

University of Luton

Response to the Cooksey 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 a long-established track-record of supporting laboratory and clinical research which has provided immense benefit to service development and patient outcomes within the NHS. There has been less of a focus on applied health research which has been resourced by the NHS R&D programmes. It would be important to clarify the distinct areas of research funding that the MRC and NHS R&D programmes provide respectively, and concomitantly, identify any areas of overlap in research funding, thereby ensuring best value-for-money. It is also important to preserve the peer-review system and response-mode funding models currently used by the MRC, and work to transfer those models into former NHS-funded areas. There may need to be some ring-fencing for molecular and preventative medical themes in funding, at least in the first five years.

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?

It is hugely important that there is recognition of the current NHS-wide system reform being implemented in the NHS and its potential impact upon health research and training. It is essential that the reforms are underpinned by high quality research and continued investment in training for staff. As such, there will need to be a clear steer from the DH that all NHS organizations must continue with research and training while implementing system reform. It is interesting to note that, despite intense lobbying, the Healthcare Commission did not include education and research within its core standards.

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?

Priorities for investment in health research should aim to achieve a careful balance between some of the key research domains within the NHS, namely - laboratory-based research, clinical research, applied health research exploring the impact of system reform, public health research, and parallel investment in training of staff in the afore mentioned areas. It may be worth considering establishing ring-fenced budgets for each of these research domains.

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?

All of the afore mentioned research priorities are important and therefore what is required is an open, transparent process for making such decisions about balance. Ensuring representation of all of the distinct research priorities on grant making bodies may assist this process.

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?

The Health Technology Assessment R&D programme has had a particularly direct influence on policies developed for organizations such as NICE. This programme focuses on the efficacy of new health technologies such as drugs, interventions, etc. It is unclear, yet, whether research related to organizational policy will have the same impact upon practice.

Ownership of the research question and the research projects is required from all stakeholders from the outset of the research commissioning process to ensure that research findings are utilized to their maximum effect.

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?

Encouraging the commissioning of multi-disciplinary research priorities is essential to bringing these groups together.

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

There is a need to highlight and share examples to the wider NHS and academic communities where entrepreneurship in health research has been successful. It is also important that appropriate 'checks and balances' are put in place to ensure that this type of approach is subject to appropriate rigour thereby protecting NHS staff and patients.

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?

Funding priorities need to focus on how health research will benefit patients, the staff, and the public.

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 key lesson is that research needs to be priorities-focussed and allow scope for innovative 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.

It is clearly imperative that the two organisations work together ensuring value for money and efficiency. However, it important to recognize the afore mentioned balance between commissioned priorities-focussed research and investigator-led innovative research. Research funds should be accountable to the Department of Health as health research is concerned with improving services for patients.

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?

It would not be advisable to provide any reliance on the new Connecting for Health NHS IT system until it has been robustly tested.

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?

It is important to strike a balance between national health priorities and local (e.g. Strategic Health Authority Level) health priorities. Arrangements which allow for these two tiers are more likely to ensure research commissioning priorities are closely aligned to patients' needs.

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