



Sir David Cooksey
Cooksey Review Secretariat
HM Treasury
1 Horse Guards Road
London
SW1A 2HQ

27 July 2006

Dear Sir David

Review of UK Health Research

I am writing to contribute to your review of a single health research fund on behalf of the MRC Social and Public Health Sciences Unit.

This Unit is co-funded by the MRC and the Chief Scientist Office at the Scottish Executive Department of Health. We are probably the biggest grouping of interdisciplinary health social scientists in any research institute funded by the MRC or any of the Health Departments (our staff have backgrounds in psychology, sociology, anthropology, economics, history, geography, nursing, public health medicine, statistics and epidemiology).

All our staff (with the exception of one NHS secondment for a Specialist Registrar in Public Health Medicine) are employed by MRC and so have common terms and conditions of employment. We are subject to quinquennial review under MRC procedures but the reviews are conducted jointly by the MRC and CSO. We therefore benefit from the independence and scientific rigour of the MRC and from the links with the Scottish Executive which keep us attentive to current policy and practice issues. Our commitment to the furtherance of basic and applied research is supported by both funders. We believe we illustrate how joint funding can work well and be of mutual benefit.

We also apply for and receive funding from other Research Councils (particularly the ESRC), the Department of Health in England (for example we are a partner in the Public Health Consortium funded by the DoH Policy Research Programme), and charities (e.g. CRUK, Wellcome). We support the principle of closer collaboration between research funders but also believe there are benefits from a mixed economy of research funding. For example, we would be against the idea of ESRC, NERC and BBSRC being forced to cede the funding of all research related to human health to a single monopoly supplier research fund; or of Research Council staff being excluded from seeking funds from charities or Departments of Health. Some diversity of funding encourages multiple perspectives and approaches.

From our perspective as social and public health scientists we wish to make the following observations:

1. The NHS R&D Programme focuses on activities relevant to the Health Service, and the MRC focuses mainly on biomedical (i.e. biological and physical) sciences and their contribution to the understanding of disease processes and to treatments (e.g. drug therapies) offered to individuals. However many of the major determinants of population health lie outside the health care sector, and are shaped by activities in the private sector (e.g. food retailing, motor car manufacturing, house design etc.) and public sector (e.g. education, transport, urban planning, agriculture, criminal justice, income support etc.). If the single health research fund is to focus on health (rather than only on health services, biomedicine, and wealth creation through the biotechnology industry) it needs to take policies and practices in these other sectors into account, and to facilitate funding for research by, or into, these sectors.

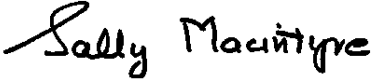
Following from this, we recommend that the new structure has 'health' rather than 'medicine' or 'biomedical' in its title. We also recommend that it focuses on disease prevention and health promotion as well as on the understanding and treatment of disease (especially given the fact that the recent UKCRC analysis of UK Health Research found that only 2.5% of funding is currently spent on prevention research).

2. Many policies and practices which impact on human health (either positively or negatively) are not informed by good evidence prior to their introduction, and not evaluated subsequently (and often not rolled out in ways that permit robust evaluation). While the importance of clinical trials and systematic reviews is now recognised in clinical practice, such evidence based approaches have not been widely adopted for non-clinical activities. A major contribution of a single health fund could be to help develop more robust designs and methods for assessing the anticipated and actual cost-effectiveness of policies and projects that might impact on human health, and to develop a culture in which such rigorous and independent evaluations are as acceptable as they are for new drug treatments or surgical procedures.
3. There has been a tendency in biomedical research to assume that 'basic' research means laboratory based biological or physical sciences, and that social sciences only figure at the applied, operational, end of research. However it is as important to foster the development of basic social and mathematical sciences relevant to health (e.g. psychology, sociology, geography, economics, anthropology, statistics, epidemiology). This is because all the major health burdens (e.g. cancer, cardiovascular disease, diabetes, mental/sexual health) are shaped by social processes (e.g. risk perception; the cultural significance and social meanings of food, work, family life, leisure; decision-making processes etc.) and their complexities require sophisticated methods of analysis. MRC has tended to emphasise basic biomedical research and the NHS R&D Programme to emphasise applied research. It is important that a single health research body covers activities along two independent continua: one dimension from basic to applied research, and one from molecules to populations; and that it includes social sciences among the basic sciences.
4. The DoH in England funds much excellent research (for example, the Health Technology Assessment Programme, Cochrane Centre, the Centre for Reviews and Dissemination) but not all of it is funded by the NHS R&D Programme. The DoH's 13 research Units (for example, the National Perinatal Epidemiology Unit, Childhood Cancer Research Group, National Primary Care R&D Centre) and other activities such as the Public Health Research Consortium are funded by the DoH's Policy Research Programme. It is important that this programme is not ignored or sidelined in discussions about a single health fund. It is also important to note the role that the Health Departments and charities have played in nurturing key basic disciplines such as health economics (through the Health Economics Research Unit in Aberdeen and the Centre for Health Economics in York) and health psychology (e.g. through CRUK core funding of the Health Behaviour Unit at University College London). If a single health budget is able to take a strategic approach to fostering and linking such disciplines (both with each other and with biomedical and clinical sciences) this would potentially be of great benefit.

We are aware that several organisations (e.g. Wellcome and the Academy of Medical Sciences/Royal Society) have proposed an organisational model with two separate bodies with an

overarching strategic Board (this is also suggested by MRC as its second favoured option). We would prefer to see a single, integrated, body in order to maximise links between basic, clinical, health services and population health research; minimise bureaucracy; and avoid duplication and turf wars.

Yours sincerely

A handwritten signature in black ink that reads "Sally Macintyre". The signature is written in a cursive, flowing style.

Professor Sally Macintyre CBE FRSE FMedSci
Director

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