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Capabilities around NHS to assist planning and policy making and relevance to EPKC

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Name	Year	Budget and Funding Source	Focus (main areas of interest)	Orientation (policy or practice?)	Review vs research	Relevance/comment
The King's Fund	189 7	£14,300,000 (2020)  Mostly funded by own investments (endowment) with some funding coming from NHS organisations, UK government, and commercial/voluntary organisations assisting through renting out spaces	Seeking to "influence policy and practice and to help people navigate the complexity of the systems in which they operate"  2020-24 strategic priorities:  1. Healthy places and communities 2. Improve health and care for those with the worst health outcomes 3. Create healthier, more inclusive, and effective health and care workforce Influence and improve the	90% policy vs 10% practice (from previous research)	60% review /synthesis 40% own research (from previous research) 5% commissione d research	****  Policy support through review/synthesis  Much research centred around analysis of public health (e.g., life expectancy) and evaluating NHS performance (e.g., number of hospital beds)

The Health Foundation	200	£57,400,000 (2018)  Funded almost entirely by an endowment with some external funding reserved for specific initiatives  Independent	"We aim to shape national policy and make a bigger difference on the ground"  2019-21 strategic priorities:  1. Support health care improvements  2. Make health and care services more sustainable  3. Promote healthy lives for all  4. Improving national health and care policy  5. Data analytics for better health	80% policy vs 20% practice	65% own research (or using commissione d research) 20% review 15% synthesis <5% inquiry	****  Policy support through review/synthesis  -Commission research with many other organisations (e.g., Ipsos Mori, Institute of Health Equity) and then provides commentary -Collaborate frequently with BMJ (British Medical Journal) -Produce quick briefs for healthcare staff to read -Have an Improvement Analytics Unit in partnership with NHS England and NHS Improvement for data
The Health Foundation's REAL	202	Part of the Health Foundation	"Understand the implications of [health and social care leaders and policymakers'] funding and resource and resourcing decisions over the next 10-15 years."  Creating a sustainable health and care model and identify future health and care needs  Working in line with strategic priorities 2, 4, 5 of the Health Foundation	100% policy	85% research (own or commissione d) 15% synthesis	****  Policy support through research and review/ synthesis  Research and Economic Analysis for the Long-term  Commissions external organisations to carry out research, analysis, and modelling

Cochrane	199	£13,000,000 (2020)  Majority of income comes from publication royalties. Does not accept commercial funding. Funded in part by foreign national health research institutions and ministries.  Largest funders (>£1m):  - National Institute for Health Research (UK) - Danish Health Authorities  Receives £500k-£1m from the WHO  Receives funding from foreign health ministries (Germany, Spain, NZ, British Columbia, Austria, Brazil, Taiwan and more)	"An international network of researchers that perform systematic reviews of the evidence to ensure that the treatments we use in clinics are based on the best possible knowledge"  Aimed at clinicians, patients/ carers, researchers and policymakers	95% practice (containing specific information on drugs/ interventions) 5% policy	100% systematic reviews	Benchmark for systematic review  Formerly known as the Cochrane Collaboration.  Does a lot of outreach work on social media (e.g. via influencers)  Working with Wikipedia to improve reliability of health/ medicine pages  International focus too  Collaborate with WHO on WHO guidelines  Has databank of abstracts from >1,800,000 trials
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National Institute for Healthcare Research	200	£373,000,000 (2021)  Directed (and funded) by Chief Scientific Adviser at the DHSC and works directly with a number of NHS Trusts	Long-term research into NHS and improving national health  Predominantly fund research rather than do their own  Focused on "translating discoveries from the laboratory to the clinic and applied health and social care research"  Areas of strategic focus:  - "Build on learnings from the research response to COVID-19 and support the recovery of the health and social care system  - Build capacity and capability in preventative, public health and social care research  - Improve the lives of	85% practice (mostly medicinal) 15% policy (public health)	95% funding of research 5% synthesis and review	*** Long-term orientation  Responsible for DHSC policy research  Research centred around the NHS and supported by it  Fund global health research
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National Institute for Health and Care Excellence (NICE)	199	£69,000,000 (2021)  Executive non-departmental public body of DHSC  Partners with NHS England and NHS Improvement, MHRA, Public Health England, the Social Care Institute for Excellence	Research to inform the "care people receive, the safety of new procedures or the use of finite health and care resource"  Internationally known for setting clinical guidelines and establishing cost-benefit principles for various drugs/technologies  Not really typical research, has several outputs:  - Guidelines - Quality Standards - British National Formulary (BNF) - Indicators - Clinical Knowledge Summaries (CKS)	90% practice (content aimed directly at doctors, nurses, care providers)  10% policy (Quality Standards and Indicators aimed at bigger picture)	Guidelines – 40% Quality Standards – 5% BNF – 35% Indicators – 10% CKS – 10%	*** Long-term orientation  All types of output are a mixture of research and review The indicators are statements of what should be available in various health/care sectors and is an important part of NICE's output and contribution to medium to long term policy and decision making
Long-term Plan Assembly	201	Document produced by NHS England establishing priorities and funding arrangements over 10-year period	Sets out:  - New service model for NHS (interconnected care, digital GP appointments, new emergency care model/ channels - Action on health inequalities and prevention - Priorities for care quality - Management of current workforce pressures - Technology upgrades and 'digitally enabled	Focused on long-term NHS policy	Vast synthesis of information and research from various health sources (internal NHS, academic, NGO/policy institutes)	***  Policy and long term planning support through synthesis  More of a policy document than research  Not updated since start of COVID

Note: Some figures may not add up to 100% due to rounding

## **Evidence (from publication count)**

Name	Policy	Practice	Research	Review	Synthesis
The Health Foundation*	82	18	63	21	16
The Health Foundation REAL Centre**	19	0	16	0	3
Cochrane	312	8500	0	8812	0
NIRH Evidence	198	1312	1028	20	39
NHS Long- Term Assembly					

Name	Guidelines (practice)	Quality Standards (policy)	British National Formulary (practice)	Indicators (policy)	Clinical Knowledge Summaries (practice)
NICE	1950	200	1666	364	370

<sup>\*</sup>Sample taken (n =100) as total numbers of publications and publication types unavailable. Able to look at databases of research for all the others showing total numbers of different types of research (e.g. NIRH broke publications down into various health conditions, all on micro level, and then had public health (on a macro level) on its own)

<sup>\*\*</sup> Only had 19 publications available