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Trainees' forum

Research and development in the NHS

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In April 1991, the government announced the development of a new research and development programme for the NHS. Professor Michael Peckham was duly appointed Director and the first strategy document appeared in September of the same year (DOH, 1991). The suitably broad objective of the strategy is to "ensure that the content and delivery of care in the NHS is based on high quality research relevant to improving the health of the nation".

How is such an objective to be realised and what are the implications for mental health?

The past

The support of medical research in the UK is complex, with multiple sources including the Medical Research Council, the charities, industry, the Universities Funding Council and local trusts. Of the total 1989/90 funding for health research in England, it is estimated that 15% (or £225 million) was provided directly by the Department of Health and NHS (including the Service Increment for Teaching and Research, the Locally Organised Research Scheme and central funding for a number of other research bodies such as the Social Policy Research Unit, the Centre for Primary Care Research and the Health Education Authority).

In addition to financial support, the NHS supports clinical research by providing facilities, access to patients and expertise. It is also the practical outlet for the vast majority of health research. Yet until now there has been no strategic framework in the NHS within which research resources are managed, and the service has been described as a largely passive partner to the research bodies. This gap was identified by a House of Lords Select Committee on Science and Technology (1988) which concluded "no research system can function efficiently when their principal customer for research (the NHS) has so small a direct input into the initiation of research programmes. The NHS should be brought into the mainstream of medical research. It should articulate its needs, it should assist in meeting those needs and it should ensure that the fruits of research are systematically transferred into service". The committee was particularly critical of the way in which public health research and operational research (the way in which health services are organised and managed) have been relatively neglected.

The scenario is one with which we are all familiar. With career pressure to research and publish, the emphasis is on short-term projects which are easy to carry out. Despite the fact that the NHS indirectly supports much of our research, if only by paying out salaries, we have in the past been unlikely to consider local or national priorities in choosing topics to research. It is not surprising therefore that much research has little practical utility or is not applied, with over 50% of published work never cited.

The way forward

In response to these deficiencies, the government announced the creation of a new NHS research and development programme. The principal aim of the programme is to develop a strategic framework for research and development within clearly stated national and local priorities. Wherever possible NHS research should be in keeping with these priorities and allocation of new funding will be decided accordingly. High priority will also be given to ensuring that research influences practice at all levels within the service. The Department of Health/NHS already spends significant amounts of money on research and development and each element of existing funding will be reviewed. To permit the development of the programme, the Secretary of State for Health has set a national expenditure target for research and development of 1.5% of the total NHS budget (an increase of 40% on 1989/90 figures), to be achieved over a five year period by redeploying existing resources and seeking new resources through the public expenditure round (Peckham, 1991).

The structure

The central research and development (R&D) committee

The central (or national) committee, chaired by the director of R&D, brings together senior NHS managers, leading research workers from the Universities

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and elsewhere, lay members and others with experience in industry. Members are drawn from all over the country and from a wide variety of backgrounds, but do not act as formal representatives of their organisations.

The committee's terms of reference are to advise the Director, and through him the NHS Management Executive of which he is a member, on national priorities for research and development. The committee is expected to consult widely and a number of project and working groups have been set up. Particular attention is likely to be paid to *Health of the Nation* key areas and to areas of significant NHS expenditure. Encouragingly, mental illness (one of the five key areas of *Health of the Nation* and the greatest drain in terms of resources) has been selected as the first national priority.

Once national R&D priorities have been identified, bids to carry out appropriate work are invited through the new regional R&D structures.

Regional R&D committees

Responsibility for the new programme will rest largely with the regions, who are expected to develop their own structures within a national framework. Each region has appointed its own Director of R&D, with a multidisciplinary committee expected to publish and be accountable for a local R&D plan. In addition to contracting to run centrally funded research of national importance, regional committees should encourage local research in keeping with national priorities. They are also expected to assess local needs, on the basis of advice from a wide variety of sources (purchaser and provider), to establish local priorities and commission or fund research accordingly. In the past regions have funded research through the Locally Organised Research Scheme; bids were considered on their individual merits rather than in relation to any strategic framework or priorities. While committed funding will be maintained, the Locally Organised Scheme will gradually be absorbed by the new regional structure.

In their early work, regional committees are likely to have reviewed the nature and funding of recent research in their locality and decided upon preliminary priorities. The North Western Region (1992), for example, has collected data from district ethical committees on research projects submitted to them. Not surprisingly, the vast majority were disease centred and doctor led. As part of their infrastructure commitment they intend to establish and maintain a comprehensive inventory of local research and to improve training opportunities in health services research for clinical and non-clinical staff.

Central guidance on the development of the new infrastructure emphasises the key role of regions. It seems likely however that, as in the North Western Region, district co-ordinators will be appointed and district committees may follow.

The implications

The philosophy underpinning the new R&D strategy has the potential to produce widespread changes in our attitudes to research. Research success, and hence career progression, may eventually be judged in terms of practical utility rather than length of curriculum vitae.

Those working in mental health now have the opportunity to influence local and national research priorities, through district co-ordinators (and committees if these are established) and through regional committee members. Mental health is suddenly at the top of the agenda. Not only is it one of the five *Health of the Nation* key areas and the first national R&D priority, but in a recent review of district purchaser plans it was cited as a top priority, to which extra resources would be committed, by 72% of districts (Redmayne, 1992). The national strategy has also emphasised the need for more operational research, of particular relevance in mental health with its rapidly changing pattern of service delivery. Regional committees are likely therefore to look favourably on bids for mental health research and even wish to commission such work. Training in social sciences and epidemiology is also being encouraged and training or research fellowships may be available. If all this seems a little remote, find out whether you have a district co-ordinator for R&D and who is on the regional committee; the first regional research and development reports are a useful starting point.

In the past, research has too often been viewed as a necessary evil for career progression, with little relevance to clinical practice. The new R&D programme is an opportunity for change which must not be wasted.

References

DEPARTMENT OF HEALTH (1991) *Research for Health: A Research and Development Strategy for the NHS.* London: HMSO.

HOUSE OF LORDS SELECT COMMITTEE ON SCIENCE AND TECHNOLOGY (1988) *Priorties in Medical Research.* London: HMSO.

NORTH WESTERN REGIONAL HEALTH AUTHORITY (1992) *Regional Research and Development Plan.*

PECKHAM, M. (1991) Research and development for the National Health Service. *Lancet*, **338**, 367–371.

REDMAYNE, S. (1992) Skin deep. *Health Services Journal*, October, 28–29.

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