

Response to the Cooksey Review of UK Health Research

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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?

MRC and NHS R&D programmes currently not collaborative. Funding does not bridge the gap between fundamental and translational research. MRC= fundamental; NHS = translational; who funds the GAP?? Little knowledge exchange, flow of ideas and people, between the two funding streams.

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?

Stem cell and tissue engineering research should be a very high priority. The UK has world class expertise in stem cells, tissue engineering and the critical interfacing disciplines, such as immunology and transplantation biology. With the right interdisciplinary collaborative investment the UK could become the world leader in developing commercially viable stem cell and tissue engineered therapies for a very broad range of conditions.

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?

Funding should support research from lab to bedside; the priorities may be the same but the methodologies different across this spectrum.

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?

Access to translational funds for non-NHS researchers. Encourage and create mechanisms for fluid mobility of people and ideas between sectors.

7. How can the Government encourage translation, entrepreneurship and innovation in health research to improve public services in the UK?

Government should help fund the development of new technology. Academic researchers should be equally rewarded for innovation and technology exploitation in the RAE and promotional processes.

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?

Make it easier to propose and build collaborative multi-disciplinary, multi-institution, and/or multi-sector research projects/programmes which harness the UK's world class research expertise in a coordinated and more cost effective way. Make it easier to apply for funding from a consortium of public sector sources or a mixture of public and other sectors . Create mechanisms and processes for need-led bottom up initiatives to be appraised, and once funded, to be managed coherently.

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?

Look at the NIH in USA

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.

Health R&D needs to become more joined up. Bringing together into one fund fundamental and translational research, as well as research which straddles the two will help achieve this. Strategy should be led by targeted need. Funding initiatives should no longer be confined by these artificial categories.

A unified Health R&D fund/council while funded by government, should be independent. It should be responsible for setting policy and for planning, managing, and coordinating programs and activities. An appointed panel of experts and stakeholders could advise the Fund executive. Government dept contributors (DTI-OSI , DH, ?), parliamentary representatives etc. could sit on a strategic government advisory board and a contact group of public/patient representatives could also input their views. The fund executive could ultimately be accountable to ?

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?

Build new funding mechanism with its own structure that is fit for purpose.