

**Clinical Research Committee
Derbyshire Mental Health Services NHS Trust**

Comments for the Review of UK Health Research

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 key strength of the current NHS R&D programmes is that, in the past, they have enabled smaller, pilot projects and ideas to develop, which are then suitable for MRC or other funding. However, there are increasing pressures to centralise funding and possibly starve these smaller research groups of funding. It is vitally important that these smaller projects do not get lost along the way. For instance, within Derbyshire Mental Health Trust, R&D programme funding has supported research into the processes involved in shame and the importance of shame in a range of psychopathologies. From this work, Professor Gilbert has developed a new approach to psychological treatment, which is now potentially suitable for an MRC bid.

A strength of the MRC programmes is that there are specific research boards with their own funds for different research areas. In particular, there is a specific neuroscience and mental health board. Additionally, these funds are divided into a range of different funding streams.

Although clinical trials are supported by these funding streams there is some concern that therapies move towards clinical trials before detailed understanding of process has been properly investigated. For example, although cognitive therapy is effective for some people there is considerable debate on the processes that are involved in change. Without better investigations of process therapies will not develop.

A major concern is about the place of mental health research within the whole NHS R&D agenda. Traditionally, in comparison with disorders such as cancer and heart disease, it has always lagged behind in terms of funding. Despite the World Health Organisation pointing out that mental health problems are among the most burdensome disorders. Especially where such significant emphasis is given to laboratory, scientific and technological projects, appropriate emphasis needs to also be applied to clinical research in the psycho-social aspects of mental health. We would hope to see specific, ring-fenced funding for mental health research where competitive bids in an open arena may well be disadvantaged.

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?

With the move towards an emphasis on multi-centre research studies there is increasing difficulty in conducting smaller scale research studies, which are essential for developing these larger studies. Additionally, with the centralisation of research management and

governance there will potentially be a lack of support within Trusts to enable future researchers, theories and therapies to develop.

Within mental health the overriding agenda is on placing psychological therapies in an appropriate, research based, environment from which planned developments can take place.

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?

As many physical health problems, especially those that involve chronic disabilities or severe illness, have major psychological components in terms of how people adjust and cope with these difficulties the psychological dimensions of health need better funding.

Priorities for health research should include practice based research. There remain tensions between carefully controlled research trials and everyday clinical practice. We need more evidence to come from effectiveness in 'everyday practice' as well as investigating the best way to put evidence based practice into effect. There is a related theme concerned with research as a means of changing practice.

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?

Research groups need to be far more interdisciplinary and biopsychosocial, working in broad based teams of researchers. For example, trials of a new cancer therapy may also utilise researchers exploring psychological and social factors involved in recovery. Currently trials of medication only focus on the medication but once a person has agreed to a trial there are many research questions that could be asked, provided there are an appropriate range of disciplines represented in the research team. Increasingly, for example, research on psychological therapies is also starting to measure physiological variables. It is the linkage of biopsychosocial research with the biomedical that will answer the question of 'long term economic and social benefits of a high quality biomedical research'.

Balancing basic science and applied science is more problematic when research teams are very isolated and non-disciplinary. Hence, if researchers only explore drug effects and not the interactions between, for example, coping behaviours, social support, effects on moral and abilities to work, then these questions are difficult to answer.

Part of the problem comes because of the way in which the science of physical and psychological processes has always been regarded as separate. In essence, then, funders should do far more to encourage better holistic and 'biopsychosocial' research.

While priority led research is important, such as that identified by recommendations in the NICE Guidelines and other sources, a balance does need to be achieved between this and investigator-led 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 major mechanism for the translation of research into practice has been the National Institute of Clinical Excellence. However, these guidelines have been on best evidence available where 'absence of evidence is not evidence of absence'. Different groups have therefore used them to pursue a limited range of psychotherapies. This can go against the Government's other guidance on patient choice and that different therapies may suit different people at different times.

There remain major research questions as to the level of skills required of different professionals to engage with various stepped models of care. There is concern that individuals with relatively low levels of skills (e.g. in CBT) are trying to apply their skills to complex cases. Unfortunately there is not a lot of data on this although various discussion websites would be a cause for concern.

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?

We agree that better biopsychosocial research is key to better health and this requires a much better integration of research teams across disciplines. This has major training implications as well as research ones.

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

It is now Government policy that all Trusts should be preparing an application for Foundation Trust status, but it is not clear how they expect Foundation Trusts to view research. On one hand Foundation Trusts could use research outcomes to help develop effective service strategies and inform management decisions; on the other hand they could see research as simply a drain on resources and the target of a cost improvement programme. We think this is a real threat and have not seen any Government steer on the issue.

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?

There are currently trial sites, these will be fed back to NICE. The slight concern here is that the researchers trialling some of these therapies are advocates of the therapy they are trialling and are not neutral. Trials of NICE implementations, say for CBT, should be run by neutral scientists.

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?

The National Institute of Health in America has ring-fenced funding for a wide range of specific areas, e.g. National Institute of Mental Health, National Institute on Drug Abuse etc. Within each of these areas there are a large number of calls for research proposals. It would be important to encourage calls for specific research areas, while also maintaining funding streams for investigator initiated research ideas.

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.

Definitely not. They address different priorities, are organised in different ways and have different ways of assessment. Any merger would be a disaster.

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?

While the Clinical Research Networks are a good idea and potentially very useful for supporting multi-centre research, there is again a danger that smaller scale studies will be overlooked.