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S16.15

Submission to the Ministry of Health on the New Zealand Health Research Strategy Discussion Document

This submission was submitted using a form provided with the discussion document.

1. Does the proposed vision capture what you see as the desirable future state for health research in New Zealand by 2026?

Yes – although all statements are outcome driven and we consider the proposed ten year time frame could be too short to measure appropriate outcomes in some instances. Unless funding can be guaranteed, there is no incentive for longitudinal studies and research. Will research funding be consistently available throughout the ten year period and will such funding continue beyond this date?

The pace of technological advancement is another aspect which must be considered. We agree that the vision and direction of health research must be reviewed, but feel that a ten year review may be too long a period. We suggest a five year review should be considered to reassess whether the distribution of funding is adequate and appropriately directed.

2. Are there additional aspects that you think should be included in the vision?

Yes. There needs to be collaboration within the various research groups in New Zealand, as well as with international research. Qualitative research needs to be robust and vigorous.

3. Does the proposed mission capture key contributions and roles that are needed to achieve the vision?

We question some of the wording used in the proposed vision. For example;

- a) *Health and social sector agencies, communities, participants and users: “co-innovate with researchers”*. What exactly does this mean?
- b) **Rapidly adapt** *cost effective and appropriate knowledge...* perhaps more appropriate wording would be “In a timely manner”.
- c) under “**Entities performing research**”: The third bullet point states “**Foster** close relationships with world leading research institutes... We suggest that the word “Foster” is not strong enough and that this word should be replaced and to then read “**Ensure**” close relationships with world leading research institutes

4. **Do these proposed guiding principles clearly state the operating principles and values that are needed to achieve change over the next 10 years?**

Yes. Principles are essential and everything must be taken into account to ensure these principles are set in concrete. However, it is how the principles are applied and how each project is scoped that concerns us.

5. **Do you think additional guiding principles are needed?**

If guiding principles are applied openly and honestly there should be no problem.

The last bullet point states that “*Activities and outputs are monitored regularly and evaluations of their short, medium and long term impact routinely undertaken*”. We believe there should be an indication as to who will be responsible for overseeing regular monitoring and evaluation of the research. Therefore “*by whom and how often*” should be added to the last bullet point.

University funding is an issue, with different universities competing for the same pot of money. Whoever the funder is, is dependent upon whether the research can be published. For example, pharmacological companies may fund research, but the researcher will not be permitted to publish negative results, or results that will have a negative result on the company.

6. **Taken together, do you think the proposed vision, mission and guiding principles will set the framework for a more cohesive and connected health research and innovation system?**

Number 3 bullet point of the Guiding Principles... *Investment decisions are transparent, complementary and informed by specialist expert advice and end users*. If specialist experts are giving advice as to where investment in research should be placed, then they must have a degree of certainty as to what the suspected outcomes might be. Therefore, this is not research per se, by definition. This is not innovative, but rather, validating current knowledge.

“If we knew what the outcome was, we wouldn’t call it research”... Einstein.

7. **What do you think should be the focus of the strategic priorities in the health research strategy?**

The current model of tertiary research funding is adversarial, rather than collaborative. This could be changed by unlocking research funding from publishing.

8. **What do you think of the example strategic priorities?**

Example one – We had difficulty with the word “incentivise” as used twice in No. 2 and suggest “encouraging” would be a more meaningful and more acceptable word to use. The sentences would then read

- a) **Encouraging** excellence and impact of government investment in health research.
- b) Assessment processes that **encourage** collaboration, multidisciplinary approaches and engagement with end users.

Example two – as per our response to Question 7 with regards the unlocking of funding from publishing.

Example three... We support Example 3. Research has led to tremendous advances in the field of neonatal nursing in recent years, resulting in improved care of neonates and improved survival rate. There must be a strong connection across institutions and contributors along with an integrated, dynamic and adaptive health research and innovation system to encourage further developments that will benefit our people.

9. What specific actions could help us achieve the strategic priorities you have identified?

Continue good work already being done in the community together with research that will benefit both our Maori and Pacific Island population - for example asthma and cancer. Also research to determine whether traditional health practices are effective.

Work on New Zealand health priorities, regardless of fashion, trends or international focus.

10. How could health research best support the directions of the New Zealand Health Strategy Future Direction?

Ensure longer-term funding is in place and directed towards long-term research outcomes. There must be New Zealand based research as well as multi-centred international research.

11. Where do the challenges and opportunities lie for health research in New Zealand?

Recruiting scientists who are prepared to stay in New Zealand to carry out research and investors who understand their responsibilities to their stakeholders and not just their shareholders.

Some of the challenges may come in the form of access to new technologies which may be beyond New Zealand's ability to purchase, but could be used overseas with a proviso that all results remain confidential to the researcher unless it is a legitimate collaborative study in which it is an opportunity.

We are a small country of under five million people. We should be undertaking more research of national significance. Finland, with a similar population to New Zealand, undertakes far more national research relevant to its population for example.

12. How can we build a more cohesive and connected system?

There must be ready access to all health records. This is exceedingly difficult at present, due to separate databases. For example, the software developed for general practitioners and primary care does not talk to the public hospital systems databases, although we understand the Ministry of Health is aware of this and working towards having one software system for all District Health Boards.

There needs to be greater collaborative research between research facilities in New Zealand

13. In what areas could health research in New Zealand make the greatest difference to the health and wellbeing of all New Zealanders over the short term and into the longer term?

Health research in the following areas would greatly contribute to the health and wellbeing of many New Zealanders:

- Maternity - prenatal, natal and postnatal
- Early childhood - the first five years.
- It is important for our ageing population that people age well. Quality of life is important rather than not quantity of life.
- Chronic long term diseases
- Working with families with inherited/ genetic diseases.

14. How can we ensure health research generates knowledge and understanding that can help address the health needs of all New Zealanders?

Doing research on an area which will have positive outcomes and benefit for the wider population. It is imperative that the right research questions are asked.

15. How can we get more excellent science and high-impact research?

- Collaboration between research establishments both nationally and internationally
- Safeguarding intellectual properties
- Publishing or results should be in peer review journals. Research should also be published free of interference from financial interests including where investors do not like the results or where market interests only prevail.
- A major concern is centred around the way investors are informed of research ideas on the table and how we structure the current research being done so that projects reach their natural fulfilment rather than being accelerated to achieve marketing agendas. Good research can take 10 – 15 years or more to achieve quality results. In recent years projects have been pushed through in 3 – 5 years with an expectation of results in the market place. When these expectations are not met, resistance to funding further research can become an unwanted outcome. Research must be led by researchers and not the marketers.
- In trying to achieve this strategy, it is crucial that research funding be safe-guarded and extended if necessary if the project needs to continue to its natural end.
- By making sure we get the research questions right.
- By sowing the seeds at an early age and encouraging science at the school level, to ensure that a career in research is an appealing choice for young and innovative people
- By supporting long term research

- By supporting both full time and part time researchers
- By increasing funding for science and high impact research.

16. How can we improve the uptake of research results and innovations?

New Zealanders need to see results and to value the findings. Disseminated results and published information should be readily available, not only for the health sector, but also for the end users and in language which is readily understood by the general public.

We need to keep in mind pressing health issues for New Zealand, such as cancer, asthma, allergies, etc. and ensure the general public are aware of research being undertaken and of newer, safer, more targeted treatments and preventions which are available.

We have examples of quality research findings from New Zealand being ignored or partially credited to suit other agendas. Two examples of this are:

- a) Imposing only a partial ban on the use of cell phones while driving, when quality New Zealand research indicated all cell-phones, including hands-free, should be banned.
- b) The Ministry of Health's attitude towards the findings of research indicating the effectiveness of pedi-pods for babies sleeping with a parent to prevent smothering (NZ Herald in the week of 11 July 2016).

Rae Duff
National President

Ailsa Stewart
Health, Standing Committee Convener