

Best Research for Best Health: A New National Health Research Strategy

Consultation Questions

Closing Date: 21st October 2005

----- oo0oo -----

This questionnaire is to be completed based on the consultation document at <http://www.dh.gov.uk/Consultations/LiveConsultations/>. Please email the completed document to RDconsultation@dh.gsi.gov.uk. For any queries or information, please contact this email address or telephone 020 7972 4113.

Are you responding as an individual or on behalf of an organisation?

Name: Philip Insall

Position: Director, Active Travel

Organisation: Sustrans

Address: 2 Cathedral Square, Bristol

Post Code: BS1 5DD

Email Address: philipi@sustrans.org.uk

Contact Number: 0117 926 8893

Note on this submission

Sustrans is a charity which works through practical projects to change the physical environment so that sustainable, physically active ways of travelling are more accessible. Our national projects include:

- the National Cycle Network, which carried 200 million walking and cycling journeys in 2004, with two thirds of users claiming to be more physically active thanks to its existence and 25% of trips substituting for car use
- national Safe Routes to Schools programme
- UK pilot programme of TravelSmart individualised travel marketing
- physical activity promotion projects such as “Pedal Back the Years”
- national programme of walking and cycling traffic monitoring and analysis.

We work in partnership with the Department of Health, Department for Transport, Department for Education and Skills, Office of the Deputy Prime Minister and others, national and regional agencies, community groups, schools and business, and also with international bodies. Our programme helps to deliver on government’s policies and strategies in areas including public health, communities, regeneration and quality of life, and climate change.

We would be pleased to provide further information on our programme, and / or clarification on the comments below.

Question 1- Challenges

a	Are these the main challenges? YES.... but	
b	Are there other important challenges that we need to take account of? Yes	

We face an additional over-riding challenge. The research culture, establishment, programmes and even this consultation are dominated by a medical view of the health world. The challenge missing from the list could be worded along the lines of “disproportionate emphasis on research into medical and healthcare approaches and systems”, or equally “lack of priority afforded under the existing healthcare regime to research into health promotion and the prevention of non-communicable disease”.

Several other issues depend from this:

- insufficient focus on research into cross-sectoral approaches to health promotion and disease prevention, such as measures to facilitate walking and cycling - physically active travel and forms of physical activity easy to incorporate into daily life
- insufficient focus on environmental interventions, such as those facilitating a more active lifestyle through active travel
- insufficient focus on comparative economic and cost : benefit analysis of health promotion and the prevention of non-communicable disease against conventional medical approaches

Derek Wanless said, in ‘Securing Good Health for the Whole Population’, *“A NHS capable of facilitating a ‘fully engaged’ population will need to shift its focus from a national sickness service, which treats disease, to a national health service which focuses on preventing it”*. Our contention is that the National Health Research Strategy needs to take this approach too.

The current orthodoxy of research and evidence still tends towards a “hierarchy of evidence” with double-blind randomised control trials at the top. This is well suited to research into the effectiveness of pharmaceutical and clinical treatments, but less relevant in the areas of health promotion and non-communicable disease prevention. We would advocate that more importance be attached to, and more funding made available for a wider range of research techniques looking at a wider and more disparate range of health interventions.

Question 2 - Building Blocks

a	<p>Are these the main building blocks that we (Department of Health/National Health Service) have at our disposal?</p> <p>YES... but</p>	
b	<p>Are there other important elements that we need to consider? Yes</p>	
<p>Following from the points above, we would suggest an additional “building block” would be a research structure focused precisely on health promotion and the prevention of non-communicable disease, to look at lifestyles, environments, the impact of work done in other sectors (education, transport, land-use and planning, communities....). This might be mapped to fit against the area of the new Centre for Public Health Excellence in NICE, but should not be unduly focused on individual choice (despite the title of the public health white paper, individual choice is only one determinant of healthy behaviour).</p> <p>We note that this approach could fit awkwardly with the building blocks you list. Perhaps the answer would be to set new research objectives and allocate funding streams to them, but to deliver them through your building blocks. This awkwardness should not count against the importance of a significant delivery programme for research into positive health and well being.</p> <p>We would like to see more inter-departmental collaboration on research strategies, programmes and funding: in Sustrans’ field, between DH, DfT and ODPM, but also in other fields.</p> <p>The creation of the NICE CPHE and the National Prevention Research Initiative are, in our view, real steps in the right direction. We hope that the mainstream of UK health research will address this area too.</p>		

Question 3 - National Institute for Health Research

a	Will the creation of a virtual National Institute for Health Research achieve the objectives of creating coherence and focus for the different strands of our work? YES/NO	
b	Would another mechanism work better? YES/NO	
c	If so, what?	
<p>No comment, except on (d) below: the name will only appropriately describe the role if the Institute does, as suggested above, give due weight to health promotion and the prevention of non-communicable disease, to healthy lifestyles and well being, and to cross-sector work and environmental interventions.</p>		
d	Does the name National Institute for Health Research appropriately describe its role? YES/NO	

Question 4 - National Institute for Health Research Faculty

a	Do you agree that we should create a staff structure which ensures proper support for all those engaged in research for the benefit of patients? YES/NO	
b	Do you agree with the concept of a National Institute for Health Research faculty? YES/NO	
c	If no to a and/or b above, what mechanism(s) should be used to ensure these staff are supported?	
No comment.		
d	Do you agree with the three groupings (Senior Investigator, Faculty Associate, and Junior Investigator) as proposed? YES/NO	
e	If not, what groupings would you use?	
No comment		
f	Do the names Senior Investigator, Faculty Associate, and Junior Investigator appropriately describe the different groups? YES/NO	
g	If not, what names would describe them better?	
No comment		
h	Is it appropriate to include the NHS-funded staff in universities? YES	
i	Should the funding for these staff be held centrally to ensure protection of research time? YES/NO	
j	What would appropriate 'allowances' be for the three groups of faculty staff?	
No other comment		

Question 5 – Infrastructure (i)

a	Are the proposals for Support for Patient Research appropriate? YES... but	
b	If not, what would achieve the aims better?	
<p>In themselves we think the proposals are very sensible, but we are concerned by the implication that research is predominantly about patients. Patients are people who have become ill: we would like to see more emphasis on research into the best ways to save people becoming patients in the first place.</p> <p>This would not require much alteration to the draft, but an important change to the thinking behind it. We hope you will be able to make this shift towards positive health and well being.</p>		

Question 6– Infrastructure (ii)

a	Are the proposals for Academic Medical Centres appropriate? YES/NO	
b	If not, what would achieve the aims better?	
No comment		
c	Should we support both comprehensive centres and specialist centres? YES/NO	
d	How many of each can we support if they are to be truly world-class as the exemplars?	
e	What time period should be awarded before a new competition round?	

Question 7 – Infrastructure (iii)

a	Are the proposals for Leadership Funding appropriate? YES/NO	
b	If not, what would achieve the aims better?	
No comment		

Question 8 – Infrastructure (iv)

a	Are the proposals for Technology Platforms appropriate? YES/NO	
b	If not, what would achieve the aims better?	
No comment		
c	What should be the first area(s) for focused support?	
No comment		

Question 9 – Infrastructure (v)

a	Are the proposals for Experimental Medicine appropriate? YES/NO	
b	If not, what would achieve the aims better?	
No comment		

Question 10 – Infrastructure (vi)

a	Are the proposed infrastructure elements to create optimum systems the right ones? YES/NO	
b	Are there other potential elements that we should consider? YES/NO	
No comment		
c	What should the balance of investment between the different infrastructure elements be? (i.e. what should be the percentage spend on each?)	

Question 11 – Programmes

a	Are the proposals for research programmes appropriate? NO	
b	If not, what should we amend, add or delete?	
<p>The listing and description of the programmes currently give undue weight to the treatment and management of disease, and to the traditional, medical, NHS approach. There should be specific reference here to research programmes into health promotion, the prevention of non-communicable disease, cross-sectoral work to improve population health and well being, and environmental interventions.</p>		

Question 12 – Research networks

a	Are the proposals for research networks appropriate? YES/NO	
b	If not, what would achieve the aims better?	
<p>As drafted the proposals are really for something like “Medical and clinical research networks” and as such they make sense. But a true national health research programme would include details of how networks would address public health and lifestyle, the prevention of non-communicable disease, environmental determinants of health, etc.</p> <p>This is indeed a larger challenge, but we feel health research should more completely embrace the wider determinants of health as addressed, for example, in the 1998 Acheson report. We hope you can add these.</p> <p>Networks are also needed which link the research programmes of different government departments. At the moment, to give an example from Sustrans’ field, it is difficult to establish research projects into the positive and negative public health impacts of transport programmes and travel behaviour, because the work so perfectly straddles the DH / DfT boundary that (to simplify) each thinks it belongs to the other.</p>		

Question 13 – Bureaucracy ‘busting’

a	Do you agree with our guiding principle that procedures and data input should occur once and once only and that where duplication exists, we will seek to streamline it? YES	
b	Are the proposals for bureaucracy ‘busting’ appropriate ? YES/NO	
c	If not, what would achieve the aims better?	
<p>A bureaucratic obstacle to an effective research programme is the existence of barriers between sectors. In Sustrans’ area – physically active travel, active and cohesive communities – there is a lack of collaboration between the health, transport, planning and communities sectors. This is as true in implementation, and in the work programmes of sectors, organisations and individuals, as it is in research. The structure created as a result of this consultation needs to be open to partnership and cross-sector working, rather than trimmed to fit the shape of the NHS.</p> <p>We may be seeing the beginnings of better collaboration now between research people in DH, DfT and ODPM than hitherto, but collaboration could and should be much closer. The promotion of health requires research programmes and funding streams to be dovetailed with those of other sectors – transport and environment among them – which would mean closer collaboration and development with research groups beyond the horizon of current thinking as reflected in the consultation paper.</p>		

Question 14 – Transition

a	How important is it that our funding is allocated transparently?
Very	
b	How important is it that we establish a sustainable funding system?
Very: coming from outside the health sector, we have been shocked by the wastage in many programmes caused by discontinuity of funding, too-frequent reorganisation, exaggeratedly short-term contracts and late completion of budgets.	
c	How important is it that we establish a funding system that is responsive to changes in levels of research activity?
Very, in order to avoid waste.	
d	How important is it that we do not lose momentum in the move to the new system?
No comment	
e	If the implementation start date is 1 April 2006, how long should the transition to the new system take to complete: 1 year, 2 years, or 3 years?
No comment	
f	How important is it to ensure that we do not destabilise individual institutions as we move to the new system?
No comment	

Question 15 – Overall

a	By what criteria will you judge us on the impact of this strategy?
<p>The generation of the much-needed evidence on how best to promote public health and well being, and prevent non-communicable diseases.</p> <p>Progress towards the prospect held out by Wanless: <i>“A NHS capable of facilitating a ‘fully engaged’ population..... a national health service which focuses on preventing [disease]”</i>.</p> <p>Better intersectoral and inter-departmental collaboration on research strategies, programmes and funding.</p>	
b	Do you have any other comments?
<p>We are well aware that this is not the type of response you will have envisaged to this consultation.</p> <p>We are not offering these views in a vacuum. Sustrans is currently working with NICE on its obesity and physical activity guidance, has contributed in a number of ways to the Choosing Health process, including through the Health Select Committee, and communicates with many people working on health policies and strategies, nationally, regionally and locally.</p> <p>We consider that the national health research strategy could be a hugely influential force for good in the move from a reactive healthcare system dealing with sick people to a proactive, cross-sector, whole-society approach to positive health and well being. If there is anything we can do to help you in your deliberations, please contact me.</p> <p>Active Travel is supported by the British Heart Foundation.</p>	

Thank you for completing this questionnaire. Please save this document and email it as an attachment to RDconsultation@dh.gsi.gov.uk. For any queries or information, please contact this email address or telephone 020 7972 4113.

Further copies can be downloaded from

<http://www.dh.gov.uk/Consultations/LiveConsultations/>.

Alternatively, hard copies can be posted to Best Research for Best Health Consultation, Room 723 Wellington House, 133-155 Waterloo Road, London SE1 8UG. Further hard copies of the consultation are available from:

DH Publications Orderline

PO Box 777

London SE1 6XH

Tel: 08701 555 455

Fax: 01623 724524

Email doh@prolog.uk.com

DH will report on the outcome of this consultation at the end of November 2005 at www.dh.gov.uk.