

## Cooksey Report – Comments on behalf of COPMeD

### A Introduction and background

The Chancellor has asked Sir David Cooksey to advise on the best institutional arrangements to handle a single NHS research budget of £1.3 billion created by the merger of the Medical Research Council and the NHS R&D programme.

In particular, the question of whether to retain some element of the budget within the control of individual departments (unspecified) is to be addressed.

The totality of health-related research is included, from aspects of service delivery to fundamental biomedical research to implementation of discoveries linked to front line care.

The process of implementation of 'Best Research for Best Health' (1), and the 'Science and Innovation Investment Framework' (2), is ongoing and will profoundly affect the issues raised in the Cooksey Report.

There is a tradition in the UK that scientific research should be free from government intervention (the "Haldane principle"). There have been previous unsuccessful attempts since 1971 to transfer research funds to government departments.

The second appendix to the Cooksey Report contains a series of twelve questions which form the basis of this response on behalf of COPMeD.

### B Addressing the specific queries:

#### **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?**

- a) MRC strengths relate to its ability to identify and develop academic excellence using a rigorous and highly effective peer review system, which is internationally recognised.

Its weaknesses relate partly to the focus of the research it promotes: there is a need for more translational research and better linkages between laboratory based and clinical medicine.

- b) NHS R&D funding has predominantly been allocated to NHS institutions in London. There has been little flexibility or evidence of ability to shift funding. The NHS has been ill equipped to assess the quality and effectiveness of the research it commissions.
- c) The research and training needs of the NHS, social care and industry are hardly met at all by current arrangements which concentrate activity in large institutions in London and a few other centres. The requirement for training is for much more widely dispersed promotion of research and training activity.

**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) A key challenge in the next decade will be to balance the government's need to develop applied and translational research to meet its objectives, without imposing a bureaucratic straitjacket, and effectively commissioning this type of research. Historically, commissioning of research has not been notably successful.

Clinical Research networks already impose a framework on research which excludes major disease areas and channels research into particular locations.

The broad areas for research development need to be defined without producing an inflexible system, and the Haldane principle of avoiding direct government interference should be preserved.

- b) There needs to be a strengthening of research links between basic science and clinical practice, together with a broadening of the research base.
- c) NICE should be involved in developing the research agenda. Clinical trials focused on key areas of clinical doubt have the potential to generate savings.

**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?**

- a) Lifestyle diseases pose a major threat which will increase dramatically over the next 20 years. Research directed to modify and prevent these conditions will involve large numbers and should be an opportunity to involve the whole NHS workforce in research activity.

The required scale of research in these diseases also opens up the possibility for international collaboration, particularly within Europe.

**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?**

- a) There will always be difficulty in finding the right balance between basic, translational and applied research. The relative amounts of research money directed to these areas should be known and should inform the research policy and any decisions to vary this balance.

Closer working between basic and clinical researchers should help to diminish imbalances.

**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?**

- a) Improving the uptake of advances in science and medicine will only be achieved by involving front line academic clinicians in the policy-making decisions. Closer working between Universities and NHS Institutions would also aid this process, as would involvement of the Pharmaceutical industry in formation of policy.

**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?**

- a) Biomedical research centres provide an opportunity to foster links between scientists, clinicians and other professions.
- b) Local partnerships between Universities and Trusts would aid development of translational research.

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

- a) Academic/industrial linkages should be encouraged and disincentives removed. Involvement of NHS partners with academic centres and increased research-awareness of NHS staff.

**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?**

No comment.

**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.**

- a) A single, ring-fenced fund for health research will involve the merger of two organisations with different infrastructures, funding and strategies. The new

body should not be too closely linked to the Department of Health since there would be a danger that the principle of focussing on scientific excellence, peer review and 'science leading the money' would be lost.

Creation of an overarching body analogous to the National Institute of Health in the USA would be a way of preserving scientific independence without losing accountability.

**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?**

- a) *Connecting for Health* NHS IT will be helpful for addressing the issues of epidemiology and lifestyle diseases and should facilitate case finding for large scale clinical research. It should also be useful for monitoring the implementation of appropriate therapies.

**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?**

No comment.

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***On behalf of COPMeD***