



*The Royal College of*  
**Midwives**

# Response

## Response to Sir David Cooksey for the review of UK Health Research

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The Royal College of Midwives (RCM) is the professional association and trade union representing over 95% of all practising midwives in the United Kingdom. The vast majority of midwives work within the NHS, and the RCM is recognised in every Trust that provides a midwifery service. Though the majority of midwives are employed by the acute service, midwives work across acute and primary settings, and provide care in large maternity units, birth centres, community clinics and the home. Midwives are also employed within Higher Education Institutions (HEIs) to provide pre and post registration midwifery education and be engaged in research and scholarship.

The midwifery profession is committed to the improvement of care for women and babies, supported by a strong and appropriate evidence base. Research into Midwifery and maternity services is hampered by its intrinsic focus on normality rather than pathology, and the lack of funding that this attracts.

The College has worked collaboratively with the Community Practitioners and Health Visitors Association and the Royal College of Nursing to address the shared concerns of the effects of the changing research governance<sup>1</sup>, and the need for development of research capacity and capability within these professions. Discussions with colleagues in research and academic institutions as well as clinical practice has indicated that there is an urgent need to develop a comprehensive and inclusive research career structure that would identify and nurture talented practitioners with an interest and commitment to clinical research. The RCM believes that a strong research and evidence base is intrinsic to providing effective and sensitive care to women, their babies and the community. The RCM is therefore delighted to have the opportunity to provide some information to the review.

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

The MRC has a national and international reputation of undertaking a high standard of research which is at the cutting edge of major discoveries and breakthroughs. It does, however, have a tendency to undertake pure science investigations. Therefore, as its name suggests, it is predominantly medically-led research and not *health* research. It may therefore appear to have a tendency to be elitist in nature and not representative of all of the health professions. Somewhat in contrast, the National

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<sup>1</sup> RCM/RCN/CPHVA collaborative statement on research governance 16/05/05 <http://www.rcm.org.uk/info/docs/160505124106-359-1.doc>

Health Service (NHS) Research and Development programmes have been more inclusive in providing substantial funding for all health professional groups and has been effective at encouraging the undertaking of both quantitative and qualitative research using varying research methodologies. It has also provided opportunities nationally for developing researchers from health professional groups by providing funding through the studentship and fellowship routes. This whole approach started to develop research capacity and capability within the wider health sector.

However, for those not in the medical profession, it has become increasingly difficult to access funding, and be supported in the development and pursuance of midwifery and maternity care research rather than research into pathology and drug treatment. In addition, research into professional education and into service models are areas that would benefit from greater evidence. Examples for these two areas include the need to evaluate programmes such as shared interprofessional learning; problem based learning and the recent roll out of the Maternity Support workers.

Therefore the RCM considers that both the MRC and NHS R& D programmes have maintained a disappointing status quo in terms of developing researchers in all fields of practice. There are huge swathes of practice and elements of care that are currently based on tradition, rather than evidence. These would benefit from systematic and creative research that would contribute to a better service provision for clients and their families, and it would be appropriate to increase the involvement of client and patient groups within the development of the research and development agenda, so that the research that is important to the user (or patient) is pursued.

A huge area that would benefit from more attention would be in the translation and application of research and evidence into practice, and into the service. A recent collaborative project that the College is involved with - supported by the Health Foundation - is an excellent example of a multi-pronged approach can be used, focussing on the capacity of those undertaking the research, on a strong evaluation and reflexive research design, and on the sustainability and absorption into day to day clinical practice<sup>2</sup>

**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?**

The government has a huge challenge ahead to promote health research over the next decade. At the heart of this challenge is the need to have a wider and more appropriate definition and philosophy of health research.

Current funding difficulties and media coverage of staff shortages, redundancies and service cuts gives a negative image of the NHS. This may adversely impact on school leavers and degree students wanting to pursue a career in the NHS, and also

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<sup>2</sup> Royal College of Midwives, North Staffordshire University Hospital Trust, Thames Valley University, Keele University, Royal College of Obstetricians and Gynaecologists and the National Childbirth Trust The PEARLS project  
<http://www.rcm.org.uk/professional/pages/research.php?id=2>

have a domino effect on students studying science and those who want to be researchers. Often the first jobs to be lost are in research and practice development and this does not instil confidence in potential scientists and researchers to be employed in the NHS. Overseas opportunities may seem far more attractive.

Therefore some work needs to be done to make the NHS a positive place to work and to ensure that those clinicians with the potential to become researchers are identified early and nurtured. An effective career pathway is crucial in this, but needs to be seen as an attractive option, especially for practitioners such as midwives who may wish to be researchers, but also wish to retain and develop their clinical practice.

The government needs to implement clear strategies to increase and support the awareness that research is pivotal to health education, health promotion and the range of clinical practice. Health research covers a wide remit that should not just be focused on disease but also on proactive work on prevention and general health and well-being of the population at large. In addition, research and evidence into those who work within the health service, their working models, NHS financial models such as 'payment by results', practitioners' education and training and effectiveness is an important area for systematic study. Therefore, the education and training of researchers from **all** health professional groups needs to be addressed and there should be a clear focus on equality and effectiveness to meet the population's health needs.

Many of the objectives to be achieved by 2010 in the recent publication '*Best Research for Best Health*' are ambitious and will realistically take a much longer period of time when considering the NHS on-going funding problems. However, progress could be made if the government seriously considers developing appropriate clinical research pathways for the full range of clinicians and scientists. Better salary and working conditions need to be implemented. At present there are limited opportunities for researchers who have been educated and trained by the NHS to stay and continue to do research within the NHS, and this is a waste of resources. The government needs to expand and strengthen the links NHS research has with industry.

Some work needs to be done to strengthen the links between the universities and the NHS, to enable cross boundary work, and enable funding to be accessed across both.

Ethical considerations will assist to minimise commercial interest and balance the funding opportunities that can be gained from commercial funding of health research. In addition continuing to collaborate and link with funding charities will assist to fund and encourage a culture of research within the NHS.

**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?**

The government faces the continual challenges of a lack of resources, wasting of some resources and funding problems. The inefficiencies need to be identified and curbed. The government needs to involve the commercial sector more as discussed in the response to Q2, especially when there are great demands for research to provide evidence to support the use of new treatments and interventions.

In identifying the priorities for health research, the RCM suggests utilising previous work that has been done to identify priorities, but also using the definition of health and indeed salutogenesis<sup>3</sup> in driving a more health focussed research agenda. Though there may need to be research into areas such as heart disease and diabetes for example, there needs to be greater understanding of what influences the nations health, identifying the different areas of care and its provision and what knowledge needs to be developed to improve practice and therefore care to the population.

There be an emphasis on providing care locally that is easy to access by all the population. However, changes in care being led by cost driven elements appears to be occurring that is not based on *National Institute for Clinical Excellence* (NICE) guidelines and research evidence. A recent example of this in the maternity services is the provision of postnatal care. Postnatal care is often depicted as the 'Cinderella of the maternity services', though the service of the midwife visiting the mother and baby within their home after the birth, and having responsibility for their care and well-being for up to 28 days has been viewed by other countries as an excellent model of care. This is an ideal way of promoting health and well-being and providing a unique service to all women and families, including the most vulnerable and socially isolated. Some NHS Trusts are now setting up postnatal clinics in preference to postnatal visits by midwives, and this is clearly not based on research evidence. This development may lead to disadvantaged women not receiving the necessary postnatal care they need. It is difficult to see whether this is really beneficial.

One of the main priorities of health research should be focused on maternal health, their education and well-being. Mothers are the 'caretakers' of the family and have a huge impact on the health and wellbeing of other family members, those being partners, their children and their parents, and therefore on the community itself.

In addition, there is the issue of the aging population, and increasing life span. Again there needs to be a balance between research into chronic diseases and pathology, and research into general health of the older person, and how their carers can be best supported.

Health research does need to focus on the holistic health and well-being needs of the population. Therefore an equal weighting to basic, translational and applied research needs to be considered. Basic research does take a long time to get results and have an impact on practice and hence the population's health but nevertheless is important to support. Translational and applied research will have a more swift impact on clinical practice and will therefore assist to meet the populations short term identified health needs and services.

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<sup>3</sup> salutogenesis", the facilitation and elicitation of health and wellbeing,

**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, translational science and applied science? Is this something that should vary over time? What mechanisms should be used to make judgements about this balance?**

The NHS is unique with regards to the provision of health services that is available to the UK wide population. However, this costs billions of pounds to maintain and is increasingly becoming a difficult task to perform to promote quality health care. Balancing long-term economic and social benefits of health relies heavily on national audits, research and government targets. Translational and applied research addresses a high proportion of identified population health problems. However, basic science is necessary to discover major breakthrough re: diseases. All are important and funding needs to have a flexible dimension to address such things as epidemic breakouts and general NHS crises. A thread of the research plan could usefully be on issues that impact on health that might provide a more proactive agenda. Greater focus on areas such as the education and training of health service practitioners, and analysis of their contribution to health is important.

**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?**

Research that supports systematic reviews, the NICE and NIH guidelines are good examples of publicly funded money having an impact of the health of the population at large. For example the evidence to support the benefits of women taking folic acid supplements pre-conceptually and for the first 12 weeks of pregnancy to reduce the risk of spina bifida has been implemented widely throughout the UK and the benefits cascaded to the whole of the population.

However, the acknowledgement that qualitative research has a very important part to play as it give insight into the views and experiences of people who receive health care still needs to be recognised. Quantitative research collects valuable data but may not capture the entirety of human experience, so it is vitally important that all research methodologies are utilised to promote quality in care.

The RCM would suggest that the development and integration of research findings must have as strong focus as the research project itself. This would require a more inclusive and grass roots approach, to include all professions as equal and valued contributors as researchers and as users of research. Good education and training in research methodologies, application to clinical practice and research critique are

crucial in equipping all practitioners with the skills to be healthily sceptical, and committed to effective practice.

The media has a huge part in dissemination and promotion of some research, and strategies need to be in place that would encourage attention towards the promotion of health information based on the best available evidence. This will require closer links and better working relationships with the media.

**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?**

More often than not basic, translational and applied researchers need to collaborate with each other to reduce the ‘theory practice gap’. At present there does seem to be a gap that could be reduced if networks and strategies to link the different disciplines together were actively developed and encouraged. Funding should be set aside to develop research workshops which would promote opportunities for researchers to get together to learn and understand the importance of each others roles and contribution to health research. Bringing all stakeholders (including users and patients) together to identify research priorities and ideas for developing research would be creative, productive and inclusive. This would promote a sense of unity and improve the culture of research. Collaborative bids for funding should be encouraged which can involve several health disciplines.

It would be useful if some of these strategies were incorporated into the points allocated through the *Research Assessment Exercise*, as this would place appropriate importance on collaboration and inclusivity.

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

Presently, both the MRC and NHS R&D Departments appear to focus their funding and fellowships on the creation of new knowledge. Limited resources and funding appears to be invested into the actual implementation of this new knowledge into clinical practice through translation, entrepreneurship and innovation. Some funding should be allocated to invest in ‘knowledge transfer’ and ‘technology’. Again closer links with industry could be further developed and encouraged to promote the use of improved treatments, interventions and technical equipment.

The RCM noted that there is a plan to bring back ‘responsive funding’ – in which a comparatively small amount of funding can be accessed by an individual. When this funding was in place previously, it was a good source of individuals developing an idea seed, which often then grew into a much more significant piece of research. The College therefore would support this source of funding – and suggests that this is accessible to all practitioner groups, and assessed with transparency and equity.

**8. How can UK health research funding be most effectively used to provide the appropriate infrastructure for basic, translational 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?**

The new *National Institute For Health Research (NIHR)* has the potential to provide an infrastructure for basic, translational and applied research, if it gives all three research areas the recognition that is required. However, concerns that it will be heavily medically led have been voiced within the professions. Some attention needs to be focussed on some of terminology of this new institute – which at present appear to be relevant to one profession (i.e. the medical profession), and may be seen to exclude others. Decisions regarding funding allocation, research priority setting and direction must be made with representation across the whole health service, with equal representation from all – including users and patients.

Outputs from the NIHR need to be monitored closely by the Department of Health to evaluate how much research is basic, translational and applied.

In addition, close monitoring of how innovation and collaboration with industry is being sought needs to be evaluated and audited. This should highlight market failures. Studies to evaluate how effective the implementation of NICE guidelines within the NHS should be designed and undertaken.

**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?**

The four UK countries should each have a research base that is linked to the new *National Institute (NIHR)*. In England, given the size, complexity and population spread, it may be useful to have some regional centres, or a base in the north, as research funding and opportunities may be seen as predominantly based in the South of England, in particular in the London area. This will address geographical diversity and promote basic, translational and applied research to be undertaken throughout the UK. There is some evidence that this model of research dissemination appears to work in Canada.

**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 new *National Institute for Health Research (NIHR)* needs to reflect on the 'all inclusive approach the NHS R&D has adopted to promote 'equality and effectiveness' of health research undertaken by several health professional groups. If

the MRC model is adopted whereby, the bias is towards medical research then this will cause friction and devalue the other health professional group's contributions.

A balance must be achieved to meet the health needs of the population at large and the financial budget needs to consider ring fencing amounts to cover the undertaking of basic, translational and applied research.

One option would be to bring all health research funding into one research council – but if this was considered it would need systems and structures that reflected all professionals and interested groups, in order to not be seen as a new medical research council. The decision making and strategic direction would have to reflect the widest understanding of health, in the terms of reference, appreciation of research methodologies, governance and objectives. The RCM would support a single funding body, with this proviso.

### **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 '*Connecting for Health*' NHS IT system is still in its infancy, but the RCM believes will be crucial to health research and dissemination. This should be evaluated and emerging evidence fed back into the *Connecting for Health* initiative. Some concerns have been raised that the profession may not be equally utilised and valued within the networks, and this needs to be addressed.

A substantial amount of investment to link up the NHS IT systems is required. This will take time and further education and training of NHS employees; it may even need external consultants to be contracted to ensure a robust system. The potential to link up the Clinical research networks and other NHS departments is there but may not be achieved by 2010. The government and the NHS have to realise here and 2015 is a more realistic target year to aim for.

### **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?**

Closer links definitely need to be established between the new *NIHR* and the research councils. If a decision were taken to develop one research council (please see above) this must be seen as a new body with a different agenda and value system to the existing councils (i.e. MRC). The College is aware that a recent press release suggests that this new council would be welcomed by the Association of Medical Research Charities, the National Institute for Clinical Excellence and the Royal College of Pathologists<sup>4</sup>. Evidence from a recent review of MRC funding also suggests that there may be a major disparity between those universities with nursing, midwifery and allied professions and those with medical training<sup>5</sup>. This does reflect a

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<sup>4</sup> Research Day UK 27.7.06 AMRC, NICE and RCPATH welcome merged health fund in Cooksey

<sup>5</sup> Research Fortnight March 2006

one dimensional approach to health, and may limit a wider impact on health and well-being.

A more collaborative research approach is needed. With the universities in the UK and possibly develop joint appointments and clinical chair positions. Caution however, is needed here and there should be equal opportunities for all universities to be involved in health research, in particular where midwifery, nursing and allied health professionals are educated and trained not just the universities who have a medical school.

## **Conclusion**

The RCM welcomes the opportunity to be involved in this important consultation process. Several areas of concern have been identified, and it is hoped that this will enable the process to be further refined and developed to inform the next phase of NHS research development.

The RCM would be happy to comment further, and to provide any further clarification should this be required.