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Consultation Responses
Cooksey Review Secretariat
HM Treasury
1 Horse Guards Road
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Dear Sir David

Review of UK Health Research

Thank you for the opportunity to contribute to this important consultation.

I strongly support the view that basic scientists and clinicians must work seamlessly together to create a productive and effective research environment to the benefit of both basic discovery and clinical practice for patients. My own experience leads me to make the following suggestions:

- Any new arrangement must preserve - and hopefully further improve - peer review standards set by MRC. Such review must be rigorous, timely, transparent and independent with funding awarded on the basis of excellence of investigator and proposal, and at arms length from political pressures - however appropriate and well intentioned these may be. Attempts to deliver focussed, policy-driven research in the absence of genuinely independent peer review risks a large scale waste of public funds on poorly conceived and executed projects. A clear example of the latter, on which I had personal experience as a Government scientific advisor, were aspects of the internal BSE research programme of the former Ministry of Agriculture (MAFF). Clearly Government must quite properly set priority areas and request focus on particular problems of public health need, but if these are not managed by a mechanism that preserves excellence there will not be success.
- One or two research council model for health? While there are pros and cons of both models (these have been expressed to you in other documents I have seen and I will not repeat them here) I would suggest the former. A strengthened MRC, properly funded and able to recruit and retain a critical

mass of experienced clinicians as well as scientists at a strengthened MRC Head Office, working together to achieve these goals would in my view be better placed to achieve seamless integration of major basic and clinical research activities in key disease areas rather than a two council model. There are inevitable complexities of dealing with multiple organisations to co-ordinate and achieve a common goal. Such a powerful body, would, I hope, also be better placed to apply selection pressure to the relentless rise in governance and appraisal culture, which although well intentioned, threatens to stifle innovation and morale in clinical science and needs to be refined, focussed and simplified on an ongoing basis through a single body. I would recommend indeed that this were a specific responsibility of such an enlarged body.

- The UK performs well in academic biomedical science in international terms with an extremely modest budget. It would be rather more modest were it not for the crucial support of the medical charities, notably the Wellcome Trust. All of us who are involved in the peer review process of grants know the disappointment and frustration of not being able to fund many excellent investigators and projects. While the successful ring-fencing of the NHS R&D budget is welcome – and the Department of Health’s R&D leadership are to be commended for achieving this – there is only so much benefit that can be achieved by re-deployment of existing resources. The opportunities provided by recent advances in molecular biology - characterising the genome and proteome and its individual variation, the informatics explosion and potential uses of stem cells - are unparalleled in human history and should both produce real health benefits and also fuel biotechnology, pharmaceutical and novel industries. A knowledge-based, high-tech economy will be essential for the UK’s economic survival given the globalisation of production and services, and there is now is a clear opportunity to make a compelling case to the Treasury for a serious review of the UK health research budget to bring it into line with that of our major competitors.
- There is a massive difference in success rates in terms of spin-out companies in the UK and US. While MRC Technology, and two or three University technology transfer companies have been doing relatively well, this still falls far short of what could be achieved with much larger, and better focussed, public investment in innovation and enterprise. This review provides an opportunity to evaluate how best to really - and assertively - help start-up companies in the health sector pass from the early virtual stage run by academics (usually without appropriate business experience) to real operating companies with experienced management which are then able to attract major investment to grow, prosper, create jobs and most importantly get advances out of the laboratory and into the clinic.

- Your review may be the major opportunity for this generation to boost the funding of UK biomedical research. In my view a strongly led and properly resourced MRC, able to fund the large majority, rather than a minority, of internationally competitive funding requests it receives is best placed to provide this and the case clearly made to Government that such an investment will reap major benefits to public health nationally and internationally - and to the UK economy.

With best wishes

Yours sincerely

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Professor of Neurology