



## **Review of UK Health Research**

The University of Stirling welcomes the opportunity to submit its views on the review of UK health research. We have also contributed to the submission made by Universities Scotland, which contains a full discussion of all the issues raised by the review. We fully endorse the Universities Scotland submission and so, in our own comments below, have sought to concentrate only on a few key points.

Our interest in the review is a broad one, encompassing a wide range of researchers with expertise in health issues. We therefore note with interest the broad spectrum of health research covered by the review; this is sensible given the importance of research into areas such as behavioural change to underpin prevention, the organisational uses of knowledge, and the management of long term conditions. While there will undoubtedly be pressures to revert to a narrow view of health research, it is critical that a balanced approach should be taken.

Our comments follow the structure of the review questions.

1. The MRC has considerable experience in the management of UK-wide programmes of research, including basic and translational research, and theoretical and interdisciplinary research, and increasingly addressing behaviour and organisational matters as well as examining fundamental biomedical problems. Its management of peer review enjoys high prestige internationally, and it is well respected by the wider health research communities in the UK and beyond. The University has considerable experience of working in partnership with the NHS in both Scotland and England, but of course the structures and priorities differ in the devolved nations of the UK, and it is right that they should continue to address the specific needs of the individual countries. This needs to be recognised and reconciled to maintain coherent UK-wide relevance.

NHS research will tend to reflect a clear view of user need. Furthermore, changing demographics mean that among the big health issues of the future will be management of long-term conditions and multi-pathology in older people. A broad definition of health related research is, therefore, required, encompassing social, behavioural and managerial disciplinary perspectives as well as research to support decisions made by members of the public and service users, nurses, midwives and allied health professionals. We would urge the review not to lose sight of the fact that the research and training needs of the NHS, social care, academic and industry include the needs of non-medical stakeholders.

2. The major challenges facing the UK inevitably vary across the four nations. Scotland's distinctive needs will be shaped by the existing context, as well as by evolving demographic trends and the organisational structures of the NHS and care sectors in Scotland. We therefore wish particularly to emphasise the importance of research (and evidence based training) that addresses chronic and acute illness and the management of long term conditions; we also note the increasing significance of

behavioural change as a means of prevention. These issues, of course, also have a UK-wide relevance.

3. Government priorities should include research on ageing, the prevention and management of long term conditions and behaviours relevant to health.
4. It is essential that a proper balance be sought between both areas; indeed, in the long run the UK's health will improve only if a balanced approach is consistently pursued by those who fund research. In addition, we urge you to consider issues of health promotion and prevention as key priorities alongside those of healthcare.
5. No comments
6. Recent practice in Scotland offers a number of models of good practice. Health Department research has for a number of years sought to promote precisely such links among health research specialists and professionals in the field. The major lesson learned is that effective links require time, and are not best achieved through short term tactical partnerships. We also urge you to consider the example of the Strategic Research Development Grant (SRDG) initiative developed by the Scottish Funding Council, which supports high quality research teams that are interdisciplinary and inter-institutional, and which reflect clearly defined national priorities while building new research capacity. Examples include the three regional consortia charged with building capacity and promoting new research in patient care delivered by nurses, midwives and allied health professionals, or the MATCH project, which brings together researchers in healthcare, psychology and informatics to develop advanced technologies to support home based care (<http://www.match-project.org.uk/match.html>).
7. No comment
8. No comment
9. No comment
10. The single ring fenced fund should be managed by MRC, which is best placed to ensure that a long term and strategic approach is taken that is visibly independent of government. Further accountability mechanisms can be developed to ensure that other stakeholders, while not engaged in seeking to micro-manage the single ring-fenced fund, are contributing in a strategic capacity.
11. No comment
12. Given the different needs and circumstances of the constituent parts of the UK, it is inevitable that research priorities will vary. The functions can therefore best work together through a process of matching strategic priorities and objectives.

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