

Review of UK Health Research Cooksey Review

Comments from Surrey Primary Care Trusts

Question 3

- 3.1 The support for research by front line staff to improve the day to day care they provide does not have sufficient profile, status or funding.
- 3.2 Prioritisation of healthcare provision. Treatment priorities and rationing. Hugely important topic that has not been addressed in a rigorous and formal way. Prioritisation exists and is practised widely; however it is piecemeal and varies between one clinician/NHS Trust and another.
- What treatments should be made available under the NHS and to whom should they be given?
 - What information and considerations are used/should be used to decide priorities?
 - How much are/should service users be involved in the decision making?
 - What are the ethical challenges and how should they be resolved?

The topic requires informed public debate with the DH/NHS providing relevant and up-to-date data and information.

Question 5

There could be a legitimate role for R&D (in collaboration with NHS Library Services) to facilitate the use of R&D outcomes/findings by managers in their decision-making. R&D would provide a service to managers. A key element would be training R&D management in research review and evaluation skills so that they could guide practitioners and managers. As a corollary, performance reviews could encompass the application of evidence based practice and decision-making.

An allied function which R&D managers could help with (in collaboration with RDSUs) is to assist/facilitate 'action research' methodology and the evaluation of service development/delivery projects.

A particular benefit of these proposed R&D roles would be to integrate the usefulness of research into the working lives and culture of NHS practitioners and managers. At present, perception is that R&D is peripheral and is a low priority consideration in decision making.

Question 7

Experience suggests that innovatory thinking and activity benefit from a clearly defined context and focus. Having a system (such as the NHS Innovations initiative) which is designed to assess and develop 'a good idea' is only the final part of an innovatory pathway.

Innovation is in essence problem-solving and to be successful, the nature and extent of the problem have to be defined and appreciated. In order to encourage useful health services innovation there needs to be a well defined focus (foci!), determined by a relevant body and which constitutes the innovatory remit for the NHS for a period of time (much like priority research areas). This would not preclude 'spontaneous' innovation in other areas.

Innovation is a skill, it has process and technique. Productivity would be improved through appropriate training.

In addition to having clear objectives, context and the necessary skills, innovation requires motivation. Successful innovators tend to be serial innovators whose motivation comes from

the satisfaction, recognition and financial reward from solving problems. There needs to be a system for identifying and nurturing such individuals.

Is there a tendency for innovators to leave the spawning organisation/culture? Is this desirable? It may be instructive to understand the natural history/life cycle of successful innovators in order to try and retain their talent within the NHS. Is there a case for setting up a career path for innovators? Is there merit in establishing innovation teams tasked with solving very specific health/social care problems?

Will Plaskett
Research Governance Manager for Surrey PCTS
July 2006