

Response to Cooksey Review

This response is made on behalf of the following organisations:

Burton Hospital NHS Trust
Herefordshire R&D Consortium (Hereford Hospitals NHS Trust and Herefordshire PCT)
Walsall Hospitals NHS Trust

Whilst we agree that it is entirely appropriate that funding is given to those with a proven track record of good outputs that are implemented to patient benefit, this has meant that a large amount of funding has been channelled towards a relatively small number of individuals to the detriment of projects responding to local needs.

It is entirely correct that a large amount of funding is put into major national priorities. However, a weakness of the current system is that it directs money to large projects that cost a great deal to evaluate small areas of science. There should be funds put aside to provide small grants for hypothesis-generating studies.

Another failing of the current R&D funding structure is that it assumed that R&D is only about 'world leaders'. A lot of innovation comes from smaller units, but funding streams have been historically restricted to Tertiary Centres and University Hospitals. All of the Trusts providing this feedback have developed innovations locally, some of which have been recognised regionally via the West Midlands Innovation Awards. In addition, many successful small scale projects have been developed and funded locally aimed at improving quality of life for patients in areas where funding is hard to obtain. Indeed, NHS R&D funds earmarked for research have been relatively small in many NHS Trusts and are now diminishing, which will stop local research in those affected.

Priorities for health care research should be to identify cost effective methods to help more people; i.e. Herceptin reduces the death rate in women with breast cancer but it is expensive. Could it be better to have treatments that cost £500/yr/patient to give 6 months average benefit, that to cost £20,000 to give 1yr average benefit? Some degree of proportion should be injected. Projects are not sufficiently well evaluated prior to commissioning, i.e. what are the implications for the NHS if this intervention works?

We have concerns that the DoH gives large amounts of money to studies that appear to be designed to give the answer required. For example, the NHS Service Delivery and Organisation R&D Programme has recently funded the following national questionnaire surveys to determine 'organisational dynamics in healthcare':

- OC1: Measuring and Assessing Organisational Culture in the NHS: Funding: £201,136
- OC2: Changing Culture, Relationships and Performance in Local Health Care Economies: Funding: £300,028

Unfortunately, the studies are being rolled out during a time of NHS organisational mergers and staff job insecurity so the results are likely to be pessimistic and unlikely to be generalisable once the current NHS reforms have bedded in. Many similar studies require NHS staff to complete questionnaires, undertake interviews or attend focus groups which takes them away from their operational roles. Many of these studies take so long to get off the ground they are untimely once they start. The results of such work are typically poorly disseminated (although this is an improving area) and the impacts are often hard to determine.

It should be noted that many studies appear to have been critiqued by the same people, the DH should ask for opinion from a wider group of assessors, seek advice from the target recruitment group, and not rely on the same individuals.

The current system is supposed to develop collaborations between NHS Trusts and academic institutions. However, it actually discourages links because it wants people to have defined routes to universities. Research often works well by making personal links in other places. For example, whereas our 'official links' would be to local Trusts / Universities, staff members form personal working relationships with other Trusts / Universities and prefer to work with them.