

# NHS Future Forum: Inquiry into the NHS reforms

## Response by the Wellcome Trust

October 2011

### KEY POINTS

1. The key message of this response is that the NHS should have a clearly articulated vision to provide the best possible care for patients at a price that is affordable. Delivery of such a vision requires:
  - an education and training system that supports the engagement of healthcare professionals in research, innovation and the use of evidence;
  - interoperable electronic healthcare systems across the NHS that support the use of information for patient benefit in clinical care and research;
  - integrated delivery of care pathways across primary, secondary, specialist and social care; and
  - closer working between the NHS and public health systems.

### INTRODUCTION

2. Given the Trust's remit, our comments focus primarily on the impact of the reforms on health research and innovation, which run throughout the Future Forum's four themes.
3. The reforms of the NHS and public health systems must bring about the changes needed to implement a vision for a modern health service that delivers integrated care pathways through social, primary, secondary and specialist care; ensures strong links between public health and the NHS; and supports research and innovation to provide patients with the very best level of patient care. It is essential that form follows function in the design of a system, rather than the other way around. We are concerned that the proposed structural changes have been drawn up without sufficient attention to these essential functions that they must deliver.
4. Research and innovation must be embedded in the new evidence-based health system. Research and innovation allow us to develop new interventions; test whether interventions are effective; and to roll out those interventions that offer the greatest benefits for patients. They also provide the evidence for stopping less effective, and sometimes wasteful, practices. We welcome the emphasis of the Future Forum's first report on these key issues and the commitments made in the Government's response. We hope that research and innovation will also be reflected throughout the four themes of the second inquiry and that this will complement the findings of NHS Chief Executive's Innovation review.<sup>1</sup>

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<sup>1</sup>[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_127940](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_127940)

## EDUCATION AND TRAINING

5. We support the Future Forum's ambition that education and training in the new system should be flexible, fit-for-purpose and stimulate a culture of academic and research development. In order to ensure that new technologies such as genomics and stratified medicines are deployed effectively in the NHS, it is essential that healthcare professionals are given the education, training and time needed to support this.
6. Improvements to the education and training system for healthcare professionals can, and should, be made with minimal reorganisation of the current environment. Piloting and evaluation will be key to ensuring a smooth transition to an effective new system.

### Career pathways

7. The current career pathway for clinicians is highly restrictive. This lack of flexibility makes it difficult for young clinicians to develop a fully rounded set of skills and devote time to non-clinical activities, such as research. The career pathway for clinicians must be reformed to ensure that it is clear but flexible, and avoids over-specialisation. Sufficient support and recognition for activities such as research must be embedded. It is important that National Institute of Health Research (NIHR) funding for academic posts and Clinical Excellence Awards are maintained.

### A model for a reformed education and training system

8. We support a system where Health Education England (HEE) offers clear national leadership, with local partnerships of higher education institutions and healthcare organisations delivering education and training. This system will enable a clear division between the education and training purchaser (HEE) and providers (local partnerships).
9. HEE's role in national coordination must include quality assurance and standardisation. The HEE chair must be accountable to the NHS and could sit on the National Commissioning Board. HEE must also coordinate with other key stakeholders, such as the Higher Education Funding Council for England and the General Medical Council. The local partnerships must be accountable to HEE.
10. HEE should hold a ring-fenced budget, to be allocated on the basis of quality and quantity of education and training. The successful NIHR approach to support for research could provide a useful model for this.
11. Local higher education institutions and healthcare organisations partnerships should be multiprofessional and based on existing examples of good practice, for example the Academic Health Sciences Centres. These partnerships will have an important role to play in linking healthcare provision with research and innovation.
12. We would envisage that the Skills Networks, proposed by the Government in *Liberating the NHS: Developing the healthcare workforce*,<sup>2</sup> would be a wider group than these local partnerships. We consider that these networks should provide a forum for discussion, with an advisory, rather than decision-making, function.
13. We envisage that the Skills Networks/Local NHS Education and Training Boards would coordinate local information collection and feed this back to the Centre for Workforce Intelligence or directly to HEE. This will enable HEE to monitor and assess the quantity and quality of education and training provision.

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<sup>2</sup> Referred to as Local NHS Education and Training Boards in the first Future Forum report.

## INFORMATION

14. Healthcare data are essential to support the care of individual patients; for population level analyses to underpin the evaluation of outcomes, research and surveillance; to provide economic benefits to the health system by realising efficiency savings; and to support recruitment to clinical trials and create an evidence-based environment to attract R&D investment from industry. Given the importance of data in healthcare, it is essential that healthcare professionals value the role of information and engage in necessary processes to support this, for example maintaining high standards of record keeping. Education and incentives will be needed to achieve this.

### eHealth systems

15. Electronic health (eHealth) systems can facilitate the use of data and will add substantial value, for example through alert systems and clinical decision support. It is essential that eHealth systems are implemented across the NHS. However, since it is not practical to build a single system across the NHS, it is a priority that systems are interoperable and can be joined up between different geographical areas and across social, primary and secondary care. eHealth systems, which facilitate the sharing of records between healthcare professionals in all settings, have an essential role to play in supporting the integration of care and strengthening evidence-based practice.

16. eHealth systems should also support patient access to their own health record to enable patients to play a greater role in their own care. It will be important that eHealth systems are designed with both healthcare professional and patient engagement to ensure that their different needs are met.

### Use of patient data in research

17. Patient data provide the cornerstone for important health research and the recruitment of patients to clinical trials. While much research can be conducted on anonymous records, it is sometimes necessary to use identifiable patient records. We are concerned by the approach taken in *Liberating the NHS: an Information Revolution* that suggests that Government does not understand the need for the use of identifiable patient records in research. It is of course essential that research is conducted within appropriate safeguards to protect individuals' privacy and confidentiality.

18. The regulatory and governance framework for the use of data in research is highly complex and poses a significant barrier to research. Recommendations were made in the Data Sharing Review<sup>3</sup> to address this, but very limited progress has been made in implementing these. It is essential that these recommendations are implemented and that the regulatory and governance framework is simplified, while maintaining patient safeguards. A further positive development would be the introduction of a "social compact" between patients and the NHS. This would help to establish a culture in which patients using the NHS develop a greater appreciation that their care rests upon the foundations of past research, and in return would expect that their data be used in research, within the appropriate legal and ethical safeguards and for the benefit of the population.

19. The Health Research Authority (HRA), which will be created as a Special Health Authority shortly and later as a non-departmental public body, must have sufficient powers to be able to take a leadership role in the use of data in research. It is essential that the HRA works with other stakeholders, such as the Information Commissioner's

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<sup>3</sup> <http://www.justice.gov.uk/reviews/datasharing-intro.htm>

Office, to produce definitive guidance and take steps in the longer term to simplify the legislative framework.

## **INTEGRATED SERVICES**

20. The aims of integration should be the seamless provision of all aspects of social, primary, secondary and specialist care for the patient, particularly for complex and chronic disease management. Greater integration will be beneficial for patients and will also create efficiency savings. Integration should be one of the primary aims of healthcare reform and must be built into the design of systems from the outset.

21. Integrated care must be supported by:

- Strong communication and information sharing, underpinned by eHealth records. For example, the implementation of eHealth systems for diabetic patients from Tayside led to a 40 per cent reduction in amputation, and a 43 per cent reduction of people needing laser treatment for eye disease that threatens sight, over a six year period.
- Joined up budgets between health and social care and a redesigned tariff structure that support care in a variety of settings and put greater emphasis on prevention.
- Technological developments to facilitate care away from hospital, for example telehealth and remote measurements.
- The development of mechanisms for evaluating and auditing integrated care pathways.

## **THE ROLE OF THE NHS IN PUBLIC HEALTH**

22. The NHS has an essential role to play in public health: health professionals in the NHS are a key route of communication to the public and some aspects of public health will still be delivered through the NHS. It is therefore critical that public health and the NHS are joined up at both local and national levels.

23. It is essential that the localisation of public health delivery does not compromise public health research. Skills and capacity currently in Primary Care Trusts that support research and the use of evidence must not be lost in the transition of these responsibilities to local authorities. Public health data collection may also become more difficult as the responsibility for data collection is fragmented across local authorities. To overcome this barrier, local authorities and service providers must engage in and be appropriately incentivised to collect high quality data.

24. Public Health England will have a key role in the national coordination of public health, including the provision of independent scientific advice. In order to fulfil this role effectively, this must be supported by suitable governance arrangements, including an independent board, when Public Health England is established as an Executive Agency.

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