

Review of UK Health Research Funding
UK Medicines for Children Research Network's (MCRN) response to the Cooksey Consultation

Review Questions	MCRN Response
<p>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,</p> <ul style="list-style-type: none"> a) social care b) Industry and academia? c) Does more need to be done? 	<p>With establishment of infrastructure to support research via networks, all funding bodies should consider how their research programmes will benefit from the networks, and how the research networks can benefit from their funding streams. Traditionally research into children's health has not received a high proportion of funding and deserves a higher priority.</p> <p>The new EU legislation on Medicines for Children will have a great impact on children's health by facilitating the study of medicinal products for children, with children. A benefit of the networks is that such research will foster collaborative working across industry, the NHS and academia, and which may be accompanied by a corresponding increase in industry funding for health research which will ultimately benefit the NHS and its users.</p> <p>A particular problem that needs to be addressed is the development of research capacity and the sustaining of long-term commitment in particular areas. Instabilities in both the University and the Health Service sectors due to budget issues and policy changes are very damaging to research, and contribute to the recent decline in research activity. NHS research and training requires a long-term perspective and sustained policy implementation with appropriate funding maintained over the period.</p>
<p>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?</p> <ul style="list-style-type: none"> a) How might the UK Government best help address those challenges? 	<p>Ensuring that there is a seamless approach to research from molecule to man. MCRN research spans translational research (pharmacogenomics and basic mechanisms) through to clinical trials. There needs to be better linkages between experimental medicine programmes and clinical research run through networks.</p> <p>Involving NHS users at every stage in the health research process, an aspiration that</p>

<p>b) What do you believe should be the Government's objectives for health research, and why?</p>	<p>is particularly challenging and under-explored with children.</p> <p>There is a need for more paediatric clinical research training fellowships to help overcome these challenges.</p>
<p>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, in the absence of further sources of support, what can it lower in order to release the necessary funds?</p>	<p>It should ensure that the excellent infrastructure provided by networks should be supported by adequate funding for high quality research proposals. Need to address research agenda of EU legislation on Medicines for Children of which the UK has been a strong supporter. An emphasis on Developmental Health is likely to aid attempts to reduce major diseases such as Diabetes and Obesity.</p>
<p>4) How should decisions to be taken on 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?</p> <p>a) What is the appropriate balance of public funding for investigator-led and priorities-led research?</p> <p>b) How do we balance funding for basic science, translational science and applied science? Is this something that should vary over time?</p> <p>c) What mechanisms should be used to make judgements about this balance?</p>	<p>Priorities-led research can have a number of roles e.g. to stimulate programmes with important, but previously neglected groups e.g. children, or to address questions of particular relevance. The portfolio should include both this and investigator led research, as it is essential to allow 'bottom-up' research drivers without which innovation is stifled. Much more can be done to ensure that investigator-led research translates basic science findings into clinical questions and thus clinical benefit. Programmes of research should be encouraged to encompass the whole range from molecule to man. In particular this needs attention to creation of a pipeline encompassing phase I, II, and III studies, and the sustaining of critical linkages between pre-clinical and clinical sciences. Sound judgements about this balance will only be made when there is one strategic body with oversight of all health research that considers the views of all relevant stakeholders. Strategies undertaken to achieve a balance should be appropriately evaluated.</p>
<p>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</p>	<p>Within NHS R & D funded research there has been a much greater emphasis on the impact of health research on patients and the wider NHS. This has been made very clear in "Best Research for Best Health" It is important that this emphasis extends to</p>

<p>healthcare practices? What lessons can usefully be learned to improve the uptake of advances in science and medicine?</p>	<p>all publically funded research particularly the impact of basic science and translational research on clinical research which will lead to direct benefits to patients. However, translational science will atrophy without a vibrant basic science sector, and this must be maintained, largely through investigator led work.</p>
<p>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?</p>	<p>Networks could play a critical role in linking the “molecule to man” pipeline from basic translational to applied researcher. An example of this was the identification of TNF as a pro-inflammatory mediator in sepsis which led to the development of antibodies, shown in the laboratory to effectively block the actions of TNF. This led to the development of these agents as anti-TNF therapies in rheumatology and inflammatory diseases and subsequent extension to other diseases such as Crohn’s disease. These therapies are a major potential benefit to children, but are little tested in this age group. Currently the focus has been on applied research being conducted through networks, but they are ideally placed to forge these links in collaboration with funders. This aspiration will only be possible with a fully comprehensive research network..</p> <p>Forging of links across disciplines is less likely to be helped by an emphasis on networks; these delicate relations have been stimulated effectively by Discipline Bridging Funding from the MRC, but sustaining collaborations to bring projects to fruition requires consistent response mode funding, primarily in the university and biotech sectors. Clinical networks are unlikely to play a substantial role in this, and the University sector must fully embrace the multidisciplinary vision.</p> <p>Universities have a role to play in ensuring that the whole research community is aware of potential research and can contribute to its development.</p>
<p>7) How can the Government encourage translation, entrepreneurship and innovation in health research to improve public services in the UK?</p>	<p>The initiatives described in “Best Research for Best Health” will do much to encourage this. An open, competitive and transparent system is the best way to ensure that these qualities flourish. However there are threats to success; the relations between NHS and University sectors needs to be carefully nurtured, and there must be sensitivity to the diverse drivers affecting each sector. A Unified Funding Body could play a substantial role in the re-establishing the Clinical Scientist, as called for by the</p>

<p>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 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?</p>	<p>Academy of Medical Sciences.</p> <p>The infrastructure funding for the networks is the single most important initiative taken to achieve this. The performance of the networks will be closely reviewed and approaches to future infrastructure funding considered in the light of this. Networks must be charged with an appropriate range of tasks, including the promotion of experimental medicine. This will be a very important objective for a comprehensive research network, which will be “comprehensive” in covering all areas of patient related research and all regions of the country for the prioritised topics and all other research.</p> <p>Organisations such as MHRA, NICE, NPSA should have access to the work of the networks through Clinical Studies Groups and cross fertilisation can occur through researchers contributing to working groups in these organisations.</p>
<p>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?</p>	<p>Ring fencing of the Budget has been a very important step to ensure that it is not gradually eroded as other priorities come along. UKCRC is working well to deliver a co-ordinated approach. The UK has achieved these objectives better than most industrialised countries.</p> <p>Due account should be taken of research in other countries when considering funding proposals.</p>
<p>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.</p>	<p>NHS R & D and MRC would both benefit from closer working arrangements to ensure common goals and a better coordinated approach. If full merger occurred strenuous measures should be taken to maintain the individual strengths of each institution. The challenge is to maintain and develop rigorous scientific standards while promoting efficient and light touch administration We feel that this fund should be accountable to The Secretary of State for Health.</p>
<p>11) To what extent does the success of recent innovations in health</p>	<p>Clinical research networks have not relied at all on connecting to health, but the</p>

research (e.g. Clinical Research Networks) and the proposed structures rely on the new <i>Connecting for Health</i> NHS IT system, and to what extent should it do so?	potential for this IT system to greatly enhance the performance of clinical research needs to be fully exploited.
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?	Devolved administrations need to work closely together and develop collaborative approaches to NHS R & D work streams.