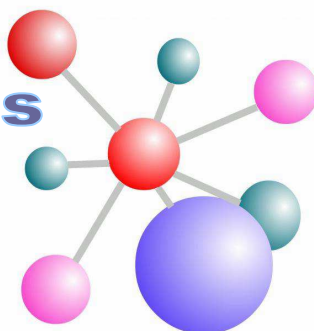


**Inglês**



**Ciências da Saúde**

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Se, em qualquer outro local deste Caderno, você assinar, rubricar, escrever mensagem, etc., será excluído do Exame.
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- 9** Você dispõe de, no máximo, três horas, para responder as 5 questões que constituem a Prova.
- 10** Antes de retirar-se definitivamente da sala, devolva ao Fiscal este Caderno.

**Assinatura do Candidato:** \_\_\_\_\_

**As questões de 01 a 05, cujas respostas deverão ser redigidas EM PORTUGUÊS, referem-se ao texto abaixo.**

## **ACADEMIC HEALTH SCIENCES NETWORKS IN ENGLAND**

**David R. Fish**

Recent legislation resulting in health-care reforms for England provides a structural framework for future delivery of care. During the legislative process, the importance of innovation and translation of innovation into routine practice was recognised. These vital components have been missing from previous attempts to achieve sustainable transformation in complex health systems. Tardiness in delivery of innovations is evident: in general, the time from proven efficacy to widespread adoption is 17 years. Taking 20 years to implement venous thromboembolism prophylaxis properly typifies the situation.

Failure to adopt innovations rapidly is a disincentive to inventors, entrepreneurs, and industry to work on new developments in the UK, particularly if these are later seen to wither on the vine or become mired in slow delivery. Moreover, loss of life, impeded economic growth, and demotivation of able and committed staff across health care and academia are outcomes of this failure. Although academic health science centres (AHSCs) are recognised internationally as potential vehicles for delivery, their focus is typically on discovery and early-phase translational work. Professional partnerships are not broad enough, and relationships with local health-care providers and communities do not have the leverage to effect rapid population health gains.

In a report published in 2011, the UK's National Health Service described important benefits for patients, populations, and the economy that would come from delivery of innovations. By outlining a plan to enable better partnerships across autonomous organisations, we can build a strategy to deliver innovations, incorporating values and horizontal collaboration that support patient-pull and top-down drivers rather than the traditional formula of command and control.

The call for academic health sciences networks (AHSNs) marks the next step to achieve delivery of this ambitious plan. Serving local populations of 3–5 million people and including partners from university, local government, and industry, these networks will be pivotal to enable cross-boundary working. They will promote formal yet flexible alliances between organisations and maximise delivery of innovations for patients and populations by acceleration of uptake into routine clinical practice. This approach to delivery of innovations is mainly permissive: clear goals are set within a broad operating framework, leaving much to be ascertained by local context. This shift in emphasis from structural rigidity to recognition of the importance of local relations and leadership in frontline delivery, which are typically the most crucial factors to achieve quality of services and value for money, is welcome.

Success of AHSNs depends on shared values, strong working partnerships, local leadership and energy, and clarity on operational delivery, rather than one system of control or complex contractual arrangements. Experience in the UK and internationally provides insights into what works well and where pitfalls and roadblocks will lie. For example, health innovation, and education clusters show that delivery of benefits into routine clinical practice is difficult, but working locally across boundaries for patient and population health gains incorporates inherent enthusiasm and energy. AHSNs provide a strong platform: substantial recurrent funding linked to a 5-year licence is promised, together with a greater range of options for implementation and a decluttering of the innovation landscape at national level. Clinical commissioning groups will be able to enhance outcomes and meet their legal duty to promote innovation by active engagement in AHSNs, and this participation is important for the research excellence framework and higher education institution funding.

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Disponível em: < Lancet, 2013 Jun 8, Vol. 381(9882), pp.E18-E19 ,<http://link.periodicos.capes.gov.br.ez18.periodicos.capes.gov.br/> >. Acesso em: 19 de março de 2015.

**Questão 1**

De acordo com o texto, (i) qual o resultado da legislação recente na Inglaterra em termos de saúde e (ii) o que ocorreu durante o processo legislativo?

Espaço para Resposta

**Questão 2**

No contexto indicado pelo texto, (i) qual o papel dos AHSCs e (ii) quais os problemas apontados com as parcerias profissionais e as relações com as comunidades?

Espaço para Resposta

**Questão 3**

Descreva o que apontava o relatório publicado em 2011 no Reino Unido indicado no texto.

Espaço para Resposta



**Questão 4**

Do que depende, de acordo com o texto, o sucesso das AHSNs?

Espaço para Resposta



