

# Research and development in health care – a UK National Health Service perspective

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## Introduction

The need for research and development (R&D) in mental and physical health care is self-evident; professionalism in medicine, nursing and allied disciplines is incomplete without a continual search for more appropriate, effective and efficient ways of doing things – whether that be updating the science, the technologies, or ways of engaging users of services, carers and the wider public. Establishing and growing an R&D function at sub-national level is challenging but exciting – and an important complement to R&D by central government, universities, the private sector and other players. This article looks at the UK's infrastructure for R&D and within that the experience of North East London Foundation Trust (NELFT), which provides care and treatment for a diverse population of almost 1.5 million and employs around 6,000 staff.<sup>1</sup>

## 'Good governance' of R&D efforts

In the health care context, why is research governance needed? Because whatever product design, testing, data collection or resource allocation we do concerns human beings – their health needs but also, and ultimately, their human rights.

*The World Medical Association (WMA) has developed the Declaration of Helsinki as a statement of ethical principles for medical research involving human subjects, including research on identifiable human material and data.*

(Section A Introduction, Paragraph 1, Declaration of Helsinki, 1964)

In the UK, this means working within the Research Governance Framework (RGF), a Department of Health document that sets out the broad principles of good research governance and aims to promote a culture of quality assurance. This framework applies to all research, both clinical and non-clinical in the UK. The first publication of the RGF was in 2001; it was further reissued in April 2005. The 2005 edition incorporates the requirements of the clinical trials regulations that came into effect in 2004, the Human Tissue Act 2004 and the Mental Capacity Act 2005.

Research governance is recognised in the UK as necessary in order to safeguard both participants in research and researchers. The robust UK governance processes ensure that ethical considerations are made, scientific quality is enhanced, and risks to participants and study teams are minimised. Practice and performance are monitored to promote good practice and to ensure that there is continuous improvement and assessment of processes and results.

Research in England is supported by the National Institute for Health Research (NIHR) Comprehensive Clinical Research Network (CCRN). The CCRN has a regional structure and is comprised of 25

comprehensive local research networks (CLRNs) with the purpose of facilitating research within the NHS. CLRNs provide a co-ordinated approach to research management and governance for research. Their aim is to ensure that the clinical research conducted within the NHS is of a high quality; this is achieved via support and advice for study teams. Participation in studies by both patients and NHS staff is increased by this approach to fostering and enabling quality research within the NHS.

## Topic-specific networks

The NIHR Clinical Research Network Coordinating Centre also manages six topic-specific networks that provide support into specialist areas of research as follows: National Cancer Research Network (NCRN), Diabetes Research Network (DRN), Dementias and Neurodegenerative Diseases Research Network (DeNDRoN), Medicines for Children Research Network (MCRN), Mental Health Research Network (MHRN) and Stroke Research Network (SRN).

Through increased involvement in research, the evidence base continues to be more richly informed. All service users and health care professionals should be able to participate in and benefit from clinical research in all areas of non-communicable disease, communicable disease and health care. Our health care services learn more about positive interventions and outcomes through research. The ongoing exploration of what most benefits our patients inevitably makes it possible to improve treatments for service users.

## The example of the North East London Foundation Trust (NELFT)

The aim of R&D at NELFT is to equip the Trust with a mechanism of improving service development and provision, and to this end, ensure it is well versed in research theory and practice. In order to achieve this aim we offer training, grants and scholarships, conference days, regular updates through a newsletter and website of changes to research governance and external funding opportunities. Our core function is to support research from the early stages of protocol design, through application and approval, to assisting with recruitment and ultimately the collection of results and statistical analysis.

Each year our research activity has steadily increased, enabled by research capability funding (formerly known as flexibility and sustainability funding), which is used to support clinical academics to submit grant proposals, as well as existing grant holders.

By streamlining the administrative procedures associated with setting up and carrying out research, and proactively bringing

people together, NELFT's R&D department encourages positive involvement in research. Regulatory issues such as ethics approvals and appropriate licensing are stringently reviewed by the R&D department, from feasibility stage, through study set up, to final trial close-out. All portfolio research activity is summarised at the end of each financial year in the Annual Report to the Department of Health.

## Research processes and human resources

The department has a core infrastructure encompassing the R&D director, R&D manager, research management and governance facilitator, site co-ordinator and R&D administrator and data manager. The department also hosts a variety of study teams, including a programme manager, trial co-ordinator, clinical studies officers and researchers.

The R&D Committee is made up of individuals from a variety of disciplines who are experienced in high quality research. Researchers can approach the R&D department for assistance with identifying a supervisor for a project and for peer review.

The department supports members of the Trust who wish to further their research knowledge and skills through internal workshops and open days. We also provide external funding for courses with a substantive research component. Developing our workforce is key to ensuring that our research community continues to be active and innovative in the future.

Within the NELFT R&D department, we also consider it important to support and enable non-portfolio and student research. Although there is no funding associated with such research, we recognise that these researchers are potentially chief investigators, local collaborators, principal investigators or grant applicants of the future. We view it as essential to provide a peer-supportive environment where skills and methods are shared and all researchers have been trained in good clinical practice for research.

For similar reasons we have also put in place regular peer support groups for researchers in the form of both a PhD club and journal club for interested members of staff. These are forums for motivating existing multi-disciplinary staff that are organised and chaired by our student researchers. The agendas and programme of speakers are devised according to their own areas of interest and need along with standard methodology sessions. There are many avenues when considering how to embed research culture within a healthcare setting, but it is likely that a pragmatic and grassroots approach is a key building block.

The R&D department staff aim to make the process of research application and approval as supportive and informed as possible. This is achieved by working closely with the research networks, universities and Ethics Committee Co-ordinators as well as the researchers themselves to make sure that research governance and other relevant protocols are adhered to.

## Research outcomes

As the R&D department has grown, so too have our areas of expertise. We have established the Dementia Research Centre (DRC), based within the NELFT R&D department. The DRC has been developed to provide support and infrastructure for our portfolio-adopted dementia research studies where NELFT is the

sponsor, lead site or host site. Not only is world-class dementia research being conducted for patient benefit but researchers focused on dementia are being provided with excellent training, experience and PhD opportunities. We aim for the NELFT DRC to be a centre of excellence and starting point for quality dementia research proposals. Examples from our portfolio of NELFT sponsored dementia research include:

- **SHIELD (Support at Home – Interventions to Enhance Life in Dementia)**. This is a five-year grant-funded NIHR programme on psychosocial interventions in dementia, led by Professor Martin Orrell at University College London and NELFT. This research programme aims to reduce disability, improve health outcomes, and enhance quality of life for people with dementia and their carers.
- **VALID (Valuing Active Life in Dementia)**. This is a five-year NIHR programme for applied research grant-funded study that will evaluate community occupational therapy for people with dementia and their family carers.
- **iCST (Individual Cognitive Stimulation Therapy) for people with dementia**. This four-year NIHR-funded study investigates whether individual home-based cognitive stimulation therapy benefits cognition and quality of life in people with dementia.

## Collaborative thinking

We have research studies being conducted across all of these services either at the present time or over recent years. This has been achieved strategically by providing R&D outreach sessions to as many of the teams and departments within these services as possible. Outreach sessions are designed to show that participating in research is accessible and of value to all. We have found it important to show that research is not a luxury activity, but rather an essential function for a developing health care service when understanding and responding to the inherent challenges.

The Trust also considers participation in research a credible aspect of personal and career development for staff. NELFT R&D has established strong links with University College London (through UCL partners) and other universities. Regional co-operation in promoting academic development and university links offers a host of benefits. By creating a partnership model to address the challenges faced by the UK National Health Service (NHS) and the population that it serves, pathways to support the delivery of improved value in health care are created. Collaborations with universities also assist R&D departments in attracting and retaining high quality staff and encourage multi-disciplinary approaches to research. This contributes to a foundation for improving quality of care and outcomes, delivering solutions and new potential interventions for patients. Identifying new approaches to research assists the necessary understanding of how to focus NHS resources where they will be most effective.

## Conclusion

Developing and establishing an R&D function within a healthcare setting is a progressive process. Robust research governance is at the core of being able to conduct quality research. By implementing and growing infrastructure, it is then possible to deliver on a successful portfolio of quality research, provide positive

outcomes for our service users, develop the skills of health care staff and provide them with further opportunity. At NELFT we have found that accessing and engaging new individual, and groups has been essential in embedding research across our Trust. A departmental culture of striving for excellence, multi-disciplinary approaches, tenacious and considered funding applications, staff development, a shared enthusiasm for and recognition of the essential and beneficial nature of research has created an environment where the evidence base is furthered and research flourishes.

### Acknowledgement

*With thanks also to Professor Martin Orrell, Professor of Ageing and Mental Health (University College London) and Director of Research and Development/Clinical Director for Mental Health Services for Older People, NELFT.*

### Endnote

- 1 Mental health services include:
- specialist inpatient and community-based treatment and care for people experiencing acute mental illness;
  - help for children and young people with emotional behavioural or mental health difficulties;
  - care for people with dementia; and
  - support for people with problems associated with drug and alcohol misuse.

Community services are provided in clinics, hospitals and in people's own homes and include:

- care and support for people living with long-term conditions such as diabetes;
- speech and language therapy;
- health visiting, district and school nursing; and
- numerous services that in other areas may be provided in hospital, such as blood testing, foot care and children's audiology.

### Reference

World Medical Organization (1996). Declaration of Helsinki. *British Medical Journal* 313, 1448-1449.

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