

28 July 2006

Dear Sir/Madam

Cooksey Review

I am writing on behalf of the Federation for Healthcare Science, in response to requests for comments regarding the above review of funding arrangements for UK Health Research. The Federation for Healthcare Science (www.fedhcs.net) is an overarching body representing the interests of more than 40 professional organisations working in health care and provides a collective voice for 50,000 scientists engaged in service delivery and research and development.

The Federation IPEM supports an integrated peer review system to allocate funds for health research. This system needs to reflect both the need to encourage and support basic advances in science and technology in medicine and healthcare and also the requirement to translate this into clinical outcomes in the NHS. The overall system should protect and target funding towards short and long term clinical benefits, while allowing individuals and groups to work seamlessly within and around the NHS.

Specific responses include:

- 1) The NHS R&D programme is developing quickly, and needs to complement the work of the MRC. Translational research and the development of medical devices and new techniques can give rise to cost-effective increases in quality, while not being commercially self-supporting. There is an opportunity in the setting up of a new system for the two funding streams to effectively complement each other, introducing enhanced support for innovation close to the point of healthcare delivery.
- 2) Clinical research and development in hospital Trusts is operating in an environment under cost significant pressures. This makes it a lot more difficult for many scientific and technical staff to initiate and undertake research in the NHS context and there has been a notable decrease in the number of publications from UK healthcare scientists in the health science literature. A greater emphasis on independent and voluntary sector provision may erode research capacity further, and a combined system for funding research should seek ways to prevent this and harness the interests and insights of clinical staff.
- 3) and 4) For the reasons given in (2) above, and also because of greater regulatory constraints, the focus of R&D funding tends to move away from clinically-based based work to research carried out in an academic laboratory context. There needs to be a clear focus in the system on patient benefit and a way to continually balance the way funding is applied to achieve the greatest outcome. Reserving some funding specifically for both long term and near-patient activities may help to achieve this, but the best balance will be dynamic – research needs to be done on how to keep the funding streams working together most effectively.
- 5) Uptake is encouraged by rapid development and the involvement of scientists alongside clinical staff, plus a focus on innovation and dissemination. Commercial exploitation is an important, but not the only, consideration here.
- 6) and 7) A significant number of healthcare scientists in the NHS have research and development as an integral part of their jobs. This needs to be recognised and supported, with funding used both to develop networks across different professional groups and also support the rotation of individuals from academia to translational work in service. Loosening employment barriers to cross-boundary working is fundamental to this, as is ongoing training and support for individual development into new areas.

8) and 9) Health research is vital, and there needs to be an involvement of all clinical staff, including healthcare scientists, in this workstream. The ideal is to have a high profile attitude to health services research, whereby all staff consider themselves involved in it (as is developing in cancer networks). Funding can then be linked more closely to service delivery.

10) Not addressed.

11) Connecting for Health is an excellent asset and it should be exploited. However, it cannot of itself answer all research points and so complementary data systems should be supported.

12) Specific investment in a coordinated network.

Yours sincerely,

Dr Keith Ison
Chairman, Federation for Healthcare Science