

**ROYAL COLLEGE OF GENERAL PRACTITIONERS
RESEARCH GROUP**

**Comments on the Review of UK Health Research
(The Cooksey Review)**

General comments:

The comments below are those of the Research Group of the Royal College of General Practitioners. However, they should be read in conjunction with those submitted by the Society for Academic Primary Care (SAPC), as SAPC's comments are fully supported by the College's Research Group and expand on some of the points set out below. The Research Group has also referred to some issues not covered by SAPC.

It is important to recognise that primary care research is not about implementing fundamental biomedical research. Front-line research, undertaken by primary care professionals in the primary care setting is the best means of improving patient care and service delivery and ensuring these improvements are also cost-effective.

We would also like to stress that much primary care research is, and should be, multi-disciplinary and multi-professional. General practitioner researchers work closely with members of other disciplines and professions and it is therefore important that research capacity and capability is developed across all those working in primary care to ensure a continued growth in the level of high quality studies emanating from the primary care research community.

<p>Q1 Strengths and weaknesses of MRC & NHS R&D Programmes</p>	<p><u>Strengths:</u> The MRC has developed considerable expertise, which should not be lost following any realignments that may take place, for example its track record for supporting high quality research and the research centres it supports.</p> <p>There has been a welcome increase in the level of NHS R&D and MRC funding to support primary care research over the past 5 – 10 years.</p> <p><u>Weaknesses:</u> Despite the action that has been taken to increase the support for primary care research there is still a marked imbalance between the level of funding allocated to research in secondary and tertiary care and the other sectors of health care provision.</p> <p>There has been a concentration on biomedical, laboratory based research and not sufficient support for questions arising from, and applicable to, where services are delivered, especially in regard to the primary care setting. 90% of patient contact with the NHS takes place in the primary care setting. It cannot be assumed that findings of all research undertaken in a secondary care will be generalisable to care of patients in a primary or community care setting. Insufficient priority has been given to supporting studies in the primary care setting for example those looking at the provision of long-term chronic care or health promotion studies, both of which can deliver cost effective results.</p> <p><u>Support research and training needs:</u> An integration of funds could result in more funding becoming available for applied research.</p> <p>Neither the MRC nor the NHS R&D programmes currently meet the</p>
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	<p>needs of industry and integration of funds could change this.</p> <p>Funding for research capacity building in primary care should continue to expand, to provide opportunities for researchers from all primary care disciplines to develop their expertise and have access to a career pathway, to enable high quality research on service delivery and organisation to take place. This should also nurture the future generations of NHS researchers as well as meeting the needs of today.</p>
<p>Q2 Key scientific and organisational challenges</p>	<p>Challenges: To ensure that, throughout the NHS, research is seen as part of the ‘core’ business and the creation of a culture that recognises the role of research in improving patient care and service delivery; recognition of the need for this activity to be adequately funded; and support to be provided for research active staff to develop their skills and expertise.</p> <p>To ensure that there is best practice in the conduct of research whilst at the same time ensuring that there is a streamlining of the current Research Governance and Ethics Committee requirements.</p> <p>To ensure the effective dissemination of research findings and their translation into practice.</p> <p>To engage the public in recognising the role research in the improvement of patient care and service delivery.</p> <p>How might the Government help: By encouraging the implementation of streamlined Research Governance and Ethics Committee requirements across the UK together with a commonality of approach as to how these requirements are met. Such an approach will free up researcher time and funding.</p> <p>By recognising the need for well defined career pathways for primary care researchers in all disciplines and, for general practitioner researchers, the need for clinical practice and research to be combined.</p> <p>By strengthening the funding base for translational research and social science basis of health care research.</p> <p>Effective dissemination of research findings is dependent on the NHS workforce possessing the necessary skills to enable them to translate research findings into improved patient care and service delivery and to change practice when appropriate.</p> <p>By playing a role in encouraging the public to participate in the NHS research programme to increase the level of recruitment of patients into trials.</p>
<p>Q3 Priorities for health research</p>	<p>Research that will lead directly to improvements in healthcare and other public services should take on a higher priority.</p> <p>There needs to be improved communication between commissioners of research to prevent duplication of research programmes and the creation of gaps across new as well as established research</p>

	<p>programmes.</p> <p>The effectiveness of dissemination should be evaluated by monitoring the use of research outcomes to change practice or service delivery.</p> <p>Streamlining of research of processes will reduce project costs and release researcher time that is currently needed to deal with the existing bureaucracy.</p> <p>The findings from primary care research offer consider potential for making a difference to patient care, service delivery and for these to be provided more cost-effectively.</p>
<p>Q4 How should decisions be taken</p>	<p>A balance of funding between basic research, clinical research and health services research is needed. Health services research is relatively under funded compared with basic and clinical research. There also needs to be a balance of funding between the different services to ensure that the ‘cinderella’ services are not overlooked.</p> <p>We do not believe that there is an easy answer to this question and that ‘ring fencing’ for each of the components may be the way forward.</p>
<p>Q5 Use of results of publicly funded research</p>	<p>The results of publicly funded research have undoubtedly led to the development of new treatments and to influence or change wider policy and healthcare practices. However, it is unlikely that the maximum benefit is being achieved and there is room for improvement. There is an obvious role here for NICE together with the need to ensure that existing systems supporting the dissemination of research are used effectively so that information reaches relevant parts of the NHS workforce and that they, too, are provided with the necessary skills to implement new treatments, change to new ways of working, etc.</p>
<p>Q6 Forging better links</p>	<p>Potential links should be identified as an integral part of the development of the study protocol and funding proposals should identify any impact the study may have on current practice and who might be affected by this. Links should be forged with those identified from the outset.</p> <p>Involvement in research networks should be encouraged and these should be multi-disciplinary and multi-professional and include NHS and academic staff.</p> <p>There is a role for the UK CRN in promoting membership and also encouraging the involvement of disciplines such as engineers or physicists perhaps by circulating examples of where the development of such linkages has resulted in new developments.</p>
<p>Q7 Encouragement of translation, entrepreneurship & innovation.</p>	<p>A good start has been made with the implementation of Best Research for Best Health and the working relationship between the National Institute for Health Research, NICE and the NHS Institute for Innovation and Improvement that is now being forged. It is important that the changes following on from the acceptance of Best Research for Best Health are given time to bed in and demonstrate their value</p>

	<p>before any thought is given to making further major changes.</p> <p>The introduction of a culture of evidence based management in the NHS would also assist but the political timescales currently governing much of its activity would make this difficult to implement.</p>
<p>Q8 Most effective use of funding to provide an appropriate infrastructure</p>	<p><u>Infrastructure for research activity</u>: an effective infrastructure will be dependent on a means being in place to support the development of sufficient research capacity and capability to support research activity and to ensure the development and retention of future generations of researchers. The infrastructure also needs to include provision for those who need to understand and apply research findings. There must be an effective management system for support for science funding to meet the excess costs of research to the NHS.</p> <p><u>Support for the work of NICE</u>: funding could be made available to support research projects that will develop and take further work already undertaken by NICE.</p>
<p>Q9 Lessons to be learned from other countries</p>	<p>NIVEL in the Netherlands which unites all primary care research across the country.</p>
<p>Q10 Extent to which MRC & DH/NHS R&D should be merged/brought together</p>	<p>The MRC currently has a narrow perspective of fundable research, reflected by the level of MRC funding for basic laboratory research compared with its funding of directly applicable or translational research. Carrying forward this perspective to the management of a new single fund would be to the detriment of the majority of researchers in the UK, users of research, service users and carers.</p> <p>A highly politicised approach should be avoided and any system adopted needs to ensure that it has a professional rather than a politically led agenda, political timescales being much shorter than most research timescales. The agenda should be developed in consultation with stakeholders i.e. the public, NHS staff, academic departments, industry etc. and the group leading the development of the agenda should be accountable to the DH for ensuring an appropriate overall balance on how the merged fund is allocated.</p>
<p>Q11 Reliance of recent innovations in health research (eg CRNs) and proposed structures on CfH NHS IT system</p>	<p>It is difficult to comment on this as, for instance, the clinical research networks are relatively new and their performance has not yet been evaluated. The CfH system is not fully implemented and so it is difficult to estimate its usefulness to CRNs and there is still a number of uncertainties surrounding how CfH will operate as a resource to support research activity. However, regardless of these uncertainties, there is a need to maximise access to CfH data for research purposes; and CfH needs to be designed so that it will be possible to search for more useful data sets than is currently the intention to provide – this particularly relates to primary health care data sets.</p>
<p>Q12</p>	<p>No comment.</p>

25 July 2006