

Dear Sir David,

Thank you for the opportunity to comment on your important review of the funding of health research by the MRC and the NHS R&D Programme. I would like to make the following comments on behalf of the UK Cochrane Centre, which receives the majority of its funding from the NHS R&D Programme.

By way of background: the UK Cochrane Centre is part of the international Cochrane Collaboration, which was established in 1993. The Cochrane Collaboration is the world's largest organisation dedicated to helping people make well-informed decisions about health care by preparing, maintaining and promoting the accessibility of systematic reviews of the effects of healthcare interventions. The UK Cochrane Centre is the reference Centre for almost half of the Cochrane Review Groups (CRGs), which are the Cochrane entities with editorial responsibility for the reviews. Twenty-five of the 51 CRGs have their editorial base in the UK, and 22 of these receive a vital contribution to their infrastructure costs from the NHS R&D Programme. More than one third of the contributors to the 51 CRGs live in the UK. This represented more than 5000 people by the start of 2006, an increase of 137% since 2000. In early 2006, nearly 3000 of the 9000 authors of Cochrane reviews were in the UK. The main outputs of The Cochrane Collaboration, Cochrane systematic reviews, are published in full in The Cochrane Library (www.thecochranelibrary.com). There are currently more than 2700 full Cochrane reviews available, across a wide range of health care. This enormous growth, and influence on healthcare decisions in the UK and globally over the last 13 years, would not have been possible without the contribution from the NHS R&D Programme. However, much of the work within The Cochrane Collaboration is unfunded or under-funded and, as was promised in Best Research for Best Health and called for in Richard Horton's recent editorial (Lancet 2006;368:93-97), we hope that increases in funding will become available.

In regard to your review:

1. The UK Cochrane Centre strongly supports the plans described in Best Research for Best Health, following the extensive consultation during 2005. These plans recognise the value of systematic reviews and,

crucially, the vital role that systematic reviews should play in the planning and reporting of health research. We fully endorse this position and hope that whatever conclusions you reach will include a recommendation that funding for new projects should be contingent upon a scientific and ethical justification for the new research that is underpinned by a systematic review of existing research.

2. This applies to new research that takes the form of clinical trials but should also be applied to other study designs, including research involving animals and translational research.

3. We hope that you will draw attention to the value of systematic reviews as a source of recommendations for future research, as is already recognised within the Health Technology Assessment programme in England which routinely uses systematic reviews in setting priorities for new research. For example, Cochrane reviews include a section providing the authors' conclusions on the Implications for research of the findings of their review. An assessment of all Cochrane reviews at the end of 2005 revealed that almost 90% contained a specific recommendation about the type of intervention, participant or outcome measure that should be included in future research.

4. Furthermore, the value of systematic reviews as research in their own right should be emphasised. The UK is a world leader in the methodology and conduct of systematic reviews and we hope that your review will facilitate the strengthening of this position and its wider recognition.

5. The MRC's reputation for funding clinical trials is well founded and any new funding mechanism should retain the ability to target trials that are most likely to produce results that will influence healthcare decisions. As an example of this, which also illustrates the value of systematic reviews, among the MRC's greatest successes of recent years is the ISAT randomized trial (Lancet 2005;366:809-817). This trial showed that the number of people who would be dead or dependent one year after a subarachnoid haemorrhage could be reduced by about a quarter if the ruptured blood vessel was managed by endovascular coiling, rather than neurosurgical clipping. ISAT required a direct comparison of the treatment strategies of clinicians from different specialties, it had to be justified on the basis of what was already known about the two quite different ways of treating the condition, and it sought to overwhelm the

existing evidence (as shown by a systematic review) so as to provide a definitive answer to the question posed. It met these challenges and became the largest ever randomized trial of treatments for people with a subarachnoid haemorrhage. It has been followed by major changes in practice worldwide.

6. However, to the best of my knowledge, the systematic reviewing related to ISAT was not supported by the MRC. In general, despite the recognition of the importance of systematic reviews in the design of randomized trials that seek funding from the MRC (as set out in their Good Clinical Practice in Clinical Trials since 1998), the MRC has provided relatively little support for the infrastructure funding needed to support the preparation and maintenance of systematic reviews (such as those from within The Cochrane Collaboration) or for the conduct of systematic reviews themselves. This should change. Furthermore, provision should be made within any new funding mechanism to provide support for the preparation (or updating, if a relevant review already exists) of a systematic review before the award of any major funding for a new piece of research. This may prove to be a more important initial investment than, for example, the provision of funding for a pilot trial, since the review might show that the trial itself is not needed or would be better value if re-designed to take fuller account of existing evidence.

7. There should be increased incentives for staff throughout the NHS to engage in research. Systematic reviews are a form of research that is particularly well suited to this. However, barriers to participation in other forms of research should also be minimised. This will not only increase further the output of research within the NHS but should also increase a culture of research, particularly among those groups who do not already have such a culture. This should make it more likely that good quality research can be identified, appraised and used in decision making at all levels.

8. A systematic review of the existing evidence on the impact of healthcare research on health and health care should be commissioned. This would help inform your deliberations, by providing a reliable evidence base on which you might draw when making recommendations about the funding of research. It would also provide a valuable resource for

those funding new research, when considering ways to maximise the likelihood that the findings of this research will be influential.

If you would like to discuss any of the comments in this letter or to know more about the work of The Cochrane Collaboration, I should be more than happy to meet with you.

With best wishes,
Yours sincerely
Mike Clarke
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