

**Draft Responses to the Cooksey Review of UK Health Research**

<p><b>1 Strengths and weaknesses</b></p>	<p>The strength of the MRC has been its rigorous peer review and reputation for funding excellent research across biomedical and clinical spheres. It is important it maintains the balance of funding strategic initiatives and investigator led research and continues to fund individual fellowships. The latter is particularly important given the crisis in clinical academics in the UK. The NHS R&amp;D on the other hand has not applied a similar rigour or transparency to allocation of funding that characterises the MRC process. There has also been a perception of lack of sympathy for collaborations with the Pharmaceutical Industry, despite the fact that the government recognises the need to collaborate with them for the benefit of UK based patients and the UK economy. Hence for both these reasons a culture change within the NHS R&amp;D strategy may be required to enable better value for money. The Best Research for Best Health initiative is a step in the right direction.</p> <p>Neither the MRC nor the NHS R&amp;D Programmes do enough individually to meet the needs of industry. It may be that the integration into a single fund, linked to the new R&amp;D strategy may change this. Integration of MRC funds with other funding streams through the NIHR at the DoH may result in more funding being made available for applied research. Support for research training remains focused upon medical career development with proportionally less investment in nursing research careers and very little for allied health professionals.</p>
<p><b>2 Key scientific and organisational challenges</b></p>	<p>The main challenge is rooted in conflicting policy initiatives. Research activity is not being given high priority within the new Foundation Trusts, as they have to comply with initiatives such as payment by results and targets for increased levels of productivity and efficiency. This environment is reducing the resources for research activity and for the support of research active staff within the NHS. As a consequence, research is less likely to be responsive to the local needs and priorities of the population.</p> <p>The medical profession no longer represents the largest professional group in UK universities. This distinction now falls on nursing and the allied health professions. The same is true within the NHS. However, the funding provided to build capacity among these disciplines has been miniscule in comparison to that channeled to medical researchers. One of the major challenges is how best to prepare these health professionals to undertake high quality clinical research. This can only be achieved with an increase in funding to build capacity and research expertise. Other key challenges are to: Utilise opportunities for multi-professional research training recognising that some disciplines have a greater need than others; Develop technology in the context of the best research evidence of both clinical and cost effectiveness; Develop a clear and strong ethical framework within which the developments linked to the human genome can be furthered; Encourage innovation within a risk assessment framework.</p> <p>The current lack of priority given to research by the NHS as a whole is a key sticking point. Education and research need to be central to its national priorities and standards, through explicit recognition of these within the performance assessment of NHS Trusts and their staff.</p> <p>There needs to be an explicit recognition that academia and clinical activity go hand in hand, and strategies that support training for clinical academics is essential for the survival of clinical research in the UK. Clinical academic staff are declining at a time that medical students are increasing. Clinical academics undertake 90% of research in the NHS. The RAE has favoured basic science. We need to prepare people more and link up more with clinical research training fellowships as the means to ensure new people are attracted to clinical academia. Also we need to support more senior clinical academics who are expected to run an increasing training/educational load as well as to continually apply for grants to maintain their staff. Juniors need to see that the jobs to which they aspire in years to come are well supported and afford a good quality of life. Even the most motivated academics are increasingly opting for NHS jobs, or leaving the UK. His needs to be reversed.</p>
<p><b>3 Government's priorities for health research</b></p>	<p>The Government needs to ensure money is given according to national strategic initiatives based upon scientific excellence. Research money given irrespective of research performance and for uncompetitive research should cease.</p> <p>There is a clear lack of communication across the commissioners of different DH research programmes. This is currently resulting in a lot of duplication and gaps across new as well as established programmes such as the SDO and HTA. For the new programmes, it is difficult to comprehend what is being requested at times and why. The timescales are inappropriate and forms for submitting bids are not fit for purpose. We are particularly concerned about the governance of research activity and the implementation of the new Faculty of Health within the NIHR.</p>
<p><b>4 How should decisions be taken</b></p>	<p>The balance will depend on specialty. In psychiatry, for example, more basic work is required to understand the brain basis of behaviour. Much needs to be done to understand "normal" behaviours to understand those that characterise disease. Studies in health tend not to get funded compared with those concerned with illness - this imbalance needs addressing.</p> <p>The clinical research networks need to be re-evaluated and opportunities to expand these where indicated should be given.</p>
<p><b>5 How have the results been used</b></p>	<p>We have concerns regarding the mechanisms by which researchers report the findings of funded research and evaluation of the impact of research findings. Proposals for funding should identify the impact the study may have upon practice. Greater accountability is needed when large programme grants are awarded, so that the PI is required to complete accurate and well written project reports for review in the manner undertaken by the EPSRC. A cohesive programme of research based on sound science should include both</p>

	basic science and applied research.
<b>6 How might better links be forged</b>	<p>See 5 above. The development of GRIP ( Getting Research Into Practice) initiatives within national programmes is one way in which such links can be forged.</p> <p>Neuroimaging, genetics, epidemiology and pharmacology are methods where multidisciplinary research teams are necessary. Currently the development of these centres relies heavily on interested individuals with expertise. Some strategic thinking about support for these teams within specific lines of enquiry is needed. Part of this may also require thought about the geographic spread of such centres to allow us to maximise research opportunities for researchers and recruitment to research right across the UK.</p>
<b>7 How can the Government encourage translation</b>	<p>Through appropriate funding streams with cross discipline review panels. By ensuring that appropriate weight is given to the importance of translational research not just in specialist programmes, but across the whole spectrum of funded research in Health &amp; Social Care.</p> <p>The pressure to translate research into clinical applications has the danger of premature claims of benefit which may be self-defeating in the longer term. Hence maintaining the balance of investigator led and national initiatives is important. Many discoveries are made through imaginative thinking rather than adherence to a longer term strategies that can limit flexibility. Again the imperative to support training in clinical academia applies here.</p>
<b>8 How can UK health funding be effectively used</b>	No comment.
<b>9 Lessons to be learned</b>	No comment.
<b>10 To what extent should MRC &amp; DH/NHSR&amp;D be merged</b>	<p>See comment (1). Such a merger should only go ahead if the resulting body embraces the widest possible definition of health &amp; social care research. If the MRC's narrow perspective of fundable research is adopted by the new body, then this will be to the detriment of the bulk of researchers, users of research and service users and carers.</p> <p>It appears also that in such a merging of funds, £0.3 billion of research funding is not accounted for. In the March 2006 Budget, the Chancellor of the Exchequer, announced a single, ring-fenced budget to support health research funded by the Medical Research Council and the NHS R&amp;D Programme. It will amount to approximately £1 Billion. Sir David Cooksey has been asked by the Chancellor to undertake a review of how the fund could be established and managed. While the figure quoted was £1billion, a simple calculation would show that combining the NHS R&amp;D Funds and the MRC would lead to a fund of £1.3Billion. It is unclear as to where the £0.3billion went.</p> <p>The traditions and standards of the MRC should be maintained. The danger of merging with the NHS R&amp;D would be a dilution and potential conflict of agendas. The NHS is primarily about patient care delivery. However it is under continually changing management structure often motivated by political needs rather than clinical needs. Research needs to be formally part of its mission and targets. But the danger of "losing" the MRC to the NHS is that the research culture of the MRC could be weighed down by bureaucracy and steered by political rather than scientific objectives. Also, the MRC has an international profile which may be at odds with the national objectives of the NHS. An overarching body to both, whilst retaining independence of both, seems ideal.</p>
<b>11 What extent does success of innovations rely on Connecting for Health NHS IT</b>	<p>While the provision of a fit for purpose IT infrastructure is of fundamental importance to the success of innovations such as CRNs, this question, however, assumes that CRNs are successful. We would like to know how the CRNs are being evaluated for success. We also are unclear regarding the evidence that the level of Pharma research is increasing. There are concerns that the CRNs are primarily a means of recruiting to drug-based clinical trials, and that they will not increase the level of translational research or applied patient benefit research as dictated by the new strategy document. There are major concerns about the new NHS IT system. This still has to evidence success. Therefore, the suggestion that the NHS IT system can enable a successful health research culture, and facilitate activity, is unfounded.</p>
<b>12 How can these functions work best together</b>	<p>This is an unclear question. The new NHS R&amp;D strategy BRfBH was published in spring 2006. The speed at which it is being implemented is, it may be argued, inappropriate given that it is bringing about the centralisation of the whole of the NHS R&amp;D structures and funding allocation to the DoH with the final part of the plan being the inclusion of Research Council Funding into the model. We have concerns about how regional priorities and needs will be addressed as well as how funding will be fairly distributed throughout England and Wales</p>
<b>Additional comments</b>	<p>The increasingly bureaucratic burden of research (63-page Ethics applications, research governance procedures, auditing etc.) puts many off research altogether. This needs to be streamlined to a single process and to be more helpful to the researcher. The issue of the appropriateness of user involvement particularly in some psychiatric projects should be evaluated objectively. The governance of Ethics Committees nationally should be considered to avoid variable and idiosyncratic decisions.</p> <p>NHS Trusts need incentives to support research. Trusts should be rated upon their research activity and quality.</p> <p>Finally, we are surprised at the exclusion of social care research within the strategy documents. This does not match the integration of community health and social care across the country.</p>