



Best Research for Best Health

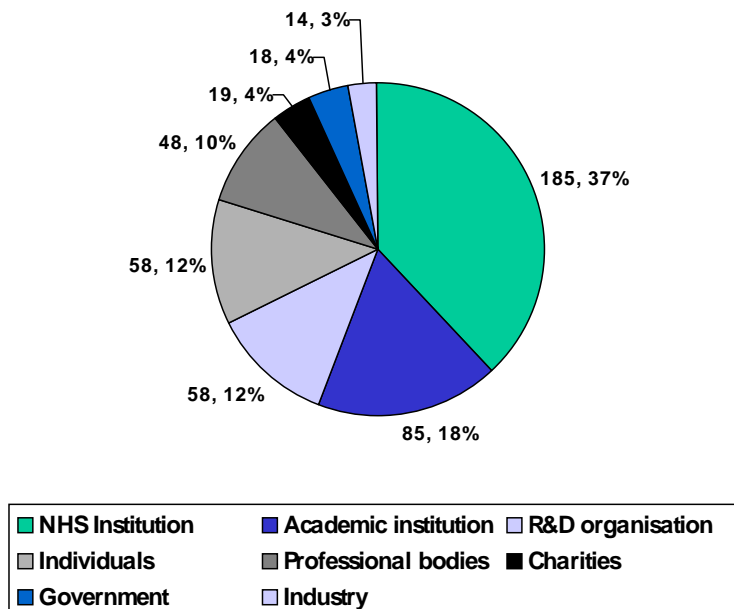
Summary of Responses to the Consultation on a New National Health Research Strategy

December 2005
Gateway Reference: 5923

1. INTRODUCTION

- 1.1 This summary of responses to the consultation document *Best Research for Best Health: a New National Health Research Strategy*, published by the Department of Health in July 2005 provides an overview of the comments from consultation respondents on the different elements of the proposed strategy.
- 1.2 The purpose of the consultation was to help gain a clear understanding of how the wide range of individuals and organisations involved in NHS R&D feel about the vision for the future as described in the proposals, to draw out any issues stakeholders may have with regard to the strategy, and to inform our final proposals.
- 1.3 The consultation opened on 29 July and closed on 21 October 2005. Questionnaires were received from 485 individuals and organisations via post and e-mail. In addition, a number of letters were received taking the total to over 500. As illustrated in Figure 1, the responses came from a wide range of organisations. All responses have been weighted equally and this may have some bearing on the type of comments raised.

Figure 1: Breakdown of respondents (by frequency and per cent)



2. Consultation Responses: General

2.1 Respondents expressed support for the overall direction of the new R&D strategy and the values it advocates. See selection of comments made in letters accompanying the questionnaire responses (Box 1). This view was reinforced in the question-by-question assessment, where respondents classified the majority of proposals as being appropriate, and often followed this up with suggestions for improvement and refinement. In addition, the draft strategy opened up a number of debates, which in themselves are reflected in wider government science policy, and had advocates with equally strong voices.

The complete list of consultation questions appear in Annex A.

Box 1: Selected comments from covering letters

- “The consultation paper injects energy and coherence into thinking about future R&D strategy in England.”
- “The move towards increasing the applied research of direct relevance to patient care and to inform better healthcare practice must be applauded.”
- “[We] broadly welcome the underlying principles. In particular we strongly support the emphasis upon placing the patient at the heart of the system, working with other partners, the development of networks and importantly the recognition of the value that research can add.”
- “We fully support the overall vision, the three major stated aims, and the goal of enabling ‘the NHS to support outstanding individuals, working in world-class facilities, conducting leading-edge research, focused on the needs of patients and the public.’ We also fully appreciate the importance of resourcing and supporting leading-edge research in order to enable the Government to fulfil its ambition of making the UK ‘the best place in the world for health, healthcare research, and innovation.’”
- “The central theme of the document is pointing in exactly the right direction.”
- “We welcome the strong endorsement contained in the report of the central importance of research and development to the continued improvement of health and health services in England.”
- “[We] welcome the new National Health Research Strategy and support the aim of creating a worldclass environment for research based on the needs of patients. We hope the strategy will strengthen public confidence in medical research and will assist with the promotion of high quality outputs and high standards of safety and risk management in health.”
- “[The Trust] wholeheartedly supports the ‘guiding principle’ of simplifying and harmonising the research management and governance process, particularly during the approval process for new studies.”
- “We strongly support the vision espoused for Best Research for Best Health.”

3. Consultation Responses: Key Points of Debate

3.1 The consultation raised a number of issues where there was no overall consensus, but where respondents clearly articulated their views.

- Respondents interpreted the implications of the strategy's commitment to create centres of excellence very differently. Some welcomed the prospect of a basis for world-class work, others were concerned that the advantages of the new system would be unevenly distributed.
- A centralised approach for R&D management was seen as a way of streamlining processes and implementing new measures. However, respondents also expressed the view that the potential at a local level for flexibility, and knowledge of the individual setting for R&D, was valued.
- In general, respondents welcomed the principle of funding following activity rather than historical allocation, but they were also aware of the need for financial stability.

4. Consultation Responses: Suggestions for Improvement

4.1 A number of suggestions for improvement and refinement were made: -

- **Expand the range of research areas.** Many respondents perceived the strategy to be biased towards research by doctors in Trusts and wished explicit mention of the wide variety of research disciplines and areas relevant for R&D in the NHS.
- **Include non-clinical researchers.** Respondents wanted to move non-academic and non-clinical researchers to the heart of the strategy. Here, the focus was on nurses and Allied Health Professionals (AHPs), as well as support staff such as radiographers and pharmacologists. This approach was considered crucial in enhancing the research culture in the NHS.
- **Collaborations and partners.** The strategy, as presented in the consultation document, appeared to be focused on the NHS. This was highlighted as a weakness. Respondents stressed the importance of setting the proposals in the wider context of the national and international R&D environment .
- **Patient & public involvement.** Respondents suggested that patients and the public ought to feature as active participants in the research process. There was also a feeling that the public image of research had suffered considerably over the past years, and that it was crucial to put in place initiatives to encourage interest in and appreciation of R&D in the NHS.

- **Getting research into practice (GRIP).** Some respondents argued that the strategy did not contain enough information on practical measures to make translation of research into NHS practice a reality.
- **Research culture.** Respondents argued that true progress towards best research could only be achieved if R&D was valued at all levels of the NHS, including Trust management. A second recurrent thought was the need to open up and support research opportunities throughout the NHS.
- **Lack of detail.** Respondents felt that the proposals were lacking in detail making it difficult for them to express support for a given proposal. There was strong demand for further information to be made available.

5. Consultation Responses to Individual Questions

Challenges

Question 1

- Are these the main challenges?
- Are there other important challenges that we need to take account of?

- 5.1 Most respondents agreed that the consultation document listed the main challenges. In addition, a large number of respondents commented on the existing challenges or highlighted additional challenges for consideration: -
- research areas which were perceived to be insufficiently acknowledged in the strategy.
 - The need to give more attention to the management interfaces between disciplines, as well as along the pathway from primary to tertiary care.
 - The need to focus on the role and needs of the workforce rather than clinical academics.
 - The need to build links and collaboration with partners in research. While the higher education sector was mentioned most frequently, other bodies, such as research charities and other government departments, were noted.

Building Blocks

Question 2

- a. Are these the main building blocks that we (Department of Health/National Health Service) have at our disposal?
- b. Are there other important elements that we need to consider?

5.2 The majority of respondents agreed that the strategy had captured the main building blocks. However, respondents commented that: -

- the building blocks needed to be defined in a context going beyond the NHS itself.
- the strategy ought to provide more acknowledgement of the key contribution of all R&D staff, including in non-medical areas: -

"The important, but as yet largely untapped, potential of the contribution of disciplines outside medicine (e.g. allied health professions, nursing, and social scientists) needs to be made explicit"

- greater weight should be given to the concept of the NHS 'research family' as a whole, as opposed to centres or programmes, and to consider the resource represented by patients and the public: -

"We would ask that NHS research recognises service user research expertise to be an important building block for its future".

National Institute for Health Research

Question 3

- a. Will the creation of a virtual National Institute for Health Research achieve the objectives of creating coherence and focus for the different strands of our work?
- b. Would another mechanism work better?
- c. If so, what?
- d. Does the name National Institute for Health Research appropriately describe its role?

5.3 Taken by itself, the question of the likely contribution of the National Institute for Health Research (NIHR) drew a mixed response. However, analysis of the comments shows that many respondents felt that they needed more information on how the proposed Institute would work in practice before giving their support. In particular, they wanted further detail about the practical functioning of the Institute as a virtual body - its leadership and accountability, its position in the context of existing bodies and its relationship with universities.

With regard to the name, the majority of respondents agreed that NIHR adequately described the role of the proposed institute.

National Institute for Health Research Faculty

Question 4

- a. Do you agree that we should create a staff structure which ensures proper support for all those engaged in research for the benefit of patients?
- b. Do you agree with the concept of a National Institute for Health Research faculty?
- c. If no to **a** and/or **b** above, what mechanism(s) should be used to ensure these staff are supported?
- d. Do you agree with the three groupings (Senior Investigator, Faculty Associate, and Junior Investigator) as proposed?
- e. If not, what groupings would you use?
- f. Do the names Senior Investigator, Associate, and Junior Investigator appropriately describe the different groups?
- g. If not, what names would describe them better?
- h. Is it appropriate to include the NHS-funded staff in universities?
- i. Should the funding for these staff be held centrally to ensure protection of research time?
- j. What would appropriate 'allowances' be for the three groups of faculty staff?

5.4 The vast majority of respondents welcomed the principle of a robust staff structure to support health researchers. With regard to the NIHR Faculty as a means to provide this structure, again the majority were favourable. Suggestions made included: -

- the need to involve partner organisations, primarily the universities, in designing a comprehensive support structure for research staff.
- a preference for Faculty needs to be provided for at local rather than central level. As one respondent remarked:

"A faculty may provide support and networking for senior investigators but support is also needed at a fairly local level - researchers sometimes need face to face consultations to go through their proposals to ensure their ideas are translated into high quality research".

- the importance of including education and training provision in the support structure.

Respondents suggested the inclusion of a more diverse range of professions in the Faculty, and were concerned that the distinction provided through the Faculty may encourage an elitism disadvantaging research active staff and disciplines outside the structure.

The names proposed for the staff groupings were generally disliked. In particular, 'Junior Investigator' and a more widespread concern about the use of both 'junior' and 'senior'. Alternatives suggested favoured existing titles, for example university titles.

A large majority endorsed the inclusion of NHS-funded staff in universities. Despite frequent support for local management in other contexts, most respondents believed that research time for these staff was best protected through central rather than local administration of relevant funding.

Support for travel and attendance of meetings and conferences, and support for the implementation of findings and for training, including

professional development and study leave were the most frequently mentioned 'allowances' for the Faculty.

Infrastructure

Question 5

- a. Are the proposals for Support for Patient Research appropriate?
- b. If not, what would achieve the aims better?

5.5 These proposals met with a mixed response. The reluctance to support the proposals was based on a perceived lack of clarity and practical detail. Respondents wanted more information about the implementation of the taxonomy and incentives and wrote of the necessity to 'smooth' finances to ensure stability for staff during fluctuations in research activity. Respondents thought the strategy's definition of Patient Research too narrow, and argued for inclusion of care-relevant health research not directly involving patients, e.g. prevention and delivery studies.

Question 6

- a. Are the proposals for Academic Medical Centres appropriate?
- b. If not, what would achieve the aims better?
- c. Should we support both comprehensive centres and specialist centres?
- d. How many of each can we support if they are to be truly world-class as the exemplars?
- e. What time period should be awarded before a new competition round?

5.6 A substantial number of respondents expressed concerns about the National Institute for Health Research Academic Medical Centres (AMCs) in a number of areas: -

- discomfort that the AMCs were described as elite institutions
- concentration of excellence in the chosen centres would drain the rest of the NHS of talent and research opportunities, and that this concentration and selectivity was likely to be compounded by a geographical and historical bias
- primary care research, as well as non-clinical disciplines might not receive sufficient consideration within the proposed system.

A wider-reaching 'hub and spoke system' or provision for more, smaller specialist centres was advocated.

A clear majority favoured the support of comprehensive centres as well as specialist centres but there was no consensus on the number. Some felt that the number of centres should not be fixed, but that they should be awarded to centres achieving a specified benchmark in terms of research. It was suggested that bodies other than individual Trusts, for example, universities and consortia, should also be allowed to apply for AMC status.

With regard to suitable intervals between competition rounds for the status of AMCs, the most favoured period was five years, followed by six to seven years, with a review point at five years.

Question 7

- a. Are the proposals for Leadership Funding appropriate?
- b. If not, what would achieve the aims better?

5.7 Over half of the respondents welcomed the plans for leadership funding, while others felt they needed more details on the new support stream before being able to endorse it.

Question 8

- a. Are the proposals for Technology Platforms appropriate?
- b. If not, what would achieve the aims better?
- c. What should be the first area(s) for focused support?

5.8 Question 8: Technology Platforms

Over half of respondents agreed with the proposals for Technology platforms. Many were keen to ensure access to the new facilities, in particular for researchers from universities and from non-platform Trusts. As one response stated:

"...in principle this proposal is reasonable but we must be careful that there is sensible geographical coverage so that there are not locations which are deprived of access to these expensive technologies by virtue of their distance from the relevant facility".

Respondents suggested a large variety of priority areas. Imaging, including Emergency Department MRI scanners, followed by genomics and genetics, were by far the most often suggested.

Question 9

- a. Are the proposals for Experimental Medicine appropriate?
- b. If not, what would achieve the aims better?

5.9 This section on Experimental Medicine Facilities, did not propose innovations or changes and therefore it drew a weak response, with many respondents skipping the question. Those who did respond were overwhelmingly in favour of Experimental Medicine Facilities. Some respondents were unsure about the research activities constituting experimental medicine, and requested further information.

Respondents also stressed the need to include a diverse range of subjects under the remit of experimental medicine, an equitable geographical distribution of the facilities, and a need to create effective links between the facilities, AMCs and experts.

Question 10

- a. Are the proposed infrastructure elements to create optimum systems the right ones?
- b. Are there other potential elements that we should consider?
- c. What should the balance of investment between the different infrastructure elements be? (i.e. what should be the percentage spend on each?)

5.10 A substantial number of respondents did not give an opinion on the strategy's choice of main infrastructure elements. Of those who did, the majority believed that the strategy did contain the right elements.

Issues raised included:-

- provision of training and support for non-academic and non-medical research staff
- mechanisms for capacity building in a system allocating funding according to activity.
- need for integration of the described elements with other relevant initiatives within the NHS and by other bodies, such as other government departments
- consideration of relevant non-NHS institutions, such as university and specialist centres.

Programmes

Question 11

- a. Are the proposals for research programmes appropriate?
- b. If not, what should we amend, add or delete?

5.11 The proposals for research programmes were broadly welcomed, with a majority in favour.

Respondents called for inclusion of a comprehensive range of specific research areas and disciplines.

The re-introduction of responsive funding was enthusiastically supported, with many asking for increased funding and simplified application procedures. It was suggested that the RISC scheme and Challenge Fund be combined with other schemes.

Many respondents qualified their support as being dependent upon equitable access and distribution across the full range of relevant research areas, such as public health. They also wanted an equitable and transparent system for assessment across all areas.

Research networks

Question 12

- a. Are the proposals for Research networks appropriate?
- b. If not, what would achieve the aims better?

5.12 The proposals for research networks met with an overall positive response. Comments included concerns about access, inclusiveness and equity. There was a desire for the generic network to give adequate support to a range of specific research areas and respondents suggested that more specialist networks should be created instead. There was some concern that non-medical research might be overlooked. The need for network access by and to primary care, the reach of the networks, and the opportunity for all researchers to benefit were repeatedly mentioned. Respondents sought clarity on the future relationships between the topic-specific and generic networks, and the existing primary care networks.

Bureaucracy 'busting'

Question 13

- a. Do you agree with our guiding principle that procedures and data input should occur once and once only and that where duplication exists, we will seek to streamline it?
- b. Are the proposals for bureaucracy 'busting' appropriate ?
- c. If not, what would achieve the aims better?

5.13 Almost all respondents supported the concept of single data entry.

Having overwhelmingly welcomed the principle of centralised data collection, respondents pointed out the advantages of local systems, in particular, the benefits of familiarity with the local research environment and patients in the context of implementing R&D governance. At the same time, however, many also stressed the need for the Department to lead on the centralisation of R&D governance.

Concern was expressed that the many streams making up the new system may compound the problem of bureaucracy.

Additional streamlining measures included: -

- calls for clearer guidelines to be issued by the regulators
- initiatives to be co-ordinated with the main research partners, such as the universities and industry
- further unifying measures such as standard application forms and longer reporting intervals
- adaption of governance measures to take account of the level of risk associated with research.

Transition

Question 14

- a. How important is it that our funding is allocated transparently?
- b. How important is it that we establish a sustainable funding system?
- c. How important is it that we establish a funding system that is responsive to changes in levels of research activity?
- d. How important is it that we do not lose momentum in the move to the new system?
- e. If the implementation start date is 1 April 2006, how long should the transition to the new system take to complete: 1 year, 2 years, or 3 years?
- f. How important is it to ensure that we do not destabilise individual institutions as we move to the new system?

5.14 Respondents were asked what importance should be attached to five criteria related to both to the strategy and its implementation. The five criteria were the importance of: - transparent allocation; sustainability; funding level responding to activity; maintaining momentum in the transition; and avoiding destabilising institutions.

Most respondents thought that all of these criteria were important, but transparency and sustainability were clearly seen as most important by the most respondents and least important by the fewest respondents. The majority of respondents also considered these two criteria to be equally important.

In contrast, responsiveness and momentum were seen as most important by the fewest respondents, and of the pair, twice as many respondents saw momentum as least important.

For avoiding destabilisation, the picture was more complicated. Although it was the criterion seen as the least important of the five by the most respondents, considering the number of respondents that ranked it as most important it came third, just behind sustainability.

Asked to state the optimal length of the transition period, the large majority of respondents advocated a period of two to three years.

Overall

Question 15

- a. By what criteria will you judge us on the impact of this strategy?
- b. Do you have any other comments?

5.15 The range of criteria for success mentioned was very varied and encompassed process as well as output and outcome measures.

Clear overall priority was given to the strategy's impact on the people in the system: researchers, patients and the public. Respondents argued strongly that a successful R&D strategy must be able to demonstrate effective support, recognition and integration of researchers other than

medical academics. For example, one response stipulated that a successful strategy would ensure:

"that all health professional groups and individual researchers contributing to the body of knowledge required to improve the nation's health are supported".

Related to this was the criterion of clear and attractive career paths for all researchers, as well as an overall increase in the number of research active staff.

With regard to patients and the public, improved care outcomes were seen as the crucial measure and respondents thought it was important to try and assess these impacts.

Further prominent themes were the successful translation of research into practice and reduced bureaucracy.

The final request for any other comments was the most open question of the consultation. The response was faithful to the overarching themes apparent throughout the consultation responses and was supportive of the overall direction of travel (see **Box 2**).

Box 2: Selected comments from question 15

"The strategy is strongly supported and most welcome."

"The vision set out in the executive summary is entirely welcome and review of current support mechanisms is long overdue."

"We welcome this bold and radical approach to address the issues facing health and social care research."

"Overall this is an excellent document. There is a lot that will strengthen research and with the exception of the proposals on competition and the lack of detail on incentives, there is very little to criticise within it."

"This proposal is a powerful vision for research within the NHS"

"Overall this is an excellent initiative that has many new and refreshing ideas."

"We are delighted to see the principles and visions outlined in the beginning of the consultation document."

"This document has clearly outlined a new vision for the future which is applauded."

"I am a very strong supporter of this programme and I congratulate NHS R&D on the progress it has made in a very short time."

"This is an excellent document. It will be very exciting to be part of new NHSR&D Infrastructure."

Next Steps

The data generated in the responses to the consultation on *Best Research for Best Health: a new National Health Research Strategy* will inform the final strategy which will be published in early 2006.

With thanks to RAND Europe who acted as an independent reviewer of stakeholder feedback provided through the consultation responses.

Professor Sally C Davies
Director of Research and Development

Consultation Questions

Challenges

Question 1

- c. Are these the main challenges?
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Building Blocks

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- o. If not, what groupings would you use?
- p. Do the names Senior Investigator, Associate, and Junior Investigator appropriately describe the different groups?
- q. If not, what names would describe them better?
- r. Is it appropriate to include the NHS-funded staff in universities?
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Overall

Question 15

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- d. Do you have any other comments?

List of Organisations that replied to the consultation

5 Boroughs Partnership Trust

Academic Clinical Oncology and Radiobiology Research Network

Academy of learned societies for the Social Sciences / NHS R&D Forum social care research Group

Advent Venture Partners

Aintree Hospitals NHS Trust

Airedale NHS Trust

Anglia Ruskin University

Ashford & St Peter's Hospitals NHS Trust and Frimley Park Hospital NHS Foundation Trust

Association of British Healthcare Industries

Association of British Neurologists

Association of Child Psychotherapist's Research Forum

Association of Medical Research Charities

Association of UK University Hospitals

Asthma UK

Aston Business School

AstraZeneca

Avon and Wiltshire Mental Health Partnership NHS Trust

Avon Primary Care Research Collaborative

Barnsley Health and Social Care R&D Alliance

Barnsley Hospital NHS Foundation Trust

Barts and the London, Queen Mary's School of Medicine and Dentistry

Basildon and Thurrock University Hospitals NHS Foundation Trust

Bath and North East Somerset Primary Care Trust

Bayer plc

Bio Products Laboratory (an operating division of NHS Blood and Transplant)

BioIndustry Association

BioMed Central Ltd and Current Controlled Trials Ltd

BioPharma Practice Ltd

Biotechnology and Biological Sciences Research Council (BBSRC)

Birmingham and Solihull Mental Health Trust/University of Birmingham

Birmingham Children's Hospital NHS Trust
Birmingham Women's Hospital
Black Country Research Network
Blackburn with Darwen PCT
Blackpool Primary Care Trust
Blandford House Surgery
BMA, Joint Consultants Committee
Bolton Hospitals NHS Trust
Bolton Primary Care Trust
Bolton Salford & Trafford Mental Health NHS Trust - Service User R&D Group
Bolton, Salford and Trafford Mental Health NHS Trust
Bournemouth University
Bradford South & West PCT(RM&G)
Bradford Teaching Hospitals NHS Foundation Trust
Breakthrough Breast Cancer
Brent Teaching PCT
Brighton & Sussex University Hospitals NHS Trust
Bristol Eye Hospital, United Bristol Healthcare Trust
British and Irish Orthoptic Society
British Association for Counselling and Psychotherapy (BACP)
British Association for Nursing in Cardiac Care
British Computer Society Health Informatics Forum (BCSHIF)
British Dental Association
British Heart Foundation
British Lung Foundation
British Medical Association
British Paramedic Association
British Thoracic Society
Broxtowe and Hucknall PCT
Brunel University, Health Economics Research Group (HERG)
Buckinghamshire Hospitals NHS Trust
Burton Hospitals NHS Trust

C.H.A.I.N

CABE (Commission for Architecture and the Built Environment, the government's advisor on architecture, urban design and public space.)

Calderdale & Huddersfield NHS Trust

Calderstones NHS Trust

Cambridge NHS R&D Consortium
CamSTRAD on behalf of Cambridgeshire PCTs
Cancer Research UK
Cancer Research UK/University of Oxford
Canterbury Christ Church University
Care Services Improvement Partnership
Central & Greater Derby PCTs
Cental and North West London Mental Health NHS Trust
Centre for Evidence-Based Medicine, University of Oxford
Centre for Health Economics, University of York
Centre for Health Services Research, University of Newcastle upon Tyne
Centre for Reviews and Dissemination, University of York
Chartered Society of Physiotherapy
Chelsea and Westminster Healthcare NHS Trust
Cheshire & Merseyside Strategic Health Authority
Chesterfield Royal Hospital NHS Foundation Trust
Chief Scientist Office, Scottish Executive Health Department
Child and Adolescent Faculty of the Royal College of Psychiatrists
Childhood Cancer Research Group, Oxford University
Christie Hospital NHS Trust
City Hospitals Sunderland (CHS) NHS Foundation Trust
City University
Clatterbridge Centre for Oncology NHS Trust
Clinical Contract Research Association (CCRA)
Clinical Research Nurses Association
Clinical Research Support Centre, Royal Group of Hospitals Trust, Belfast
Co Durham & Tees Valley and Northumberland, Tyne & Wear SHAs
College of Occupational Therapists
Community Practitioners' and Health Visitors' Association
Confederation of British Industry
Continence Foundation
Council of Deans and Heads of UK University Faculties for Nursing and Health Professions
Council of Heads of Medical Schools
County Durham and Tees Valley SHA
Coventry Teaching PCT
Coventry University
CPS, University of Nottingham
CTRU Unit of Leeds

Cumbria and Lancashire Public Health Network
Cumbria and Lancashire Research & Development Managers Group
Cumbria Primary Care Research Network [CumbReN]

De Montfort University
Department for International Development (DFID)
Derbyshire Mental Health Services Trust
Doncaster and South Humber Healthcare NHS Trust
Dorset and Somerset Strategic Health Authority
Dorset HealthCare NHS Trust
Dorset Research & Development Support Unit
Dr Lawrence and partners
Durham University
Department for Trade and Industry (DTI)
Department for Works and Pension (DWP)

East Cheshire NHS Trust
East Kent Health Care Trust
East Lancashire Hospitals NHS Trust
East London and the City Mental Health NHS Trust
East Norfolk & Waveney Research Consortium
East Notts and Lincs Designated Research Team
East of England R&D forum
East Suffolk and Suffolk West PCTs
East Lancs NHS Trust
East Yorkshire & Yorkshire Wolds and Coast Primary Care Trusts
Economic and Social Research Council
Epsom and St Helier University Hospitals NHS Trust
Essex Primary Care R&D Office
Essex Rivers Healthcare NHS Trust, R&D Office
Exeter PCT

Faculty of Public Health
Faculty of General Dental Practice (UK), (part of the Royal College of Surgeons of England)
Fisher Medical Centre, Research Unit
Forensic Mental Health R&D Programme

GE Healthcare

General Medical Council (GMC)
GlaxoSmithKline
Gloucestershire RDSU / Gloucestershire R&D Consortium
Goldsmiths College / British Association of Art Therapists
Great Ormond Street Hospital NHS Trust and UCL Institute of Child Health
Greater Manchester Research Alliance
Guy's and St Thomas' Charity
Guy's and St Thomas' NHS Foundation Trust, King's College Hospital NHS Trust, University Hospital, Lewisham and King's College London (joint response)

Halton PCT and partnership of 10 PCTs in the North West
Hammersmith Hospitals NHS Trust
Hampshire Partnership Trust
Health Protection Agency
Healthcare Commission
Health Services Research Network
Healthgrid
HEFCE
Help the Aged
Herefordshire R&D Consortium (Trust & PCT)
Hertfordshire Hospitals R & D Consortium
Hertfordshire Partnership Trust
Humber Primary Care Research Governance Alliance
HertNet / CRIPACC
Higher Education Funding Council for England
Higher Education Policy Institute

I CAN

Imperial College London
Institute Cell Molecular Science, Barts and the London Queen Mary's School of Medicine and Dentistry
Institute for Health Research, Lancaster University
Institute of Education, University of London
Institute of Health Promotion and Education, University of Manchester
Institute of Health Sciences, University of Manchester
Institute of Social and Health Research, Middlesex University, Nursing, Midwifery and Allied Health Professions Research Team
Institution of Occupational Safety and Health (IOSH)
Ipswich Hospital NHS Trust, R&D Office

INVOLVE

James Lind Alliance

Johnson & Johnson

Keele University & University Hospital of North Staffordshire

Keele University School of Nursing & Midwifery

Kent and Medway Primary Care Trusts (RM&G)

Kent and Medway R&D Consortium - Medway Teaching PCT

Kettering General Hospital

Kidney Research UK

King's College Hospital NHS Trust

King's College London, Queen Mary, University of London, University College London, St George's, LSHTM and ICR (*Joint Response from the Heads of all five London Medical Schools, the School of Hygiene and Tropical Medicine and the Institute of Cancer Research*)

King's Fund

Lady Sobell Gastrointestinal Unit, Heatherwood & Wexham Park Hospitals Trust

Lambeth, Lewisham, Greenwich and Southwark PCTs, Research Support Unit and Research Management Group

Lancashire Teaching Hospitals NHS Foundation Trust

Lancaster University

Leeds Mental Health Teaching Trust and SW Yorks Mental Health NHS Trust

Leeds Teaching Hospitals NHS Trust; University of Leeds

Leicestershire Partnership NHS Trust

Leicestershire Primary Care Research Alliance

Lewisham Hospital NHS Trust

Lewisham Research Unit in conjunction with Lewisham PCT

LGC Limited

Lincolnshire South West PCT

Liverpool Women's NHS Foundation Trust

London Ambulance Service NHS Trust

London Development Agency

London NHS Trusts, SHAs, Research Networks, Medical Schools, and the London Development Agency (joint response)

London Primary Care Research Networks Group

London School of Hygiene & Tropical Medicine

London South Bank University, Faculty of Health & Social Care

London West Mental Health Consortium

Loughborough University
Luton teaching Primary Care Trust

Macmillan Cancer Relief
Maidstone and Tunbridge Wells NHS Trust
Manchester City Council, Joint Health Unit,
Manchester Learning Disability Partnership
Medical Research Council
Medical Women's Federation
Medicines and Healthcare products Regulatory Agency (MHRA)
Medicines for Children Research Network
Mendip Primary Care Trust
Mental Health Foundation
Mental Health NHS R&D Programme
Mental Health Research Funders Group
Merck Sharp & Dohme
Mersey Care NHS Trust
Mersey Primary Care R&D Consortium
Mid Devon Primary Care Research Group. Mid Devon PCT
Mid Staffordshire General Hospitals NHS Trust
Moorfields Eye Hospital NHS Foundation Trust
Morecambe Bay Hospitals NHS Trust

National Alliance for Autism Research (US)
National Blood Service, an operating division of NHS Blood and Transplant (NHSBT)
National Cancer Research Institute
National Cancer Research Institute, Consumer Liaison Group
National Cancer Research Network Coordinating Centre
National Clinical Assessment Service, National Patient Safety Agency
National Co-ordinating Centre for Service Delivery and Organisation (NCCSDO)
National Council for Osteopathic Research
National Eczema Society
National Institute for Health and Clinical Excellence
National Oral Health Unit, Manchester University
National Patient Safety Agency
National Perinatal Epidemiology Unit, Oxford University
National Primary Care Research & Development Centre, Manchester University
National RDSU Network, Nottingham University

Natural Environment Research Council
NHS Connecting for Health
NHS Counter Fraud and Security Management Service
NHS Institute for Innovation and Improvement
NHS Library and Knowledge Development Network
NHS R&D Forum
NHS Service Delivery and Organisation R&D Programme (SDO)
NHS and University organisations in Cumbria and Lancashire (joint response)
Norfolk, Suffolk and Cambridgeshire Strategic Health Authority
North Bristol NHS Trust
North Central London Research Consortium (NoCLoR)
North Cumbria Acute Hospitals NHS Trust R&D Committee
North Derbyshire Public Health Network
North East London Consortium for Research and Development
North East London Strategic Health Authority
North Essex Mental Health Partnership Trust
North Staffordshire PCT RM&G Partnership
North Staffordshire Primary Care Research Consortium
North West Development Agency
North West London Hospitals NHS Trust
North West Primary Care Research Management and Governance Network
North West Public Health Group and North West stakeholders
North West Research Clinical Trials Network in Obstetrics and Gynaecology
North West Universities Association
North Yorkshire NHS R&D Alliance
Northern Primary Care Research Network (NoReN)
Northern Region Research Special Interest Group (Speech & Language Therapy)
Northgate and Prudhoe NHS Trust
Northumberland Tyne and Wear Primary Care Organisations RM&G Consortium
Northumberland, Tyne and Wear Strategic Health Authority
Northumbria University
Nottingham City Hospital NHS Trust
Nottingham City Hospital/ University of Nottingham
Nottingham Primary Care Research Partnership
Nottinghamshire Healthcare NHS Trust
Novartis Pharma AG
Nursing Research Unit, King's College London

Oakley & Overton Partnership
Oxford Mental Health Trust
Oxford R & D Consortium
Oxford Radcliffe Hospitals NHS Trust
Oxleas NHS Trust

Pan- Bath & Swindon Primary Care Research Consortium
Pan- Bath & Swindon R&D Support Unit
Pathways for Research, South East London PCTs
Patient Information Advisory Group
Peninsula Medical School (Joint of University of Exeter and University of Plymouth)
Peninsula RDSU and Somerset RDSU
PenReN (Peninsula Primary Care Research Network)
Pfizer UK Ltd
Plymouth Teaching PCT, South Hams & West Devon PCT & tPCT colleagues in Bradford,
Clinical Effectiveness & Research Steering Group
Portsmouth & Isle of Wight NHS R&D Consortium
Princess Alexandra Acute Hospital NHS Trust, R&D Committee
PSSRU, University of Manchester

Queen Elizabeth Hospital NHS Trust
Queen Victoria Hospital NHS Foundation Trust
Queen's University Belfast
Queens Medical Centre, Nottingham, University Hospital NHS Trust

RDInfo – RDFunding, RDDirect & RDLearning
Regional NHS Innovation Hubs in England and supported by Northern Ireland and Wales
ReGrouP
Renal Association Research & Development Sub Group Lincolnshire South West Teaching
PCT
Research Forum for Allied Health Professionals (RFAHPF)
Research Institute for Health and Social Change, Manchester Metropolitan University
Rethink Severe Mental Illness
Richmond and Twickenham Primary Care Trust
Roche Products Ltd
Royal Brompton & Harefield NHS Trust
Royal College of General Practitioners
Royal College of Midwives
Royal College of Nursing

Royal College of Nursing Research Society
Royal College of Obstetricians and Gynaecologists
Royal College of Ophthalmologists
Royal College of Paediatrics and Child Health
Royal College of Physicians
Royal College of Physicians of Edinburgh
Royal College of Radiologists
Royal College of Surgeons, Faculty of Accident and Emergency Medicine
Royal Devon and Exeter NHS Foundation Trust
Royal Hospital for Neuro-disability
Royal Liverpool and Broadgreen University Hospitals Trust
Royal Liverpool Children's Hospital
Royal Marsden NHS Foundation Trust & Institute of Cancer Research
Royal Marsden NHS Foundation Trust MRI Depts
Royal National Orthopaedic Hospital NHS Trust and University College London Institute of
Orthopaedics & Musculoskeletal Science
Royal Surrey County Hospital NHS Trust
Royal United Hospitals Bath NHS Trust

Salisbury R&D Support Unit
ScHARR, University of Sheffield
School of Health and Related Research
School of Nursing & Midwifery (SNM), University of Southampton
School of Nursing, University of Nottingham
School of Paramedic Sciences, Physiotherapy and Radiography, University of Hertfordshire
SE London SHA
Servier
Sheffield Children's NHS Trust
Sheffield Health and Social Research Consortium
Sheffield Teaching Hospitals NHS Foundation Trust
Social Care Workforce Research Unit
Social Care Institute for Excellence
Social Services Research Group (SSRG)
Social work and Social Care Section, HSR Dept, Institute of Psychiatry
Society & College of Radiographers
Society for Academic Primary Care (SAPC)
Society for Endocrinology
Society for Research in Rehabilitation

Society of British Neurological Surgeons
Society of Chiropractors and Podiatrists
South Birmingham PCT
South London & Maudsley NHS Trust, and Institute of Psychiatry, King's College London
South Manchester University Hospitals NHS Trust
South Tees Hospitals NHS Trust
South West London Strategic Health Authority
South West Research and Development Managers Network
South Wiltshire R&D Consortium
South Yorkshire Strategic Health Authority
Southampton & North & West Hampshire RDSU
Southampton University Hospitals NHS Trust
Southend Hospital NHS Trust
St Gemma's Hospice
St George's Healthcare NHS Trust
St Leonard's Research General Practice Exeter
St Mary's NHS Trust
Staffordshire University
Stockport NHS Foundation Trust
Stroke Research Network
Surrey & Sussex Healthcare NHS Trust, R&D Committee
Sussex NHS Research Consortium
Sustrans
SW London PCTs RM&G Consortium

Taunton and Somerset R & D Consortium
Thames Valley University
The Academy of Medical Sciences
The Association of the British Pharmaceutical Industry (ABPI)
The British Dietetic Association
The British Psychological Society
The Cardiothoracic Centre Liverpool NHS Trust
The Council of Heads and Deans of Dental Schools
The Devon Partnership NHS Trust
The Faculty of Dental Surgery, the Royal College of Surgeons of England
The Federation for Healthcare Science (FHCS)
The Healing Foundation
The Health Foundation

The Hillingdon Hospital
The Hull York Medical School (HYMS)
The Institute of Clinical Research
The Institute of Psychiatrists, King's College London
The Institute of Physics and Engineering in Medicine (IPEM)
The Nuffield Trust
The Open University
The Prince of Wales's Foundation for Integrated Health
The Princess Alexandra Hospital NHS Trust
The Queen's Nursing Institute (QNI)
The Royal College of Pathologists
The Royal College of Physicians, Patient and Carer Network
The Royal College of Radiologists
The Royal College of Speech and Language Therapists
The Royal College of Surgeons of England
The Science Council
The Stroke Association
Trent Multi-Professional Deanery
Trent Research & Development Support Unit

UK Centre for Advancement of Interprofessional Education
UK Cochrane Centre
UK Dementia and Neurodegenerative Diseases Research Network
UK Dermatology Clinical Trials Network
UK Diabetes Research Network
UK Focus for Biomedical Engineering
UK Mental Health Research Network (UK MHRN)
UK Spinal Cord Injury Research Network
UKCRN Coordinating Centre
UKPHA
United Bristol Health Care Trust
United Bristol Healthcare NHS Trust
Universities UK
University College London Hospitals NHS Foundation Trust
University Hospital Birmingham NHS Foundation Trust / University of Birmingham Medical
University Hospitals Coventry & Warwickshire NHS Trust
University Hospitals NHS Trust
University Hospital of North Durham, R&D Department

University Hospitals of Leicester
University Hospitals of Leicester (representing Leicestershire Rehabilitation Model of Care Board)
University of Birmingham, Department of Primary Care and General Practice
University of Bradford
University of Brighton
University of Cambridge
University of Cambridge School of Clinical Medicine
University of Central Lancashire, Midwifery Studies Research Unit
University of Chester
University of East Anglia
University of Greenwich
University of Hertfordshire
University of Huddersfield, Department of Chemical & Biological Sciences
University of Leicester, Leicester School of Medicine
University of Liverpool, Faculty of Medicine
University of Luton
University of Luton, Institute for Health Research
University of Manchester, Salford Royal Hospitals NHS Trust
University of Newcastle upon Tyne (also responding for Newcastle upon Tyne Hospitals NHS Trust/University of Newcastle Joint Research Executive)
University of Oxford
University of Plymouth
University of Portsmouth
University of Sheffield, Department of Sociological Studies
University of Southampton
University of Surrey, Postgraduate Medical School
University of the West of England
University of Warwick
University of Wolverhampton, Schools of Applied Sciences and Health and the Research
University of York and Social Policy Research Unit

Wales Office of Research & Development in Health & Social Care responding on behalf of
Welsh Assembly Government

Wandsworth Primary Care Research Centre, Wandsworth PCT
Warwickshire, Worcestershire and other PCTs
Watford and Three Rivers PCT
Wellcome Trust
Wellcome Trust Clinical Research Facility (Edinburgh)

Wessex Institute for Health Research and Development
Wessex Primary Care Research Network
Wessex Research Practices Collaboration
West Dorset General Hospitals NHS Trust
West Hull PCT
West Midlands South Strategic Health Authority
West Sussex Health & Social Care Trust, CORE Benchmarking Network
West Yorkshire Primary Care Organisations
West Yorkshire Workforce Development Confederation - WDC
Winchester and Eastleigh Healthcare NHS Trust
Whipps Cross University Hospital NHS Trust
Whittington Hospital NHS Trust
Wirral Hospital NHS Trust
Wrightington, Wigan and Leigh NHS Trust

Yorkshire Primary Care Research Network