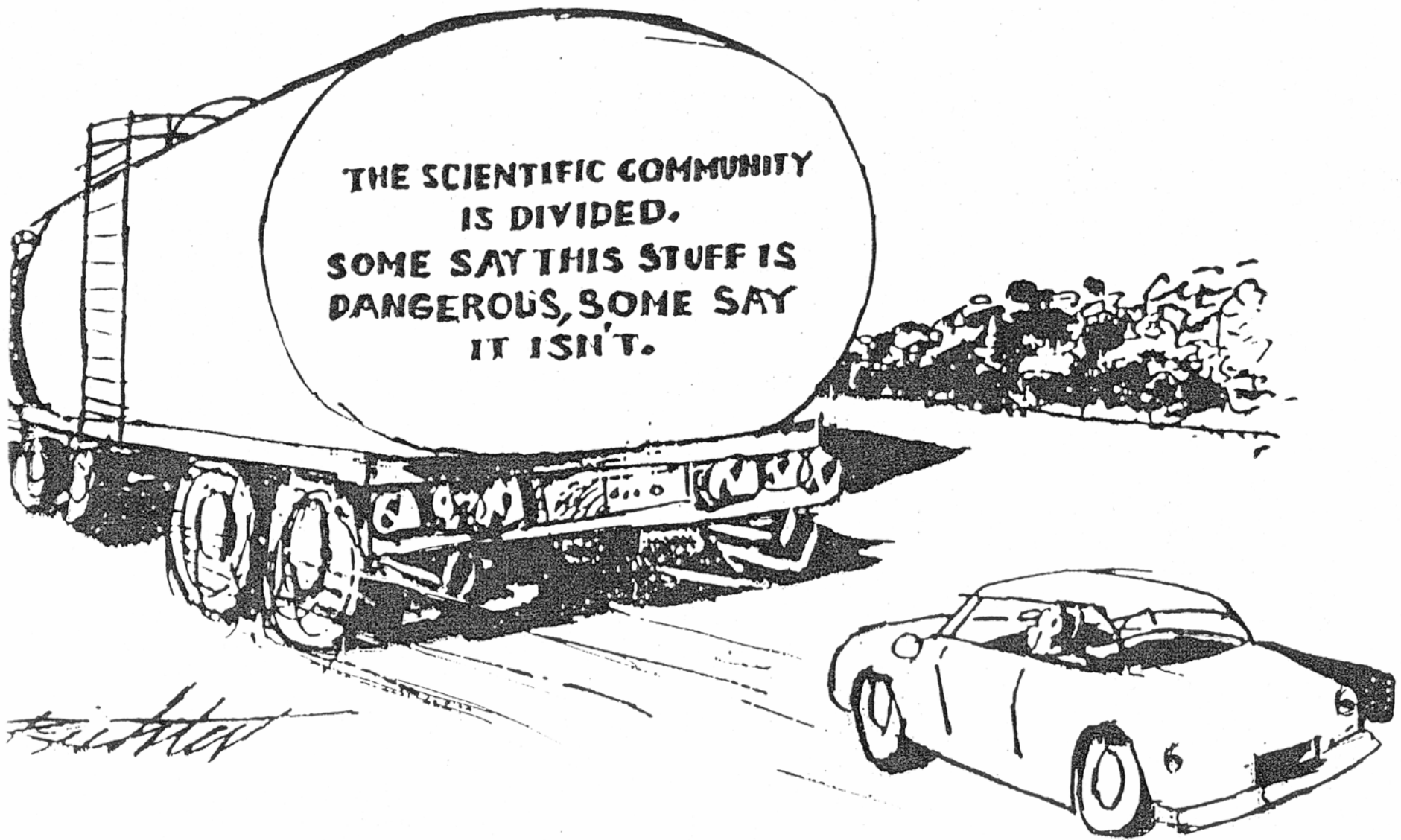


**THE SCIENTIFIC COMMUNITY
IS DIVIDED.
SOME SAY THIS STUFF IS
DANGEROUS, SOME SAY
IT ISN'T.**



NHS interests in R&D

1. Research is a component of the tripartite NHS mission – “producer”
2. The NHS in South Central is a £6bn organisation that needs an R&D Department – “user”

TABLE 2 Accrual to ALL studies 2008/2009

| | South Central SHA trusts Number, % of total | SCSHA rank out of 10 SHAs | All SHAs |
|--|---|---------------------------------|----------|
| Total SHA population as proportion of England total | 7.8% | | 100% |
| Total subjects recruited | 41916, 15.1% | 1 | 278445 |
| CLRN trials | 29611, 28.5% | 1 | 104030 |
| Cancer trials | 2168, 4.0% | 6 | 54050 |
| Dementias and Neurodegenerative Diseases trials | 721, 13.2% | 1 | 5465 |
| Diabetes trials | 372, 1.8% | 8 | 21100 |
| Medicines for Children trials | 594, 17.3% | 1 | 3438 |
| Mental Health trials | 1698, 13.4% | 1 | 12719 |
| Primary Care trials | 6014, 8.5% | 3 | 70999 |
| Stroke trials | 738, 11.1% | 2 | 6644 |

BIG DRINK DEBATE

WHAT'S YOUR VIEW?

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The events

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WELCOME
TO THE BIG
DRINK DEBATE

Why does it matter if we're drinking too much? Have your say.

We want to hear your thoughts, concerns and opinions on alcohol consumption in the region. The Big Drink Debate is an opportunity to make your voice heard, with views gathered used to help inform future priorities across the South East region. It is being led by NHS South Central, NHS South East Coast and the Government Office for the South East, with close involvement from police, the drinks industry, retailers and universities.

Find out more about the Big

TAKING THE
DEBATE OUT
ON THE ROAD

Come along to our Oxford and Maidstone events, chaired by presenter and broadcaster Nicky Campbell, and tell us what you think.

If you're based in Kent, Sussex or Surrey, come along to our [Maidstone event](#) or if you live in Oxfordshire, Hampshire, Buckinghamshire, Berkshire or the Isle of Wight the [Oxford event](#) is for you. You will be able to ask questions and give your views to the Big Drink Debate expert panel.

[Click here](#) for details and to RSVP.

STILL
TO COME

From December 2009, you will be able to sign the Big Drink Debate manifesto.

This will be developed following extensive research and through gathering the views and opinions of participants in the Big Drink Debate.

Remember, the manifesto will inform future alcohol priorities in the South East, so do attend one of our events to have your say about what it should include.



Alcohol Alert

2009 Issue 2

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[pdf of this issue](#)



Southampton study highlights risks of daily drinking

Daily or near-daily drinking is putting more people at risk of alcohol-related liver disease (ALD) than binge drinking, according to a study carried out by researchers at the University of Southampton. The study, led by Dr Nick Sheron, found that patients with alcoholic liver disease started drinking at a significantly younger age (around 15 years old) and had significantly more drinking days and units than non-ALD patients from the age of 20 onwards.

The study also highlights the need for identifying people who are likely to develop alcohol-related illnesses at a much earlier stage and recommends that more attention should be paid to the frequency of drinking in heavy social drinkers.

Responding to the study, Imogen Shillito, of the British Liver Trust, fully supported the need for at least two alcohol-free days each week and pointed out that it was impossible to tell which of us would remain unharmed by alcohol. "If you think you are at risk you should visit your GP," she said. Since 1991 the death rate from alcohol-related illness has doubled and each year over 60,000 people are admitted to hospital because of alcohol. The research was published in the scientific journal 'Addiction'.

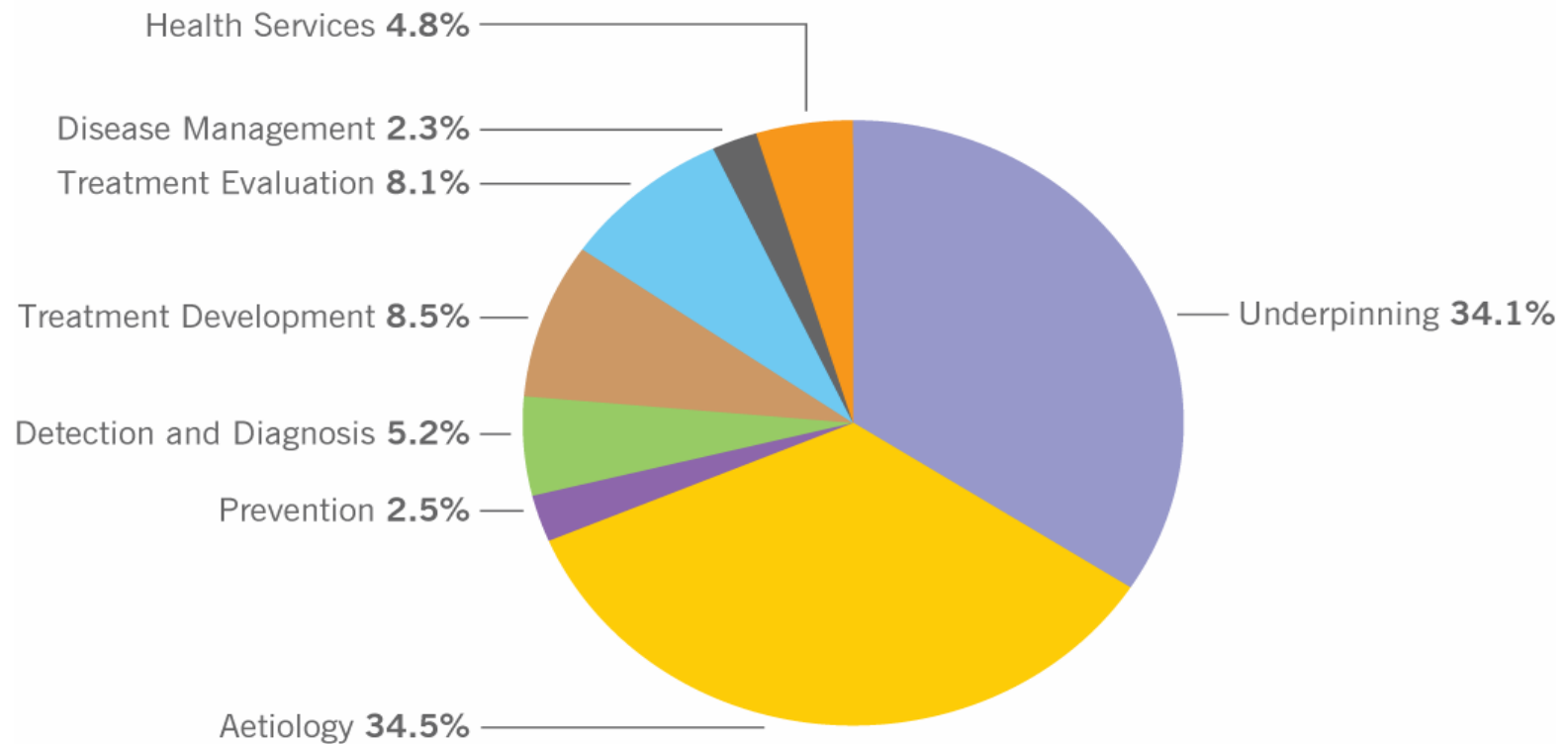


Imogen Shillito
Director of Information &
Education British Liver Trust

Research as an activity is a set of tools and techniques applied to a defined set of questions

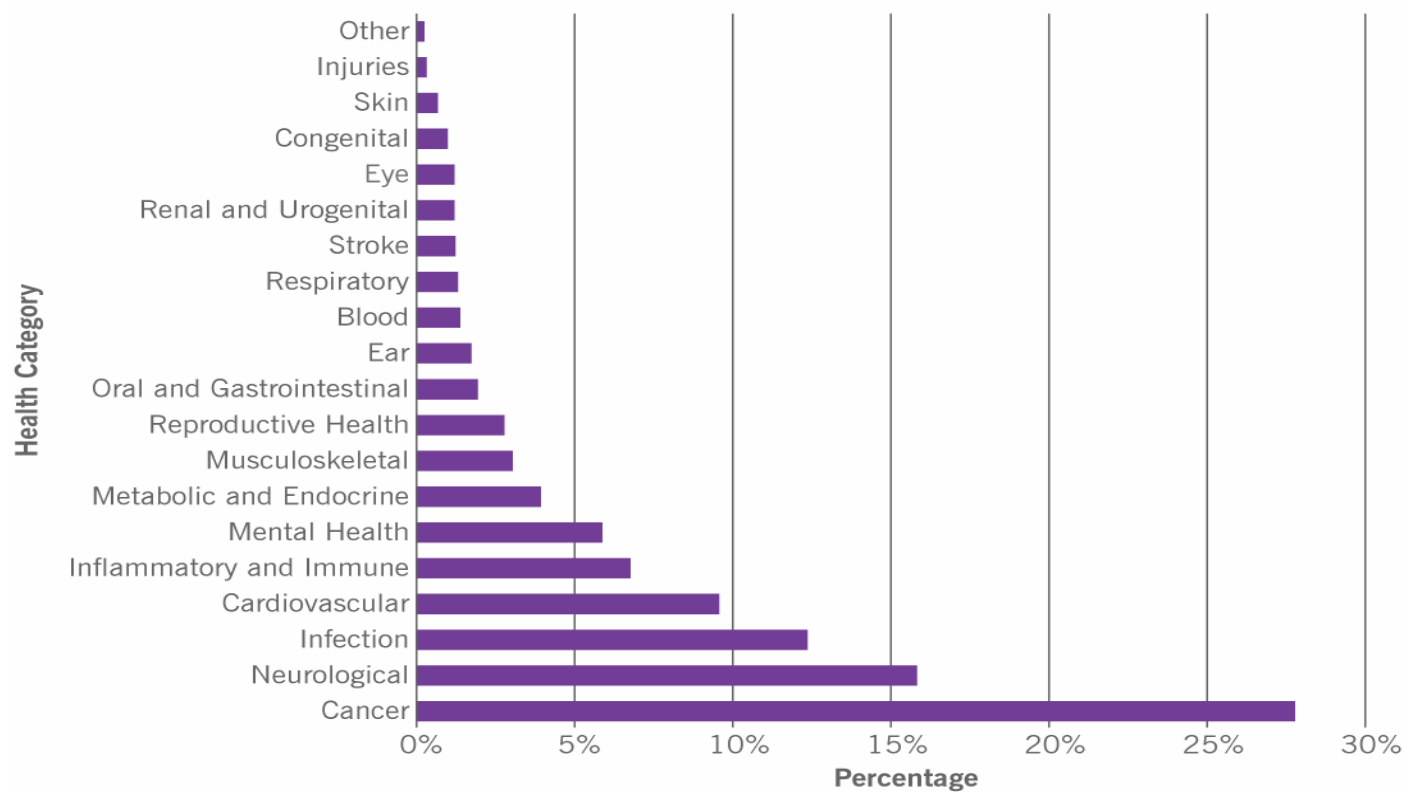
The quality of the questions is what determines the ultimate value of the research

Proportion of Combined Total Spend by Research Activity



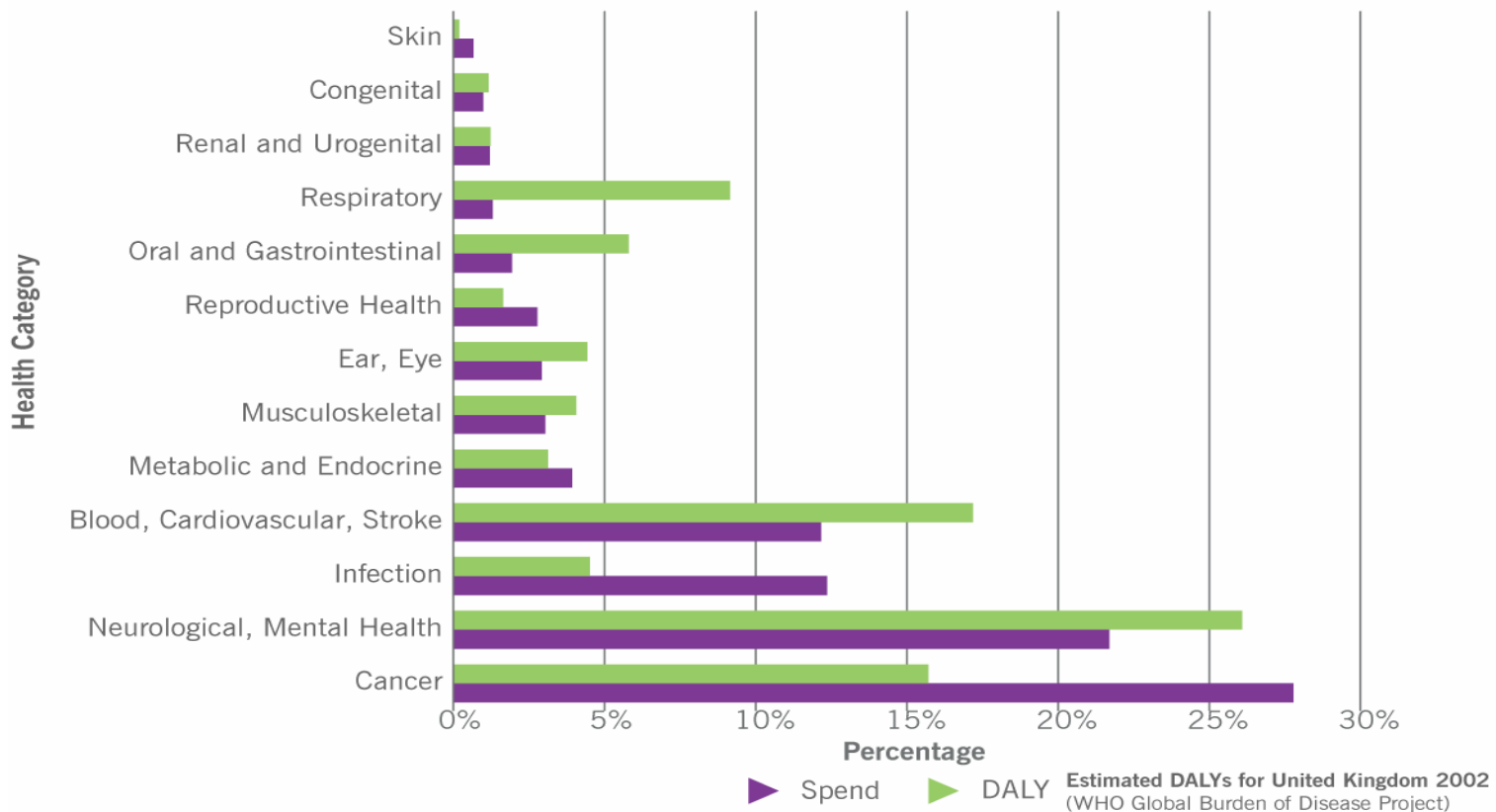
Data source: UKCRC Health Research Analysis

Proportion of Combined Spend on Health Specific Categories



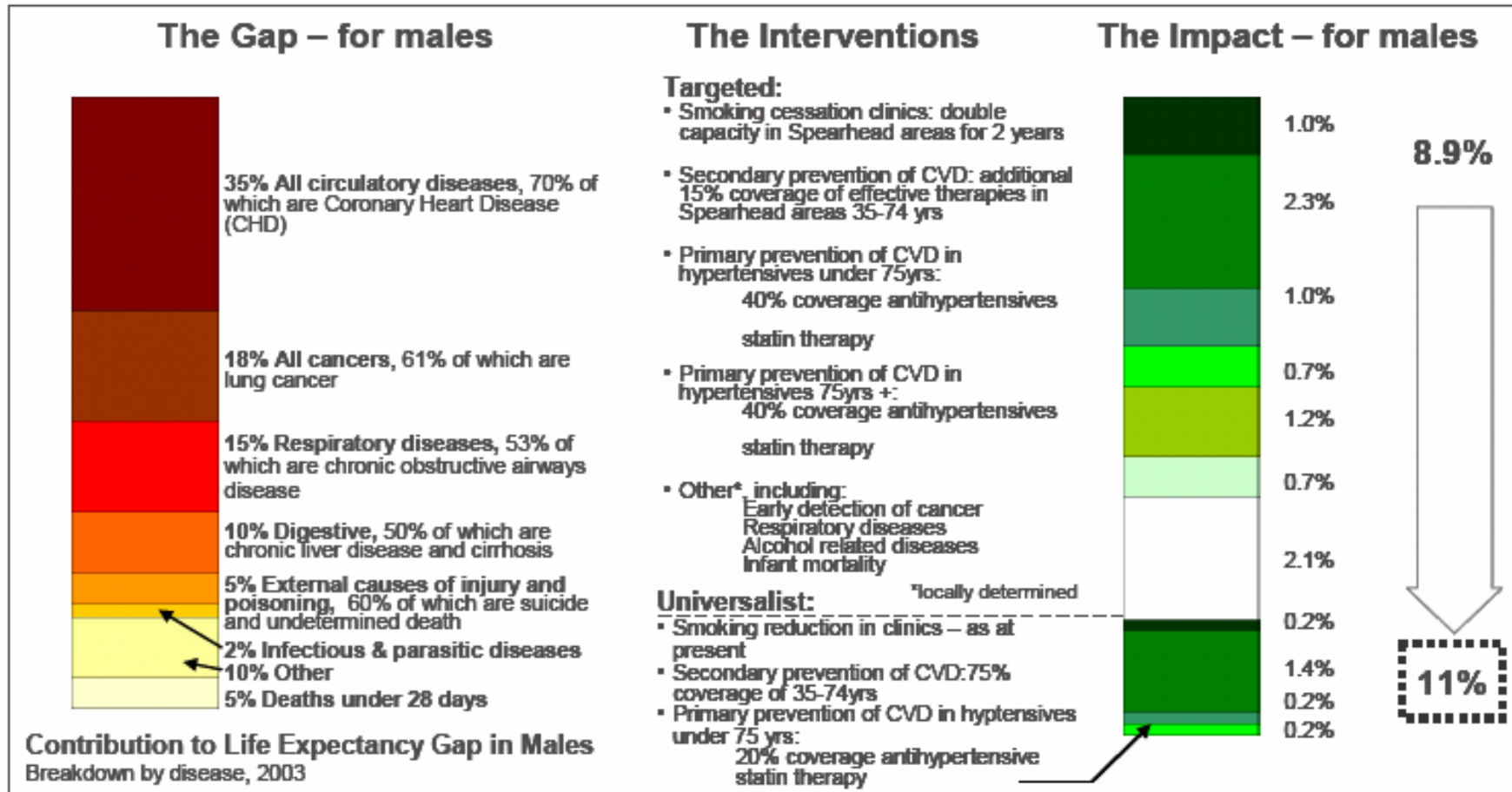
Data source: UKCRC Health Research Analysis

Proportion of Combined Spend on Health Specific Categories Compared with DALY Rates



Data source: UKCRC Health Research Analysis

Inequalities: Population Attributable Benefit



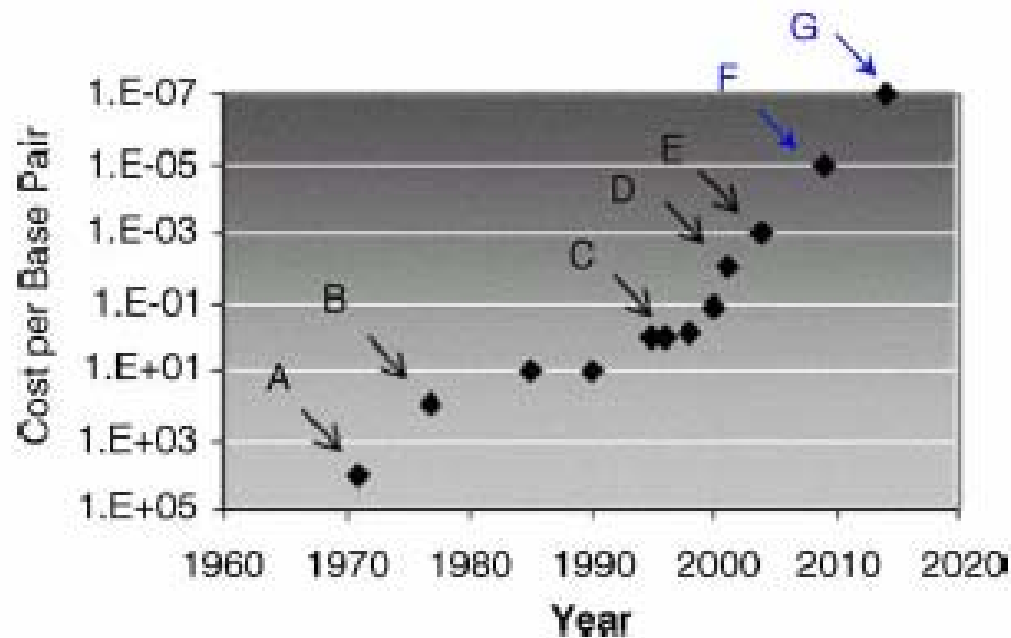
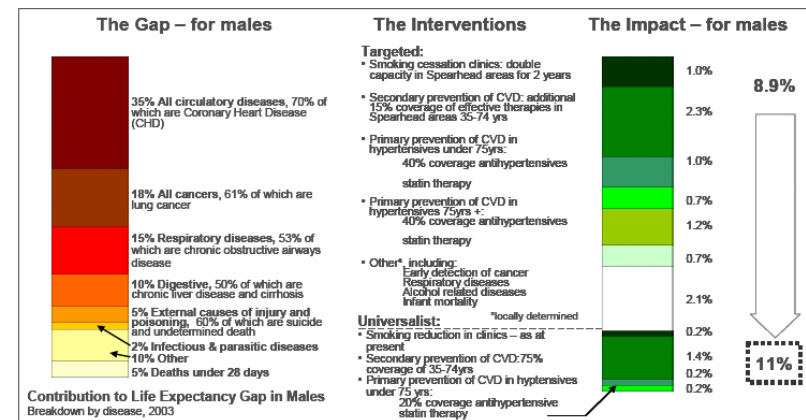
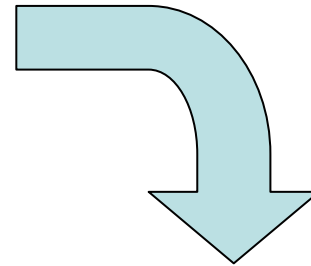
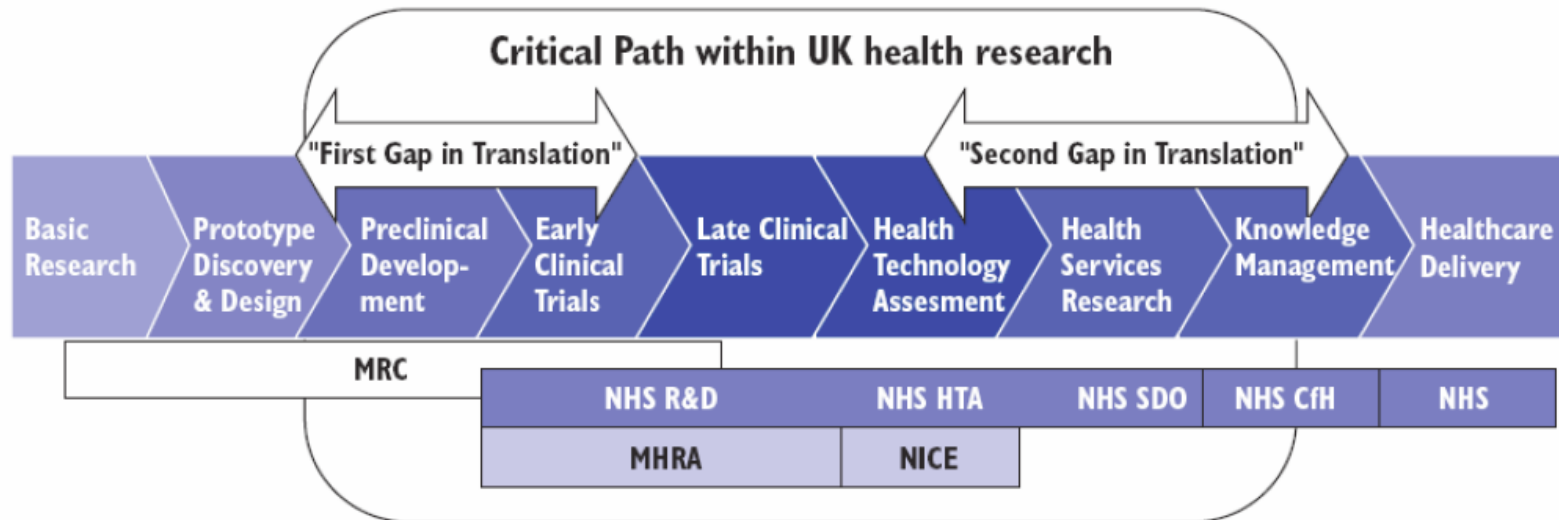


Fig. 3. Exponential improvement in sequencing efficiency. (A) Sequencing of 12 bp by Wu and Taylor [15]. (B) Sequencing of bacteriophage phiX174 by Sanger [16]. (C) Sequencing of the yeast genome [143]. (D) Sequence of the human genome [2,3]. (E) Shotgun sequence of the Sargasso Sea [5]. (F) Near-term sequencing goal, the US\$ 100,000 genome. (G) Revolutionary sequencing goal, the US\$ 1000 genome.



Pathway for Translation of Health Research



Rational priorities?

- Epidemiology - burden of disease
- Basic science – discovery led
- Balanced – Weatherall's “three pillars”
- Responsive – demand led

The productivity challenge

Table 5 Real annual percentage increases (as indicated by scenario-based exercise) for NHS funding between 2007/8 and 2016/17

| Year | Wanless's scenarios | | | The King's Fund/Institute for Fiscal Studies scenarios | | |
|---------|---------------------|--------------------|-----------------|--|----------|-----------|
| | Fully engaged (%) | Solid progress (%) | Slow uptake (%) | Arctic (%) | Cold (%) | Tepid (%) |
| 2007/8 | 4.4 | 4.7 | 5.6 | 7.8 | 7.8 | 7.8 |
| 2008/9 | 4.4 | 4.7 | 5.6 | 3.3 | 3.3 | 3.3 |
| 2009/10 | 4.4 | 4.7 | 5.6 | 7.5 | 7.5 | 7.5 |
| 2010/11 | 4.4 | 4.7 | 5.6 | 1.6 | 1.6 | 1.6 |
| 2011/12 | 4.4 | 4.7 | 5.6 | -2 | 0 | 2 |
| 2012/13 | 2.8 | 3.1 | 4 | -2 | 0 | 2 |
| 2013/14 | 2.8 | 3.1 | 4 | -2 | 0 | 2 |
| 2014/15 | 2.8 | 3.1 | 4 | -1 | 0 | 3 |
| 2015/16 | 2.8 | 3.1 | 4 | -1 | 0 | 3 |
| 2016/17 | 2.8 | 3.1 | 4 | -1 | 0 | 3 |

Sources: Wanless (2002); The King's Fund/Institute for Fiscal Studies; personal communication, Department of Health 2009.

Source = Kings Fund: "How Cold will it be?", 2009

Implementation or new research?

- Antithrombotic Trialists Collaboration reported that use of aspirin reduced recurrent fatal stroke following TIA or stroke by 23%
- McGlynn reported therapy given to only 58% of those eligible
- Any new drug would in these circumstance need to show an improvement over aspirin of 74% in order to be a more effective strategy for saving lives than full fidelity of aspirin use
- Pharmaceutical industry have invested heavily in research on new agents testing recruiting over 20,000 patients and producing clopidogrel and ticlopidine yet with only 10 and 12% improvement over aspirin respectively
- Statins are now widely used following evidence of at least a 24% reduction in 5 year mortality from coronary heart disease yet prescribed to only of a third of those eligible. Newer agents would need to be 3 times as potent to deliver the same population benefits as simvastatin yet evidence suggests only 12-26% improvement in best scenario



Does your desk look like this?



James Lind 1716-1794

"Indeed, before the subject could be set in clear and proper light, it was necessary to remove a great deal of rubbish."

(Lind 1753, p viii)


Search Public Health

- [Determinants](#)
- [Outcomes](#)
- [Management & interventions](#)
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- [Populations](#)
- [Settings](#)

Public Health Homepage


Welcome to the National Library for Public Health

The new National Library for Public Health is a constantly developing resource and information will be updated frequently. The resources for the three priority areas shown below are now fully available. Resources for the other Choosing Health topic areas will be added soon. Resources for other public health categories will be added over the next 4 months. Please contact us via the [contact us](#) page with your feedback and suggestions.



Tobacco

[View tobacco evidence](#)
Further information on smoking is available from [the LHO](#).



Obesity

[View obesity evidence](#)
Further information on obesity is available from [SEPHO](#).



Alcohol

[View alcohol evidence](#)
Further information on alcohol is available from [NWPFO](#).

First Visit?

To search the site, use the left hand menu or search box above. Each subject is sorted into these categories:

Guidance & pathways - for clinical and service guidelines.

Evidence - for Cochrane Reviews, DARE abstracts and other evidence-based research.

About the National Library for Public Health

The library is being developed to provide high quality evidence e-based information on all aspects of public health.

It is designed for those working in the field of public health by providing a single source of access to web based evidence on public health. It is being developed as part of the Department of Health Information and Intelligence Strategy by the North East Public health observatory. It replaces the Public Health Electronic Library (PHeL).

BBC health news

[Three-parent embryo created](#)

Scientists create a human embryo with three separate parents, raising hope...

[Mother's epidural death unlawful](#)

A woman who died after being wrongly administered with an epidural drug wa...

[Ministers launch fluoride drive](#)

Health Secretary Alan Johnson calls for fluoride to be added to England's ...

['Even toddlers' could reduce fats](#)

Two-year-olds should have diets low in saturated fat, provided they are no...

[Call for EU-wide cancer plan](#)

Europe-wide coordination is needed to tackle cancer, a group of leading ex...

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Dashboard > Flu Response Community > Home



Edit



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Tools

Flu Response Community



Welcome to the Flu Response Community space.

Community news

Tuesday, November 3, 2009

[Welcome to the Flu Response Community space](#)

Welcome to the Flu Response Community space where you can share and collaborate with community members in a single dedicated community space.

Posted at Nov 03, 2009 by  [Jay Khan](#) |  [0 comments](#) | [Edit](#)

[add post](#)

Community sections

[News and information](#)

[Control Rooms](#)

[Critical Care Network](#)

[Pharmacists](#)

[Flu Discussion forum](#)

[Flu response network homepage](#)

Restricted Discussion Forum Spaces

[Control Team](#)

[Critical Care](#)

[Medicines Management](#)

[Clinical Advisory Group](#)

[Flu Leads](#)

[HR Leads](#)

Latest discussions

Duty to innovate

‘In performing its functions each strategic health authority must promote innovation for the purpose of securing continuous improvement in the commissioning and provision of health care.’



Wandering in dementia

NHS R&D wish list

- Solutions to the productivity challenge
- Address the second translation gap
- Every patient a potential research participant
- Good governance
- More engagement with commissioners and the public