

**RESPONSE TO THE COOKSEY CONSULTATION REVIEW OF UK
HEALTH RESEARCH**

This response is prepared on behalf of the R&D Committee at Ashton, Leigh & Wigan Primary Care Trust.

As a PCT that has not historically received a NHS R&D levy and budget, the introduction of a single-fund for health research allocated by competitive bidding is welcomed. It will provide the Trust with the opportunity to become more proactive towards our research activity and agenda than is currently the case.

The opportunity through the National Institute of Health Research to formally train clinical staff to become highly skilled researchers who contribute to world-class research will strengthen our ability to recruit and retain staff. The challenge will be for this vision to be balanced against the demands of heavy workloads, and other financial commitments in many Trusts.

We are concerned that funding and resources will continue to be allocated to centres with established research activity. Geographically, London and Oxford have received over a third of research funding. The introduction of the Clinical Research Networks should begin to help address any disparities in the geographical spread of R&D funding. We hope that the bidding process and the allocation of research funds reflects the need for capacity building, and that funding will not only be allocated to established centres. We hope that the allocation of funding is responsive to local health needs, and not solely driven by national policy decisions.

We welcome that the new national R&D Strategy – *Best Research for Best Health* acknowledges the full spectrum of health research taking place in the NHS today. Applied research of front-line health services, particularly around public health and primary care is central to the PCT. Historically; applied research has been perceived as second-class. Ashton, Leigh & Wigan PCT has also established partnership links with the local authority regarding joint research activity. This arrangement to promote and encourage partnership working is reflected in the membership of the PCT's R&D Committee. We would stress the need to take into account these partnerships when considering the range of research activity PCTs may engage in. Health and Social Care are intrinsically linked and key governmental policy documents emphasise the importance of working in partnership through, for example, *Your Health, Your Care, Your Say*. Whilst it is recognised that some of the research carried out will have a specific 'health only' focus, particularly on the biomedical side, there should be equal recognition of health research that is also linked to social care and/or other public services.

The partnership research links between health, social care and other public services such as housing, needs to be more overtly emphasised within MRC and NHS R&D programmes. Otherwise, there is a danger programmes, and associated funding may be dominated by 'health only' research that neglect these partnership links.

One way to address this is to promote and support the development of multi-disciplinary work through identifying and sharing good practice, and to provide joint public sector financial resources for R&D. The various Research Networks should be encouraged to play an active role in this.

We are concerned that the national R&D Strategy and corresponding R&D funding may be allocated towards what is referred to in the Strategy as fundamental biomedical research. We feel that the national R&D Strategy is largely biased towards clinical research and patient uptake, as demonstrated in the provision of financial rewards to Trusts recruiting patients into clinical trial research. The Department of Health's expectation that Primary Care Trusts should meet any excess treatment costs incurred through the hosting of clinical trials may sit uncomfortably with Trusts who may be experiencing financial burdens. Assistance from central funds to cover these excess treatment costs, and strict guidelines insisting that excess treatment costs are made explicit by the researchers at the point of approval are required.

As discussed above, for some Primary Care Trusts and Public Health Directorates, R&D activity often involves sectors outside of this clinical trial environment. We hope that Trusts who conduct high quality research under the important banner of applied research of front-line health and social care services will not be financially penalised or overlooked.

Research networks already play an important role for Ashton, Leigh & Wigan PCT, particularly around research management and governance. Research networks allow for the exchange of good practice in what is often an isolating place for those Primary Care Trusts who are building up their research activity, and skills base of staff. The opportunity for Ashton, Leigh & Wigan Primary Care Trust to become involved with the Research Networks is positively viewed, and we look forward to engaging within them. We ask that opportunities are communicated as widely through various media as possible so as not to exclude those Trusts whom, due to the infancy of their research activity, may not be on the radar of established communication methods.