



WALES CYNGOR CYMRU

for Nursing, Midwifery & Allied Health Professions Education
ar gyfer Addysg Nyrsio, Bydwreigiaeth & Phroffesiynau Cysylltiedig ag Iechyd

Our ref: AT/CG

Sir David Cooksey
Cooksey Review Secretariat
HN Treasury
1 Horse Guards Road
London SW1A 2HQ

12th July 2006

Dear Sir David Cooksey,

**Review of UK Health Research
Wales – Cyngor – Cymru's Responses**

Please find attached the response from Cyngor to the Review of UK Health Research.

We trust our comments will be helpful in your endeavour to identify the best design and institutional arrangements for public funding of health research.

Thank You

Yours sincerely

Professor Ann Tucker
Dean, School of Nursing and Midwifery Studies

Review of UK Health Research

Wales – Cyngor - Cymru's response

Thank you for the opportunity to comment on the Review of UK Health Research. The views expressed in this letter represent Cyngor's formal response as the all-Wales strategic body for nursing, midwifery and allied professions education in Wales.

The position underpinning our response is informed by the wish to ensure that any future funding arrangements bring sustainable economic and health benefits to the people of Wales. We are concerned, therefore, that the review takes into account the urgency to build up the research capacity of the professions we represent. This is crucial to securing world-class excellence in basic and applied research and in building expertise across the full range of methodologies applicable to building a healthy and productive society smaller devolved nations must not be disadvantaged by any new arrangements, indeed effort is need to level the playing field. Our comments relate to the questions you have posed and are as follows:

1. Strengths and weaknesses of MRC and NHS R&D programmes at present

From the outset, the NHS R&D programmes acknowledged the challenge in developing research capacity in nursing and midwifery across the UK - and with particular reference to England. For example, the SDO programme's nursing and midwifery commissioning group has made a significant contribution to building research capacity and encouraging nurses and midwives' confidence to work collaboratively across disciplines and professions. The need for a discipline specific commissioning group is debatable and is now under review; however the group's inception in 2002 supported by money from the late ENB was timely and has made a difference to research capacity as evidenced by the submission of increasingly improved proposals led by nurses and midwives to the various commissioning groups within the SDO programme.

It is important to note, however, that representation on commissioning groups notwithstanding (two nurses sit on the current SDO nursing and midwifery commissioning group) the evidence suggests that Wales has not benefited as much as England from the SDO initiative (only one SDO bid led by a nurse has been successful). There may be a case to be made for a similar approach to building the research capacity of nurses, midwives and allied health professions in Wales. In addition a more flexible approach is required to funding across national boundaries. The SDO policy states that research commissioned has to be relevant to the English NHS with the proviso that researchers based in any country are welcome to submit proposals. The latter point notwithstanding this situation makes the logistics difficult for Welsh universities and presents a specific barrier. There is a danger that combined MRC/DH funding will be seen in the same light. Indeed recently one successful applicant for the DH/MRC fellowship and career scientist scheme was unable to continue when the person moved to take up a university appointment in Wales.

The MRC has been very successful in driving forward world-class scientific research. To the best of our knowledge there has been one nurse representative on this body.

While nurses in the UK have secured MRC fellowships and grants, these have been few, and are non-existent in Wales.

Bearing in mind the Cooksey terms of reference, it is crucial that sufficient funds are directed towards promoting applied and translational research, which has a direct impact on patient care outcomes. The importance of supporting applied research that fosters research between clinicians and academia should not be underestimated.

2. Key Scientific and Organisational challenges

Our comments relate mainly to organisational challenges. We recognise the necessity of investment in infrastructure including the support of world-class scientists to keep pace with global changes and challenges affecting the health of the UK. Investment in science education and flexible career pathways that encourage women as well as men into science and to encourage them to remain within the UK is critical. Also critical is the application of approaches more in tune with current best working policies and practices – for example, relating to work-life balance.

The Government's objectives will need to include the development of a strong ethics framework within which to address challenges and it will be important to provide an infrastructure to promote and support research taking the following into account: realistic funding to ensure sustainability; development of the skills of users of research to assist in commissioning and participate in infrastructure development. This is happening in Wales.

3. Priorities for health research

- Money to be ring-fenced for health research. This should not be in competition with other demands, such as patient care.
- The starting point should be patients' needs and the research priorities should be determined by this.

How should decisions be taken on balance?

- Audit of the impact of different types of research over the past few years and evaluation of their effectiveness.
- Development of a strategic framework in which to make decisions about research funding. This framework would ideally include a methodology to determine which type of research should be funded. Support of basic science must continue, however the balance between basic and applied should be determined by population needs, which will vary over time. Changing patterns of disease, for example, will influence government priorities. Whether or not priorities-led research should take precedence over investigator-led research, depends on how closely investigator-led research is congruent with population needs and government priorities.

5. How have the results of publicly-funded research in the UK been used?

- Many patient problems cannot be solved by medical research alone. There is evidence of research that impacts on patient care. However, the wording

of the question implies that this is fundamentally medical research. Nurses constitute the largest group in the healthcare workforce. They are closer to patients and, arguably, their perspectives as well as those of patients and members of the public must be taken seriously in steering and facilitating changes that directly impact on patient care.

6. Forging of better links between 'basic', translational and applied researchers. There is a pressing need for:

- Strategically driven inter-disciplinary research whereby medical researchers are encouraged to collaborate with nurses and AHPs in developing proposals – and vice versa.
- Multidisciplinary funding incentives to encourage collaboration
- Embedding inter-disciplinarity in strategy, infrastructure and funding. RAE could consider more active promotion of multidisciplinary linkages.
- To take seriously into account equal opportunities and provide greater transparency about who gets onto the commissioning groups and how the decisions are made.

7. How can Government encourage translation, entrepreneurship and innovation on health research?

- Through dissemination and links with industry and community. Consideration should be given to further encouragement of public/private partnerships – health, industry and independent sector.

8. How can UK research funding be most effectively used to provide appropriate infrastructure for basic, translational and applied research, whether funded by the UK public sector or other sectors?

- Networks, theme groups. Ring fence funds to support translational research. Provide funding for training researchers in translational research.
- Develop knowledge utilisation and transfer as a specific academic discipline.

9. What lessons should be learned from other countries in making organisational changes

- Canada's institutes of health research reflect a fundamental commitment to diversity which is encapsulated in the 'mosaic' – a metaphor sometimes deployed to contrast USA policy with Canadian policy. In Canada, ideally, federal strategy is mediated by the needs of individual provinces. Political dialogue and adequate, equitable levels of funding across geographical areas are paramount for such a system to work to the benefit of the UK.

10. In implementing the single fund for health research, to what extent should MRC and DH/NHS R&D be merged together.

There are advantages in terms of overall strategy to a merger, however it would be very important to ensure that the strategy and consequent funding reflects a balance

between the interests of patients/ public and clinicians on the one hand and the scientific community on the other. The single ring-fenced fund will be accountable to the public. As is presently the case, peer review to ensure scientific rigour and excellence is taken as axiomatic. The implementation of the single fund will require a flexible and dynamic approach. At its best the new single fund may inspire innovation and creativity by encouraging greater collaboration on the boundary between basic applied and transitional research.

11. To what extent does the success of the recent innovations in health research (e.g. clinical research networks) - and the proposed structures - rely on the new Connecting for Health NHS IT system?

- a. We do not know yet whether the new networks are successful.
- b. It is worth noting that IT systems date quickly.

12. NHS R&D model is the preferred option insofar as it has the potential to incorporate research capacity building across the four countries of the UK.