

Public health research – United Kingdom in a European context

Mariana Dyakova¹, Aileen Clarke¹, Mark McCarthy¹

¹Warwick Medical School, University of Warwick, Coventry, United Kingdom

Corresponding author: Mariana Dyakova, MD, MPH, PhD;
Address: Division of Health Sciences, Warwick Medical School, University of Warwick,
Coventry, CV4 7AL, United Kingdom;
Telephone: +447565794034; Email: M.Dyakova@warwick.ac.uk

Abstract

This brief communication presents a summary of the public health (PH) research system and policy in the United Kingdom (UK), from a research within the European project PHIRE (Public Health Innovation and Research in Europe). It draws also from two previous European Union projects: SPHERE (Strengthening Public Health Research in Europe) and STEPS (Strengthening Engagement in Public Health Research).

The UK public health research system has a complex and multilevel structure with numerous funding, performing and collaborative organisations and programme-based commissioning. There is generally good communication and coordination among the four countries and the major PH funders and their strategies follow commonly identified vision and priorities.

Some of the European PHIRE tracer projects were well-conducted and produced considerable impact nationally and locally. However, all of them had insufficient publicity and dissemination of results, not reaching any of the important PH stakeholders.

Keywords: PHIRE, Public Health, SPHERE, STEPS.

This brief communication presents a summary of the public health (PH) research system and policy in the United Kingdom (UK), from a research within the European project PHIRE (Public Health Innovation and Research in Europe) (1). It draws also from two previous European Union projects: SPHERE (Strengthening Public Health Research in Europe) (2) and STEPS (Strengthening Engagement in Public Health Research) (3).

Background

The United Kingdom includes four countries - England, Scotland, Wales and Northern Ireland. Some sectors are commonly administered by the UK government and some, like health, are devolved, i.e. it is managed separately in each of the four countries. There is no common "Ministry of Health" but four Health Departments. Here, the term "national" will be used for any of the four countries, while "UK" will be used for issues concerning the state.

Despite the PH research split among the four UK countries, priorities, policies and programme themes are similar, due to the common health and population challenges throughout the UK as well as the communication between funding agencies. It is recognised that more active collaboration among the four health departments would benefit not only research, but also implementation in PH policy and practice. The project completion and reporting is in a period of major change in the health system in England, posing significant uncertainties and challenges. The public health system and workforce has been transferred from the National Health Service into the local authorities and a new 'executive agency' - "Public Health England". Concerns have been expressed both about how to protect local resources for public health research, and also how to maintain public health sciences to provide research evidence and practice.

Methods

PHIRE is a 30-month project co-funded through the European Commission's Health Programme (1), led by the European Public Health Association (EUPHA) (4). A template to record descriptions ('profiles') of national public health research

structures was developed. Eight European collaborative projects funded by the European Commission's Health Programme, 2003 - 2005, were chosen assessing their uptake, dissemination, impact on stakeholders and policies and factors hindering and/or facilitating promotion and dissemination of results in all EU-27 member states. Country informants completed an electronic questionnaire and results were analysed in a coordinating centre. Sections performed variably in gaining informants; the UK informants were gained for five out of the eight projects. A stakeholders' meeting was organised by the UK Faculty of Public Health and the Society of Social Medicine in 2012, including participants from the four country health departments, the research councils, medical charities, researchers and public health practitioners. We searched on the internet to identify previous reviews and recent developments for structures of public health research in the UK.

The project goals in the UK were:

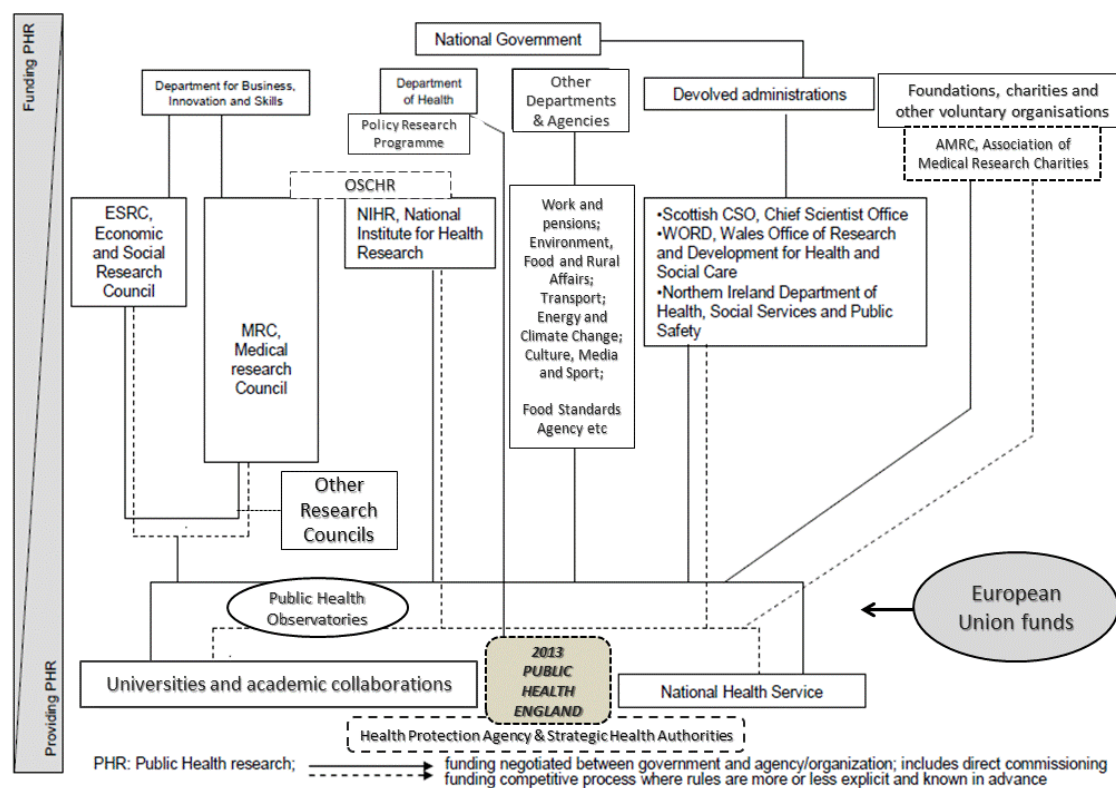
- Provide evidence on public health research performance and impact at the European and national level, including the uptake of European public health projects;
- Advocate and defend increased funding for evidence-based public health research;
- Benchmark public health research and propose a common knowledge database to share existing research projects and best practices, promoting national and international collaboration;
- Stimulate Governmental awareness, involvement and responsibility (including funding) in public health research and to facilitate translation of research into policy and practice.

Results

The UK health research system

There is a complex and multilevel system, across the four countries, and including numerous stakeholders – governmental, voluntary, scientific and commercial. Figure 1 [adapted from STEPS report (5)] presents the structure for providing and managing PH research mostly from a financial flow perspective.

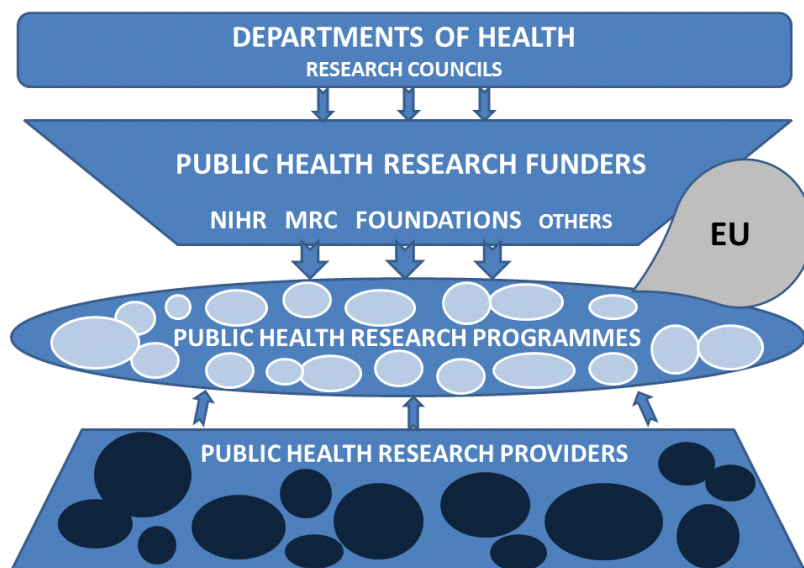
Figure 1. Public health research stakeholders in the United Kingdom



There is no single UK PH research strategy but a number of research and innovations strategies for each country. Each funding body has its own strategic plans and framework for delivery. However the various strategies are aligned through collaboration, with linked national and UK priorities. For public health, these include more academic capacity building; multi-disciplinary and collaborative work both within the PH research community and between academics, practitioners and policy makers; more investment in translational and applied research; maximising the use of existing data; development of new methodologies and evaluation measures. The largest, the English National Institute for Health Research, has a budget of around €1bn – around 1% of the NHS. The Culyer Report (1994) set a target to spend 2% of health funds on research. Adding the NIHR with MRC (€800m) and health aspects of ESRC (unknown, perhaps €50m) comes approximately to 2%. Thus, the ‘ministry of health’

and the ‘ministry of science’ have approximately equal shares of the total health research budget. Around €50m annually may be allocated to public health research by each of the two organisations. The NIHR (National Institute for Health Research) scope is mostly on applied health research, while MRC (medical research Council) is mainly focusing on basic science. A schematic organisation of PH research system is shown in Figure 2. Some organisations are primarily funders, such as the NIHR; some are mostly research performers, e.g. universities and some are mixed – both commissioning and providing PH research, e.g. the Department of Health, the MRC, scientific collaborations and networks. The public health research funders have established long-term programmes and fellowship schemes as well as short-term calls (for one to several years) for specific priority health topics.

Figure 2. Overview of the public health research funders and performers



PHIRE tracer projects

There is considerable variability in the implementation, impact and dissemination of the different tracer projects. Some of it is due to the variable reporting as well, not always done by the researcher involved in / responsible for the project.

Seven reports on five tracer projects were provided by Section members in the UK (6):

Child Health and Obesity (CHOB) was an important issue, and the project focus within UK, in association with the National Heart Forum, was on access to low cost high quality food, and regulation of food marketing to children and of the nutritional criteria for foods promoted to, or served to children.

Urban Health Indicator Systems (URHIS I) proposed determining the availability of 45 urban health indicators. In the UK, cities included Birmingham, Cardiff, Glasgow and Manchester and the project helped identify variations across UK as well as in comparison with other European cities.

In Child Safety Action Plans (CSAP), six countries including Scotland were able to organise a government endorsed child safety action plan. In the UK there was a call for more evidence-based policy, funding for injury prevention measures, and strengthening research capacity.

European Core Indicators in Diabetes (EUCID) aimed to collect and compare population indicators on diabetes risk factors, complications and quality of

care. UK contribution was divided into England and Scotland. National data are mostly available in England, while Scotland reported on the Tayside register data, a partner in another European project Better Indicators through Regional Outcomes (BIRO).

For Environmental and Health Information Systems in Europe (ENHIS), fact sheets on hazardous exposures were developed for topics including damp, cadmium in food, radon and work injuries.

UK health research in a European context

In general, communication and collaboration with the EU on PH research at UK and national level needs improvement. On the other hand, funding opportunities and provision of expertise is very well employed on 'individual level', e.g. UK universities and consortia are active in using EU project funding and UK experts are involved in European decision-making processes. UK strategic priorities and policies are determined on the basis of national and local health needs and evidence gaps. European agenda is not considered as a guideline, though most of the European, UK and national priorities are the same, determined by the common PH challenges. On the other hand, PH research performers (universities and scientific collaborations) manage to attract and deploy substantial number of EU funds.

Also, EU-level networks and projects (e.g. Health Technology Assessment, health intelligence etc) have UK / national participation. The latter is managed through the big PH funders (NIHR, MRC) or other institutions (Health Protection Agency, PH observatories). Individual expert participation and contribution of UK representatives in the European PH forums, organisations and projects is substantial. The UK Department of Health has no position on the use of Structural Funds for health research, neither on the new EU Horizon 2020 (7).

Conclusions

The UK public health research system has a complex and multilevel structure with numerous funding, performing and collaborative organisations and programme based commissioning.

There is generally good communication and coordination among the four countries and the major PH funders and their strategies follow commonly identified vision and priorities.

A vertical funder/researcher split exists, characterised mainly by lack of dialogue and feedback and overcomplicated access to funding sources.

Conflicts of interest: None declared.

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There are also insufficient horizontal researcher / researcher communication and collaboration.

PH research is still overtaken by biomedical sciences and clinical technology innovations, leaving a small funding share for cross-discipline / multidisciplinary social and organisational research.

Despite some government efforts and structural reorganizations, there is unsatisfactory translation and implementation of research findings into policy and practice.

The EU policy and agenda have little or no influence on UK and national PH research, though common priorities are identified.

There are a number of disincentives for collaboration between the UK and the EU as well as incentives to improve it in the future.

The new EU programmes present opportunity for incentivizing PH funders and researchers for developing future European-level partnerships.

Some of the European PHIRE tracer projects were well conducted and produced considerable impact nationally and locally. However, all of them had insufficient publicity and dissemination of results, not reaching any of the important PH stakeholders.