Public Health England is convening this workshop to facilitate development of effective partnership working with academia and networks.
Public Health Academic Network Workshop is designed for

- Academics in public health and related fields who have a contractual relationship or close links with PHE
Public Health Academic Network Workshop is designed for

• Academics in public health and related fields who have a contractual relationship or close links with PHE

• Academics who wish to contribute to debate on how we can work collegiately to maximise
  ➢ improvement in, and
  ➢ protection of
population health through PHE's connection with & research undertaken in universities
Extreme Events and Health Protection

Provide a focal point for evidence based health protection advice for planning, response and recovery to extreme weather events and other natural hazards at

• Local
• National
• International
## Extreme events include

<table>
<thead>
<tr>
<th>Heat</th>
<th>Volcanic ash</th>
<th>Landslides</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cold</td>
<td>Wildfires</td>
<td>Thunderstorm asthma</td>
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<tr>
<td>Floods</td>
<td>Windstorms</td>
<td>Oak Processionary Moth</td>
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<tr>
<td>Drought</td>
<td>Earthquakes</td>
<td>Algal Blooms</td>
</tr>
<tr>
<td>Vectors</td>
<td>Tsunamis</td>
<td>Space Weather</td>
</tr>
</tbody>
</table>
The National Flood Emergency Framework for England

October 2013
Natural Hazards Partnership

The aim of the Natural Hazards Partnership is to be a one-stop-shop that provides early warning of extreme weather events and natural hazards.

http://www.metoffice.gov.uk/barometer/features/2013-07/a-defining-partnership
09.30 Welcome and introduction
09.40 Keynote: The public health R&D landscape
10.15 Developing a research and academic strategy for Public Health England
10.50 Public Health England's approach to funding and working with academia
11.05 Coffee break
11.30 Syndicate group working
12.25 Lunch and networking
Public Health Academic Network Workshop

Developing a Research and Academic Strategy for Public Health England

Professor John Newton, PHE

2 December 2013
Public Health England’s mission is to protect and improve the nation’s health and to address inequalities through working with national and local government, the NHS, industry and the voluntary and community sector.
Framework Agreement between the Department of Health and Public Health England
November 2013

Functions in framework in relation to research:

Main document: Section 2.2 ‘undertaking and contributing to research and development in areas relevant to its other functions’

Annex A: ‘lead on the development of a science and research strategy for the public's health, vibrant educational programmes for under and post-graduates and continuing professional development’

Annex B: Statutory duties: ‘Section 1E of the 2006 Act – in so far as this duty relates to the statutory functions performed by PHE a duty to promote research on matters relevant to the health service (including public health), and the use of evidence obtained from research

paragraph 13 of Schedule 1 to the 2006 Act – a power … to conduct, commission or assist research in relation to public health’
Research Strategy – an approach borrowed from the Crick Institute

- Strategic priorities x5
- Research Programmes
- Persisting questions x9
  - Crosscutting x4
  - Thematic x5
What is the contribution of different risk factors to current burden?

What are the most effective interventions for improving health and reducing health inequalities?

What are the most effective methods of implementing those interventions locally?

How do we best exploit the large datasets and genomics?

How do we go further and faster to tackle the risk factors associated with disadvantage?

How can we improve the health and resilience of our (a) older people (b) children?

How do we best protect the population from infectious disease and control it when present?

How do we assess risk of amenable environmental hazards and control them?

How can we improve the health and resilience of our (a) older people (b) children?

Generate new knowledge

Communicate widely and openly

PHE strategic priorities for research

Support and develop relevant research capacity

Drive translation of research into practice

Build a high quality infrastructure to promote research

What actions should we take to mitigate the health risks assoc. with climate change?

Support and develop relevant research capacity

Drive translation of research into practice

Communicate widely and openly

PHE strategic priorities for research

Generate new knowledge

How can we go further and faster to tackle the risk factors associated with disadvantage?
Strategic priorities for research

• Generate new knowledge to improve and protect health
• Build and share high quality infrastructure to allow research by others
• Support and develop relevant research capacity in PHE and elsewhere
• Drive translation of research into practice in public health
• Communicate widely and openly about research and its contribution to improving and protecting health
Determining research priorities
Scientific process that takes forward the work through current substantial research activity

Works with key stakeholders to ensure the long and mid-term priorities are the most appropriate for health protection and improvement in England e.g..

Research councils,
LA, Public Health practitioners
DH, NICE, NIHR
VCS and charities
Commercial sector
UK, European and other agencies
Figure 5: Proportion of Combined Spend on Health Specific Categories

- Other
- Injuries and Accidents
- Skin
- Congenital Disorders
- Eye
- Renal and Urogenital
- Stroke
- Respiratory
- Blood
- Ear
- Oral and Gastrointestinal
- Reproductive Health and Childbirth
- Metabolic and Endocrine
- Musculoskeletal
- Mental Health
- Inflammatory and Immune System
- Cardiovascular
- Infection
- Neurological
- Cancer
- Generic Health Relevance

2004-5 vs 2009-10
In UK 15% of DALYS is due to MSK
Persisting questions – cross-cutting?

• What is the quantitative contribution of different risk factors to current burden of morbidity and mortality (descriptive epidemiology)?

• What are the most effective interventions or approaches for improving health and health inequalities?

• What are the most effect methods of implementing those interventions or approaches in different settings?

• What actions should we take to mitigate the health risks associated with climate change?
How to mitigate risks from extreme climate change?
Persisting questions – thematic?

• How do we best protect the population from infectious disease and control it when present?
• How do we assess risk of environmental hazards and control them?
• How do we best exploit large datasets and genomics to improve population health?
• How can we go further and faster to tackle the risk factors associated with disadvantage including obesity, tobacco, physical inactivity and substance misuse?
• How can we improve the health and resilience of our (a) older people and (b) children and young people?
STOP FRACKING with our water!
Areas and opportunities to explore further?
Collaborative work with the Farr Institute and with international partners
Joint grant applications could be explored
Use of CLARHCS and AHSNs with local implementation – where is effort most effective?
Joint working across UK countries using expertise and interest appropriately
The UKCRC centres may have something to offer in terms of working with local government.
ESRC may be able to help with translation resources
The area of new laboratory measurement techniques should not be ignored - PHE has lots of these
Seven tips for successful partnership

1. Be knowledgeable about your partners, their structures, strategies, needs and decision making systems

2. Be flexible adjusting your individual strategies or objectives to meet the overall aim of the partnership

3. Develop clear lines of communication and decision-making between all the partners

4. Share the power equally between the parties in the partnership

5. Get agreement on the operation and benefits of the partnership

6. Consider your role in the partnership and your motives for engaging with it

7. Most important – create trust between the partners
# PHE Research Strategy Timetable

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>28th November 2013</td>
<td>Academy of Medical Sciences meeting</td>
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<tr>
<td>2nd December 2013</td>
<td>Meeting of the Academic Research Scientists</td>
</tr>
<tr>
<td>16th December 2013</td>
<td>First draft (v1) sent out for internal review</td>
</tr>
<tr>
<td>January 2014</td>
<td>R&amp;D Group Workshop to discuss the v1 draft</td>
</tr>
<tr>
<td>January 2014</td>
<td>Second draft to wider consultation</td>
</tr>
<tr>
<td>March 2014</td>
<td>Document to the PHE National Executive.</td>
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</table>
Persisting questions – cross-cutting?

- What is the quantitative contribution of different risk factors to current burden of morbidity and mortality (descriptive epidemiology)?
- What are the most effective interventions or approaches for improving health and health inequalities?
- What are the most effective methods of implementing those interventions or approaches in different settings?
- What actions should we take to mitigate the health risks associated with climate change?
Persisting questions – thematic?

• How do we best protect the population from infectious disease and control it when present?

• How do we assess risk of environmental hazards and control them?

• How do we best exploit large datasets and genomics to improve population health?

• How can we go further and faster to tackle the risk factors associated with disadvantage including obesity, tobacco, physical inactivity and substance misuse?

• How can we improve the health and resilience of our (a) older people and (b) children?
Knowledge Strategy for consultation

1. Provide the intelligence that local government and local NHS need
2. Support, conduct and translate research
3. Build and manage linked datasets
4. Translate knowledge into action
5. Build and develop health intelligence networks
6. Extend the use of surveillance to inform health responses
7. Connect people to share experience
8. Develop a web portal to report and provide access to information and evidence
Public Health England’s approach to funding and working with academia. Introduction to the syndicate work

Kevin Rampling, PHE

2 December 2013
Transition

- Maintenance of previous arrangements with the NHS
- New honorary contract national format
- Joint job planning, revalidation, clinical excellence awards, access to data
- New relationship universities through SLAs and MoUs
- Currently 163 honorary contracts expected
- 104 issued (63 returned)
- Represents circa £4m
University map

Transition outcome
Contractual and funding relationship

- **PHE Corporate**
  - PHE Directorate
  - PHE Supervisor

- **SLA/MoU**
  - Schedule
  - Honorary Contract

- **Broad Objectives**
  - Specific Deliverables
  - Job Plan Objectives
Determining Priorities

- Local public health
- Research to support improved public health outcomes
- PHE corporate priorities
- Gaps in knowledge
- Rapid response
The university partnership
National Map of PHE’s Partnership with Universities
Syndicate 1 – Making the most of academic research activity

Professor Peter Croft, Professor of Primary Care Epidemiology, Keele University

How can PHE best support the coordination, sharing and funding of public health academic activity and outputs to tackle the complex and challenging public health issues we face and to improve public health outcomes?
Syndicate 2 – Developing an academic public health network
Rebecca Kemp, Interim Deputy Director for Digital, Public Health England

What could we do to create an academic network that would be of value to you and the system? How could such a network operate e.g. themes of common interest; Twitter, Yammer? What data about each other would facilitate networking?
Syndicate Groups

**Syndicate 3- Public health professional development across disciplines and sector boundaries**

*Dr Michael Bannon, Post Graduate Dean, Health Education Thames Valley and Lead Post Graduate Dean for Public Health and Intensive Care Medicine*

How do we support the continuous development of the existing public health academic workforce and ensure capacity and capability for the future?

What could we be doing to influence and support the development of public health across disciplines and sector boundaries?
### Programme

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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</thead>
<tbody>
<tr>
<td>11.05</td>
<td>Coffee break</td>
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<tr>
<td>11.30</td>
<td>Syndicate Group Working</td>
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<tr>
<td>12.25</td>
<td>Lunch break and networking</td>
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<tr>
<td>13.25</td>
<td>Review and introduction for the afternoon</td>
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<tr>
<td></td>
<td><em>Afternoon chair: Professor David Walker, Deputy Chief Medical Officer, Department of Health</em></td>
</tr>
<tr>
<td>13.35</td>
<td>Successful networking; Academic Health Science Networks</td>
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<tr>
<td></td>
<td><em>Professor Paul Roderick, Professor of Public Health, Southampton University</em></td>
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<tr>
<td>13.55</td>
<td>Successful networking; National Institute for Health Research networks</td>
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<tr>
<td></td>
<td><em>Professor Gary Ford, Chief Executive, Oxford Academic Health Science Network</em></td>
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<td>14.20</td>
<td>Syndicate Group Working</td>
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<tr>
<td>15.15</td>
<td>Syndicate Group Working</td>
</tr>
<tr>
<td>16.10</td>
<td>Key Action Points and panel discussion</td>
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<td>17.00</td>
<td>Close</td>
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</table>
Public Health Academic Network Workshop

Syndicate 1. Making the most of academic research activity

Professor Peter Croft, Keele University

2 December 2013
Some ambitions relevant to support and partnership with academics

• To tackle public health issues with use of best evidence
• To improve public health outcomes
Some means for PHE to achieve the ambitions

• Facilitate local service-academic partnerships to
  • promote research activity and
  • get research into practice
• Promote academic PH capacity development
• Help coordinate and share PH academic activity
• Contribute to research strategy through priority setting and evidence-based PH
• Support strong research applications
Example 1

Local academic-service partnerships have helped provide cohort/trial infrastructure and leverage external funding BUT tension between local health care needs assessment on CHD and published research on aspirin use
Question 1

What are the essential components of a local academic-service partnership, what should the local public health expectations of such a partnership be, and what role could PHE take in shaping this?
Example 2

Local investment in a small group of committed trained practices linking survey and consultation data has underpinned stability and productivity of the partnership
Question 2

• How might PHE encourage and support local investment in academic-service partnerships?
Example 3

Local support for academic fellowship training programmes, notably in GP, with helpful service arrangements and training linked to University Masters has leveraged consistently high NIHR investment in training posts and shared service-academic posts.
Question 3

• What strategic investment, influence or support would be helpful from PHE to develop academic PH capacity?
Example 4

The Stoke-Staffordshire-Keele partnership has supported the academic implementation research agenda e.g. stratified care for back pain translated into practical programmes with service partners.
Question 4

• How might PHE develop the collaboration with, and support for, its research community to help achieve the ambition to help evidence-based PH into practice?
Example 5

Collaborations with other units has stimulated both research and implementation

e.g. trial of PhysioDirect with National School partners
Question 5

• What are the pros and cons of this group here today developing more integration and coordination, and how might PHE support and promote this?
Public Health Academic Network Workshop

2 December 2013
Review and introduction to the afternoon

Professor David Walker, Deputy CMO

2 December 2013
Public Health Academic Network Workshop

2 December 2013
Public Health Academic Network Workshop

Health survey for England consultation

ends 30 Dec

www.hscic.gov.uk/article/3659/Health-Survey-for-England

2 December 2013
Public Health Academic Network Workshop

Successful networking; Academic Health Science Networks
Professor Paul Roderick, Southampton University

2 December 2013
Public Health and AHSNs: opportunities and challenges

Professor P Roderick
November 2013
Acronyms

• AHSN
  – Academic Health Sciences Network

• CLAHRC
  – Collaborations for Leadership in Applied Health Research and Care

• HIEC
  – Health Innovation and Education Cluster
### Innovation and the NHS

1. **Innovation** transforms patient outcomes  
2. **Innovation** can simultaneously improve quality and productivity  
3. **Innovation** is good for economic growth

### What should be done to drive innovation?

1. Reduce **variation** and increase compliance of NICE guidelines, publish uptake metrics  
2. Establish a more **systematic** delivery mechanism  
3. Align incentives and rewards  
4. Improve procurement  
5. Develop people and hard wire innovation into **training**  
6. Strength leadership in innovation  
7. Identify and mandate High Impact Innovations
Improve patient and population health outcomes by translating research into practice and developing and implementing integrated health care systems
"I think you should be more explicit here in step two."
AHSNs

Innovate

Improve Wealth

Implement

Industry

Improve health
Wessex AHSN
Implementing innovation is complex
*(Greenhalgh et al, Milbank Quarterly 2004)*

[Diagram showing the process of innovation implementation, including system antecedents, system readiness, adopter characteristics, assimilation, and implementation process.]
Vision

• To bring discovery and innovation into the Wessex health system so that the population has better health and benefits from a thriving health innovation sector.

• Focus on tackling key local health issues over individuals’ whole life course and across entire patient pathways.

• Identify innovation, improvement and wealth creation opportunities for health and social care organisations, industry and academia across our region.

• Realise life-long, society-wide health benefits by catalysing this system-wide collaboration, accelerating the emergence of new technologies, services and wealth, whilst facilitating rapid knowledge exchange
Priority areas

• A "Whole System" approach for Older People – dementia
• Better Services for People with a Long Term Condition – respiratory disease
• Better Health and Life Chances through Better Nutrition
  • Reducing Alcohol Misuse
  • Optimising Medicines and Eliminating Waste
• Timely Delivery of High Impact Innovations and implementation of NICE Technological Appraisals
  • Patient Centred Information
Operational programmes

- A Network-wide Quality Improvement Programme
- Centre for Implementation Science
- Clinical Research Network collaboration
- Life Sciences Working Group
- Collaboration on Education and Training
Collaborations for Leadership in Applied Health Research and Care

13 Successful Collaborations

£124m NIHR funding commencing January 2014 for 5 years

6 new CLAHRCs (North Thames, North West Coast, Oxford, South London, Wessex, West)
CLAHRCS address the second translational gap
CLARHC mission

• Wessex wide partnership of providers, commissioners, patients and the public, clinicians and researchers.

• put into practice what learn from research.

• bringing benefits to people living in Wessex through better integration of pathways to care for people with long term conditions and reducing hospital admissions
Public health in CLAHRCs

- NW London ----Public health
- Yorkshire Humber---- Inequalities, health children and families
- West Mid ----Young mental health
- South London ---Alcohol
- SW Pen---Healthy environments
- West Mid --- Sexual health, Child injury
- NW Coast --- Inequalities
- West---Equity
- North Thames—Child and adolescent
- Oxford---exercise /activity
AHSNs and CLAHRCs

• AHSN
  - NHS England funded
  - Collaboration across several Universities
  - Implementation
  - Separate body, on business park
  - Resp, dementia, alcohol, integrated care

• CLARHC
  - NIHR funded (and matched)
  - Single University led
  - Research Focus
  - Integrated in University
  - Resp, dementia, alcohol, integrated care
Opportunities and Challenges

- AHSN as glue in new system
- Collaborative approach to identifying solutions
- Co-terminosity
- AHSN contribution to PH Outcomes and NHS Outcomes Frameworks
- Public health at the heart?
  - Needs assessment, evaluation, community engagement...
- Complexity
  - Organisational, health improvement
- Collaboration vs competition
- Information
  - Health and social care
- Innovation evidence base
- Identifying good practice
  - Inter AHSNs, inter CLARHCs
- Academic-service links in PH
- Identifying public and PH priorities
Public Health Academic Network Workshop

2 December 2013
Public Health Academic Network Workshop

Successful networking; National Institute for Health Research Networks

Professor Gary Ford, Oxford Academic Health Science Network

2 December 2013
Successful networking; National Institute for Health Research networks

Professor Gary Ford, CBE
Director NIHR Stroke Research Network
Chief Executive Officer, Oxford Academic Health Science Network
Background

• 1990s – shift to funding epidemiology, genetics, basic science. Reduced funding clinical trials
• Increasing failure of trials to achieve target recruitment
• Regulatory barriers
• Fragmented UK stroke research community
• Antagonism to commercially funded research
• Sub-specialty distrust
  – acute vs. rehabilitation
  - primary vs. secondary care
• Aggressive peer review
• Academics in Ivory Towers
• ‘Victim’ mindset
History

• Various unsuccessful attempts to form stroke ‘networks’
  International Stroke Triallists
  Geriatric Stroke Triallists Network

• Awareness of Canadian Stroke Research Network and Canadian Stroke Consortium


• MRC meetings – potential of stroke research network discussed (2002-2003)

• Hyper acute academic network 6 centre bid proposed to MRC (2003)

• Meeting to discuss Acute Stroke Network structure (2004)
AHSNs, AHSCs and the Research and Innovation Landscape

NIHR Infrastructure
Clinical Research Network

NIHR Infrastructure
BRCs, BRUs, CRFs

NIHR Infrastructure
CLAHRCs

MRC Programmes

NIHR Programmes

NIHR Programmes

NHS Patient Care

NHS Patient Care

INVENTION

EVALUATION

ADOPTION

DIFFUSION

AHSCs

AHSNs
AHSNs, AHSCs and the Research and Innovation Landscape

NIHR Infrastructure
Clinical Research Network

NIHR Infrastructure
BRCs, BRUs etc

NIHR Infrastructure
CLAHRCs

MRC Programmes

“improving patient outcomes through the conduct and application of applied health research”

INVENTION

DIFFUSION

AHSCs

AHSNs

NHS Patient Care
What is a network?

- A network is any method of sharing information between two systems (human or mechanical).
- Entrepreneurial networks are social organizations offering different types of resources to start or improve entrepreneurial projects. Having adequate human resources is a key factor for entrepreneurial achievements. Combined with leadership, the entrepreneurial network is an indispensable kind of social network not only necessary to properly run the business or project, but also to differentiate the business from similar projects.

Wikipedia

Stroke Research Network
Clinical Network Evolution

2000  Cancer
2003  Mental Health
2005  UK Clinical Research Network
      Diabetes
      Dementia and Neurodegenerative Disease
      Medicines for Children
      Stroke
      Primary Care

2007  NIHR Comprehensive Clinical Research Network

![Cancer Network Recruitment Chart](chart.png)
Establishing SRN

- Department of Health issued tender for bids. Coordinating centre established 2005 £500K pa
  Eight Stroke Local Research Networks Apr 2006 £400K each pa
- Meeting held by The Stroke Association Jan 2005 to discuss network Three groups emerging. Two presented proposals.
- Two groups combined to form core of SRN Directors successful bid
- Two bids submitted – initially fractured UK stroke community
- Panel interview with external international expert
- Directors presented plans at Stroke Association meeting, 2005
- Assistant Director appointed Oct 2005
- Call for Local Research Network bids Sep 2005. 8 of 11 bids successful. A few key academics not in LRNs
- Major people issues to manage at the network inception
SRN Directors

Ian Ford, Ken Lees, Helen Rodgers, Marion Walker Alastair Buchan*, Philip Bath, Jonathan Mant
* Stepped down 2009
SRN Launch Sept 2005
Stroke Association Meeting

• Directors presented outline plans
• Anxiety about winners and losers in Local Research Network commissioning
• Wish to use network resources for individual aims
• Difficulty accepting the Department of Health ‘rules’
• Distrust in SRN team from some groups
  - patient and carer involvement
  - rehabilitation community concerned that focus would be on acute and Industry studies
• Patient and carer involvement – two groups
  “You shouldn’t do it”
  “You will not deliver meaningful involvement”
"To provide a world class infrastructure for stroke research that supports the delivery of high quality studies which improve the outcomes and quality of life of people with stroke and their carers"
What did SRN aim to do for Stroke?

- Develop a world-class health service infrastructure for stroke research
- Support and conduct clinical trials and other well designed stroke research studies
- Involve people who have had a stroke, their carers and the public in stroke research
- Promote collaborative working within the UK stroke research community
- Develop a portfolio of stroke research studies including prevention, acute care, rehabilitation and on-going care
- Work with professional, industry, academic and funding bodies to enhance and increase UK stroke research
Six fold increase in recruitment

Patient recruitment randomised vs non-randomised
(UK-all studies)

Stroke Research Network
94% of acute trusts with stroke services active in research

UK Sites recruiting to portfolio studies
Working with Clinical Stroke Network

- National Audit Office report highly critical stroke care
- Development English Stroke Strategy
- Recommendation from Emergency Response Working Group to form clinical networks
- Cardiac networks broadened to support stroke
- SRN Assoc Director Stroke moved to become the Stroke Improvement Programme Lead
- SRN Director sat on DH National Stroke Programme Board
Stroke Research Transformed

88% Trusts with acute stroke services
 Recruited patients to SRN studies (2010-11)

Vibrant programme of patient and carer involvement
HLO 2: To time and target

Closed studies recruiting to time and target (cumulative number - studies opened after 31st March 2008)

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<tr>
<td>Q4</td>
<td>8</td>
<td>16</td>
<td>36</td>
<td>36</td>
</tr>
</tbody>
</table>

Legend:
- Green: On Time-On Target
- Orange: On Time-Under Target
- Yellow: Late on target
- Red: Late under target
- Blue: Target
## Stroke research 2001-2011

**Clinical and Epidemiology articles**

<table>
<thead>
<tr>
<th></th>
<th>USA</th>
<th>UK</th>
<th>Japan</th>
<th>Germany</th>
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<td>Published articles</td>
<td>28.3%</td>
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<td>197</td>
<td>134</td>
<td>70</td>
<td>120</td>
</tr>
</tbody>
</table>

Citation per billion $US GDP

- Sweden: 5.48
- UK: 5.08
- USA: 2.48
- Germany: 2.39
- Japan: 0.84

*Asplund et al, Stroke In Press*
Hyperacute stroke research centres

- £5M investment over 4 years to develop research infrastructure to support hyperacute stroke research

Stroke Research Network
Hyperacute Stroke Research Centres are delivering

Hyperacute recruitment by quarter - HSRC vs non-HSRC

Stroke Research Network
SRN 2010 - Five year Aims

• By Mar 2011
  – Develop a communication strategy ✓
  – Enhanced Industry liaison strategy and system to assess and support commercial cardiovascular prevention studies ✓

• By Mar 2012
  – NHS Trust participation > 80% ✓
  – At least one acute, prevention and rehabilitation study open on the portfolio that is potentially accessible to any NHS stroke service ✓

• By Mar 2013
  – SRN open studies 70, RCTs 40 ✓
  – Portfolio balance and 10 open primary care studies ✓ / ●
  – Target recruitment on time
    80% academic, 90% commercial ✓ / ✓
  – Study lay progress reports and summaries > 80% ✓

• By Mar 2015
  – Patient participation 10,000 / year, 7,000 RCTs ✓ / ✓
## The problem of implementing research evidence into the NHS

<table>
<thead>
<tr>
<th>Year</th>
<th>Stroke Units</th>
<th>Thrombolysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>1960s</td>
<td>First RCT Stroke Unit care</td>
<td>First reports thrombolysis</td>
</tr>
<tr>
<td>1980s</td>
<td>Meta-analysis10 RCTs Stroke Unit care (n=1586)</td>
<td></td>
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<tr>
<td>1993</td>
<td></td>
<td>NINDS trial</td>
</tr>
<tr>
<td>1995</td>
<td>National Audit: 1/3 people access Stroke Units</td>
<td></td>
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<tr>
<td>2002</td>
<td>National Audit 1/3 people access Stroke Units</td>
<td>Meta-analysis thrombolysis 0-3 hr trials</td>
</tr>
<tr>
<td>2004</td>
<td>National Audit 1/3 people not accessing Stroke Units</td>
<td></td>
</tr>
<tr>
<td>2006</td>
<td></td>
<td>90% Hospitals not offering thrombolysis</td>
</tr>
<tr>
<td>2011</td>
<td>Access for all patients to Stroke Units and Thrombolysis Stroke Research Network</td>
<td></td>
</tr>
</tbody>
</table>
Poor Uptake and Development of Innovation in the UK

- CT and MR imaging invented in the UK
- Poor access and utilisation in UK stroke services
- Australian Professor Stroke Medicine
  “You guys invented CT but your use of it in acute stroke is pathetic”
Improving care and outcomes for stroke patients

• Intermittent pneumatic compression stockings
• Proximal/symptomatic DVT reduced 12.1 to 8.5%
• Mortality 3.6% reduction
Personal perspective on research network success

- Agree core aims and vision – articulation strategic objectives
- Leadership
- Identification “must do’s” and early deliverables. Stay focused
- Strong patient and carer involvement
- Clear ‘rules’ about use of funding, but encourage local innovation within boundaries
- Friendly competition
- Performance manage funded elements
- Being positive, harnessing enthusiasm
- Respect and inclusion different stakeholders
- Openness, transparency and consistency
- Careful management Industry conflicts of interest
- Communicating success
- Demonstrating impact, telling stories
Issues to consider

• Why network? What is the problem you seek to address.
• Do you have common cause?
• How will a network be led?
• How will you manage the network?
• How will you fund a network?
• What will success look like?
Public Health Academic Network Workshop

Key action points and panel discussion
Professor David Walker, Deputy CMO

2 December 2013