

Research and
Development
Strategy (DRAFT)

2013 - 2018

*Research is
everybody's
business*



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NHS England Research and Development Strategy 2013 - 2018

Research is everybody's business

DRAFT

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List of abbreviations

AHSN	Academic Health and Science Networks
CCG	Clinical Commissioning Group
CLARHC	Collaborations for leadership in Applied Health Research and Care
CQC	Care Quality Commission
CSU	Commissioning Support Units
CtE	Commissioning through Evaluation
HEE	Health Education England
HEI	Higher Education Institutes
HRA	Health Research Authority
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
NIHR	National Institute for Health Research
PHE	Public Health England

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Introduction

The NHS England research strategy supports the goals set out in the NHS England business plan (NHS England 2013) in supporting and developing the commissioning system to improve quality and outcomes. Research and research evidence is part of the day to day operation of the NHS and is fundamental to creating an evidence based decision making culture within NHS England commissioning and the broader commissioning community. Strategy development, research and innovation for outcomes and growth are some of the delivery mechanisms for achieving better outcomes for patients. High quality commissioning underpinned by research evidence is an integral part of the healthcare system.

Achievement of the five domains and outcomes' indicators in the NHS Outcomes Framework are fundamental elements of the improvement work being undertaken by NHS England and its partners. Research and research evidence which informs the design and delivery of commissioning and services, nationally and locally, underpins progress in those areas and leads to a better experience for the patient. Furthermore, the implementation of research leads to improved patient outcomes and has an impact on the economy through increased productivity as well as generating growth and income.

The NHS in England has a statutory responsibility to promote health and social care research funded by both commercial and non-commercial organisations (NHS Constitution 2013, Health and Social Care Act 2012). The Department of Health mandate to NHS England (Department of Health 2012) requires them to:

“--- ensure that the new commissioning system promotes and supports participation by NHS organisations and NHS patients in research funded by both commercial and non-commercial organisations”.

NHS England is committed to the public sector equality duty as outlined in the Equality Act 2010 and its duty to reduce inequalities in access to services and health outcomes as set out in the Health and Social Care Act 2012.

NHS England is one element of the new NHS architecture, since the implementation of the Health and Social Care Act 2012, and other organisations, (e.g. Clinical Commissioning Groups) have a similar requirement to promote and support research and promote the recruitment of patients and their participation in research. Innovation also plays an important role in improving patient outcomes and delivers benefits when accompanied by rapid translation into practice. 'Putting Patients First', the NHS England business plan for 2013/14 – 2015/16 stated its intention to develop a research and development strategy. The focus of the strategy was to be on identifying research priorities and working with the National Institute for Health Research (NIHR) and other partners, and improving the interface with primary and secondary care providers, to ensure research was facilitated within local contracting. The development of Academic Health and Science Networks (AHSNs) was recognised as a centre for innovation which could bring together research, education, informatics and innovation to translate research into practice.

Health and social care staff at all levels of NHS England, and from all disciplines, are the conduit to ensuring that research evidence is translated into practice. At an individual and team level, they also need to understand how research and evidence informs their practice and decision processes. They therefore need the tools, information, support and skills to make best use of research to inform practice. NHS England staff also need to be supported by a culture that encourages and engages with research and sees it as a driver in improving care.

This strategy sets out how NHS England will attempt to achieve its vision of 'research being everybody's business' and building a culture that values and promotes research and innovation. The organisation recognises the importance of engaging with partners in doing so and will build on its relationships with the NIHR, Higher Education Institutes (HEIs), Public Health, Local Authorities and other arms lengths bodies in delivering the strategy. The NHS England research strategy and the Department of Health research strategy 'Best research for best health' (2006) share similar intentions in seeking to maximise the outcomes of research for the benefit of patients and the economy. NHS England will work together, with the NIHR and other stakeholders to benefit the NHS and support the commissioning and delivery of research that:

- Increases NHS and patient participation;
- Benefits the patient and the economy;
- Develops the evidence base.

They will also work to remove any barriers to commercial and non-commercial research to ensure that the benefits of research can be maximised.

The NHS England strategy also supports the recommendations of the Strategy for UK life Sciences (2011) and Innovation Health and Wealth, accelerating adoption and diffusion in the NHS (2012).

Vision

The vision is to:

- Support the development of high quality commissioning underpinned by research evidence and innovation.
- Support NHS England in becoming an excellent organisation by providing a culture that values and promotes research and innovation.
- Create an evidence based decision making culture within NHS England.
- Ensure research undertaken or commissioned by NHS England is patient centred and, through its implementation, improves outcomes for patients.
- Offer every patient the opportunity to take part in research (where practicable).
- Contribute to economic growth through opportunities offered by research and to work effectively with partners, such as the AHSNs, to exploit those opportunities.

In order to achieve this vision, NHS England must build a culture where all the constituent parts believe that research is a primary function aligned to patient care and continuous improvement. All stakeholders will recognise and understand the role that research plays in increasing and delivering good quality care. Managers and clinicians will share a wish for their organisation, staff and patients and their families, to participate in research to improve the quality of services and improve outcomes.

This will also include increasing and building the evidence base to improve care for the future.

In order to promote research and innovation, NHS England has to create a culture where research is everybody's business. This means creating incentives to take part and removing any barriers to research. It also places a responsibility on the organisation to promote the use of research evidence and support better knowledge transfer and translation. NHS England will seek to increase patient and public engagement in research by sharing information and findings in a systematic way and promoting involvement in research. It will work with partners across health and social care, the charitable sector, and industry to facilitate a research environment which is renowned for excellence in all aspects of research and contributes to the UK economy.

Aims

To deliver the NHS England statutory duties to promote the use of research and the use of evidence obtained from high quality research.

To support the NHS outcomes framework objectives by building the evidence base and identifying best practice.

To commission research that delivers benefits for patients and families and supports the development of the evidence base and innovative practice.

To increase patient and public engagement in research as participants and researchers.

Objectives

To achieve our vision and aims NHS England will meet the following objectives:

1. To identify and prioritise commissioning health services research topics and coordinate this work with the Department of Health, NIHR, Health Research Authority (HRA), research charities, industry and other stakeholders.
2. To develop the evidence base in relation to models of commissioning to ensure the approach to commissioning services is based on best evidence and effectiveness.
3. To increase capacity amongst NHS England and commissioning staff to undertake research, and to utilise the outcomes of research, thereby increasing the quality of care and treatment.
4.
 - i. To ensure the inclusion of patients in setting priorities for research and participation in the design, delivery, and dissemination of research.
 - ii. To promote the ideal that every patient coming into the NHS is offered an opportunity to take part in research.
5. To increase the availability of information on current and completed research and outcomes to the public.
6. To maximise the benefits from research through innovation, income, knowledge improvement and impact.

By 2018 NHS England will have:

- A culture that values and promotes research;
- More NHS staff and patients engaged in research;
- Equity of access to opportunities to take part in research for patients;
- A culture of evidence based commissioning and decision making that utilises research evidence and knowledge translation.

Priorities

Deliver the statutory duty to promote research through:

- Visible leadership;
- Research into clinical interventions and innovations that have the greatest impact on outcomes;
- Supporting the NHS as a good place for both commercial and non-commercial research;
- Promoting health system policy research as a means of improving outcomes;
- The establishment of clear links with clinical leaders across all professions, with academia, industry, and with non clinical researchers in health and social care;
- The development of clear governance structures.

Productive engagement and involvement with partners to:

- Shape the NHS England approach to research, deliver and evaluate the strategy;
- Understand the barriers and facilitators to delivering an effective strategy;
- Improve performance where necessary;
- Support the management and coordination of NHS research;
- Assist in setting and developing research priorities;
- Communicate policy research requirements to the Department of Health Research and Development Directorate.

Engagement across the directorates within NHS England to:

- Set clinical priorities for research and link into the domain outcomes and outcomes framework;
- Take forward the aims set out in 'Innovation, Health and Wealth, Accelerating Adoption and Diffusion in the NHS'.
- Support the Clinical Commissioning Groups (CCGs) in their development in relation to fulfilling their statutory duties to promote research and the translation of research evidence into practice.

Involvement and engagement of partners by:

- Developing a patient engagement and involvement in research strategy;
- Promoting the participation of patients and their families in research and supporting partner organisations in their drive to do so.
- Providing accessible information on the NHS England web site.

Delivering our objectives

Objective one

To identify and prioritise commissioning health services research topics and coordinate this work with the Department of Health, NIHR, Health Research Authority, research charities, industry and other stakeholders.

- Introduce an annual process for identifying and prioritising emerging research priorities and projects for NHS England.
- Identify and prioritise topics which inform the commissioning process and health systems design including economic analysis of healthcare.
- Communicate research priorities to key stakeholders and form partnerships and collaborations to address shared priorities.
- Identify and prioritise policy research topics to be addressed through the policy research programme.
- Liaise and collaborate, where appropriate, with other arms length organisations (including CQC, Monitor, Health Education England) in identifying and prioritising policy research topics.

Outcomes and impact

- A planned and coordinated research activity plan.
- A policy research programme that reflects NHS England research priorities, supports policy requirements and contributes to the evidence base for commissioning high quality services.
- Research evidence that informs commissioning plans, for specialist commissioning, primary care, and health systems design, and which improves patient safety.
- The implementation of service developments based on proven research evidence.
- Collaborations with partner organisations that lead to adoption and spread of evidence across a range of commissioning organisations and services.

Objective two

To develop the evidence base in relation to models of commissioning to ensure the approach to commissioning services is based on best evidence and effectiveness.

Evidence based healthcare utilises best evidence in making decisions about commissioning health services, delivering services and individual patient care. Best evidence is based on information from relevant high quality research. Healthcare professionals within NHS England will have differing evidence, knowledge and information needs depending on their role but in general we can identify the following levels of need:

1. Information and knowledge.
2. Accessing evidence to support and inform commissioning decisions, service redesign, and service improvement.
3. Synthesising evidence i.e. reviews - rapid, systematic
4. Sharing knowledge
5. Knowledge management
6. Developing the evidence base - practice based research.
7. Translation of research findings into practice; translation of research and innovation into practice; diffusion of innovation.

NHS England will:

- Promote a culture where the commissioning and provision of NHS services and the care provided is based on the evidence of what is most effective.
- Strengthen the culture of evidence based commissioning and care through engagement with area teams, CCGs and Commissioning Support Units (CSUs), medical and nursing schools.
- Foster the use of the proper appraisal of evidence in strategic commissioning, service transformation, reconfiguration and service development by promoting and providing access to sources of evidence.
- Support the implementation of NICE guidance.
- With key stakeholders and partners such as the AHSNs and Collaborations for leadership in Applied Health Research and Care (CLAHRCs), support knowledge transfer, the translation of research into practice, and rapid implementation.
- To ensure that this information is the basis of rapid spread of evidence based improvement, for example, through working effectively with the AHSNs.

Outcomes and impact

- A culture within NHS England of research awareness, translation of research evidence into practice and the rapid adoption of innovation.
- A clear interface between AHSNs, CLARHCs and the NHS where the translation of research (bio-medical, health, clinical and economic) into practice is supported and spread.
- Use of evidence for clinical improvement, informing commissioning plans and health systems design.

- Increased implementation of NICE guidance.
- The implementation of effective knowledge transfer models and development of knowledge champions.

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Objective three

To increase capacity amongst NHS England and commissioning staff to undertake research, and to utilise the outcomes of research, thereby increasing the quality of care and treatment.

- Promote training and development opportunities and strengthen the research skills of NHS England staff in order to utilise research evidence and to commission and undertake research.
- Create a culture where researchers and clinicians are nurtured and supported in developing their skills and where NHS England is able to attract the best talent.
- Ensure the statutory responsibility to promote health and social care research funded by both commercial and non-commercial organisations (NHS Constitution 2013, Health and Social Care Act 2012) is enacted and that the treatment costs, including Excess Treatment Costs of patients involved in non-commercial research, are met.
- Utilise research evidence to support the developing vision for the future of health services including resource allocation and the development of new technology.
- Support for CCGs in delivering their responsibility to promote and support research including treatment costs of patients involved in non-commercial research.
- Encourage systems that incentivise commissioners and providers to take part in research.

Outcomes and impact

- Increased awareness of staff of the value of research evidence to clinical practice, commissioning, organisational development, and service management.
- Increased numbers of clinical and professional staff taking advantage of research opportunities and developing their career potential.
- Research evidence that informs future health service planning i.e. shift in spend, pathway re-design.
- Return on the investment in research funding.

Objective four

i To ensure the inclusion of patients in setting priorities for research and participation in the design, delivery, and dissemination of research.

ii To promote the ideal that every patient coming into the NHS is offered an opportunity to take part in research.

The NHS Constitution (2012) has a commitment to inform patients “--- of research studies in which you may be eligible to participate”. The involvement of patients, their families and carers, and the engagement of the public, is imperative to ensuring NHS England undertakes and commissions research that is relevant to the people who use its services. Patient and carer involvement leads to more focused priority setting and research questions and increases engagement and participation in research. NHS England supports the goal for “every willing patient to be a research patient” (Department of Health 2011). This benefits both the NHS and patients and increases the availability of patient data which informs research priorities improves patient safety.

Patients also have a role to play throughout the development and undertaking of research including its dissemination. NHS England has a commitment to ensure that patients, their families and carers are involved at all stages of the research process and will:

- Develop a patient and public engagement and involvement strategy for NHS England research activity.
- Offer every patient the opportunity to take part in research (where practicable).
- Promote the involvement of patients as participants in non-commercial and commercially funded research, in setting priorities for research, in the delivery of research and in its dissemination.
- Utilise the knowledge, expertise and experience of patients and their carers to inform the development and implementation of the strategy.
- Ensure that the processes for the timely payment of treatment costs for patients taking part in research funded by the Government, NIHR and research charities are clear and consistent and do not act as a barrier to participation.
- Build and maintain strategic links with national patient and public involvement partners i.e. NIHR, Involve.

Outcomes and impact

- Research priorities and activities which are reflective of patient’s priorities.
- An increase in the number of patients who take part in research as participants.
- Increased public awareness of research opportunities and research that is being undertaken.
- The establishment of a reference group to inform the development and implementation of the research strategy.

Objective five

To increase the availability of information on current and completed research and research outcomes to the public.

- Outline and promote the benefits of involvement and engagement in research to researchers and patients, and the public, whilst taking account of the recommendations of the Caldicott Review of Information Governance.
- Support the work of the NIHR through its Patient and Public Involvement strategy and research champion programme.

Outcomes and impact

- Links to accurate and up to date information for the public about research opportunities, ongoing research and the outputs and outcomes of research.
- Increased numbers of patients in specialist services and primary care taking part in research.
- Increase in the number of patients who are engaged in the dissemination and translation of research.

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Objective six

To maximise the benefits from research through innovation, income, knowledge improvement and impact.

- Seek out opportunities offered by research to contribute to overall economic growth and to work effectively with partners, such as the AHSNs, to exploit those opportunities.
- Identify areas of clinical and non-clinical practice that have an under developed evidence base and raise the profile of these areas with research funders.
- Develop Commissioning through Evaluation (CtE), in partnership with NICE, to enable new treatments to be delivered, whilst developing the evidence base and evaluating the clinical benefits, in order to inform commissioning policy decisions.
- Align innovation, research and improvement to achieve improvements in patient outcomes through effective partnerships with the Department of Health, NIHR, Health Research Authority, research charities, industry and other stakeholders such as the AHSNs and other academic, health and social care research networks.
- In line with the Strategy for UK Life Sciences (2011) facilitate increased collaborations between industry, the NHS and academia and a shared commitment to the adoption of innovation.
- Promote the involvement of patients as participants in clinical trials.
- To contribute to the UK Genomics strategy and assist in the translation and spread of technology in the NHS and, with partners, identify how to utilise the benefits for clinical use, within the NHS, for improved patient outcomes.
- To contribute to the UK Plan for Growth (Department for Business Innovation and Skills, 2011) by supporting the retention of a world class research base and the timely recruitment of patients into trials.
- Support the increased accessibility and utilisation of NHS data in the developing life sciences.
- Support wealth creation through the development, testing, evaluation and early adoption and spread of new products and services.

Outcomes and impact

- The increased translation of research into practice and spread of innovation and good practice across the NHS.
- Completed policy research projects which have informed practice and organisational development and improvement.
- A growing evidence base of treatment options for prescribed specialised services with under developed evidence of clinical and/or cost effectiveness.
- Collaborative working between AHSNs and the NHS to develop innovation and spread good practice.
- Collaborative working with the life sciences industry to deliver new investment, increase innovation, and improve outcomes for patients.

- Collaborative working, to develop and answer policy research questions, between a range of agencies including NHS England, CQC, Monitor, Health Education, and Public Health England.
- Collaborative working with the NIHR and research networks to develop research programmes in under developed areas that increase and improve the outcomes within the NHS outcomes framework.
- Increased numbers of clinical and non clinical staff with research skills and knowledge contributing to the research evidence base.
- Optimisation of Intellectual Property emerging from the use of genomic technology.
- Return on the investment of funding in research.

Implementing the strategy

Governance arrangements – to be agreed but may include:

- Advisory board.
- Reference group for patients and carers.

Review of the strategy will take place annually.

References

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8. NHS England. 2013. Putting People First. The NHS England business plan for 2013/14 – 2015/16.

Delivery Plan

To be completed – work ongoing.

OBJECTIVE	ACTIONS	COMPLETION	LEAD	OUTCOME TO BE ACHIEVED	PROGRESS/ RAG STATUS
1. Identify and prioritise research topics.	<ul style="list-style-type: none"> • Introduce a system for identifying and prioritising research projects for NHS England. • Develop and maintain a process for identifying policy research applications to DH RDD programme. • Hold regular consultations with domain leads, specialised commissioning and other directorate leads to identify emerging topics. • Undertake consultations and a Delphi type study across NHS England to identify commissioning priorities. • Work with other system partners and arms length organisations e.g. CQC, 			<ul style="list-style-type: none"> • A planned and coordinated research activity plan. • A policy research programme that reflects NHS England research priorities, supports policy requirements and contributes to the evidence base for commissioning high quality services. • Research evidence that informs commissioning plans, for specialist commissioning, primary care, and health systems design, and which improves patient safety. • Policy research programme that reflects NHS England priorities, supports policy requirements, and builds the evidence base for commissioning high quality services. • Identification of commissioning priorities. • Increase in the number of funded research programmes and projects that reflect commissioning priorities. 	

	<p>Monitor, HEE, and PHE, to identify shared research priorities.</p> <p>Communicate research priorities to DH and NIHR and work with them to identify potential funding streams.</p>				
<p>2. Develop the evidence base and ensure the approach to commissioning is based on best evidence and effectiveness.</p>	<ul style="list-style-type: none"> • Foster the use of evidence in strategic commissioning practice, service transformation and service re-design by: <ul style="list-style-type: none"> • Promoting and providing access to sources of evidence. • Building skills. • Regular information sharing. • Promotion of knowledge transfer. • Supporting the implementation of NICE guidance. 			<ul style="list-style-type: none"> • A culture within NHS England of research awareness, translation of research evidence into practice and the rapid adoption of innovation. • A clear interface between AHSNs, CLARHCS and the NHS where the translation of research (bio-medical, health, clinical and economic) into practice is supported and spread. • Use of evidence for clinical improvement, informing commissioning plans and health systems design. • The implementation of effective knowledge transfer models and development of knowledge champions. 	
<p>3. Increase the capacity of NHS staff to undertake research and utilise the outcomes of research.</p>	<ul style="list-style-type: none"> • Undertake an analysis of research awareness and activity across NHS England and commissioning to identify training and awareness needs. 			<ul style="list-style-type: none"> • Increased awareness of staff of the value of research evidence to clinical practice, commissioning, organisational development, and service management. • Increased numbers of clinical and professional staff taking 	

	<ul style="list-style-type: none"> • Identify current research activity within NHS England, CCGs and specialist commissioning and other stakeholders by: <ul style="list-style-type: none"> ○ Utilising NIHR database for portfolio activity. ○ Engaging with area teams. ○ Considering survey to identify non portfolio work. • Identify gaps in research activity and assess whether any capacity building required. • Undertake an analysis of the extent of service evaluation; assess the resource required and identify whether any capacity building is needed. • Promote training and development opportunities. • Develop a coherent and clear policy and process for Excess Treatment Costs for NHS England: <ul style="list-style-type: none"> ○ Identify the extent of the provision and budget that is required. 			<p>advantage of research opportunities.</p> <ul style="list-style-type: none"> • Evidence based commissioning. • Increased awareness amongst commissioners of the value of evidence. • Increase in research skills. • Policy and process for Excess Treatment Costs. 	
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	<ul style="list-style-type: none"> • Work with CCGs on developing a consistent approach to Excess Treatment Costs where the research is in areas of activity they commission locally. 				
4. Ensure the inclusion of patients in setting priorities for research and in the design, delivery and dissemination of research.	<ul style="list-style-type: none"> • Develop a patient and public engagement strategy for research. As part of the strategy: <ul style="list-style-type: none"> ○ Promote the involvement of patients as participants in research and in setting priorities for research as well as being part of a research team. ○ Ensure regular communication of information in different formats. ○ Set up a reference group. ○ Identify a budget to support activity. ○ Build capacity to enable patients and the public to take part in research activity. ○ Engage patients 			<ul style="list-style-type: none"> • Research priorities and activities which are reflective of patient's priorities. • An increase in the number of patients who take part in research as participants. • Increased public awareness of research opportunities and research that is being undertaken and its impact.. • The establishment of a reference group to inform the development and implementation of the research strategy. • Increased public awareness of the research that is being undertaken and its impact. • Skilled patients and carers able to take part in research. 	

	<p>and carers in reviewing proposals for research.</p> <ul style="list-style-type: none"> • Work with the NIHR and Involve to promote this activity. 				
<p>5. Increase the availability of information on current and completed research.</p>	<ul style="list-style-type: none"> • Maintain regular contact with partners: NIHR, HRA, research networks, Involve, AMRC, AHSNs, local area teams, CCGs, Royal Colleges and industry. • Provide regular news updates about research activity to NHS England staff. • Develop web pages on the intranet and internet for research activity. • Provide information about research activity to patients and the public. • Hold an annual conference and other events to share research. 			<ul style="list-style-type: none"> • Links to accurate and up to date information for the public about research opportunities, ongoing research and the outputs and outcomes of research. • Increased numbers of patients in specialist services and primary care taking part in research. • Increase in the number of patients who are engaged in the dissemination and translation of research. • Positive and open relationships with others in the research economy. • Increased interest in the use of research and research evidence. • Accurate and up to date information available to staff and the public. • Sharing of good practice and engagement of staff. 	

<p>6. Maximise the benefits from research through innovation, income and knowledge improvement and impact.</p>	<ul style="list-style-type: none"> • Identify areas of clinical and non clinical practice with an under developed evidence base and clarify the research needs. Communicate the research needs through the policy research programme and the NIHR. • Work with AHSNs and CLARHCs to ensure the implementation and adoption of research into practice. • Develop Commissioning through Evaluation, with NICE, thereby increasing the evidence base for new treatment options. • Facilitate increased collaboration with industry. • Support the NIHR in promoting the increased participation of patients in clinical trials. 			<ul style="list-style-type: none"> • The increased translation of research into practice and spread of innovation and good practice across the NHS. • Completed policy research projects which have informed practice and organisational development and improvement. • Collaborative working between AHSNs and NHS to develop innovation and spread good practice. • Collaborative working to develop and answer policy research questions between a range of agencies including NHS England, CQC, Monitor, Health Education, Public Health England. • Collaborative working with the NIHR and research networks to develop research programmes in under developed areas that increase the outcomes within the NHS outcomes framework. • Increased numbers of clinical and non clinical staff with research skills and knowledge contributing to the research evidence base. 	
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