

Institution: University of East Anglia

Unit of Assessment: 2 - Public health, health services research and primary care

a. Context

Researchers submitted to UOA 2 are mostly based in the Department of Population Health and Primary Care within the Norwich Medical School at UEA, and combine methodological expertise in interdisciplinary health services research, health economics, epidemiology and medical statistics, with expertise clinical, public health and health service fields. International health, public health economics and health geography are distinctive research areas. The main users of our research are:

- UK government health services and public health agencies.
- International health and development agencies such as the World Health Organisation (WHO) and World Bank, and overseas countries' government health services and departments.
- Doctors, nurses and other health professionals who use clinical research evidence to improve their clinical practice.
- Patients and the public who use public health, service evaluation and clinical research evidence to inform their health behaviour, choose services and influence policy.

The types of impact arising from our research are:

- Changing government and health service policies regarding which clinical and public health interventions to provide, and how to provide them.
- Influencing government recommendations and regulations on public health matters, such as the supply and consumption of food and water, and communicable disease control.
- Highlighting health problems that are priorities for attention, intervention and investment, by government and other health agencies.
- Changing the content of clinical practice guidelines to comply with the best evidence.
- Changing professional practice to comply with the best evidence.

b. Approach to impact

Almost all of our research is applied to solving practical health problems and thus is intended to have impact beyond academia and to improve the health of populations. We devote considerable time and effort to interacting continually with non-academic users of our research, thus ensuring that our research expertise is applied to increasing the quality and relevance of evidence available to users, and that our own research is rigorous and relevant to users' priorities. We prioritise strong relationships with the following:

International health agencies: For example, Hunter has been a member of the European Centre for Disease Control Expert Panel on Climate Change, and the joint task force of the United Nations Economic Commission for Europe and the WHO Regional Office for Europe. Suhrcke was a member of the Scientific Advisory Council of the International Obesity Taskforce, the WHO Scientific Reference Group on Health Equity, US Institute of Medicine Working Group on Preventing Cardiovascular Disease in Developing Countries, OECD Expert Group on Economics of Prevention and Chair of the Economics Task Group for the WHO European Review of Social Determinants and the Health Divide across Europe.

Overseas countries: Our research in countries such as China (Song, Suhrcke, Niessen), South Africa (Bachmann, Hunter) and Bangladesh (Niessen) entails close collaboration with clinicians and government health departments in those countries, and with academic researchers who have close relationships with health departments and agencies that are similar to our own within the UK.

National Institute of Health Research (NIHR): Much of our research is commissioned by NIHR. We have a lead role in the East of England NIHR Research Design Service, which is integrated into the Department of Population Health and Primary Care, hosting the Norfolk and Suffolk hub and leading on health economics; Barton is also Deputy Director. Harvey's extensive work for NIHR led to his appointment as NIHR Senior Investigator. UEA researchers participate as experts in several NIHR research funding panels, which also helps to ensure that our own research meets NHS needs and therefore has an impact on the NHS. Loke chairs the Health Technology Assessment panel on Elective and Emergency Specialist Care. Other UEA researchers are members of funding panels of the Programme Grants for Applied Research (Shepstone,

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Bachmann), Efficacy and Mechanisms (Shepstone), Health Services & Delivery Research (Steel), Themed Calls (Sach), and Research for Patient Benefit (Clark, Barton, Harvey) programmes.

National Institute of Health and Care Excellence (NICE): We are, or have been, members of NICE panels (e.g. Sach: *Public Health*; Steel: *Quality Outcomes Framework*; Bachmann: *Topic Selection for Chronic Conditions*; Jones: *Obesity*), help develop NICE guidance (e.g. Suhrcke: diabetes prevention) and carry out methodological research on evidence synthesis methods for use by NICE (Song).

NHS Trusts and Local Authorities: All of our clinical researchers have joint appointments or honorary employment contracts with local academic hospital trusts (Harvey, Bachmann, Hunter, Loke), or Public Health England (Steel). These entail annual joint appraisals of our clinical researchers. Similarly, public health and primary care personnel employed by local NHS primary care trusts and Local Authority public health departments have honorary appointments with UEA.

Cabinet Office and Department of Health: For example, Steel took part in a project on primary health care for the socially excluded (2009), and was Public Health Advisor to the **Care Quality Commission**. Suhrcke was a member of the 2010 Marmot Review on health inequalities.

In addition to these on-going relationships, we adopt the following approaches to ensure maximum impact from our research:

- We continually provide **academic supervision of specialist medical training** in general practice and public health in the East of England. This includes supervision of Academic Clinical Fellows in general practice and public health, and supervision of specialist registrars during their academic placements. This involves collaborative research on issues that are considered important by NHS managers and clinicians, so that research findings influence policy decisions.
- We manage the NHS-funded **Norwich Clinical Trials Unit** jointly with the Norfolk and Norwich University Hospital NHS Trust (Shepstone, Harvey).
- Our researchers have had lead roles in the NHS Norfolk and Suffolk **Comprehensive Local Research Network** (CLRN), including the Public Health (Harvey) and Health Services Research (Bachmann) local speciality groups, and the **Primary Care Research Network** (Steel, Barton). From April 2014 the Norfolk and Norwich University Hospitals Trust will host the **Local Clinical Research Network (Eastern)** which will cover the whole of East Anglia including Cambridge.
- We have established **Health Economics Consulting**, a UEA Enterprise based in the Department of Population Health and Primary Care, which makes our health economics expertise available to external users. Services include health technology assessment, health service commissioning, public health economics, training and costing.
- Through Norwich Medical School we participate in the **Eastern Academic Health Science Network**, of which Norwich is one of four nodes, to “bring together universities, hospitals, mental health services, primary care, clinical commissioning groups, public health, social care, the voluntary sector and industry, translating world-class research into improved patient care, thus driving economic growth”. UEA is the health economics lead. We are also partners with Cambridge University and NHS providers, in the **Collaboration for Leadership in Applied Health Research and Care** (CLAHRC East).
- We are actively involved in the **Patient and Public Involvement in Research** (PPIRes) programme, a local initiative to enable and encourage volunteer members of the public to actively participate with researchers in the local trusts in delivering successful research studies. PPIRes is based in the South Norfolk Clinical Commissioning Group, and contributes to the planning, conduct and dissemination of results for many of our local research projects.

Support for staff to promote the impact of their research: While we emphasise the importance of obtaining external funding for research studies, staff are also able to devote substantial UEA-funded time to enterprise and engagement, as outlined above. This is encouraged especially if such activity is likely to lead to high impact research, future research grants, and stronger ties with key users such as local NHS trusts, public health departments and primary care providers. Similarly, researchers are encouraged to participate in grant awarding panels, public health expert panels, and research grant applications in collaboration with our research users such as NHS trusts, managers and professionals. **Staff performance assessments**, including annual appraisals and promotion criteria, routinely consider the practical impact of individuals' research,

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alongside their enterprise and engagement activities. Among clinical researchers, joint appointments, honorary employment contracts and revalidation requirements entail working with clinical managers in NHS trusts, to help ensure the impact and relevance of their research to the NHS and health of the public and patients. Academic public health clinicians' clinical duties are typically based on applied research that is valued by their NHS trusts and beneficial to UK populations. **UEA resources** available to support useful and influential applied research include methodological expertise in applied research, information technology, UEA library. The UEA Research and Enterprise Service provides support including legal and business expertise for establishing applied research enterprises and consultancies, and pump-priming grants for market research or consultancy starts-ups. A designated professor in each Faculty is responsible for promoting enterprise and engagement.

c. Strategy and plans

We prioritise the following strategies for maximising impact from our research:

Strengthening relationships with international health agencies, researchers and health ministries in low and middle income countries:

We have recruited a Professor of Public Health Economics (Suhrcke) from WHO Europe who has since led several studies funded by WHO and the World Bank, entailing engagement with foreign Ministries of Health, most recently in China. A second Professor of Public Health Economics (Niessen) is also Director of the Centre for Control of Chronic Diseases in Bangladesh, and Associate Professor at John Hopkins School of Public Health. Bachmann's work with the University of Cape Town entails continual engagement with the South African Department of Health (a case study). Hunter's EU-funded programme on low-cost water monitoring technologies will involve several low income and European countries. We will identify, develop, implement and evaluate innovative ways of strengthening health services in primary care, chronic disease management, health promotion and disease prevention. We will encourage researchers to continue participating in WHO and other international expert panels.

Building on translational research across the Norwich Research Park: Like UEA and Norwich Medical School generally, we aim to integrate our future research with the world leading nutritional and genetic research being carried out in the co-located BBSRC Institute of Food Research and John Innes Centre. This will build on our current programmes of research on diabetes, obesity and physical activity, and may include RCTs of new food products and behavioural interventions that are likely to be implemented if effective.

Strengthening relationships with local NHS users: In the current NHS reforms, health service commissioning has been transferred from Primary Care Trusts to GP-led Clinical Commissioning Groups (CCGs), and public health functions and personnel have been transferred to Local Authorities. We have assessed the research needs of CCGs, including how research should be commissioned and provided. We are working to strengthen our relationships with Public Health Departments in Local Authorities, and carrying out health services research in collaboration with these public health personnel, to inform CCG commissioning decisions. For example, our latest collaborative evaluations, of a primary care based case management initiative intended to reduce repeated emergency hospital admissions, and of referral management initiatives, led to CCG decisions to continue funding the former and to stop funding the latter.

Research consulting to paying users: We will continue to provide consultancy services via Health Economics Consulting, to the NHS, government, healthcare companies, local authorities, research bodies, charities and community groups and the Eastern Academic Health Science Network. We will seek opportunities to broaden its scope and customer base.

d. Relationship to case studies

Implementation of effective clinical practice in African primary care: shows how our research responded to pressing health needs expressed by health agencies; developed and evaluated solutions in collaboration with health services and departments; and worked with them to ensure that these solutions were implemented at large scale and sustainably, potentially benefiting millions of people. **Influencing international health policy to reduce acute waterborne diarrhoeal disease:** shows how our research identified important causes of infectious disease; contributed to national and international policy on provision of clean drinking water and regulation of bathing water quality, including our expert participation in standard-setting deliberations; and thus potentially improved the health of millions of people worldwide.