

Strengthening Public Health Research in the UK

Report of the UK Clinical Research Collaboration
Public Health Research Strategic Planning Group



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Executive Summary

Background

The UK Clinical Research Collaboration (UKCRC) is a partnership of the key stakeholders that shape the health research environment in the UK, namely the main UK health research funding bodies, health departments, academia, the NHS, regulators, industry and patients. The shared aim of the collaboration is to establish the UK as a world leader in health research. The UKCRC Partners are working on a broad agenda of activities to create an environment that facilitates and supports high quality research, including developing a coordinated approach to health research funding.

In recent years there has been growing awareness of the need to strengthen public health research in the UK. In response to this need, the major government and charity funders of public health research in the UK came together in July 2005, under the auspices of the UKCRC, to establish a Public Health Research Strategic Planning Group (SPG), chaired by Professor Ian Diamond. The SPG model, originally developed by the National Cancer Research Institute, has been successfully used for joint strategic planning between research funders. The aim of the UKCRC Public Health Research SPG was to develop a coordinated approach to improving public health research in the UK by implementing actions designed to have maximum benefit for the public health research community, practitioners and the UK population.

Evidence gathering process

The scope of public health research is very broad. To ensure that the actions arising from the SPG would have the greatest impact, the scope of the SPG was initially wide-reaching and became increasingly focused on specific areas that were highlighted during the evidence gathering exercise. In order to identify barriers and opportunities in the public health research environment, the SPG carried out an evidence-based review of the status of public health

research in the UK. Input into this process included: mapping public health research related activities of the main UK public health research funders; examining findings and recommendations from recent reviews in the area; consulting key stakeholder organisations in the field and carrying out a further focused consultation with leading experts in areas highlighted in the initial consultation process.

The research mapping exercise showed that the SPG funders supported numerous public health related research activities across a broad range of topics and disciplines and offered a variety of training and career development award schemes to researchers in public health. The consultation process invited key influential stakeholder groups to submit their views on actions that would result in maximum benefit for public health research in the UK. A number of common themes emerged from this consultation and recent major reviews in the area:

- ▶ Workforce, training and career structure – there was a need for increased investment in academic capacity at all career levels
- ▶ Multi-disciplinary and collaborative working – should be encouraged both within the public health research community and between academics, practitioners and policy makers
- ▶ Generating and evaluating research evidence – there was a need for greater understanding of health behaviours, more investment in translational and applied research and more research evaluating interventions and policies
- ▶ Maximising the use of existing data – greater use should be made of existing data including standardisation of capture and improved data linkage
- ▶ Methodological issues – there was a need to develop appropriate methodologies and measures and agree on their usage.

Whilst it was recognised that public health research should be strengthened in general, three specific areas, diet and nutrition; physical activity; and alcohol, tobacco and drugs, were identified as potentially having a large impact on improving public health.

Implementation of joint action

In light of the evidence and in the context of ongoing initiatives, including aspects of health protection activity that were being covered by other routes, the SPG agreed that the most effective framework for immediate joint action would be to:

- ▶ Fund research awards focused on analysis of existing datasets through phase 2 of the National Prevention Research Initiative
- ▶ Establish a number of Public Health Research Centres of Excellence in the UK aimed at boosting infrastructure and academic capacity.

The National Prevention Research Initiative (NPRI) is a consortium of eleven government and charity funders working together to fund research into chronic disease prevention. The scope of the NPRI phase 2 call included analysis of existing datasets, possibly through the creation of novel linkages. The aim of the call was to further realise the benefits of past investment and put existing data to new uses relating to health behaviours, their determinants and barriers to change. The successful awards were announced in May 2008.

The strategic aim of establishing UKCRC Public Health Research Centres of Excellence is to increase infrastructure, build academic capacity and encourage multi-disciplinary working in public health research in the UK. The Centres are designed to bring together leading experts from a range of disciplines working

in partnership with practitioners, policy makers and wider stakeholders to tackle public health issues which are likely to have a significant impact on the health of the nation.

A total of £20m has been committed by eight funding partners to support up to five Centres, with each Centre receiving up to £5m over a five year period. The organisations contributing to this initiative are: British Heart Foundation; Cancer Research UK; Department of Health; Economic and Social Research Council; Medical Research Council; Research and Development Office for the Northern Ireland Health and Personal Social Services; Wales Office of Research and Development, Welsh Assembly Government and Wellcome Trust. The competition for Centres, launched in January 2007, was a two-stage process with an outline stage and an invited full proposal stage. Proposals were assessed for their scientific merit by an independent international Scientific Advisory Panel and final funding decisions were made by a Centres Management Board, taking into account scientific excellence and the strategic aims of the initiative. The five successful Centre awards were announced in January 2008. The Centres Management Board will monitor and evaluate the Centres throughout the duration of the initiative.

The two actions arising from the SPG are the outcome of a strategic and coordinated approach by the major funders of public health and are designed to provide an immediate and tangible boost to public health research in the UK. The longer term goal of the SPG is to strengthen the public health research base and build a sustainable public health research community for the future. The SPG funders will continue to monitor the UK public health research environment and respond individually or jointly to ongoing and future challenges, as appropriate.

1 Introduction

1.1. The UK Clinical Research Collaboration (UKCRC)

The UK Clinical Research Collaboration (UKCRC) was established in 2004 as a partnership of organisations with the shared agenda of establishing the UK as a world leader in health research. The aim of the collaboration is to re-engineer the UK health research environment and harness the research potential of the National Health Service (NHS) for the benefit of researchers, patients and the public. The strength of the partnership is that it involves the key stakeholders that influence the health research environment in the UK, namely the main UK health research funding bodies, health departments, academia, the NHS, regulatory bodies, the bioscience, healthcare and pharmaceutical industries and patients **[Appendix 1]**. By coming together, the UKCRC Partners are able to effect the changes that need to be put in place to create an environment that facilitates and supports high quality health research.

The UKCRC Partners have focused their efforts in five main interconnected areas: building up the infrastructure for research in the NHS; developing incentives for research in the NHS; streamlining the regulatory and governance research environment; building an expert research workforce; and developing a coordinated approach to health research funding.

Activities within the health research coordination workstream include generating an evidence base of research funding in the UK and coordinating discussions between the funders to facilitate a coherent approach to funding research in specific areas.

1.2. Establishment of the UKCRC Public Health Research Strategic Planning Group (SPG)

In recent years there has been growing awareness of the need to strengthen public health research in the UK. In July 2005 the major UK funders of public health research came together under the auspices of

the UKCRC and established a Public Health Research Strategic Planning Group (SPG) to address this issue. The aim of the Public Health Research SPG was to develop a coordinated approach to improving public health research in the UK by implementing actions designed to have maximum benefit for the public health research community, practitioners and the UK population.

The SPG model was originally developed by the National Cancer Research Institute. This approach has been successfully used on many occasions for joint strategic planning between research funders and has led to the creation of several jointly funded initiatives, including the National Prevention Research Initiative **[Appendix 2]**.

Strategic Planning Groups are time limited working groups that bring together senior representatives from the main funding organisations active in the area of interest. The role of the SPG is to review the current status of research in a particular area in order to identify barriers and opportunities, and implement joint or coordinated actions to address these issues. Essential to this process is input from a variety of sources including examining existing reviews, mapping the research activities of the main funders in the area and consulting key experts and stakeholders in the field **(Figure 1)**.

The SPG process differs from a traditional scientific review which usually involves developing a series of recommendations for others to potentially take forward. The key feature of a SPG is that its membership comprises funding organisations that have the financial means to implement actions in areas highlighted in the evidence gathering exercise. By working together the funders are able to develop coherent solutions that add value and complement the individual approaches of the participating organisations.

1.3. SPG Membership

The Public Health Research SPG was chaired by Professor Ian Diamond, Chief Executive, Economic and Social Research Council, and it comprised senior representatives from the following organisations: Cancer Research UK; Department of Health; Home Office; Medical Research Council; Scottish Government Health Directorates; Wellcome Trust; Welsh Assembly Government, and the UKCRC [Appendix 3].

1.4. Terms of Reference

The remit of the Public Health Research SPG was to:

- i) Examine the status of public health research in the UK
- ii) Identify any barriers to progress in the field
- iii) Identify future needs and demands in public health research
- iv) Identify strengths and opportunities in public health research
- v) Develop a coherent approach to the provision of infrastructure and resources
- vi) Develop a coordinated approach to funding by research funding bodies
- vii) Oversee the implementation of agreed actions.

1.5. Scope of the SPG

The scope of public health research is very broad and in its widest sense can include research into all aspects of health protection and promotion, and prevention of disease and injury in populations, population subgroups and individuals. It can encompass investigations into the frequency, burden and causes of ill health, the development and evaluation of interventions designed to mitigate risks to health, or to reduce or prevent disease, and the translation of research into public health policy and practice. Within these broad areas there

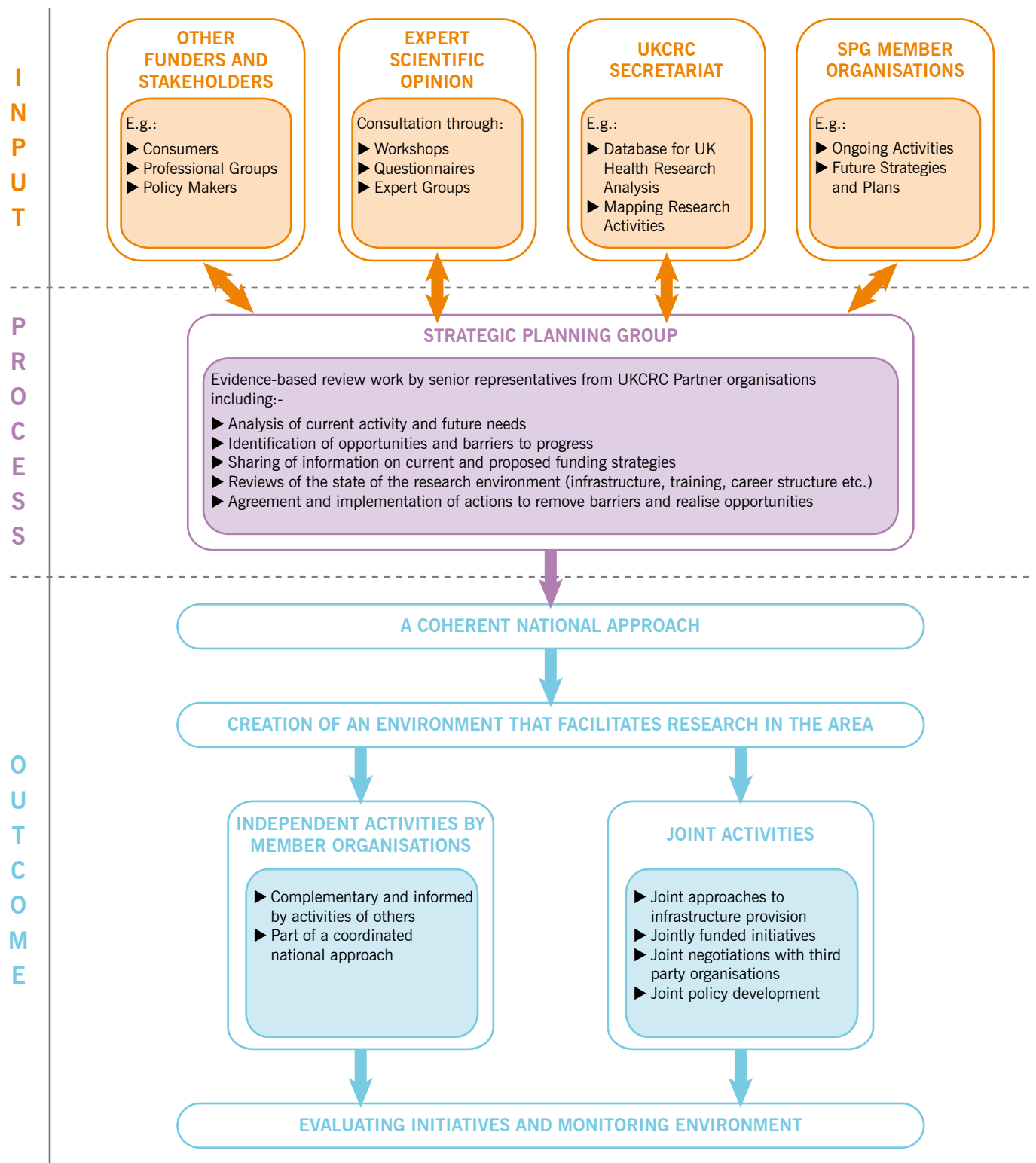
are a range of different types of research activities from studies on physical environmental, social, economic and biological, behavioural and lifestyle influence on health, to the provision of health service interventions.

To ensure that the actions arising from the SPG would have the greatest impact on public health research in the UK, the scope of the SPG was initially wide-reaching and became more focused on specific areas that were highlighted during the evidence gathering and review process.

1.6. Purpose of this Report

The UKCRC Public Health Research Strategic Planning Group met on five occasions between July 2005 and September 2006. This report provides a record of the activities of the SPG. It documents the agreed actions of the Group and outlines the process for implementing these actions.

Figure 1 UKCRC Strategic Planning Group Process



2 Summary of Findings from the Evidence Gathering Process

2.1. Sources of Input into the SPG

Sources of input into the SPG process included:

- ▶ Mapping public health research activities of the main UK public health research funders
- ▶ Examining findings and recommendations from recent reviews in the area
- ▶ Consulting key stakeholder organisations
- ▶ A further focused consultation with leading experts in areas highlighted in the initial consultation exercise.

2.2. Scope of Public Health Research Activities Funded by SPG Member Organisations

Sharing information on current and planned research activities of the funders is important in informing SPG discussions. A questionnaire mapping priority areas, current and planned funding initiatives and training award schemes relevant to public health was completed by the SPG member organisations.

Highlighted calls, initiatives and priority areas

Collectively the SPG funders supported numerous public health related research activities across a broad range of topics and disciplines. All SPG funders contributed to jointly funded research initiatives relevant to public health and jointly or individually supported long term prospective cohorts or surveys.

Training and career development award schemes

All SPG funders, except the Home Office, offered training and career development award schemes available to researchers in public health. Several of the larger funders supported dedicated award schemes in public health related research areas.

2.3. Recommendations from Relevant Reviews

A key part of the SPG process is examining existing evidence in the area including drawing on relevant major reviews. Three significant reviews in public health and public health research in the UK have been conducted in recent years. These reviews have involved expert and stakeholder engagement and provide a comprehensive overview of the area.

A Research and Development Strategy for Public Health (April 2001)

Chaired by Sir John Pattison, published by the Department of Health

The strategy was developed by and for government departments and research councils - the main public funders of public health research and development (R&D) – together with other public bodies whose work is central to public health. The strategy is based on partnership between funding agencies and participation of stakeholders across topics and disciplines.

The following areas were identified for action:

- ▶ Improving the use of existing research and making the findings more accessible
- ▶ Involving users in all parts of the research process
- ▶ Developing an appropriately skilled and sized workforce
- ▶ Improving the current evidence base including prioritising new public health research
- ▶ Better cross-coordination between funders.

Public Health Sciences: Challenges and

Opportunities (March 2004) *Report of the Public Health Sciences Working Group convened by the Wellcome Trust, chaired by Professor Stephen Frankel*

In 2004 the Wellcome Trust convened a Public Health Sciences Working Group which included eminent leaders in public health research in the UK.

The terms of reference of the Working Group were to consider the current state of the public health sciences in the UK and make recommendations on measures that would enhance their impact upon public health.

The Group made the following recommendations:

- ▶ Establish a top-level funders group to develop a strategic framework for public health research
- ▶ Enhance the use of personal information
- ▶ Increase investment in academic capacity
- ▶ Re-establish public health partnerships between universities and the NHS and establish public health centres to bring together public health science, social science and public health service delivery
- ▶ Develop a more informed dialogue between scientists, the public and the media to convey a better understanding of health risks
- ▶ Develop more evidence based policies.

Securing Good Health for the Whole Population (February 2004) Derek Wanless

The Wanless report primarily deals with prevention and wider determinants of health in England, but also includes recommendations for strengthening public health research in the UK. The report highlights the lack of information on interventions, and the need for greater investment in research on interventions and evaluations, in economic analysis, in methodological development, and in increasing the capacity and prestige of public health research and researchers. It also notes the difficulties in the information base, the lack of synthesis and use of existing evidence, and the need for involvement of consumers. The benefits of greater links between academia and practitioners are highlighted. The report concludes that a greater scale of research is needed and more coordination between funders of public health research is required.

2.4. Stakeholder Organisational Consultation

2.4.1. Consultation Process

Consultation with experts and stakeholders on the opportunities and barriers to research in the field is an essential element of the SPG evidence gathering exercise. Due to the broad stakeholder base in public health research, SPG members agreed to focus efforts on obtaining opinions from key influential groups covering a cross-section of expertise in the areas.

A total of 34 organisations were invited to submit their views on actions that would result in maximum benefit for public health research in the UK. Responses were particularly sought on four key issues [Appendix 4]. Of those invited, 14 (41%) responded with an additional two submissions received from other groups [Appendix 5].

2.4.2. Summary of Consultation Responses

A summary of the major issues highlighted in two or more responses is presented below. The feedback has been grouped into common areas.

1. What are the key areas in which public health interventions would have the most impact in improving health and reducing health inequalities?

Health Behaviours

All responses cited smoking, physical inactivity, poor diet and obesity as major determinants of poor health. Effective interventions to address these risk factors will have a great impact on health improvement. It was widely acknowledged that interventions to improve health do not necessarily reduce health inequalities. The development of targeted interventions to successfully address health inequalities represents a major public health challenge. Other areas listed as important determinants of

health included sexual health, mental health, alcohol and substance misuse, communicable diseases and environmental hazards.

Evidence suggests interventions in early life have a great impact on both improving health and reducing health inequalities. Many submissions outlined the importance of developing the evidence base in childhood public health.

Wider Determinants of Health

Wider socioeconomic determinants of health and health inequalities such as fiscal policy, environmental factors, criminal justice system and education services were highlighted as key areas for public health interventions. The importance of interventions to address socioeconomic disadvantages was highlighted as central to reducing health inequalities. Submissions listed areas for potential interventions to reduce disparities in access to resources, including improving education, housing, employment, income and health and social care. There was a general opinion that public health should be promoted through appropriate government policies as well as through interventions encouraging individual behavioural change. Several respondents considered that complex interventions that target policy, socioeconomic and cultural factors, and interventions targeting multiple risk factors were likely to be more successful than individual interventions.

The need to identify key areas to prevent further widening of health inequalities and a better understanding of the relationship between inequality and health in the context of interventions were emphasised in many responses. More studies to investigate the socioeconomic patterning of health were deemed necessary to inform appropriate ways to tackle these issues.

2. What are the knowledge gaps that may prevent us taking forward appropriate interventions

Methodology Issues and Research Design

The need to develop appropriate methodologies was a common theme in most of the submissions. Many respondents commented that there was insufficient research on how to measure the impact of interventions and which measures were appropriate to evaluate different research designs. Specific comments included the need to develop methodology for evaluation of complex public health interventions (in particular using interdisciplinary approaches) and for economic appraisal. In addition the need to develop appropriate outcome measures, measures of cost-effectiveness, appropriate timescales for evaluation of impact and markers of success for population based evaluations were highlighted. It was suggested that public health researchers could come together to agree which interventions (case studies, randomised and action experiments) lend themselves to which style of assessment/evaluation. There were also several comments suggesting that more research was needed on alternative models for delivering similar types of interventions.

Evaluation Issues

A common theme emerging from the consultation was the need for more evaluation of interventions and policies. It was proposed that new policies should be implemented in ways that make them capable of being evaluated, and all new programmes and policies should be evaluated to assess their impacts on population health and on health inequalities. Many respondents supported a recommendation to develop an agreed framework for evaluating the effectiveness of interventions. It was also proposed that

minimum criteria for acceptable evaluations using quantitative or qualitative methodologies should be established.

A number of responses questioned the appropriateness of using cost effectiveness as a means of making health care decisions. It was commented that conventional health economic approaches to discounting future benefits can render many long term public health interventions unattractive on the basis of a simple cost effectiveness assessment, even when the relevant evidence is available.

Research Evidence

The respondents highlighted a number of areas where they felt there was a dearth of research evidence. Areas that were common to two or more submissions are listed below:

- ▶ There has been insufficient research to identify and understand the determinants of health and inequalities in health and the mechanisms by which they may be changed
- ▶ There should be more research to identify which interventions best improve overall health and how interventions impact on health inequalities
- ▶ There needs to be more health economic data about the cost effectiveness of interventions
- ▶ There should be improved understanding of why interventions may only have short term effects and more research into interventions which will support sustained behavioural change
- ▶ Investment is needed to understand how macro-level, wider determinants of health - including physical, social, political or economic environmental factors - impact on population health and on health inequalities

- ▶ More research is required to explain the social patterning of health risks including understanding of health related behaviours at different life stages, and how to influence them at individual and population levels
- ▶ There is a gap in knowledge on how to implement effective interventions into policy and practice
- ▶ Public health policy should be more evidence-based. There should be more research assessing the chances of success before implementation and more research evaluating the impact of Government policy initiatives once they are implemented.

There was strong support for developing a more coordinated approach to bringing together the existing research evidence on feasibility, acceptability, effectiveness and cost-effectiveness.

Data Collection and Access

Many respondents reported that much of the available evidence has insufficient detail on the intervention, the setting and the population in which they are tested and that future studies should include such details. It was suggested that the major funders could do more to encourage or require greater collection and publication of this information. For example, all health interventions evaluations could include measures of socioeconomic position, ethnicity, sexuality and disability, gender and age; and social interventions could include measures of physical and mental health.

Other comments recommended there should be increased routine data capture in primary care, improved standardisation and quality of recorded data, improved access to population level outcome data and the development of record linkage methods and technologies to address the gap in information on long term outcomes for children and young people.

3. What are the best ways to meet capacity needs and where are the major gaps?

Workforce and Training

There was general agreement that the academic base in public health is weak and there is inadequate capacity to carry out the research that is needed, even if funding for individual projects were obtained. Respondents recommended there should be increased investment in training in public health research. Suggestions included developing capacity in qualitative and quantitative methods through enhancement of existing training opportunities. Establishment of new training programmes in specific areas such as systematic reviews and critical appraisal methods were also suggested in order to increase the skill set of individual researchers. It was proposed that public health service providers and policy makers should be trained in research skills. The need to provide additional training in evaluation techniques and health economics was highlighted in a number of cases.

Suggestions to increase academic capacity included: launching public health undergraduate courses which incorporated a range of academic areas in research intensive UK universities; developing specific programmes between Government departments; investment in more university posts and the reintroduction of training schemes in clinical epidemiology within medical schools.

Public Health Research Network

One of the challenges for public health research is to draw together multiple interventions into large enough studies to be able to answer meaningful questions. These studies require coordination and communication across agencies, and geographically across the UK. Two models were proposed for building up joint structures embedded in the NHS to ensure appropriate

research coordination and data collection.

The first model recommended establishing a public health research equivalent of Clinical Research Facilities. The second model was to establish a public health equivalent of the UKCRC Clinical Research Networks. Both models incorporated funding for core staff at multi-disciplinary centres, with strong links to appropriate public health delivery organisations and networks, including those outside the NHS. It was proposed that public health interventions research could be carried out collectively across these centres. Mechanisms for local data collection could be established and the centres could collaborate in developing methodologies for comparing contexts and validating the interventions in practice.

4. How can we build on strengths that exist in the UK?

Collaborative Working

Many respondents felt that collaborative working between successful public health research groups was the most effective use of limited resources. There was general support for the establishment of more multi-disciplinary research teams, particularly those disciplines that may not have traditionally worked together e.g. from biomedical science, epidemiology, behavioural and social sciences and those skilled in evaluation of effectiveness and cost-effectiveness of interventions.

Several submissions commented that the long term, large-scale, multi-disciplinary nature of public health research often does not fit with existing funding structures. Recommendations to address this included developing more innovative funding strategies such as the National Prevention Research Initiative, more investment in sustained programmes and the establishment of either

physical or virtual centres for excellence. The Public Health Research Consortium funded by the Department of Health was cited as a good model that could be replicated and built upon. It was recommended that schemes to support multi-disciplinary working and research bridging social/medical disciplines should be encouraged.

A number of submissions suggested that the Health Protection Agency, with its presence in each region of England and other parts of the UK, presented an opportunity for increased capacity building and research collaborations in public health and health protection research.

Improved Coordination

There was a general feeling amongst respondents that the public health academic sector was divorced from practical health care delivery and policy makers. Many submissions suggested that multi-disciplinary research teams should work more closely with policy makers and practitioners to evaluate the best methods to implement the evidence in practice. Respondents highlighted the need to develop mechanisms, such as meetings or workshops. This would aid integration, engagement and communication between academics, research funders, policy makers and practitioners, including those in settings outside the NHS. The research and evaluation skills of all public health practitioners should be strengthened and it was suggested that this could be best achieved by building closer links between the service and research communities.

Several respondents pointed out that the opportunity for natural experiments should be greater with the devolution of Government responsibility for health services and policy across the four nations of the UK. Natural experiments within or across nations have great potential to deliver a strong evidence base, but this requires

structures to enable improved collaboration and communication between the policy and research communities

Maximising Use of Existing Datasets

The majority of respondents highlighted the opportunities for greater use of the wealth of information relevant to public health collected in the UK. Particular examples cited included exploiting the comprehensive coverage of the population by the NHS, primary care datasets, and numerous longitudinal and birth cohort studies. Feedback from several groups raised concerns about data confidentiality issues and interpretation of data protection regulations potentially hampering research efforts. It was felt that clearer, streamlined guidance on regulations was necessary to overcome this barrier.

Workforce and Careers

Respondents noted that there was a general problem with recruitment to academic specialities within public health. The UK has a strong cohort of epidemiologists but there are particular shortages of health economists, statisticians, health psychologists and those with a mix of skills that can effectively link academic and public health services research. It was recognised that a big opportunity exists to recruit staff resources from public health services into the academic sector. However, it was generally felt that greater incentives were needed to encourage the public health workforce to participate in research, and that clear career pathways in public health research must be developed and implemented.

Most submissions highlighted the need for more investment in academic infrastructure for public health research at all levels of career development. The establishment of joint service and academic appointments was considered important in developing a common understanding

between research and practice and to allow staff to move seamlessly between the two sectors. Suggestions also included greater investment in personal awards such as creating senior tenured posts for public health researchers from a wide variety of backgrounds in both service and academic public health. New mid-level, limited-tenure, early-career posts and fellowships designed to provide a stepping stone from post-doctoral fellowships to senior positions were also proposed.

It was recommended that there should be increased opportunities for public health trainees to pursue academic public health careers. It was suggested that this could be addressed by offering a range of innovative ways of working in academia. This could involve discipline-hopping awards, and exchange opportunities for policy developers and NHS public health staff to devote a set period of time working alongside research teams. Several submissions suggested that there may be a need to attract 'high flying' public health researchers to the UK either permanently or temporarily through exchange programmes.

2.5. Common Themes Emerging from the Consultation and Recent Reviews

A number of cross-cutting issues emerged from the consultation process that had also previously been highlighted in the recent major reviews in the area.

- ▶ Workforce, training and career structure – greater investment in academic capacity at all career levels
- ▶ Multi-disciplinary and collaborative working – both within the public health research community and between academics, practitioners and policy makers
- ▶ Generating and evaluating research evidence – greater understanding of health behaviours, more investment in translational and applied research

and more research evaluating interventions and policies

- ▶ Maximising the use of existing data – including standardisation of capture and improved data linkage
- ▶ Methodological issues – development of appropriate methodologies and measures and agreement on their usage.

Whilst it was recognised public health research should be strengthened in general, three specific areas were identified in the consultation as potentially having a large impact on improving public health:

- ▶ Diet and nutrition
- ▶ Physical activity
- ▶ Alcohol, tobacco and drugs.

2.6. Focused Consultation in Highlighted Areas

Based on the outcome of the consultation, the SPG decided to conduct a further consultation exercise focusing on the health behaviours identified by most of the respondents. This next phase involved input from researchers, stakeholders and experts from a range of disciplines in the areas of physical activity, diet, tobacco and addictions. The aim of these discussions was to identify achievable actions that could be implemented by the SPG that would lead to significant improvements in the field. Views were particularly sought on the following cross-cutting issues distilled from the public health reviews and the SPG consultation process:

- ▶ Workforce, training and career structure
- ▶ Multi-disciplinary and collaborative working
- ▶ Generating and evaluating research evidence
- ▶ Collecting and maximising the use of data.

Experts were invited to present a summary of these discussions and recommendations to the SPG.

2.6.1. Promoting Public Health Nutrition Research

The focused consultation process involved sending a questionnaire to 22 selected experts in public health nutrition research seeking proposals in the four key areas highlighted from the SPG evidence gathering exercise. Responses were received from 14 of these invitees. A workshop was attended by nine researchers to brainstorm these issues and propose practical actions that could be taken forward by the funders.

A summary of the issues emerging from the focused consultation was presented by Dr Geraldine McNeill, Department of Medicine and Therapeutics, University of Aberdeen. The following points were raised in the presentation and subsequent discussion with the SPG:

Workforce, training and career structure

Nutrition research career pathway and capacity to undertake multi-disciplinary research could be improved by:

- ▶ Career development and discipline-hopping awards
- ▶ Secondment of practitioners
- ▶ Joint health service/academic appointments
- ▶ Development of short courses to increase practitioner knowledge and skill base in nutrition research
- ▶ Development of short courses on key methodological areas.

Multi-disciplinary and collaborative working

Increased collaborative working may be achieved by:

- ▶ Greater coordination between funders and other stakeholders
- ▶ Multi-disciplinary networks or centres
- ▶ NPRI multi-partner type initiatives
- ▶ Symposia and workshops to bring different disciplines together.

Generating and evaluating research evidence

Proposals to improve this area included:

- ▶ More developmental work in pre-trial design and methodologies
- ▶ Greater follow-up and evaluation of interventions, particularly policy
- ▶ More secondary research including wider evidence synthesis, modelling, secondary analysis and systematic reviews
- ▶ Promoting the formulation of evidence-based policy.

Collecting and maximising the use of data

Possible actions to improve this area could include:

- ▶ Commissioning research into what data is already being collected
- ▶ Promoting the use of routine data capture as part of research programmes
- ▶ Encouraging researchers to place primary data in the public domain
- ▶ Supporting researchers to develop systematic means of collecting, archiving and sharing data
- ▶ Improving access to existing data including development of national repositories for questionnaires and methodologies.

Other issues highlighted

One of the key messages from the focused consultation on public health nutrition was support to tie together nutrition, physical activity, tobacco and addiction rather than dealing with these topics as separate areas for action.

2.6.2. Public Health Research in Physical Activity

A focused consultation was conducted with 38 experts in the field to seek their views on the issues highlighted by the SPG process. There was a good response to the invitation to input into the consultation and there was a clear indication that

the community felt this was an important and timely exercise. A summary of discussions was presented by Professor Nick Wareham, MRC Epidemiology Unit, Cambridge.

Workforce, training and career structure

Building an academic workforce with the appropriate skills and experience may benefit from:

- ▶ Training in physical activity measurement and methods in public health research
- ▶ Development of a UK academic physical activity peer group.

Multi-disciplinary and collaborative working

Collaborative working needs to be encouraged in a small research workforce such as the physical activity research community. This could be facilitated by:

- ▶ Establishment of cross-institutional networks
- ▶ Cross-disciplinary appointments.

Generating and evaluating research evidence

Generation and evaluation of research evidence is particularly needed in the following areas:

- ▶ Development and validation of new methods to assess physical activity
- ▶ Defining the relationship between inactivity and ill-health
- ▶ Determinants of physical activity behaviour
- ▶ Development and evaluation of interventions to promote activity
- ▶ Promotion of the development of experimental and non-experimental approaches to evaluation of policy-level interventions.

Collecting and maximising the use of data

Collection and use of data could be improved by:

- ▶ Collection of improved physical activity information in ongoing population-based cohort studies

- ▶ Collection of enhanced physical activity data at population-level.

2.6.3. Public Health Research on Addictions

A review on research into addictions was conducted by the Economic and Social Research Council in Summer 2004 which involved seeking comments from a spectrum of researchers and relevant stakeholders. Dr Richard Hammersley, Centre for Behavioural Aspects of Health and Disease, Glasgow Caledonian University presented the findings of this review to the SPG.

Workforce, training and career structure

- ▶ Workforce capacity would be boosted by increased training for experts and generalists
- ▶ Increased skills and knowledge could be achieved by working with relevant professional bodies.

Multi-disciplinary and collaborative working

- ▶ Collaborative working could be encouraged by dedicated funding for a multi-disciplinary national centre or distributed network.

Generating and evaluating research evidence

Generating and evaluating research evidence on addiction is hampered by the limited information that can be collected due to ethical sensitivities. The following actions may have a positive impact in this area:

- ▶ More routine monitoring of substance use in clinical assessment and history-taking, record-keeping and audit, biological assays and surveys
- ▶ Application of advances in genetics and neuroimaging in addiction research
- ▶ Use of evidence-based policies in assessing substance use.

Collecting and maximising the use of data

Current methods of data collection are often biased and self reporting is often unreliable. Collecting data and maximising its use could be improved by:

- ▶ Routine monitoring across health behaviours
- ▶ More research on 'unobtrusive' substance users.

2.6.4. Tobacco Control Research in the UK

In November 2005, 39 active UK tobacco researchers were surveyed by email to seek their views on gaps and opportunities in this area and measures that could be taken to address these issues. Replies were received from 18 respondents. The purpose of the survey was to inform the SPG review process and Cancer Research UK's Tobacco Advisory Group. Dr Robert West, Cancer Research UK Health Behaviour Unit, University College London presented an analysis of this scoping exercise.

Workforce, training and career structure

The UK has a strong track record in tobacco research but currently most funding is directed at doctoral, post-doctoral and senior scientist fellowship levels.

- ▶ Tobacco research career structure would benefit from more stable funding and career development awards.

Multi-disciplinary and collaborative working

There is a high level of collaborative working within the tobacco research community.

- ▶ This could be further promoted by funding focused seminars and cross-disciplinary meetings
- ▶ Structures could be put in place to promote large ground-breaking studies and help steer research priorities in a coordinated way.

Generating and evaluating research evidence

Areas highlighted as high priority for research included:

- ▶ Prevention (including public education)
- ▶ Promotion of smoking cessation
- ▶ Reducing availability of tobacco
- ▶ Regulation of tobacco
- ▶ Reducing exposure to second hand smoke.

Collecting and maximising the use of data

Improvements in this area could include:

- ▶ Ring-fenced funding for research on existing datasets could increase use of existing data
- ▶ Changes to the regulations governing access to patient datasets would provide greater opportunities for tobacco research.

3 Implementation of Actions in Response to the Evidence

3.1. Framework for Action

The guiding principles for action by the SPG were predicated on the need to:

- ▶ Provide an immediate tangible boost for public health research in the UK and at the same time build a sustainable public health research community for the future
- ▶ Build on successful existing initiatives and structures such as the National Prevention Research Initiative (NPRI) and the Scottish Collaboration for Public Health Research and Policy jointly funded by the Chief Scientist Office and MRC
- ▶ Balance strategies aimed at strengthening public health research in general by addressing cross-cutting issues with the need for initial focus in specific areas where there is potential for maximum impact
- ▶ Add value by adopting a coordinated approach by the funders to complement their individual activities in the area.

It was clear from the evidence-gathering process that there was an overall need to boost infrastructure and build capacity in public health research, in particular addressing the following cross-cutting issues that emerged from the evidence:

- ▶ Training and career structure
- ▶ Multi-disciplinary and collaborative working
- ▶ Maximising use of existing data
- ▶ Methodological issues.

Whilst it was recognised that public health research should be strengthened in general, it was agreed that the following three specific areas identified as potentially having a large impact on improving public health should be highlighted:

- ▶ Diet and nutrition
- ▶ Physical activity

- ▶ Alcohol, tobacco and drugs.

In addition, it was agreed that translational and applied research should be fostered.

In light of the evidence and in the context of current ongoing initiatives, including aspects of health protection activity that were being covered by other routes, the SPG agreed that the most effective framework for immediate joint action would be to:

- ▶ Establish a number of Public Health Research Centres of Excellence in the UK aimed at increasing infrastructure and academic capacity
- ▶ Fund a second round of research awards through the NPRI, focusing on analysis of existing datasets.

3.2. UKCRC Public Health Research Centres of Excellence

3.2.1. Purpose of Establishing the Centres of Excellence

The UKCRC Public Health Research Centres of Excellence is a joint initiative of eight of the major public health research funding organisations in the UK. This joint initiative is an outcome of the evidence-based strategic overview of public health research in the UK carried out by the SPG.

Investment in the Centres is designed to increase infrastructure, build research capacity and encourage multi-disciplinary working in order to address complex public health issues that could lead to a substantial improvement in the health of the public.

A total of £20m has been committed by the following funding partners:

- ▶ British Heart Foundation
- ▶ Cancer Research UK
- ▶ Department of Health
- ▶ Economic and Social Research Council
- ▶ Medical Research Council

- ▶ Research and Development Office for the Northern Ireland Health and Personal Social Services
- ▶ Wales Office of Research and Development, Welsh Assembly Government
- ▶ Wellcome Trust.

Centre awards were made on a competitive basis, with each Centre receiving up to £5m over a five year period. Funding is provided to support:

- ▶ New academic posts ranging from senior posts to junior fellowships
- ▶ Training and career development programmes for the Centre and for the wider community
- ▶ Infrastructure, including technical staff, IT systems and equipment, administrative support, data and other support costs necessary to underpin Centre research activities
- ▶ Ring-fenced funds for outreach work with policy makers, practitioners and service users.

It is envisaged that the strategic approach of bringing together multi-disciplinary teams of leading experts, combined with new career development and training programmes, will contribute significantly to the development of the wider UK public health research environment.

3.2.2. Strategic Objectives of the Centres

The Centres will have the following strategic objectives:

- ▶ Promote research excellence in public health by increasing investment in infrastructure to facilitate the conduct of high quality studies designed to lead to gains in the health of the public and research outputs of the highest international standards
- ▶ Build sustainable public health research capacity and expertise in the UK by providing support for additional posts at all stages of career development. In addition to creating new posts,

Centres will provide a forum for training in public health research skills for practitioners and academics from a range of disciplines

- ▶ Encourage and forge multi-disciplinary partnerships between world-class scholars, policy makers and practitioners. Centres will stimulate and promote research excellence within the wider public health research community through leadership, networking and collaboration
- ▶ Increase the evidence base in public health research, in particular addressing complex public health issues that focus on applied research and translation of research into policy and practice
- ▶ Demonstrate leadership by tackling challenging issues in the field such as methodological and research design issues, maximising use of existing data and encouraging data sharing
- ▶ Complement and work closely with existing initiatives and other centres both in public health and related disciplines. Networking between or among investments will be an important element in order to best realise the benefits of cross-group fertilisation and multi-disciplinary working for improved public health in the UK
- ▶ Ideally Centres will focus on, and have expertise in, at least one of the priority areas identified by the SPG: diet and nutrition; physical activity; and alcohol, tobacco and drugs.

3.2.3. Structure of the Centres

The Centres will be structured according to the following criteria:

- ▶ The structure of a Centre can be flexible. A Centre may comprise (i) a strategic partnership of organisations, (ii) multi-disciplinary groups from a single institution or (iii) a 'hub and spokes' model where a lead organisation works in close collaboration with expert groups based at different organisations
- ▶ Each Centre will comprise teams of leading

experts from a range of disciplines working in partnership with practitioners, the NHS, policy makers and wider stakeholders to address complex issues that are designed to have a significant impact on the health of the public

- ▶ The Centres will support an active career development programme aimed at building research capacity, including training in public health research skills and other programmes to promote interaction with practitioners, policy makers and researchers in other disciplines
- ▶ Centre programmes will include a strong emphasis on translational or applied activity. Ideally Centres will focus on and have expertise in at least one of the priority areas identified by the SPG
- ▶ It is anticipated that Centres will also make a significant contribution to methodological development and/or secondary use of existing data
- ▶ Centre activities will include outreach programmes and there will be ring-fenced funds to enable Centres to work closely with practitioners, policy makers and service users, exploring potential routes for translating research into policy and practice. Centres will be expected to network and build collaborations with the wider public health research community.

3.2.4. Competition Process

The initiative was launched at an open meeting for researchers held in January 2007. There was a call to submit outline proposals, which were assessed and short-listed by an independent international Scientific Advisory Panel (SAP) [Appendix 6]. Full proposals were invited from the short-list and these were peer reviewed by external referees. The SAP reviewed and ranked proposals based on their scientific excellence.

The proposals were then considered by the Centres Management Board (CMB), chaired by Professor Ian Diamond, (Chair of the UKCRC Public Health

Research SPG) and comprising executive officers of the contributing funders and the chair of the SAP [Appendix 7]. The CMB invited applicants with top ranking scientific proposals for interview to assess their proposed management structures and long term business plan for building capacity in public health research. Final funding decisions, taking into consideration all available information including the strategic aims of the initiative, were made by the CMB in December 2007. The CMB will monitor and evaluate the funded Centres throughout the initiative.

The Economic and Social Research Council in conjunction with the National Prevention Research Initiative (NPRI) secretariat, provide the administrative management of the Centres on behalf of the funding partners and the UKCRC.

3.2.5. Awards to Successful Centres of Excellence

The following five Centres of Excellence awards were announced in January 2008

Centre for Translational Research in Public Health, led by Newcastle University in collaboration with Durham, Northumbria, Sunderland and Teesside Universities - directed by Professor M White

Centre for the Development and Evaluation of Complex Interventions for Public Health Improvement, led by Cardiff University in collaboration with Swansea and Bristol Universities - directed by Professor L Moore

UKCRC Northern Ireland Centre of Excellence for Public Health Research, led by Queens University Belfast in partnership with the Institute of Public Health in Ireland - directed by Professor F Kee

The Centre for Public Health Research Excellence in Diet and Physical Activity, led by University of Cambridge in partnership with the University of East Anglia and MRC Centre Cambridge - directed by Professor N Wareham

The UK Centre for Tobacco Control Studies, led by University of Nottingham in partnership with University of Bath; University of Edinburgh; University

of Birmingham; University of Stirling; Queen Mary's, University of London; and University College London - directed by Professor J Britton.

3.3. National Prevention Research Initiative (NPRI) Phase 2

The NPRI was established in 2004 as a consortium of eleven government and charity funders working together to fund research into chronic disease prevention. The NPRI was founded following work by the National Cancer Research Institute (NCRI) showing that 2% of the collective cancer research spend of the funding bodies was dedicated to supporting research into primary cancer prevention [Appendix 2].

The majority of the UKCRC Public Health Research SPG member organisations were also NPRI funding partners. The SPG members therefore agreed that the NPRI Phase 2 was a suitable vehicle to address the recommendation from the UKCRC public health research evidence-gathering exercise, that greater use should be made of existing datasets.

The scope of the NPRI Phase 2 call included analysis of existing datasets, possibly by the creation of novel linkages, in order to further realise the benefits of past investment and put existing data to new uses relating to health behaviours, their determinants and barriers to change. Proposals could be relevant to policy either by focusing on the evaluation of existing policy or practice, or informing priority policies and practice. Appropriate datasets included international, national or localised resources and could be derived from surveys, cohorts, case studies, trials or other sources. New users of existing datasets were particularly encouraged to apply. The deadline for the call was June 2007 and successful applicants were notified in May 2008.

3.4. Next Steps for the UKCRC Public Health Research SPG

The creation of the UKCRC Public Health Research Centres of Excellence and the provision of dedicated

research funding through the NPRI Phase 2, are two direct actions arising from the SPG deliberations. Implementation of these actions will address many of the main recommendations highlighted in expert reviews and the stakeholder consultations, and will provide an immediate boost for UK public health research. These actions are an outcome of a strategic and coordinated approach to strengthening the UK public health research environment by the major funders of public health in the UK.

The course of action chosen by the funders is designed to give tangible support in areas that will potentially lead to a substantial impact on public health. It is recognised that there are many other important areas of public health research that need to be fostered and developed, and that have not been the direct focus of action as part of this exercise. Some of these areas fall within the remit of the funders but many are outside the scope of achievable actions that can be implemented by UK funders of public health research.

The long term goal of the SPG is to strengthen the public health research base and build a sustainable public health research community in the UK. This vision can be best achieved by developing joint or coordinated short, medium and long term solutions. It will be important to evaluate and monitor the impact of these joint initiatives as they progress and for the funders to continue to individually and jointly respond to barriers and opportunities in the area.

The health research environment in the UK is changing rapidly. After the UKCRC Public Health Research Centres of Excellence have been established, the SPG will meet and revisit the area. In the light of the wider changes in the UK research environment, the SPG will determine the next most appropriate course of action to tackle the ongoing and future challenges in the public health research agenda.

Appendix 1

About the UK Clinical Research Collaboration

The UK Clinical Research Collaboration (UKCRC), established in 2004, is a partnership of organisations working together to establish the UK as a world leader in clinical research by harnessing the research potential of the National Health Service. The Partners include the key stakeholders that shape the health research environment, including research funders, the NHS, government, industry, academia, regulators, charities and patients.

The UKCRC Partners are working together to address a broad agenda of issues affecting clinical research through several interconnected areas of activity.

These are: developing the infrastructure to underpin clinical research in the NHS; building up an expert workforce to support clinical research; streamlining the regulatory and governance environment; developing incentives for research in the NHS; and coordinating research funding. The Partners have already implemented many of the changes needed to transform the clinical research environment in the UK.

Investment in research infrastructure has been high on the agenda, with clinical research networks established across the UK to support the delivery of high quality clinical studies. The UK's capacity for experimental medicine research is also being strengthened through a coordinated initiative to develop Clinical Research Facilities designed to support innovative research from both academic and commercial sectors. A web-enabled database of UK experimental medicine resources and expertise has been created to facilitate links for academic and industry experimental medicine studies.

Further investment by the UKCRC Partners has established new training and career structures designed to ensure the development of an expert research workforce of clinicians, nurses and allied health professionals to support all aspects of clinical research in the NHS.

Work to streamline the regulatory and governance environment has already made an impact. The model Clinical Trials Agreement for commercial research in the NHS has been widely accepted and used. The UKCRC Regulatory and Governance Advice Service is up and running, and a more efficient approach to issuing honorary research contracts, the Research Passport, is being rolled out nationally. An integrated system for the permissions and approvals needed to initiate clinical research has been launched and a streamlined approach to R&D approvals in the Health Service is also in development.

In 2006, the UKCRC published the first ever national analysis of health research activity, UK Health Research Analysis, examining the research portfolios of the eleven main government and charity funders of health-related research in the UK. The analysis gave a unique insight into the types of research carried out as well as the areas of health and disease investigated. This work was expanded in 2007, in collaboration with the Association of Medical Research Charities, to include an analysis of an additional 29 medical research charities. Together these two analyses provide an overview of the vast majority of Government funded health research and approximately 96% of the charity funded health research activity in the UK.

Detailed information on UKCRC activities can be found on the UKCRC website: www.ukcrc.org.

Appendix 2

National Prevention Research Initiative

The National Prevention Research Initiative (NPRI) was established in 2004 as a consortium of eleven government and charity funders working together to fund research into chronic disease prevention. The NPRI was founded following work by the National Cancer Research Institute (NCRI) showing that 2% of the collective cancer research spend of the funding bodies was dedicated to supporting research into primary cancer prevention (Strategic Analysis 2002: An overview of Cancer Research in the UK directly funded by the NCRI Partner Organisations (2002) National Cancer Research Institute). In 2006, the consortium of NPRI funders was joined by The Stroke Association for a second round of NPRI funding.

List of Funders

- ▶ British Heart Foundation
- ▶ Cancer Research UK
- ▶ Department of Health
- ▶ Diabetes UK
- ▶ Economic and Social Research Council
- ▶ Food Standards Agency
- ▶ Medical Research Council
- ▶ Northern Ireland Health and Social Care Research and Development Office
- ▶ Chief Scientist Office, Scottish Government Health Directorates
- ▶ The Stroke Association
- ▶ Wales Office of Research and Development, Welsh Assembly Government
- ▶ World Cancer Research Fund

The NPRI has three strategic aims:

1. To provide additional funds and infrastructure support to increase the amount of high quality research aimed at preventing incidence of new cases of major preventable diseases such as certain cancers, coronary heart disease, stroke and diabetes
2. To encourage and facilitate cross-disciplinary collaborations in UK preventative research
3. To encourage research aimed at risk reduction in communities/social groups with a high incidence of cancer, coronary heart disease, stroke and diabetes, and exploring approaches that will reduce inequalities in incidence from these diseases.

An initial budget of £12 million over five years was provided to support high quality research aimed at the primary prevention of cancer, coronary heart disease and diabetes. The focus of the first call for applications was on four health behaviours relating to tobacco use, physical activity, diet and nutrition and alcohol misuse. Key research areas highlighted for funding included health inequalities, effectiveness of interventions and methodologies. In December 2005 the NPRI funded 26 new research projects, including pilot studies, relating to one or more health behaviours within the NPRI remit.

NPRI Phase 2 call, with the original scope expanded to include research relevant to the primary prevention of stroke, was announced in 2007 and final funding decisions were made in May 2008.

Appendix 3

UKCRC Public Health Research Strategic Planning Group Membership

Chair

Professor Ian Diamond
Chief Executive

Economic and Social Research Council

Members

John Toy
Medical Director

Cancer Research UK

Peter Craig
Research Manager

Chief Scientist Office of the Scottish Government Health Directorates

Russell Hamilton
Director – Research and
Development

Department of Health

Paul Wiles
Chief Scientific Advisor

Home Office

Diana Dunstan
Director
Research Management Group

Medical Research Council

Liam O'Toole
Chief Executive

UK Clinical Research Collaboration

Sue Denman
Deputy Director

Wales Office of Research and Development, Welsh Assembly Government

Pat Goodwin
Head of Pathogens, Immunology
& Population Health

Wellcome Trust

Secretariat

Janet Valentine

UK Clinical Research Collaboration

Appendix 4

Invitation Letter for Stakeholder Organisational Consultation



22 July 2005

Dear

UKCRC Public Health Research Consultation

I am writing to invite you to input your organisation's views on opportunities and barriers in public health research as part of a national joint strategic initiative by the major funders of public health research in the UK.

In recent years there have been a number of reports published reviewing the status of public health and public health research in the UK including *A Research and Development Strategy for Public Health* (Department of Health, April 2001), *Public Health Sciences: challenges and opportunities* (The Wellcome Trust, March 2004), *Securing Good Health for the Whole Population* (Derek Wanless, February 2004) and *Choosing Health* (The White Paper on Public Health in England, November 2004). In response to the increasing need to address issues raised in these reviews, the UK Clinical Research Collaboration (UKCRC), which brings together the major stakeholders that influence clinical research in the UK, have agreed to develop a coordinated approach to improving public health research in the UK. To this end, a UKCRC Strategic Planning Group (SPG) composed of the major public health research funding organisations in the UK has been established. The aim of the SPG is to identify and implement appropriate actions that will result in the maximum impact and benefit for the general public, patients, public health practitioners, research community and research funding organisations.

The remit of the SPG is to:

- ▶ Examine the status of public health research in the UK
- ▶ Identify any barriers to progress in the field
- ▶ Identify future needs and demands in public health research
- ▶ Identify strengths and opportunities in public health research
- ▶ Develop a coherent approach to the provision of infrastructure and resources
- ▶ Develop a coordinated approach to funding by research funding bodies
- ▶ Oversee the implementation of agreed actions.

The SPG model has been successfully used by the National Cancer Research Institute and has resulted in several jointly funded initiatives including the *National Prevention Research Initiative*.

A key element of the SPG process is consultation with stakeholders and experts in the field and as Chair of the UKCRC Public Health Research SPG, I invite your organisation to be part of this consultation exercise. We are seeking your organisation's views on actions that would result in maximum benefit for public health research, in particular addressing the following four questions:

1. What are the key areas in which public health interventions would have the most impact in improving health and reducing health inequalities?
2. What are the knowledge gaps that may prevent us taking forward appropriate interventions?
3. What are the best ways to meet capacity needs and where are the major gaps?
4. How can we build on strengths that exist in the UK?

As we wish to obtain a single submission representing the views of your organisation as whole, you may find it helpful to convene a multi-disciplinary group to address these issues. Please limit your response to **no more than four A4 pages** in length.

The closing date for the consultation is **Friday 2nd September**. Please return your submission to UKCRC Public Health Research SPG, UK Clinical Research Collaboration, 20 Park Crescent, London W1B 1AL. If you require further information please contact Dr Janet Valentine at the UKCRC Secretariat on 020 7670 5251 or janet.valentine@ukcrc.org.

This is an exciting opportunity to contribute to the development of a joint national approach to creating a sustainable research environment that facilitates and promotes high quality public health research in the UK.

I look forward to hearing from you.

Yours sincerely

Professor Ian Diamond
Chair of UKCRC Public Health Research Strategic Planning Group
Chief Executive Economic and Social Research Council

cc UKCRC Secretariat

Appendix 5

Organisations responding to the Stakeholder Consultation

School of Public Medicine, Health Policy and Practice

Public Health Research Consortium

MRC Social and Public Health Sciences Unit

Department of Epidemiology and Public Health

Health Protection Agency

Association of Public Health Observatories

Council of Heads of Medical Schools

The Cochrane Collaboration Secretariat

National Public Health Service for Wales

Cardiff Institute for Society, Health & Ethics

London School of Hygiene & Tropical Medicine

Academy of Medical Sciences

The Institute of Child Health

The Department of Health

Public Health Research Group, University of Newcastle

Cancer Research UK

Appendix 6

Membership of the Scientific Advisory Panel

Chair

Professor Sally Macintyre MRC Social & Public Health Sciences Unit, Glasgow

Vice Chair

Professor Ray Fitzpatrick Public Health and Primary Care, Nuffield College, Oxford

Members

Professor Steve Birch Centre for Health Economics and Policy Analysis, McMaster University, Ontario, Canada

Professor Vern Farewell MRC Biostatistics Unit, Institute of Public Health, Cambridge

Professor Geoff Fong Department of Psychology, University of Waterloo, Ontario, Canada

Professor John Fox
Visiting Professor Department of Epidemiology, UCL, London

Professor Hilary Graham Department of Health Sciences, University of York, York

Professor David Hunter Centre for Public Policy & Health, Wolfson Research Institute, Durham

Professor Mike Kelly National Institute for Health and Clinical Excellence

Professor Jeffery Koplan Emory University, Georgia, USA

Professor Anne Rogers National Primary Care Research and Development Centre, The University of Manchester, Manchester

Professor Jim Stevenson Faculty of Medicine, Health and Life Sciences, University of Southampton, Southampton

Professor Willem van Mechelen VU University Medical Centre, Amsterdam

Dr Frans van der Ouderaa Unilever Corporate Research, Bedfordshire

Professor Frank Windmeijer Department of Economics, University of Bristol, Bristol

Angela Barnard Lay member

Arlene Blanchard Lay member

Secretariat

Joy Todd Economic and Social Research Council

Michelle Dodson Economic and Social Research Council

Marlie Ferenczi National Prevention Research Initiative

Appendix 7

Membership of the Centres Management Board

Chair

Professor Ian Diamond Economic and Social Research Council
Chief Executive

Members

Adrian Alsop Economic and Social Research Council
Research Director

George Sarna Medical Research Council
*Head of Public Partnerships,
Research Management Group*

Dr Mark Walport Wellcome Trust
Director

Harpal Kumar Cancer Research UK
Chief Executive

Dr Russell Hamilton Department of Health
*Director of Research and
Development*

Dr Sue Denman Wales Office of Research and Development for Health and Social Care, Welsh
*Deputy Director
Assembly Government*

Professor Bob Stout Research and Development for Northern Ireland Health and Personal Social
Director Services, Research & Development Office

Professor Peter Weissberg British Heart Foundation
Medical Director

Secretariat

Joy Todd Economic and Social Research Council

Michelle Dodson Economic and Social Research Council

Marlie Ferenczi National Prevention Research Initiative

Appendix 8

Abbreviations

CMB	Centres Management Board
MRC	Medical Research Council
NCRI	National Cancer Research Institute
NHS	National Health Service
NPRI	National Prevention Research Initiative
R&D	Research and Development
SAP	Scientific Advisory Panel
SPG	Strategic Planning Group
UK	United Kingdom
UKCRC	UK Clinical Research Collaboration



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