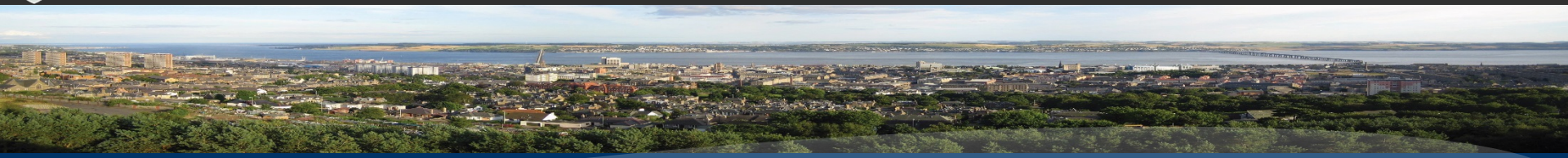

Research for Realistic Medicine: capturing the middle ground

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REALISING
REALISTIC
MEDICINE
Chief Medical Officer's
Annual Report 2015-16
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Just a few of the big challenges…

- Population ageing, health inequalities, multimorbidity, personalisation to the disease and personalisation to the individual, changing expectations, changing professional roles changing organisation of care
- Paying for healthcare in the face of all that
- We're all in the same boat…
- … but academic/NHS collaboration is variable

	Frontline clinicians and managers	Academics
Creating interventions and new models of care	Normal business for NHS innovators. Strong on feasibility but often does not draw on strongest existing theory and evidence	Normal business for health services researchers. Strongly based on existing theory and evidence but often inadequate attention paid to feasibility
Evaluating interventions and new models of care	Often not focused on from the start, and evaluations done tend to use weaker designs that have significant risks of bias	Emphasise pre-planned, 'as strong as possible' evaluation design to minimise bias
Translating new ideas into practice and ensuring spread and sustainability	The experts in real-world implementation but often do not draw on existing theory and evidence	Often underestimate the complexity of real-world implementation and many perceive translation to be someone else's responsibility
Evaluating widespread implementation	Often not focused on from the start, and evaluations done tend to use weaker designs that have significant risk of bias	Have relevant methodological expertise but not commonly engaged in real-world evaluation, although now partly incentivised by Research Excellence Framework requirements to demonstrate impact

British Journal of General Practice 2017:67:498-499

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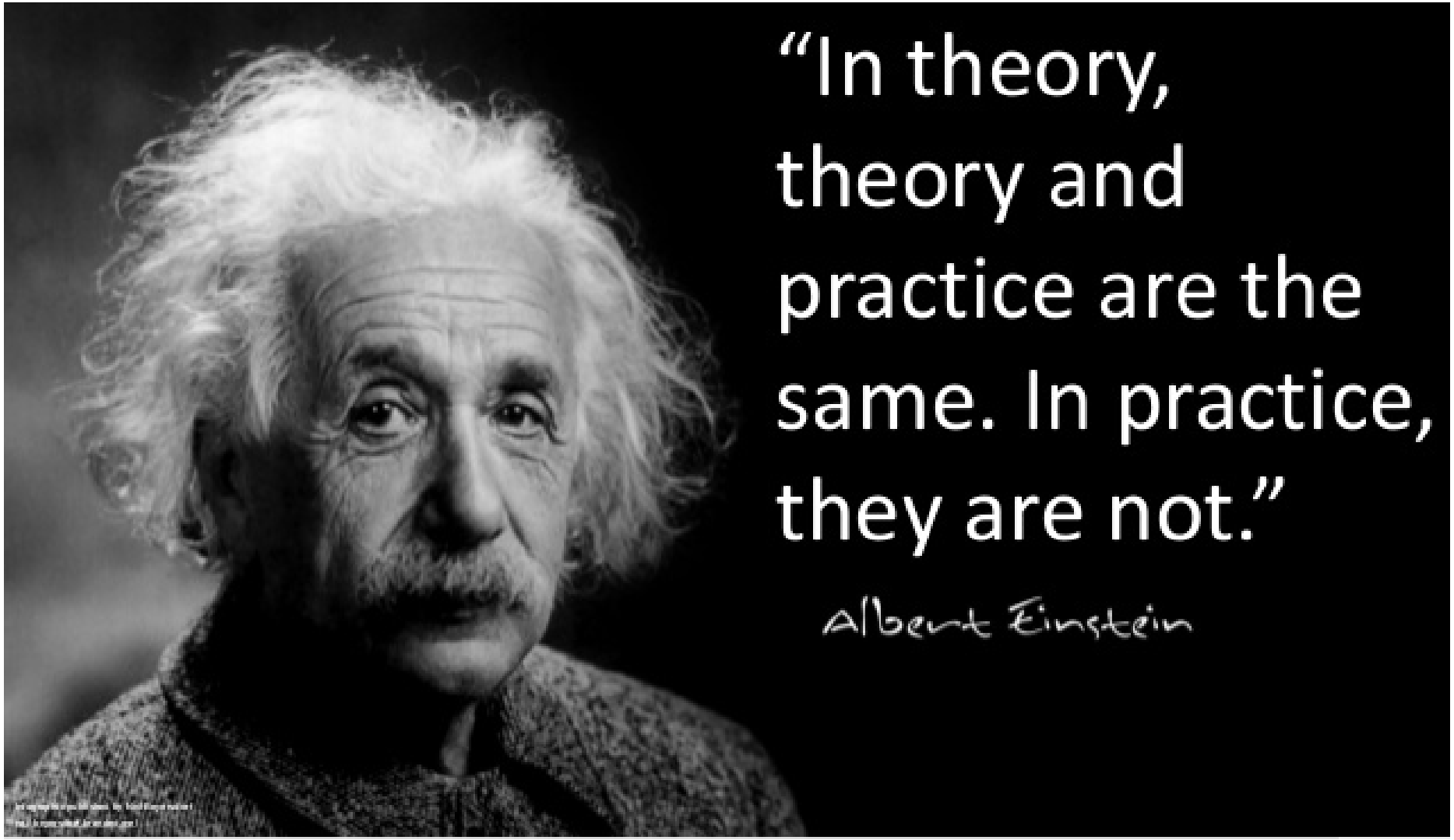
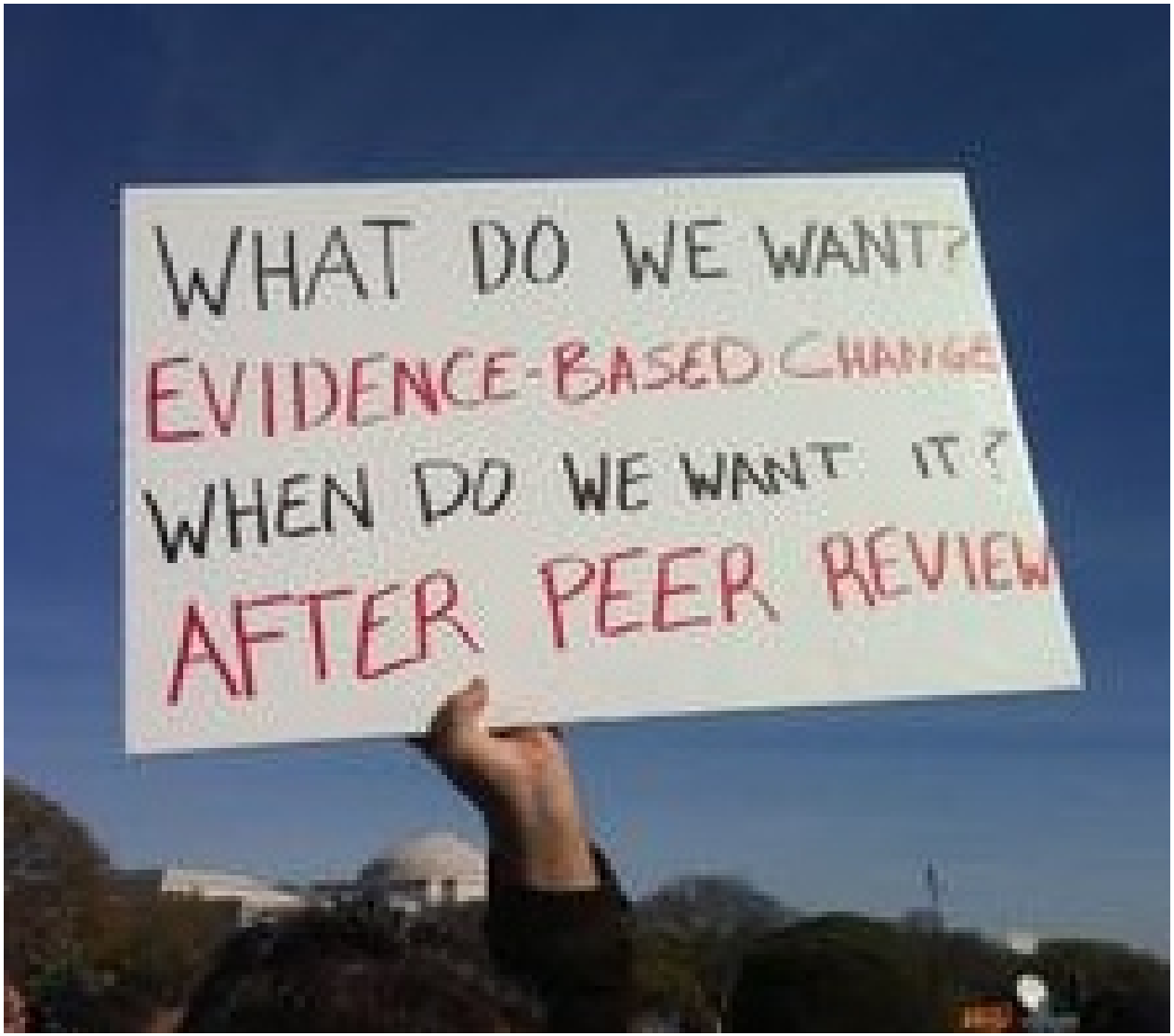
Use of theory



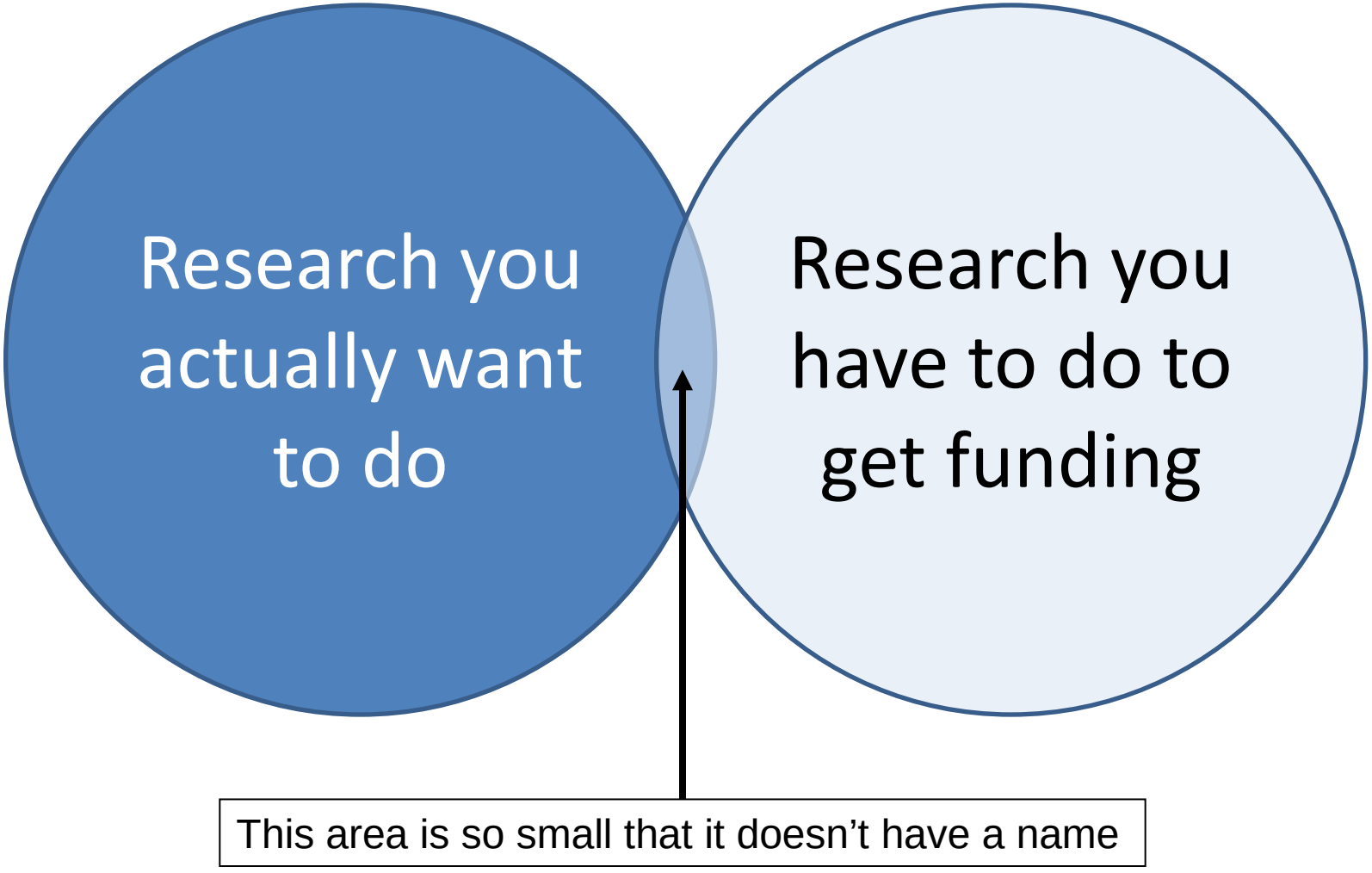
Why is collaboration hard?

- Different timescales
  - Cuts both ways
- Different funding
  - Middle ground not always valued by research funders, but not often funded by NHS or policy
- Mutual suspicion and fear
  - Different outcomes valued
  - Requires trust

Different timescales



Difficulties aligning funding



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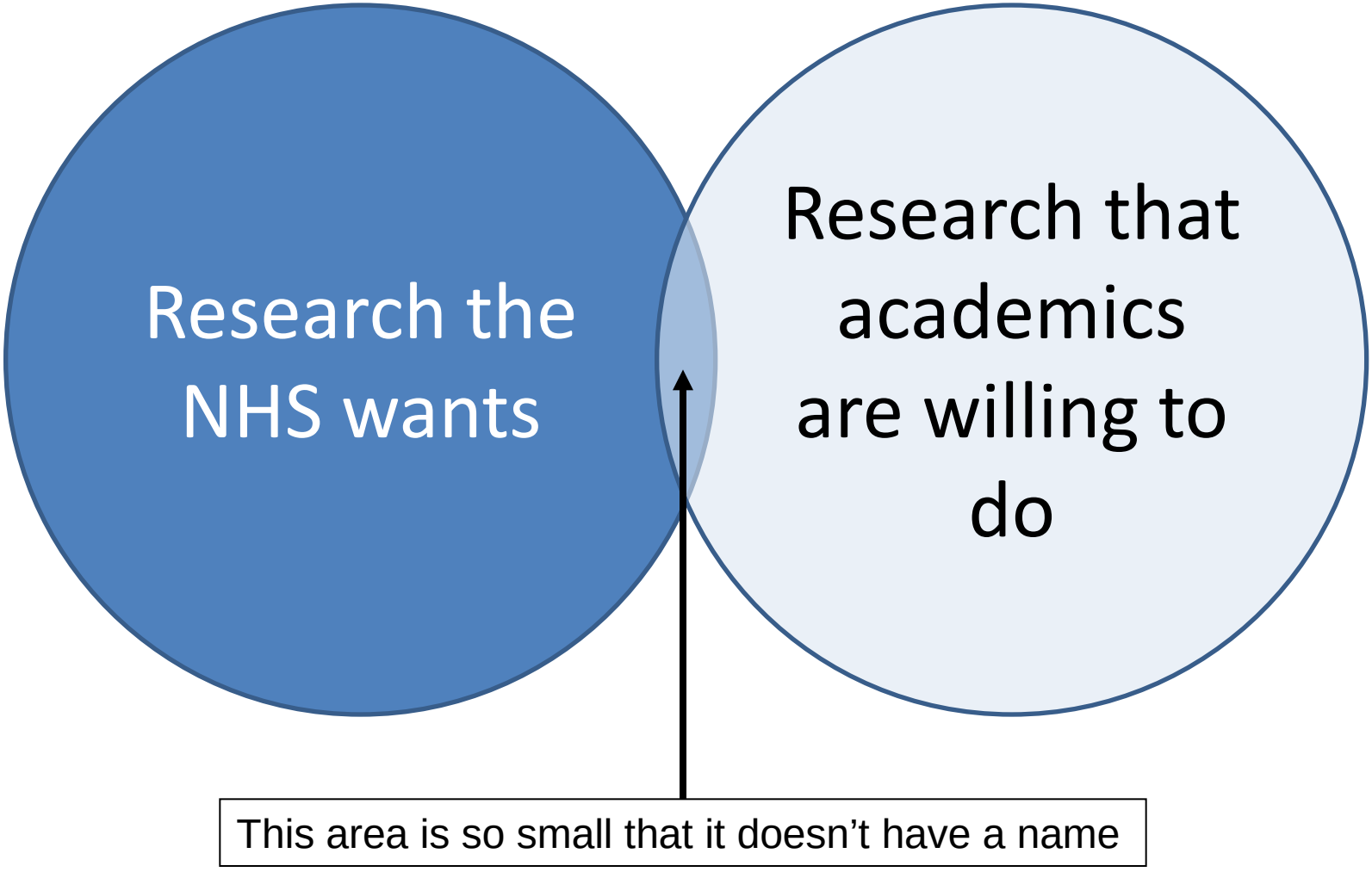


Suspicion and fear

"You are completely free to carry out whatever research you want, so long as you come to these conclusions."

So what is the middle ground?

- Recognise mutual strengths
- Recognise our own weaknesses
- Identify shared and individual goals
- Identify what is good enough for goals
- Compromise without compromising goals

An example

- Prescribing safety matters to both sides
- Relatively little intervention research
- Even less translation into practice
  - BUT most potential elements of research interventions are already used by the NHS

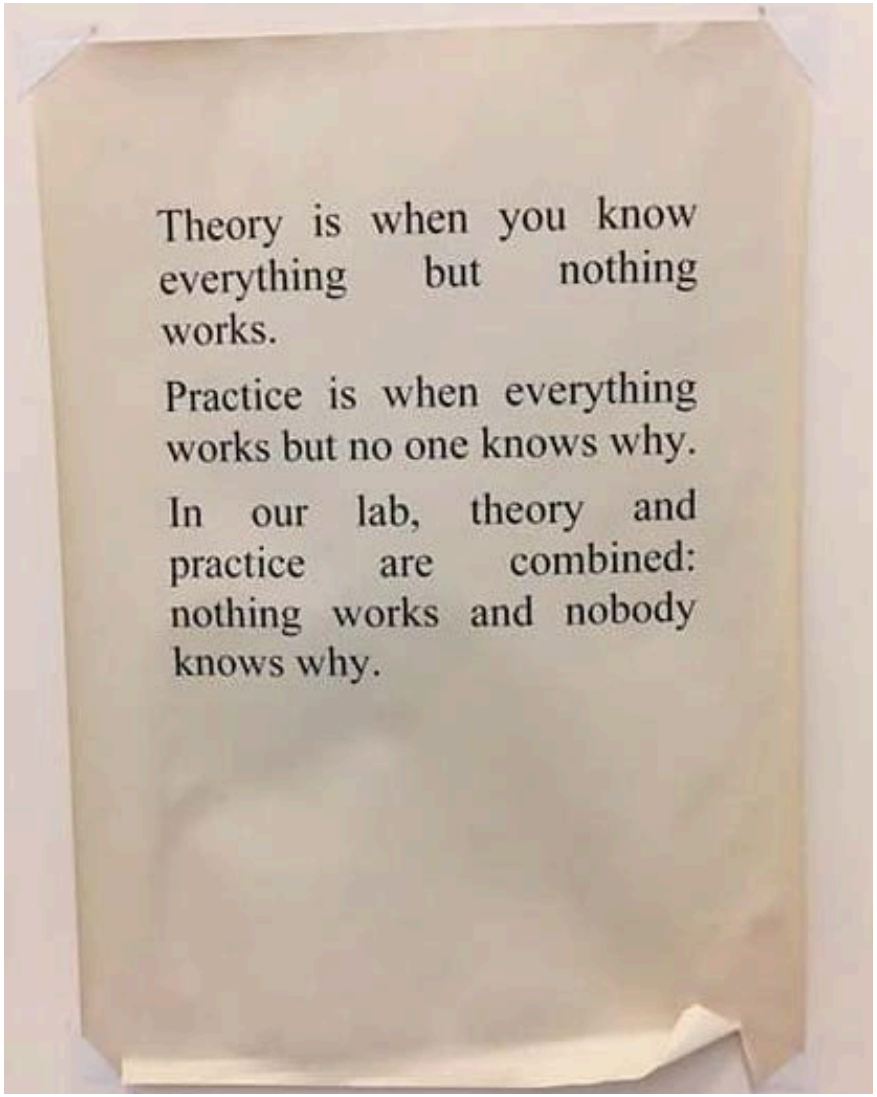
The official story

- DQIP and EFIPPS trials
  - CSO funded research studies
  - Collaborative with the NHS, embedded in NHS IT
  - Strong translational intent
- Great academic outputs (NEJM, BMJ etc)
- Great translation
  - Indicators in Scottish National Therapeutic Indicators
  - Used by several Boards with evidence of impact
  - EFIPPS feedback tools in national use
  - DQIP focus moved to support polypharmacy review

What actually happened?

- DQIP timescales meant that all NHS collaborators left before we finished
- DQIP probably too narrow to be worth the effort
  - NTI inclusion was someone else's idea
  - Forth Valley showed their own intervention very effective
  - Worth the effort with a wider focus (polypharmacy)
- Translation to polypharmacy not at all straightforward
  - GP-POLY, POEMS, P-DQIP, IMPPP
- EFIPPS tools designed as a one-off
  - Not enough money for production system
  - But FAPPC then used them in an NHS-run RCT and now routine

More on theory and practice



So what is the middle ground?

- Recognise each other's strengths
- Recognise our own weaknesses
- Identify shared and individual goals
- Identify what is good enough for goals
- Compromise without compromising goals
- Success likely comes from repeated failure…
  - Shared endeavour with risk for both sides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Thank you!