

Response to the Cooksey Report

Thank you for the opportunity to comment on the Cooksey Review of UK Health Research. The following comments represent the response from the Academy for Health & Wellbeing at MMU.

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?

The major strength of the MRC is the focus on medical research (clinical, methodological and biomedical) rather than health research and is perceived by many health researchers as exclusive difficult to access for many health care disciplines such as nurses, midwives, social workers, general practitioners and the allied health professions.

NHS R&D Programmes have focused funding on the full range of health and social care professions and encouraged capacity building in disciplines new to research by funding studentships, bursaries and fellowships. In contrast to the MRC, NHS R & D tends to cut across the entire range of health and social care research. There is however a tendency to be too closely linked to government policy.

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?

Scientific: Development of health research methods that are appropriate and valid for the full range of health & social care research rather than just medicine, e.g. to investigate the post genomic age impact on health and wellbeing.

Capacity building: developing a coherent framework for the training in research across the range of research activities, from pure scientific research to knowledge transfer, to practitioner research utilization & evaluation, to role evolution and practice development and the whole spectrum of research methods.

Organisational: Reducing obstacles and bureaucracy to access (but maintaining full ethical rigour); Ensuring access to appropriate local/regional responsive funding;

Providing and ensuring access to research / healthcare research data bases; Enabling multi professional research

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?

Fund more research into old age, chronic diseases, Public health (Use whole system approach to funding of project on particular areas (e.g. COPD should include environment, housing, public health etc as well as the patho-physiology & medical treatment.

Achieve a balance between basic, knowledge transfer and applied research. Blue skies research takes years for impact on people's health and generally to do have direct impact of patient care. In contrast, translational and applied research have immediate impact on clinical knowledge and practice development.

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 judgments about this balance?

The NHS is reliant on evidence based practice and therefore dependent on the many approaches to translational and applied science derived in part from basic science. It is therefore not only a question of balance but also taking a whole system view that is cyclical and inclusive of all stages, methods and designs with a multi-disciplinary focus. The balance should be determined by government and practitioner/ researcher led priorities, although exceptional circumstance may require short-term injection of funds in particular areas.

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?

Funding should be linked to an implementation plan of translation of findings into practice and embedding of best practice service delivery and workforce development. See also arguments on whole system approach above.

What lessons can usefully be learned to improve the uptake of advances in science and medicine? Do not ignore the largest group of health professionals who have major impact on changing and advancing practice for improved patient care.

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?

Provide special funding for multidisciplinary research. Also see response to above.

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

Promote joint ventures between Universities and the NHS and provide some funding for incubation centres (not medical research units), which should include innovation and knowledge transfer as criteria for promotion and advancement.

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?

Create Clinical- Academic Centres between Universities and NHS Trusts, with rotational secondment facilities for researchers and practitioners and appropriate infrastructure to support, coordinate and lead such centres.

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?

The context and cultures are different. One of the major problems has been importing of success from (mainly USA, Canada, Australia) which have then failed or has had limited success in the UK. It may be more appropriate to look at principles.

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.

The MRC and the NHS R&D should be brought together under a new body that embraces the broadest spectrum of health research, health researchers, and research methodologies. The proposed single fund should be accountable to the public through

their elected representatives. However, decisions on scientific merit should continue to be by independent peer review.

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?

It is assumed that CRNs have been successful ? NHS IT has too many problems to be effective for research. Suggest the HEIs system is looked at.

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?

Regionalise.