

Research at Lancaster University includes the broad range of activity covered by the review. While having strong national and international interactions for our research we are also in an area where the local NHS has a limited research agenda compared with many large teaching hospitals so we are conscious of the issues of translation of research based attitudes and knowledge into the wider regions of the NHS. This has also been emphasised by our recent increased activity in undergraduate medical teaching where we are working closely with the local NHS to deliver against the Liverpool University curriculum.

Thus our responses are in the context of an organisation that has great research strength and is undergoing significant growth and development with the local NHS being an important part of this development.

Where appropriate the notes below are linked to the questions listed in the Invitation to submit comments.

- a. The core principles of any research funding need to be quality, deliverability and impact. These need to be satisfied whatever the level of research from fundamental to translational.
- b. The clear emphasis within the MRC of supporting excellence has to be at the heart of any new systems that are put in place and the priority of any funding panels within a new structure.
- c. It is the potential impact of the research that is often the hardest to define and the most difficult to legislate on in the sense of defining scale and timing of the impact whether is it for fundamental research or local translation/implementation-directed research. (Q4)
- d. The MRC is highly proficient at recognising and funding fundamental research that places the UK in the upper echelons of medical discovery and advancement. In whatever system that is implemented this cannot be lost. (Q1)
- e. The MRC and NHS together can identify areas of translational research that promise short-medium term treatment/health benefits and are able to ensure delivery on some of these key questions. (Q1)
- f. The NHS has areas of research activity (e.g. its radiation protection programme) where a national need is recognised and a strong programme of work is developed with researchers adjusting their activity to fit with the priority. Again this should not be lost as it is a successful way of ensuring key areas are covered by the national research base (Q1).
- g. NHS research funds that have been historically allocated directly to Trusts are harder to evaluate. On the one hand the level of peer review etc is unlikely in most cases to be very stringent and in some cases more local, rather than national questions are addressed. However, the benefit of this activity goes beyond the immediate research outcomes. The maintenance of a knowledge based delivery of health and medical activity is more likely in a questioning and research active environment. Medical staff are likely to retain an enthusiasm and up-to-date attitude if involved in

advancing their field of activity. While we would not necessarily advocate the restoration of these directed funds, these are impacts that benefit the NHS and health delivery and new systems should recognise the requirement to satisfy these needs.

(Q1)

h. The role of Universities in Health research is poorly considered in the “Best Research for Best Health” document. The funding under points b and d above can be directly sourced by Universities and it is highly appropriate that this should be the case. It is important that University/NHS collaborations are encouraged in other areas as this could be an important facet of the culture change needed in some parts of the NHS and can be an important source of the cross-disciplinary work that is mentioned in Question 6.

i. Research training needs in the NHS require some important considerations. The development of more high calibre academic clinicians is essential and the various fellowships schemes that are available are vital and could perhaps be expanded. The danger is that high quality medical staff are lost from research once they achieve consultant status because of workload pressures. One of the Colleges (RCR) runs a short term buy out/sabbatical scheme that allows established clinicians to take time to develop research projects. The expansion of this sort of scheme could be a significant contributor to research delivery in the NHS and encourage the translation etc agendas that are highlighted in Question 7.

j. Communication and collaboration are at the heart of the answer to question 8. Physical resources and expertise need to be shared and the ability to bring appropriate groups together needs to be an important arm of future schemes. Two examples of this that are both in their early stages are worth watching in this regard. ACCORN is a research network in radiotherapy that aims to coordinate research activity and bids to ensure that important questions are asked and appropriate groups are involved. The group of 8 research intensive Universities (the “N8”) have 2 medical projects in our first batch of 5 projects. These are aimed at pulling together the world class research groups in the different Universities and interface them with the NHS and other stakeholders to make sure that the infrastructure and personnel are given maximum opportunity to make a significant impact.

To form a single fund for health research is reasonable as long as the core activities and attitudes are retained as outlined in notes a to g above. The question might be asked whether there is a benefit in merging organisations if the new structure is so diverse that it needs to set up subsections that are different in their process and priorities. It is likely that the latter would be the case if the full range of health activities is to be covered to the full benefit of the UK. (Q10)

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