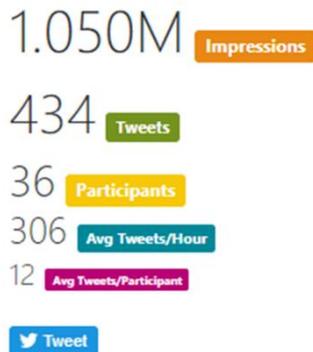


## [#WhyWeDoResearch](#)

### [“Future of Research”](#)

#### [TweetChat 12: 7<sup>th</sup> July 2020](#)

#### The Numbers



*The twelfth #WhyWeDoResearch 2020 tweetchat explored the ‘Future of Research’. The theme for this*

*#WhyWeDoResearch tweetchat was a result of previous discussions on the impact of COVID-19 on research and what changes would and/or should be kept after the pandemic.*

*Now with the restrictions easing we wanted to ask the #WhyWeDoResearch community what they thought when*

*they heard ‘Future of Research’. Please note that the*

*representative examples may vary depending on the location*

*and the experiences of individuals. We decided to video record the questions as this medium of interaction seemed to be well received in the previous chats. The transcript of the #WhyWeDoResearch tweetchat (held on 07.07.2020) is available: [click here](#).*

#### Health & Wellbeing

Many tweeted that they were “Doing well here” and “...enjoy getting out and doing some more ‘normal’ activities”. Some (who are shielding) said that they were “Quite bored of being stuck at home”. Others spoke about how busy they were with research (especially with restarting/ recovering non COVID-19 studies). There was excitement with the #WhyWeDoResearch community being back together again for a tweetchat!

#### Public Patient Involvement

Public Patient Involvement (PPI) is an area that has been tweeted about during each of the #WhyWeDoResearch tweetchats during COVID-19. Patients want to be asked what matters/ is important to them when it comes to the care services. Research needs to be of interest to patients and the results/ impact of the studies they participate should be shared. The need for the patient’s voice to be heard when reviewing a study’s suitability needs to be asked for and listened to. “The best methods of communicating with patients about the options

available to them about treatments.” was also tweeted about – how to use technology, clear face masks, language that is accessible and understandable etc.

The Health Research Authority (HRA) tweeted about their “[Transparency Agenda](#)” – “Research studies should be registered and the results made public, so that participants are protected from unnecessary research and patients benefit from improved outcomes and care informed by high quality studies.”. The launch was delayed due to COVID-19 but HRA plan on going forward with this agenda soon.

### **Funding**

Some tweets asked “What research will be able to restart, what research will be prioritised for funding...”. There were concerns about funding as charities and other organisations are currently not receiving as many financial donations as usual or are losing money. A couple of tweets also discussed how leaving the European Union (EU) will impact on the availability of resources to obtain grants from. The impact of reduced funding for research would be felt by patients (less research options and fewer developments in treatment/ care) and staff (less research posts, fewer career opportunities).

### **Virtual Consents & Assessments**

There was interest among the tweetchat on how the delivery of research opportunities might change in the longer term and if this would involve more virtual activity. It has provided patients and staff members an opportunity to use various online platforms to see their different capabilities (such as translation or sub-titles). Some tweeted how “Remote monitoring, remote consenting, it’s the only way forward for pre Covid studies”. Guidance from the HRA on “[Making changes to a research study to manage the impact of COVID-19](#)” was shared during the tweetchat.

Some hoped that “...research will hopefully be adapted to accommodate people still isolating and making sure these people get to participate to the max”.

## **New Research**

It was felt that one benefit of COVID-19 was “The way everyone thinks about research interactions will inevitably change. I do believe that this will make research more accessible moving forward”. Some tweeted about how research approaches could be improved with “... with less red tape and slicker simpler processes. Everyone knowing what we do and who we are”. Others spoke of how they hoped for a “...better approach with nurses being encouraged and supported to be doing nursing research as part of their role, as well as CRNs supporting clinical research”. Another COVID-19 benefit was “major organisations are realising they need to work closer together. Collaboration not competition!” and with collaboration comes “more efficient use of our resources too”.

One new area of research that was tweeted about was “preventive lifestyle medicines” instead of medicines to treat diseases.

## **Public Platform**

The attention and increased awareness of the value and need for research was again mentioned in this #WhyWeDoResearch tweetchat. Some of the tweets included “We’ve never had such a visible public platform before & that is fantastic. Showcasing exactly #whywedoresearch - without research there will be no COVID-19 answers”; “There has to be a silver lining of a dreadful pandemic & public awareness” and “Yes, I also think it’s helped to reach a whole new audience and maybe dispel some of the myths of what research is... ie, it’s not all lab coats”.

## **Questions**

As always, the #WhyWeDoResearch tweetchat started with asking people how they were and the tweetchat ended with a smile on our faces after sharing some jokes. During the #WhyWeDoResearch tweetchat we asked only one question “What Do You Think of When You Hear ‘The Future of Research?’”. The reason for having one open question was that each of us within the #WhyWeDoResearch team had a different interpretation of the topic. To ensure that everyone’s voice, ideas and experiences were captured we kept the #WhyWeDoResearch tweetchat as an open discussion.