



COUNCIL FOR
SCIENCE AND
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Sir David Cooksey,
HM Treasury, 4th Floor,
1 Horse Guards Road,
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27 July, 2006

Dear David

CST response to the Cooksey Review

Please find attached the response of the Council for Science and Technology to the consultation on the review of UK health research.

Yours sincerely

David King

Keith Peters

Council for Science and Technology
response to Cooksey Review of UK Health Research

1. The Council for Science and Technology welcomes this review of UK health research, seeing it as an important opportunity both to improve healthcare and to benefit the economy. The Council, drawing on the expertise of its members from across the field of science, engineering and technology, offers this submission as a statement of some of the principles the new health research fund should follow.
2. In summary
 - The new health research fund should operate at arm's length from Government, sitting within RCUK.
 - The value of R&D in the NHS must be fully recognised and reflect healthcare requirements for the 21st century.
 - The opportunities to drive innovation in the NHS should not be lost.
3. We would welcome the opportunity to discuss this note before you make your final recommendations.

The opportunities this offers for the NHS must be capitalised upon

4. The strengths of the NHS are in delivering healthcare to the population. It represents a unique opportunity for large-scale research, both publicly and privately funded.
5. It has not been as successful as it might have been at promoting innovation and integrating its research activities. The true value of research has not been acknowledged within the NHS, and it has suffered against competing priorities with funds diverted to operational activities.
6. Such a population-wide healthcare system makes the UK especially attractive to pharmaceutical companies. The use of research must be fully integrated into all NHS policy, in particular 'Connecting for Health' which will have a key role in developing the use of personal information that will help assess the effectiveness of medicines, public health policies and support large-scale cohort and epidemiological studies.
7. The formation of a new fund provides the opportunity to examine the balance of funding for different types of research and, if appropriate, to shift funds into areas where research is needed to improve healthcare in the 21st Century. For example, it could be important to invest substantially in research on the long-term management of chronic conditions, or the ways in which healthcare can best be delivered through the mix of private and public sector providers which is now emerging. This type of topic should not be relegated to the margins, or treated as a special category of "applied" research, but needs to be undertaken to the same rigorous standards as the MRC has always applied to basic bio-medical research.
8. Links between universities, health services and industry need to be strengthened, and cross-sector working valued. The new health research fund should seek to integrate researchers with clinicians and business. The Research Assessment Exercise, and what follows it, also has a role in acknowledging and rewarding the

wider importance of such linkages, which CST will be promoting in its response to the consultation on future research metrics.

9. There is a need to deliver faster development and uptake of new technologies, innovative medicines and proven effective practice in healthcare delivery. At present, innovation and R&D in the NHS is in general done through collaborative research grants between NHS Trusts, universities, business etc and not through direct procurement processes. While this approach shares costs and risks it does not provide an entrepreneurial environment for businesses, particularly small businesses, to respond to. No mechanisms appear to exist in the NHS for procuring future capability through R&D or technology, and it is very difficult for businesses to obtain access to the right networks to engage with the NHS.
10. Setting up the new health research fund will provide an opportunity to think more broadly about innovation within the Department of Health. We recommend that the departmental ministerial responsibility for research and development should be strengthened into a remit for promoting innovation.
11. We recognise that these issues are now starting to be addressed, but the new health research fund offers a real opportunity to make further progress.

MRC excellence must be maintained and developed

12. The Medical Research Council (MRC) has an impressive list of achievements in the biomedical sciences which have had clear human benefits. The best qualities of the MRC, and its status as a research council, should be retained, allowing it to continue to build on its biomedical research strengths and international standing.
13. At the same time, the partnership between the MRC and the Department of Health/NHS on research issues does need to be addressed, as well as a recognition that many research projects do not have immediate health or economic rewards (for example, work on monoclonal antibodies in the 1970s only started to take off in the last 5-10 years).
14. Joining up these two organisations effectively has the potential to deliver great benefits to the UK in terms of health delivery and wealth creation.
15. We can see three options for organising the fund: (a) the fund sits within the Department of Health (DH); (b) a quasi-Research Council is responsible for funding both ex-MRC and ex-NHS research; (c) a new funding body is formed with two 'strands', one covering basic and strategic research and clinical trials, the other strand covering policy research, infrastructure, training etc.
16. We do not believe that option (a) would be appropriate for a new fund which is building on the strengths of the MRC. There is a real risk with this option that too much would be lost. Therefore the choice is between options (b) and (c). Whichever is chosen, it is clear to us that there must be mechanisms to ensure that research is carried out to support policy making in DH/NHS, and that this policy-directed research must be better integrated with the more basic research as was funded by MRC.
17. We therefore put forward the following set of principles to assist the Review in deciding between the options and establishing an organisational framework for the new fund:

A set of broad principles

- i) The new organisation must deliver the right mix of basic, translational and clinical research whilst providing long-term stability to health research
- ii) Different mechanisms will be needed for funding different sorts of research activities, for example basic and strategic research at one extreme, and infrastructure, networks and platforms at the other. One size may **not** therefore fit all, and the model chosen should be sensitive to that point
- iii) Decisions about which projects, programmes and infrastructure to fund must always operate independently at arm's length from Government. This need not compromise the ability of the DH to identify areas on which research needs to be conducted, for clinical or policy purposes. However, there must be greater clarity of purpose between the policy-directed research required by the Department of Health and NHS.
- iv) Open and transparent governance structures for decision-making and making funding allocations should be put in place. Excellence of the research should be the over-arching funding criterion
- v) The mechanism must encourage interdisciplinary research - future scientific advances are likely to occur at, and across, the boundaries of traditional disciplines and if these opportunities are to be fully exploited the new fund must work within RCUK and in partnership with other research organisations, developing joint research programmes and calls for proposals. The potential contributions of the Social Sciences to research on all aspects of healthcare should be fully recognised and exploited by the new fund.
- vi) Continued commitment to research by the NHS will need to be maintained, and appropriate incentives will need to be created to ensure that a culture of enquiry and innovation suffuses the NHS.
- vii) The new organisation must ensure appropriate mechanisms are in place to nurture the clinical academic training environment.
- viii) Access to the research and infrastructure by third party organisations should be as open and transparent as possible.
- ix) Effective systems to support knowledge transfer and exploitation of IPR should be in place.
- x) Use of personal information, for example through *Connecting for Health* and mechanisms described in the CST report *Better use of personal information: opportunities and risks* (at www.cst.gov.uk) should be promoted.
- xi) The new body should promote wider engagement with the public on health issues, and with the devolved administrations.

- xii) Outputs and impacts of the research should be evaluated at the appropriate times.
- xiii) The fund should report jointly to the Secretaries of State in DTI (through DG Research Council) and the Department of Health.

CST will be publishing a report on the health of the population in the autumn which has studied the use of evidence in policy-making across Government, where there are potential health impacts. We have found that there needs to be better connectivity between government departments with DH at the centre, and will be putting a series of recommendations to Government in the autumn.

Council for Science and Technology
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