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Partnership Agreement
between the Health Departments and the
Medical Research Council

2004

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Partnership Agreement between the Health Departments and the Medical Research Council - 2004

Background

1) The UK Health Departments¹ and the Medical Research Council (MRC) have a common interest in promoting research into all areas of medical and related science with the aims of improving the health and quality of life of the UK public and contributing to the wealth of the nation. Since the first formal agreement in 1981, HD/MRC Partnership Agreements have provided the basis for an effective and workable partnership not just within the two organisations, but also with other research funders of medical and health service.

2) This new HD/MRC Partnership Agreement builds on this partnership, further enhancing the effective communication, development, funding, management, dissemination and exploitation of publicly-funded UK medical and health services research.

Strategic purpose and objectives

3) The strategic purpose of the Partnership Agreement is to ensure that HD/MRC research activities are complementary and cover the UK's needs without duplication. It is designed to allow each of the parties to concentrate on their strengths and achieve a distribution of research funds which provides the best value for public money. It recognises that effective coordination and the avoidance of gaps or duplication require a joint interest in some areas - particularly public health and health services research - where Health Departments' interests are primarily concerned with improving health and meeting health service needs and the MRC is more concerned with exploiting scientific opportunities.

¹ The Health Departments in this context refers to the Department of Health, the Scottish Executive Health Department, the Wales Office of Research and Development (National Assembly of Wales) and the Research and Development Office of Northern Ireland Health and Social Services.

4) The objectives of the Partnership Agreement are to:

- promote an understanding of the respective roles of each organisation and establish clear lines of communication between them;
- ensure coordination in the missions and strategic planning of the organisations, and that their research activities complement one another;
- ensure that the policies and priorities of the UK Government and devolved administrations are informed by scientific advances and opportunities in biomedical research and that Departments' research needs are understood and addressed by the MRC as appropriate through their decision making processes; and
- to ensure that the NHS and public health perspectives are understood and taken account of by the MRC in decisions on research funding, and to ensure that the needs of MRC research for NHS support are understood and addressed by the Health Departments.

The role of the Health Departments

5) The Health Departments are responsible for the formulation of healthcare policies in their own countries, and share a joint responsibility for the communication and development of UK policy. Research funded by Health Departments supports the development of public health policy and the continuing development of effective, high quality health and personal social services. This funding includes support for the research base in the NHS and support for relevant research training. The principle aim of these policies is to improve the health and well-being of the UK population and secure the provision of high quality care for those who need it. Such care can best be delivered when it is:

- informed by high-quality research;
- takes advantage of current advances in science, technology and technique; and
- integrated with local and national strategies to improve health.

- 6) Independent funding mechanisms for programmes of research and development operate through the Health Departments in England, Scotland, Wales and Northern Ireland.

The role of the MRC

- 7) The MRC plays an important role in underpinning the national scientific research base. The MRC's purpose is to:

- encourage and support high-quality research with the aim of maintaining and improving human health;
- train skilled people, and to advance and disseminate knowledge and technology with the aim of meeting national needs in terms of health, quality of life and economic competitiveness; and
- promote public engagement with medical research.

- 8) The MRC delivers this aim by directing its scientific activity towards high-quality basic, strategic and applied research.

Areas of common interest

- 9) The Health Departments and the MRC have between them interests across the continuum of medical research, from basic molecular research through to applied health services research. The Partnership Agreement aims to clarify and coordinate these interests and promote better links between medical science and health policy.

- 10) An effective division between these spheres of interest will be secured by a process in which all of the parties share information and take account of the responsibilities, priorities and expertise of the other. Thus, the Health Departments will:

- actively identify and communicate NHS and wider Health Departments' research and development (R&D) needs and priorities;

- commission and fund work relevant to the needs and priorities of the NHS in the most important of these priority areas;
- ask the MRC to develop proposals in areas in which the MRC has a particular expertise for funding by Health Departments, the MRC or both; and
- participate in MRC strategic planning, contributing appropriate intelligence.

11) The MRC will in turn:

- consider any investigator-initiated proposals within its remit and take account of Health Departments' views of NHS needs and priorities;
- respond to Health Departments' strategic needs by developing MRC initiatives where appropriate; and
- aim to increase the level of support of trials and health services research.

12)

The MRC, on behalf of the Office of Science and Technology, and the Health Departments will work together and with other colleagues to influence the scope and content of successive EC R&D Framework Programmes, to reflect UK priorities through collaboration at officer level, to monitor significant developments and to encourage UK participation in relevant programmes. They will work together to promote other joint and mutual interests internationally.

Co-ordination of strategic planning and joint working

- 13) HD/MRC interaction and communication at a number of levels is crucial to the effective working of this partnership. The importance of interaction at the highest level has been recognised by successive Secretaries of State responsible for appointments to MRC Council. The normal expectation is that three members of the Council will represent the Health Departments/Health Service (at CMO/R&D Director level or equivalent). Similarly, the MRC will be represented at appropriate HD committees.

- 14) Coordination of programmes is achieved by regular contact between officials. Health Department officials attend the MRC's Health Services and Public Health Research Board to ensure full coordination in the field of health services research. The businesses of the other MRC Boards and Committees will be primarily handled by discussion between nominated officials before and after meetings.
- 15) The Health Departments are the primary customer for much MRC research, and need to be aware of the wider implications of scientific developments in the MRC's remit.
- 16) **The MRC** will alert the Health Departments to developments in basic science within their remit which may have potential relevance for the NHS or public health. They will seek to identify, where possible, the likely impact of such advances and any associated needs for clinical and health services research.
- 17) **The Health Departments** will identify in discussion with the MRC areas within the MRC's remit where development of new and existing research could help the Health Departments achieve their objectives. The MRC will ensure that these needs are addressed as appropriate through their decision-making processes. The Health Departments will also alert the MRC to any proposed policy developments with significant implications for medical research and take into account the MRC's comments on the implications.
- 18) The Health Departments and the MRC will work together in other ways to promote better links between scientific developments, research, policy and practice. The MRC will also work to promote the dissemination of research findings relevant to clinical practice in association, as appropriate, with Health Departments' strategies for R&D and clinical effectiveness in the NHS.
- 19) The effectiveness of the above arrangements for liaison, co-operation and cross representation will be monitored on an ongoing basis and reviewed annually.

MRC-funded R&D in the NHS

- 20) The MRC will take into account, before reaching any funding decision, the needs, priorities and realities of the NHS when it is considering funding R&D which will have immediate or future cost implications for the NHS. It will balance these against all other relevant criteria.
- This will include (but is not restricted to):
- seeking advice, where appropriate, from the Health Departments and from NHS organisations;
 - although R&D involving patient care cannot always take place within actual patterns of NHS service, the MRC will ensure that it does wherever that is practical and sensible;
 - arranging for the Health Departments and the NHS to receive appropriate notification of R&D likely to have cost implications for them, according to streamlined arrangements agreed with the Health Departments; and
 - requiring its own researchers, and potential applicants for its funds, to follow these principles.
- 21) The Health Departments and the MRC will cooperate in monitoring spending by the NHS on supporting MRC-funded research.
- 22) The Health Departments will seek to ensure that the NHS meets legitimate service support and treatment costs associated with MRC-funded research.

Monitoring and review

- 23) The Partnership Agreement will be monitored annually at a meeting, consisting of senior officers, chaired alternately by the Health Departments and the MRC.
- 24) These arrangements will take effect from **1 April 2004** and will remain in place for five years, after which they will be reviewed unless either the MRC or any of the Health Departments request an earlier revision.

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