A patient-centred approach to research and development

The research consultation document, *Best Research for Best Health*, has just been published by the Department of Health, so the time is right to explain what they are trying to achieve with the proposals it contains.

The future of health research

I am often asked about my vision for the future of health research. Quite simply, I want to create a system where the NHS supports outstanding individuals, working in world-class facilities, conducting leading-edge research, that is focused on the needs of patients and the public. And, just as importantly, that patient-based research contributes to the country's economic growth and our international competitiveness.

Of course, there are major challenges to be addressed before these goals can be reached and this means introducing changes to improve the research environment. It is vital that health policies and decisions are based on robust and reliable evidence, so our research programmes need to be more coherent, consistent and coordinated. Systems, processes and bureaucracy need simplifying, although we still need to make sure that regulations are complied with to the highest standards. Research funding must be more transparent and reflect patient needs more closely. To achieve all of this we need to offer incentives and support for people so that we attract and retain the highest quality individuals to work in the profession.

The government's major ambition in this is to position the NHS as a world-class resource for clinical research. The NHS is uniquely positioned to provide the patients, the facilities and the staff to meet the most exacting clinical research needs. It should be an exciting place in which to translate lab-based discovery into policy and patient-based practice, and move innovation from the bench to the bedside.

It is therefore astounding that the number of clinical academics and lecturers has dropped dramatically over the last half decade. Part of the reason is that applied research has always been seen as second rate when compared to pure science research – a sort of low, Cinderella-status science. We can change this.

National Institute for Health Research

To begin, we propose to establish a new, virtual National Institute for Health Research to make sure the systems, people and programmes of work are coordinated within one coherent system. An advisory board, chaired by the Department of Health's Director of Research and Development (currently myself), will guide and focus the work of the Institute in responding to the needs of the NHS, its patients and the public.

In turn, the Institute will be supported by a 'faculty' of select clinical academics. Faculty posts will be for the highest calibre researchers chosen from universities and the NHS across the length and breadth of the country who are leading programmes of research, making a significant contribution to research trials or undertaking programmes of research training.

A linked group of world-class, competitively-selected academic medical centres, with world-class strength either across a broad range of disciplines or in a specific clinical area, will be created. These centres will act as the leaders in scientific translation and be champions and early users of new developments in technologies and techniques aimed at applying research to improve patient health and social care.

Alongside this, we intend to strengthen and expand the NHS national research programmes which are designed to meet the health needs of people now and in the future. These include the internationally acclaimed Health Technology Assessment (HTA) programme, New and Emerging Application of Technologies (NEAT) and the Service Delivery and Organisation (SDO) programmes.

New funding schemes of at least £30 million per year are proposed to encourage innovation, speculation and creativity in research and for responsive research that specifically focuses on applied and practice-based research in the NHS.

The strictly enforced regulatory environment means that, alongside the best reputation for research governance and ethics in the world, the UK also has a reputation for bureaucracy. We propose to streamline the processes that use up researchers' valuable time by introducing, among other things, a research passport system so that researchers can more readily manage honorary contracts, a 'one-stop shop' advice service devoted to regulatory good practice, an integrated information technology system that will only require a single input, and simplification of the management of the regulatory checks.

All this adds up to creating an environment that will attract the best, where academic excellence can thrive, world-class outcomes be achieved and international competitiveness be improved.

Funding

Of course, medical research must answer the real questions that face health professionals, policy-makers, patients and the public. Research must be applied to practice to make sure it works. So, from 2006, the Department of Health's investment in research and development will focus much more strongly on patient-centred research.

At the moment, funding is allocated to NHS organizations under the historic 'support for science' and 'priorities and needs' funding models. Around 275 institutions benefit from funds ranging from a few thousand pounds to over £50 million to pay for the extra costs research incurs. Allocations are historical so the volume of research activity often fails to match the volume of funding received and funds have been used to cross-subsidize other work. Clinical research is too important to allow this situation to continue. Rigorous auditing systems are now being implemented requiring all receiving trusts to demonstrate that funding has been spent only in supporting the research for which it was allocated, but then transparency in allocation is long overdue.

Staff and patients in all NHS organizations across the country should be supported to join in and contribute to major collaborative research trials. Another important proposal, therefore, is to establish a comprehensive network infrastructure to help all researchers provide data and evidence. We propose to cover all disease areas and specialities by building on the success of the six established disease-specific networks (stroke, diabetes, medicines for children, mental health, cancer, and dementias and neurodegenerative diseases).

By coordinating NHS resources and working in partnership with clinical researchers, primary care trusts, the pharmaceutical industry and the voluntary sector, these networks are removing the red tape and making it easier for researchers to collaborate with each other and contribute directly to generating the evidence on which policies and decisions about patient treatment and care are made.

Patients in trials receive cutting edge care and, since the Department of Health established the UK Cancer Research Network in 2001, the total number of cancer patients entering clinical trials in the UK has doubled and the percentage of patient participation has increased to twice the level seen in the USA.

Finally, our academic clinicians play a vital role in developing new treatments that benefit patients as well as providing the training ground for tomorrow's generation of doctors and dentists, but researchers and institutions have highlighted the lack of a structured career pathway to follow. This issue was addressed in the report published by the Academic Careers Sub-Committee (2005). Action is already being taken by the establishment of explicit academic training pathways through partnerships between the universities, local NHS trusts and postgraduate deaneries. As many as 700 new clinical fellowship and 400 lectureship positions are being created to promote excellence, meet future needs and make it easier for people to follow a career in the profession.

Conclusions

It is vital that all these strands of work are brought together to bring these goals to fruition and create a better research environment for everyone working in it today and tomorrow, and if we are to improve the treatment and care the NHS provides.

Details on how to respond to the consultation on the new strategy are available from www.dh.gov.uk/consultations/liveconsultations. The last date for responding is 21 October 2005. BJHM

Sally Davies
Director of Research and Development
Department of Health
London SW1A 2NS

Academic Careers Sub-Committee (2005) *Medically and Dentally Qualified Academic Staff: Recommendations for Training the Researchers and Educators of the Future.* UK Clinical Research Collaboration, London (http://www.ukcrc.org/Documents/Medically_and_Dentally-qualified_Academic_Staff_Report.pdf)

KEY POINTS

- The Department of Health wants to create a health research system in which the NHS supports outstanding individuals, working in world-class facilities, conducting leading-edge research, focused on the needs of patients and the public.
- Best Research for Best Health sets out the proposals for achieving this, placing patients at the centre of a system that focuses on quality, transparency, and value for money.
- The changes proposed are radical. However, they are essential to create a health research system in which NHS support ensures the UK is the best place in the world for health research.