

1. SOCIAL CARE RESEARCH

We welcome the announcement that the Review of UK Health Research funding will ‘encompass the full spectrum of health research ... including public health and social care research’. However we are profoundly concerned that neither the detailed remit for the consultation nor the review questions reflect this wide-ranging objective.

The Review does not spell out what is meant by ‘social care research’. A minimal definition would include the range of non-clinical services, personal care and other support services delivered by NHS staff and by a wide range of statutory, private, independent and voluntary organisations. It would also include the very substantial proportion of social care (and, indeed, health care) that is delivered by close relatives and friends, on a largely unpaid basis. The value of this informal care is estimated to amount to £57 billion a year, exceeding spending on the NHS.

A broader definition of ‘social care research’ would include the range of social factors that impact on individual health and wellbeing and that are therefore likely to affect the incidence of illness; demand for and use of health services; and the effectiveness and health outcomes of clinical treatments.

These issues are currently not central to either the MRC or the NHS R&D programmes. Equally, without appropriate safeguards, they risk being marginal to the proposed single health research funding stream. Such safeguards should include the ring-fencing of an element of the single research funding stream for public health and social care research; and the involvement of a wide range of appropriate stakeholders in decisions about the strategic priorities and detailed spending decisions relating to this element of the integrated budget. Safeguarding resources for social care research is particularly important as it is proposed that the new single funding stream should include some research funded by research councils other than the MRC, including the ESRC. It is therefore to be hoped that representatives of the ESRC and other research councils will have a central role in the governance of the new integrated health funding stream.

Relevant Review Questions

Question 1: neither the MRC and NHS R&D programmes provide extensive or adequate support for research or training in social care.

Question 2: research into the social, economic, structural, behavioural and cultural factors affecting health and well-being (including factors affecting needs and demands for, and responses to, publicly-funded health services) should be integral to Government objectives for health research. Similarly, research into effective social care services and other forms of social support should be prioritised as a key objective, as these services underpin and complement health services and therefore have a major impact on the effectiveness of applied scientific and biomedical research. In addition, it is important that research related to children's health encompasses the role of social care and other forms of social support. With the transfer of policy responsibility for children's social care from the Department of Health to the Department for Education and Skills (in England), this link is at risk of being lost.

Questions 3 and 4: Within the new integrated funding stream, resources for social care and public health research should be ring-fenced. Both strategic priorities and detailed funding decisions relating to these ring-fenced resources should be determined by appropriately qualified stakeholders, including representatives from the ESRC, professional social care organisations and bodies representing the users of health and social care services.

2. THE RELATIONSHIP BETWEEN RESEARCH AND POLICY-MAKING

While welcoming the increased focus on research for health, we are anxious that a single, ring-fenced fund will weaken the strong links between health and social care research and policy-making that the Department of Health has fostered since the 1970s. There are two elements to our concern.

First, the consultation document does not make clear that the NHS R&D programmes are separate from the DH Policy Research Programme (PRP) and, indeed, funded by a different vote. The PRP has a history of commissioning research issues relevant to policy-making, long before they appear on the ‘radar’ of the research councils. Further, it supports research in ‘Cinderella’ areas – for example, community care, sexual health, learning disabilities – that both the MRC and, to some degree, NHS R&D have largely ignored. (The recent MRC-managed research initiative on sexual health was fostered and wholly funded by the PRP). Over the past 30 years, PRP has supported streams of high-quality research in university-based research units that have made major contributions to knowledge in these and other neglected areas. By doing so, it has also created a cadre of researchers with a deep understanding of the policy process. Other countries have had to invent completely new institutions (for example, the Canadian Health Services Research Foundation) to achieve something similar.

It seems unlikely to us that a single fund, held at a distance from policy-making, would be able to respond flexibly and in a timely manner to urgent policy need. We are therefore clear that a budget for policy-related research should be retained within the Department of Health, and at least at current levels.

Second, in recent years the national NHS R&D programmes, particularly the Health Technology Assessment (HTA) Programme and the Service Delivery and Organisation (SDO) Programme, have opened up areas of research that neither the health care industry nor providers have wished to address themselves. The HTA has answered questions about interventions already in use in the health service, introduced by the health care industry and/or providers without adequate evidence of their effectiveness and cost. The SDO programme has commissioned social science research about organisational form and function in health care, issues that the NHS has been historically reluctant to address.

In both cases, such questions have also fallen between the stools of the MRC and ESRC; the HTA because the interventions are not new, and the SDO because the research is applied. Yet, the questions addressed by both programmes are ones that have clear policy relevance. Any new structures for a single budget for health research

should protect their ability to commission research that might be uncomfortable for industry and health care providers.

Relevant Review Questions:

Question 1 and 10 plus footnote on page 1 of the letter: Many of the benefits of the Policy Research Programme and the national NHS R&D Programmes (particularly HTA and SDO) are likely to be lost if they are subsumed within a single ring-fenced budget held at some distance from those who actually make policy.

3. SOURCES OF RESEARCH FUNDING

We welcome the general intention to facilitate collaboration with industry and to seek appropriate sources of funding from outside the public sector to support research. However, we have some concerns about potential over-reliance on non-public sources.

First, one of the strengths of existing programmes such as the HTA is that questions can be asked which industry may prefer to leave unanswered and which health care providers are unlikely to raise. The independent oversight of evaluations means that wide ranging alternatives can be compared rather than the focus being only on new technologically or innovatively driven interventions in which there may be substantial commercial interest. Similarly, existing service delivery methods can be investigated by independent evaluation even when incumbent providers may have vested interests in maintaining the status quo.

Second, there is a danger of distorting priorities if attempts are made to pass too much responsibility for funding research to providers. In particular there is a large sector of small independent providers of social care who, unlike large corporations, do not have the ability to fund research. These providers are often concentrated in sectors of social and health care which already are proportionally underfunded and under-researched. There is a need for public funding both to support research in such areas and to aid the translation of research to improve public services

Relevant Review Questions:

Questions 4 & 8: The public funding of research has an essential role to play in ensuring that priorities for research are not dictated purely by commercial interests and ability to pay.

4. ORGANISATIONAL STRUCTURES

We welcome the intention behind the proposals to improve strategic planning of all health research and to ensure a seamless coverage of all relevant issues, avoiding gaps and duplication that may arise from the existing separation of funding sources.

However, we have some concerns with the notion of a single decision-making body administering the bulk of funding for all health research. It is clear that the existing

funds support a wide variety of different types of research – from biomedical to public health and to health services research. Considerable care will be needed to design an effective and efficient mechanism for making decisions across such a diverse research agenda.

In addition to the risks associated with taking decisions further away from those who are most well-informed of the needs of the relevant stakeholders (a point that we also make in more depth in relation to social care in section and policy-orientated research), there is also a danger that the structures become cumbersome and costly to administer. There appears to be a tendency in the public sector to assume that the creation of larger, all-encompassing structures will produce automatically a streamlined and cost-effective system (eg the current merger proposals in the police sector and the long history of merger of organisational structures in the health service). However, evidence for such approaches is scarce and there is a danger that a larger proportion of the available research budget will be swept up in administering the infrastructure required for allocating resources using more centralised mechanisms.

We hope that close attention will be given to distinguishing carefully those functions that are most likely to be organised efficiently at a higher level from those that should remain more devolved. It would be disappointing if, rather than improving the research commissioning process, the proposals instead created an unwieldy and costly centralised structure.

Relevant Review Questions

Questions 1 and 10: There may well be some gaps in coverage and some duplication in the existing system, but a single budget and any new associated structures for allocating resources will not automatically address these specific issues. Indeed, there is a danger of creating a bureaucratic structure that is distant from stakeholders and for which the administration and infrastructure costs are substantial. The design of the new system should be informed by careful analysis of the specific functions that are best undertaken centrally, distinguishing them from those that should be administered in a more devolved fashion.

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