



**National Institute for
Health Research**

NIHR Advisory Board

14 May 2008

Note of meeting

Members Present:

Candy Morris (***Chair***)
Angela Barnard
Chris Beasley
Mike Cooke
Sally Davies
Simon Denegri
Kathy Doran
Anas EITurabi (DH)
Russell Hamilton
Danny Keenan
David Loughton

Malcolm Lowe-Lauri
Patrick Maxwell
Michael Moore
Jonathan Sheffield
John Tooke

Secretariat:
Sally Bishop

Presentation:
Professor Sir Alex Markham

Apologies:

Peter Beresford
Clare Chapman
Nigel Edwards
Andy Haines
Liam Hughes
Ron Kerr
Bruce Keogh
Hilary Scholefield
Stephen Smye

Welcome and apologies

1. Candy Morris welcomed everyone to the meeting, particularly those who had not attended previously. Apologies are noted above.

2. Unfortunately David Nicholson was not able to attend, but he had sent the following statement:

- I apologise that I have not been able to attend any of the previous meetings, but am delighted that Candy has done such a great job in Chairing in my absence.
- The Department sees R&D as one of its flagship areas. The amazing amount, which Sally and her team have already delivered, has been praised by many, including a large number of other countries who are keen to learn how we have done it. This is a great testament.
- Research is of vital importance to the NHS. It enables it to be an organisation that is continually learning how it can improve the services it offers.
- We need to ensure that the needs of the NHS – of patients, of clinicians and of managers – are firmly embedded in the R&D strategy as it moves forward. The advice of the Board is critical in this and highly valued by the Department.
- There are some challenges ahead, for example, in enabling the appropriate use of personal data for research, which I know is an item for discussion on today's agenda.
- Reluctantly, but realistically, I am relinquishing the Chair and leaving it in the capable hands of Candy. But,
- I will, through Candy and Sally be keeping up to date on how the Board is progressing and I wish the Board well with its discussions today.

Note of last meeting

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

Item 4. Danny Keenan had joined the Board and was attending the meeting. **Liam Hughes** from IDEA (social care) had agreed to join the Board, but unfortunately could not make today's meeting.

Item 6. Sir Alex Markham was attending the meeting to discuss the Research Capability Programme under item 5 of today's agenda.

Item 7. Sally Davies did look into having a speaking slot at the NHS Confederation but she now has to be in Washington at that time.

Item 9. The ambassadorial role of the Board would be discussed on today's agenda.

Item 12. DH has asked Comms colleague to copy press releases from NIHR to Board members when issued from now on.

Item 33. NHS Constitution would be discussed under item 5. of today's agenda.

4. On mental health

- (a) Sally Davies reported that she is due to have a meeting with the Minister soon. There are still 'rumblings' about perceived loss of academic posts following R&D reforms. In fact, data shows that R&D reforms are not having this effect. Sally is discussing ways to help mental health with the Chief Executive of HEFCE and DH are looking

at an allocation of Academic Training places by formula which should ensure proper access for mental health.

- (b) Mike Cooke said that he and Stuart Bell would use their networks to help people understand the real facts about R&D reforms.

Action: Mike Cooke

- (c) Simon Denegri said that the AMRC are trying to arrange a dinner for research charities involved in mental health.

- (d) John Tooke reported that he had had discussions with the Royal College of Psychiatrists about the low number of new UK graduates going in to psychiatry.

NIHR and OSCHR Update

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

6. Members congratulated Sally and her team on the fantastic progress and the staggering volume and intensity of what had been achieved to date. The Chairman commented that the robustness and quality of the process keeps coming through.

7. It was agreed that Russell's slides should be sent to the Board so that they could use them to promote NIHR.

Action: DH (done)

8. The Board were concerned about the sustainability of delivery with such a lean DH team. Sally Davies expressed her concerns too and explained that she was handling it by building up capacity among NIHR delivery agents, including employing more scientists.

9. In response to a question, Sally replied that she had attended a dinner of NHS Trusts in London with the Secretary of State, and it was clear that, with the exception of one or two Trusts, the financial impacts of R&D funding reforms are now accepted.

Connecting for Health – Research Capability Programme NIHR(08)05

10. Sir Alex Markham introduced his paper. The programme is on track to deliver as planned. It is hoped to move to the three year delivery phase very soon. There is huge buy-in from stakeholders. The programme is in discussion with academics in health services research. It was suggested that Professor Charles Woolfe from Kings might be a helpful contact. The Programme is also working with the NHS Higher Education Forum and others re the interface with higher education.

11. Sally Davies said that one of the biggest risks to the programme was around the issue of data access and confidentiality. The Department is in

discussion to ensure that staff working under the NHS duty of care would be allowed to look at patient records to identify people who might be invited to take part in research (etc).

12. The Board reported that there was a great deal of evidence that, when asked, patients were overwhelmingly in favour of allowing their data to be used appropriately for research.

13. Chris Beasley emphasised the need for continued dialogue on this issue, and the Board agreed to explain the need for appropriate use of data for research as part of their ambassadorial role.

External Metrics of the NIHR – NIHR(08)06

14. Anas EITurabi presented his paper.

15. The Board said that it is important to be clear which stakeholders NIHR wanted to influence with this information. A list of stakeholders should be added to the table. Whilst the list should include the public, there are ways of getting information to them via others – e.g. clinicians on the ground. The proposed metrics measure productivity but do not sufficiently reflect impact on health services and what practical difference is being made to patients.

16. Other advice included:

- The fact that there is growing antipathy to a solely metrics based systems (and even to the word metrics – ‘performance indicators’ might be better).
- Trends, stories and pictures are what is needed.
- The NIHR could hold an AGM, stakeholder events and conferences, a ‘Research Week’, and make use of NHS Chief Executives interested in research as champions.
- Some journalists could also be useful.
- It might be easier to sell good news stories to the regional media.

In other words what is needed is a communications strategy!

Action: DH

Link between NIHR and Commissioning

17. Malcolm Lowe-Lauri said that there was concern that the ‘Next Steps Review’ work on innovation and developments in commissioning were not sufficiently linked with research. Policy makers and commissioners needed to understand that research and its outputs were important to many decisions made in or about the NHS and were not just limited to informing NICE. The CLAHRCs would now have a key role to play. (Sally Davies said that she had asked Professor Huw Davies to pilot work with the CLAHRCs on knowledge translation).

18. Candy was meeting Mark Britnell w/c 19 May and she would take up these issues with him. Malcolm agreed to work with Mike Cooke to send Candy a note. It was agreed that Malcolm would use the Board as an email group on

this subject. Candy would also take up some of the issues with Bruce Keogh's clinical group.

Action: Malcolm Lowe Lauri, Mike Cooke and Candy Morris

'Hot Topic' for Discussion

19. Sally Davies said that she would welcome the Board's views about proposals being discussed as part of the Darzi Review around Academic Health Science 'Clusters'.

20. London, Oxford and Cambridge have Comprehensive Biomedical Research Centres. Did the Board agree that other regions needed to be encouraged to link academia with NHS service in order to improve recruitment and retention and to harness academia for the benefit of health? If hospitals and universities did get together in some way, what would the Board's advice be about governance? DH R&D had suggested that future developments should build on the CLAHRC model.

21. The Board gave a very clear steer that it would not be helpful for DH to dictate which models should be put in place or how they should be governed. There were many benefits in allowing a plurality of models to be tried. Each region would also have different geographies and needs. Even in London where DH R&D funding had driven change, different models were developing and it would not be clear for a while which one might be best.

22. The Board felt that the CLAHRCs were a good example of a flexible structure which did require certain elements but allowed others to emerge (compared with the HESPs which were over prescriptive and did not work). When the centre dictated exactly how things should be done it often led to mediocrity.

23. A test would be needed to see whether real partnerships had been put in place - i.e. a change of name was not enough.

Engaging NHS CEs in research agenda and networks/ ambassadorial role of NIHR Board

24. Mike Cooke introduced this item. He suggested that as part of their ambassadorial role, Board members should:

- Take information and communications from NIHR, promote, and interpret them across their networks.
- Bring feedback as requested on NIHR products, progress, issues.
- Track, communicate and (if necessary) challenge progress on NIHR's five strategic objectives.
- Create interest, awareness and opportunities to promote a research culture and innovation within the NHS.
- Support the NIHR Advisory Board colleague's team in delivering the terms of reference

25. This was agreed.

26. The Board felt that Chief Executive members had a particularly important role to play in helping NIHR achieve its aims (for example they could help over the appropriate use of data issue). Sally Davies said that she had arranged a meeting in June for Chief Executives of NHS organisations with BRC, BRU or CLAHRC status. NHS CE Board members were also invited.

27. Danny Keenan said that the Healthcare Commission would be bringing in published benchmarks which would include a measure related to R&D. DH R&D would be involved in developing this measure.

Date of next meeting

28. The next meeting is on 17 September 2008. The Board asked for Mark Britnell to be invited.

Action: DH Secretariat