National Institute for Health Research

Advisory Board

17 September 2008

Note of meeting

Members Present:
Candy Morris ***(Chair)***
Angela Barnard
Peter Beresford
Mike Cooke
Sally Davies
Kathy Doran
Russell Hamilton
Liam Hughes
Andy Haines
Danny Keenan
Ron Kerr
David Loughton
Malcolm Lowe-Lauri
Patrick Maxwell
Michael Moore
Hilary Scholefield
Jonathan Sheffield
Stephen Smye
John Tooke

Apologies:
Chris Beasley
Clare Chapman
Simon Denegri
Nigel Edwards
Bruce Keogh

Secretariat:
Sally Bishop

Presentation:
Professor Tom Walley

Welcome and apologies

1. Candy Morris welcomed everyone to the meeting, particularly Liam Hughes who was attending for the first time. Apologies are noted above.

Note of last meeting

2. The minutes were agreed. With reference to each action point:

> Item 4. Sally reported that she had given a speech to the Royal College of Psychiatrists the night before at which she was able to point out that NIHR spend on mental health research was steadily increasing.

Item 10: Sally reported that the Research Capacity Development Programme of Connecting for Health was proceeding well and had just received a high score in its OGC Gateway 0 review.

Item 19 – The selection process for Academic Health Sciences Centres was proceeding as set out in the Next Stage Review.

NIHR and OSCHR Update

3. Sally Davies reported that:

- The Prime Minister held a highly successful Health Research Summit in June.
- Two new CLAHRCs had been announced, including one led by Mike Cooke.
- The Office for Strategic Co-ordination of Health Research was about to publish its first progress report.
- The NIHR Faculty had recently held a very successful conference for trainees.

4. Russell Hamilton updated the Board on developments in NIHR and OSCHR.

Participation in Research NIHR (08) 07

5. Russell introduced the paper. He also informed the Board that there were currently four consultations underway related to use of data/research: one by the NHS on the NHS Constitution, one by the Ministry of Justice on Data Sharing, one by Connecting for Health and one by the GMC.

6. With respect to consent for consent, the Board said that it would be important to allow opt-out. This would be easier once information systems were more robust.

Action: Sally Davies would seek a meeting with the Information Commissioner.

7. The Board were concerned about the role of PIAG and the status of its guidance.

8. Danny Keenan reported that the Annual Health Check would be replaced with periodic assessments of quality and there will be a registration system which would also cover private providers. Participation in research could be included as a requirement for registration. If service accreditation is developed, as expected, participation in research could be required for top-level accreditation. Participation in research could also be included in requirements, which the new Regulator would be assessing.

Action: Sally Davies to discuss further with Danny.

9. The Board felt strongly that NHS staff had a key role to play, and that many of them did not currently see research as a core function of the NHS. The Board agreed to work as ambassadors to change this and to strive to embed the expectation that research would be being carried out in the NHS.

Action: All NIHR Programme Prioritisation.

10. Professor Tom Walley explained the prioritisation process in the Health Technology Assessment (HTA) and the Service Delivery and Organisation (SDO) programmes.

11. The Board felt that the academic slant of the SDO programme would need to change. High quality user-led applications should be encouraged (as long as they represent the broad public not just their own organisation). Applications dealing with stages of life rather than disease areas should be encouraged. The Medicines for Children Network had kick-started an awareness of this.

12. The Board felt that it would be useful to map where commissioned research had led to a change in practice as an outcome/impact measure.

Regional Conferences NIHR (08)08

13. Sally Davies introduced the paper that proposed holding NIHR conferences in each SHA Region. The Board were supportive, but said that the purpose and audience should be clear. It should be around engagement and showing NIHR as an opportunity, not merely justification or showcasing. It would be important to get the core event right and have 4 or 5 workshop topics as a part of the conference.

14. CEOs, and medical and nurse directors as well as Trust Board Chairs should be engaged. Since many NIHR people are also university funded, this would act as a bridge to encourage academia to engage. Industry should be involved, perhaps through a workshop.

15. It was agreed that the events would be scoped more carefully, one event per SHA would be tried during 2009 (around one per month) and the programme would be refined over time. Mike Cooke and Malcolm Lowe-Lauri volunteered the East Midlands as one of the early sites.

Action: Sally Davies team to refine plan and rollout.

NIHR RISC Programme

16. Malcolm Lowe-Lauri introduced the item. Essentially the programme was struggling to fund projects that truly met the purpose of the scheme – i.e. those that were truly innovative and ‘risky’. One of the main issues was the Panel’s natural inclination to go for very high quality projects. Malcolm had a number of ideas and would initiate a debate on changes to be made.

Action: Malcolm Lowe-Lauri.

Hot Topic

17. Sally Davies reported that there was currently a debate in senior circles around targets for health research. OSCHR's first progress report would be published shortly. She asked the Board to suggest a single target that would show whether or not NIHR and the MRC had delivered.

18. One suggestion was to ask whether clinicians and researchers had increasing confidence in the research landscape. Something around the intensity, depth and relevance of research was needed. The participation of patients in research was a key indicator. The impact of research was also important, so changes in commissioning patters and NICE guidance could be looked at. Capacity was another factor – i.e. numbers of clinical academics, funding, partnerships, numbers of applications and attendance at meetings could be considered, as well as numbers of organisations engaged in research who had not been previously. There could be a series of targets including that each SHA should have at least one application for a major NIHR award. Research should be part of the everyday life of the NHS.

Date of Next Meeting

7 January 2009