Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

as an initial treatment option that is more similar to the treatment of hypertension?

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The Health and Care Act 2022: challenges and priorities for embedding research in the NHS

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The Health and Care Bill received Royal Assent and became an Act of the UK Parliament on April 28, 2022.[1] Aimed at rebuilding the National Health Service (NHS) in the context of the continuing impacts of the COVID-19 pandemic, the Health and Care Act 2022 incorporates a valuable lesson learnt from the pandemic: the extraordinary value a research-active NHS can deliver. Embedding research in the NHS to improve outcomes for patients is now on a statutory footing. Yet whether the Act will address other challenges for the UK's health system is uncertain. The absence of commitment to regular workforce forecasts within the Act will be problematic because of existing NHS staff shortages, which will leave the UK Government struggling to deliver across its ambitions, including for research.[2] A key challenge is the pressure for an overstretched and exhausted workforce of dealing with the rising demand for NHS services after the acute stages of the COVID-19 pandemic, which will leave little room to do more despite the opportunity that research brings to improve patient outcomes and reduce inequalities.

Even before COVID-19, there was growing evidence of the benefits of embedding research in the NHS. Research-active NHS trusts delivered improved survival rates, provided better care experiences, and found it easier to recruit and retain staff.[3,4] Patients report added satisfaction when involved in research studies aligned with their clinical care.[5] Clinicians value research as important to their job satisfaction, but are hampered by time pressures, an NHS culture that disregards research as core business despite research being a key part of the NHS Constitution, and an increasing research skills gap.[6] These barriers are acute for women, staff who work part time, and those in non-teaching hospitals.[6] What will not work is simply adding research to an already

***Panel:* Priority actions to embed clinical research in the NHS**

Culture change

Improve the visibility of research in the NHS—the value of integrating research into patient care needs to be normalised in delivering effective services

Reverse the mindset that research needs to "pay its way" and unblock the resourcing to enable trusts to become more research active

Create the right package of incentives and levers towards research for all in the NHS, including incorporation of research metrics into care quality measures

Raise awareness among clinicians of their responsibility as gatekeepers to patient involvement in research and that research is not separate from clinical work

Reposition clinical research as a platform to advance equity and equality, given its potential to deliver improved outcomes for populations in areas with the worst health inequalities and economic disadvantage

Capacity building

Build research into job plans with protected time to develop and deliver projects and include this in workforce planning

Expand the skill mix with multidisciplinary team involvement in research, including new parts of the workforce (eg, physician associates)

Make research easier for clinicians by improving the support from NHS trust infrastructure and proportionate reconfiguration of Good Clinical Practice guidelines

Prioritise practice-changing research studies that are easy to incorporate into service delivery and address the most common conditions that are under-researched

Update research regulation to be fit for 21st-century clinical trials

Capability advancement

Increase flexibility of entry into research, especially to those under-represented in research such as women, underserved groups, and clinicians in hospitals that are not linked to academic centres

Expand access to research skills training, in an inclusive, diverse, and equitable way

Improve interoperability between information technology systems and their governance to enable efficient reusing of data across commissioning, direct care, public health, service improvement, and research

Establish governance of integrated care systems to support and drive research activity towards addressing the greatest health and care needs in their regions

Shared unity between the NHS, the National Institute for Health and Care Research, regulators, the royal medical colleges, and education bodies in strategically developing a sustainable and supported workforce that develops and delivers best evidenced care for patients

NHS=National Health Service.

congested job plan and overstretched service. Embedding research in clinicians' everyday practice will challenge NHS trusts to rebalance priorities in job planning and appraisals; in creating supportive research infrastructures and incentives; and in shifting the emphasis of quality improvement from applying evidence-based knowledge to addressing aspects of care where reliable evidence is scarce and current practice might even be harmful.[7,8]

Priority actions to embed clinical research in the NHS are shown in the panel. Research needs to be made easier for patients and clinicians. In a health system that will remain overwhelmed for some time, there is a need to focus on clinical trials that are simple to recruit to and aligned to clinical practice. Practice-changing research through large, inclusive, and pragmatic clinical trials, such as RECOVERY, is a lesson learnt during the COVID-19 pandemic and such research needs to be extended to other areas, including under-researched health conditions,[9] going forwards. Trial regulation also needs to change in parallel to focus on the scientific principles of randomised controlled trials (RCT) in a risk-proportionate way. The added value is the opportunity for increased global collaborations in NHS research efforts and for initiatives such as the Good Clinical Trials Collaborative to improve RCTs globally.

The increase in accessible data linkages during the COVID-19 pandemic needs to accelerate to enable electronic health and administrative records to be safely and securely made available for research. Such routinely collected data provide an opportunity to redesign clinical trials to be both higher quality and more efficient. Increasing interoperability between information technology systems and rationalising information governance processes would optimise reusability of data to shift the NHS towards evidence generation and proficient, data-informed change.[10] Beyond the benefits of developing successful treatments and innovations, NHS trusts can use such data to tailor services to meet the needs of their communities.

If research is designed carefully, it can have minimal impact on the operation of the NHS, but this requires an inclusive approach. All staff will need to be aware of the opportunities that research presents to them and their patients. But research governance needs to be proportionate and existing schemes to encourage

research in diverse professional groups and trainees, many of which have been developed by the National Institute for Health and Care Research, should be more easily accessible. The challenge of increasing research capacity and capability requires joined-up contributions from multiple stakeholders, including research funders, professional regulators, and the royal medical colleges.

If the UK Government is to also achieve its ambition of 5 years' extra healthy life expectancy by 2035 at a time when life expectancy is worsening for some groups, this is a timely opportunity to embed research while rebuilding services, especially in areas with the highest disease burdens and levels of deprivation.[11] COVID-19 research took place in teaching and non-teaching hospitals across the UK. With implementation of integrated care systems within the Health and Care Act, a truly integrated and equitable delivery of research could reduce health inequalities. Embedding research properly into NHS clinical practice requires substantial changes, but these will be justified by the sustainable benefits to the health and care system—most importantly, to its staff and patients.

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A new paradigm is needed for financing the pandemic fund

At the second meeting of the G20 finance ministers and central bank governors on April 20, 2022, the G20, under the presidency of Indonesia, agreed to establish a new financial mechanism: a Financial Intermediary Fund (FIF) for pandemic prevention, preparedness, and response (PPR) to be hosted by the World Bank.[1,2] The proposed FIF will be discussed at the World Bank board meeting on June 30, 2022, and is expected to be launched in the third quarter of 2022.

20 years ago, at the turn of the millennium, there was a burst of inspiration and ingenuity in multilateral financing for persistent global health problems with the establishment of the Global Fund to Fight Aids, Tuberculosis and Malaria, Gavi, the Vaccine Alliance, and Unitaid. Such innovation showed that old ways of funding common needs could be reconfigured to adapt to then pressing health challenges. Despite their many shortfalls, these funds showed that it was possible and desirable to rethink how to finance global common needs.[3-5]

Today, another round of innovation is needed to address the future challenges of a post-pandemic, climate emergency world. However, we believe that the World Bank's 2022 white paper outlining how the proposed PPR FIF will work[2] is a step back to the donor-driven past that even the funds of 20 years ago were trying to escape. Without a radical rethink, the crucial global public good of PPR will not receive the sustainable funding it needs.

The answer is not to create yet another new fund similar to the existing ones. Global health financing is already too fragmented. Rather, the reforms that are needed today must focus on governance, meaningful participation (including of civil society organisations), and on broadening the base of contributors to all funds. The PPR FIF could pave the way for such changes.[6] A


World Map Courtesy of NASA: https://visibleearth.nasa.gov/view.php?id=55167/imagin ima/Getty Images

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