

Amicus Response to the Cooksey Review of UK Health Research.

The NHS, a publicly funded body, has a remit to provide a health care service at many levels, to the public as well as conduct research aimed at improving treatments and/or delivery of that service.

The Medical Research Council (MRC) is a publicly funded research organization supporting the full range of research initiatives from basic/blue skies to applied/translational research in its own research centres (intramural research) and in other organizations such as universities and hospitals (extramural research).

As both organizations are direct employers, their employees have a vested interest in the outcomes of the many reviews recently and currently being conducted, not least the Cooksey Review which is seen as having potentially major implications for the future of medical research.

Amicus is a union representing a significant membership in the NHS and the MRC as well as other public bodies such as universities and private industry.

We wish to make some general points as well as respond to the questions set out in the consultation document.

General Comments.

In his Budget Speech Gordon Brown announced his proposal to provide at least £1 billion for a single health research budget to be jointly held by the Secretaries of State for Health and Trade & Industry.

Amicus is concerned that this figure is significantly below the actual combined budgets for the NHS R&D fund and the MRC fund, which is set for over £1.3 billion for the next financial year. Any reduction in the total research budget will undermine the medical and social research effort by placing even greater constraints on current and future work. The management of the two budgets or a single budget must enable all forms of research – short and longer term, basic and applied to be properly supported.

Amicus is also concerned at the number of reviews to which public organizations have been or are being subjected to and questions whether the conclusions of each of these costly reviews can be taken into account when there has been insufficient time to implement them.

These include:

The Science and Innovation investment Framework 2004-2014 (already published) and Next Steps (expected Autumn 2006 following consultation) which has given rise to this review.

House of Commons Science & Technology Committee report into Research Council Support for Knowledge Transfer (published June 2006)

The Gowers Review into IP (questions 2, 7), expected to report Autumn 2006.

The Consultation for a replacement for the RAE after 2008 and any proposals arising from that. (question 3)

Amicus Response to the Consultation Questions.

1, What are the strengths and weaknesses of the Medical Research Council (MRC) and NHS R&D programmes at present?

The NHS strengths and weaknesses.

- The NHS is best placed to complement MRC's work by providing a research base within the NHS.
- The devolved structure makes it highly responsive to local needs both clinical and social.
- However, funding shortages have placed conflicting demands on the non-ring fenced NHS R&D budget that has serious implications for current and future research.
- It is doubtful whether all NHS Trusts are sufficiently large enough to support the infrastructure needed for research at the required level.

MRC strengths and weaknesses.

- MRC's track record of scientific excellence supported by peer review.
- MRC's independence in determining the research to fund, enabling it to respond to new basic and applied research demands.
- MRC's involvement with other organizations in the public and private sector that enables it to respond to strategic needs at a local, UK and international level.
- MRC is accountable for its funds.
- MRC funds are ring-fenced for research.
- Although there are many good examples of applied research and cross collaboration, there are examples of where MRC has not taken up applied (commercial) opportunities in the past and the management of collaborations has not always been easy.

How do each of these support the research and training needs of the NHS, social care, industry and academia? Does more need to be done?

- There needs to be greater value placed on a research career and better opportunities for moving between disciplines, e.g. for clinicians who do want a research based career.
- In recent years MRC has introduced career structures for scientists that provide support and training for the first postdoctoral appointment and beyond.
- There could be better support in the NHS for those wishing to combine a research and clinical career and for those who want to take up a research career.

2, What do you believe are the key scientific and organisational challenges facing health research, and underpinning training, in the UK over the next decade?

- There is a need to recognize the changing patterns of disease, so that intervention can happen earlier, supported by research.
- There needs to be a balance between the drive for technological advance and the need to address the causes of disease and preventative measures.

How might the UK Government best help address those challenges?

- Research should not be overburdened by regulation. While legislation is a valuable tool for the protection of society, its consequences are not always apparent. For example, the Data Protection Act has had a significant impact on the conduct of epidemiological research, in

which the UK has been a major world player. A national approach to research governance and data protection, by the Government, would be a positive step to help research.

What do you believe should be the Government's objectives for health research, and why?

- It is critical that in any health objectives, there is good communication between the research organizations to ensure that the needs of society are met but duplication of effort is avoided.
- It is important that there is a national mechanism e.g. peer review as in MRC, to ensure that less well thought out research is not funded at the expense of higher quality research. Also that short term "safe" research is not funded at the expense of longer term research for short term political advantage.

3, What should be the Government's priorities for health research?

- There will be many views on this and given that funding is likely to be constrained, a short answer could be that better health management strategies that improves the health of the nation cost effectively, whether it be treatment, prevention, home care/support, are the priorities. These include the diseases of affluence such as diabetes and heart disease.
- Our concern is some areas having a significant impact on health are low tech and/or do not make the high profile journals, and as a consequence are currently not well funded, despite their importance to public health and welfare. They are less attractive to universities, who need a high RAE to maintain funding and also not always well supported by Charities. Examples include obesity and binge drinking both of which need investment in lifestyle change strategies.
- Equally important are those diseases associated with longevity in our ageing society and those associated with poverty.
- Any applied research needs to be underpinned with a better understanding of the biological processes that are most likely to be gained through basic research.

Is there anything it should stop doing or funding?

What is it not doing or funding that it should do, and, in the absence of further resources of support, what can it lower in order to release the necessary funds?

- There needs to be a greater emphasis on problems that the public sees as issues and further improvement in communications with the public on the impact of research on health issues, especially longer term ones.

4, How should decisions be taken on the balance between the long-term economic and social benefits of a high quality biomedical research base; and the needs for research to improve healthcare and other public services?

- It is important that funding decisions are taken at arms length from the political arena (Haldane). They should be taken by those directly involved in research and health care.
- It is also important that the decision takers are fully and publicly accountable.

What is the appropriate balance between public funding for investigator-led and priorities led research?

- The balance between investigator –led and priorities led research needs to be able to take account of changing needs, newly acquired knowledge and technologies and will vary over time. It is critical, therefore, that there are systems in place that enable judgements to be made about the relative importance and worth of research proposals, such as peer review of applications across all research organizations. This will be even more critical as the RAE is to cease after 2008 – its replacement is the subject of another review.

*How do we balance funding for basic science, translational science and applied science?
Is this something that should vary over time?*

- It is generally agreed MRC should continue to fund basic research, e.g. Conclusion 9 from House of Commons Science & Technology Committee Report into RC Support for Knowledge Transfer June 2006.
- MRC has committed to more applied health research and can provide examples of applied research and collaborative and multidisciplinary approaches to problems. This is demonstrated by a number of initiatives over the last year. For example those highlighted in the recently published UK Clinical Research Collaboration (UKCRC) report, available on the MRC website at www.mrc.ac.uk.
- It is committed to a better integration of clinical and basic research.
- MRC and others see the divisions between basic and applied research as becoming more blurred and it is our view that the balance will need to vary over time to pursue new basic knowledge or apply recently gained knowledge for society's benefit.

What mechanisms should be used to make judgements about this balance?

5, In your experience, how have the results of publicly-funded health research in the UK been used, both in the development of new treatments and to influence/change wider policy and healthcare practices?

- MRC, with others, supports a wide range of clinical trials that has a direct impact on health. E.g. the DART project (Development of Anti Retroviral Therapy) in Africa examining the effectiveness of AIDS treatment in environments where laboratory support is not available and the use of statins as a preventative measure to reduce the likelihood of heart attacks and strokes, regardless of cholesterol levels.
- MRC supports epidemiological research that has directly impacted on a number of health issues e.g. ill health directly attributed to smoking, occupational hazards including injuries arising from manual handling, exposure to asbestos, radiation and pesticides.
- Basic research in MRC Laboratory of Molecular Biology (LMB) led to the development of monoclonal antibodies that are now a common research tool but have also yielded many therapeutic products, some of which are at late clinical trial stage. These include products for breast cancer, leukaemia and transplant rejection. The most recent drug approved and now marketed in over 50 countries is Humira, used to treat several forms of rheumatoid arthritis and was developed in a collaboration between LMB and Scripps (USA).

What lessons can be usefully be learned to improve the uptake of advances in science and medicine?

- The development of a central fund specifically for the development of new treatments such as drugs may help improve the application of research findings which are currently hampered by cost, fear of litigation and excessive administration.

6, How might better links be forged between 'basic', translational and applied researchers, working across the whole field of health research, from the laboratory bench to the front line of the NHS?

- Greater consideration needs to be given to the impact of legislation and related guidance to ensure that while addressing public concerns it does not overburden research administration where clinical links are important, e.g. the impact of Human Tissues Act.

How might better links be forged across disciplines, e.g. with engineers, physicists and social scientists?

- The most productive links are those that are founded on shared goals rather than artificial links. Encouraging forums in which researchers in different disciplines are able to exchange views and information will aid develop better understanding that will lead to shared goals. This might be helped by the use of targeted funding. (Also see 7 below).

7, How can the Government encourage translation, entrepreneurship and innovation in health research to improve public services in the UK?

- A reduction in bureaucracy which often impedes collaborations etc
- Enabling NHS (e.g. hospitals) and Universities to “own” spinout companies so that generated funds can be recycled back into the organization, perhaps in the same way as MRC/MRCT.
- Encouraging industry to accept that universities need to keep ownership of their IP when research is funded by industry, as is the accepted practice for charities. Although this happens for large scale exchanges such as collaborations, it does not always happen with materials exchange or collaboration with SMEs.
- Promoting entrepreneurship across the board with a better focus on end points rather than intermediate steps would help to drive the research to an effective conclusion.
- Need to maintain/improve links across all organizations involved in research including other research councils and industry.
- Provide increased financial support to cover the gap between basic research and commercial exploitation, e.g. MRCT Gap Fund and Wellcome Trust Translation Awards.
- Improve training access for researchers in the ways of commercial enterprise by providing sponsor time in SMEs in the same way that grant support is available for researchers taking time out to assist with Public Engagement of Science.

8, How can UK health research funding be most effectively used to provide the appropriate infrastructure for basic, translational and applied research, whether funded by the UK public sector or other sectors?

- The continued support of research centres that are sufficiently large to have and maintain the required infrastructure for basic research and have a good track record in basic research and KT, such as MRC’s own research centres, e.g. Laboratory of Molecular Biology.

How can UK health research funding be most effectively used to support the work of NICE, facilitate innovation and collaboration with industry and address market failures in the application of healthcare?

- Health research needs access to the users of the NHS, ie the patients. With the changing structures in the NHS, including elements of privatization, there needs to be agreements through which researchers can approach patients to seek their help and cooperation.

9, What lessons should the UK learn from other countries in making the proposed changes to the institutional arrangements for the funding of health research?

- Other countries, e.g. Scandinavia have a more open system for medical record access that better supports some areas of research e.g. epidemiology.

10, In implementing the single fund for health research, to what extent should the MRC and DH/NHS R&D be merged or brought together? And to whom should the single, ring-fenced fund be accountable? Please provide reasons and any supporting evidence for your response.

- At present, the NHS fund is not ring-fenced. NHS Trusts are able to vire their funds to make best and appropriate use of them. A further constraint on their budgets could jeopardize the current financial plans, research or services to the public. There is a lack of accountability for

the use of the R&D funds. In contrast, the MRC has a ring fenced fund, for which it is accountable. Any proposal to combine the two funds must be built on the strengths of both organizations if it is not to dilute the delivery of world class research.

A single fund is only viable provided a number of other issues are properly addressed. These are:-

- There is full accountability for the fund and this is held by CEO for MRC and DTI Permanent Secretary rather than the Minister for Health.
- That there are mechanisms to review all research applications by peer review to ensure that short term “safe” research is not funded at the expense of good well founded longer term research.
- That any merger does not bring greater bureaucracy e.g. no requirement for dual accounting
- That the wider international remit of the MRC remains.

11, To what extent does the success of recent innovations in health research (e.g. Clinical Research Networks) and the proposed structures rely on the new Connecting for Health NHS IT system, and to what extent should it do so?

- The new system could, with appropriate permissions, allow for powerful research into a variety of health issues, if the Government and the public support its use for this (also see 2 above).

12, Given that NHS R&D is currently devolved, but that of the work of Research Councils is not, how can these functions work best together to maximise the health and economic benefits to the UK?

- Coordination could be challenging as devolved nature of NHS can present problems for researchers when it is beneficial to cross NHS boundaries. Management uniformity would be advantageous and maximise research potential but additional layers of accountability could add too great a burden on research.