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Cooksey Review Secretariat, HM Treasury, 1 Horse Guards Rd, London SW1A 2HQ  
via [CookseyReview@hm-treasury.gsi.gov.uk](mailto:CookseyReview@hm-treasury.gsi.gov.uk)

Dear CRS

### **Comments from University of Wales Bangor (UWB)**

Professor Merfyn Jones, Vice-Chancellor of UWB, has asked me, as Director of IMSCaR and chair of the UWB Clinical & NHS Working Group, to respond to your kind invitation of 4 May. In doing so I draw on discussions with colleagues in health & social care research (the Welsh equivalent of 'health research') within UWB and across Wales, and experience as:

- founding Director of the Wales Office for Research & Development in Health & Social Care (WORD);
- founding chair of the NHS Commissioning Board for Health Technology Assessment (HTA);
- past deputy chair of the Medical Research Council (MRC) Health Services & Public Health Research Board;
- author in 1995 of the 'Russell report' on supporting R&D in health & personal social services in Northern Ireland;
- current chair of the University of Wales Health Committee;
- within the new Clinical Research Collaboration Cymru (CRCC) – Director of the North Wales Organisation for Randomised Trials in Health & Social Care and current chair of the CRCC Methodological Network – and
- past and present holder of many research grants from the MRC, Cancer Research UK, the Department of Health and WORD.

I have contributed to the comprehensive comments you have received, orally and in writing, from the Welsh Assembly Government (WAG) and agree with all the essential points made therein. I have also seen the succinct comments you have received from Higher Education Wales (HEW) and agree with all the principles set out therein. I therefore focus on the evidence, generally subjective, that has led colleagues and me to conclusions similar to those of WAG and HEW.

### **1 Strengths and weaknesses of current MRC and NHS R&D programmes**

Most colleagues agree that the MRC excels in the peer review and support of basic research and of applied research with major scientific content. In contrast the NHS HTA programme (which colleagues generally see as the 'flagship' of NHS R&D) excels in the commissioning and monitoring of pragmatic research designed to meet the needs of the NHS. Thus these programmes are genuinely complementary. I conclude that integration of MRC and NHS R&D can and should achieve even more. However it is important to recognise that both have served the UK well in their own spheres and to build on their complementary achievements.

## **2 Key scientific and organisational challenges facing UK health research**

In considering the future organisation of health research in the UK, it is important not to lose either the scientific rigour of the MRC or the effective pragmatism of NHS R&D. To illustrate the nature of this challenge, I suggest that to have integrated MRC and NHS R&D earlier (or, a fortiori, to have entrusted the development of health services research across the UK to the MRC ab initio) would have carried a major risk that the MRC's strong commitment to rigour would have over-ridden the NHS's need for applicable evidence. Most colleagues can provide evidence for this; for example the MRC's prolonged and erratic attempt to establish a Health Services Research Collaboration (HSRC) provides evidence of poor corporate understanding of the needs of the NHS or how to meet them. (As this response may be made public, I stress that this example is not a criticism of HSRC or any of its staff.)

It is sad to report that colleagues are unanimous in seeing research governance as a major obstacle to health & social care research. Though well-intentioned, the introduction of research governance across the UK has been piecemeal and erratic. I urge the Cooksey Review to reinforce the continuing efforts of such as the UK Clinical Research Collaboration (UKCRC) and WORD to overcome this obstacle.

## **6 Better links between basic, translational and applied researchers**

Colleagues give strong support to this important issue. Wales provides three good examples of initiatives designed to achieve better links. First WORD has recognised the need for better co-ordination across the spectrum of health & social care research by launching a new Clinical Research Collaboration Cymru (CRCC) earlier in July 2006. Indeed, through links with organisations like the Wales Gene Park, the Wales Cancer Bank and Biobank Cymru, CRCC aspires to cover an even wider spectrum than UKCRC. Secondly UWB has recognised the same need by realigning all three relevant schools – Health Care Sciences, Psychology, and Sports Health & Exercise Sciences – together with the multi-disciplinary Institute of Medical & Social Care Research, within a new College of Health & Behavioural Sciences (CoHaBS) from the beginning of August 2006. Finally the Universities in Bangor, Cardiff & Swansea have recently received funds from the HEW Collaboration & Reconfiguration Fund to create the Wales Institute of Cognitive Neurosciences.

## **9 Lessons from other countries**

My own experience of grant capture abroad is limited to the US National Institutes of Health, the Canadian Institute of Health Research and the European Commission. I judge that the MRC is at least as strong as all of these in scientific research and the NHS HTA programme is at least as strong as all of these in pragmatic research. That said, health research in these other jurisdictions does benefit from the coherence that a single system brings.

## **10 How should MRC and NHS R&D be brought together?**

To complement other evidence you will receive about the relative merits of the contrasting structures of the MRC and NHS R&D in England, I comment on the changing structure of NHS R&D in Wales. WORD began life as a department within the Welsh Health Common Services Authority (WHCSA), then a Special Health Authority (SHA). When the Secretary of State for Wales closed WHCSA in 1995, WORD transferred to the University of Wales College of Medicine, then a college of the federal University of Wales. When that solution was criticised for lack of responsiveness to the priorities of the new Welsh Assembly Government (WAG), WORD was incorporated into WAG. While this governmental model gives WORD more opportunity to influence WAG directly, there is concern that it is less transparent than the SHA model was. That the SHA model operated under the Welsh Office while the current model operates under devolution makes comparison difficult. Nevertheless there is some consensus that the greater independence of the SHA model had the potential to be both more rigorous and more responsive to the NHS.

## **11 Innovations in health research and in NHS information technology (IT)**

Within Wales there is widespread agreement that the success of NHS R&D, in particular that of our new Clinical Research Collaboration Cymru (CRCC), depends crucially on the strength of NHS IT. In recognition of this WORD has established as part of CRCC a Health Information Research Unit (HIRU) at University of Wales Swansea. As director of one of the two trials units within CRCC, I am confident that this innovation will enhance the quality and efficiency of research into health and social care, in particular by ameliorating the adverse effects of research governance (review question 2). I urge the Cooksey Review to consider a similar approach to strengthening links between research and IT across the UK.

## **12 Integrating the non-devolved MRC with devolved NHS R&D**

My experience over the past 20 years of working with the MRC and NHS R&D (initially in Scotland, where NHS R&D began in 1974) has led me with colleagues across Wales to the conclusion that these programmes should be integrated in principle (review question 1). In practice, however, there are at least three aspects of R&D in Wales that will need care if the new arrangements are to be fair to Wales.

First WORD is responsible for research into both health care and social care. Though colleagues support this integration in principle, one practical effect is to widen the real gap in funding between England and Wales. As the Terms of Reference of the Cooksey Review do not mention social care, special measures are needed to protect against discrimination.

Secondly health policy in Wales has diverged from that in England, notably by putting more emphasis on social well-being and less on performance indicators like waiting times. Again care is needed to ensure that the single fund for health research takes full account of the differing health objectives of the four UK administrations.

Finally, and most importantly, there is a longstanding shortfall in funds for R&D within Wales. Though the Welsh Office was not slow to follow the Department of Health in adopting the recommendations of the House of Lords Select Committee on medical research in 1989, the appointment in 1993 of a Secretary of State for Wales who was frankly antagonistic towards publicly funded research disrupted the projected growth of NHS R&D. As R&D funding in Wales has never recovered, it is important that WAG continue to make strenuous efforts to close the gap between Wales and England. At the same time we health & social care researchers across Wales have both a major responsibility and many opportunities (eg response to review question 6) to work to close this gap. Thus it is fundamentally important that the new arrangements across the UK should facilitate the efforts of government and the research community in Wales to close the funding gap.

Yours sincerely



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