

University of Liverpool

Response to the Review of UK Health Research

The University welcomes the proposal to create a single budget to support UK health research and development. It is important however that any such fund should operate with transparency and using rigorous peer-review as would be expected of international-quality research. There needs also to be better coordination between the various funders of medical research including the major charities.

Response to questions posed

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 funds internationally excellent basic biomedical research based upon rigorous peer-review. NHS R&D has little tradition of international quality peer-review, allocating funds in a manner that currently lacks both rigor and transparency. It is clear also that not all money allocated in the NHS has actually been spent on research.

The University supports the principles of the changes outlined in *Best Research for Best Health*, notably the proposal to develop a single fund. The quality research standards exemplified by the MRC need to be engendered across all research in the NHS.

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?

Generation of knowledge through supporting the best scientific and clinical researchers.

Maintaining a balance between response-mode and priority-driven research programmes.

Maintaining a balance between research needs of the UK and the Developing World.

Research culture needs to be engendered in all NHS Trusts. Every Medical School should be strongly research-active and focused on areas where it can deliver excellence.

Funds necessary to deliver research must be ring-fenced.

Patients and public must be actively engaged in research culture, particularly over use of personal data and the need for research using animals.

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?

The key Government priority for health research must be maintaining quality and international competitiveness of research as part of joint activity between the NHS and universities. It is essential that this is predominantly investigator-led in order to promote excellence and international competitiveness. Job plans for academic clinicians should allow adequate time for research.

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, translational science and applied science? Is this something that should vary over time? What mechanisms should be used to make judgments about this balance?

The balance should be determined by patient need and the ability of researchers and technology to meet that need. The balance would vary over time depending on the availability of research talent and state of applicable technology.

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?

We would favour an increase academic input into Trust audits in order to raise scientific quality. Grant proposals should include resources for public communication.

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 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?

Better cross-talk between disciplines is already *de rigueur* in universities. The current separation of NHS research from the mainstream has not made this easy. Physical scientists are already heavily engaged in biomedical research in this institution and we would like to see greater interaction with all scientific and engineering disciplines with patient-orientated research. Integration of such activities through RCUK should continue and the single funding body would presumably be a member.

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

By closer cooperation between the NHS and University business services who generally have relevant contacts and expertise as well as Regional Development Agencies.

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 more effectively used to support the work of NICE, facilitate innovation and collaboration with industry and address market failures in the application of healthcare?

It is vital that the full economic cost of supporting research both in the NHS and in Universities is fully funded. Stronger links between Trusts and Universities must be forged. In this context it is perhaps unhelpful that the National Institute for Health Research differentiates between faculty members according to source of funding.

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?

The National Institutes of Health (NIH) in the USA offers a possible basis for the structure of health research at a national level, although it has been criticized for diverting funds away from basic biomedical research and attracting charges of government interference.

10. In implementing a 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 two organizations should be merged under an over-arching Board (with an independent Chair) with joint accountability to DTI (via OSI) and to the Department of Health and membership of RCUK.

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 Connecting for Health NHS IT system, and to what extent should it do so?

An effective IT infrastructure is imperative but the lack of an interface between NHS and university systems must be resolved urgently.

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 maximize the health and economic benefits to the UK?

The new body would work best to drive quality research and to bring maximum health and economic benefits if it were not devolved, but based on competitive peer-review. However, we recognize that health priorities vary across the regions of the UK and further debate is required.

Professor J.R. Saunders
Pro-Vice Chancellor (Research)
University of Liverpool