

Agenda item:	8
Attachment:	

HRA Board Meeting

18 September 2019

Title of paper:	Research transparency: update on the Make it Public consultation
Submitted by:	Juliet Tizzard, Director of Policy Eve Hart, Head of Communications
Summary of paper:	To update the Board on the Make it Public consultation
Reason for submission:	For information
Further information:	The paper covers: <ul style="list-style-type: none"> • The purpose of the consultation • Consultation methods and participation • Communications review • Expenditure on the consultation • Next steps
Budget / cost implication:	Expenditure on the consultation is included in the paper
Dissemination:	Information about the reach and impact of the consultation will be communicated publicly
Time required:	15 minutes

Research transparency: update on the Make it Public consultation

1. Purpose of the consultation

- 1.1. In its report on clinical trials transparency, the House of Commons Science and Technology Committee recommended that the HRA develop a strategy to address poor performance in research transparency by December 2019. We accepted that recommendation and began developing the strategy in early 2019.
- 1.2. Effective engagement and consultation are key to developing a strategy that is feasible, that will be accepted by those who will be directly impacted, and that achieves our aim of improving research transparency. We knew that we will need the input of the wide range of public and professional stakeholders in the research community to make the strategy a success.
- 1.3. One key strand of our engagement has been the Research Transparency Strategy Group. Chaired by Professor Andrew George, the group includes sponsors, campaigners, funders and patients from across the UK. The group's collective knowledge and expertise has been crucial in shaping a draft strategy which reflects voices across the research landscape.
- 1.4. However, to ensure the strategy creates long-lasting change, we saw the need to consult widely to ensure that we hear a wider range of voices. The purpose of the consultation was therefore to:
 - develop a strategy which is credible and has stakeholder buy-in – and partners who will champion it
 - gather feedback on the proposals and plans to assess acceptability, feasibility and impact from a range of stakeholders
 - give early warning that we will be ensuring better compliance from a future date.

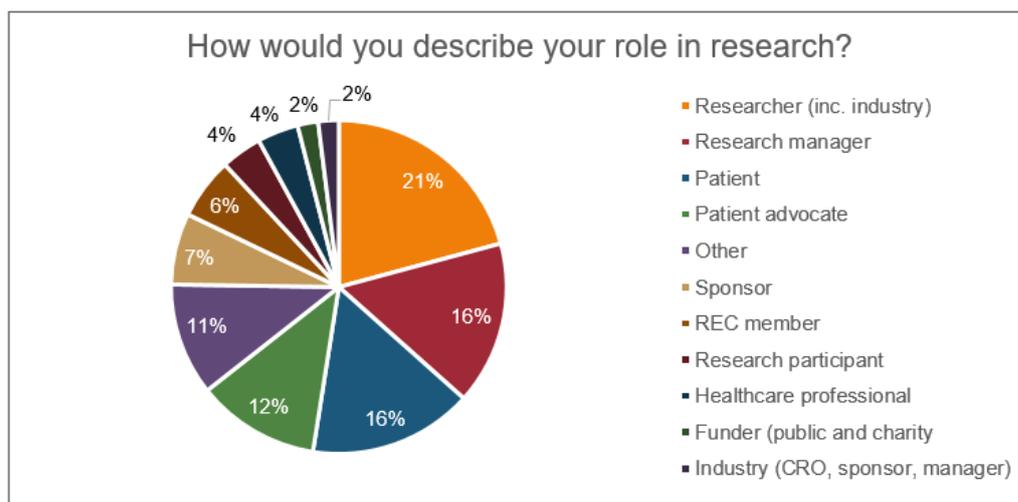
2. Consultation methods and participation

- 2.1. The consultation ran for 12 weeks, from 17 June to 6 September 2019. We used different methods to gather views about the draft strategy:
 - An online survey
 - Five open workshops
 - A webinar for Research Ethics Committee (REC) members
 - A focus group for patients and the public
 - A series of workshops for HRA staff

Online survey

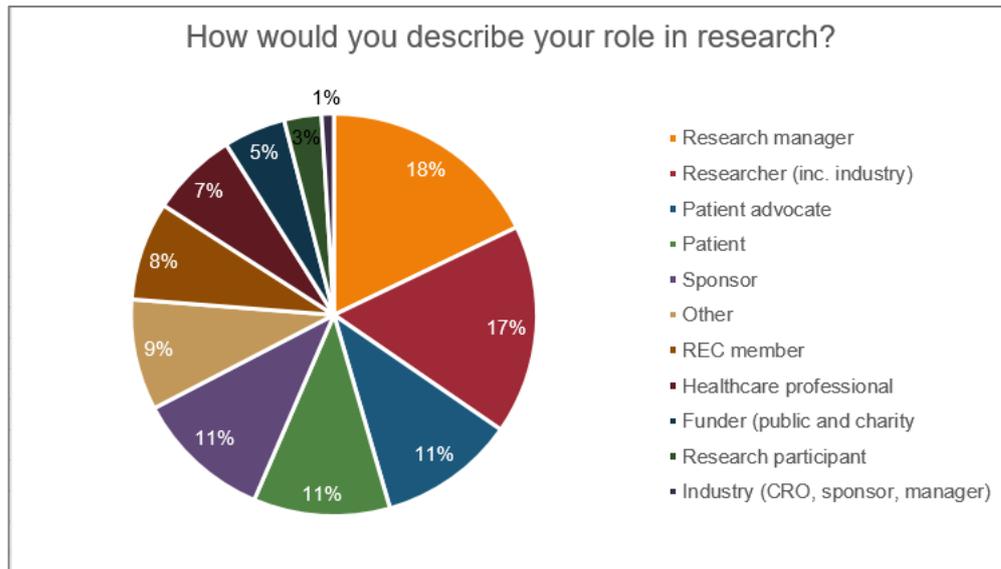
- 2.2. The survey was designed to capture views about key plans and proposals in the draft strategy. It consisted of 10 questions about the strategy and three questions about the respondent. The quantitative questions about the strategy asked respondents to choose between options, say to what extent they agreed with a statement, or prioritise a list of planned activities. The qualitative questions about the strategy asked respondents to explain why they had given a response, or to give additional ideas or comments.

- 2.3. The survey was open to anyone to respond. We advertised the survey (and the public workshops), through our own communications channels, regional and specialist media and partner stakeholder organisations' communication channels. See the section below on communications impact for more details.
- 2.4. A total of 465 responses to the survey were received by 6 September (note that this may change slightly as there were some late submissions and duplicates). This is the highest number of respondents the HRA has ever received to a consultation survey.
- 2.5. Most respondents (86%) were individuals, with organisations making up 14% of responses. 96% of respondents were based in the UK, with 4% outside the UK. Of the 399 individuals, 21% were researchers, 32% were patients, patient advocates and research participants and 16% were research managers. The chart below gives a more detailed breakdown.



Open workshops

- 2.6. We held five open workshops, in London (16 July), Manchester (25 July), Cardiff (31 July), Belfast (12 August) and Edinburgh (6 September). The workshops outside England were organised jointly with colleagues in the devolved administrations. The format of the workshops varied slightly to suit the local audience, but all involved plenary and table-based discussion around the strategy approach, the key issues in the consultation and an exercise to prioritise planned activities. Views expressed were captured by note-takers and table discussion facilitators.
- 2.7. The workshops were open to anyone, though participants were asked to register in advance. We used a range of methods to advertise the workshops, through our own communications channels, regional media and partner stakeholder organisations' communication channels. See the section below on communications impact for more details.
- 2.8. A total of 161 people attended the workshops, with similar attendance numbers at each location. When registering to attend the workshop, we asked participants to indicate their role in research (they were able to choose more than one category). Of the 161 participants, 25% were patients, patient advocates and research participants, 18% were research managers and 17% were researchers. The pie chart below gives a more detailed breakdown.



Webinar for REC members

- 2.9. We held a webinar for members of Research Ethics Committees on 6 August. Given the geographical spread of REC members across the UK, holding a virtual discussion was the best method for involving this group.
- 2.10. The format of the webinar was a slide presentation, followed by questions and comments. 24 REC members took part in the webinar, and another 20 who were not available on the original date have since watched a recording of the session. A number of REC members also responded to the survey and attended the open workshops.

Focus group for patients and public

- 2.11. We held a closed focus group for patients and members of the public in Nottingham on 2 September. We recruited participants through the Nottingham University Hospitals NHS Trust Patient and Public Involvement team. 10 people took part.

Workshops for HRA staff

- 2.12. HRA staff volunteers ran workshops for staff in the five offices. The aim of the workshops was to gather the views and insights of staff, many of whom have been working with RECs for many years. It also enhanced staff engagement in this important aspect of our work. 41 members of staff took part in the workshops.

3. #MakeitPublic communications review

- 3.1. Our communications objectives were:
- To create an engaging research transparency campaign

- To raise awareness of the HRA’s consultation, leveraging stakeholders and contacts to add value and increase reach
- To promote the open workshops and encourage responses to the online survey from the public, patients and across the research community.

Brand development

3.2. Following a creative session and engagement with the Research Transparency Strategy Group, the HRA communications team worked with Cube Creative to commission a striking campaign identity, with a hashtag symbol representing the four pillars of research transparency.



3.3. The agency produced web and social media graphics, a slide deck, and materials in Welsh to promote the consultation workshop in Cardiff.



Social media

3.4. The consultation launched on Twitter on 17 June 2019. The first tweet, featuring patient and representative of the Research Transparency Strategy Group Derek Stewart, made over 35,000 impressions, thanks in part to support from the Department of Health and Social Care and NHS England who shared it with their followers. There were 270 tweets tagged #MakeItPublic in the first week of the campaign.

3.5. A comprehensive programme of stakeholder engagement, as part of which we produced and shared a communications pack with lines to take, sample text for websites and social media, quotes, photos and graphics, delivered significant return. Organisations including NIHR, the Association of Medical Research Charities, CRUK, the Academy of Medical Sciences and the ECMC network created their own content to promote the consultation.



3.6. Whilst our own social media activity (53 individual tweets) made over 300,000 impressions during the 12-week consultation period:



in total, tweets tagged #MakeitPublic made more than 5 million impressions, reaching over 2 million individual accounts. The support and continued engagement of our stakeholders, including in the devolved nations, amplified our reach sixteen-fold.

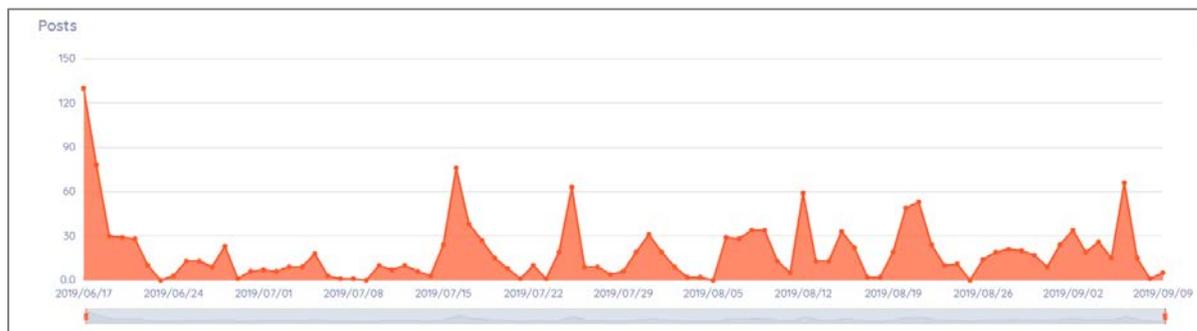


Join Dementia Research @localdementia
 How can we make #research more open? @HRA_Latest want it to be easier for everyone to know what research is going on and what its findings are. 🙌
 Tell them what you think as part of their #MakeitPublic consultation on transparency and openness.
hra.nhs.uk/makeitpublic

NHS Research Scotland @NHSResearchScot · Aug 29
 @HRA_Latest, is currently seeking views on its new strategy to help increase public access to research findings. Patients, the public and researchers in #Scotland can take part in the #MakeitPublic consultation, and attend the workshop in #Edinburgh. bit.ly/2La06md

HealthCareResWales @ResearchWales
 Are you a patient, member of the public or researcher who's interested in increasing public access to research findings?
 Get involved in discussions about the future strategy by attending a workshop in Cardiff sosci.in/d2i7
 @HRA_Latest @NHSResearchScot #MakeitPublic
 GIVE YOUR OPINION ON THE FUTURE STRATEGY FOR TRANSPARENCY IN RESEARCH AT A HEALTH RESEARCH AUTHORITY WORKSHOP.

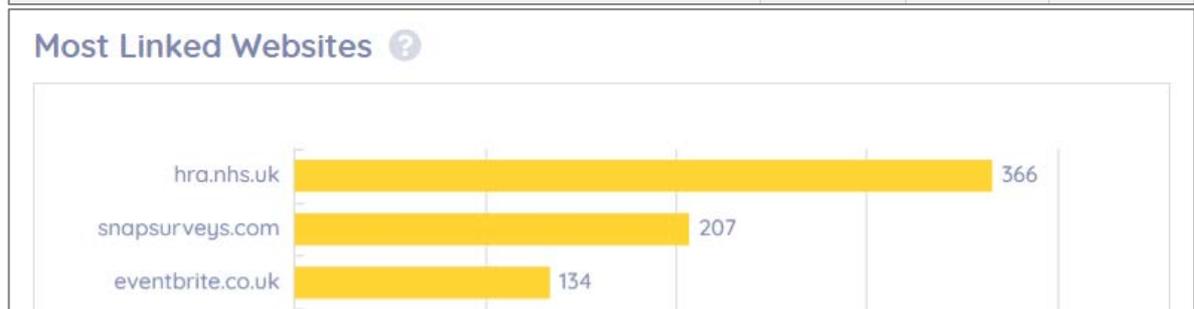
3.7. GIFs and short video content from the earlier workshops encouraged shareability, and with clear peaks around the workshops, producing a variety of content ensured that the communications team could keep up momentum throughout the 12-week period.



Web traffic

3.8. There were 13,000 unique page views of the consultation section of the HRA website, with an average time on each page of over two minutes. During the first week, analytics showed that visitors to the site were not always going on to complete the online survey or book for the workshops, and content during the second half of the consultation period drove users directly to Snapsurveys or Eventbrite, ensuring that both of these sites linked back to the strategy itself.

Page ?	Pageviews ? ↓	Unique Pageviews ?	Avg. Time on Page ?
	16,913 % of Total: 2.84% (595,119)	13,464 % of Total: 2.79% (483,374)	00:02:06 Avg for View: 00:01:32 (37.34%)
1. /about-us/consultations/make-it-public/	6,989 (41.32%)	5,285 (39.25%)	00:02:08
2. /about-us/consultations/make-it-public/how-can-you-respond/	3,153 (18.64%)	2,422 (17.99%)	00:03:31
3. /about-us/consultations/make-it-public/our-vision-research-transparency/	1,862 (11.01%)	1,574 (11.69%)	00:01:08
4. /about-us/consultations/make-it-public/our-plans-and-proposals/	1,536 (9.08%)	1,296 (9.63%)	00:02:25
5. /about-us/consultations/make-it-public/what-strategy-covers/	1,453 (8.59%)	1,238 (9.19%)	00:01:02
6. /about-us/news-updates/make-it-public-new-consultation-launches-help-increase-public-access-research-findings/	626 (3.70%)	524 (3.89%)	00:02:29
7. /about-us/consultations/make-it-public/whos-behind-strategy/	519 (3.07%)	462 (3.43%)	00:01:39



Press coverage

- 3.9. The consultation was covered in specialist press including Research Professional (with 280,000 subscribers) and the Pink Sheet.
- 3.10. Regional press releases, with local patient and public and professional quotes, were produced for each of the four nations and received good local coverage, driving an increased number of patient and public signups to the five face-to-face workshops.

Future focus

- 3.11. #MakeitPublic has proven to be a valuable asset for the HRA. Eye-catching content, compelling quotes, video and animation have captured the attention of the research community and helped us to deliver our most successful consultation since the organisation was formed.
- 3.12. The communications team will now work to produce a brand strategy for #MakeitPublic so that the campaign identity has a life beyond the consultation, up to and including when the final strategy is enacted. Our vision is that the strapline becomes a call to action for researchers, sponsors, funders, patients and the public as our work in this area progresses.

4. Expenditure

- 4.1. The overall cost of the consultation was £11,617 which was met within existing Policy & Engagement and Communications team budgets. No additional staff were recruited to run the consultation. The breakdown of non-pay expenditure is as follows:

Consultation element	Detail	Expenditure
Online survey	Subscription to Snapsurveys	No additional cost
Open workshops	Venue hire and catering	7,713
	Patient/public participation fees/expenses	544
	Miscellaneous	70
REC webinar		No cost
Patient and public focus group	Patient/public participation fees/expenses	915
	Venue hire and catering	150
Communications	Make it Public brand and banners	2,225
Total		£11,617

5. Next steps

- 5.1. The analysis of the feedback received during the consultation is now being carried out and the Research Transparency Expert Group will consider early analysis at its meeting on 23 September. The group will meet again in October, when it will finalise a proposed strategy which will be presented to the HRA Board in December.