

# Collaborate to innovate

Learning from NHS, charity and life sciences industry experience  
to boost UK research and build a culture of health innovation

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# About us

The **NHS Confederation** is the membership organisation that brings together, supports and speaks for the whole healthcare system in England, Wales and Northern Ireland. The members we represent employ 1.5 million staff, care for more than 1 million patients a day and control £150 billion of public expenditure. We promote collaboration and partnership working as the key to improving population health, delivering high-quality care and reducing health inequalities.

The **Association of the British Pharmaceutical Industry** (ABPI) exists to make the UK the best place in the world to research, develop and access medicines and vaccines to improve patient care. We represent companies of all sizes that invest in making and discovering medicines and vaccines to enhance and save the lives of millions of people around the world. In England, Scotland, Wales and Northern Ireland, we work in partnership with governments and the NHS so that patients can get new treatments faster and the NHS can plan how much it spends on medicines. Every day, our members partner with healthcare professionals, academics and patient organisations to find new solutions to unmet health needs.

The **ABPI's Patient Advisory Council** – comprised of chief executives from across UK health charities – worked closely with the NHS Confederation and the ABPI to inform the roundtable that led to this report.

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# Key points

- In recent years the UK has fallen behind in research, which means the NHS, healthcare professionals and the UK population risk reduced access to new treatments, diagnostics and state-of-the-art care. Although signs of recovery are starting to emerge, combining the resources and expertise of NHS, charity and life science industry partners is essential for changing this trajectory. This report, based on a roundtable discussion between the NHS Confederation, the Association of the British Pharmaceutical Industry (APBI) and health charity leaders, explores practical ways to boost UK research and engender a culture of innovation.
- Despite barriers to building a culture of cross-sector collaboration in health research and innovation, good practice exists. Charities are critical partners in the research and innovation ecosystem, bringing resources, expertise, public profile and trusted brands, convening power, professional networks, links with people and communities, and mechanisms for sharing good practice. More can be done to raise awareness of the value that working with health charities can offer the NHS, and this report highlights research case studies where charities play a key role.
- Insights from the roundtable convened to discuss these issues suggest there are five practical action areas that can drive progress:
  - 1. Define a shared purpose.**
  - 2. Research and build on what already exists.**
  - 3. Invest in infrastructure** for mainstreaming research and spreading innovation.
  - 4. Value success** to stimulate research and spread innovation.
  - 5. Equip teams with the capacity to collaborate and change culture.**
- This report is relevant to national and local policymakers, as well as those who are supporting patients and healthcare professionals to improve outcomes from research and innovation in systems. This includes those with leadership responsibilities for driving research, innovation and transformation at system or local level, managers with day-to-day responsibility for implementation, and charities leading on research, engagement and network development.

# Background

Across the UK, scientists, healthcare professionals, entrepreneurs, charity workers, academics, policymakers, funders, patients and carers are working to realise the potential of research and innovation for health and wellbeing. But in recent years, the UK has become a less attractive destination for clinical trials, largely due to issues of capacity, resourcing, cost and process complexity. Signs of recovery are starting to emerge but, as a consequence, people with health conditions, healthcare professionals and the NHS are failing to maximise the benefits of new diagnostics, technology, treatments, therapies and preventative approaches.

In 2022/23, 16,000 fewer people – a 27 per cent fall – participated in industry clinical trials compared to five years earlier. With the ever-rising volume and complexity of healthcare needs, this trajectory has to change. Harnessing the potential of health research, innovation and technology is essential for future population health and wellbeing, NHS sustainability and the economy.

Recognising current significant pressures on NHS staff, national work is underway to identify how to maximise the benefits of spreading and scaling research activity and innovation adoption.

The O'Shaughnessy review advised the government on how to transform the UK environment for commercial clinical trials. The Hewitt review suggested how a thriving research culture can support integrated care boards with their duty to facilitate and use research to improve services. The Major Conditions Strategy is expected to touch on the role of innovation to improve outcomes in pathways from prevention to treatment. The Innovation Ecosystem Review Programme seeks to address ongoing challenges in the adoption and spread of innovation and drive improvements in the health innovation ecosystem.

Capturing and sharing the learning from existing examples of cross-sector collaboration between the life sciences industry, charity sector and the NHS can support these initiatives.

This report sets out insights from a discussion between the NHS Confederation, the ABPI and health, industry and charity leaders. They explored how to maximise the potential of collaboration between the NHS, health charities\* and the life sciences industry to boost research and innovation in health. The roundtable that led to this report included representation from England and Wales and draws on examples of clinical trials operating across the UK.

During the roundtable, senior leaders shared experiences and case studies of collaboration in research and innovation dissemination and discussed how to better leverage the resources and expertise of charities and industry in order to build a culture of research and innovation across the NHS.

“With a threefold increase in long-term health conditions predicted in Wales over the next 15 years, we need radical leaps in the innovation space.”

Dr Leighton Phillips, Director of Research and Innovation,  
Hywel Dda University Health Board

\*The term ‘health charities’ in this document refers to the broad spectrum of charities and other voluntary and civil society organisations with an interest in and impact on the health and wellbeing of people and communities – including current and potential future users of health and social care services, people facing health inequalities, people living with particular conditions and disabilities, and their carers and families.

# Barriers to cross-sector collaboration

The roundtable discussion identified cultural, structural, financial, technical, psychological and equity issues impacting the UK's ability to fully benefit from game-changing health research and innovation.

Barriers to developing a cross-sector collaborative culture in research and innovation fall into emerging themes:

## **NHS capacity constraints**

- Lack of capacity in NHS workforce to conduct research and to test or embed innovation.
- Lack of adequate, ringfenced NHS funding for innovation adoption and little of the infrastructure needed to encourage adoption that is seen in other sectors.

## **Lack of awareness of potential partners**

- Lack of awareness and understanding of the resources, expertise and potential of charities to contribute to impactful research and innovation spread.
- Elements of competition within and between sectors over research priorities.

## **Different cultures within and between sectors**

- Wide variation in the research environments and starting points for health conditions such as cancer and respiratory illnesses, leading to inequality in research prioritisation.
- Real or perceived stigma associated with some conditions, such as smoking-related conditions and obesity, which inhibits research participation and demand for existing innovations.



### **Perception of misaligned priorities**

- Overwhelming NHS focus on treatment rather than prevention to free up capacity for innovation.
- A sense that research and innovation are separate from NHS core business and therefore not viewed as cross-cutting enablers that can drive system change.
- Disease-specific research focus is not suited to the increasing prevalence of people living with multiple health conditions.
- Potential or perceived mismatch between a plethora of national, local, professional and patient priorities for research and innovation.
- Traditional hierarchical nature of the NHS means people may need to be instructed to collaborate rather than wanting to do it.

“Health innovation has the potential to get us off the never-ending hamster wheel of day-to-day delivery, but to realise this opportunity we need people to have the time and headspace to get involved.”

Matthew Taylor, Chief Executive, NHS Confederation



# Case studies

The roundtable considered three collaborative research case studies driven by health charities:

## 1. Diabetes UK – moving towards national screening for type 1 diabetes

To explore the feasibility of national screening for type 1 diabetes, Diabetes UK and the Juvenile Diabetes Research Foundation are funding the early surveillance programme for autoimmune diabetes (ELSA) study.

### Context

Type 1 diabetes is an autoimmune condition that affects the pancreas and the essential production of insulin. In recent years research has shown that certain antibodies can be found in the blood many years before symptoms appear. This now makes it possible to identify people at risk of developing the condition, with a view to enabling more effective early intervention, management and treatment. In time, this could include use of a new medication that delays the onset of the condition, which is already available in the US.

### How it works

ELSA is screening 20,000 children between the ages of three and 13 across the UK. The study is looking at different approaches to screening – including through GP practices and online via postal blood spot tests. Families with children found to be at risk of developing the condition will be supported through ongoing monitoring and education, and access to relevant clinical trials.

The study is taking a **partnership** approach with:

- **industry:** to ensure that clinical trials can proceed as quickly as possible given the study's ready-made cohort of potential participants, who are likely to want to participate if already identified as at risk
- **NHS England:** to encourage development of a national screening programme, based on evidence from ELSA of what works and what needs to be in place in terms of infrastructure, staff and the approach for effective implementation
- **the UK National Screening Committee:** to ensure that the study is collecting the relevant evidence at the right scale to support the case for a national screening programme
- **existing research infrastructure:** to ensure that children and families involved have access to education, support and other research programmes, if relevant or needed.

## Impact and learning

**Developing a national screening programme for type 1 diabetes and making the relevant treatment available in the UK could prevent life-threatening complications of type 1 diabetes, delaying its onset or potentially reducing the incidence and implications for individuals, their families, employers, healthcare services, professionals and support services.**

At the same time, population-wide uptake of screening is well known to have its challenges. Often the population groups most likely to benefit are least likely to engage with screening programmes, due to a whole range of social, practical and cultural issues. ELSA seeks to determine the most effective way of recruiting children across different socioeconomic and ethnic groups.

Twenty thousand ELSA participants are needed to ensure the study provides the level of evidence needed for the UK National Screening Committee to consider a national screening programme. Learning from ELSA already shows that having an organisation like Diabetes UK at its heart can help recruitment of participants. By working with its existing patient community and communications channels, especially through social media, Diabetes UK was able to recruit 2,000 people almost immediately. This has grown rapidly to more than 11,000 people and recruitment continues at a pace, far exceeding expectations for a study of this kind.

Recruitment to the study is also helpful for the wider research ecosystem in the UK. Clinical trials for new treatments that aim to prevent or delay the onset of type 1 diabetes will also need to take place before these promising new treatments can be used in the UK. With the significant drop in participation in commercial clinical trials in the UK in recent years, engaging people in this way – pre-trial through existing networks and patient communities nurtured by the charity – also aims to help ensure there is a ready-made cohort of people willing to participate in trials of new type 1 treatments. This will help ensure that the right people benefit throughout the trial process, as well as helping to bring new treatments to market in the UK as quickly as possible.

The case study demonstrates the important role of charities for:

- pump priming and funding research
- effective research design, based on experience and expertise in bringing about wide-scale change and research adoption
- accessing wider networks and relationships across sectors, to ensure ongoing and wider support for research participants and faster access to screening and treatments
- linking with people and communities, to identify research priorities and support recruitment into clinical trials.

Visit [ELSA](#) for more information.

## 2. Cancer Research UK – finding new uses for existing medicines to treat rare cancers

To determine the efficacy of existing treatments on rare cancers, Cancer Research UK is sponsoring and managing the UK DETERMINE trial.

### Context

Cancer Research UK is one of the world's largest independent funders of cancer research and innovation, with a £500 million annual research and development budget. Given its size and reputation, Cancer Research UK often sponsors more high-risk trials and has a network of experimental cancer medicine centres across the UK. This includes for rare cancers, where treatments are traditionally less explored due to the challenges of recruiting the required numbers of participants for a clinical trial.

### How it works

The DETERMINE trial is trying to find new treatments for rare cancers by looking at whether existing cancer medicines licensed for a particular use are effective regardless of the tumour that is present and could therefore be a candidate for wider licensing. Following an 'umbrella basket trial' approach, existing medicines being tested constitute different treatment arms of the trial, all following the same overall protocol for testing. Using this design, each treatment arm only needs to recruit 30 patients to provide a statistically significant result. It is open to children and young people as well as adults with any rare cancer type that has been genetically screened. Approved participants will be enrolled onto a treatment arm relevant for their cancer, and then treated and monitored to look at the effect.

The trial is following a **collaborative** approach led by the University of Manchester, with Cancer Research UK's Centre for Drug Development working in partnership with:

- **industry:** each treatment arm has a pharmaceutical partner that provides the medications and funding for that treatment arm. Roche is a founding partner of the trial, providing seven treatments. Novartis is the second industry partner, with other commercial partners in the pipeline
- **NHS England:** to share live information on positive results and identify the process and data collection needed to get these treatments approved for patient use as quickly as possible
- **EU Research platforms:** to share and aggregate data with 24 EU partners collecting similar data across 18 countries
- **academic institutions:** as well as Manchester, universities in London, Birmingham and elsewhere are enabling Cancer Research UK to share the operational management burden of data management and linking with other countries and the Primaries Consortium
- **NHS institutions:** including The Royal Marsden and The Christie, two places where treatment is taking place.

## Impact and learning

**It is not always easy for industry to collaborate in niche areas or if there is a high risk of failure. Based on its strong relationships across industry and the distinct treatment-arm design of the trial, Cancer Research UK was able to bring together multiple industry collaborators on this trial.**

With rare diseases, international collaboration is often vital for progress. While the DETERMINE study is unique to the UK, Cancer Research UK is collaborating with similar studies across Europe through a consortium. Given many health charities are part of global networks for their condition, this helps them to see the bigger picture and share research and innovation across borders.

Early partnership with NHS England and the Cancer Drugs Fund has led to data of positive results being shared while the trial is still ongoing. This means that the evidence from this trial can help speed up the process of licensing effective existing medicines for wider uses.

The case study demonstrates the role of charities in:

- building on existing networks, partnerships and relationships as well as their infrastructure, resources and expertise to de-risk research and innovation that otherwise may not happen
- helping to ensure that research design meets the requirements for faster adoption of new treatments.

Visit [DETERMINE](#) for more information.

### 3. Asthma + Lung UK – improving treatment for people with severe asthma

To improve treatment options for people with severe asthma, Asthma + Lung UK is working in partnership to support two clinical trials – one for children and one for adults.

#### Context

People with severe asthma, around 5 per cent of asthma sufferers, experience life-threatening symptoms regularly. It is therefore a priority for these people to get their asthma under control. In recent years, a group of medicines, called biologics, have revolutionised treatment options. However, there is still a need for more and better options, especially for children and adults with severe treatment-resistant asthma.

#### How it works

Asthma + Lung UK regularly consults with its patient community, and research has repeatedly found that finding effective treatments for severe asthma in the UK is a priority for people. Understanding this, Asthma + Lung UK has sought out partners to try to respond.

This includes **partnering with others** on two clinical trials funded by the National Institute for Health and Care Research (NIHR) to ensure that people with severe asthma are included from the outset in the design of clinical trials:

- **GSK and the Asthma UK Centre for Applied Research** partnered on the design of the TREAT open trial for a new medication for eosinophilic inflammation, one of the causes of severe asthma.
- The treatment in question has recently been licensed in Europe for children, but there are still questions over its efficacy that need to be investigated before it is licensed for use in the UK. Recruitment of participants is underway and, if the trial is successful, it will offer a new and effective treatment option for children with severe asthma.
- **Knopp Biosciences** partnered on the BEAT phase-two trial to assess the safety and efficacy of another new treatment for severe asthma in adults. This trial is working with a multi-disciplinary team centred in a clinical setting, with the aim of developing more robust infrastructure to deliver more severe asthma trials in the UK. The aim was to enrol 100 patients across 12 sites in the UK, but the study is currently on hold.



## Impact and learning

**Finding treatments for severe asthma is not only a priority for people with asthma. It is also a priority for the health service, as severe asthma accounts for around 50 per cent of NHS asthma spend. To enable more clinical trials to take place, new infrastructure and approaches need to be developed. The two trials Asthma + Lung UK is involved in are trying to do this in different ways, and each tells a different story.**

- The TREAT trial is running smoothly, with the required number of families applying for their children to participate.
- Conversely the BEAT trial is currently on hold as the research team has failed to recruit the required number of participants.

While the delay in the BEAT trial may be seen as a failure, it is in fact bringing out some important learning and reflections for the research partners and team around the potential need for modification given the enduring impact of COVID-19:

- Capacity in clinical respiratory research teams was diverted to the front line during the pandemic and has been one of the last to return to research. This means that the capacity of respiratory research teams in hospitals is reduced compared to some other areas, like cancer.
- People with respiratory conditions can still be reluctant to come back into a clinical setting following isolation as clinically extremely vulnerable. This means that alternative settings may be more appropriate for respiratory research.

Beyond the impacts of COVID-19, insight gathered by Asthma + Lung UK identifies a number of other reasons why recruitment to clinical trials for respiratory trials is challenging:

- People often suffer with breathlessness, which can make it difficult for people to travel to trials.
- People can feel unmotivated to be involved in trials because they believe, or may have been made to believe, that there is nothing to be done and maybe even that it is their own fault if a past or present smoker.
- People of working age are rarely adequately compensated for their time and so cannot participate.

The case study demonstrates the important role that charities play in:

- sharing good practice
- helping others to better understand the needs of patients, carers and research participants and so reduce the risk of failures in research and adoption of new treatments.

Visit [BEAT](#) and [TREAT](#) for more information.

# Charities: an underused resource

Charities offer often underused resources and expertise in research and innovation. Collaborating with them can benefit the NHS and industry.

## Charities offer:

- ✓ **public profile and trusted brands** with longstanding experience of partnership working and driving change
- ✓ **existing networks, partnerships and relationships** with local, national and global academic institutions, clinicians, industry and UK government officials, commissioners and policymakers
- ✓ **resources and infrastructure** to contribute to successful research, including the design of proposals, support for funding applications and participation in steering groups
- ✓ **an experienced charity workforce** that can support successful research design, funding proposals and steering committees
- ✓ **links with patients and communities** to help:
  - convene different groups to support patient recruitment into clinical trials
  - better understand the needs of patients, carers and research participants and help to reduce risk of failure in research and adoption of innovation
  - support faster access to treatments through involvement in trials of patient community
- ✓ **mechanisms for sharing good practice** across areas, to communities, regions and national actors – enabling the adoption of effective innovation.

**Collaborating with charities can provide benefits for the NHS, including:**

- ✓ helping NHS researchers and clinicians understand people's priorities and deliver projects that improve outcomes
- ✓ providing a route to discuss and solve the real-world problems in the NHS that need addressing by research and innovation
- ✓ offering mechanisms for clinicians and NHS institutions to engage with research, which is likely to lead to better patient outcomes
- ✓ supporting development of research infrastructure at scale
- ✓ supporting innovation in prevention, diagnostics and treatment to spread between national, regional, system, place and neighbourhood levels, and across primary, secondary and community care as needed.

**These collaborations can also provide benefits for industry including:**

- ✓ supporting faster development and adoption of new approaches to prevention and treatment
- ✓ enabling risk-sharing approaches
- ✓ expanding access to more diverse skills, experience and resources for problem solving
- ✓ increasing depth and breadth of understanding about patient experience and care pathways
- ✓ building trust and strategic relationships that make it easier to identify future innovation opportunities.



# Driving change: practical actions

Five areas for practical action, known as **DRIVE**, can build a collaborative research and innovation culture in health:

## Define a shared purpose

Develop a **shared understanding** of the purpose of working together, the key topics and what partners hope to achieve.

## Review and build on what already exists

**Explore the existing research and innovation ecosystem**, engage with stakeholders already operating in this space, and identify who needs to be involved as a partner to overcome challenges, fill gaps and avoid duplicating existing work.

## Invest in infrastructure for mainstreaming research and spreading innovation

Sustained investment in dedicated resources, tools, people, infrastructure and support mechanisms is essential to **mainstream research in health systems** and enable easier spread of innovation.

## Value success to stimulate research and spread innovation

**Motivate people and incentivise collaborative action** by recognising and valuing the contribution of successful partnerships to organisational and collective goals to stimulate research and spread of innovation.

## Equip teams with the capacity to collaborate and change culture

Create dedicated capacity to **enable knowledge and skills to be maintained and embedded** into the routine. Establish relationships and share understanding about the value and practical ways of working with cross-sector partners at different levels of the system.

Further details, examples and tools are provided in the pages that follow.

# 1. Define a shared purpose

## What we heard

- The words research and innovation can be used in different ways by different people. They mean clinical trials and cutting-edge technological development for some, and the adoption of new approaches to others.
- There are differences in how people think about this at a national and local level, including how they approach increasing effectiveness of research, targeting research and spreading effective innovation.
- Research and innovation priorities at both national and more local levels should be clear, and national strategy should link to local impact and the realities of local capacity.
- Partners collaborating on research and innovation in health – whether nationally, locally or around a specific condition or problem – must understand what they mean by the different terms and why they are working together.
- Improving people's health and wellbeing is the common thread. However, this does not always come across clearly enough in relevant policy, strategy, review and planning documents.
- Involving those who design and deliver services makes it more likely that research and innovation target the real-world problems of the NHS.
- Another common thread was the scale of ambition. Given the challenges of increasing volume and complexity of ill health, there was consensus that the purpose of collaboration in research and innovation should have greater emphasis on making significant leaps forward in prevention, diagnostics, early intervention and treatments.
- Overall, the link between research and innovation, its strategic importance and how it supports transformation in health services is not well enough understood.

## What needs to happen

- ✓ **Articulate clearly and consistently** – in relevant policy, strategy, review, planning and other documents – that the rationale for developing a collaborative research and innovation culture in the NHS is to improve health and wellbeing of people and transform health systems and services.
- ✓ **Spend time upfront to develop shared understanding about terminology** – the purpose of working together and what partners hope to achieve.
- ✓ **Involve charities at an early stage** – as trusted parties and brokers with relevant skills, resources and community connections – to ensure that people are involved from the outset, that what matters to them is heard by decision-makers, and that research and innovation become better targeted at outcomes that matter to people.
- ✓ **Consider what clinicians and managers on the front line identify as priorities** – work by NHS England's horizon scanning and demand signalling team could be helpful resources, as well as resources such as the [National Survey of Local Research and Innovation Needs of the NHS](#).

## 2. Review and build on what already exists

### What we heard

There are existing examples of good practice to build on to support the development of a collaborative culture in research and innovation. We heard how:

- health charities are a critical part of the ecosystem and often have well-established research and engagement networks, as well as their own infrastructure and expertise in research and change
- leaders in local systems are taking different practical approaches to build a collaborative culture in research and innovation
- learning can be shared from clinical areas with particularly strong collaborative research and innovation cultures, for example cancer
- there are a range of existing mechanisms for engaging people in research, including digital tools and local research engagement networks
- widespread discussion of why some research and innovation projects fail is valuable and can help avoid duplication of effort and mistakes being repeated
- many people, across different organisations and sectors and at different national and local levels, need to be involved for effective research to be pulled through and adopted into clinical practice.

### What needs to happen

- ✓ **Conduct a review** to understand the current landscape and avoid duplication of effort.
- ✓ **Engage with current stakeholders** and identify who should be involved as a partner or source of insight.
- ✓ **Identify** where challenges need to be overcome and gaps need to be filled.
- ✓ **Where needed, look to establish new mechanisms** and infrastructure or approaches for research and innovation.

## Examples of collaboration in research and innovation

### In local systems

- In Sussex, the integrated care board created a **cross-sector health research partnership board** with its local health innovation network (formerly academic health science network), universities and hospital trusts.
- Many integrated care systems (ICSs) have recently received additional national **Research Engagement Network Development** funding to enable establishment of partnership structures for this purpose. Local voluntary, community and social enterprise alliances, key partners within ICSs, are often hosts for this work.
- In Mid Yorkshire NHS Hospitals Trust, where levels of mistrust in NHS research run high in the population, the trust is working in partnership with local charities and community leaders to develop a **network of community champions** to explain about research underway, what it hopes to achieve and the potential benefits of taking part.
- In Blackpool, which has a population with a high prevalence of long-term conditions, a local GP in partnership with the NIHR is **investing in community infrastructure** to encourage more people to participate in research on four major health conditions.

### In clinical areas

- In **cancer**, the research infrastructure mirrors NHS clinical structures and there is a national cancer policy team and a cancer action team responsible for driving and spreading innovation in cancer treatment.
- In **stroke**, changes in culture around stroke research and engagement contributed to almost halving stroke deaths over the past 20 years.

### Existing tools

- The **NHS App**, which now has 30 million users and has already been successfully used to recruit participants into research.

### In practice

- Committees such as the **UK National Screening Committee** can be a key factor in successful implementation of research and innovation, but so too are local health system and council leaders and GPs, who are often on the front line of chronic condition prevention and management.

### 3. Invest in the infrastructure for mainstreaming research and spreading innovation

#### What we heard

- Constrained capacity within the NHS is a significant inhibitor that must be addressed for real progress to be made in stimulating a research and innovation culture. Clinicians often have research areas they would like to explore and innovations they would like to adopt, but it is not possible to do this without additional infrastructure and resources.
- Part of the issue is that research is often seen as separate to the day-to-day workings of the NHS, even though it is known that institutions and clinicians that take a pro-research approach are more likely to produce better outcomes for their patients.
- Infrastructure to support clinicians to innovate is even more scarce than infrastructure for research, and there are disproportionately few resources dedicated to spreading successful innovations.
- The challenge of spreading innovation in health is well known. Different solutions have been explored to address the problem, with varying degrees of success. The learning from these efforts needs to be consolidated into a refreshed approach.
- Practical experience shows that spreading innovation is neither a top-down or bottom-up approach, it needs both and more.
- The charity sector has an important role to play in encouraging and enabling the spread of innovation. National health and medical research charities and patient organisations often have the benefit of being embedded in communities and being networked with each other, as well as with the NHS, private sector and academia at national and local levels.
- Similarly, professional medical bodies can offer infrastructure for spreading innovation between clinicians and specialties.
- There may be merit in learning from how effective innovation is spread in areas outside of health.
- Publicly available tools can be successfully used to share evidence and create the conditions for a collaborative culture to flourish.

## What needs to happen

- ✓ **Seek partnership** with existing networks and bodies in the charity sector and medical professions, and consider how to work with these bodies for sharing good practice and spreading innovation across conditions and issues. Good practice should flow from local practitioners and system leaders to regional and national bodies, and vice versa.
- ✓ **Prepare the NHS for the future by adopting the NHS Long Term Workforce Plan as a first step** enabling staff to be upskilled in research and innovation can unlock the potential to improve quality of care.
- ✓ **Give clinicians the resources they need** away from the front line to lead or be involved in research and innovation.
- ✓ **Establish health innovation networks in oversight roles** to facilitate cross-sector partnership working, and sharing and spreading good practice.
- ✓ **Look at how innovation and effective interventions are spread** in areas outside of health, such as education.

## Examples of infrastructure to mainstream research and spread innovation

- Health charities are networked with each other through organisations such as the [Association of Medical Research Charities](#), [National Voices](#), the [Health and Wellbeing Alliance](#), the [Richmond Group of Charities](#) and other condition-specific coalitions like the [Neurological Alliance](#). These networks offer a mechanism for identifying research priorities, sharing good practice and spreading innovation.
- Healthcare professionals are networked through organisations such as the [Queen's Nursing Institute](#), the [Royal College of Physicians](#), the [Royal College of GPs](#), the [Royal College of Nursing](#), many other [Royal Colleges](#). These networks offer a mechanism for encouraging new ways of working and culture change as well as sharing research and innovation among healthcare professionals.
- Fifteen [health innovation networks](#) exist across England, working at a local level to identify innovation and improvements to specific problems, empower innovators to further their ideas and get them in front of the right people, and advance the uptake and spread of innovation and improvements by delivering national programmes and initiatives within the NHS and social care.
- In Wales, Hywel Dda University Health Board has created a dedicated team, the [TriTech Institute](#), to provide wraparound support for clinicians looking to lead or be involved in clinical investigations, clinical trials and real-world evaluation to support adoption of innovations in treatment.
- The [Innovation, Research and Improvement System \(IRIS\)](#), developed by Humber and North Yorkshire Health and Care Partnership, facilitates system transformation and partnership working by harnessing existing networks, activity and resources. As a virtual hub for NHS stakeholders, as well as partners in academia and industry, IRIS provides visibility across the system, joining up activity and providing a space for sharing best practice.
- The [Education Endowment Foundation Toolkit](#) is a single resource that brings together evidence on cost and effectiveness of different interventions in education to aid in decision-making about their adoption. It is used by head teachers, school governors, teachers and parents and helps to spread innovation by allowing all to easily assess and follow evidence of innovation.



## 4. Value success to stimulate research and spread innovation

### What we heard

- There is potentially much to be learnt from the behavioural sciences in exploring questions around how to motivate people to build a culture of collaboration that encourages effective research and spread of innovation in health.
- Working in a collaborative way does not mean pretending that everyone's motivations are the same, nor that competition does not exist. Quite the opposite. In mature collaborations there is often honest and upfront conversation about what success means for different partners, where competition might exist and how to handle this.
- People are more likely to work collaboratively with others on research, support the findings and adopt new diagnostics or treatments if they address a direct need or provide a direct benefit.
- This is true of people with health conditions, their carers, clinicians and health service managers. It can also be true of researchers and entrepreneurs, who may seek individual recognition or return for their work or institution.
- Developing a clear vision of success and identifying what partners – individually and collectively – want to achieve through collaboration can help to motivate a culture of research and innovation.

### What needs to happen

There is more to learn but finding ways to motivate people, recognising that helping them to get what they want out of a research and innovation collaboration, is an important driver of successful collaborations. Some ways to put this into practice include:

- ✓ **motivate and enable people** in local communities and health systems to communicate their priorities for research and innovation to decision-makers to drive more targeted and therefore useful research
- ✓ **work together** to ensure that the way partners collaborate meets individual as well as collective goals. Consider the different ways this can be handled in research design and formation of collaborations and partnerships by looking at case studies and existing practice
- ✓ **recognise that money can be a motivating and necessary factor** and ringfencing local funding or dedicating a percentage of national research budgets to the spread of innovation through collaboration are two ways money can

motivate a collaborative culture in research and innovation that improves health and wellbeing.

## 5. Equip teams with the capacity to collaborate and change culture

### What we heard

- Experience in other areas of health – like tackling health inequalities, social prescribing and more, as well as at strategic level within ICSs, place-based partnerships and primary care networks – shows that working across sectors and professions to build collaboration and change culture rarely happens without considerable intentional focus and effort.
- The demands of day-to-day delivery mean that few frontline clinicians and managers have capacity to focus on research and innovation themselves, let alone the building of relationships and a collaborative working culture with others.
- To make collaboration work, people need to be able to make the necessary connections up, down and across sectors, to build relationships and navigate complex systems with multiple priorities. This is especially important when bringing together multiple diverse sectors with different working styles and cultures.
- Charities have a potentially important role to play as trusted partners and independent brokers between different parts of the system.

### What needs to happen

- ✓ **Invest** in the development of a collaborative culture in research and innovation by making it someone's job.
- ✓ **Create dedicated roles** for building relationships and sharing understanding about the value and practical ways of working in partnership with charities and the life sciences industry at different levels within the system.
- ✓ **Adopt standard approaches** and embed throughout organisations to ensure consistency and momentum is maintained.

### Where to look for practical learning about creating capacity for changing culture and building collaborations

- The [Systems for Change](#) project identified that having people with protected time and skills to make connections across and within the system is a common approach for systems making progress on their purpose to support social and economic development.
- The King's Fund [Actions To Support Partnership](#) report identified that having dedicated leads for partnership with resources and time to build relationships is a common component of more mature systems.

# Stakeholder reflections

“Embedding research and innovation in the NHS leads to better outcomes for patients. It’s fantastic to see this report highlighting the vital role charities play as partners to drive this change.”

Nicola Perrin, Chief Executive, Association of Medical Research Charities

“The NHS is at a pivotal point, with current capacity and resource constraints, where collaboration with partners in research and innovation can improve health outcomes for our populations. There is significant potential to increase capacity and investment in the NHS. This is increasingly a priority for system leaders in London and opportunities to further the discourse and share best practice among our systems, such as this report, is commended.”

Mike Bell, Chair, NHS South West London Integrated Care Board

“This report is timely in describing how the current and future challenges in delivering high quality healthcare can only be achieved by embracing the potential of technology to transform care pathways, empowering patients and maximising the impact of the NHS workforce to benefit the health of our population. Health Innovation Networks have a key role in spreading high value technology across the NHS and supporting the development of the HealthTech sector as a key growth area for the UK economy.”

Professor Gary Ford, Chief Executive, Health Innovation Oxford and Thames Valley

“This report showcases several charity, NHS and industry partnerships that are delivering research and innovation in healthcare. Where partnerships work well, and the ingredients that enable research to take place and for innovations to spread are present, we can see the positive impact this work has for the health system, the workforce, and of course for people’s improved health and wellbeing.

“The report also examines some of the challenges in undertaking research in NHS settings and sets out a number of practical steps that can be taken to support more research, innovation and the spread of best practice. As someone who has led medical research charities and partnered with industry and the NHS in the pursuit of better health, the report is a constructive and helpful guide to how to do research successfully and get the results implemented.”

Sarah Woolnough, Chief Executive, The King’s Fund

“Health charities and the life sciences industry both play vital roles in the UK’s innovation ecosystem. For systems, identifying and developing partnerships in areas of strategic alignment can enable service transformation and improve population health.

“I’m pleased to see this report share learnings from existing examples of collaboration in this space, as well as the cross-sector commitment to supporting the further adoption and spread of innovation.”

Roland Sinker, Chief Executive,  
Cambridge University Hospitals NHS Foundation Trust

“The UK holds tremendous potential in the life sciences, with world-class academic institutions, diverse talent, charities, powerful industry and of course the NHS, which is why it’s vital that we drive greater collaboration between the health service, industry and research to bring innovative medicines to more patients, more quickly.

“The network of the NHS offers a unique setting to bring new therapies to patients, but there remains huge, untapped potential for collaboration between industry, health charities and the health service.

“Despite the obvious capacity challenges in the NHS, industry has a responsibility to continue to push for constructive, successful partnerships focused on improving patient outcomes, while the government must continue to deliver on its commitments to improve the UK as a thriving home for life sciences.”

Marie-Andrée Gamache, Country President, Novartis UK and Ireland

“There are many good examples of cross-sector collaboration between health charities, academia, industry and the NHS working to drive research, innovation and better outcomes for patients. There is also significant potential to do more, with this report highlighting both the practical steps required and the opportunities to be seized if we can move forward together.”

Dr Tom Nutt, Chief Executive Officer, Meningitis Now

# Acknowledgements

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## Roundtable attendees\*

**Matthew Taylor** (meeting chair), Chief Executive, NHS Confederation

**Sarah Knight**, Senior Commercial Lead, NHS England

**Brian Duggan**, Strategic Partnership Policy Director, ABPI

**Stephen Lightfoot**, Chair, Sussex Health and Care Partnership ICB

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**Sine Littlewood**, Director of Business Development and Marketing, National Institute for Health and Care Research (NIHR) Clinical Research Network

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**Hashum Mahmood**, Senior Policy Adviser (Population Health), NHS Confederation

**Marie-Andrée Gamache**, Country President, Novartis UK and Ireland

**Todd Manning**, Vice President and General Manager, AbbVie UK

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**Dr Leighton Phillips**, Director of Research, Innovation and University Partnerships, Hywel Dda University Health Board

**Professor Andrew Rhodes**, Joint CMO, Surrey Heartlands ICS

**Len Richards**, Chief Executive, Mid Yorkshire Hospitals NHS Trust

**Roland Sinker**, Chief Executive, Cambridge University Hospitals NHS Foundation Trust

**Dr Richard Torbett**, Chief Executive, ABPI

**Sarah Woolnough**, Chief Executive, Asthma + Lung UK

## Roundtable presenters\*

**Naomi Bennett-Steele**, Innovation Partnerships Manager, Asthma + Lung UK

**Anna Morris**, Assistant Director of Research, Diabetes UK

**Dr Ravindhi Murphy**, Medical Adviser, Centre for Drug Development, Cancer Research UK

\*Role titles correct at time of the roundtable

## ABPI Patient Advisory Council

The ABPI partnered with the NHS Confederation on this report as part of a programme of work between the ABPI's Patient Advisory Council and the ABPI Board to deliver a programme of shared priorities to improve patient outcomes.

The shared priorities are built around the following core challenges:

- [improving the equity and speed of uptake of innovative treatments](#)
- building a culture of research and innovation within the NHS
- tackling equality and diversity in clinical trials
- improving system capacity to support new models of care, pathway optimisation, and adoption of innovation.

Current members are: **Dr Tom Nutt**, Chief Executive, Meningitis Now • **Nicola Perrin**, Chief Executive, AMRC • **Hilary Evans**, Chief Executive, Alzheimer's Research UK • **Samantha Barber**, Chief Executive, Gene People • **Jacob Lant**, Chief Executive, National Voices • **John James**, Chief Executive, Sickle Cell Society • **Claire Jacklin**, Chief Executive, National Rheumatoid Arthritis Society.

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