

# ROEHAMPTON UNIVERSITY

## Review of UK Health Research

### **Response from Roehampton University to the recent invitation to comment on the proposed re-structuring of health research funded by the NHS R&D programme, the MRC and other research councils (ESRC, BBSRC, EPSRC).**

The University's Research Strategy Committee has consulted colleagues in the School of Human and Life Sciences who are either experts in the area of health research, past or present grant holders from these funding bodies or directors/conveners of a research centre/cluster with an interest in health research. Prof. Claus Vögele, Director of the University's Clinical and Health Psychology Research Centre, has summarised their comments according to the questions as set out in Annex B of the original consultation document:

- 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?*

The MRC has traditionally although not exclusively funded fundamental research while NHS R& D has traditionally, although not exclusively, been practice based. As a result the MRC's strength has been in relation to research training and its academic ethos and providing the theoretical basis for practical interventions. The NHS R& D strength has been its responsiveness to health priorities rather than evaluating theoretical underpinnings. This separation may have acted as a safeguard for the funding of fundamental research which does not necessarily follow public opinion. A weakness of this system may have been a lack of implementation of fundamental research results into applied research and, therefore, into practice. We would hope that the introduction of a single budget to support health research and fundamental research will continue to be funded independently of political and/or public interests; at the same time it is to be hoped that such a merger of the health funding bodies would increase cross-disciplinary research and strengthen applied 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?*

The challenge facing UK research is to maintain fundamental theoretical research as well as being responsive to health needs which are often politically or economically driven.

It also appears that British psychologists and other behavioural scientists are not included sufficiently in behaviourally relevant research. Given that human behaviour is a major determinant of health, this is of concern. Investment in more and better quality research is essential, involving boundary breaking interdisciplinary collaborations. Progress in understanding and changing health behaviours is only modest but real. Potential gains from the wider application of effective interventions

are large and include reduced costs for healthcare systems and increased autonomy and health for individuals.

- 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?*

Government priorities for health research should be in developing biopsychosocial approaches to health and illness - esp. chronic illness -, the integration of prevention with clinical care, the integration of rehabilitation with diagnosis and treatment, the development of multidisciplinary clinical teams (integration of health psychology/behavioural medicine into daily medical practice), the establishment of methods of clinical-community partnerships, the development of methods of assessment for health outcomes relating to effectiveness of clinical behaviour. All these have research underlying them but more is needed at a political level, especially the awareness of the importance of these issues.

In summary, the government's priorities for health research should be health promotion and illness prevention – that is, evaluating alternatives to often costly high tech procedures. Yet, the most powerful professional group in medicine, i.e. Physicians, are predominantly trained in the use of drugs or surgery to control disease, rather than behavioural interventions. There is clearly a need for a greater emphasis on behavioural interventions in research, policy and practice.

- 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 basic science, translational science and applied science? Is this something that should vary over time? What mechanisms should be used to make judgements about this balance?*

If one funding body is in existence there is a need to ensure a balance of funding between fundamental and needs led research.

At present research funding from the pharmaceutical and technology industries outstrips that from governments and charities throughout the world. In 2003 the pharmaceutical industry spent £3550m on research in the UK, more than twice the amount spent by the MRC, Department of Health, and major charities put together. The influence of the pharmaceutical industry is important since, despite regulation, there is evidence that its funding can lead to results biased in favour of its products. The major imbalance between investments in pharmaceutical development and in understanding and supporting health related behaviours must be of concern. While industry drives an important research agenda it also strongly influences subsequent health-care delivery. Yet the global health priorities of preventing and managing chronic illness will clearly not be achieved by prescription alone.

- 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?*

There is an almost inevitable divide between ‘practitioners’ and ‘research based practitioners’ and the filtration of findings to practice is often a slow process. Both encouraging CPD, and allowing practitioners time to be engaged in the research process would help.

6. *How might better links be forged between ‘basic’, translational and applied researchers?*

Joint university/health service appointments are one way of encouraging links between academic and health practitioners. In addition, encouraging expectations from practitioners that they will engage in the research process (via CPD) and from academics that their research will lead to practical applications (via emphasis on this in research grant proposals) would be helpful.

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

Specific targeting of funding not only for research projects but also for research time as well as encouraging professional bodies to include research update as a priority in their CPD would help.

8. *How can UK health research funding be most effectively used to provide the appropriate infrastructure for basic, translational and applied research?*

UK health research should be based at universities with a proven reputation in health research. This would ensure independence, academic excellence and interdisciplinarity in basic, translational and applied health research. Health service providers (hospitals, health agencies etc.) should be encouraged to collaborate with university departments engaged in such research.

9. *What lessons should the UK learn from other countries?*

If the aim of the proposed re-structuring of health research funding is to improve health and health care outcomes, then more emphasis should be placed on the role of behavioural change. To this end we need more interdisciplinary research including input from psychology, public health, geography, sociology, health economics, architecture, epidemiology, psychophysiology, sports medicine, and human movement sciences as well as clinical medicine. An example for this is provided by the conceptualisation and establishment of Behavioural Medicine in the US.

10. *In implementing the single fund for health research, to what extent should the MRC and DH / NHS R&D be merged?*

See previous comments 1-4.

11. *To what extent does the success of recent innovations in health research rely on the new Connecting for Health NHS IT system?*

The current Clinical Research Networks are not perceived to be very successful. The new model should not rely on the new IT system until such time when its usefulness has been clearly demonstrated.

**Concluding comment:**

Health research is wider than medical research. Medical research is often less cost-effective than low-tech behavioural health research. The many problems of this 'Millennium of Chronic Illness' (WHO) are unlikely to be solved by medical research alone.

Dr Neil Taylor, Dean of Research, 11.7.06