

## Review of UK Health Research: Response from the University of Wolverhampton

Sir David Cooksey has invited responses to 12 questions. These have been discussed by health and medical science researchers in the University and the following responses have been agreed:

1. What are the strengths and weaknesses of the MRC and NHS R&D programmes at present? Etc.
  - A clear strength of MRC research is the funding of excellent and 'blue skies' research and clinical trials. However, there is relatively little funding for translational research, action research and research into practice. It is crucial to redress this balance if healthcare—policy and practice—is to benefit from research breakthroughs and to improve through research-based evidence and enquiry. A further strength of the present arrangements is the ability of the NHS R&D programmes to respond to regional needs.
2. What are the key scientific and organisational challenges facing health research, and underpinning training, in the UK over the next decade? [...] What should be the Government's objectives for health research?
  - It is important to recognise that health research—whose objective should not be only improvements in understanding and treating pathologies but also their effective treatment—extends well beyond medical research. Appropriate organisational structures that can deliver research-based improvements in preventive medicine, in care and treatment, and in the effective running of the NHS, as well as in medical research, are necessary to meet the challenges of a comprehensive health research policy.
3. What should be the Government's priorities for health research?
  - Old age and chronic diseases; diseases and mental health; prevention (mental health particularly in the young); health promotion and education across all disease areas; engaging and empowering patients/users and research into the effectiveness of such user engagement; developing new interventions in care and treatment (not only on new drugs); effectiveness of clinical guidelines in practice; impact of social inequalities on health.
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?
  - In our view, the balance between the two types of research outlined above should be at least 50/50, i.e., that at least half of the funding

should be dedicated to improving patient care in its widest sense. Although we fully support the need to invest in excellent basic science research, we note that this research is more likely to benefit from the collaboration and competition resulting from globalisation than is patient-centred research, which is far more likely to be influenced by local factors. It is appropriate for funding to reflect both public policy directives and investigator or practitioner-led understanding of where significant research questions lie and where breakthroughs are likely. We would favour a balance in favour of the latter, although would accept that the exact proportion would vary over time.

5. How have the results of publicly-funded health research in the UK been used...? What lessons can usefully be learned to improve the uptake of advances in science and medicine?

- We note the assumption that the priority is the 'uptake of advances in science and medicine'. We would argue that there needs to be a fundamental shift in conceptualising health research so that clinical, patient-oriented research is regarded as an equal co-partner. As a corollary, more attention needs to be given to using research findings in practice, that is, bridging the gap between research and development.

6. How might better links be forged between 'basic', translational and applied researchers, working across the whole field of health research...? How might better links be forged across disciplines...?

- This is an important structural issue for single funding of health research. However the single fund is administered, there should be clearly-identified and non-overlapping funding streams, with clear and robust protocols for cross-referral. It is absolutely crucial that funding streams have an understanding of and respect for the full range of research methodologies that can shed light on a problem, and that there should not be an in-built overt or covert bias towards particular methodologies. Cross-referral protocols should operate with other funders of research, especially research councils. RCs have historically worked together to identify jointly-sponsored thematic calls to foster interdisciplinary projects, which might offer a solution to the second question.

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

- One option is to identify ring-fenced funding to support these activities. Another (not mutually-exclusive) possibility is to fund training in translation, entrepreneurship and innovation for all healthcare professionals, as part of initial training and/or as CPD.

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? ...
  - In considering the appropriate infrastructure, it is important to include human capital development. Underlying many of the questions in this consultation is a recognition that there may be capacity-building requirements in order to maximise research potential (particularly amongst those health professions that are focused on patient care rather than on 'basic science'). It is important to identify a stable funding source to address this question.
  
9. What lessons should the UK learn from other countries?
  - No comment.
  
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?...
  - We are not convinced that a significant merger between the two funding sources would be beneficial for two reasons. First, the MRC's perspective on research could eventually come to dominate a merged group, leading away from the development of translational and patient-oriented research that we see as a priority. Second, we are concerned that a single, centralised body could prove incapable of addressing the significant regional differences in healthcare needs, variations in health status between socio-economic groups, and research capacity that exist in the UK.
  
11. To what extent does the success of recent innovations in health research ... rely on the new Connecting for Health NHS IT system, and to what extent should it do so?
  - No comment.
  
12. Given the 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?
  - We repeat the concern in our response to 10 above: there are significant regional differences (not only between the devolved regions and England, but within the English regions as well) in healthcare needs and in research capacity that cannot be addressed through over-centralisation of health research funding.

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