

# ◀ Review of UK Health Research ▶

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## Review questions

1. What are the strengths and weaknesses of the MRC and NHS R&D programmes at present? How do each of these support the research and training needs of the NHS, social care, industry and academia? Does more need to be done?

### Strengths

These programmes are familiar to the research community.

They have a well developed system of peer review. This process has the confidence of the NHS community of researchers and as it acceptable to LRECs and Trust R&D offices, supports the process of ethical review.

The programmes have led to research that is well focussed on the identified priorities.

### Weaknesses

The priorities tend led from the top down. Whilst there is a need for an over-view of necessary research, recognising needs that are not always apparent at a local level, it risks failing to meet needs at a local level.

Applied/qualitative research is less well represented in the funding streams, with major trial being centre stage. Insufficient applied research is likely to have a direct impact on practice as the development of treatments can by ineffective without successful application. It is recognised, however, that both programmes are starting to emphasise the need for more applied forms of research but this still needs a more pro-active approach.

Timescales: both in of the funding calls, the length of time given for methodological development and preparation and the overall length of the funded projects. There needs to be more sustained investment in long term research activity that recognises that for the most part, quick, short term projects are likely to yield quick and less dynamic results.

To fulfil out contribution to the joined up ‘innovation ecosystem’ identified in the HM Treasury Science and Innovation Framework there needs to be an holistic approach that links priorities for research focus, types of methodologies and purposes, and timescales. The two programmes, MRC and NHS R&D could therefore benefit from a careful audit of research, the purposes of research and outcomes, and base their expertise in different aspects of the work, rather than becoming fusion of the two current systems.

Ethics and Governance cannot be artificially separated. The ethics process needs to be included in the support infrastructure for research rather than as a summative process. Concerns also remain about the process of reviewing qualitative research where issues in respect of methodology and professional/practitioner/user knowledge and intuition remain somewhat misunderstood in the more positivist paradigm of health research.

2. What do you believe are the key scientific and organisational challenges facing health research, and underpinning training, in the UK over the next decade? How might the UK Government best help address those challenges? What do you believe should be the Government's objectives for health research, and why?

#### Key Scientific Challenge

Recognising diversity of method to suit purposes. There is still an over reliance on positivist research programmes in areas where they are not sufficiently suited to the research questions being asked. From research idea to development of practice is a complex route and one that needs to be addressed in terms of complexity rather than a reductionist approach. There needs to be a whole systems approach based on the integration of development aims with learning and knowledge development aims.

#### Organisational Challenges

Both the MRC and NHS R&D programmes have been moving towards the identification of partnerships as a key factor in successful research. The increasing diversity of healthcare providers and interagency integration certainly necessitates such partnerships to provide health gains. The difficulties of moving from a historically competitively based approach for sourcing funding, to getting agencies to work together, and the added complications of administering joint research and attracting recognition for participation, despite not being the administrative host, should not be underestimated. There is still some way to go to that end in both current programmes.

3. What should be the Government's priorities for health research? Is there anything it should stop doing or funding? What is it not doing or funding that it should do, and, in the absence of further sources of support, what can it lower in order to release the necessary funds?

The priorities for health research need to include precisely that, a commitment to health rather than illness, and health is a total state, not one dislocated from a person's living.

Priorities for research also need to place more emphasis on areas that are less attractive to other types of funders. Whilst it is recognised that the Government needs to draw in partners for funding, and obviously has a responsibility to support medical research, broader health research, that has no obvious, immediate and direct payback, despite being capable of improving practice and hence indirect payback, remains somewhat disadvantaged.

4. How should decisions be taken on the balance between the long-term economic and social benefits of a high quality biomedical research base; and the needs for research to improve healthcare and other public services? What is the appropriate balance between public funding for investigator-led and priorities led research? How do we balance funding for basic science,

translational science and applied science? Is this something that should vary over time? What mechanisms should be used to make judgements about this balance?

As suggested above, whilst there have been some moves in the MRC/NHS R&D programmes in recent years to broaden their work, an imbalance in terms research support remains. There needs to be greater emphasis on sustaining an applied research base in order to reap the benefits of recent policy directions.

Community (as in the community of patients/services users as well as the wider use of the term community) health needs to be driving research questions. Continuing to develop user-led research contributes to developing a more balanced portfolio for research.

Judgements should include:

- effective translation into practice
- the need to focus on areas which can truly lead to health gain and on those who are particularly vulnerable to short term, financially driven research e.g. those with learning disabilities, long-term conditions etc. For these people in particular, the health, social, employment and economic system must be considered as a whole as solutions based on remedies for ill-health alone are unlikely to lead to maximum gain.
- The wider moral and ethical aspects of research – that as a society we have an obligation to those who are less able to put themselves at the forefront of the economics of medical research and so do not become priorities under those rules.

5. In your experience, how have the results of publicly-funded health research in the UK been used, both in the development of new treatments and to influence / change wider policy and healthcare practices? What lessons can usefully be learned to improve the uptake of advances in science and medicine?

The emphasis on an evidence based approach has highlighted a possible role for research for practitioners, but this does not necessarily foster an active learning culture of enquiry. There remains a dislocation between research, training and education/learning. A whole-systems approach needs to be considered to break down a culture of the segregation of research into something others do whilst practitioners practice. To embed the use of research in practice, research needs to be a central plank of learning for both individuals and organisations and be accessible to all and that means giving equal credence to many different methodologies..

6. How might better links be forged between 'basic', translational and applied researchers, working across the whole field of health research, from the laboratory bench to the front line of the NHS? How might better links be forged across disciplines, e.g. with engineers, physicists, and social scientists?

Researchers work together because they have a common interest and through collaboration may be able to develop more than they could achieve on their own.

Historically however, research has been, and remains, a very competitive market. achieving links between researchers from different agencies and disciplines and between ‘basic’ and applied research is unlikely to be achieved through the process combining health research budgets, but will need other approaches based on research support focus and recognition of achievement to drive it forward..

## 7. How can the Government encourage translation, entrepreneurship and innovation in health research to improve public services in the UK?

See above – whole systems approach needed which includes re-appraisals of timescales research which expressly include the development period, the learning period and time for evaluating the effect of the innovation. There needs to be greater recognition of effective impact on practice beyond NICE guidelines etc – currently recognition tends to be based on getting research funding and peer reviewed journal articles, neither of which is necessarily an indicator of effective research. The current NHS R&D system for monitoring impact within the Annual Report system is inadequate for this task as important but less tangible effects of research in terms of learning and development are lost.

## 8. How can UK health research funding be most effectively used to provide the appropriate infrastructure for basic, translational and applied research, whether funded by the UK public sector or other sectors? How can UK health research funding be most effectively used to support the work of NICE, facilitate innovation and collaboration with industry, and address market failures in the application of healthcare?

Funding research within a clearly articulated framework of innovation, enterprise, development and practice is essential. It needs to develop the links between technical and applied research and those who, in various ways, are users of that research.

The link between good ‘science’ and ethical research needs to be upheld and be part of the process.

## 9. What lessons should the UK learn from other countries in making the proposed changes to the institutional arrangements for the funding of health research?

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## 10. In implementing the single fund for health research, to what extent should the MRC and DH / NHS R&D be merged or brought together? And to whom should the single, ring-fenced fund be accountable? Please provide reasons and any supporting evidence for your response.

If a single fund is to be accountable to the Department of Health, which has a direct line of accountability to the Treasury, immediate financial gain and priorities for research do not always equate. The Treasury cannot be the single arbiter for research priorities, there is a wider basis for such decisions. There is a need to balance

financial accountability with that for health and quality and there is a need for some determinant based on need and quality. A single budget may not allow for flexibility and divergent priorities. Where Trusts have strong research environments they should retain some direct decision making powers on research focus and spending.

11. To what extent does the success of recent innovations in health research (e.g. Clinical Research Networks) and the proposed structures rely on the new *Connecting for Health* NHS IT system, and to what extent should it do so?

The NHS IT system should not be seen as the driver, rather the administrative support for NHS research. It has a mixed history of success and whilst technically it is improving, it has led to much diverting of research time and energy in recent times. It is also based on a narrow criteria for health research. health care providers are not all connected with the NHS, and not everyone who is involved in the receipt of health care is necessarily a patient. Research is done in multi-disciplinary arenas and as such, unless the system is broadened (without added bureaucratic complexity) it would seem inappropriate to be dependent on one NHS system.

12. Given that NHS R&D is currently devolved, but that the work of Research Councils is not, how can these functions work best together to maximise the health and economic benefits to the UK?

Having the two systems allows flexibility and diversity in the system that is not a disadvantage but a positive strength, as suggested above.