

We are aware of the detailed response submitted by CHMS and are in general agreement with the points raised therein.

We wish to add that:

It is a pre-requisite that a robust strategy is developed for the support of UK health research and that distribution of funds is organised within a strong strategic framework

Research, training and health service delivery are inextricably linked, to the benefit of all. New policies must reflect this. In this regard the current regulation whereby teaching and clinical trials are deemed business use of buildings and are disallowed for VAT exemption is an example of the negative impact of current legislation on research which could be resolved easily

Scotland makes substantial contributions to UK research and benefits from the strategic use of the devolved NHS R&D budget. The proposed single fund should not have a negative impact on this. Under current arrangements Scottish researchers are limited already in their access to some UK funds, such as those of the Service Delivery and Organisation Research ~~and~~ Programme. Any new arrangements should not exacerbate this situation

Current MRC funding has significant strengths, not least the scientific rigour of the peer-review process, the provision of support for the improvement of understanding of the pathophysiology of diseases, the ability to take a long term view and the provision of much-needed clinical academic training opportunities. These strengths should not be lost in the new arrangements

However, the current situation in which the MRC has insufficient funds to support all funding applications rated as excellent, with a success rate of less than 15% over all, is unhealthy and acts as a disincentive to researchers

Funding should support research in pre-clinical sciences, translational and experimental medicine and the applied health sciences, as well as blue skies research. It is noteworthy that in the UK CRC Health Research Analysis 68% of resource was in support of aetiologic research and around 13% on treatment evaluation, detection and diagnosis. The proportion of MRC money supporting the basic sciences is still higher. Careful consideration must be given to a balance of support which is proportionate

A balance must be struck between investigator-led and priorities-led research. The commissioning approach adopted by the HTA and SDO programmes is attractive in its ability to give appropriate emphasis to priorities-led research. This should be preserved in the new funding arrangements. Response

mode funding is inadequate for some major health services research projects

There are existing examples of good practice in relation to the enhancement of translational research. The Scottish Translational Research Collaboration, in which the University of Aberdeen is a full partner, is one. Translational research can also be enhanced through the fostering of joint working between clinical academics and NHS personnel, further engagement of clinicians in applied health research and rewarding effective research activity through promotions and remuneration arrangements. The imposition of service targets should not be allowed to act as a disincentive to clinical research and all Health Boards and Trusts, including Primary Care, should regard research as a strategic objective.