



UK Prevention Research Partnership (UKPRP) Information and Networking Workshop MEETING REPORT

Thursday 18 May 2017

Venue: 30 Euston Square, Kings Cross, London NW1

Purpose

The UKPRP hosted an Information and Networking Workshop in London on 18 May 2017 to disseminate the vision and objectives of the partnership through presentations from members of the UKPRP Steering Group. The workshop also included facilitated networking discussions.

Background

The UKPRP vision is to drive change in the existing funding models for UK prevention research to generate new insights into sustainable and cost-effective ways of improving population health, and reducing health inequalities. This new model would build multidisciplinary research teams, and foster whole systems approaches to prevention that address upstream determinants of the health of the public. Research programmes will be co-produced by researchers and research users, including industry, for translation of new knowledge. Further details about the UKPRP can be found here in the 'UKPRP background document': <https://www.mrc.ac.uk/documents/pdf/ukprp-background-and-rationale/>.

Delegates and agenda

The workshop was attended by 117 delegates, drawn from various disciplines and backgrounds ranging from public health, the physical and social sciences and some users of research evidence. Attendees provided mini-profiles outlining their current organisational affiliation and relevant research/professional expertise; as well as briefly stating their interest in prevention research. These profiles have been published at <https://www.mrc.ac.uk/documents/pdf/ukprp-delegate-booklet>). In a very absorbing day, delegates also partook in table and plenary discussion and soapboxes¹. The agenda for the meeting workshop is attached.

Presentations

The morning session was chaired by Professor Linda Bauld and the scene was set by two presentations from Professor Graham Hart and Professor Dame Sally Macintyre.

Professor Hart - Dean of the Faculty of Population Health Sciences at UCL, and until recently a member of the Academy of Medical Sciences (AMS) Council - spoke about an AMS report entitled "Improving the health of the public by 2040"². The report had

¹ 'Soapboxes' were timed 'broadcasts' by individual delegates. It provided a mechanism to ensure participants can have a say. They were also be used to share information and seek help.

² <https://acmedsci.ac.uk/policy/policy-projects/health-of-the-public-in-2040>

emphasised the importance of prevention and concluded that the UK has the research capacity, capability and infrastructure to generate evidence to improve the health of the public, but that research was not currently optimally configured or coordinated. Pointing to the report's findings Professor Hart emphasised the need for 'transdisciplinary research' at scale and highlighted the opportunities of the 'digital revolution', and for co-production and productive academic-commercial sector collaboration.

In her presentation, **Professor Dame Sally Macintyre**, the Chair of the UKPRP Steering group, restated that the primary purpose of UKPRP was to support research into the prevention of non-communicable diseases (NCDs) and to reduce health inequalities by attending to upstream influences on risk factors for NCDs. UKPRP's objectives aligned closely with those of the AMS report but had their origins in the review of the National Prevention Research Initiative³ which had emphasised the need for solutions to problems rather than analyses of them; and targeting settings and systems rather than just individuals. In response, UKPRP would encourage 'systems-level' research investigations and encourage change at the population-level, or in particular sub-populations (targeted- or 'precision-prevention'). UKPRP would address both physical and mental health.

Professor Macintyre explained how the partnership is keen to see genuinely multidisciplinary teams, which might include for example urban planners, engineers, psychologists, economists, educationalists, political scientists, biomedical scientists. There was a particular interest in capitalising on new opportunities provided by large-scale data capture and data linkage; new digital technologies, means of communication and social media. New knowledge about strategies or products had to be suitable for implementation by the relevant providers or authorities; good value for money; and, scalable. However, there is no one-size or one-mix fits-all assumption; the partnership is not prescriptive about what disciplines should be included since this will depend on the focus of the research and the disciplinary mix should be appropriate to the research question.

The partnership proposes to remain actively involved with the funded research teams and stakeholders throughout the course of the initiative; and a framework is being developed by the funders to evaluate its outcomes and guide investment.

For the final presentation of the morning session, Professor Bauld welcomed and thanked **Professor Nancy Edwards** from the Department of Epidemiology and Community Medicine at the University of Ottawa. Nancy had recently completed an eight year term as Scientific Director of the Canadian Institutes of Health. She provided examples of systems that determine the health of the public (examples are also outlined in the UKPRP background document). Studying systems was challenging due to their emergent properties and their feedback loops, both positive and negative, which reinforce or rebalance further change. Interventions were often designed without consideration of these 'wider determinants' and therefore falsely assumed there would be a linear relationship between the intervention and a predetermined measured outcome.

Despite the complexity of systems, Professor Edwards laid down a challenge to delegates to design and evaluate interventions from a systems perspective. Interventions could be introduced at multiple leverage points within the system and she encouraged the development of metrics of system change through, for example, the harnessing of big data (e.g. administrative datasets and longitudinal cohorts) to compare short and longer-term outcomes and look for unintended consequences.

After lunch, the focus of the presentations was on building teams and linkages. **Mr Paul Lincoln** (Chief Executive Officer of the UK Health Forum) spoke about the need to work

³ <https://www.mrc.ac.uk/research/initiatives/national-prworkshopion-research-initiative-npri/>

with industry, policy makers, providers and professionals, to help ensure impact and to deliver solutions to the 'right' questions (i.e. questions that are relevant to users and which they can implement, and will be sustainable and cost effective). Mr Lincoln provided examples of research-users including those who might implement research findings, and the ultimate beneficiaries of any new policies, services or designs, which would include the public.

Mr Lincoln rehearsed some of the various challenges in working with some sectors including industry⁴. Collaborations with the commercial/non-governmental sector would be necessary but should be based on governance arrangements that protected the public interest and were ethically-sound. Researchers would need to consider both real and perceived risks (such as any public perception that industry was exploiting or controlling the research agenda) and be transparent about what the risks are. An important point however, was that, overall, the benefits should far outweigh any challenges. Co-production of research not only increased the chances of research being relevant and implemented but usually improved the quality of the findings.

Professor Rachel Cooper (Professor of Design Management and Policy at Lancaster University and Director of ImaginationLancaster) talked about how to use the rapidly emerging opportunities in technology (e.g. health monitoring sensors), combined with using the huge amount of data from the 'internet of things'. She focused on design and the built environment as an exemplar, noting in particular future challenges of a large increase in numbers of older people on urban environments. There was an opportunity through collaborations between designers and researchers in other disciplines to improve the fabric of the physical and ambient environment for better physical and mental health. UKPRP could be a unique opportunity to bring all disciplines together to work at scale on interventions through co-design, or mediated design, in a true collaboration of communities.

In the final presentation of the day, **Dr Joe McNamara**, who is Head of Population Health at the Medical Research Council, spoke on behalf of all the UKPRP core funders.⁵ He emphasised that UKPRP would be a managed programme providing large-scale, flexible funding for research and network building. It would recognise that research communities/groups are at different stages of readiness for UKPRP and there would therefore be support for large interdisciplinary teams through UKPRP Consortia awards (5yrs, £4-7m); and UKPRP Networks awards (2-4 yrs., £100k pa); the latter being for groups/subjects where longer-term scoping of research questions and bridge-building across disciplines was needed. Later on there would be further calls (e.g. for cross-consortia funding and support for methods and emerging challenges). These outputs were captured to inform the UKPRP call that is now likely to be launched in September 2017⁶.

In her summing-up, Professor Linda Bauld drew out some key points:

- the need for 'trans-disciplinary research' at scale
- that UKPRP provided an opportunity to address population-level change by focusing on primary prevention at the level of upstream determinants and might act to encourage systems level research
- that UKPRP was a unique opportunity to fund a complementary mix of natural experiments, researcher-designed interventions and simulation modelling studies which might circumvent the historical reluctance to address systems due to their

⁴ The UKPRP funders intend to provide high-level guidance to researchers seeking collaboration with industry

⁵ The core funders include the British Heart Foundation, the Department of Health and other national health departments, the Economic and Social Research Council, the Engineering and Physical Sciences Research Council, Medical Research Council; and the Wellcome. A number of other charities were also considering contributions to the UKPRP.

⁶ Following the workshop, and in the light of some helpful feedback, the funders have decided that they should respond to some of the important points made which may mean that the call is launched in Sep 2017.

- complexity and dominant methodologies and approaches to funding schemes.
- research capability should be greatly enhanced through the use of technology and the 'digital revolution', e.g. health monitoring sensors, combined with the huge amount of data from datasets/ cohorts and the 'internet of things'
- UKPRP could support scalable change in more focused or stratified groups (precision prevention)
- UKPRP was an enormous opportunity for co-production and productive academic-commercial sector collaboration.

Finally, Professor Bauld restated the importance of prevention which had been the first priority in the NHS 5-year report published in 2014. It had noted that the earlier 'Wanless report'⁷ had warned of the increasing burden of NCDs and that the warning had not been heeded; and so the NHS was under pressure as a consequence. However, Professor Bauld concluded that the energy in the room had suggested that there was now an enthusiasm to take up the challenge by doing something different with people from different disciplines/organisations. Delegates departed to spread the word to colleagues and to prepare for the first call.

⁷ Securing good health for the whole population:
http://webarchive.nationalarchives.gov.uk/20130129110402/http://www.hm-treasury.gov.uk/consult_wanless04_final.htm

Annex 1



**UKPRP Information and Networking Workshop, May 18 2017
30 Euston Square London: Agenda**

09.15	Registration
09.45	Welcome and objectives for the day Professor Linda Bauld
09.55	Facilitators welcome
10.10	Brief participant table introductions
10:30	The Health of the Public by 2040 Professor Dame Anne Johnson
10:45	The UKPRP vision and objectives Professor Dame Sally McIntyre
11:00	Table and plenary discussions
11.30	COFFEE BREAK
12:00	How can systems approaches be optimally used to advance the primary prevention research agenda? Professor Nancy Edwards
12:25	Followed by table discussion and plenary discussion; and first 'Soapbox'
13.15	LUNCH
14.15	Introduction to afternoon by Sally Macintyre
14:20	Second soapbox
14:30	Enhancing impact through collaboration with research users and the third and commercial sectors Mr Paul Lincoln
14:45	Health and the Material World Professor Rachel Cooper
15:00	Table and plenary discussions
15:35	Final soapbox
15:45	Future calls and approaches Dr Joe McNamara
16:10	Closing summary Professor Linda Bauld
16.30	Close