

BERKSHIRE HEALTHCARE RESEARCH CONSORTIUM

Cooksey Review Responses

1. What are the strengths and weaknesses of the MRC and NHS R&D programmes at present? 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?

The current research funding structure maintains the leading edge of medical research. It does however strengthen already strong research centres and weaken local research agendas since the winning of funds in open competition relies on well known researchers with good track records. This precludes clinicians in trusts geographically away from these centres of excellence from getting started, receiving training and delivering high quality research directly related to clinical practice and locally inherent needs.

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? How might the UK Government best help address those challenges? What do you believe should be the Government's objectives for health research, and why?

A major challenge has to be the way technology and new medicines could dramatically change the care pathways and the way in which healthcare is delivered. Current research agendas focus strongly on developing the scientific leading edge but too often in isolation from either the patient's experiences and also the care providers. The opportunity to fund research projects whose central tenet is to identify and cost the best care pathway for high need patient groupings based on patient experience and needs, leading edge medical treatment knowledge and using technologically innovative delivery techniques would be a great asset. In essence we are

looking to synergise current areas of research which are generally funded separately into developmental action research projects which will deliver world class excellence in services by breaking down traditional NHS working boundaries. A good example would be child sexual abuse. While we know that it is an important antecedent in adult mental health problems, multi-faceted research including neuroscience, psychology, psychiatry, social work, public health nursing etc could elicit care pathways including primary, secondary and tertiary prevention which have real impact.

3. What should be the Government's priorities for health 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 sources of support, what can it lower in order to release the necessary funds?

Some funding should be agreed nationally with all stakeholders. Wide ranging topics could be the elderly or the mentally ill but substantial research resources should be directed towards areas which have been traditionally under funded such as mental health but which studies show to major uses of NHS resources either now or in the future.

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? What is the appropriate balance between public funding for investigator-led and priorities led research? How do we balance funding for basic science, translational science and applied science? Is this something that should vary over time? What mechanisms should be used to make judgements about this balance?

Cross parliamentary consensus over medium and long term objectives.

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



Chair: Sir David Cooksey

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

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

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? 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?

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?

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.

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?

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