



The NHS England Long Term Plan: what it means for speech & language therapy

Appendix E

Chapter Three: Further progress on care quality and outcomes Research and innovation to drive future outcomes improvement

Headlines – what is relevant to our members?	Implications – what does this mean for speech and language therapy?
<p>Paragraph 3.112.</p> <p>Patients benefit enormously from research and innovation, with breakthroughs enabling prevention of ill-health, earlier diagnosis, more effective treatments, better outcomes and faster recovery. Linking and correlating genomics, clinical data and data from patients provides routes to new treatments, diagnostic patterns and information to help patients make informed decisions about their care. ‘Research-active’ hospitals have lower mortality rates, with benefits not limited to those patients who participate in research.</p>	<p>Whilst the scientific research available for speech and language therapy is growing, there are gaps across most, if not all, clinical areas. In order to fill these gaps and implement an evidence-based practice approach we welcome opportunities to enable service users to share their experiences/priorities, measure and collate data and encouraging clinicians to get involved in research via an informal route or an established clinical academic career path.</p>
<p>Paragraph 3.113.</p> <p>Research and innovation are also important for the UK economy, bringing jobs and services. The Government’s Industrial Strategy set an ambition for Research & Development (R&D) spending to reach 2.4% of GDP by 2028, which could see health R&D spending hit £14 billion. The Life Sciences Industrial Strategy highlights that the UK is one of the best places in the world to do biomedical research, with globally renowned scientists and institutions in a rich, connected ecosystem making new discoveries every day. The</p>	<p>Whilst UK health research spending should continue to grow, there is a need to see some of the increased health research spending in SLT. This means more SLT focused funding calls. For example, for grants, fellowships etc from NHS research funding bodies across the nations. This will rely on recognition of the value of health research other than the bio-medical.</p> <p>Suggested changes to NHS data management mean SLT needs to monitor and seize any opportunities arising from better NHS data infrastructure. This could include the creation/unlocking of large data sets, enabling research at the population-wide level.</p> <p>WHO figures (Jan 2018)</p>

<p>Government's ambition is to treble industry contract and R&D collaborative research in the NHS over ten years, to nearly £1 billion. The UK has outstanding capabilities for research and innovation: universities and science base, leading NHS providers, genomics programme and the UK Biobank. These assets, combined with better data infrastructure, have the potential to lock in the UK as a global force in data driven scientific advances in healthcare. The NHS endorses and will play its full part in the recently announced Life Sciences sector deal.</p>	<p>https://www.who.int/research-observatory/indicators/gerd_gdp_January_2018/en/ show UK health GERD spending continues to be less than the high-income countries and European countries average.</p> <p>The Life Sciences Strategy report has identified that the UK is an excellent place for biomedical research, but this success needs to be replicated across the range of health sciences.</p>
<p>Paragraph 3.114. We will work to increase the number of people registering to participate in health research to one million by 2023/24. People will be able to view opportunities to participate and register their interest on the NHS App by 2020. We will continue to make it faster, cheaper and easier to undertake research in England through simpler standardised trial set-up processes and prices, initiated as part of NHS England's 12 Actions.</p>	<p>Hopefully, the RCSLT's involvement in the new national patient involvement standards as a testbed for the research priorities project has brought to light some of the additional challenges for involving people with speech, language, communication and swallowing difficulties in research and these will be considered when the standards are launched later in 2019.</p> <p>There is a need to ensure that recruitment opportunities for people with speech, language and communication, and swallowing difficulties are accessible and that support is continued throughout the research process including appropriate resources, communication of results and networking opportunities.</p> <p>Pledge to increase the number of individuals involved in health research by 2023/24 by theoretically making it easier for people to view and undertake opportunities. We need more research in speech and language therapy and we need those with speech, language, communication and swallowing needs to collaborate with researchers and clinicians on this to ensure research is relevant.</p>

<p>Paragraph 3.115.</p> <p>We will focus targeted investment in areas of innovation that we believe will be transformative, particularly genomics. The NHS will be the first national health care system to offer whole genome sequencing as part of routine care. As part of the NHS' contribution to the UK Government's broader aims to reach five million genomic tests and analyses over the same timeframe, the new NHS Genomic Medicine Service will sequence 500,000 whole genomes by 2023/24. This builds on the legacy of the ground-breaking 100,000 genomes programme, that was made possible because of the unique partnership between Genomics England and the NHS. This project is already delivering results for patients, with early indications that at least one in four people suffering from a rare disease will have a diagnosis they would not previously have received. As part of this ambition, during 2019, seriously ill children who are likely to have a rare genetic disorder, children with cancer, and adults suffering from certain rare conditions or specific cancers, will begin to be offered whole genome sequencing.</p>	<p>Speech and language therapists may be involved in the care of children or adults who will more frequently be offered genome sequencing. Early detection or diagnosis arising from this may inform on the nature of a service user's speech, language, communication or swallowing difficulty and subsequently influence their care pathway. There may also be repercussions on the SLT's role in supporting parents of children with newly identified genetic disorders and may have increased liaison with a wider multi-disciplinary team including genetic counsellors or geneticists.</p>
<p>Paragraph 3.116.</p> <p>We will speed up the pipeline for developing innovations in the NHS, so that proven and affordable innovations get to patients faster. We will create a simpler, clearer system for medtech and digital that will apply across England. This will include a new advisory service for innovators, linked to the Academic Health Science Networks (AHSNs). We will bring together in one place all 'horizon-scanning' activities. And we will simplify health-related national innovation programmes, backing</p>	<p>For speech and language therapists involved in development of products or tools (including digital), the Plan pledges that greater support from advisory services will be in place, and that there will be a simplified route to early-adoption.</p>

<p>those that are most successful under a single multi-stakeholder governance structure. For medicines, the Government and industry have agreed a new voluntary scheme for branded medicines pricing and access. The new scheme will mean patients benefit from faster adoption of cutting-edge and best value drugs, demonstrating our commitment to innovation while also supporting the sustainability of the NHS.</p>	
<p>Paragraph 3.117. To expand the NHS infrastructure for real world testing, we will expand the current NHS England ‘Test Beds’ through regional Test Bed Clusters from 2020/21. These will develop clear operational and business models that are easy for other systems to adopt and adapt, backed by real world data on benefits and costs. The primary measure of the success of the Test beds will be the number of other NHS systems that decide to adopt their models. We want to see an increasing share of total NHS R&D funding spent on real world testing.</p>	<p>This means SLT research needs to focus on implementation. Whilst other research designs (e.g. Randomised Control Trials under experimental conditions) still have their place, we now also need to focus on the implementation of research findings in real-world, clinical settings. This should be planned, carried out, monitored and evaluated as carefully as any other part of the research process. Hence, it is imperative that we:</p> <ul style="list-style-type: none"> • develop our understanding and use of implementation and improvement science methodology to achieve this; • develop collaborations between clinicians and researchers to facilitate this. <p>We also need to:</p> <ul style="list-style-type: none"> • work with NHS England to support the development of SLT focused initiatives within their ‘Test-beds’ programme; • work with the NHS in the other nations to support the development of SLT projects in similar programmes.
<p>Paragraph 3.118. Uptake of proven, affordable innovations will be accelerated through a new Medtech funding mandate. This would apply to health tech products, other than pharmaceuticals, which have been assessed as cost saving by NICE. We will also significantly increase the number of NICE evaluations for these products, giving greater scope for assessment of digital products in particular. Products that are</p>	<p>For speech and language therapists who have developed and evaluated their products (especially digital innovations), the Plan pledges that greater support for wide-spread implementation will be in place. Speech and language therapists should therefore be striving to account for the evidence of effectiveness of their product in order to benefit from this support with ‘roll-out’.</p>

<p>'ready for spread' across the NHS will be given individualised support to increase adoption, coordinated by NHS England and NHS Improvement.</p>	
<p>Paragraph 3.119. We will invest in spreading innovation between organisations. Funding for Academic Health Science Networks, subject to their success in being able to spread proven innovations across England, will be guaranteed until April 2023. AHSNs will also link ever more closely with other regional support (e.g. Rightcare and The Getting it Right First Time) to ensure adoption of innovation and service improvement are addressed in tandem. Performance on adopting proven innovations and on research including in mental health services will become part of core NHS performance metrics and assessment systems, as well as benchmarking data. Innovators working in the NHS will continue to be supported through our Clinical Entrepreneurs and NHS Innovation Accelerator programmes. Through a major expansion, these will include those seeking to drive quality improvement through non-commercial models.</p>	<p>Speech and language therapy needs to maintain a focus on: quality improvement and innovation; spreading learning across NHS organisations. We also need to develop representation in the organisations set up to achieve this, for example the Academic Health Science Networks.</p>
<p>Paragraph 3.120. As UK-led innovations are proven as 'ready for spread' in England, we will support their global export through the work of Healthcare UK. We will also form an NHS Export Collaborative with Healthcare UK by 2021, working with selected trusts to export NHS innovations.</p>	<p>The Plan suggests UK SLT should maintain global links, through research and clinical networks, and use these to support the spread of UK-led innovations on the global stage. The plan also refers to current and planned NHS initiatives designed to facilitate this e.g. Healthcare UK and NHS Export Collaborative (respectively).</p>

RESOURCES

- The NHS Long Term Plan is accessible via: <https://www.longtermplan.nhs.uk/>

- The RCSLT analysis of the plan (Feb 2019) is accessible via: <https://bit.ly/2RTUoGr>
- The RCSLT response to the plan (Jan 2019) is accessible via: <https://bit.ly/2DKI7AI>
- The RCSLT consultation response (Sept 2018) is accessible via:
<https://bit.ly/2C4dcqm>

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