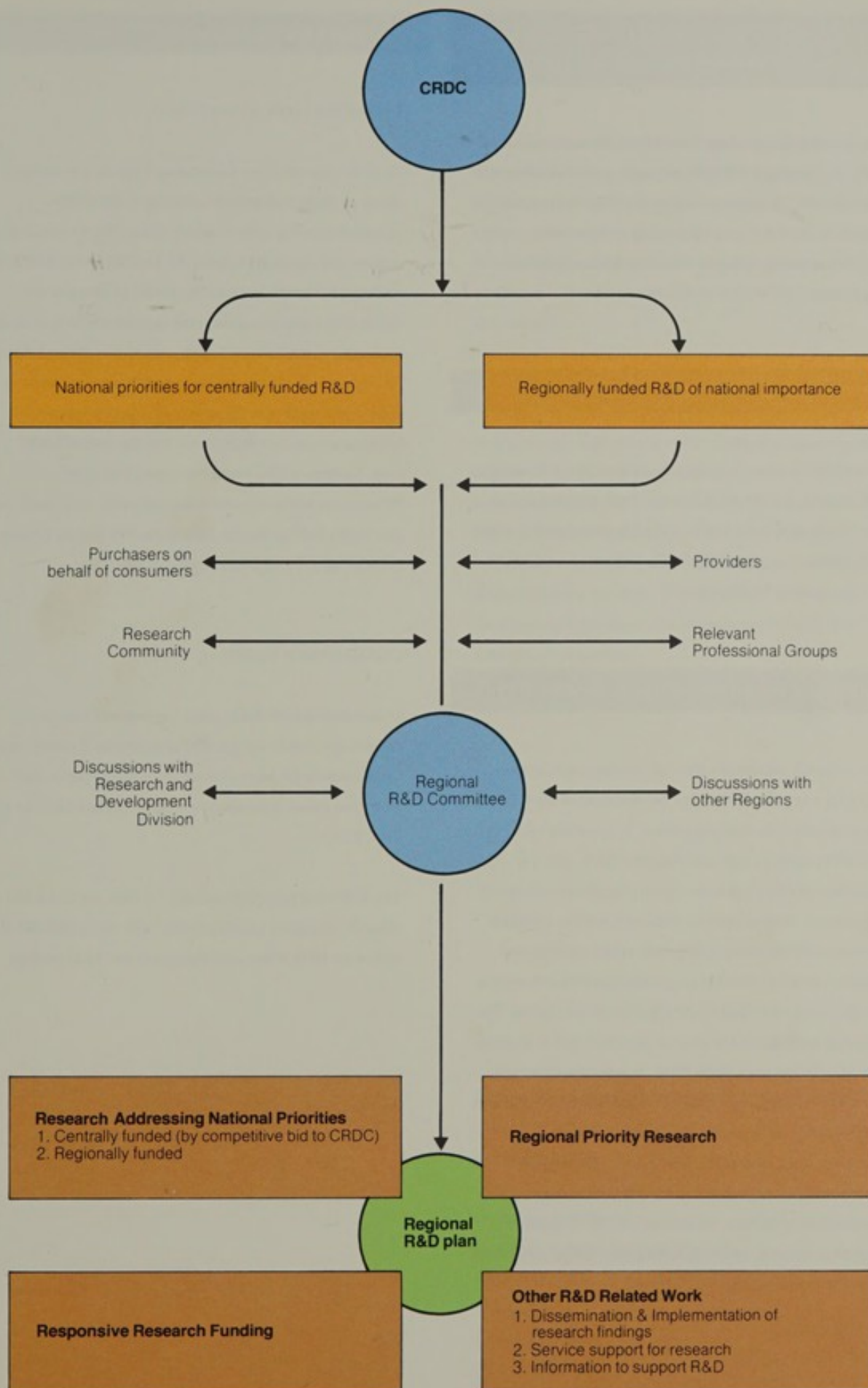
Guidance is currently being issued to regions on the strategy and their role within it.

Regions will need to have systems in place to provide:

- 1 leadership and direction, with the appointment of a Regional Director of Research and Development. Regions should consult universities and other research interests on this appointment, and in many cases the Regional Director is likely to be drawn from a local university;
- 2 capacity to develop and manage research and to liaise effectively with research teams and expert advisers;
- 3 quality control of research programmes;
- 4 input, through a Regional Research and Development Committee, from relevant groups including:
 - a purchasers, acting as agents for their populations
 - b providers
 - c the research community
 - d relevant professional groups

Figure 4 illustrates the development of regional plans

Figure 4 Preparation of Regional R&D Plans



THE LONDON POSTGRADUATE SPECIAL HEALTH AUTHORITIES

The London Postgraduate Special Health Authorities (SHAs), in partnership with their associated Institutes, will be required to prepare, publish and implement (and will be held to account for) their R&D plans. The overall role of the SHAs is currently being reviewed by the Management Executive.

OTHER NHS BODIES

Other NHS bodies, including the Central Blood Products Laboratory, the Health Education Authority and the Special Hospitals Authority, will undertake research which falls within the scope of the NHS programme, and will be held to account for this work.

THE ROLE OF THE RESEARCH COMMUNITY

The research community from universities and elsewhere will play a key role both in the development of the R&D Strategy and in its implementation. Researchers have been invited to serve on and to advise the CRDC, and it is expected that they will be invited to play similar roles within the regions. Regions and the Research and Development Division will also work closely with expert advisors and research teams to develop programmes of research around the priorities identified by the CRDC and the regions. The research community will play an important part in shaping the priority-led work of the NHS. In addition, there will continue to be arrangements for responding to new research proposals for work within the scope of the strategy, including work outside the main priority areas. As the framework develops, the regions will need to develop new mechanisms to replace the existing Locally Organised Research Scheme, ensuring continuing reactive support for relevant research projects.

INFORMATION EXCHANGE

INFORMATION STRATEGY

To avoid unproductive duplication of effort, information about on-going research of relevance to the NHS programme needs to be available to the CRDC, and to the regions and others developing R&D plans within the NHS strategy. Information about the results of research also needs to be readily available in an appropriate form to those managing and delivering health care, and to those planning future research. There will be a need for expert groups to collate and synthesise the results of research to provide information on the effectiveness and the costs of health care. Systems will be needed to ensure that such information forms an accessible resource for purchasers and providers, and can also be used to identify gaps in existing knowledge to be addressed by further R&D.

COMMUNICATIONS

In developing their R&D plans, regions will need to communicate with one another and with the Research and Development Division to avoid unnecessary duplication of work and ensure adequate coverage of the priorities set by the CRDC.

The DRD will take responsibility for ensuring that R&D plans from regions are coordinated with those from SHAs and other NHS bodies contributing to the R&D strategy.

THE WAY FORWARD

The objective of the NHS strategy is to ensure that the content and delivery of care in the NHS are informed by high quality research relevant to improving the health of the nation. Achieving this objective is essential if the NHS is to benefit as it should from the increasing pace of scientific advance and make the most effective use of the resources at its disposal.

This document has described the basic elements of the strategy. Clearly, much remains to be done to develop the structures that will make it work. Ultimately its success will depend on the participation of those working in the NHS – in defining the service's research needs and ensuring that patients benefit from research – and of the research community – in helping the NHS to define its needs and in undertaking the research. The challenge is to ensure that the important and innovative programme outlined here achieves its objectives.

Further documents on the content of the programme will be issued in due course. Additional copies of this document can be obtained from:

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