



Being a good research partner: the virtues and rewards

Key points

- High-performing organisations understand the competitive advantage gained through an ability to absorb and generate research knowledge.
- Health services research is interested in how services can be organised to deliver optimal care.
- All NHS organisations, large and small, can benefit from greater engagement with research.
- Engaging with research is about evidence-based practice, quality improvement, innovation and evaluation.
- NHS organisations that are research active appear to have better overall performance than non research active trusts.

Research is crucial to the NHS. It helps the NHS understand, adapt and respond to the challenges it faces. These challenges might come from changes in policy, populations, technologies or disease patterns. In the present climate, research evidence can play a key role in helping the NHS respond to the challenge of improving quality while simultaneously finding efficiencies.

This *Briefing* looks at the role and value of research, in particular health services research, and explores the virtues and rewards to NHS organisations of being a good research partner.

Background

Increasingly, it is recognised that research is not just something that should concern clinicians and that evidence-based practice should extend to management and policy making. High-performing organisations understand the performance advantage gained through an ability to generate and absorb knowledge and there is also good evidence of the link between an organisation's research activity and patient outcomes.

While recognising the obstacles that NHS managers and practitioners

face in using research evidence or in getting more involved in research activity, the case for not doing so looks weak when viewed alongside the benefits.

Taking research seriously

The coalition Government's white paper, published in July 2010, signals significant change to the NHS landscape. The NHS is moving towards a market system of independent organisations competing on quality and price. In this environment, organisations must aspire to high performance if they are to gain a competitive

'Now is the time more than ever to think about what you are doing and how you are providing it. Science and the knowledge it brings is always developing and the NHS must be in a position to take advantage.'

Malcolm Lowe-Lauri, CEO, University Hospitals of Leicester NHS Trust

advantage. With central control and top-down performance management ideologically out of favour, it is an environment that presents opportunities for more creative and internally-driven ideas to transform service delivery and improve quality and efficiency.

In addition, the NHS is entering a period of severe fiscal restraint. A clear implication is that greater productivity and efficiency will need to be delivered by healthcare organisations through faster, efficiency-improving innovation and more rapid dissemination. The capacity of the NHS to generate and transfer this knowledge depends to a great extent upon 'organisational readiness'.¹

An attribute of 'readiness' and a characteristic of high-performing organisations is knowledge management. The use and generation of research evidence is a key part to this. The capacity to achieve and sustain change is another attribute of 'readiness'. In high-performing organisations where research, innovation and evaluation are encouraged, this capacity and capability is stronger.²

In recent years there has been a growing policy framework to support

research in the NHS. Quality Accounts, the NHS Constitution and the Operating Framework all contain requirements relating to research. Research can also provide a valuable additional income stream for a trust. NHS organisations that are research active also appear to do better in overall performance compared to non research active trusts.³ Add to all of the above the growing evidence that an organisation's research activity is linked to improved patient outcomes^{4,5}, and the case to take research seriously is compelling.

The contribution of health services research

Health services research (HSR) is particularly useful when facing the current challenges. HSR is interested in how services can be organised to deliver optimal care. Its remit extends from how services

are organised and delivered, through to the effects of specific health technologies (investigations and treatments), to national policies. HSR is a key resource in bridging the 'second translational gap'⁶ – translating new medical interventions or knowledge into practice. So if you are deciding how to reorganise your clinical directorates, reconfigure a service or introduce any organisational innovation, HSR provides the evidence base. HSR is an essential complement to basic laboratory science and clinical research, as many of these discoveries rely on high-quality, well-designed systems to ensure that the public can benefit from their discoveries and advances. The influence of HSR can be seen in everything from medicines management and the care of chronic disease to greater understanding of the merits and pitfalls of organisational mergers.

A good research partner

Advantages of being a good research partner:

- improved patient outcomes
- research-informed decisions are likely to be better decisions
- participating in a research study will make the end product more relevant to you
- engender a culture of quality improvement.

Key characteristics of a good research partner:

- a research aware culture is promoted
- relationships with academic partners are strong (different levels of engagement will be appropriate to different organisations)
- staff are encouraged to participate in research
- the results of research are promoted.

Real and perceived barriers to research

There are of course real barriers for NHS managers and practitioners to engage in research. One of the key skills of management is to make difficult decisions quickly, particularly where there is incomplete information or uncertainty about the outcomes. The instinct for many managers is to make these decisions pragmatically, based on experience and intuition, rather than to take a more reflective evidence-informed approach. A decision made in consideration of the research evidence is likely to be a better one and will at least narrow, if not always eliminate, the levels of uncertainty and gaps in knowledge that exist. But time to consider the evidence base or take part in research can be seen as an unaffordable luxury. And if there is

time, the knowledge about where to go to find the evidence and the skills to make the use of it are not always present. This is compounded by research evidence often being presented in complex and inaccessible formats.

Ringfencing time to get involved in research is another real issue. In smaller organisations in particular, staff capacity diverted to research activity may not be easily covered or compensated for. There can also be a reluctance to participate because of the timescales involved in research. When you want the answers now what use is something that reports in 12 to 36 months? The hurdles that research governance can present, with ethics approvals and governance sign-offs, are often perceived as another barrier.

'Linkages between NHS practitioners and active researchers are important in stimulating critical thinking and engendering a spirit of enquiry, reflection and evaluation crucial to developing service provision.'

Mike Cooke, CEO, Nottinghamshire Healthcare NHS Trust

While these issues are real, they must be balanced against the significant advantages of using and taking part in research. Being busy, for example, does not necessarily equate with being effective. An awareness of research evidence can help managers engage in constructive dialogue with clinicians, and creating protected time away from the day-to-day operational workload can be invaluable.

It is accepted that research evidence can be inaccessible and indigestible, but research products are increasingly being produced with the end user in mind. Formats such as systematic reviews, research summaries, workshops and toolkits are increasingly available. A number of initiatives are in place to help managers and clinicians connect more effectively with HSR knowledge, such as NHS Evidence, an online portal, and the SDO Network, which supports managers to access and use evidence more effectively (see back page). And although high-quality research is likely to take time, its results are more likely to be meaningful and scientifically rigorous. Issues surrounding research governance and ethical approval have also been greatly improved through the efforts of the National Institute of Health Research (NIHR) and the National Research Ethics Service (NRES).

Examples of the impact of health services research

- The measurement of the quality of care, risk adjustment, techniques for understanding users' experiences and health status are vitally important and mostly come from HSR. The proposal to use an outcomes framework in the white paper and patient-reported measures in the Darzi review is an example of a direct application of this methodology.
- At the policy level, the design of incentive systems, the recognition of problems such as moral hazard, supplier-induced demand and the development of tools such as the chronic disease management model, all have their roots in HSR.
- Cost effectiveness analysis, the work of NICE, the design of resource allocation systems, programme budgets, marginal analysis and the inverse care law all come from HSR disciplines and challenge previous assumptions that care is cost effective and that resources are rationally allocated.
- In the area of workforce management, HSR has helped to develop innovations in skill mix, insights about the relationship between doctors and managers and understanding of the impact of teams working on quality and safety.

'The different applied science techniques can help understand patient behaviour, understand how best to intervene, and so can be crucial to inform the quality and productivity agenda.'

Malcolm Lowe-Lauri, CEO, University Hospitals of Leicester NHS Trust

Being a good research partner

NHS organisations that recognise the strategic value of research have sought to embed a culture of research, innovation and evaluation. Governance and performance mechanisms are often used as a means to signal its importance, for example through core reporting measures and performance targets, appointing responsible officers, or through the creation of cross-governance structures with academic partners.

Leaders in these organisations are acutely aware of the example they set. Celebrating and rewarding success in research is also seen as key. The role of boards is important, and in organisations that recognise the strategic value of research you often find board members with a background in research (from local universities, for example). In others, there is a concerted effort from within the organisation to ensure that board members are aware of the value and role that research plays.

Relationships with academic partners

Fostering relationships with local university partners, from the

high-level relationship between an NHS CEO and university vice chancellor to those forged between specific academic units and NHS departments, is crucial. It is through relationships that individuals and organisations work together to build research capacity. For example through providing facilities, developing skills and opportunities for staff, or simply through joint research bids and proposals. Formalising these relationships ensures stronger organisational buy-in and that links are not lost with changes in personnel.

Structures such as collaborations for leadership in applied health research and care (CLAHRC), academic health science centres (AHSCs) and the new health innovation and education clusters (HIECs) are examples of relatively recent organisational forms aimed at translating research findings into improved outcomes for patients based on mutually beneficial partnerships between universities and NHS organisations. They are predicated on evidence that the extent of interaction throughout the research process between the researchers and the practitioners who could potentially use the results is key to the application of research to practice. These organisational structures help to positively reframe the relationships between management, clinicians and researchers and could be the model for new forms right across the NHS.

Aspiring to high performance is not just about looking at new ways of doing things or finding answers to problems. Evaluation is an essential

'Our relationships with our academic partners are key.'

Peter Homa, CEO, Nottingham University Hospitals NHS Trust

'The message our trust promotes is that research is good for patient outcomes.'

Stephen Smye, R&D Director, Leeds Teaching Hospitals NHS Trust

component of a culture of continual improvement. This is about learning from what you do already and recognising the things you do that don't work. Innovation must be accompanied by evaluation if we are to learn about what works and why, and what doesn't work and why.

Benefits of being a research partner

Being a research partner produces benefits beyond the results of the research study itself. Manager or practitioner involvement in a study demonstrates the importance of the work and ensures that as a collaborative partner you play a part in defining the goal and objectives of the research. NHS managers and practitioners who take part become exposed to new ideas and new ways of seeing things and thinking. This new found critical eye and curiosity spreads across teams and departments beyond those directly involved in a study, helping to further engender a quality improvement culture. There is also the legacy of increasing the amount of scientific evidence available to the wider NHS and academia.

Integrating research

As a research partner, an NHS organisation does not necessarily have to provide money for a project. The NIHR Research Design Services can help identify potential funding sources and can even help with designing a study to increase its chances of securing funding. A good R&D office should be integrated within an organisation and play a facilitating role. It should be able to signpost resources for those wishing to turn a problem into a researchable question. An R&D department may also have a knowledge management role, servicing the evidence needs of

staff. Relationships with academic partners are sometimes formed to provide training in research appraisal and evaluation skills. Occasionally, more formal collaborative relationships are in place to share staff and overheads.

The wider NIHR research support infrastructure, in the form of comprehensive local research networks, the six topic-specific research networks, and the Primary Care Research Network, have been established to provide NHS support for high-quality research and enable NHS patients and staff to take part in research studies. There

HSRN viewpoint

The NHS needs research and research needs the NHS. Mutually beneficial relationships that ultimately provide improved outcomes for patients and better value healthcare for the taxpayer should be an increasingly common feature of the NHS landscape if it is to not only sustain itself but strive for continual improvement.

Embedding an approach and investing in building capacity for improvement are key attributes of high-performing organisations. It would be a mistake to view research as something best left to clinicians and an elite of large university hospitals.

All NHS organisations, large or small, can benefit from greater engagement in research. Engaging in research is much more than recruiting patients for trials. It is about evidence-based practice, quality improvement, innovation and evaluation. Just as a clinician delivering high-quality care depends on keeping abreast of the latest research evidence, NHS managers need to be aware of what knowledge and evidence exists when making service decisions. Engendering a research aware culture from the top is the best way of doing this. The NHS Confederation hosts two networks, the Health Services Research Network and SDO Network, aimed at helping members do this.

For more information on issues covered in this *Briefing*, please email Stephan Groombridge, Senior Policy and Research Officer, at stephan.groombridge@nhsconfed.org

'Research is a cultural thing that supports us to develop our evidence-based culture.'

Simon Pleydell, CEO, South Tees Hospitals NHS Foundation Trust

are financial incentives in place through the comprehensive local research networks to encourage NHS participation.

References

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A number of chief executives, directors of R&D, medical directors and senior academics were interviewed for this *Briefing* and the HSRN would like to thank these individuals for their time.

Further information

Sources of research evidence include:

NHS Evidence www.evidence.nhs.uk

Cochrane library www.thecochranelibrary.com

NIHR SDO Programme www.sdo.nihr.ac.uk

Health Foundation QQUIP Programme www.health.org.uk

The Health Services Research Network

The Health Services Research Network is a UK-wide membership network for organisations with an interest in HSR. It works to bridge the gap between the research, NHS and policy communities and promote the use of research in policy and practice. HSRN also acts as the voice for the HSR community to government, funders and the NHS.

For more information and to join, visit www.nhsconfed.org/HSRN

The SDO Network

The Service Delivery and Organisation (SDO) Network supports managers to access and use research evidence more effectively in planning the services they manage. Services include chief executive forums, an academic placement fellowships programme and tailored learning events.

For more information on our services and to join, visit www.nhsconfed.org/SDOnetwork

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