

COMMENTS ON
HM TREASURY
COOKSEY REVIEW: REVIEW OF UK HEALTH RESEARCH

The Royal College of Physicians of Edinburgh is pleased to respond to HM Treasury on the the *Cooksey Review: Review of UK Health Research*.

The following comments reflect the perspective of a number of our clinician Fellows, many of whom participate in health research either as academics or in NHS promoted projects.

The proposed development of a ring-fenced budget to support health research funded by the Medical Research Council (MRC) and the NHS R&D Programme will be especially welcome, if this will significantly increase the funding support for medical research in the broadest sense. Some sceptics will ask if the proposal is simply an exercise in attempting to save money on administration by merging two funding bodies. This, of course, is a worthy aim, but the cost of change, in the broadest sense, should also be considered. It will be important to know that sums allocated to medical research will be index-linked to allow for inflation and could be topped up to meet unexpected needs in specific areas or in response to a particular problem, such as the development of an avian flu epidemic, without jeopardising ongoing research projects.

This issue of overall funding can be seen in the context of the well known situation where excellent studies, which have received very high ratings from the MRC grant assessment process, have not been funded by the MRC because of insufficient resources. It is unclear whether these proposed studies ever obtain funding elsewhere. There is a clear risk of research ideas being “wasted” or being shelved because of lack of resources.

Transparency in decision taking would be helpful to understand why projects are rejected for funding, and whether the failure to fund some highly rated projects is due to funding is being sought from the wrong body. New arrangements merging research funding might make it easier to redirect within a single structure, research proposals that have been inappropriately placed.

A further key question is whether the proposed changes will make it easier to get the right balance between basic science, translational science and applied science applications. For clinical scientists who are well represented within this College, it has often appeared easier for basic scientists to obtain support from grant-awarding bodies compared to clinical scientists, particularly if the proposed research fits with currently fashionable or desirable areas of study, such as molecular biology. This bias has been to the detriment of more conventional physiology-based or pharmaceutical-type research studies in humans, which have been diminished in importance through what is perceived as the influence of powerful academic influences somewhat distant from direct clinical care. It could be argued that this selective approach to the direction of research has failed to yield substantial clinical advances in many fields. Indeed, with a few exceptions, the large input to basic science and fundamental

research that has taken precedence over clinical science in recent years has seldom appeared to make any major impact on clinical practice. This begs the question of how any new single fund for medical research will be managed in a way to ensure that high quality clinical research will be supported and protected, and not dominated by basic science, and that there is more emphasis on the implementation of research findings in clinical practice.

Clearly, closer co-operation between the MRC and NHS R&D is desirable (Annex B, 10), however, the remit of each body regarding the direction and priorities of their research interests is different, and a full merger should be capable of accommodating these differences. Closer collaboration, particularly with agreement over areas of research priority, would be sensible. There is a case for joint scrutiny of research proposals before scientific review to ensure that the proposal is being made to the most appropriate funding body.

In terms of the Government's priorities for health research (Annex B, 3), there should be more attention given to chronic medical disorders, which are associated with long-term morbidity limiting the working life of the individual, and which are a major drain on health care resources. Despite the economic cost of conditions such as chronic back pain and rheumatological conditions, they appear to receive very modest research support. The increasing problems associated with conditions such as obesity and type 2 diabetes threaten to overwhelm health care resources if they are not addressed with urgency. The problem of providing health care for an elderly population, which has multiple co-morbidities and makes a heavy demand on NHS resources, does not appear to receive much research interest, possibly because it is not perceived to be scientifically exciting, and partly because high quality research in this field is difficult to conduct.

Fertilisation of ideas across disciplines (Annex B, 6) could potentially be extremely valuable and productive, but links are often very difficult to achieve because of the lack of interface between scientists working in different fields. In diabetes research in the USA, the development of a Diabetes Technology Group has brought together clinicians, clinical scientists and bio-engineers with a common interest in developing technological devices and systems to manage diabetes. This has encouraged some very productive collaborative studies, and similar initiatives could be developed within the UK. The promotion of innovation and entrepreneurial activity in research may require the introduction of some form of tangible incentive for the individual, in addition to local academic recognition. Too often, high quality ideas by individuals are hi-jacked or developed by commercial companies with no subsequent acknowledgement of the initiator of the research or the source of the idea.

It is premature (Annex B, 11) to talk of the "success of recent innovations in health research (eg Clinical Research Networks)". Many of these systems are still being set up and are as yet untried and untested. The serious problems and difficulties associated with the new NHS IT system do not inspire confidence, and these will have to be solved before it can be utilised for research purposes.

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