Embedding research as a core function of the health service – *the Health and Social Care Act 2012*

"The new commitments to research . . . give a clear sign that the Government recognises the value of research for improving the health and the economy of the UK. The NHS in the UK provides a unique opportunity as a great resource in which innovative research can be undertaken and used for patient benefit quickly. This commitment to research within the NHS structures is the latest evolution of the system which allows us to keep on . . . making important breakthroughs." *Medical Research Council*

Context

1. Research is vital to the continuous improvement of quality in the NHS. We believe that the NHS should drive innovation both in healthcare and across the wider economy. High-quality research will be essential to do this.
2. The Government is committed to health research, and made this clear in both through the 2010 White Paper *Liberating the NHS* and by increasing spending on health research in real terms. It is our intention to create a culture of innovation and research that is embedded at every level in both the NHS and public health.
3. The Future Forum expressed concern that we had not gone far enough in the original Bill to meet this aim. The Act now includes new duties on the Secretary of State, the Board and clinical commissioning groups to have regard to the need to promote research within the health service.

Key changes

4. The Health and Social Care Act 2012 provides the legal basis for research in the new NHS architecture.
5. For the first time, there is a **duty on the Secretary of State to promote research on matters relevant to the health service and the use in the health service of evidence obtained from research**. In addition to this duty, the Secretary of State must also take appropriate steps, including research, to protect public health and protect the public from disease and threats to health. This reinforces the important strategic role of government, including the Department's responsibility for research policy and for the National Institute for Health Research.
6. **A parallel duty is placed on the Board and clinical commissioning groups**.
7. **Monitor** is required to have regard to the need to promote research into matters relevant to the NHS by those providing healthcare services for the purposes of the NHS".
8. The Act confirms **the Secretary of State's existing power to conduct, commission or assist the conduct of research**. It also provides a similar power for the Board, clinical commissioning groups and local authorities. This can include assisting research by providing financial assistance or making the services of any person or other resources available.
9. We will establish the **Health Research Authority** as a Special Health Authority (see box on second page).

How will this work in practice?

10. In order to be authorised, a CCG will need to demonstrate that they have in place systems and processes to promote patients' recruitment to research, participation in research; and systems and processes for funding the treatment costs of patients taking part in research. The Board will play a critical role in authorising CCGs, and promoting research more broadly.

Factsheet C8 provides details about research. It is part of a wide range of factsheets on the Health and Social Care Act 2012, all available at:
www.dh.gov.uk/healthandsocialcarebill

CASE STUDY 1 – TREATMENT FOR INHERITED EYE DISEASE

The Secretary of State, through the National Institute for Health Research (NIHR), provides £1bn of support for research annually. This includes funding for the most outstanding NHS and university partnerships in the country to develop exciting new science into tangible, effective treatments: the Biomedical Research Centres help deliver real improvements in patients' chances of surviving and living a more independent, healthier and better quality life.

For example, the partnership between Moorfields Eye Hospital and the Institute of Ophthalmology in London is at the international forefront of research on gene therapy for inherited eye disease. In 2007, the hospital carried out the world's first successful gene therapy for Leber's congenital amaurosis, a rare disease that causes progressive deterioration in vision and blindness in teenagers. Since then other NHS patients have received gene therapy at Moorfields, benefitting at an early stage from this treatment.

CASE STUDY 2 – REDUCING STROKE RISK

Atrial fibrillation (AF) is a heart condition that causes episodes of irregular and often abnormally fast heart rate. It is a major risk factor for stroke: the annual risk of stroke is five to six times greater in AF patients than in people with normal heart rhythm.

The NIHR Health Technology Assessment Programme funded research in 50 primary care centres across the West Midlands to look at effective methods for screening for AF. The research provided evidence for NHS pilot projects of opportunistic screening to detect AF in people aged over 65. As a result, optimal treatment of patients with AF will be improving the quality of care for these patients, reducing their risk of stroke, and reducing costs associated with stroke and its complications.

MEASURES TO STREAMLINE RESEARCH APPROVALS AND PROCESSES

The Government's *Plan for Growth*, published in March 2011, recognised that it has become far too difficult to navigate the complex national and local processes for approving health research. It announced measures to ensure governance and regulation is proportionate and speed up decisions about research proposals to make research projects in the UK more cost-effective, benefitting NHS patients.

At national level, the **Health Research Authority** (HRA) has started work as a Special Health Authority, fulfilling the commitment made in the *Plan for Growth.* The HRA's purpose is to protect and promote the interests of patients and the public in health research, and it has substantial functions from the outset. Future legislation will put the HRA on a permanent footing as a Non Departmental Public Body, and consolidate its functions. We intend to legislate as soon as Parliamentary time allows, and publish draft clauses on the HRA for pre-legislative scrutiny in 2012.

At a local level, as a condition of future NIHR funding, providers of NHS services will have to show that they play their part in a national system of research governance requiring timely and professional initiation and delivery of clinical trials. The NIHR has adopted the Research Support Services framework of tools and good practice to transform the consistency and efficiency of research initiation.

FURTHER INFORMATION

- Health Research Authority (announcement): http://www.dh.gov.uk/health/2011/12/creation-hra
- Health Research Authority (website): http://www.hra.nhs.uk
- The *Plan for Growth:*http://cdn.hm-treasury.gov.uk/2011budget_growth.pdf
- The National Institute for Health Research - Research Support Services:http://www.nihr.ac.uk/systems/Pages/Research_Support_Services.aspx