

Response to Cooksey Review from the Research Committee of North Bristol NHS Trust

North Bristol NHS Trust (NBT) is one of the largest healthcare trusts in the UK. It provides a full range of secondary acute care to its local catchment population in Bristol, South Gloucestershire and North Somerset and is also a significant provider of tertiary services to a wider population in the South and West. The Trust has a substantial commitment to research with current external grants for 2006/7 in excess of £22M. This response comes from the NBT Research Committee which includes active research colleagues, representatives of partner organisations including the local universities and research managers.

We welcome the proposal to create a single budget for health research in the UK and hope that it will lead to a more coordinated and flexible use of public funds. We note however that network structures are difficult to manage and can lead to a growth in transaction costs. We also note that the transition to the new arrangements will require careful and consultative management.

There are a number of critical success factors for implementing the single fund for health research. The funding must:

- build on existing excellence of current programmes and learn from weaknesses
- be supportive of innovation and development
- encourage greater collaboration across and within sectors
- continue to support capacity enhancement
- take a UK-wide approach taking due account of the significance of health research in the promotion of regional development and regeneration.

Funding mechanisms and procedures must also be transparent, coherent and less bureaucratic than has historically been the case.

Our response to the review questions is as follows.

1. As noted above the new combined funding stream and proposed networks offer a real opportunity for improvement. It is important that these changes should be fully implemented before embarking on further system modifications. Change in emphasis or balance of funding is possible however.
2. The broad objectives set out in Best Research for Best Health and the emphasis on national 'wealth as well as health' in the Science and Innovation Investment Framework: Next Steps seem sound. Key challenges in achieving them include the following.

- a. Ensuring adequate and sustainable infrastructure funding in both HE and NHS and encouraging greater collaboration between the two sectors in using and exploiting it.
 - b. Protecting and incentivising the use and application of Trust level infrastructure funding in the context of 'plurality of provision' and the proliferation of Foundation Trust status.
 - c. Developing clearer career pathways for both clinical academics and clinician researchers (across the range of health professions, and, in particular, in the 'craft' medical specialisms).
 - d. Developing valid and acceptable metrics for the assessment of research excellence across the HE/NHS boundary.
 - e. Developing an inclusive and transparent approach to the identification of research priorities.
 - f. Maintaining an appropriate balance between basic, applied and translational research.
 - g. Ensuring sufficient emphasis on public health research and enhancing capacity for research in health economics, and in health policy and service delivery studies.
 - h. Expanding the commercial exploitation of health research and technology but consolidating processes of good governance in relationships with industry.
 - i. Developing a higher profile for health research and health technology as drivers of regional development.
 - j. Dealing effectively with the ethical implications of emerging research and technological capabilities.
 - k. Promoting understanding and appreciation of research in all health care professionals and ensuring its embedding in effective clinical practice.
3. As should be clear from the above it is our view that a more inclusive and collaborative approach is needed in the determination of priorities. The new networks may afford opportunities for developing this but it will be important to ensure a UK wide approach. Strengthening of current research management structures may also be necessary. The recent increased emphasis on translational research and on support for health care technology is welcome.
 4. All of these balances are important and will justifiably vary over time. Mechanisms for determining them should be inclusive, transparent and responsive. Taking current balances as a baseline increased emphasis on translational research, research with a clear clinical emphasis, health technology, and service delivery research would be welcome. There is no doubt but that the commercial exploitation of health research from basic to translational and in all sectors is currently under supported and lacking in clear processes and incentives. This therefore requires increased emphasis.
 5. The health service must take a more business-like approach to research. This requires greater investment in research management, including governance and financial management of research funds. Funding

systems must ensure that the costs to the health service of hosting research are reimbursed efficiently, transparently and in full. This funding must be clearly separated from funding for conducting research. It is not yet clear whether the proposed financial arrangements in England through the NIHR Faculty and Clinical Research Network for England will achieve this.

6. Increased organisational collaboration between and within sectors (potentially around the proposed network centres) and simpler approaches to shared infrastructure funding (e.g. HEFCE/NHS/commercial/RDA) so as to engender shared facilities and funding streams would help. This would also ease interdisciplinary collaboration but there is a danger that the proposed 'metrics only' approach to future HE research assessment exercises may increase the difficulties. Active NHS incentivisation of interdisciplinary collaboration could help to counterbalance this however.
7. See 5 and 6 above.
8. As noted above it is suggested that the broad mechanisms of Best Research for Best health be put in place without further wholesale change to systems, above those already proposed. We also note however that the enhancement of research understanding and clinical application (through NICE and other clinical effectiveness mechanisms) is most likely to take place at local level. Similarly spin-off and other commercial exploitation activities are often initiated in partnership with small-scale enterprise organisations or in regional development contexts. There could be merit in directly incentivising health care organisations to engage in these activities - particularly through expansion of the Healthcare Commission Standards to include these areas of performance. The only currently relevant standard relates exclusively to research governance.
9. The US National Institutes of Health have clearly been the model for the Best Research for Best Health faculty proposals but there is as yet no real detail on how this will work.
10. The proposed organisational merger is a logical consequence of the merged funding stream. Closer links between the DH and the Office for Science and Innovation and consolidation of DH involvement in the Best Research for Best Health/UKCRC structures would permit the new organisation to operate essentially as a research council with accountability through the Research Councils UK structures in line with other councils. There could be merit in a separate Advisory Board to represent the particular interests of the NHS delivery organisations.
11. Ultimately research information should be associated with the C4H spine and relevant access/links would be helpful. Currently, however, present systems should be retained.
12. The devolved model characteristic of both NHS R+D and HEFCE could well have a benign influence on the research council's historic (and

understandable) tendency to focus funding on a limited geography. This should not however preclude the operation of devolved implementation within nationally agreed frameworks.