

**Institution: King's College London, SSHM**

**Unit of assessment: UOA 23**

**a: Context** New technological developments in biomedicine and their application in clinical settings, changing political agendas in healthcare delivery, and the emergence of new social movements such as global mental health all raise profound ethical, legal and economic challenges. King's has been responsible for many of these advances in basic biomedical science, and has addressed their social implications through work conducted by social scientific researchers attached to its health schools. With its multi-million pound investment in the establishment of SSHM in January 2012, King's created a powerful new hub for research into the sociology of medicine and health which will enable novel collaborations, building on and enhancing this commitment to impact by bringing the highest quality social scientific research to bear on major challenges in health and illness, from the local to the global, with direct engagement in policy and in clinical practice.

Faculty in the Institute of Gerontology (Glaser, Price, Lowton, Tinker) in collaboration with social researchers across King's have previously generated globally significant research on the provision of services to older people that has directly informed domestic and international policy. With their incorporation into SSHM they have acquired a further 15 academic colleagues and a new interdisciplinary platform from which to extend the epistemological and geographical reach of this research. The powerful work of the Institute of Psychiatry in social psychiatry (Murray, Morgan, Burns), military psychiatry (Wessley) and health services research on the provision and evaluation of psychiatric services worldwide, which played a pivotal role in the establishment of the Global Mental Health Movement (Thorncroft, Prince) is consolidated and extended by SSHM's new research agenda on the social and cultural determinants of mental ill health and the role of local therapeutic practices in addressing these (Behague, Kienzler, Singh, Rose). King's' strategic investment in SSHM has also facilitated entirely new cross-institutional collaborations: on global health (Venkatapuram, Kienzler), governance of emerging biotechnologies (Hogarth, Marris), pharmaceutical regulation (Abraham, Davis), ethical governance (Rid, Singh, Tinker) and the global bioeconomy (Parry, Caduff). Realised through links formed with King's' world-leading health research centres and international development institutes, these initiatives provide conduits through which SSHM's interdisciplinary social science can be brought to bear on contemporary 'grand challenges' in health and medicine in emergent economies such as China, India and Brazil.

This research has proven relevance and utility for public policy, regulation and clinical practice. Non-academic users include: **UK Government Agencies:** Parliamentary Office of Science and Technology (Vrecko on *Behavioral Addictions*); National Research Ethics Service (Rid on the revision of NRES guidance on prisoner involvement in research); **Foreign Government Agencies:** Swiss Ministry of Foreign Affairs (Lentzos, policy documents submitted to the UN's Biological Weapons Convention meetings); **International and regional organisations:** European Commission; UNICEF; the World Medical Association (Rid's work on revision of the 2008 Declaration of Helsinki); **Legislative and judicial bodies:** European Court of Human Rights (Parry's report on Forensic Uses of Bio-Information cited in the *Marper v. Marper* judgment); Crown Prosecution Service (Tinker, evidence given to the CPS' *Crimes Against Older People* investigation); and **stakeholders in civil society**, including in the global South: Kienzler's work for the Center for Victims of Torture (CVICT) in Nepal on new techniques to reduce trauma.

**b. Approach to impact**

Our approach is not to make impact an 'add on' to research, but to build consideration of impact into the very formulation of research agendas, collaborations, engagement with policy and regulatory bodies, and the innovative approaches we devise for dissemination. Our aim is to enhance clinicians' understanding and awareness of the sociological implications of their work, to directly shape approaches to the ethical and legal regulation of emerging technologies, to provide a robust evidential base to generate and sustain support for policy formulation and to offer exemplars of how best practice frameworks (such as Responsible Research and Innovation) can be implemented in practice. **Our approach has four elements:**

**(1) Strategic priority setting:** Our research groups address questions that are conceptually challenging, open to sociological investigation, of contemporary significance, and on which our research can have significant impact. These currently include: diagnosis and treatment in mental

## Impact template (REF3a)

health and global mental health (Singh, Rose, Behrouzan, Kienzler, Behague), pandemics (Caduff), biosecurity (Lentzos, Caduff), personalization of medicine (Prainsack, Abraham, Hogarth, Rose, Davis) and ethics in applied contexts (Rid and Parry). Priorities are established in Research Committee through assessments of projects in development, exploration of funding opportunities and potential impact on policy and practice. Impacts are realized by strategically engaging non-academic audiences and beneficiaries via routes outlined below.

**(2) Recruitment for impact:** We emphasize collaborative research with medical and healthcare professionals to build social science understandings and approaches upstream. Our recruitment strategy prioritises the appointment of faculty who are committed to collaborations that are designed in concert with researchers and clinicians, and will have a discernible effect on knowledge generation and epistemologies of practice or policy the effects of which can be evidenced later via impact evaluation. Junior staff are apprised of the importance of creating this kind of 'impact chain' at recruitment, during project development through formal and informal mentoring, and via discussion in annual appraisal. Workshops led by research group chairs and senior staff also investigate ways to translate research findings into policy and practice.

**(3) Policy making and regulation** All colleagues are encouraged to work actively with policy makers and regulators in key bodies shaping practice: Parry, Singh, Prainsack and Rose have longstanding engagements with the Nuffield Council on Bioethics, evidenced in their authorship of key public reports on general bioethical principles (Prainsack on 'Solidarity') and areas of regulatory or ethical concern: Forensic Bioinformation (Parry), Personalized Medicine (Prainsack, Rose), Emerging Biotechnologies (Parry, Rose). Others directly advise those responsible for regulation of pharmaceuticals (Abraham, Davis), care in later life (Tinker) and genetic testing (Hogarth). Marris and Rose were appointed to the group established by BIS and TSD to develop the Synthetic Biology Roadmap and ensured that RRI was embedded in the pathway to translate this emerging technology from bench to bedside. All senior colleagues are involved in policy work, acting as exemplars and facilitators who introduce junior colleagues to policy makers and regulators through personal networking and by employing their research in their deliberations.

**(4) Innovation in public engagement.** We encourage dissemination of our work to non-academic audiences via public exhibitions, videos, publications for a general audience, and social media. Parry's Wellcome Trust-funded exhibition *Mind over Matter*, which explored attitudes to memory loss and brain donation for dementia research, attracted an audience of over 1,000 in just ten days: many later reported a change in attitude to bodily donation. Singh's five year Wellcome Trust-funded research on ADHD led to a book, CD and video aimed specifically at parents and children dealing with that diagnosis. Marks' work on the history of biotechnology resulted in an online exhibition directed to medical practitioners and patients showing the complexities of drug development, commercialization and testing. A small committee of the Department promotes these non-traditional forms of dissemination so they become integral to research design.

**c.Strategy and plans:** Our *plan* is to consolidate and amplify our proven capacity to produce impact in the new institutional context of SSHM. Our *strategy* is to achieve this via five objectives and to do so through judicious application of several resources distinct to King's.

**To consolidate existing research partnerships with clinical schools within King's and external organisations and to use Research Group funds and expertise to generate new partnerships in accordance with the School's research strategy.**

SSHM researchers have the opportunity to directly access one of the UK's most significant concentrations of leading medical researchers and healthcare providers and their partners in the UK and abroad who can identify key sociological issues in practice. Pioneering collaborations are being developed with King's Health Partners, one of five Academic Health Sciences Centres accredited by the Department of Health, including three Biomedical Research Centres attracting a total of £113 million from the National Institute of Health Research over 5 years: these enable genuinely reflexive dialogue between practitioners, policy makers and social scientists. This will impact on service delivery by refining conceptual understandings of changes in health and biomedicine such as 'stratified medicine' and producing robust empirical evidence of their effects. Singh's early involvement in an action research project led by the South London NHS Trust designed to maximise the health benefits of a major urban redevelopment in Elephant and Castle demonstrates the potential impact of these unique institutional partnerships.

**To maximise impact by ensuring our research findings inform domestic and international policy making and regulation.**

## Impact template (REF3a)

Our Ageing and Society group has an international reputation for producing outstanding policy relevant research and is now overseeing uptake of their recommendations in countries worldwide. New avenues for applied use of their research are being realised through evolving collaborations with key NGOs such as Age UK and King's' Cicely Saunders Institute of Palliative Care. SSHM explicitly encourages faculty to devote a portion of their time to work with regulators and other NGOs such as the Nuffield Council on Bioethics, publicising their involvement through social media and online material. The BPPP research group which has a focus on personalised medicine is also establishing close institutional linkages with the Integrated Cancer Centre (ICC): a collaboration between Guy's and St Thomas', King's College Hospital NHS Trusts and King's, to consider the policy implications of delivering bespoke cancer services to patients across London and beyond.

***To employ King's' Brazil, China, and India Institutes as entry points for enhancing SSHM's international impact on global health via three programmes of action research:***

a) Rose and Parry's collaboration with Kapila from the India Institute to research obstacles to the provision of a '999' emergency ambulance service in Chennai; b) a funded project to research and revise legislation governing Assisted Reproductive Services in India; and c) a project to assess the social implications of Brazil's involvement in the Global Mental Health Grand Challenge.

***To embed impact in the research ethos through advanced staff training.***

All colleagues are encouraged to embed impact into research from the outset and offered training on ways to deliver this. Our Grant Academy meets termly – more often if necessary - to review prospective applications, and via collaborative assessment, ensures that each is properly targeted, crafted, and has identified means of translating the research findings into the public domain and policy making. We have an archive of successful SSHM grants which provide models for colleagues developing new proposals strategies for future impact. Seminars, round tables for the presentation of developing research proposals, and papers are among the 'training' mechanisms we use to support the development of concepts, methodologies, and strategies for impact.

***To develop and enhance dedicated mechanisms of administrative support for impact.*** Our recently appointed *Research and Outreach Manager* promotes and manages the impact element of grants, tracks, evaluates and archives information on impacts, and identifies beneficiaries to maximise outreach. The *ROM*, with the Research Committee, also promotes links with health and medical researchers across King's arranging cross-institutional visits to their laboratories and Departments. We intend to appoint a *Marketing and Communications Officer* to target press releases, publicise research via social media and to plan future networking events to identify opportunities for translational research: e.g. to build insights from our research into clinical practice.

**d. Relationship to case studies**

Three case studies have been selected which exemplify the depth and reach of the public and policy impact of SSHM's research and our direction of travel. **They were chosen as they exemplify our approach to impact (as set out in b3 and b4 above), specifically our capacity to facilitate 1) social inclusion in health care provision 2) health policy formation in the public interest and 3) informed biomedical regulation.** Each is the product of collaborative partnerships; they testify to the range of stakeholders and networks that our work influences. The *first* demonstrates the international reach and significance of the work undertaken by Tinker since 2008 which elucidates housing and care options for frail older people and identifies the feasibility, costs, and acceptability of the assistive technologies that governments must provide if a greater proportion of their rapidly ageing populations are to remain in their homes. The *second*, 'Responsible Research and Innovation', outlines the work that Rose, Marris and Singh have undertaken since 2012 in creating the UK's first applied framework for translating the principles of RRI into practice in three areas of great significance for bioscience: novel neurotechnologies, synthetic biology and cognitive enhancement. The *third* focuses on Hogarth's work which directly informed the development of UK and EU policy on direct to consumer genetic testing and resulted in the EU determining to regulate genetic tests as medical devices. As a member of the Human Genetics Commission Hogarth also developed recommendations that have been adopted in the drafting of the European Commission's proposed new regulation for IVD devices.