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Please reply to
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Dear Sir/Madam

Cooksey Review

I am writing in response to requests for comments regarding the above review of funding arrangements for UK Health Research. Generally the IPEM supports the initiative to implement an integrated peer review system for the allocation funds for health research, however this should be undertaken with due regard for the basic advancements in science and technology in medicine and healthcare and not purely be driven by the needs of the NHS.

The Review should take consideration of the following points.

1. Policy documents for Best Research for Best Health are aimed at a high strategic level and thus it has been difficult to appreciate quite how the new system will work at Trust level. The initial calls for technology platform funding seems vague and poorly considered so it is to be hoped that the systems will be dramatically improved in the near future.
2. Implementation of clinical research is stifled by spiralling cost pressures within Hospital Trusts. This makes it extremely difficult for many medical, scientific and technical staff to initiate and undertake research in the NHS hospitals. The increased emphasis on independent care provision will further erode the research capacity as patients move to a profit led system.
3. For a number of reasons, including increased regulatory restrictions there is a progressive move away from clinical based work to *invitro* lab based research. This should be addressed.
4. The research councils should keep separate identifiable funds to allow for innovative and high-risk research.
5. The balance should favour investigator-led research to stimulate innovation and to introduce a greater degree of accountability for the dissemination of results.

6. There is a need to make better use of the existing staff with research skills that are currently available in the NHS. Clinical Scientists, Engineers and Technologists who are employed throughout the NHS have research duties as an integral part of their job descriptions, yet they are increasingly being forced to provide routine service needs thus leading to a waste of a valuable resource. It is important to protect this function before it is lost completely.

7. Collaboration between HEFCE-funded academics and those working closer to the clinical interface is a vital component, particularly in translational research. The transition between, for example, EPSRC funded projects to develop new science and technology and direct patient care can be a difficult one, and will not be helped by this artificial dividing line which has no place in a proper academic medical centre.

8. The MRC is moving towards a “virtual institute” of Public Health Research, it is difficult to see how the newly proposed NHS Institute will interface with this and other national collaborative efforts.

9. No response.

10. Ring fenced monies should be kept within the MRC (see 4)

11. It is too early to state that recent innovations have been successful. Connecting for Health will undoubtedly be a great asset in the future.

12. Specific investment will be required to create a viable and effective network.

Yours sincerely,

Professor Alan C Perkins

Vice President for Scientific Issues