

# Cooksey Review Submission to Public Prior Consultation

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## Review questions and answers

Please provide reasons and any supporting evidence for your responses wherever possible.

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?

Dominated as the present systems are by un-funded super alphas and massive issues about funding, there is worryingly insufficiently sensitive to HSR and local, small scale, very innovative 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?

Major medical research is already multinational, and soon internet collaboration across continents and funding bodies will be the norm for health services and technical development as well. The UK Government should seize this opportunity to facilitate international medical research collaboration and positively encourage the growth of international ethical approval. The new medium is without a doubt the internet, and its ethos is open and free association. In research this, of course, presents issues with respect to intellectual property and proper competition, but notwithstanding, international, transcltural research collaboration much be strongly fostered. The pharmaceutical industry has already made great strides in this area, and might be expected to aid public sector funded research sponsors in exploring these new possibilities.

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?
  1. Help complete the canon of EBM of the top 300 basic NHS procedures and interventions (many of these in Primary Care).
  2. Go "big" on genetics projects - e.g. the UK Biobank Project and an increasing national database.
  3. Voluntary donation of genetic information by UK citizen to encourage NHS to be a major global player in medical genetic research.

4. Facilitate third world medical research through Malaria, TB and HIV/AIDS, and this would include demography and health economics support to countries that will be ravished in the next 30 years by HIV/AIDS.
  5. Encourage suitable overseas national doctors with research skills to return to their own third world country with research support.
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?

Protocols should be written for one or two streams:

- academic - with no cost/benefit issues
- applied (i.e. NHS service) - always with cost benefit components.

Departmentally commissioned research, reflecting Ministers' priorities, is largely a myth. If researchers were encouraged to bid, as individuals with spontaneous research ideas, for applied research **with cost-benefit criteria** these very protocols would look just like Ministers wishes lists but, on average, several years in advance.

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?

In a way that is haphazard, idiosyncratic, personality-based, and hobbyist.

A very thorough commitment to benefits realisation should be a scrutinised part of the ethical approval, and subsequent research management.

There is a need for a new Benefits Realisation drive with respect to research.

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?

Internet, narrowcasting research channels (perpetual seminars). Innovation and insight are commodities that are available in large measure from many (non-funded, non-academic, non-traditional) sources and the research infrastructure must take the dividend and encourage its growth.

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

Prizes - work with lottery. We need a R&D Mensa. Science is largely pattern recognition - publish the patterns and let other recognised them!

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?

Permanent inter-representation of MRC/NHS R&D and NICE/Treasury etc, on each other's Committees.

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?

I cannot point to best examples re. medical research - it is outside my own experience but the final Report could well give assurance that such good examples have been carefully sought, no doubt innovative partnerships with industry and other stakeholders (like food manufacturers and insurance industry) are readily to hand.

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.

An "Arms Length Body" - with full Whitehall representation across the appropriate Chief Scientist network. (i.e. reinvent the late '70's and 80's system brought in by Lord Rosthchild).

11. To what extent do 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 basic common-or-garden Internet (including all its security and encryption) will be so much more useful, up-to-date, and available world-wide. If "Connecting for Health" needs even more money DO NOT take it from NHS R&D,

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?

Forget Regional structures - and even country specific funding - it needs to be UK wide right from the outset. That way rather than a dozen middle rank officials, the Committee can have a quartet (England, Scotland, Wales and Northern Ireland) of top-draw representatives.