RESPONSE FROM ADRIAN GRANT, DIRECTOR HEALTH SERVICES RESEARCH UNIT, UNIVERSITY OF ABERDEEN

I write from the perspective of 25 years as an applied health researcher who has worked in Scotland and England, with experience of both the MRC and NHS R&D.

- It is self-evident that high quality applied research is essential for maximising health care and its delivery. The UK through the infrastructure provided by the NHS is uniquely well placed to meet this need; the single budget must safeguard and strengthen this position.
- The emergence of Health Department/NHS R&D research over the last 15 years has dramatically improved the quality and impact of UK applied health research. MRC predominantly funds 'underpinning' basic research and historically has not given applied research high priority. There is overlap at the margins and a single funding stream for applied research should enhance value and improve efficiency.
- Most applied research would be strengthened by being UK-based, for reasons of scale and generalisability.
- Nevertheless, the implications of devolved administrations need to be recognised and addressed. Research on important health policy issues may well be best addressed at a country level, and there are associated research capacity issues.
- Commissioned research through the NHS R&D Health Technology Assessment Programme and to a lesser extent the NHS R&D Service Delivery and Organisation Programme has had a major positive impact by refocusing health research on priority issues for the NHS. Most of these questions tend not to be awarded support in standard response-mode funding schemes either because they are perceived as scientifically unglamorous or because their inherent methodological challenges lead them to be deemed too risky. It would be important for substantial programmes of commissioned research to continue alongside investigator driven research.
- Successful applied research depends on long-term collaborative working drawing on a range of disciplines (such as health economics, statistics, psychology and sociology) at a senior level; this requires appropriate multidisciplinary, infrastructure support.
- For greatest benefit, a single fund for applied research should support research in a range of complementary ways, such as through: projects, programmes, units, and personal awards etc. Allocation of research funds should be independent, competitive and transparent, based on rigorous peer review, open to all constituents in a fair and equitable way.
- Current arrangements for conducting multisite research within the NHS are not working: they are cumbersome, bureaucratic, inefficient and an obstacle to high quality research. The fact that arrangements differ between countries further complicates this. Funding the health service costs of primary research is a particular problem; these funds should be explicitly linked with the research.
- A more transparent reward system should be developed for those who do tasks that underpin applied research, such as local investigators in multicentre trials, members of supporting committees, and those who participate in peer review.
- Predominantly as a consequence of Health Department/NHS R&D funding, the UK leads the world in 'evidence synthesis', such as through the Cochrane Collaboration, NICE and the HTA Programme. These activities should be encouraged within any new portfolios.
- Hitherto, there has been little research on organisation and behaviour in health care and this should be given higher priority.