

Response to the Cooksey Review of UK Health Research
The Cardiff School of Health Sciences
University of Wales Institute, Cardiff
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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 MRC operates rigorous peer review and its funding decisions are independent of political influence. It has a reputation for funding world-class basic biomedical research and, though less well recognised, in clinical research and training. It funds research across the UK and has responsibilities for global health.

NHS R&D is devolved and allocation of funding lacks the rigour and transparency of the MRC. However, it provides important funding stream for applied health care research and training in the allied health professions which have an emergent research culture. It is of critical importance that any new model for funding health research fosters such applied research.

A single fund will improve transparency and rigour of NHS R&D research fund allocations. Need to be very careful to protect vulnerable emergent research.

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 key challenge is the ageing population and increasing importance of metabolic disorders and diseases related to ageing. It is also apparent that there are significant social, cultural and possibly environmental factors that affect health and access to health care. A key organisational challenge is the need to recruit young scientists into the health sector-it is essential that we continue to develop scientists of the highest calibre to deliver research and develop & provide diagnostic & therapeutic services. To attract scientists into the NHS there needs to be explicit recognition of the importance of health care research in improving health care provision.

Government's objectives must ensure that applied health and translational research is recognised and properly resourced. There needs to be an increased emphasis on research into prevention of disease & disability.

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?

Health research must increasingly focus on the treatment and prevention of nationally important disease and disorders (e.g. type II diabetes and COPD). Multidisciplinary studies into health prevention including nutrition and lifestyle change that recognise the complex interactions in these disorders. While not undermining the strengths of basic biosciences research, there is a need to properly fund and recognise applied biosciences research.

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?

Investigator led research should demonstrate clear association with strategic priorities and translational benefits. Need greater value given to applied & translational research to encourage health and clinical scientists to engage with research.

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?

The RAE has seen a focus on basic research, as this is perceived to have a higher research value. This has hampered the development of interdisciplinary interactions in applied research. In science & technology the Knowledge Transfer Partnership scheme has been a powerful tool in developing strong links between academia and industry. Making such schemes attractive to the health sector will forge links with academia and shift the focus of research to realising translational benefits.

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?

See answer to Q5.

Applied research has long recognised the need for interdisciplinary links. We have dental technology research linked to engineering and rapid prototyping in our National Centre for Product Design Research and biomedical scientists working with psychologists, environmental scientists, nutritionists and clinical podiatrists in a number of applied

research programmes. However, attracting funding for such research has been difficult- there is a need for funding streams that encourage interdisciplinary links.

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

See response to Q5+6.

Reduce administrative and teaching burden of academics through better funding for Universities to allow academic staff to focus on innovative and entrepreneurial research.

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?

Ensure that future research assessment processes (including RAE2008) properly and explicitly recognise the importance of applied & translational research whether funded by the public sector or industry and that funding resource is increased in these areas.

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?

No comment

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.

The principles of peer review and freedom from political intervention enshrined within the MRC, must be applied with rigour to all research funding. There is need to identify key national and local priorities, led by the DH and it is probable that the new fund will need to ring fence a number of key areas. The MRC will provide links with RCUK and hence encourage interdisciplinary collaboration while links with the DTI will foster innovation and entrepreneurship with industry.

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?

No Comment

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?

Within Wales we have populations experiencing some of the highest levels of disease in Europe (e.g. COPD and type II diabetes) yet our health research funding is at lower level per capita than in England and NHS R&D spends proportionally less on research than in England. WAG needs to address these funding inequalities as a matter of urgency. Whatever the funding landscape it is imperative that devolved administrations have equal access to research funding and that research focuses on improving the health of those disadvantaged populations.