

Setting Priorities for Health Services and Policy Research: Reflections from England, Scotland and Ireland North and South

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Outline of Presentation

- Judging from actions
- Quality, robustness, excellence and usefulness
- Embedding culture of research and evidence
- Building and strengthening capacity
- Priorities in rhetoric and practice in four jurisdictions
- Lessons for Canada?



Judging from actions

- All the jurisdictions covered claim to focus on research relevant to improving policy and practice and all tend to give significant resources to more biomedical and aetiological topics
- My observations are drawn from both what they say and what the fund.



Quality, robustness, excellence and usefulness 1

- All funders focus on the quality of the research and robustness of methods
- Few articulate the dilemma that the more important topics may not be fully amenable to (conventionally) strong study designs
- Some attempts are made to provide guidance on what are considered robust methods (eg MRC guidance on evaluation of complex interventions).



Quality, robustness, excellence and usefulness 2

- There is only some focus on the nature of evidence that can be assembled around topics on health care policy and organisation of service delivery
- All include requirements for robust dissemination and engagement with policy makers and managers (albeit perhaps somewhat mechanistic).



Embedding culture of research and evidence

- All funders recognise that research should aim to have externality effects in helping embed a culture of evidence based policy and practice
- All recognise that the effect of research activity can be to improve policy making and service delivery
- Despite this there is still a tendency for projects to engage at higher levels of the system.



Priorities in rhetoric and practice in four jurisdictions - England

- Of the four England has the much the largest and most formalised programme
- Programmes include *research for patient benefit, inventions for innovation, HTA, Public Health Research, Health Services and Delivery Research, Efficiency Mechanisms Evaluation*
- *There is a programme to monitor the effects of reforms and changes*
- *Attempts are made to have an inclusive process on setting research priorities.*



Priorities in rhetoric and practice in four jurisdictions – Northern Ireland

- Focus on some topics of growing importance such as dementia care, obesity, cancers, and e-health/telehealth
- Interest in studying the impact of research
- Recognise that small jurisdictions can only do so much themselves and need to collaborate and borrow.



Priorities in rhetoric and practice in four jurisdictions - Scotland

- focus on management, organisations, services and systems responsible for healthcare delivery in Scotland
- Better understanding of how to improve knowledge transfer potential for improving the quality of healthcare
- contribute to the advancement of healthcare improvement science.



Priorities in rhetoric and practice in four jurisdictions - Republic of Ireland

- Patient oriented research
- Focus on research that can bring tangible benefits to patients
- Biomedical and translational research should be demonstrably linked to plausible improvements in service delivery
- Have recently funded work focussed on the impacts of the financial crisis and how to develop resilience
- Recently funded work .



Lessons for Canada

- There is a tension between the drive for quality and research excellence and the drive for relevance
- Capacity building is a key objective
- Topics in focus are related to developing a sustainable health system but coverage is partial
- There is a tendency to talk a radical approach and act a more conservative one.





Thank you for your attention.