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Response to Cooksey Review from Gloucestershire R&D Consortium

1. Strengths and weaknesses - It is not yet known whether the new Research Strategy will improve the situation but currently there is no career structure for NHS professionals, particularly non –medical professions. Little is being done to encourage novice researchers many of whom undertake one piece of research and no more. There are too few research studentships and the application process for these is too slow and bureaucratic.
2. Key challenges – the current financial constraints within the NHS as a whole make research a lower priority for some organisations, especially those who have to deal with the current round of staff cuts and bed closures. The continual organisational change makes for an unstable base on which to conduct research and the transitional support funding arrangements will add to this over the next few years.
3. Government priorities – there needs to be a higher priority attached to the “D” of R&D and the implementation of findings. This is currently poorly supported and on the whole seen to be of lesser importance than research *per se*. There needs to be a drive to make research a mainstream NHS activity for all organisations regardless of their size and research capacity. An improvement in the application of findings into practice is essential.
4. Balance between basic science and improving patient care – the balance needs to be flexible and variable to account for the current and changing priorities of the NHS and developments that are emerging. The “average DGH” is not fully utilised in clinical studies and this is a pity because a significant part of routine care is provided by them with access to large numbers of patients with a mainstream profile of conditions.
5. Use of results – the incorporation of research into NICE guidance is good but currently too slow. Financial constraints within the NHS mean that there is little incentive to initiate the findings of research until the mandatory guidance is available. There may need to be a separate funding stream to facilitate the implementation of findings into patient care.
6. Links between basic science and front line NHS – the conflicting and competing agendas of the NHS and Academia, particularly with regard to the Research Assessment Exercise make this a problem. Improved communication of the needs of the NHS to those who are conducting basic science research might help but until the barriers to collaborative working are removed then this problem will persist. Currently no funding is available to coordinate research programmes that might improve this situation.
7. Improvement of innovation – the funding of Innovation Hubs and training for Innovation leads is a big step forward. However, the concept of innovation in the NHS requires a major culture shift and probably additional funding to support it. Improved knowledge of resources to help with the exploitation of inventions would be helpful. There needs to be a coordinated

Providing advice and support for health services research in Gloucestershire

Hosted by Gloucestershire Hospitals NHS Foundation Trust

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approach across the universities, NHS and Social Care. Tax incentives for organisations who exploit innovations in a collaborative way, could be considered.

8. Infrastructure – the roll-out of Research and Development Support Units (RDSUs) across the country, to provide academic support to researchers and a link between universities and the NHS would be an important step forward. The use of the RDSUs as a one-stop-shop for the coordination of all matters involving research would simplify the process and provide the necessary infrastructure required to improve research capacity. They have an established role in many areas and have already demonstrated improved collaborative working across organisational boundaries.
9. Lessons from other countries – no comment.
10. Single fund for research – if this is going to work then the priority setting exercise would need to be inclusive. The management of the currently, very different agendas might prove to be too problematic to make a single fund desirable.
11. Success of recent innovations – an IT system for R&D would help but would not be essential, although shared processes and agreed procedures or pathways would be of paramount importance.
12. Devolved or not? – The organisations could learn from each other. The closeness of the NHS Trusts to the local population and its needs is useful for determining priorities for research. The voice of the service user is more readily heard at a local level. The Research Councils can be seen to be more distant from the front-line NHS. A hybrid system of management, drawing on the strengths of each system, might be desirable.

Please accept these comments on behalf of the Gloucestershire R&D Consortium. If you require any clarification please contact me directly.

Yours Faithfully

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