COOKSEY REVIEW

REVIEW OF UK HEALTH RESEARCH

Responses to Review Questions

1. Strengths and Weaknesses of MRC and NHS R&D Programmes.

Strengths and Weaknesses

	Strengths	Weaknesses
MRC	• Funding provisions for basic sciences, clinical trials, 80% of FEC • Wide-range of awards from travel to Fellowships • Known duration of funding • Basic science - generally scientific questions with big clean answers	• Application has to be made for an award • Does not cover infrastructure e.g NHS • FEC advantageous for Universities, difficult for NHS • Programme – has limitations and restrictions. • Heavily biased towards medical Research • Little connection to application in NHS • Long-term scales • Lack of transfer of personnel into NHS
NHS	• It's flexible • Includes infrastructure and Management • Funding is dependent on submission of annual report • Programme – wide ranging and great flexibility with in-programmes • Clinical/administrative research generally relates to service delivery with small accumulative improvements • R&D encourages Clinicians to be involved in Research and improve clinical environments and patient care	• Funding available for one year at a time • Very little funding for Fellowship and/or travel • Funds mainly for clinical changes • Lacks priming funds

How do each of these support Research & Training Needs?

NHS R&D:

- Sets low priorty for academic activity/research and training, there seems a lack of support for this, which restricts professional development;

- Supports infrastructure management and developmental stages of Research;

- All documentation/communication, annual report done by R&D Office not individuals.

MRC:

- Lack of/very little financial support for developing proposals and completing applications which are very time consuming for clinicians;

- Individual projects require individual grant applications, cannot be done centrally;

- No financial support for training and/or professional development.

Does more need to be done?

Yes. More financial support and expertise are needed for:

- Training and professional development;
- Developmental and disseminating stages of the Research process.
- Support focus on educational units with expertise to sustain an 'apprentice research scheme for new Researchers'.
- Relax insistence on collaborative Research, good units forced to work together do not necessarily produce better results.
- Expanding the criteria for accepted forms of Research
- Financing appropriately skilled and leading Clinicians so that Research can be incorporated into their roles.

2. Challenges facing Health Research and underpinning training

Challenge and Training in Health Research over the next ten years

- Greater Research awareness and instilling a Research culture (NHS Hospitals/Institutions, Universities, Colleges). Research should be incorporated into all:

- Initial training/undergraduate/post-graduate courses;
- Staff/professional development.

- Designated career pathways for those who want to follow Research solely as a career
- Designated career pathways for those want to combine Research and clinical work.
- Keeping abreast of changes
- Degenerative and/or chronic conditions
- Ethical and environmental issues.
- Translation mechanisms.
- Aging population and work-force.
- Sustainable funding.
- Expansion of services for chronic conditions and rehabilitation.
- Holistic approach to Health Care.
- Consumer involvement.

How might the UK Government best help?

- Easier access to Research findings and support from Organisations/Institutions for those who want to implement Research findings
- More financial support for:

- Disseminating Research findings to professionals and the general public;
- Implementing research findings (cost of equipment etc);
- Translations of findings for ethnic minorities and other disabilities;
- Release of clinical staff from clinical duties to undertake Research;
- More clinical specialist posts with Research responsibilities;
- More educational programmes for the general public;
- More information about rehabilitation and more rehabilitation and palliative centres.

Government's Objective for Health Research and Why?

- To fund any Research that will ultimately lead to changes in the Nation's Health and/or within the National Health Service/other Institutions and Social Care.
- To simplify and bust bureaucracy in order to make it easier for anyone to apply for and access Research to provide research training for all.
- To take a long-term view of Research and how it will impact on funding and the nation as a whole so that there is no uncertainty and Researchers know where they are for the future.
- Must be broader that just 'Research' – Researchers as a single entity is pointless without an application into practice.
- Must be broader than just medical research in order to reflect services provided and used within the NHS.

3. Government's priorities for Health Research

Government's priorities for Research

- The Government should not set priorities for Research. If Researchers are sufficiently trained, they will be able to assess and identify gaps in knowledge and where Research is needed.

- Greater recognition of all spread across the board rather than some disciplines being awarded more than others.
- Priorities for Research need to reflect the needs of the NHS, especially in relation to the aging population, rehabilitation, palliative care.

What should Government stop doing/funding

- Stop training/funding specific disciplines. All disciplines in Health and Social Care, as well as the general public, should have equal access to Research training, engagement in Research and Research funding.
- Stop funding big and well-known hospitals/institutions at the expense of smaller ones.

What should it be funding in the absence of further sources of support?

- "Robbing Peter to pay Paul" as above.

- Funding Research into minority and less well-known conditions, which may not have cures, but requires research into the long-term and intensive care needed by these patients, since they prove much more expensive to manage.

4. Long-term economic and social benefits of bio-medical research.

Balance between the long-term economic and social benefits of a high-quality bio-medical Research base and needs for improving Health Care and public services.

- There should be a good balance, a career structure and suitable long-term durations of employment as opposed to short-term contracts. This will not only retain scientists/researchers but also attract them.

- If there is to be limitations on time, the minimum time for contracts for scientists should be 5 years so as to engender some stability and prevent uncertainty from year to year.

- Research should not be published and forgotten, but utilised in Hospital and Community settings.

- There should be a balance between Research done in the NHS, bio-medical centres/institutions and universities.

- Appropriate and relevant monitoring, feed-back and adjustments.

- Investigator-led Research stems from enthusiasm and focussed skills.

- Priorities-led Research – exact decision making on who to fund will eliminate risks and waste.

5. Results of publicly funded Health Research.

- New innovations/treatments/technology which have marketable values are more readily taken up and disseminated by the media and is therefore more readily available to everyone.

- Findings which change/influence policy in Health Care practices are less likely to reach the 'shop-floor'.

- Results are rarely put into practice. The work of Rogers on 'Diffusion of Innovations' shows that innovations are more likely to be adopted if they have real benefits, project champions and earlier adopters in the host community.

- Closing the mark divide between 'professional Researchers' such as those in institutions/universities and clinicians who are daily involved and working with patients/clients. They would, therefore, claim ownership of the Research and/or be involved in it and, therefore, will more readily implement its findings.

Lessons to be learnt.

- Improving Research awareness
- Instilling Research culture
- Implementation of new ideas takes time and requires financial support
- A central database with findings so that all clinicians, etc have access to it and are able to read and implement Research findings.
- Farrant and Watson (2004) found that good listening skills is an important quality for a healthcare provider. The government should listen more to Researchers and the general public when it comes to Research.

6. Links between 'basic', translational and applied Researchers

- Researchers should be encouraged to work within programmes which include collaboration with colleagues from the laboratory bench to the front-line of the NHS
- Networking at joint conferences
- Work-shops on high priority problems involving relevant disciplines to identify Research programmes/projects and the optimum Research team.
- Secondment/release schemes for staff to work across the whole field of health research from the laboratory bench to the front line.
- Support for engineers and physicist involvement as come from the EPSRC, the Royal Academy of Engineering, HTA - but little support from MRC.
- Engineers need:

  - A clear clinical specification of the need in depth. Closer working relationships with other disciplines in order to identify what is required.

  - Manufacturers need to explain market-size economic production and need to listen to clinicians in order to meet the needs within the NHS.

- A national register of technical needs in order for engineers/physicists to create projects.

- Every opportunity for inter-disciplinary collaboration must be encouraged at all levels.

- Forging of better links, for example, with engineers, physicists and social scientists.
- Multi-centre studies, for example, Ridgeway Research Group in the 1970's and Gait Analysis work at Loughborough University, seem to offer practical benefits for clinical management and clinical teams.

7. Government encouragement of translation, entrepreneurship and innovation in Health Research.

- Funding/awards, Fellowship schemes
- Support and encouragement for Innovation
- Setting up workshops, networking systems.
- Encouraging mobility of Researchers across sectors of the NHS industry and academia.
- Listening to ideas from consumer/the general public and offering financial support and encouragement for them to come forward.

8. Most effective use of Health Research Funding.

- By supporting academia/organisations/institutions to interact with NICE in determining optimum strategies and activities.
- Recognising applied Research benefits through grants, prizes and career provision.
- Training.
- Exchange schemes, for example, integrated graduate development scheme of the EPSRC.
- Methodologies of project management used by industrial engineering consultancies could be of benefit to project management within the health area.

9. Lessons to be learnt from other countries.

- The Swiss National Fund proposes two major grant types, namely Programme and Project. They can be lead by academics or clinicians or both and are very flexible and competitive.
- The German Fraunhofer Laboratories facilitate meetings of academia with industry on applied research.
- Industry-based visiting professors as in Germany helping to build links between academia and industry.

- In Europe and Japan, Research supported for longer periods by governments can be up to 15 years.
- Value of investment is greater, for example, Japan is investing 118 billion over five years.
- Research ethics and governance bureaucracy should be streamlined like in other countries.

10. Merger of MRC and DH/NHS R&D.

- If totally combined it will need a governing body/steering committee independent of day-to-day political pressure to oversee, monitor, discuss and suggest adjustments in balance of support over areas identified above in question one.
- The concern is that the approach will only benefit areas where there could be a continuum of the basic, translational and applied research.
- The NHS needs application of current research, thus research should be accountable to the Department of Health.

11. Success of recent innovations – clinical research networks.

- Most Research, even Health Service research should collect its own data, since relying on databases and routinely collected data is restrictive and limits the controls on the accuracy of the data.
- More emphasis on the human skills needed for collaborative research, communication and social skills.
- The more information a database holds, the less effective searching becomes.
- The NHS IT infrastructure is poor, lacks adequate support and investment.
- Reliance on unproven technology could have adverse effects on the Research.

12. Working together – NHS R&D and Research Councils

- Openness and Transparency
- Complementing each other rather than opposing each other
- Having a joint, for example annual meeting, to discuss future directions of UK Research
- Networking/forums to share good practice and outcomes
- Different communities have different health needs and the devolved structure may facilitate this.

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