National Patient Safety Agency

R&D Strategy: Listening Exercise

Response of the Royal Pharmaceutical Society of Great Britain

The Royal Pharmaceutical Society of Great Britain (RPSGB) is the regulatory and professional body for pharmacists in England, Scotland and Wales. The primary objective of the Society is to lead, regulate and develop the pharmacy profession.

The Society has responsibility for a wide range of functions that combine to assure competence and fitness to practise. These include controlled entry into the profession, education, registration, setting and enforcing professional standards, promoting good practice, providing support for improvement, dealing with poor performance, dealing with misconduct and removal from the register.

In addition, the Society leads and supports the development of the profession in the public interest and promotes the profession's policies and views to a range of external stakeholders in a number of different forums.

The RPSGB welcomes the opportunity to respond to this review, both as a regulatory and professional body and as a research funder supporting work relating to professional self regulation generally and patient safety specifically. We have restricted our response to those areas of the review where we feel most able to contribute.

The Society has developed its research and development function over a period of 10 years – it started out with one dedicated post (plus secretarial support) and only a very small commissioning budget. It is only in recent years, since a five-year programme of commissioned research was established, that the Society has begun to make any significant impact on the knowledge base needed to inform policy and the research priorities of other funding bodies. The staff resource and technical advisory structures needed to manage the commissioning, management and dissemination of the funded programme has increased proportionately over the ten year period. In the last twelve months the Society has looked to strengthen its research governance arrangements through the independent Pharmacy Practice Research Trust and its infrastructure.

The Trustees oversee the commissioning, management and dissemination of research with grants from the Society covering five programme areas. The Trust's strategy falls into three main areas:

- Prioritisation of research programmes

- Promoting and disseminating research findings and utilisation
- Building research capacity and capability.

A copy of the Trust's strategy is enclosed with this response.

General comments

It is clear from its statutory functions that the NPSA has a commitment to and is supportive of research and development in relation to patient safety. The inclusion of "the promotion of research and development in patient safety" as a key strategic objective of the Agency further strengthens this commitment. Production of a research strategy is a next logical and very welcome step in making more explicit the role of the Agency in R&D and its relationships with other funding bodies and research users.

It is however clear that the Agency will not be a major funding body in this area and this clearly limits the direct influence that it will be able to exert in shaping the overall patient safety R&D agenda, especially beyond the DH Policy Research Programme. This needs to be recognised and realistic expectations set for the outcomes of the research strategy. Based on our experience the resources (in terms of staff and expertise) needed to implement this strategy may be significant – as only details of the Committee are provided it is unclear how much staff resource will be dedicated to implementation of the strategy. The strategy is ambitious and implementation will be time intensive, whether by influencing other funding bodies or by exerting direct leverage through commissioning significant programmes and projects significant time and skills will be needed.

As a primary research user the Agency can, by being clear and articulate about what it needs to know, influence the programmes of other funding agencies. However, the speed of implementation of key initiatives by the Agency so far has not allowed the knowledge base from research to keep pace – the pragmatic nature of the implementation has in some ways worked against the Agency's stated intentions around research. To be effective in influencing the agenda of others the Agency will need to signal early its forward plans to allow time for robust high quality research to be undertaken - this may not be feasible given the policy framework, political agenda and timescales set for meeting objectives. The strategy therefore needs to be realistic when setting and agreeing outcomes for the implementation phase.

Question 1: Are these research and development principles appropriate and comprehensive? Or are there others that we should include and if so, what are they?

The only additional guiding principle that might usefully be added relates to the quality of research to be encouraged and/or funded. This is to a certain extent

covered in the research governance appendix but it could be usefully expressed as a guiding principle. Quality could be defined in terms of methodological rigour; the breadth and depth of the approaches used and the intellectual and theoretical integrity of the projects and programmes.

Given the need for the Agency to be working to influence the agenda of other funding bodies it may not be appropriate to restrict the relevance principle to research that relates only to the core business of the Agency. This would be entirely appropriate for the Agency's own commissioned programme but will be limiting when it comes to influencing others agenda and commissioning priorities.

Question 2: Are the aim and objectives appropriate or should the NPSA include others that are not listed above?

The aim and objectives are appropriate however a number of the objectives appear to overlap and could perhaps be combined to simplify the document, for example:

Objectives 1 and 5 both deal with different aspects of dissemination, awareness raising and knowledge brokering
Objectives 2, 3 and 4 deal with developing and prioritising different aspects of the work of the Agency

We have therefore combined our responses to Questions 3 and 7 and to Questions 4, 5 and 6.

Question 3: Are these proposals sufficient to raise awareness of patient safety in order to provide a receptive context for further research and action?

And

Question 7: Will these proposals allow the NPSA to understand and improve the impact of its work on the NHS? Will the proposals fully support the Agency's dissemination and implementation work?

Raising awareness of the need to give priority to patient safety and hence to think about and use results from relevant research when developing policy, practice and performance measures is a key role for the Agency. Through the dissemination of its own research and that of others the Agency will be well placed to raise the profile of patient safety. It may be useful to consider other work being funded by for example the ESRC looking at the uptake of new technologies or the spread of innovation. The SDO programme has also produced some useful work relating to R&D and change management that may be relevant here.

This is a politically difficult area, it will be important to avoid undermining confidence in the NHS and its staff whilst still raising the profile of the problems caused by errors – this could best be managed as part of the roll out of solutions and practical steps to manage risks. This will need careful co-ordination of publication and dissemination of research with the wider programme of work.

Many research-based organisations are struggling with the dissemination of results from research to key individuals and organisations – the SDO Programme and the Canadian Health Services Research Foundation are for example exploring more active dissemination strategies including an emerging role in knowledge brokering. This si covered in the functions of the proposed R&D committee but could be made more explicit in the objectives and proposals.

It would be helpful if the list of those to be influenced could be extended beyond those managers and policy makers in the NHS. For example the private sector providers in community pharmacy are already working with the NPSA so it would be useful to explicitly broaden the target audiences to include organisations who provide services to NHS patients. In terms of the longer term agenda it might also be important to include the Higher Education Institutions involved in teaching of healthcare professionals and the Regulatory and Professional bodies who are responsible for standard setting in practice and education.

The detailed proposals for work made under Objective 5 relating to the business case for patient safety and innovation and change are particularly important to underpinning and informing the dissemination issues.

Question 4: Will these proposals adequately allow the NPSA to identify, quantify and prioritise its work through high quality relevant research?

And

Question 5: Are these proposals sufficient to allow the NPSA to access, interpret and apply relevant research evidence and advice to support the effective development of safety solutions for the NHS?

And

Question 6: How else might the NPSA identify and prioritise important gaps in knowledge about patient safety and work with others to fill these gaps so that the NPSA can effectively influence patient safety in the NHS?

The place of research in identifying and prioritising the work of Agency and developing safety solutions is crucial if the limited resources available are to be deployed effectively. To be most effective the R&D should be part of the wider business planning cycle – a larger investment in evaluating the impact of the work the Agency may be needed to make the prioritisation more effective as the

programme develops. Knowing what to stop doing may be as important in the longer term as knowing what to initiate. Synchronisation of the R&D agenda with the business planning cycle is really only effective over a 3 to 5 year cycle – hence the Society's change to a five year R&D programme.

Greater investment in piloting safety solutions might also be helpful in prioritising effort and resource – well conducted evaluations, even of less successful initiatives, can yield important new knowledge. Work conducted by the MRC to develop and evaluate complex interventions provides a helpful framework which gathers useful data at all stages from feasibility testing through to RCT's. The use of qualitative methods at all stages helps to address why things don't necessarily work as intended – this is key data for future planning and prioritisation. Again this will really only be realistic over a 3- 5 year planning cycle, this may not be a feasible option for the Agency given the targets set in various policy documents.

Some of the detailed work proposed in Objective 5 relating to safety solutions, incident investigation and culture will be key to meeting the three objectives (2, 3 and 4), they address some of the piloting and evaluation issues discussed above.

The work proposed in relation to developing prospective methods for assessing risk will be crucially important as current methods tend to be retrospective e.g. root cause analysis. This will probably rely on knowledge generated through root cause analyses which ascertains why errors occurred and defines the contributory factors that lead to the errors occurring.

Many of the detailed proposals included in the three objectives and relating to reviewing and assimilating the literature may offer the best opportunities for identifying and prioritising gaps relating and also to underpin early dissemination, awareness raising initiatives and influencing initiatives. The approach used by the SDO programme relating to scoping exercises is a useful one where the literature is diffuse and methodologically varied. Traditional systematic reviews may be less helpful in areas where RCT's are rare and/or where a body is knowledge is still emerging. Focussing on an integrated programme of such scoping and review papers might help to focus the needs for future research and also underpin awareness raising initiatives within the NHS and more widely.

Question 8: Are these proposals sufficient to ensure the NPSA works with others in the UK and internationally to develop capacity and sustainability of research into patient safety?

The key to developing capacity and sustainability lies in developing key skills, methodologies and theoretical frameworks that are transferable and can be applied across organisational and international borders. The area not discussed in the detailed proposals is that of skills of development – many other disciplines are looking to develop capability and capacity in R&D e.g. public health and

primary care. Programmes of research training grants are seen as being key to developing multi-disciplinary research teams and leadership skills – the DH capacity building programme and similar schemes run by the MRC, ESRC and the Wellcome Trust maybe worth exploration in the context of patient safety. The MRC funded primary care patient safety network includes elements of capacity building in its work programme and are developing plans to explicitly include PhD students in aspects of its work.

Question 9: Do the proposals set out here and in appendix 5 adequately address the requirements of the Research Governance Framework?

And

Question 10: Are these actions sufficient for the NPSA to deliver the aim of this strategy? What other action would you advise?

Appendix 4 (Research Governance) suggests that the resource implications are not significant – the essential steps will be factored into all work of the Agency and will be part of the day to day work of the programme staff. This has not been the experience at the Society – the integration of the R&D process into the business planning cycle has been time consuming, requiring employment of staff with specific research management skills and backgrounds in research to work with the Executive Team and Council to identify key questions, define appropriate research programmes and oversee the commissioning, management and dissemination of projects.

In terms of defining researchable questions, overseeing the commissioning process (including peer review) and day to day to project management requires significant time and specific skills which enhance the overall quality of the research and the influence that the results command. Because research requires by definition a long term commitment the management aspects can easily get lost in day to day implementation work. Creation of a small team of specialists has provided much needed focus and impetus to the Society's R&D function and also ensured that the responsibilities of a research funder described in the research governance framework are met.

The presence of a small but dedicated R&D team which is now integrated within the Corporate and Strategic Development Directorate is beginning to make a real impact on the planning and priority setting activities at the Society. Members of the same team also have roles and responsibilities on external bodies, providing advice and technical support in relation to pharmacy and more widely in relation to capacity building.