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Consultation Responses
Cooksey Review Secretariat
HM Treasury
1 Horse Guards Road
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19 June 2006

Dear Sir David

Re: Consultation for the “Cooksey Review” of UK Health Research

I am writing in response to your letter dated 4 May 2006, inviting the submission of comments on the announced single budget to support health research in the UK. As the Senior Policy Advisor for Prison Health, with over 10 years involvement in research and research funding within the prison service, I have been asked to comment.

I am concerned that by limiting funding to a single large budget, less popular topics and certain smaller clients groups may be disadvantaged. In recent years, mental Health research of prisoners and those in secure accommodation was supported greatly by the work of the DH Forensic Mental health R&D programme. This programme enabled young researchers to develop to provide the next generation of academics. It has funded important research; systematic literature reviews of important topics, such as the mental health of prisoners and effective interventions in custody; the identification of risk factors and causal factors for suicide and self-harm in prison and on release from custody; the development of an evidence based, fully validated, reception screening tool on entry into custody. I believe it would have been much more difficult, if not impossible, to achieve funding for these vital topics when competing within a single budget.

Secondly, research needs its advocates. Single group funding research panels may not contain the expertise for these smaller, more specialised groups and hence patients may be disadvantaged.

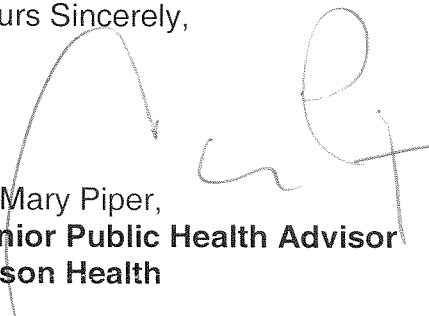
It is my belief that there needs to be a mechanism for assessing what the potential benefits of a research proposal are to all public sectors, ensuring that adequate consideration be given to research areas where there could be positive outcomes and financial benefits for services that are not solely health related.

My specific concern is that prison populations could be one of many groups, with equally important concerns, that may be overlooked because of their relatively small population size. Also important research outcomes not fitting into a traditional health category could be unfunded. Initiatives in treatment in the prison population, for example the investigation of new models for the treatment of drug addiction or mental illness, can possibly reduce the chances of prisoners re-offending after release. A randomised control trial study of methadone maintenance in New South Wales' prisons showed that effective methadone maintenance resulted in a reduction of time in custody by one third due to a positive reduction in the rate and severity of re-offending for those prisoners on methadone maintenance. This study has influenced current policy development in England and Wales.

To assist in linking health related research to non-health related outcomes, I propose that a mechanism for linking other government departments in research be developed. Research links need to be formally established between the Department of Health and organisations, such as, the Home Office, the Youth Justice Board and the Department for Education and Skills to facilitate the investigation of beneficial health and non-health related outcomes.

In summary, a single broad fund for research may disadvantage small client groups whose needs are not perceived as high priority. Such minority populations also require expert representation on funding decision boards. A mechanism is required to ensure sufficient recognition of the non-health related benefits of health care research, particularly where there is the potential for a positive financial impact on other sectors and service providers.

Yours Sincerely,



Dr Mary Piper,
Senior Public Health Advisor
Prison Health

Cc: Richard Bradshaw
Clair Chilvers