Faculty of General Dental Practice (UK)

Response to
"Review of UK Health Research"

1. Introduction.

1.1 This document sets out the response of the Faculty of General Dental Practice (FGDP) (UK) to the questions raised by Sir David Cooksey in his letter to interested parties. The response is divided into three sections. They are as follows: general considerations, which the Faculty considers should underpin the funding of research, answers to the specific questions asked and a summary.

1.2 The response is based on a number of premises and principles which we believe should influence the future arrangements for research and, in particular, aspects relating to standards in primary dental care. They are that:

- Any developments in research should be underpinned by the knowledge that its results would contribute to the overall health of the nation both in terms of health and economic improvement.

- The administration and organisation of research should be minimally bureaucratic and independent.

- The running costs of any research should be commensurate with the problem and should be borne in an appropriate and just manner.

2. General Considerations

2.1 We support the recognition by the Chancellor of the importance of the review and welcome its terms of reference. We fully support the requirement that the review deals with the three inter-related objectives and highlights the key relationship between health and economic circumstances. Furthermore, we would like to highlight the inter relationship between education and scientific standing as a world-class science base would be led by and attract world-class personnel from a plethora of disciplines who would nurture an educated workforce, and subsequently, the economy at large.

2.2 We agree with the continued adoption of the Haldane principle. We also add that, due to the rate of change and speed of advancement within science, speed and responsiveness are critical criteria when considering the design of, and institutional arrangements for, health research and that arrangements should be

minimally bureaucratic. The Faculty considers that fairness and transparency in decision making are equally valid.

2.3 We appreciate the need for the entire spectrum of scientific research to be covered by the proposal but highlight that the time scale for interventions will vary enormously. Basic research may well be completed within a shorter time scale than say, a public health intervention. However, the actual impact may be far greater for the latter. It is the translation of findings into real impacts that is of fundamental importance.

2.4 The priorities and needs of the NHS, while of importance, are not necessarily coincidental nor cover the entire population. There is a growing fragmentation of NHS policy within the four territories of the United Kingdom, namely England, Northern Ireland, Scotland and Wales. These differences may mean that the needs of the various populations are different and careful thought must be given to ensure that a UK based organisation has the appropriate representation from all territories when considering the applicability of research proposals.

2.5 The invitation to submit comments highlights the importance of ensuring that research is not the end point of the exercise. It is crucial that, if research is to impact positively, the findings, good or bad, are disseminated throughout the health sector.

3. Our suggestions

3.1 The FGDP(UK) has argued previously that research funding for dentistry has tended to be marginalised. The proportion of the overall research funding that dental care receives is very small, this despite the size of the overall costs of dentistry (£3.8 billion in England in 2003/2004[1]). Furthermore, the concentration of funding on small scale laboratory-based studies has been at the expense of the wider public health issues. Although the NHS R&D programme has increased the profile of dentistry, the MRC funding for this aspect of healthcare has been limited to systematic reviews. Any changes in the funding system must take into account the need to work with social and policy scientists, economists and the dental professions. It should be remembered that there is a growing non-NHS dental sector. It is of equal importance that this sector is not disenfranchised by any proposals. There is a lack of clarity from the Government as to the future of dentistry within the NHS and where the dental sector in total is heading.

3.2 Government's proposals should, in our opinion, focus not only on the UK but also the European Union and indeed, the worldwide stage. The problems of health and health care delivery have similarities throughout the world. As we suggested in the second section of this response, the benefits of a world-class system are not just limited to the health sector but can transfer to the education system.

3.3 As we have suggested in section 3.1, dental research has been poorly funded for a considerable period of time. However, the mouth remains one of the single most expensive parts of the body to treat; more is spent on treatment of the effects of poor oral health than on heart disease. Little funding from the MRC or NHS R&D programmes has lead to research examining the effectiveness of interventions or how these impact on the quality of people's lives. We would argue that this is a priority. Furthermore there has been an almost total lack of analysis of the policy reforms undertaken by Government. Given the size of the dental market, both at home and abroad, we find this surprising.

3.4 We can offer no simple answers to the questions raised in point 4 of the invitation. However, we stress that this is a crucial issue. The proposals, suggested by Haldane, are of huge relevance. We suggest that any move to disentangle the potential political conflicts and research priorities are to be welcomed.

3.5 Perhaps the single most important lesson lies in the time lag between identifying important research findings within the research community and their implementation within practice. In this respect their dissemination is crucial. Part of the problem is the manner in which universities obtain their funding and their need for research grants, which in turn are influenced by a track record of publications in journals with a high impact factor. We suggest that not only are there serious flaws in the processes through which journals are assessed, but that the majority of clinicians do not access these journals. This creates a problem in that in future research, findings of importance must be transferred using mechanisms that care providers find more accessible.

3.6 The development of specialisms within the health sector has been at the expense of the generalist who, in our opinion, forms the most crucial link between patients and care providers. We argue that any overarching body must have generalist involvement when assessing applications for funding. Furthermore, the growing links between environmental factors, social determinants of health and outcomes of health care have highlighted the need for inter-sectoral collaboration. Any proposals for the research organisation should emphasise good practice, disseminating examples of the benefits that result when a range of disciplines have come together.

3.7 We consider that the Government needs to release direct control of the day-to-day management of the system and allow more local autonomy. While such an arrangement may well lead to some failures, entrepreneurship cannot take place without the possibility of failure and subsequent learning from them. While policy direction can be provided by Government, it is ill suited to taking central control of a system, in which some failures will occur, due to the very nature of the processes involved in scientific endeavour.

3.8 The roles of the various organisations listed need to be made clear and appropriate encouragement given to support their activities. The research sector needs to be

conversant with the requirements of the other sectors and understand what exactly are the key questions and issues that need to be addressed. This in turn will set the research agenda.

3.9 We urge caution when examining other countries' or systems' evolution. The structure of the NHS is unique; it has combined service delivery, training and research into a single organisation. Due in part to successive Governments failing to recognise the inter-relationship between the three strands of this organisation, or their attempts to modify one without exploring the potential impact on others, the existing arrangements remain unique both in context and content. The review will need therefore to concentrate on the process of change within the health and research communities in other countries whilst recognising that the implications may not be directly transferable to the UK.

3.10 We suggest that a single fund may be a suitable way forward. The constitution and representation of the various agents in research will however be the determinant of success. As highlighted previously in this response, the NHS is not the only care provider and indeed in the future may play a diminishing role. As such, if entrepreneurship is to exist, some form of competition should be welcomed. Therefore we wish to see an overarching body that consists not only of clinicians and scientists but also policy and social scientists, along with economists, who will examine proposals using certain key principals as outlined at the beginning of this commentary.

3.11 The success of the Clinical Research Networks has been patchy. Some have worked very well, others have been very limited in their achievements. Connecting for Health has achieved limited success and there will be several issues to be addressed before the system is capable of providing the data that will be required to ensure quality research. While both will help, they are neither crucial nor required for ensuring the highest quality standards in research.

3.12 We consider that the system could function through a single source but with budgets allocated at national and local levels. These could be further split into budgets designed to improve the infrastructure for research, e.g. education and programme development as decided upon by the central organisation.

4. Summary

4.1 The FGDP(UK) welcomes the invitation to comment by Sir David Cooksey. It would support any system based upon the principles of fairness, transparency, responsiveness and minimal bureaucracy.

4.2 There needs to be a recognition that the NHS is changing and that there are questions about whether a single UK wide arrangement is appropriate given the growing disparate nature of NHS policy in the four territories. There is also a

need to recognise the importance of all sectors in research and the benefits from working collaboratively with social and political scientists as well as economists.

4.3 We have provided a number of observations based on our work in dentistry and the problems encountered. The dental sector is, we believe, poorly funded given its importance both in terms of impact on people's lives and economic costs. We also suggest that mechanisms for the dissemination of research must be improved.

4.4 Finally, we would like to thank the Committee for the opportunity to contribute to the debate. The FGDP(UK) would welcome the opportunity to discuss with Sir David some of our arguments as the work of the Committee progresses.

Reference

1. Department of Health. *Choosing Better Oral Health – An Oral Health Plan for England.* November 2005. London, Department of Health Publications.