

Response to the Cooksey Review of UK Health Research from the **School of Nursing, University of Nottingham.**

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Thank you for the opportunity to contribute to the Cooksey Review of UK Health Research.

**Q.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 strength of MRC is the focus on international excellence and predominantly pre-clinical issues. Many nurses and allied health professionals perceive the MRC to be focussed on medical research rather than health research.

The strength of NHS R&D is a focus across health and clinical care delivery with a remit to deliver on national priorities. NHS R&D awards are seen to be open and available to all professionals working in health research.

Weakness of MRC is it is focussed on medical rather than health research, seen as an elite club. DOH weakness is that it lacks central co-ordination and is too devolved.

More needs to be done to support research capacity in not just the medical aspects of health. This is especially true with regards to research training and development.

**Q. 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 Government's objectives need to encompass the funding of blue skies pre clinical work alongside applied clinical work, we need evidence of patient experiences and how to intervene to improve these as well as evidence to support the organisation and delivery of services. We need research that can identify the quality of care provided and ultimately inform patient choice agendas.

There is a need to utilise the links between universities and NHS trusts, enable trusts to see the importance of research and investment in research activity and infrastructure as it helps recruitment, can help manage risks and provides an evidence base for health care delivery. Some of the key challenges include decreased number of school leavers, decreased interest in science subjects and an aging population and increase in chronic illness and long term and supportive care needs.

There are complex organisational consequences of the new NIHR way of funding research especially with the requirement that the lead must be an NHS partner not University and with the requirement that all researchers employed specifically for that project must be on NHS contracts. Such employment changes do not seem to have considered the restricted NHS access to research journals, where will

the physical accommodation be, and for researchers who move from one research project to the next, the transition from University research contracts to NHS ones, with the potential for University expense through redundancy and severance.

**Q.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?**

There will be a different perspective from MRC direction and the NHS R&D direction and these need to be managed and co-ordinated to ensure the correct balance for long-term and short-term effects on UK health outcomes.

Priorities have to be around long term and chronic illness, supportive and palliative and end of life care, care of older people, as well as health promotion and health screening - these are the key health care challenges facing the UK. We need a mix of work that is of immediate relevance and work which will take longer to have an effect but is pushing at the boundaries of knowledge and science.

Funding needs to ensure that researcher training needs are addressed to ensure that the UK research base remains at the leading edge internationally.

**Q.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 judgments about this balance?**

Research should support the health of the people and also address how best to manage and maintain the NHS in order that the populations obtain the best possible health care. This will require a balance between basic science, translational science and applied science.

We may need something like a 30/70 mix of investigator led and priority led (which will change over time according to health need) - these proportions should not be set in stone though and should also support capacity building across all disciplines involved in health delivery.

**Q5. 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 question illustrates once again the emphasis there is on funding research into advances in **medicine** rather than in health care generally. This ignores the majority of health professionals, many of whom are who are undertaking research with limited support from the MRC or the NHS R&D Programmes. Patient centred research currently enjoys reduced support from both these funding streams yet can contribute considerably to the health of the nation. The medical model has been very successful in driving the health research agenda forward, but does not

encompass all of the research that is required and that is able to support the NHS. We need to look at not only how to improve the uptake of advances in science and medicine but also look at how we can improve the uptake of advances in service delivery, in patient-centred care, and psychosocial and sociological health research.

**Q.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?**

Much multidisciplinary research does go on already, and this can be developed further by calls for partnership approaches, collaborations across disciplines can be prioritised as well as a real need to embed a research culture across the NHS and all professional groups within the NHS.

Basic research funded by the MRC or the NHS could be prioritized for translational research funding, or support for developing such bids may be given. The same could apply moving from translational to applied research.

**Q7. How can the Government encourage translation, entrepreneurship and innovation in health research to improve public services in the UK?**

The MRC and the NHS R&D Departments often focus on the generation of new knowledge and put rather less emphasis upon the application of this knowledge to practice through translation, entrepreneurship and innovation. Specified funds could be made available to support 'proof of concept' research, practice developments and research into technology and knowledge transfer, alternatively they could be an additional part of any research bid that allows researchers to return to the funder at the end of a project to apply for prioritised pump prime funds to initiate such applications of knowledge. Basically we need to put considerably more effort into the development element of R&D, than we currently do.

**Q.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?**

During the changes the UK health research funding of the next few years, there is a need for specified monies to fund the infrastructure to underpin basic, translational and applied research, and to train health researchers in the most appropriate and robust methodologies for undertaking translational and applied research.

Peer reviewers and experts from different disciplines and with expertise in different methodologies will be needed to make the correct decisions. Those making the decisions should be drawn from all sectors so that balanced judgements on research priorities are made.

Need to fund collaboratives between Universities and NHS and other partners, provide training circuits for research staff who are clinically based as well. These

individuals will also be able to help translate findings into practice an area which is significantly under funded. The correct balance in the University in NHS research partnership needs to be considered carefully with the appropriate expertise being drawn from both sectors to maximise the outputs.

**Q9. What lessons should the UK learn from other countries in making the proposed changes to the institutional arrangements for the funding of health research?**

There are different models to be observed in the USA and Canada. In the former the NIH focuses attention on the Government's research priorities and concentrates the research institutes geographically. The Canadian Institutes of Health Research (CIHR) are however spread geographically across the country, suggesting that there is a value placed on diversity, including disciplinary and methodological diversity.

**Q.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.**

Simply merging the MRC and NHS research organisations May not be the best way to implement single fund for health research. It may be difficult to merge the two cultures without losing the best of both. The two different organisations have different processes and core philosophies and it is likely that each group has supporters that will be concerned that their area will be losing out the baby joined together. It may therefore be the case that much valuable time and energy May be spent on amalgamation that will not necessarily increase the quality of healthcare research in the UK. They should only be brought together if a single organisation is completely re-vamped and re-branded and has an underpinning philosophy which is about supporting health research across a range of disciplines and professions. If they are to be brought together then the philosophy of the new body would need to be acceptable to all. Neither the MRC's basic science emphasis or the NHS applied research emphasis is likely to satisfy all interested parties, nor patient needs.

As with all public funds, the proposed single fund should be accountable to the public through their elected representatives. Decisions should continue to be made on scientific merit, and should continue to be assessed by independent peer review with minimal political interference.

**Q.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?**

This question is phrased badly as it makes the assumption that the Clinical Research Networks are successful. The coordinating centers for the seven CRNs are predominantly medical and RCT focused do not address the full range of extent of health care research that needs to be covered.

Connecting for Health NHS It is not a particularly strong presence at this time, and by two systems in the public sector are renowned for difficulties. As such it would seem wise not to overly rely upon connecting for health.

**Q.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?**

Centralized systems have the benefits of higher benchmarking, reducing duplication, and enabling an overview of current activity. Devolved systems may be more equitable to access the research funding, however this is only an advantage if the quality of the research carried out through the devolved process is of sufficiently high quality.