

DRAFT FOR CONSULTATION WITH ENWRC

UNIVERSITY OF EAST ANGLIA Review of UK health research Response to the 'Cooksey Review'

The University is very pleased to have the opportunity to contribute to the Cooksey Review and welcomes the close interest being taken by government in the challenges facing funding for health research. We have shared our response with the East Norfolk and Waveney Research Consortium which fully endorses and supports the University's position.

As a preface to addressing the specific questions posed, we have first identified some general issues we would like to bring to the attention of the Review.

Should you have any queries about our responses, please do not hesitate to contact me.

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PVC for Research and Knowledge Transfer

General issues:

1. Support for the Haldane Principle

In the context of any funding reform, we would emphasise and support the need for clear and explicit governance structures and accountability.

2. Recognition of the special context of support for 'basic research'

In determining funding priorities, recognising and balancing the longer-term requirements of performing and exploiting "blue skies" research with the different and often shorter-term nature of translational and applied research, is essential.

3. Support for interdisciplinarity and inclusiveness in the health research field

It is strongly recommended that the review considers the important alliances between clinical, applied and basic scientists that allow health research to prosper in the UK. There is a danger of taking a narrow view of health research which only captures research which is of interest to and undertaken by health professionals. There are many other important participants in the broader health research process, whose expertise must be acknowledged. For this reason, the University would have significant reservations about the pooling of all funds for medical research from all Research Councils, including the ESRC, BBSRC, EPSRC and NERC.

Specific questions posed in the review

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? Does more need to be done?

The MRC has excellent managerial and processing competence with the ability to handle large funding programmes and response mode funding. It also excels in rigorous external assessment of proposals, particularly in the international context. It does, however, often employ a rather limited definition of the type of medical research it is prepared to fund, though this has improved under the direction of the current Chief Executive

The NHS R&D programmes on the other hand excel in accommodating patient concerns and the interests of non-medical researchers. However, there is a tendency to prefer smaller scale commissioned and applied research over larger scale basic or translational research programmes. Their track record in selecting and managing scientifically ambitious and larger scale funding proposals over a number of years is less convincing.

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?

The central cross-cutting challenge is balancing shorter-term NHS service requirements with longer term translational research and changing clinical requirements. This is expressed in many areas, and the government should be cautious in intervening at a micro level. One recommendation we would make is for the development of a form of fast track career development for health researchers akin to the NHS management training programme. This would supplement the "Walport" developments which are restricted to those who are medically qualified. In such a training programme there would be a focus on clinical and basic research activities as opposed to service delivery.

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?

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?

Taking questions 3 and 4 together, it is recommended first that the process by which priorities are set is given detailed consideration by undertaking an analysis of good practice. There then needs to be agreement about the division of resource allocation supporting service-based research and translational research. The OST Foresight programme, which tests future options against present trends, may be seen as a model for more inclusive and robust priority setting that may provide a good model to adapt or adopt for health research prioritisation.

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?

While certain fundamental breakthroughs in treatments and practices can be traced back directly to MRC activities and initiatives, generally speaking it is not easy to identify direct or unique contributions

to new treatments and practices due to the nature of the 'supply chain' of basic and translational research, eg. typically long lead times, serendipity. The key lesson for policy makers is to recognise and accommodate these less tangible factors in any monitoring or audit regime and in so doing balance long-term opportunistic research against more immediate service priorities and needs. This inevitably means taking considered risks.

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?

The Review provides a good opportunity to emphasise the importance of support for translational research and the role universities do and can play in dissolving barriers between what has traditionally been the domain of the MRC and the NHS R&D programmes. Beyond providing the desired interdisciplinary environment, universities can also provide near or actual spatial co-location which is increasingly recognised as an essential feature of successful facilities.

An analogy with commercialisation of research may be appropriate in the context of questions 5 and 6 insofar as translational research is the equivalent of 'proof of concept' funding or prototyping, with higher risks of failure and similar difficulties in demonstrating the direct results of funding.

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

As already recommended, the government should avoid micro-management and focus on providing a regulatory and funding environment which reflects a realistic assessment of the risks involved, which are different across the research spectrum. As with the establishment and failure of small businesses in a vibrant economy, there will be many scientific projects which "fail" – in not producing usable products – but this must be allowed to flourish

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?

There has undoubtedly been progress in the provision of infrastructure across all areas of research, but it is not clear how appropriate this has been in the sense that the pattern and magnitude of this investment is not clearly mapped out. As recommended in response to questions 3 and 4, an assessment of the mechanisms by which funding allocations and outcomes are made may be the most appropriate first step, with a view also to identifying and sharing best practice as appropriate. Overall, the maintenance of the balance in outcomes between basic and applied research should be a primary consideration.

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?

It is important to bear in mind the distinct and unique feature of the UK healthcare system when comparing it with other countries. In citing the US system, it is important to recognise the difference in

both the research base and the contrasting systems of patient care. The National Institutes of Health are widely admired, but are currently facing stern financial pressures. The basic science base in the UK needs protecting, but the key lies in improving the interface between it and applied research without losing the strengths of the two areas.

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.

This is a very challenging issue to address and requires careful consideration. It should be recognised the MRC and DH/NHS R&D are not co-terminus in that the MRC is UK based whereas NHS R&D is devolved to the four countries of the UK. We do not consider the most important factor to be the consolidation of monies into a single fund, but the management and coordination of this fund. Indeed, in line with the rest of our response, some ring-fencing of funding within a larger pot may be a useful mechanism for supporting the special circumstances of basic and translational research.

We would suggest, building on the strategic decision to make two Secretaries of State accountable for the merged fund, that a management group consisting of the Chief Executive of the MRC and the four NHS R&D Directors (or equivalents) should be established. This group would be responsible for managing the merged fund and funding priorities. A legal duty of cooperation could be placed upon these individuals to collaborate in this endeavour. We also strongly believe that the merged fund should be financially ring fenced and separate from general patient care funds in order to avoid financial pressures resulting from clinical service pressures.

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?

While the theoretical benefits of the Connecting for Health IT programme are great, they have not been realised to date in the context of health research. Confidence is currently low that any national 'top down' system can be successfully delivered. It is recommended that any review of this include the option to develop a more bottom up approach to design and implementation.

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?

In line with our response to questions 1 and 10, good coordination and programme management competence are the crucial factors in successful delivery of health and economic benefits. This of course needs to be married with the need to avoid inefficient layers of bureaucracy. We would re-emphasise our belief that a CEO/R&D Director group should be convened, covering the whole of the UK, managing the merged fund. The group would have a rotating Chair and an obligation placed upon it to collaborate.

IM, 24 July 06