

◀ Review of UK Health Research ▶

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Dear Colleague

Invitation to submit comments

In the March 2006 Budget, the Chancellor of the Exchequer, Gordon Brown, announced a single, ring-fenced budget to support the health research funded by the Medical Research Council and the NHS R&D Programme. The fund is to be jointly-held by the Secretaries of State for Health and Trade and Industry and worth at least £1 billion per annum¹.

In order to ensure that this reform is implemented in the most effective way possible, the Chancellor has asked me to lead a review to reach agreement on the best institutional arrangements for this new single fund for health research. This review will build on the Government's new strategy for NHS R&D in England *Best Research for Best Health* and the UK's world class medical science base. It will encompass the full spectrum of health research starting from:

- fundamental biomedical research,
- through translational research which links laboratory and other science with the science of treating or preventing illness,
- to applied research which looks at the application of new discoveries and ideas to 'front-line' health services, including technology assessment, public health and social care research.

¹ The combined spending of the MRC and NHS R&D in 2007/08 is expected to be £1.3 billion. The Review will examine whether the totality of that £1.3 billion spend, plus any increase arising from the 2007 Comprehensive Spending Review, should be included in the single budget, or whether there is a case for retaining some element of that budget within the control of the individual Departments.

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Looking at public sources of funding, this encompasses research funded by the MRC and the new National Institute of Health Research, taking in the NHS R&D Programme in England, as well as its counterparts in the Devolved Countries. It also includes some research funded by other research councils, including the BBSRC, EPSRC and ESRC.

As part of a wider consultation exercise, I am writing now to solicit your views on this issue. Wherever possible, this should be evidence-based. The Terms of Reference for this Review are attached at **Annex A**. In particular, I anticipate that the consultation will take into account:

- the decision announced in Budget 2006 to create a single research fund of at least £1 billion, jointly-held by the Secretaries of State for Health and Trade & Industry;
- the aim of building on recent reforms, including the UK Clinical Research Collaboration (UKCRC), and the new NHS R&D Strategy set out in *Best Research for Best Health*;
- the need to maintain and build on the UK's world-leading position in producing peer-reviewed, investigator-led 'basic' medical research and innovation in clinical research, and MRC Technology's successes in translating its research into new treatments;
- the priorities and needs of the NHS, ensuring health R&D generates improvements in health outcomes, and building on successful applied research programmes, such as the Health Technology Assessment (HTA) programme and MRC's clinical trials funding;
- the views of, and linkages with key stakeholders, including patients, the NHS and universities, a variety of health industries, research charities and the Devolved Administrations;
- economic evidence on any market failures that impinge on the development of innovative and clinically and cost effective medicines, new technologies and approaches to preventing illness;

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- evidence on what has worked well and less well in other countries, particularly with regard to effective strategies for translating world-class medical research into demonstrable economic and health benefits; and
- any changes that we propose will have to ensure that the right incentives are in place in the system to enable all stakeholders to play their part in translating first-class research into health and economic benefits for the UK.

A list of questions to help guide your response is attached at **Annex B**. However, this should by no means be seen as all-encompassing or exhaustive – it would be particularly helpful if you could identify any key issues that this list misses. I would also be grateful for any other thoughts or ideas that you may have which could improve the overall strength of UK health research in the future. I would be particularly interested in ideas around how we can embed a culture of continuing positive change in the UK's health research systems, to ensure that the UK remains at the forefront of innovation in this area of science, which can only be of benefit to patients, the NHS and the biomedical industries in the UK.

Both I and my review team will also be talking in person to as many people from the research and user community as possible over the next few months, in order to get the widest possible range of views and other inputs into our deliberations.

I have been asked to report back to the Government in the autumn, in time for the 2006 Pre-Budget Report. In order to give proper consideration to your views, could I please ask you to respond to my request by **Friday, 28th July 2006** at the latest.

Responses can be sent either by email to:

CookseyReview@hm-treasury.gsi.gov.uk

or to the following postal address:

Chair: Sir David Cooksey

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Consultation responses
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Please note that we will assume that all responses can be made public unless you specifically ask for them to be kept confidential.

Yours sincerely,

A handwritten signature in black ink that reads "David Cooksey". The signature is written in a cursive style and is underlined with a single horizontal stroke.

Sir David Cooksey

Terms of Reference

To advise on the best design and institutional arrangements for public funding of health research in the UK, taking account of:

- health objectives – ensuring research priorities are firmly grounded in the Government’s wider health objectives, national and international, and that health research is rooted in, and a key priority for, the NHS;
- science objectives – ensuring the continued delivery of world class basic science, according to the long-standing Haldane principle which states that day-to-day decisions on Research Council scientific funding must be taken at arms length from ministers. Funding should continue to be awarded on the basis of excellence across the full spectrum of health research, from basic to clinical and public health. This will include continued support for investigator-led research; and
- economic objectives – ensuring the delivery of high-quality translational health research to deliver real economic, as well as health, benefits, from the UK’s excellent science base.

Review questions

Please provide reasons and any supporting evidence for your responses wherever possible.

1. What are the strengths and weaknesses of the MRC and NHS R&D programmes at present? How do each of these support the research and training needs of the NHS, social care, industry and academia? Does more need to be done?
2. What do you believe are the key scientific and organisational challenges facing health research, and underpinning training, in the UK over the next decade? How might the UK Government best help address those challenges? What do you believe should be the Government's objectives for health research, and why?
3. What should be the Government's priorities for health research? Is there anything it should stop doing or funding? What is it not doing or funding that it should do, and, in the absence of further sources of support, what can it lower in order to release the necessary funds?
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?
5. In your experience, how have the results of publicly-funded health research in the UK been used, both in the development of new treatments and to influence / change wider policy and healthcare practices? What lessons can usefully be learned to improve the uptake of advances in science and medicine?

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6. How might better links be forged between 'basic', translational and applied researchers, working across the whole field of health research, from the laboratory bench to the front line of the NHS? How might better links be forged across disciplines, e.g. with engineers, physicists, and social scientists?
7. How can the Government encourage translation, entrepreneurship and innovation in health research to improve public services in the UK?
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? How can UK health research funding be most effectively used to support the work of NICE, facilitate innovation and collaboration with industry, and address market failures in the application of healthcare?
9. What lessons should the UK learn from other countries in making the proposed changes to the institutional arrangements for the funding of health research?
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? And to whom should the single, ring-fenced fund be accountable? Please provide reasons and any supporting evidence for your response.
11. To what extent does the success of recent innovations in health research (e.g. Clinical Research Networks) and the proposed structures rely on the new *Connecting for Health* NHS IT system, and to what extent should it do so?
12. Given that 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?