

NHS Research & Development North West

Dr Lynne Goodacre
Assistant Director

The Role of R&I within the NHS

* Better quality care

- * Research active centres produce better patient outcomes
- * **CLAHRCs** improving outcomes through conduct and application of applied research

* Patient choice

- * 97% believe it's important the NHS supports research into new treatments
- * 93% want the NHS to be encouraged or required to support research.
- * 72% would like to be offered opportunities to be involved in trials of new medicines or treatments

Effective utilisation of resources

- * **Academic Health Science Networks**
 - * Rapid adoption & diffusion of research across the health economy
 - * Speeding up the adoption of innovation at ‘scale and pace’.
- * *If we can become better at recognizing and rewarding innovation; ensure that good ideas don’t get lost; and adopt them more quickly and efficiently across the NHS, then we can deliver better patient outcomes at home and take a leading role in life science globally.*

(David Willetts 2011)

Economic investment

- * Locating research within a globally competitive context.
- * Contribution to the national and local economy
 - * Pharmaceutical, bioscience and medical technology sectors employ almost 165,000 people in the UK
(Strategy for UK Life Sciences 2011 BIS)
 - * Generated trade surplus of £5bn in 2012
- * **NIHR Local Clinical Research Networks**
 - * Supporting recruitment to portfolio studies
- * It's OK to ask



Research capability funding

- * Allocated to research-active NHS organisations in proportion to total amount of other NIHR income received (RfPB, HTA etc) and number of NIHR Senior Investigators associated with the organisation.
- * 2012/13- minimum allocation £20,000
- * Examples within the NW
 - * Morecambe Bay £57,000
 - * LTHTR £98,000
 - * The Christie £244,286
 - * CMFT 1,167,000

The big picture

The vision:

Our ambition must be for an NHS defined by its **commitment to innovation**, demonstrated both in its **support for research** and its success in the **rapid adoption and diffusion** of the best, transformative, most innovative ideas, products, services and clinical practice.

Sir David Nicholson 2011, Innovation Health and Wealth

What do we mean by a culture of research and innovation?



NHS Constitution:

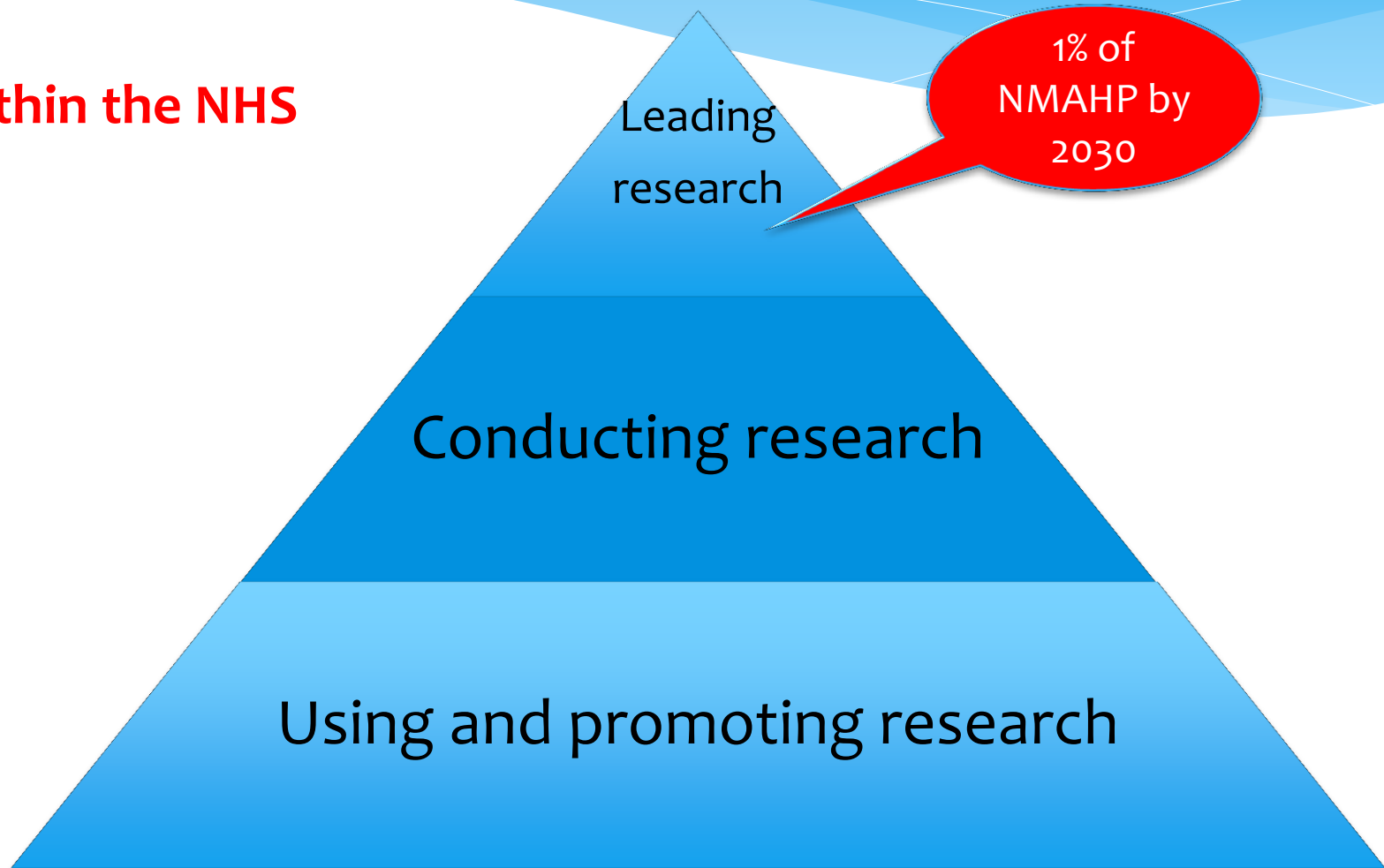
Principle 3. The NHS aspires to the highest standards of excellence and professionalism

..... through its commitment to innovation and to the **Promotion, Conduct and Use of research** to improve the current and future health and care of the population.



What might this look like?

Within the NHS



NHS

Health Education North West



NHS R&D NW: Building Research Capability

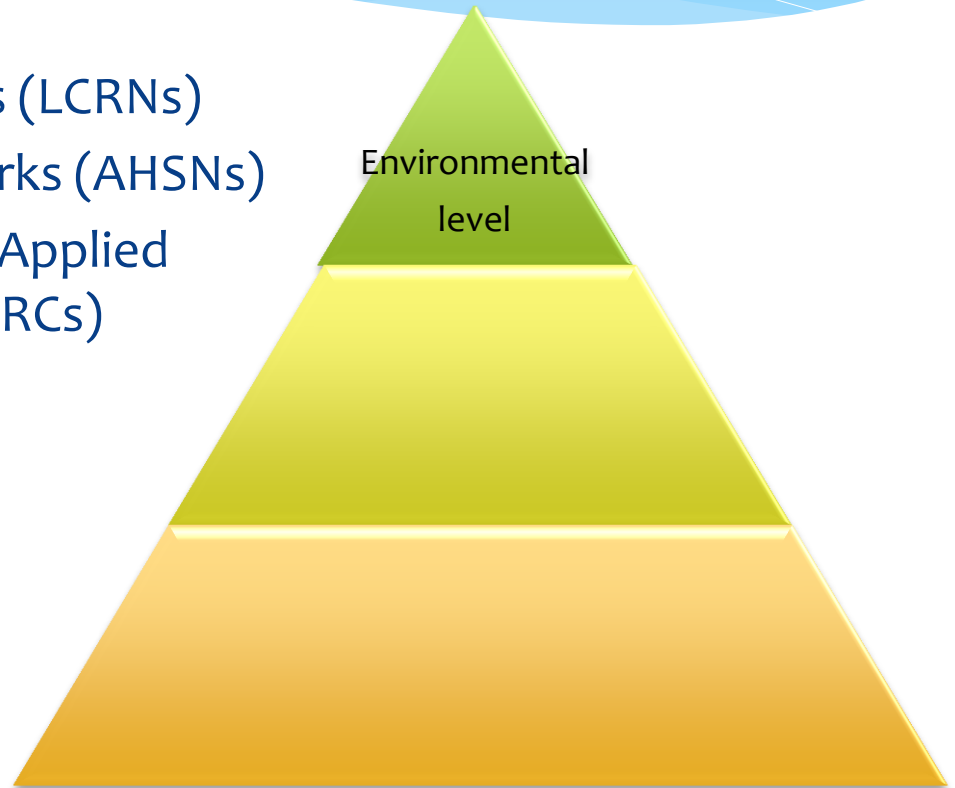


Research capacity building



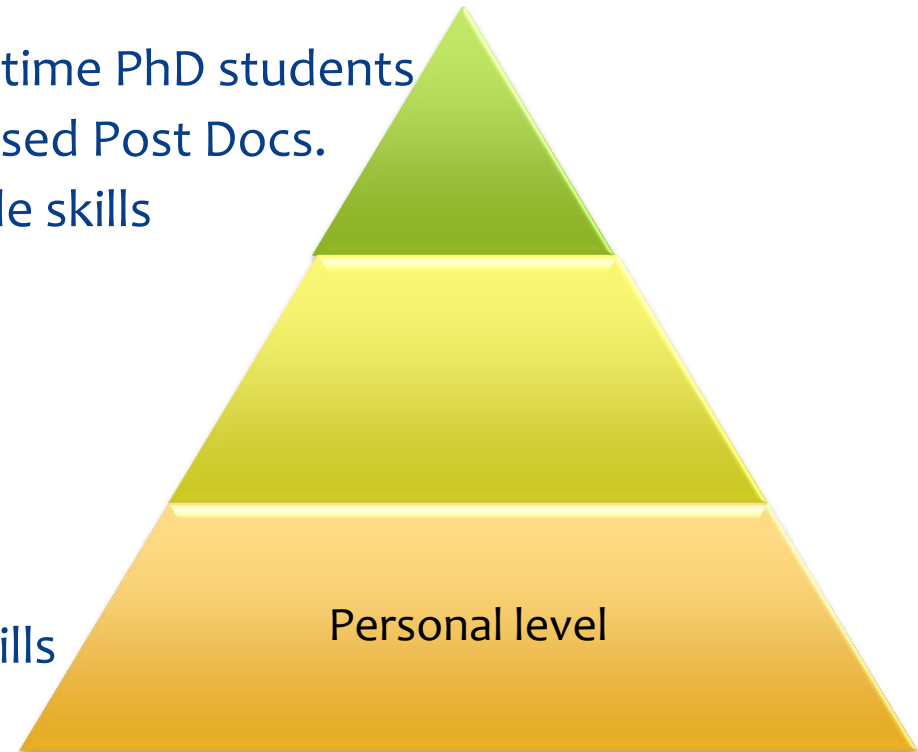
Environmental level

- * Infrastructure in NW:
- * NWC & GM
 - * Local Clinical Research Networks (LCRNs)
 - * Academic Health Science Networks (AHSNs)
 - * Collaborations for Leadership in Applied Health Research and Care (CLAHRCs)
- * Health Education North West



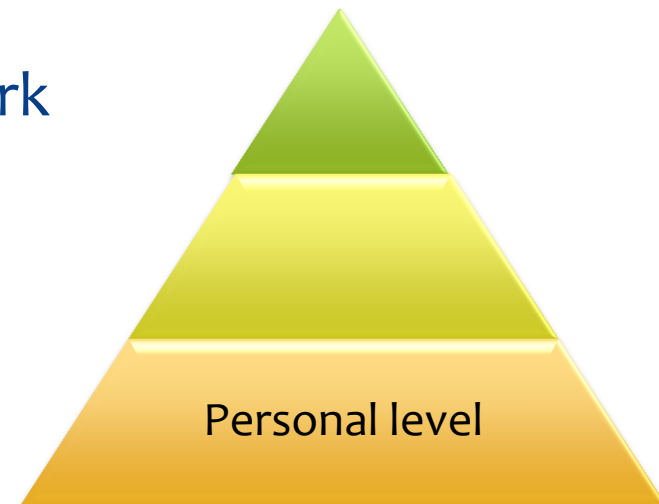
NHS R&D NW - Personal Level

- * Early Career Researchers (non-medical workforce)
 - * Newly qualified staff research/innovation ‘interested’
 - * Unknown number Masters level clinicians
 - * 100+ clinicians NIHR M.Res
 - * Unknown number NHS based part-time PhD students
 - * Growing community of clinically based Post Docs.
 - * Significant and relevant transferable skills
- * Challenges
 - * Lack of clinical/academic posts
 - * Focus on service delivery
 - * Isolated from research community
 - * Under-utilisation of transferable skills



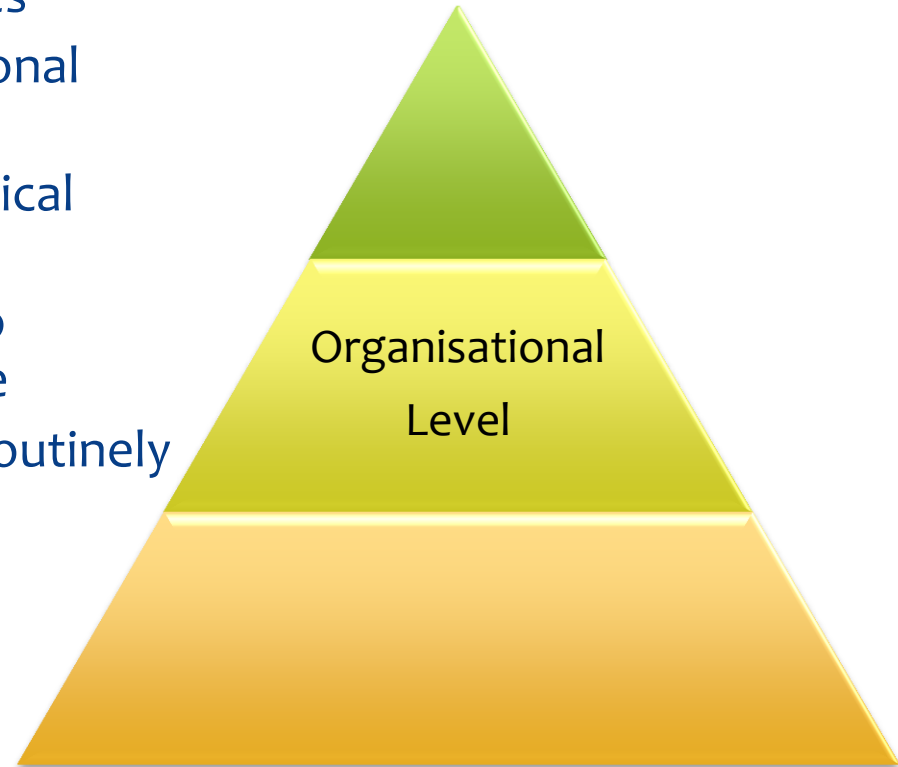
NHS R&D NW - Personal Level

- * Workshops
 - * Masters in Research
 - * Doctoral students
 - * Post-doctoral students
- * Peer to Peer Coaching
 - * Pilot work
- * Vitae Researcher Development Framework
 - * Exploring potential
- * LinkedIn Early Career Research Network
 - * Contribute to the community



Organisational level

- * R&D within Trusts
 - * Board level commitment
 - * Focus on delivery of portfolio studies
 - * Variable focus on driving organisational cultures of R&I
 - * Variable engagement with non-medical workforce
 - * Limited opportunities for leadership development within R&D workforce
 - * Areas of good practice not shared routinely



NHS R&D NW: Organisational level

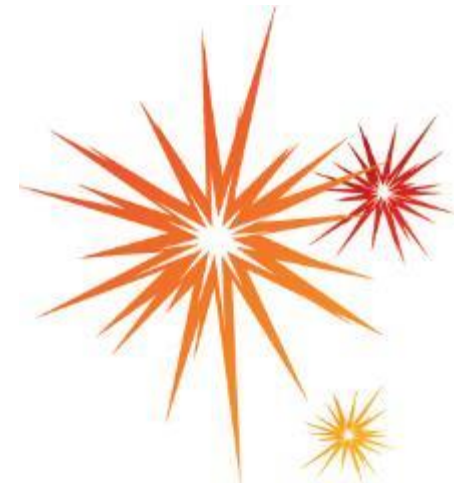
- * Understanding the needs of clinical team leaders
- * Range of stakeholder events
- * Knowledge
 - * Developing a central portal
- * Skills & behaviours
 - * Catalyst event
 - * Releasing potential programme



NHS R&D NW: Generating Research Ideas

Catalyst Events

- * Open space methodology
 - * Dentistry
 - * Dementia
- * Get involved
 - * Primary Care 12th & 19th June (interest in attending)
 - * Design team meetings
- * Post event: developing communities of practice
 - * Working with associates



Annual conference 2014 24th & 25th Sept

- * Abstract submission now open – closes 31st March
- * Keynotes
 - * Clare Matterson - Director of Medical Humanities and Public Engagement at the Wellcome Trust
 - * Prof. M. Whitehead W.H. Duncan Chair of Public Health at Liverpool, Head of WHO Collaboration Centre for Policy Research on the Social Determinants of Health
 - * Dr Nicki Latham Chief Operating Officer Health Education England & Executive lead for research
- * Workshops facilitated by
 - * NWC and GM AHSN
 - * NWC and GM CLAHRC
 - * NIHR Trainee Co-ordinating Centre
 - * NW Research Design Service
 - * North West People in Research Forum

Let's Talk Research.....

- * What are the opportunities for developing closer collaborations?

