Nurse Review of Research Councils: Call for Evidence

Response Form

Please state whether you are responding as an individual, or on behalf of an organisation:

On behalf of the Royal College of Nursing

Please write here your name/ the name of your organisation and contact details. This would help us to contact you if we have further questions.

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Please provide evidence and views in relation to the following themes:

1. Strategic decision-making

Following consultation, the Royal College of Nursing believe that strategic decision-making about funding priorities from Research councils should be more transparent and more inclusive of the views of 'non-medical' health and social professionals and service users. Health and social care is inherently complex and research is needed that reflects this complexity when priorities are set and strategic decisions taken. The Medical Research Council emphasizes its role in supporting discovery science, but we believe this has the potential to omit much evidence generation and testing of innovation in what we would term the caring sciences. This might include, for example interventions in rehabilitation, palliative care, psychological and social support, chronic disease management and long term care – the knowledge required by those involved in the 'sharp end' of care provision and required to enable the clinical application of scientific discovery. Our evidence indicates that there is no obvious 'home' for the caring sciences within the current configuration of the 7 research councils. A relative paucity of professionals from the caring sciences have been consistently successful in securing funding from the research councils. We strongly believe this indicates a failure to capture and capitalise on the range of expertise caring scientists have to offer and is detrimental to the achievement of the national (and international) priority to provide clinically, cost effective health and social care across the human lifespan. The research councils could gain insights from some of the health-related charities, where excellent partnerships have been developed which have successfully shaped decision making and strategies to ensure the priorities of users - as well as researchers - are considered. For example see the work of the James Lind Alliance (http://www.lindalliance.org/), and the Stroke Association's new research strategy (http://www.stroke.org.uk/research/stroke-association-research-strategy).

The overview report by Main Panel A of the Research Excellence Framework 2014 considered that diversity and quality of research submitted to sub-panel UOA 3 (Allied Health Professions, Dentistry, Nursing and Pharmacy) to be a great strength. They concluded:

> "If research funding is maintained or increased, the future of these disciplines in the UK is very bright and the impact on the care and treatment of patients, families and communities will continue to be enhanced nationally and globally. It was clear from the international members of MPA who had joined the sub-panel meetings that they held UK research in this UOA to compare well with the best in the world"

Furthermore, the report highlighted important strengths in the research addressing nursing interventions:

> "In terms of nursing-related research outputs, many of those in cancer, palliative and related supportive care were widely held to have been internationally excellent or world-leading as were those in the field of self-care management and the support of people with long term conditions. Sub-panellists felt that there were particular strengths in the mental health field, notably in the areas of prevention of self-harm and suicide. Midwifery contained many areas of strength including breastfeeding and place and manner of birth, with evidence of strong multidisciplinarity. Important work was also noted in the general area of quality and safety of care in acute and community settings (e.g. prevention of infections, falls, pressure sores, wound care and leg ulcers, urgent and emergency care, access to care outside of hospital). There were excellent examples of world-leading work on staffing levels and quality of care. The application of new technologies to patient care and managing chronic illness was also worthy of praise."

We believe that it is imperative that these areas of research, from a multi-professional perspective, should be provided with more overt support from the Research Councils to contribute a wider perspective to addressing the health needs of the global population.

2. Collaborations and partnerships

The Royal College of Nursing believe that one of the most important collaborations and partnerships that should be strengthened further is that between the Research Councils and health and social care services, and that this relationship needs to be cognisant of the economic consequences to the NHS of research conducted via the Research Councils (i.e. applicability and transferability).

Research councils should promote more interdisciplinary and multi-professional collaborations and partnerships. Co-production of knowledge is a key principle that we support. Users of knowledge should be involved in the priority setting process to maximise impact.

The Royal College of Nursing agrees with the Haldane principle, in that decisions about research strategy should be based on social need, as well as scientific benefit, and should be led by researchers and not politicians. However, we also emphasise that researchers from the caring sciences are at best desperately under-represented, and at worst, completely invisible, in the current configuration of UK Research Councils, thereby rendering it difficult to influence the strategic direction or funding priorities of these Councils. For example, we believe that only 1 individual with a professional nursing qualification (from more than 250 people) sits on

the 15 strategic groups that guide the work of the Medical Research Council (http://www.rcn.org.uk/development/research_and_innovation/career/nurserepresentation).

Healthcare is inherently complex, and knowledge is needed that can draw on the insights and expertise of different practitioners when commissioning research. This needs to include awareness of the inherent challenge of implementing evidence in practice – within the delivery of clinical services, for example. Science can produce the best and leading edge evidence in the world, but without consideration of application the return on investment is questionable.

This is especially important in a time of fiscal austerity.

3. Balance of funding portfolio

The Royal College of Nursing does not believe that the balance of the MRC funding portfolio adequately reflects societal demand. For example, there is a rising demand for healthcare by an increasing older adult sector; the largest group of healthcare users. This demand will only continue to rise. A balanced funding portfolio would better reflect societal demand. There is a perceived focus on certain key topics with inequitable representation of others – such as complex caring systems research.

Lessons from the Francis Inquiries into Mid-Staffordshire reinforce the need for research that addresses the complexity of healthcare policy, planning and provision. Without this, and with the best science in the world, patient safety will remain at risk. We suggest that this is especially relevant when cost is a key driver in decision making. The independence of the Research Councils puts them in an excellent position to look into this.

Contemporary societal changes are calling out for research leadership from the research councils. This may include for example, increasing self-management of chronic disease(s) and the development and application of new technology.

Evidence shows that the caring sciences are not addressed by the current strategic decision making mechanisms within the Research Councils. Whilst we recognise the importance of the MRC focus on discovery science/biological sciences, this should not be at the expense of the heath care /caring sciences. Page 42 of the MRC Strategic Plan 2014 – 2019 highlights its role in training and developing the next generation of biomedical research leaders, thus increasing the capacity and skill base.

> "We play a key role in ensuring a highly skilled workforce for UK medical research by supporting more than 5,700 research staff, 400 training fellows and 1,900 PhD students across the full spectrum of health disciplines, many working with industry. MRC Units, Centres and Institutes make significant contributions to training and the development of future research leaders."

Given the size of the nursing workforce and its impact on healthcare delivery, the Royal College of Nursing firmly believes that the funding portfolio of the Research Councils, and particularly the Medical Research Council, should more accurately reflect 'the full spectrum of

health disciplines'; both in terms of access to training resources, but also by supporting Units, Centres and Institutes that are concerned with caring science research. The research methodologies employed in such centres will be eclectic and reflect the complexity inherent in health care delivery.

4. Effective ways of working

The Royal College of Nursing believes that much of the funded work of the MRC is concentrated primary on biomedical sciences, particularly at the cellular level, despite another Research Council that also includes this type of work, the Biotechnology and Biological Sciences Research Council. This is an example where the division of current scientific subject areas would benefit from review and rebalancing, perhaps?

We believe this requires definitive change. To make such change a reality we believe *all* health and social care professionals, including nurses, must be purposeful included in the co-production of research council priorities and strategic decision making.

By altering the current ways of working there would be room for the development and the use of high quality research evidence that would realise tangible societal benefits.

We highlight the mission of the National Institute for Nursing Research in the United States that makes clear its mission as:

> The mission of the National Institute for Nursing Research is to promote and improve the health of individuals, families, communities, and populations. The Institute supports and conducts clinical and basic research and research training on health and illness across the lifespan to build the scientific foundation for clinical practice, prevent disease and disability, manage and eliminate symptoms caused by illness, and improve palliative and end-of-life care.

This is a model that would have currency in the UK health care system where complexity, multi-professional development and creative thinking are no longer simply desirable traits, but are an unavoidable necessity.

5. Any other comments?

The Royal College of Nursing believes that the single most effective way the Research Councils can assure that their Royal Charter objectives are met (and in particular objectives 1 (research) and 3 (engagement)) would be by renaming the Medical Research Council the Health Research Council and through purposeful co-production of priority-setting and strategic decision-making ensure a balanced portfolio.

The closing date for responses to this call for evidence is **Friday 17 April 2015 at 23:45**.

Please provide your response in Microsoft Word format. In order to be considered, submissions should be no longer than 3000 words.

Please email or post the completed response form to:

Email: nursereview@bis.gsi.gov.uk

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