

Cooksey Review Secretariat
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1 Horse Guards Road
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REVIEW OF UK HEALTH RESEARCH

Thank you for the opportunity to respond to this Review, which I am doing on behalf of the Food Standards Agency as its Acting Chief Scientist.

I attach an annex providing comments in respect of a number of questions posed in the consultation letter, together with some more general remarks.

I would like to emphasise a couple of points. The focus of the Review seemed to be more on clinical research than public health prevention research. However, we do feel the latter is as important as research into new treatments. With the ageing population and the increase in cost of treatments, a preventative approach is perhaps more important than ever. We would certainly wish to ensure that, in any new arrangements, the current public health focussed work is not diminished – indeed we would hope that it could be enhanced. It would be important as part of this to increase our understanding of the barriers to behaviour changes on public health issues, such as diet and health and food safety messages.

Whatever the future arrangements of these funds, we would like to see maximum flexibility built in to facilitate the possibility of future collaborative/complementary working in areas which underpin the Agency's aims and objectives.

I hope you find these comments helpful and look forward to seeing the outcome of the Review in due course.

Yours faithfully



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Cooksey Review of UK Health Research Comments from the Food Standards Agency

Introductory remarks

- ◆ This consultation seems to focus on clinical research rather than public health/prevention research
- ◆ There is concern that the public health programmes that the MRC currently run may be lost if the NHS and MRC funding is combined
- ◆ Public Health/disease prevention research is as important as research into new treatments. With the ageing population and the increase in the cost of treatments a preventative approach is more important than ever.
- ◆ There are concerns that the funding may be diverted to fund NHS clinical posts not directly linked to Research. Closer more stringent Research Management monitoring milestone and deliverables would need to be implemented to check that funds are not moved away from research.
- ◆ Whatever the future arrangements of these funds, we would like to see maximum flexibility built in to the prioritisation of their targeting and their management, to maximise the possibility of future collaborative/complementary working in areas of work underpinning FSA aims and objectives.

Comments on specific questions

- 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?**

MRC strengths

- The quality of the research the MRC supports is generally of international standing
- The support of basic biomedical research

MRC weaknesses

- A perceived relative inflexibility of the MRC budget, with a great deal applied to fixed institutes and units, leaving limited room for taking up exciting new opportunities
- 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 challenges

Maintaining a critical mass of expertise whilst at the same time being able to respond flexibly and quickly to emerging issues. The UK needs to make research an attractive career option and to ensure that we have a strong supply of able scientists, clinicians and other health care workers with research training. Specifically from a microbiological safety of food perspective, we do not have a strong cohort of microbiologists, nor strong microbiology teaching either in basic or clinical science. This is a potential problem.

The need to ensure we continue to undertake a broad range of basic science, in many disciplines. Much of modern biomedical research requires input from research disciplines such as particle physics, computer science, chemistry etc.

The need to ensure that the quality of UK basic biomedical research remains at the forefront of international competitiveness.

The need to provide an optimal environment for undertaking research.

Continuing education of practitioners. Keeping primary care clinicians and staff up to date in current medical practices is very difficult. For example, there needs to be more training for primary and secondary health professionals (GPs and hospital consultants) on managing patients with food allergies – the numbers and geographic distribution of specialist allergy clinics is poor which makes access to specialist staff difficult.

Improve the translation of basic biomedical research into public health practice.

Addressing these challenges

Increase funding in a rational and managed manner. In particular ensure that the salaries and career structures in scientific research are sufficiently attractive to draw in our best young people into science and medicine

Look at models for translational research and technology transfer other than those already in use (e.g. Cancer Research Technology (CRT) and the Wellcome Trust and the National Institute of Health (NIH) in the US).

Government's objectives for health research

From an FSA perspective, to support research with a public health focus that will lead to benefit for consumers in the UK. This should include funding and other mechanisms to facilitate translation of the research into public health focussed solutions for which industry, amongst others, will be important in delivering

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?

In general, there is a need to emphasise the lack of understanding on barriers to behaviour changes on public health issues such as diet and health and food safety messages.

Recognising the continuing importance of foodborne disease zoonoses and nutrition. FSA will of course fund work that is appropriate for it to fund but it is important to continue to fund basic research that supports the FSA science base. From the FSA perspective, there is a need to ensure that there is appropriate health research relating to novel foodborne pathogens and their clinical manifestations. Also a more engaged, hands-on approach (without micro-management) might give more benefits.

We also note that MRC and NHS fund very little research on food allergy (MRC do fund some work on respiratory allergy). DH are conducting a review on NHS Allergy service provision, which is seen by many as being very poor in some areas (RCP Report - Allergy the unmet need). If there was more research on understanding why there has been a significant rise in the number of people with severe allergies, and more importantly on how they could be advised to prevent the allergy developing, this could ultimately reduce the overall NHS burden. For example we do not have good evidence on when to introduce common allergenic foods into the weaning diet to try to ensure tolerance in the infant rather than sensitisation and allergy - either for normal infants or for those from atopic backgrounds. The FSA is funding some work in this area but our budget is limited.

There is also a range of other areas of relevance to FSA aims and objectives where we would wish to see high quality basic and translational research continue to be funded, such as health effects of environmental radiation (natural and man made), and other dietary contaminants and TSEs.

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?

Need to establish clear objectives and outcomes of research and evaluate rigorously to see if it has delivered these. Burden of illness considerations should inform, but not necessarily constrain priority setting. FSA commissions little, if any, investigator led research so we have no comments on this. Research teams that combine basic science, translational and applied science could help to ensure an appropriate balance of funding.

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?

There are various examples from FSA where science is translated into policy – notably in helping to establish what control strategies are likely to work. For example we held a campylobacter research seminar showing how research supports guidance we have issued. Our work with stakeholders shows how uptake can be improved, for example, working with the poultry industry.

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?

See above suggestion for research teams that span all three aspects. Encouragement of cross-disciplinary projects (and the appraisal/management means to deal with these) will facilitate joint working.

Links in these areas, and therefore translation of excellent basic research for the benefit of public health aims, needs active support for it to happen. A model, such as the DH and DTI jointly funded Genetics Knowledge Parks, may be worth exploring further.

There may also be some merit in looking at what is happening in cancer. Here there is considerable success in this process of translation. It is assisted by the engagement of patients, patient support groups, industry, clinicians and health-care practitioners. A key feature is the degree of focus brought to the funding activities by, in the UK, CR-UK. The charity also is developing a clear strategy to maximise translational research.

Much of the problem lies in the difficulty of convincing funding bodies and journals of the merit of projects, proposals and papers. The DTI Beacon Projects were an example of a serious effort in this direction and this sort of model – a funding scheme aimed specifically at interdisciplinary projects, with generous and reasonably long-term funding – is worth considering.

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

The Agency’s Consultative Group on Campylobacter and Salmonella in Chickens¹ (CGCSC) is a good example. The CGCSC was established to ensure stakeholder involvement in the Agency’s work on campylobacter and salmonella in chickens. The

¹ Further information on the CGCSC is available at the following address:
<http://www.food.gov.uk/safereating/microbiology/36970/>

group does not provide formal advice to the Agency, or have a decision-making role, but it does have an important role in contributing to technical discussions and providing support to the Agency as it works towards reducing these organisms in chickens.

All the major stakeholders in the chicken production chain are represented on the group including consumers, industry, vets and government officials. The group had been actively involved in the Agency's work to date and discussions with stakeholders have been extremely important as the Agency has developed its strategies for controlling campylobacter and salmonella.

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?

Funding for institutes or groups needs to provide a degree of security whilst encouraging the groups themselves to maintain flexibility and an ability to diversify as priorities change.

Provide more flexible support for collaborative research in the life sciences, eg in terms of minimising the constraints for seeking funding.

Ensure mechanisms, including appropriate funding streams, are in place to facilitate the pull through of research outputs into delivery of public health focussed solutions by relevant public bodies and industry. There still appears to be a gap in funding at proof of principle stage.

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?

No comment

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.

No specific view but it does need to be recognised that there will continue to be other public funders (as well as private) in the field with whom the future fund(s), however organised, need to work. The Microbiological Safety of Food Funders Group²

² Further information on the MSFFG is available at:
<http://www.food.gov.uk/science/research/researchinfo/foodborneillness/microfunders/msffg/>

(MSFFG) is an example of this joint working. The possibility of facilitating future collaborative efforts should be built in to any arrangements.

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?

No comment

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?

Is it desirable to maintain this devolution in NHS R&D? If so, there is a need for a balance between an ability to respond to local needs or innovate (often more possible at a local level), and a focus on the general health service priorities.

If the focus is essentially on excellence, then a centralised system is necessary. However, within this, it is possible to have mechanisms that do allow for significant funding to go to regional centres etc. The problem with any devolved system is that it is less flexible and more likely to support work, which is not internationally competitive, nor relevant to the national need.

13. Additional comments

There should be some recognised involvement of stakeholders other than universities, academia and industry. Members of the general public will want to have an input and involvement with the health research strategy.