



20<sup>th</sup> July 2006

## **Cooksey Consultation: Review of UK Health Research**

### **Response from the College of Occupational Therapists**

#### **Introduction**

The College of Occupational Therapists (COT) is pleased to provide a response to the Cooksey Review of UK Health Research. The following comments have been compiled from members of the British Association of Occupational Therapists.

The COT represents over 28,000 members, who are occupational therapists or support workers employed or studying across the United Kingdom. Occupational therapists (OTs) work in the NHS, local authority social services and housing departments, schools, primary care settings, and a wide range of vocational and employment rehabilitation services.

Occupational therapists are regulated by the Health Professions Council, and work with individuals of all ages with a wide range of occupational problems resulting from physical, mental, social or developmental difficulties. The philosophy of occupational therapy is founded on the concept of occupational as a crucial element of health and well being. Practice is based on holistic, client centred care.

#### **General comments**

Within the invitation to comment (4<sup>th</sup> May 2006) reference is made to the application of new ideas to front-line health services including social care research, however this objective does not appear to be reflected within the review. The contribution to health made by social care research and practice is not acknowledged. The concern appears to be with assessing the strengths and weaknesses of the MRC and NHS R&D programmes, and as a result the emphasis is upon the needs and priorities of the NHS. However, occupational therapists work outside of the NHS (e.g. in social services, education, forensic, private practice) and therefore opportunities for funding research that promotes health outside of the NHS must be addressed. In order to improve the overall strength of UK health research in the future, there is a need to promote research that is multi-disciplinary to ensure the value of a wider range of interventions can be evaluated.

A culture of continuing positive change should be embedded in the UK health research system by:

- Requiring the remit of senior investigators in the NIHR Faculty to include demonstration of leadership and change.
- Involving patients and carers in all aspects of designing and undertaking research studies
- Increasing the emphasis on the development element of research and development to ensure research findings are actually implemented in practice.
- Promote the role of outcomes based research.

The consultation sought comments on the following questions:

## **1. What are the strengths and weaknesses of the MRC and NHS R&D programmes at present? How do each of these support the research and training needs of the NHS, social care, industry and academia? Does more need to be done?**

The majority of funding goes to topics where there is an established evidence base and to researchers who are known to have produced a volume of high quality research. The current programmes perpetuate excellence only in medicine, are very narrow in focus, and fail to meet the research and training needs of hundreds of thousands of NHS staff who work in nursing and the allied health professions (AHPs). In addition, the MRC and NHS R&D programmes provide no support for social care.

This timely review must consider how research-emergent professions such as nursing and the AHPs can be better supported. Such professional groups are crucial in delivering care to patients, and delivering the government's objectives, yet still have minimal evidence-bases for their interventions.

Two of the recommendations made to the Higher Education Funding Council (Centre for Policy in Nursing Research et al 2002, p6) concerning promoting research in nursing and the allied health professions support this point:

- Support is needed for capacity building research programmes and research environments;
- Dedicated funding must be available for the AHPs because their starting points and needs differ from the other professions;

The training models that currently exist for AHPs within England are far behind those of Northern Ireland and Scotland in terms of providing research support.

## **2. What do you believe are the key scientific and organisational challenges facing health research, and underpinning training, in the UK over the next decade? How might the UK government best help address those challenges? What do you believe should be the Government's objectives for health research, and why?**

There seem to be a number of key scientific and organisational challenges facing health research over the next decade:

**Measuring Health outcomes:** It is important to investigate ways of measuring those health outcomes that are currently not defined in measurable terms. Examples include social inclusion or health improvement (unless health is defined simply in terms of absence of disease). Clear definitions of these concepts, which are not confined within the limits of a biomedical perspective, are required.

**Capturing intervention outcomes:** The next challenge is to devise ways of capturing the outcomes of interventions designed to enhance developments in the areas of social inclusion and health improvement, without oversimplifying them. These challenges are identified in the *NIMHE National Social Inclusion Programme Research and Evidence Project Stream Working Paper: September 2005* (National Institute for Mental Health in England 2005).

**Health promotion:** Health promotion and prevention of illness are crucial elements for the government to focus on, and direct funding towards. At present there is a focus on illness research rather than health research, with most funding going to research into treatment and secondary health promotion. The Wanless (2003) report on population health trends identified that the relationships between wider health determinants, such as socio-economic and environmental factors, are not fully understood.

Government funding and objectives for health research should not necessarily be all medical. Areas such as housing, safe and healthy physical environments, lifestyle (diet, exercise), leisure activities and work places all have an impact on health. These are areas that occupational therapists would be involved in that are most likely to be outside the NHS or medical influence.

**Research methodologies:** Just as the focus of existing programmes appears to be upon medical research, there also appears to be a clear focus on quantitative approaches to healthcare. This is very limiting and disappointing, as the quality and experience of healthcare is fundamental to research inquiry and nascent to it. Funding should be available across the scale of health research and for the diversity of research methodologies.

**3. What should be the Government's priorities for health research? Is there anything it should stop doing or funding? What is it not doing or funding that it should do, and in the absence of further sources of support, what can it lower in order to release the necessary funds?**

Chronic disease has overtaken infection as the main cause of death in the UK with heart disease and cancer responsible for 35 deaths out of 100 in people under the age of 75 (Wanless 2003, p7). Research in terms of disease should be prioritised to enable the population to live more satisfying lives. Many diseases are 'strongly related to lifestyle factors such as smoking, poor diet, physical inactivity and alcohol' (Wanless 2003, p39) therefore, they are potentially preventable. Wanless (2003, p39) concluded that 'Further work to fully understand the drivers of good health would be very productive in trying to tackle some of these issues'. It follows that the government's priority should be research that supports a shift from the treatment of chronic diseases by specialist services to public health, health promotion and disease prevention measures and to primary care (Wanless 2003).

Social care research should have more emphasis and support, particularly as staff/students accessing research opportunities through higher education often utilise research in this area to achieve postgraduate degrees. Vocational rehabilitation would be a very timely area for increased support. Monies obtained from returning people to work could be redirected to fund such research activity.

**4. How should decisions be taken on the balance between the long-term economic and social benefits of a high quality biomedical research base; and the needs for research to improve healthcare and other public services? What is the appropriate balance between public funding for investigator-led and priorities led research? How do we balance funding for basic science, transitional science and applied science? Is this something that should vary over time? What mechanisms should be used to make judgements about this balance?**

There is a need to be clear about what the drivers are: if media pressure and government policy are the main determinants of how funding is allocated, we have to accept that priorities will change from year to year.

Research needs to be more outcomes-focused, and thought given to what is going to make the biggest impact in terms of the health and wellbeing of the country. A greater emphasis on health economics and the outcomes obtained from research is necessary. A useful exercise may involve reviewing how funding has been allocated over the past 10 years, and comparing

this with what the outcomes have been. This should then highlight what types of research have had the greatest impact on health in recent years.

An equal balance between long term and short-term benefits is required necessitating longitudinal as well as short-term studies. Similarly a balance must be achieved between medical/biomedical research and social/environmental research. There is currently a very heavy bias towards medical/biomedical research, this is especially so in the *Best Research for Best Health* proposals.

**5. In your experience, how have the results of publicly funded health research in the UK been used, both in the development of new treatments and to influence/change wider policy and healthcare practices? What lessons can usefully be learned to improve the uptake of advances in science and medicine?**

The guidelines produced by the National Institute for Health and Clinical Excellence (NICE) are based on the best evidence currently available, and provide a good measure of how research findings can be promoted. The paucity of research in certain areas of care, such as nursing, social work and the allied health professions, means that the guidelines are biased towards those interventions that have been more extensively researched. For example, the National Institute for Clinical Excellence (2002) guidelines on the management of schizophrenia set three standards for medication but none on appropriate activities for people receiving primary and secondary care, appropriate levels of activity or approaches to encouraging activity. This does not necessarily mean that the well-researched interventions are more effective than the poorly researched interventions, but money goes to the interventions that have a stronger evidence base. This situation will be self-perpetuating unless research money is directed towards under-researched areas.

**6. How might better links be forged between 'basic', translational and applied researchers, working across the whole field of health research, from the laboratory bench to the front line of the NHS? How might better links be forged across disciplines, e.g. with engineers, physicists, and social scientists?**

There are a number of ways through which links can be forged across the field of health research and health professions:

- A broader view needs to be taken on the part of research funders, with recognition that health research is not just NHS based. Examples of forging links across disciplines include the SPARC projects and New Dynamics of Ageing (NDA) initiatives. These are funded jointly by the major research councils and bring together collaborative inputs from highly diverse research communities. These kinds of initiatives should be strengthened (NDA still retains an element of being dominated by the MRC). In addition, innovative research methods (e.g. qualitative) should be acceptable rather than rigid adherence to RCT methods.
- There should be both opportunity and a requirement for multi-disciplinary research within a wider remit. Allied health professionals are often overlooked by research funding programmes. More effective links could be forged if research could be structured across disciplines.
- Using a broader range of reviewers for research bids will encourage research that moves beyond the conventional boundaries and self-perpetuating medical hierarchy.
- Guidelines must be developed to ensure they are relevant to the work of all health and social care professionals, and not just those with the strongest evidence base.

**7. How can the Government encourage translation, entrepreneurship and innovation in health research to improve public services in the UK?**

- By ring fencing some funding for research that does not fall within current priorities but that is judged to have merit and relevance
- By requesting outcome measures as part of research bids
- By simplifying access to health care research and preventing unnecessary barriers to achieving approval for research whilst assuring ethical issues and individual protection is paramount.
- Moving away from a focus on publication in rated journals only, which precludes appropriate and high quality journals used by non-medical model professionals.

**8. How can UK health research funding be most effectively used to provide the appropriate infrastructure for basic, transnational and applied research, whether funded by the UK public sector or other sectors? How can UK health research funding be most effectively used to support the work of NICE, facilitate innovation and collaboration with industry, and address market failures in the application of healthcare?**

Appropriate infrastructure which supports health research should allow for non-medical and non-NHS based research. The funding for non-medical health research needs protecting within the single budget or an infrastructure put in place whereby the other research councils designate budgets for health research. Present proposals will exclude such research from mainstream funding.

**9. What lessons should the UK learn from other countries in making the proposed changes to the institutional arrangements for the funding of health research?**

A move away from the current priority on funding research by doctors on biomedical topics only is necessary. Organization of research support across the range of professionals in health and social care is needed.

**10. In implementing the single fund for health research, to what extent should the MRC and DH/NHS R&D be merged or brought together? And to whom should the single, ring-fenced fund be accountable? Please provide reasons and any supporting evidence for your response.**

The MRC is currently too narrow in its focus to represent the range of responsibilities of the NHS R&D funding stream. How would it support social care research?

The terms of reference included within the review document refer to the 'Haldane principle which states that day-to-day decisions on Research Council scientific funding must be at arms length from ministers' (p.5). This implies that the MRC would resist merging of MRC and DH/NHS R&D programmes because they would lose power/independence. The fact that the Chancellor presented the proposal for a single budget for health research in the budget statement suggests that power of MRC will be challenged.

**11. To what extent does the success of recent innovations in health research (e.g. Clinical Research Networks) and the proposed structures rely on the new *Connecting for Health* NHS IT system, and to what extent should it do so?**

The Clinical Research Networks are vital and their work should be more influential in deciding upon recipients of NHS R&D funding. The *Connecting for Health* NHS IT system is not sufficiently well developed to contribute fully to the short-term objectives of *Best Research for Best Health*.

**12. Given that NHS R&D is currently devolved, but that the work of Research Councils is not, how can these functions work best together to maximise the health and economic benefits to the UK?**

This question should really have been asked before the Chancellor's decision to merge the funding streams of the MRC and the NHS R&D programme.

### References

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