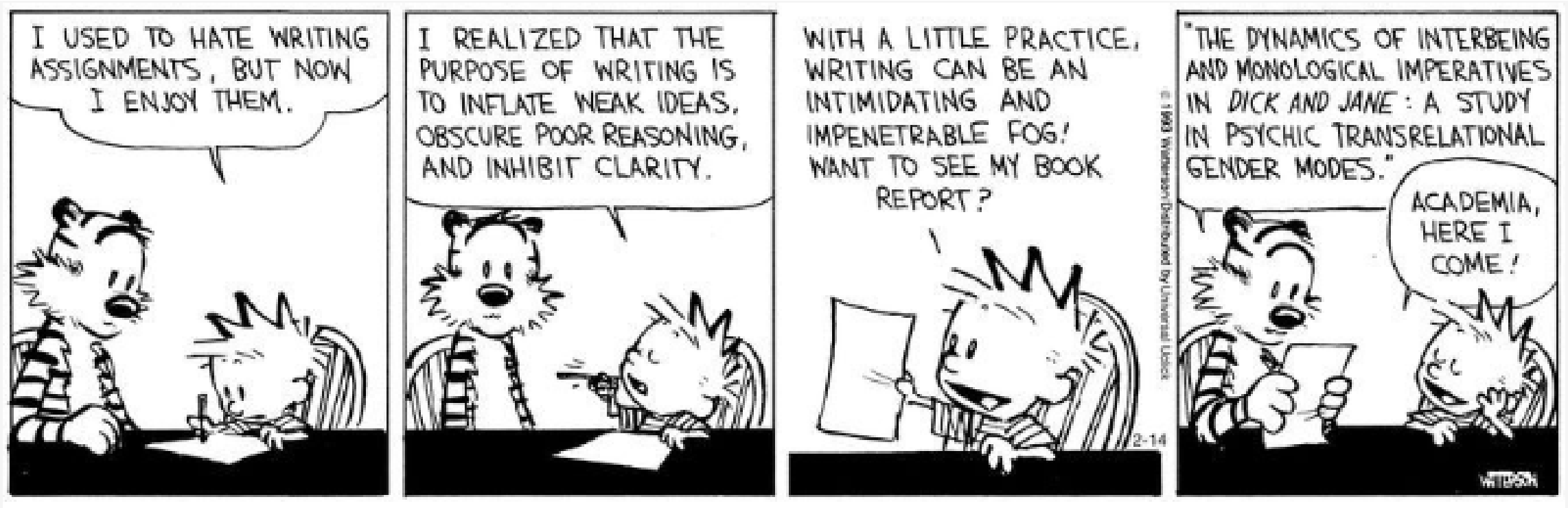
Department of Health & Social Care

NIHR | National Institute for Health and Care Research

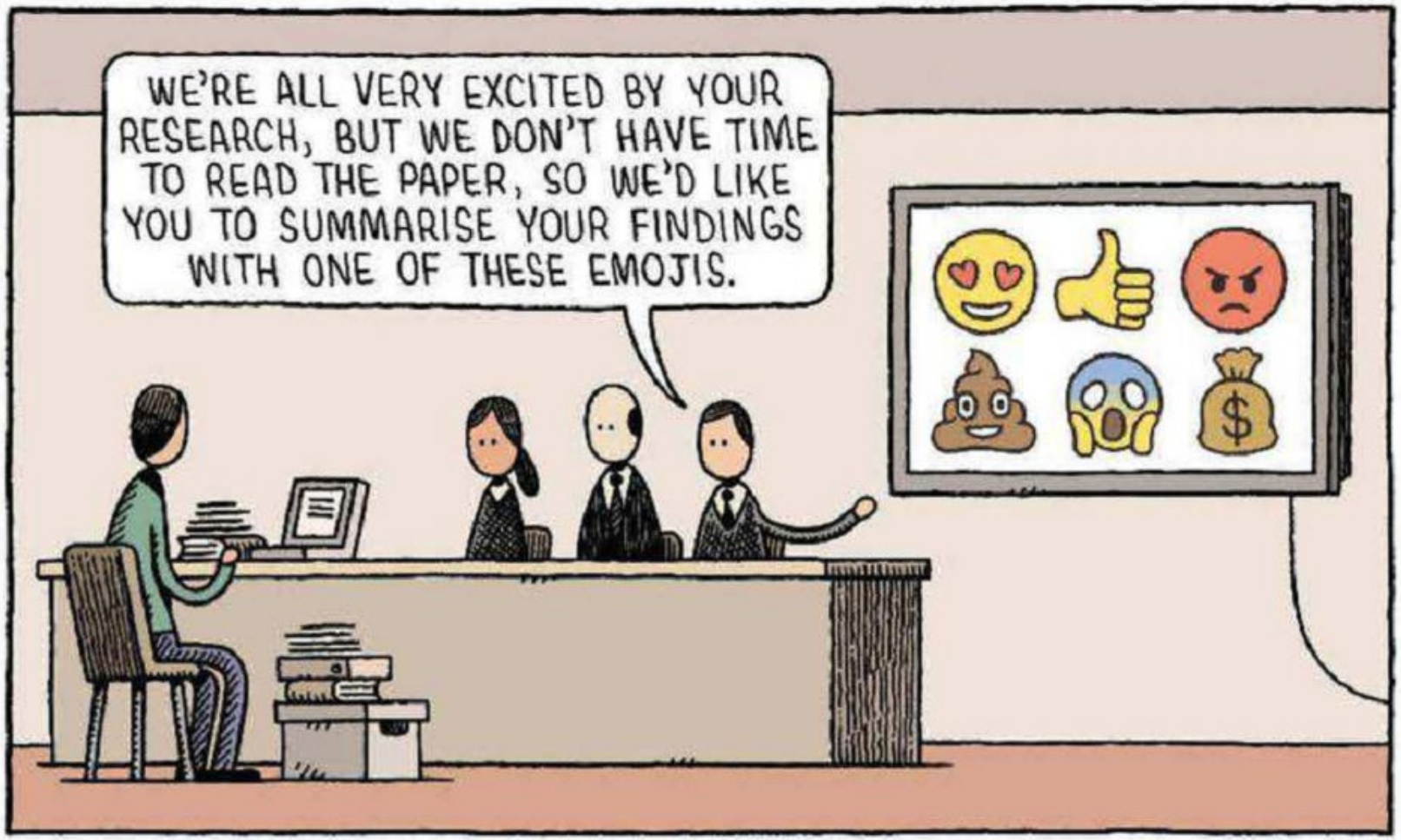
Championing the Impact of Research to DHSC

Natalie Owen – February 2026

What policymakers *might* think of academic papers

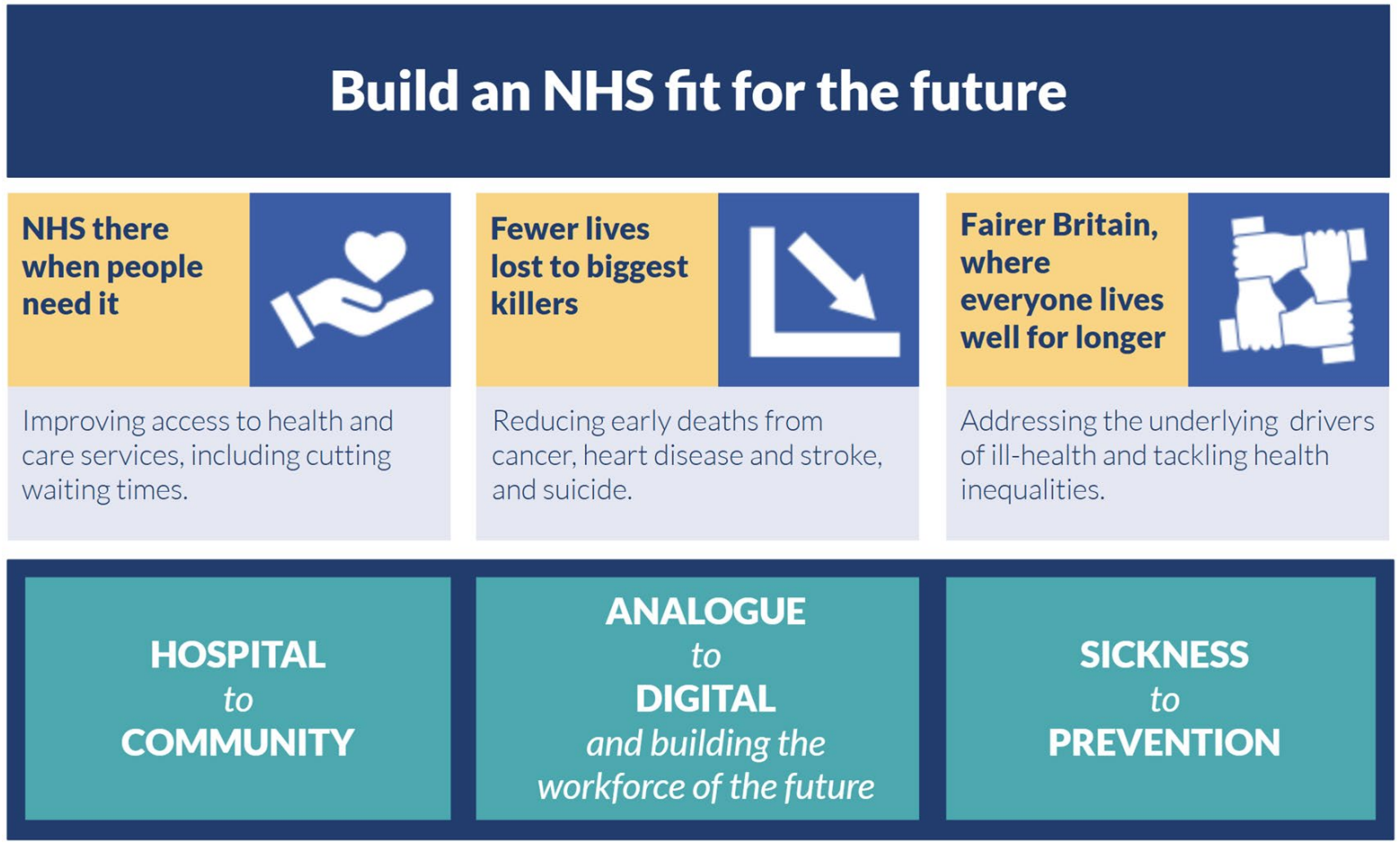


What academics *might* think of policymakers…



- Evidence enables good, inclusive policy. It helps DHSC develop policy, understand appropriate implementation and demonstrate
- Impact case studies also demonstrate the value of research investment, which we use to inform future commissioning and SR bids
- Imperative that the evidence/ case studies meet the needs of policymakers
- Trade-off between complexity and nuance

The DHSC policy context

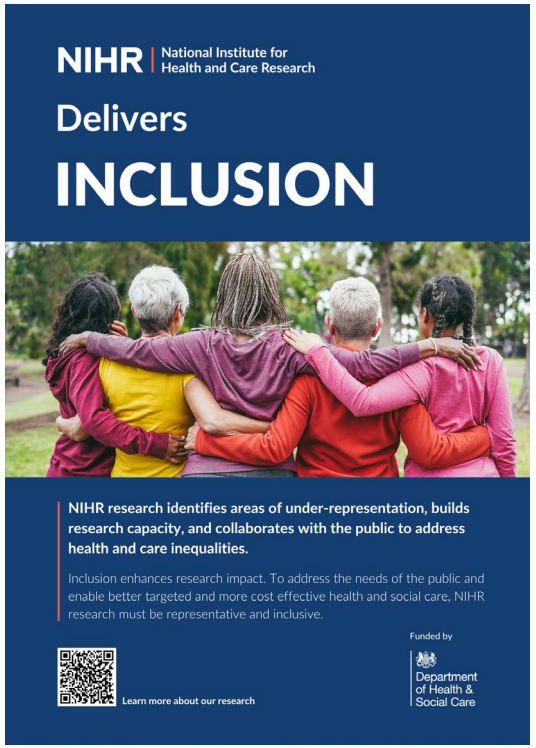


Government Growth Mission:

Seven pillars aim to restore stability, increase investment and reform the economy to drive up productivity, prosperity and living standards across the UK:

- Work in partnership with businesses
- Drive innovation, investment and the adoption of technology to seize the opportunities of a future economy

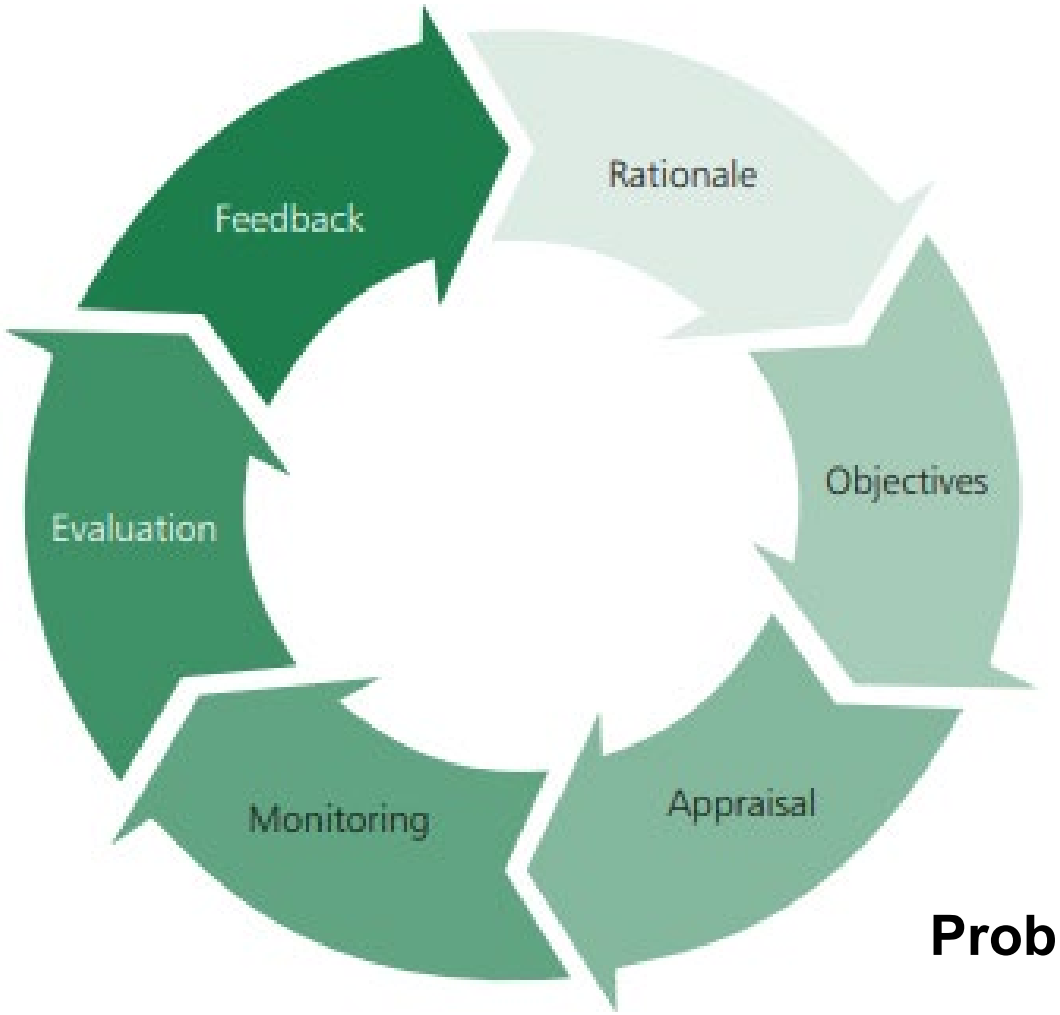
The NIHR policy context

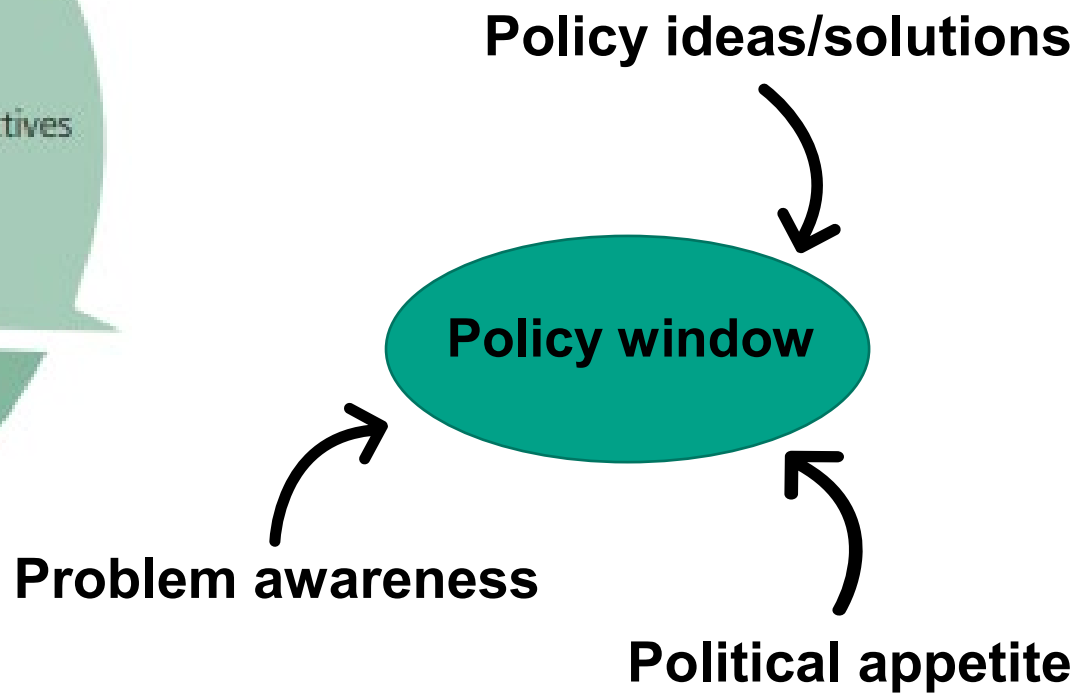


Not mutually exclusive!

Policy cycle

Evidence has a role at every point. But the requirements at each point will be different…





…and some points will be especially key for impact

Producing case studies – SO WHAT? What next?

Key points to convey:

- Why have you done this research – what was the problem you were trying to solve? Why is it important to know the answer?
- What did you find?
- What does this mean to patients/public, the health and care system, UK PLC?

Don’t overstate and be open about any limitations or caveats – accuracy is key but not the enemy of the good.

Ministers will assume NIHR funded research is good quality so you don’t need to go into detail on methodology but you can sometimes weave this in.

It is not: introduction, methodology, results, conclusions (including 5 sides on future research……).

Read it out loud before you submit (it really helps).

A third of adolescents in the UK are above a healthy weight. Current guidelines suggest behavioural interventions to support weight loss. However, these interventions suffer from low uptake, high drop-out rates and poor outcomes. This research aimed to understand the views of adolescents, and their parents, towards weight and weight management to improve weight treatment support. For the study, we interviewed 16 young people and 10 parents. We also ran a survey with a further 53 young people to collect additional, broader information to complement the more in-depth findings. Results (what were the results?) have been shared with key stakeholders and decision makers including schools, youth centres, and practitioners working with adolescence excess weight, to provide meaningful and effective support for young people living with excess weight (what is the impact in real terms? what's next?).

One third of UK adolescents are above a healthy weight, which puts them at an increased risk of physical, mental and psychosocial outcomes in the short and long term. Current weight management interventions in this age group have limited long-term success, with low uptake and high attrition rates. Clinicians, policymakers and other key staff working with adolescents have limited evidence on how to broach a discussion on excess weight in this age group. ARC researcher examined how adolescents want excess weight discussed and treated. They talked about relentless pressures to achieve an ideal body weight, but nowhere to turn for help in doing so; of the need for anonymous, evidence-based and effective support that does not require a parental proxy to access; and said they did not want anyone to discuss their weight with them unless they initiated the conversation. These findings are being used to inform a programme of care for young people that is both effective and acceptable, and to provide better access to this care which, if successful, will progress to a full-scale trial to test the effectiveness for weight management in the longer-term.

Across England, people at risk of suicide are often given a ‘safety plan’ by a health or care provider, to help them to manage their future risk. The plan might include advice on how to make an environment or situation safer, who to contact, and what to do in a crisis. However, research with people who have experience of suicidality has shown they often feel that these plans are not effective – with some describing them as a ‘tick box exercise’. This work, led by an experienced mental health practitioner and people with lived experience of suicidality, has led to the development of an evidence-based tool for developing personalised safety plans which are shaped by an individual’s circumstances and preferences. This tool will support the development of more effective safety plans - avoiding preventable deaths and improving outcomes in this high priority and at-risk population.

Suicide is a preventable death and suicide prevention is part of the Government’s Health Mission to reduce deaths from the biggest killers. The impact of suicide on families and communities is immense, and suicide attempts place a burden on emergency services and A&E departments. Across England, people at risk of suicide are often given a ‘safety plan’ by a health or care provider to help them to manage their future risk. However, research with people who have experience of suicidality has shown they often feel that these plans are not effective. ARC researchers developed an evidence-based tool, working with adults with lived experience, to build a personalised safety plan shaped by a people’s circumstances and preferences. The research led to the co-development of evidence-based guidance for practitioners around safety planning. If the tool supports more effective safety plans, it could reduce avoidable deaths and improve outcomes for vulnerable people. ARC researchers are now carrying out work to refine, test and evaluate the framework and its implementation across a range of settings nationally.

Unpaid carers (family/friends) provide crucial support to others, but caring can damage carers' own health and wellbeing and they are not always well prepared for the role. Carers need support to (1) look after their own health/wellbeing and (2) boost their skills/confidence to care. Healthcare policy says this should happen, but healthcare professionals rarely achieve this alongside supporting the patient in their patient-led roles. To address this, we co-developed (with carers and professionals from across health, social care, and the voluntary sectors) a novel Carer Support Nurse role. This award-winning role achieved its goal of supporting carers with complex health or wellbeing needs that could not be met by their usual healthcare team, and upskilling other health care professionals in carer support. It achieved positive impacts on carers, cross-sector referrers, and stakeholders, and the pilot established 21 evidence-based recommendations to enable future roll out and further evaluation of the role.

The role of families and friends as unpaid carers is vital, with an estimated saving of £132 billion annually to health and social care. However, there is often a negative impact on carers' health and well-being. ARC researchers developed and piloted a Carer Support Nurse (CSN) to work directly with carers to support their health-related needs and educate other healthcare professionals in carer support. The CSN was described as a "super-connector", linking carers to the information, resources and services they needed and shared their learning with other health care professionals (who highly valued this knowledge-brokering). The pilot's 21 key recommendations have been shared with health, social care, and voluntary sector services to support the set-up of services elsewhere.

Anxiety problems are common and often have a particularly early age of onset, yet many preadolescent children with anxiety problems do not access timely and evidence-based treatment. We co-designed a therapist-supported, online treatment platform (OSI) which enables parents to gain skills and confidence to help their children to overcome anxiety problems. A trial delivered in routine services demonstrated that OSI was associated with a substantial reduction in clinician time (and as such service delivery costs) without compromising clinical outcomes or parent/clinician acceptability compared to routine alternative treatment. We have recently signed an agreement with a commercial partner, KoaHealth, to support implementation at scale in the health service.