



## **Review of Health Research**

**Submission of comments from GSK to the review by Sir David Cooksey into the institutional arrangements for a new single fund for health research**

**July 2006**

## **Executive summary**

- GSK welcomes the establishment of a single health research fund to be used to help translate the outputs of basic biomedical research into clinical application and patient benefit.
- The priority for funding should be the maintenance of excellence in basic research in biomedical and other fields and the continued generation of the UK's talent pool.
- The funding of clinical research should be a priority, particularly in translational and experimental medicine studies. Incentives should be developed for Institutions and physicians to run such studies.
- The fund should be used to ensure that the UK builds a medical workforce exposed to the benefits of research at an early stage in their training.
- The new funding body should operate through an independent, arms length process with a focus on funding research projects rather than fixed infrastructure costs.
- The establishment, through Connecting for Health, of a national integrated electronic healthcare information system that will give full consideration to the needs of researchers, will become a major enabler in clinical research in the UK and its development must be progressed.
- The bureaucracy that continues to stifle clinical research in the UK must be removed if the benefits of the single health research fund are to be achieved.

## **Introduction**

1. GSK is one of the world's leading research-based pharmaceutical and healthcare companies. We are involved in the research, development, manufacture and commercialisation of prescription pharmaceuticals, vaccines, over-the-counter medicines, and health-related consumer products. In 2005, GSK invested £3.1 billion in R&D globally with £1.3 billion of this being spent in the UK. GSK's R&D organisation employs almost 15,000 people, with 6,400 of those employed in the UK, where we have nine R&D sites.
2. GSK welcomes the announcement that a single, ring-fenced budget, worth at least £1 billion per annum, is to be established to support the health research funded by the Medical Research Council and the NHS R&D Programme. We are pleased that the current review will be considering the full spectrum of research, from basic biomedical science through to later stage clinical studies and improvements to patient outcome.

## **The UK's skills and research base**

3. GSK's continued long-term investment in the UK will depend on the strength of the basic biomedical research carried out in its universities and research institutes and on the quality of its skills base. Maintaining the quality of the basic biomedical sciences base and in other fields of relevance to the industry is important for research output, effective collaborative research, knowledge transfer and the recruitment of talent. It is essential that interdisciplinary research is maintained and strengthened in the UK.
4. The UK's excellence in basic research is recognised. Strengthening the UK's expertise in translating the results of this basic research to make them relevant to clinical practice will be a key priority for funding.
5. Experimental medicine has become an integral part of the discovery and development of new medicines. The application of new technologies by the industry such as clinical imaging, the use of biomarkers, new approaches to predictive toxicology and the development and validation of surrogate markers will require the provision of new skill sets requiring appropriate education and training programmes and collaborative research activities.
6. The new funding should play a role in stimulating the establishment of pre-competitive collaborative research programmes designed to overcome bottlenecks in drug discovery and development.

## **Proposed funding arrangements**

7. GSK does not consider it appropriate to provide detailed commentary on options for future institutional arrangements. Recognising the potential difficulties of reconciling the different cultures of the MRC and NHS R&D we would however question the benefits of the two organisations being fused into a single body.
8. For the results of basic research to be translated more efficiently and rapidly into new methods of diagnosis and treatment and improved patient benefit will require the establishment of a stronger culture of joint working between MRC, NHS R&D and other major funders of biomedical research i.e. industry and the medical charities. Research should be supported in areas of unmet medical need and where the potential healthcare benefits are the greatest.
9. Transparency, the pursuit of excellence and supporting independent innovative research must be at the core of all future funding decisions. The allocation of the new research budget must be through an independent arms-length funding process. Flexible project-based funding should become the norm and the budget no longer swallowed up by NHS Trusts for fixed resource and infrastructure costs
10. The new Health Research fund will need to focus its funding on where it could add most benefit to the UK in the longer term. The new arrangements should not result in the basic sciences budget being squeezed by the imperatives of applied research on current health care priorities. The important work that the MRC has undertaken to improve global health and to support research into diseases of the developing world should continue.

## **NHS supported clinical research**

11. More must be done to stimulate a research-supportive culture in the NHS. Currently there is little incentive for either NHS Trusts or individual clinicians at the majority of hospitals to want to engage in clinical research. Clear rewards must be introduced both for the institution and individual researcher to incentivise their participation. The single fund should encourage the establishment of networks of clinicians interested in research and the further development of appropriate training mechanisms. Further opportunities should be sought by the new funding body to improve clinicians' pharmacological expertise through the increased promotion of secondments into industry.
12. A strong case needs to be made to the NHS not only that research should remain a key part of its business, but that there are clear benefits in it playing a much greater role in supporting R&D. The results of clinical work done in the UK will provide data of relevance to the UK in NICE-type cost-benefit assessments of new medicines. A stronger clinical research base will help ensure that there are investigators experienced in the new technologies able to make a realistic assessment based on that experience. The single research fund could provide the opportunity to strengthen the UK's international reputation as a location for health outcomes studies and the economic evaluation of medicines and other health interventions in real-life settings.
13. The establishment of the disease-specific Clinical Research Networks was a major step forward in enabling improvements to the environment for clinical research but at present their adoption of industry-sponsored clinical studies provides no major advantage to companies. The networks must be incentivised in a way that will enable them to adopt a much stronger customer-focus and become much responsive to the needs of the research community.
14. GSK welcomed the proposed establishment of "Centres of Biomedical Research" that are to benefit from additional funding from NHS to build their excellence in translational clinical research. Future funding needs to be flexible so that other developing institutions are encouraged to improve the quality of their research and to benefit accordingly.
15. The bureaucracy that continues to stifle clinical research in the UK must be removed. At present there are many other places in the world where later phase clinical studies can take place more efficiently in the timescales required, and whilst not a key issue on its own, at a lower cost. Many sites in the UK are unable to recruit sufficient numbers of patients which increases considerably the fixed costs of doing such studies. Trial approval times must be reduced significantly and moving to a national approval mechanism remains a priority.

## **The research potential of Connecting for Health**

16. If the rest of the organisational and cultural issues in the NHS and academia under consideration in this review of Health Research can be addressed, it is clear that the development of the research applications of the National Programme for IT will have a major impact upon clinical research in the UK. The access by researchers to

a national integrated healthcare information system of linked electronic primary and secondary healthcare records will improve the efficiency of recruitment of patients into clinical trials and will make a significant impact on large-scale epidemiological studies and in improving patient safety through enhanced pharmacovigilance and the monitoring of real-life data. Such a NHS information system could make the UK a unique clinical research location. Ensuring that Connecting for Health implements such a system must be a priority outcome of the current UK Health Research review.

**GlaxoSmithKline**  
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