



Cooksey Review

The Community Practitioners' and Health Visitors' Association (CPHVA), a member of the Amicus Health Sector welcomes the opportunity to respond to this important consultation which we hope will ensure the appropriate future allocation of research funding to underpin improvements in all sectors of health care in the UK. Amicus is the second largest union in the UK and has a growing health sector. As such it has submitted a separate response. This response is from the CPHVA which represents health visitors, school nurses and other community nurses. We also work collaboratively with the Royal Colleges of Nursing and Midwifery to ensure that nursing professions continue to expand and develop their research capacity as is so necessary if our practice is to develop. It particularly focuses on the implications of this review for health visitors and community nurses and is complimentary to the Amicus Health Sector response.

Research in the nursing professions has unfortunately not enjoyed the status of that conducted by my medical colleagues and as a result many areas of our practice are not underpinned by evidence. Furthermore it remains difficult for members of the nursing and allied health professionals to embark on research careers. We trust that this review will consider the special needs of these professional groups in terms of accessing funding for both learning to and conducting relevant research. Given the opportunity through the various fellowship schemes available health visitors and community nurses have proved they tend to go on to make their mark through the generation of robust and relevant research evidence. For health visitors and nurses to have the opportunity to lead research teams and attract significant funding has however always been a challenge in the universities despite their being the largest population of employees in the NHS and their departments being eligible for the RAE.

National funding which specifically addresses the concerns of nursing is relatively limited. It does though include some initiatives across the UK to develop research capability in the Nursing, Midwifery and Allied Health Professions. These funding streams are very helpful but tend to be short term. What are required are more comprehensive programmes of nursing research. We are concerned that currently there is a domination by biomedical research and are unsure that this won't be allowed to continue. One way of ensuring the research in the nursing professionals has a future and gains a prominence in its own right would be by the formation of a dedicated research council similar to the Medical Research Council with ring fenced monies for nursing research. Whilst nurses have been able to apply for funding from the existing councils they have tended to be at a disadvantage as the priorities so often don't reflect their own.

We fully support the scope and terms of reference for the review and the challenges it has to face to ensure that the UK continues to be a leader internationally in the contribution it can make to health research. We have many superb research teams and must ensure we hang onto them, but we must also ensure that capacity is built so all

professional groups are represented and in all areas useful methodologies are represented in the funding allocated.

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?

Strengths:

- UK research has a good reputation overseas and at home and as a result attracts funding from others to support its programmes.
- It is also well structured and has robust if at times rather bureaucratic ethical and governance processes.

Weaknesses:

- Some areas of the UK seem to struggle to attract funding (e.g. Northern Ireland) and so often funding will go to biomedical rather than applied research.
- Little research funding is currently set aside for the nursing or allied health professions.
- The focus is also on improving disease rather than on promoting health which may be more cost effective in many instances.
- Money can be lost in general NHS budgets which should be ring fenced for research.
- Academic institutions rely heavily on their relationship with the NHS and provide key research activity but tend not to receive a proportionate amount of the NHS research budget.
- It is hard to break into the monopoly of established centres who attract the majority of the research funding available.
- Where there is support from pharmaceutical companies in writing proposals their authors have an unfair advantage
- Nursing research tends to be ruled out by many centres for primary care research which are GP focused. Overall a medical domination is clear which is why it is so necessary to create expert centres for nursing research.
- Current funding arrangements do not recognise the strong links between health and social care.

The MRC is a very strong brand internationally, we would welcome the opportunity for the nursing professions to develop an equally strong brand with a nursing council and ring fenced opportunities for the growth of nursing researchers. Furthermore such a council would want to fund public health and social research as this is seen as of key importance to the health of the population.

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?

- Key over the next decade will be ensuring that all priorities receive attention and not just the priorities of those who shout loudest.
- Also critical is establishing a culture in health care where the outputs from research arrive in practice much sooner than they currently tend to do so. This is why funding applied research is so important.
- Many more primary care and nursing awards are needed.
- There is a need to ensure research is practice focused.
- Equally important is the process of knowledge translation.
- There will be organisational challenges with NHS financial restraints eg research governance is not a priority and continuing difficulties in starting research so it is key that universities are sufficiently funded to provide a leadership role.
- It is also important to ensuring a holistic approach is taken, acknowledging the contribution of the softer research methodologies in funding decisions.
- The government could influence public participation.

It is the nursing professions that are closest to patients, families and communities and therefore it is imperative that they are given a voice in influencing future research funding. Nurses must be given the opportunity to develop leadership in research.

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.

- Priorities should include ensuring the usage of research by monitoring the use of outcomes as part of the research process.
- There should be some locally applied proposals addressing local needs.
- Research mustn't be confined to a few units, local needs must be addressed and local innovation.
- Bureaucracy in the research governance processes must be reduced.
- Currently it can be very hard for health visitors and nurses to obtain research posts either inside or outside the NHS, they return to clinical practice where their research skills and expertise go unused.
- Consider public priorities which often include service delivery.

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?

- All decisions must be transparent

- There must be maintenance of ring fenced streams especially for training and for the nursing professions
- Currently there is no balance in how monies are allocated, this must be rectified
- There is a need to value applied research and creating a culture which does so
- By expanding links to international partners, many parts of NHS research may be lost or threatened e.g. health visiting
- Personnel from all areas of health care should be represented in decision making
- Social outcomes from research should be considered

5. In your experience, how have the results of publicly-funded health research in the UK been used, both 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?

- NHS R& D seems not monitor how much is put into practice and where the most positive outcomes are.
- Money for dissemination and implementation through work programmes such as that led by NICE and SCIE seem an appropriate use of funding to support research dissemination and identify priority areas for future research but ensuring usage of guidelines remains a challenge.
- Needs more power than one person has, need access to collaborative links
- A good approach may be to consult professionals on which problems they want to rectify as this will lead to a rapid uptake of outcomes.

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 sciences?

- Biomedical question, what about psycho social examples?
- Use policy but monitor implementation nationally e.g. via Commission for Health Improvement
- Tops up on researcher's grading for contribution made if research implemented affects practice saving the NHS money
- Trusts need to be taught to value research
- Linkages between those doing and using research need to be forged and supported.

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

- Give credence to those who do this successfully
- Take risks, support mavericks eg helicobacter research
- Support entrepreneurs and innovators

- Ring fenced funds to support local practice development should be available in Trusts.
- Horizon scan for potential leaders in research who may be individuals as well as team players. Individuals currently struggle to be heard if they are not part of the ‘establishment’.
- Invest in knowledge transfer
- Evaluate managerial change.

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 more effectively used to support the work of NICE, facilitate innovation and collaboration with industry, and address market failures in the application of healthcare?

- Across the UK there is obviously a regional issue re NICE, could its work outputs not be spread across the UK?
- Transitional research should be funded to support the dissemination of NICE outputs
- HTA research has made an international impact and should continue to be supported and should take up research priorities coming out of the NICE research programmes.
- Research infrastructure money could be ring fenced for grant funding
- Ensure representation from a range of professional groups on decision making panels.

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?

- Canada seems to have a well respected system we may be able to learn from, however it will vary from region to region in Canada.

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.

- Researchers tend to need to be known to attract MRC funding there is more access to NHS R&D for unknown researchers. This could increase the dangers to under-represented groups from amalgamating these 2 streams.
- Accountability to Treasury perhaps, certainly to the public.
- There is a need for a wide experience to cover all disciplines on management/ allocation groups.

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?

- Connecting for health could be of enormous advantage to future development of research in the UK if it achieves its goals.
- We are concerned that the focus of clinical research networks may to some extent exclude the nursing professions and some areas needing to attract research such as applied research. They may also focus on a restricted range of research methodologies.

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?

- The key is equity across regions this is currently not the case
- Can different regions take different responsibilities?
- It is very important NHS continues to support aspects of the current infrastructure such as Cochrane, York
- Northern Ireland research has only recently been able to be registered on the NHS database!

Response prepared by Amicus – CPHVA Research Advisory group July 2006.