



**NHS**  
**National Institute for  
Health Research**

## Committed to better research in the NHS

Summary of the National Institute for Health Research (NIHR) and the East Midlands Health Innovation and Education joint health research conference

4 March 2009, East Midlands Conference Centre, University Park, Nottingham

### Session one

Professor Ian Hall, Dean Elect, Faculty of Medicine, University of Nottingham welcomed delegates and introduced the first speaker, Dr Barbara Hakin, OBE, Chief Executive, East Midlands Strategic Health Authority.

Dr Hakin spoke of how Professor Dame Sally Davies had reinvigorated NHS research in England and ensured it will make a real difference to patients and the public. The East Midlands' commitment to research was reflected in a series of promises to patients and the public: ensuring they have a better patient experience; improving health rather than just treating illness; and ensuring interventions are safe. Dr Hakin stressed the profound importance of research in being able to fulfill these pledges and become one of the foremost regions in England for making improvements for patients through research and development.

### Keynote speech: Delivering *Best Research for Best Health*

Professor Dame Sally C Davies, Director General of Research and Development at the Department of Health, described the 'journey' that has led to an increase in R&D funding from £550m a year to today's £1billion.

Making the NHS research intensive is a key aim of the Department of Health:

- *Best Research for Best Health*, the Government's health research strategy, was the driving force behind the huge increase in the volume of applied health research now taking place in the NHS;
- Lord Darzi's *Next Steps Review* reinforced that NHS care providers will be obliged to increase participation in research;
- the NHS Constitution reaffirmed that SHAs will have a legal duty to innovate and support research; and
- Quality Accounts will include research metrics for hospitals and PCTs to detail numbers of patients in studies.

Dame Sally described the National Institute for Health Research (NIHR), established under *Best Research for Best Health*, and its four work streams - the people (the Faculty), the research programmes, systems (ethics and research governance), and the infrastructure – and discussed how academic and NHS researchers could tap into these.

She commended East Midlands on its successful applications for NIHR research and infrastructure funding:

- three Biomedical Research Units;
- two NIHR Collaborations for Leadership in Applied Health Research and Care (CLAHRCs);
- its Clinical Research Facilities;
- the Research Design Service; plus
- £10 million HTA funding and more than £11.7 million in Programme Grants for Applied Research and Research for Patient benefit funding.
- East Midlands is also home to Nottingham's Tobacco Control Centre, a collaborative public health initiative.

Dame Sally spoke of the desire to create an NIHR 'not just in name but in feeling' and the part the NIHR Faculty plays in this. The East Midlands has six of the Faculty's 163 Senior Investigators, two of whom, Professor Melanie Davis and Professor Keith Abrahams, both from the University of Leicester, she announced at the conference.

Dame Sally said that national and regional health service research will be integral to the *National strategy for life sciences* currently under development and referred to a recent speech by the Prime Minister in which he pledged to continue funding for science and research.

In conclusion, she expressed the hope that the NIHR was helping those in the audience to benefit from the reinvigorated research environment and tapping into it to gain the evidence needed to improve life for patients and the public.

### **The keys to success in obtaining NIHR funding**

[Dr David King, Director, NIHR Central Commissioning Facility \(CCF\)](#) explained that the keys to success in acquiring NIHR funding are the same as for any other '*blue chip research funder*'. The NIHR uses rigorous standards of peer review, it is competitive and a high quality proposal is essential.

The NIHR can help researchers select the most appropriate funding scheme, be realistic and plan ahead. The NIHR Research Design Service has been established to provide advice and coordinate between research officers in NHS Trusts and universities.

It is important to consider the review process including how a funding proposal will be assessed, by whom and when. Is the sum requested in line with typical awards under a particular funding scheme? With today's multi-disciplinary, multi-professional approach, it is essential to have a strong team with the relevant expertise and experience to deliver, and to demonstrate this on research proposals.

Dr King urged researchers to focus on the bigger picture: to consider the NIHR's strategies, show how the research is relevant to the NHS and its patients, and provide evidence of value for money.

Dr King finished by using insights from Programme Grants and Research for Patient Benefit to illustrate in greater detail why some applications failed and how to increase the chances of success.

## Session two

[Professor Mike Saks, Senior Pro Vice-Chancellor, University of Lincoln](#), reflected on progress since the 1990s. Then, although lip service was paid to NHS research, it was not embedded in the system as it is now through the NIHR. The task ahead is to unite national and regional agendas.

He spoke of the many worthwhile initiatives taking place in the East Midlands as a result of investment and of working in partnerships. Collaborative working was vital to increase the impact of research and to translate it into work force initiatives rather than limit it within one or two specialist epicenters.

### Research – is what we know what we do?

[Dr Mike Cooke, Chief Executive, Nottinghamshire Partnership Trust](#), observed that the changes in the NHS East Midlands and the parallel ones in the higher education sector would play an important part in transforming the research landscape in the region.

There are still behavioural, organisational, social and technical barriers to overcome, but there are some real successes. These include the region's two CLAHRCs, the Topic and Local Comprehensive Research Networks, three BRUs, the Tobacco Control Centre and six Senior Investigators.

The East Midlands ethos is of relationships and collaboration and there is good clinical engagement. The area comes second in the SHA league table. All involved are ambitious to improve access and quality. Today's multi-cultural society, well represented in the region's patient population, makes it ideal for research and professionals are beginning to understand more about diffusing good ideas faster.

Dr Cooke spoke of the many outstanding initiatives in the region, especially in the fields of mental health and neuroscience, gastroenterology, cancer, respiratory disease, cardiovascular disease and diabetes. The aspiration is to deploy these to a greater extent with 'enabling technologies' in genetics, drug development, health services research and imaging.

[Professor Graham Currie, Director of the Nottinghamshire, Derbyshire and Lincolnshire CLAHRC](#) observed that the two East Midlands CLAHRCs (Collaborations for Leadership in Applied Health Research and Care) would reflect and enhance the region's reputation for applied research. CLAHRCs:

- Accelerate the impact of clinical research on practice
- Deepen capacity through developing leadership capability and capacity
- Broaden and spread translational capacity beyond the traditional academic health centres of Nottingham and Leicester

The region's CLAHRCs are moving away from 'an individual clinical champion model' to one that drives change quickly through the system by involving more people. The North CLAHRC has 'diffusion fellows', practitioners seconded to the CLAHRC for one day a week for five years and is running workshops for staff from partner organisations, which will become CLAHRC associates.

CLAHRCs also put research into context as findings are put into practice -‘seeing not just what works, but where it works, when it works and how it works’. Organisations and individuals are working together across the East Midlands to speed up the translation of research into benefits for patients by deepening and broadening leadership capacity at the joined-up system level, including local authorities and, in this way, Professor Currie said “*We moving from what we know to what we do in the East Midlands.*”

## **The vision for R&D in the East Midlands**

Malcolm Lowe-Lauri, Chief Executive, University Hospitals of Leicester NHS Trust opened by saying how essential it was that NHS Trust Chief Executives in the region were keyed into the R&D agenda. It had taken *Best Research for Best Health* and the restructuring of research funding to make Chief Executives fully understand the importance of this.

The health research strategy was a vital economic driver in retaining the pharmaceutical industry, one of just two manufacturing industries left in this country - the other being defence. Health research could be relevant economically in other ways too - evidence from mental health research, for instance, could help get people back to work.

The traditional unit of the teaching hospital, the medical school and affiliate university is redundant, said Mr Lowe-Lauri. “*It doesn’t carry the size, the scale, the critical mass, the ability to attract good enough or large enough numbers of people.*” This means that, in the East Midlands, the traditional conflict between Nottingham and Leicester had to end: the two centres have to collaborate to move the R&D agenda forward. The Universities are committed to evaluating their position and the actions needed to put the region higher up the Research Assessment Exercise (RAE) pecking order. The area’s NHS Trusts will drive this.

The East Midlands has pockets of international excellence, but more are needed. Highly exploitable opportunities for health research exist - including some outstanding practitioners, a large population and a good environment to attract researchers from elsewhere. A managed process is now needed to move R&D forward.

The region should capitalize on its strengths – such as excellence in basic and ‘enabling’ sciences, for example, pharmacy, its strong clinical groupings with access to a large number of patients, and the many non-health scientists - which give the region the potential to contribute to R&D and improve health services in a novel way.

Given the importance of encouraging the pharmaceutical industry to conduct trials in this country, there is a real opportunity in the East Midlands to develop a national focus for commercial and non-commercial trials.

The Networks and the CLAHRCs provide an opportunity for both academics and service providers to participate in R&D. The two CLAHRCs with their cross-regional coverage bring in all providers and now offer an opportunity to make connections between these quickly.

Research is central to the NHS – through the NHS Constitution and the legal duty for SHAs to do research. Getting involved in research can offer an interesting mixture for hard-pressed clinicians providing an alternative to the ‘*heat and fire of delivering this target and that requirement*’; providers can get into the appropriate level of R&D strategy too.

Getting involved in R&D brings individual rewards for clinicians, kudos for the organisation involved and the benefit of demonstrating to regulators that a particular institution is a ‘thinking’ one. In this respect, Mr Lowe-Lauri noted how interesting it was that many of the Research for

Patient Benefit Grants had gone to groups working in District General Hospitals. “Clearly there is an opportunity to extend the rewards beyond the usual suspects,” he concluded.

### **Launch of the East Midlands Health R&D Strategy**

Dr David Walker, Regional Director of Public Health for the East Midlands traced the development of the East Midlands Health R&D strategy, which arose out of the desire to create an enabling strategy. Echoing the goals of the national health research strategy, this focuses on improving health and increasing economic prosperity. There is a desire to increase the amount of research and to improve the quality of research through more effective collaboration with a range of partners, to encourage the use of research findings and translate these into better health, as well as stimulating the local economy.

A broad definition of health - not just biomedical science or disease treatments – and of research methodologies underlies the strategy. There is the aspiration to involve people from a wide range disciplines - not just those traditionally associated with health research -and to embrace the, increasingly important, innovation agenda.

Although the sum of health research funding that comes into the East Midlands is sometimes deemed too little, Dr Walker said that if the region was considered as a collaborative centre rather than lots of individual centres it would be the sixth highest funded centre in the UK.

Implementation of the strategy will be led by Professor David Sowden on behalf of the SHA. An evolving implementation plan will be produced with timescales. It is hoped that this will produce results fairly quickly through identification and implementation of ‘quick wins’. It is intended to monitor the progress of implementation and performance indicators will be developed to do this.

Dr Walker concluded by saying that the real challenge now is making the strategy happen on the ground.

### **Interactive seminar sessions**

The conference included a range of seminar sessions, providing an opportunity for delegates to gain information and ask questions on a variety of research topics from relevant experts.

#### **Getting more NIHR money for your research**

This provided an opportunity for researchers to understand the remits of and funding opportunities available from NIHR research programmes and clarify understanding through questions.

#### **How to translate research into practice**

The aims of dissemination is to ensure that those who need to know the findings of research get to know about it, and can make sense of findings in relation to the realities of their own decision-making environment. The seminar emphasised the importance of including plans for dissemination in research applications.

Systematic review evidence will be sought (from the CRD databases) by the CLAHRCs prior to commissioning or undertaking new primary research and CLAHRCs may commission systematic reviews or updates or collaborate to put in bids for funding of reviews.

#### **Removing the barriers – integration and networking: beyond the basics**

This seminar looked at past, perceived and real barriers including bureaucratic, organisational, geographical and financial. It showed how partnership working and working with the NIHR

Clinical Research Networks can help overcome these with demonstrable outcomes in patient recruitment. It looked at new approaches to Research Management and Governance and examples of integration within Primary Care.

#### **More R&D in primary and community care**

This included an overview of the NIHR School's for Social Care and Primary Care and the Primary Care Research Network strategic directions.

#### **How to get your research approved**

This seminar focused on how to use the Integrated Research Application System (IRAS) a web-based one-stop shop for researchers to make applications to all the relevant regulatory and governance review bodies relevant to health research in the UK; the NIHR Coordinated System for gaining NHS Permission (CSP), which streamlines the process of obtaining NHS permission. Researchers whose projects are potentially eligible for inclusion in the NIHR portfolio should use this process as this will not only improve the application process but will also ensure that the project receives NHS support costs; and Research Passports, developed to support researchers in setting up their studies in the NHS. Research Passports streamline the process of ensuring that non-NHS researchers have undergone appropriate checks before conducting research in the NHS.

#### **NIHR research training opportunities in the East Midlands**

The seminar dealt with NIHR academic research training opportunities, including the generic and profession specific training programmes.

#### **Public Involvement in Research**

The seminar included an outline of how service users and carers are involved in the research commissioning process as well as the increasing expectation for grant applicants to involve the public in the development and undertaking of their research. Resources and advice is available through INVOLVE and the Research Design Services, to support public involvement.

### **Panel discussion and questions from the floor**

The day concluded with a lively Q & A session chaired by [Dr Russell Hamilton, Director of Research & Development of the Department of Health](#), and a panel consisting of earlier speakers.

[Dr Russell Hamilton](#) closed the conference by commenting that he had been impressed by the conference delegates' *levels of awareness, understanding, engagement and enthusiasm*. The views expressed were coherent, with no dissonant or discordant voices. He commended the high level of ambition in the East Midlands - in the words of Captain Jack Sparrow "*Bring me that horizon*".