

UNIVERSITY of CHESTER

**RESPONSE TO REVIEW OF UK HEALTH RESEARCH**

*1. What are the strengths and weaknesses of the MRC and NHS R&D programmes at present? How do each of these support the research and training needs of the NHS, social care, industry and academia?*

The University of Chester recognises that the MRC is mainly concerned with funding national excellence in a concentrated strategy in both subject area and to a restricted number of Universities and centres. Clearly the criteria by which the MRC judge the merit and funding of research proposals is one of its main strengths compared to the much wider distribution of the devolved NHS R&D funds which has a more regional and local approach. It should be remembered that the Wellcome Trust is as important as the MRC in the funding of national biomedical research and strategies for overall health research should take cognisance of this. The University would be concerned if the implementation of the single fund for health research resulted in a move away from funding research carried out regionally and locally in collaboration with a broad range of Universities in relation to community, social care and public health needs.

*2. What do you believe are the key scientific and organisational challenges facing health research, and underpinning training, in the UK over the next decade? How might the UK government best help address those challenges? What do you believe should be the Government's objectives for health research, and why?*

Many of the smaller scale research projects funded by the NHS are carried out collaboratively in local universities and serve an important role in capacity building and staff training and development for NHS staff. It is vital that these are not lost following any merger. It is very important that evidence based practice and leading edge practice development underpinned by University research across nursing, midwifery, social care, public health and the Allied health professions continues to underpin service delivery in the NHS at a local level. It is difficult to see how the current organisational structure of the MRC could support this strategy

*3. What should be the Government's priorities for health research? Is there anything it should stop doing or funding? What is it not doing or funding that it should do, and, in the absence of further sources of support, what can it lower in order to release the necessary funds?*

Biomedical health research largely funded by MRC and Wellcome is vitally important to the longer term economic development of the country as well as meeting future health needs and this is a clear priority to continue. However, the apparent cross subsidy of some of the NHS research funds to service delivery is an area where funds could be released to support further the public health agenda

*4. How should decisions be taken on the balance between the long-term economic and social benefits of a high quality biomedical research base; and the needs for research to improve healthcare and other public services? What is the appropriate balance between public funding for investigator-led and priorities led research? How do we balance funding for basic science, translational science and applied science? Is this something that should vary over time? What mechanisms should be used to make judgements about this balance?*

A great deal of NHS-funded research is focussed on evaluation work and the evidence base for medical and social benefits arising from NHS policies, practices and initiatives. The University of Chester has much expertise in this area of research, as do a number of the post 1992 Universities, and we are concerned that it does not appear to be considered in the review questions. A balance still needs to be maintained between investigator driven research, largely funded by the MRC, and applied research commissioned by the NHS in response to its need for an evidence base

*5. In your experience, how have the results of publicly-funded health research in the UK been used, both in the development of new treatments and to influence / change wider policy and healthcare practices? What lessons can usefully be learned to improve the uptake of advances in science and medicine?*

Local authorities and agencies that fund research through the NHS often want information specific to their local or regional area. The University contends that this is no less important than national investigations, as findings are often generally applicable to similar areas across the country. A “centres of excellence” model, as currently used by the MRC would not sustain this type of research which is valuable to local and regional communities

*6. How might better links be forged between ‘basic’, translational and applied researchers, working across the whole field of health research, from the laboratory bench to the front line of the NHS? How might better links be forged across disciplines, e.g. with engineers, physicists, and social scientists?*

Currently, the majority of the NHS R&D budget is spent directly in hospitals, whilst the bulk of MRC funding goes to universities or research institutes linked to Universities. The University of Chester believes that the research excellence found in universities should be the mechanism through which better links between both basic and applied researchers and across disciplines can be forged. Without the direct links between hospital, community and public health based medicine and equivalent groups in Universities there will be a lack of expertise and critical mass in taking high quality research forward

*7. How can the Government encourage translation, entrepreneurship and innovation in health research to improve public services in the UK?*

Ideally, a healthcare innovation pump priming fund such as that developed by HEFCE through HEIF for business and the community links should be used specifically to target joint entrepreneurship ventures between the NHS and Universities. As with HEIF small amounts of funding can generate innovation and income, areas in which post 1992 universities are particularly good ( see report by Arthur D. Little “ The social and economic impact of Publicly funded research in Universities )

*8. How can UK health research funding be most effectively used to provide the appropriate infrastructure for basic, translational and applied research, whether funded by the UK public sector or other sectors? How can UK health research funding be most effectively used to support the work of NICE, facilitate innovation and collaboration with industry, and address market failures in the application of healthcare?*

The most effective infrastructure support is through strong links with a broad range of Universities

9. *What lessons should the UK learn from other countries in making the proposed changes to the institutional arrangements for the funding of health research?*

10. *In implementing the single fund for health research, to what extent should the MRC and DH / NHS R&D be merged or brought together? And to whom should the single, ring-fenced fund be accountable? Please provide reasons and any supporting evidence for your response.*

The ethos and structure of the MRC and the NHS R&D programmes are very different. Substantial changes to both would be needed in any merger of the two bodies. The University would be concerned about the MRC's capacity to embrace the prevalence of applied, social, and public health research currently funded by the NHS. Equally the rigor with which research proposals both long and short term are scrutinised and monitored for excellence and value for money is one of the strengths of the MRC. The NHS research budgets tend to have much less stability, there is a need for longer term sustainable investment.

The University suggests that in implementing a merger between the MRC and NHS R&D a third body may be required. This overarching body would have broad objectives, control over the single fund for health research, and aim to support and link the differing types of research supported by the MRC and NHS. However, the administration costs, which are very low in research councils compared to their budgets should not be allowed to rise by imposing an expensive NHS style of management.

11. *To what extent does the success of recent innovations in health research (e.g. Clinical Research Networks) and the proposed structures rely on the new Connecting for Health NHS IT system, and to what extent should it do so?*

The JISC system which links Universities is a well established and reliable IT infrastructure. Irrespective of the problems of the NHS IT system, the research network, if linked through Universities will provide a comprehensive and stable platform

12. *Given that NHS R&D is currently devolved, but that the work of Research Councils is not, how can these functions work best together to maximise the health and economic benefits to the UK?*

The University notes that local health authorities do have strict refereeing/peer review procedures already in place. These should not be considered inferior to the mechanisms employed nationally; indeed, they may even be perceived to be more accountable and more transparent.

Implementation of a single fund may result in large tracts where the NHS is no longer supported. The current devolved nature of NHS R&D means that local health trusts are able to link with the expertise in smaller local universities. Steps must be taken to safeguard against having a single central fund distributed, in the main, to larger universities and centres of excellence who would be far less likely to want to engage with hospitals outside their immediate area. For example, the Countess of Chester Hospital currently works closely with staff at the University of Chester, and NHS R&D funding supports this. Furthermore, institutions such as the University of Chester have a successful history of working with PCT's and hospital trusts that bigger centres do not necessarily have at present.

In conclusion, the University of Chester sees some benefit to the merging of the MRC and NHS research budgets but questions whether the ethos of the two organisations are so far apart that economies will be lost in having to establish a third body to manage the process. In either event, the priorities will be to sustain not only national biomedical research but local and regional research which forms the evidence base for public health practice and policy within the NHS. Small regional Universities have both the expertise, the links and the track record to sustain this activity.

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