



26 July 2006

The Cooksey Review Secretariat
H M Treasury
4th Floor
1 Horse Guard's Road
London SW1A 2HQ

Email: cookseyreview@hm-treasury.gsi.gov.uk

Dear Sir/Madam

**RESPONSE TO THE REVIEW OF UK HEALTH BOARD
THE ACADEMY OF MEDICAL ROYAL COLLEGES**

1. The Academy of Medical Royal Colleges (AoMRC) welcomes the opportunity to comment to Sir David Cooksey on his review of UK Health Research.
2. The AoMRC is the organisation which brings together the Presidents and Chairpersons of all the Medical Royal Colleges and Faculties in the UK and Ireland.
3. A number of our constituent Colleges have made comprehensive responses. These responses are in close accord with our collective view, and I shall not reiterate them here. We have also seen the responses of the Academy of Medical Sciences (in which a number of College Presidents have been closely involved); and the Royal Society. Some of the College Presidents are Fellows of the AMS and have been involved in their response. The AoMRC concurs with these excellent and detailed responses. Therefore I shall focus here on emphasising areas which we feel are particularly important or have not been mentioned in the other responses.

4. The MRC is one of the real strengths of British Medicine and its fundamental philosophy should be maintained. The contribution of the MRC to medicine and health worldwide has been and continues to be of enormous value. It needs to be able to be independent of (though mindful of) current clinical priorities, and to pursue science for the benefit of the nation's future health. Many innovations of necessity take many years to feed through into clinical practice, and a top down approach determined by current priorities would threaten this.
5. We would welcome links with the physical sciences and relevant research councils. Many innovations will come from collaborations across traditional disciplinary boundaries. Nano-technology is just one current example of where we need to bring together different disciplines.
6. Our major concerns lie around the other half of the "package". We welcome the initiatives set out in "Best Research for Best Health" but remain concerned at the possibilities of extracting embedded money from the NHS Trusts and turning it into real money, which can be genuinely ring fenced for Research and Development.
7. There need to be real incentives for NHS clinicians and managers to get involved in health research – to help generate a renewed and strengthened culture of enquiry and improvement throughout the NHS. Until there are clear funding streams for both the excess costs of research and the embedded costs of research, R&D will never be taken seriously by NHS managers. The NHS funding reforms with Payment By Results and Practice Based Commissioning run counter to attempts to improve both Academic Medicine and the fuller participation in clinical research on which continued improvement depends.
8. We would like to suggest that some of the increases in resources coming to the NHS in the next two years be used to produce a real and transparent funding stream for research. At the same time teaching could also be regularised. Teaching is currently funded through SIFT which was a stream of money extracted from hospitals in 1974 and given back to them. R&D funding was similarly extracted in the Culyer reforms of the 90s. Neither stream of money is "real". They are embedded in service, and until clinicians and managers can see a real income stream R&D will not be taken seriously.

A top slice of £500m, or preferably more, for research, from the increase in funding, to be recouped from adjustments made as PBR settles in over the next few years, would be a major step forward.

We could then move to a market for R&D, and teaching, where there was an incentive for both clinicians and managers. This would also allow transparency and accountability, which are lacking at the moment.

Successful NHS R&D needs a level of commitment from the majority of clinicians, which is currently hard to find.

9. If Connecting for Health really does work and fulfil its purpose, the NHS has the potential to be the most powerful “test bed” for health care innovation and improvement in the world. We remain concerned about the speed of implementation.
10. The future of clinical research in the UK has been put in great jeopardy over the last few years by a combination of factors, most notably the operation of the Research Assessment Exercise (RAE). Plans for the next RAE, the recent Walport proposals on clinical academic careers, and the UK Clinical Research Collaboration, are all very welcome and the Review of Health Research must build on these enormously exciting innovations.

I hope that these comments are of relevance and help in your review.

Sir Alan Craft
Chairman