



**Bristol North Primary Care Trust
Bristol South and West Primary Care Trust**

King Square House
King Square
Bristol BS2 8EE

Consultation responses
Cooksey Review Secretariat
HM Treasury
1 Horse Guards Road
London SW1A 2HQ

Ref: Sir David Cooksey
Date: June 7th 2006

Dear Sir David

I am grateful for the opportunity to comment on your proposed review in my capacity as the lead for Research and Development Strategy for the Bristol PCTs.

My comments roughly reflect the order of the review questions, but I don't have a comment on all of them.

My major concern about health research in general, is its perceived lack of relevance to many health workers and patients. I am struck by the impression from colleagues within my own organisation, that research is something that academics do and is not really part of most health workers' job description. Consequently, the findings of research, even when part of guidelines, are often poorly implemented because they often fail to reflect the views of frontline workers. This leads to a lack of joined up thinking between health researchers and the people that are ultimately expected to implement the research findings. There is little sense that we are all part of the same team, with the major objective of improving the cost effective delivery of health care to our population.

With this in mind I think the Government's priorities for health research should move much more to the applied end of the spectrum with greater emphasis on cost effectiveness, using outcomes that have relevance for patients (the consumers), clinicians and managers. The key word here is relevance, and I think that if a billion pounds of public money is being spent in research then the tax payer and the consumer need to have a much stronger voice when it comes to deciding research priorities.

There needs to be a greater emphasis on investigator-led applied research within a broad framework of priorities that reflect the views of members of the population, perhaps through a combination of questionnaires, guided focus groups, and citizens' panels. This way, investigators are not micro-managed and can be allowed to innovate, yet their research will be grounded within relevant priorities.

The library shelves and the internet are packed full of millions of research articles, most of which are read by a handful of people at best. Academic colleagues sometimes believe that they can judge the quality of a researcher by simply put their name into 'Medline' and counting the number of publications. This is the root of the problem. Quality of research should be measured not only by the quantity but by the impact of the research on practice and policy. The current system (the RAE) rewards researchers for publishing their papers and then quickly moving onto the next paper. Important and relevant work continues after the paper is published and should involve communication of its advances to the health care sector and the population at large. If impact on policy and practice is used as a quality marker, then this will drive the uptake of advances in science and medicine.

An added benefit of this impact driven approach to research is that it will increase interest and engagement from front-line health care workers. It is these people, medical, nursing, allied professions and managers that will generate the important research questions that need

answering. Healthcare workers and academics should be rewarded for working together to produce pieces of methodologically sound, yet highly relevant research. This would have an added benefit of engaging and retaining healthcare workers in the research process.

A word of caution about industry involvement : I understand that the Treasury and Department of Trade and Industry needs to keep the pharmaceutical industry doing trials and investing in the UK. However, we must be aware that the needs of the industry are not always the same as those of the National Health Service. Industry needs to make money usually through new drugs and technologies, whereas the Health Service requires cost effectiveness which often involves making the best use of available skills, knowledge, drugs and technologies. Too great an emphasis on pharmaceutical solutions to health care problems will massively increase the costs of health care delivery. This is particularly the case, if it involves the increasing medicalisation of otherwise healthy people under the guise of prevention, when non-pharmacological alternatives may be cheaper, safer and more publicly acceptable.

I do not have a strong view about how closely the MRC and NHS research should be merged. However, I do feel that the focus of the MRC should be mainly on basic and some aspects of translational research. Whereas NHS funded research should be seen to be for the benefit of patients within the short or medium term.

I hope these comments are of some help to you.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Peter Brindle', written in a cursive style.

Dr Peter Brindle,
R&D Strategic lead for BNSSG PCTs
Vice Chair of the Avon Research and Development Strategy and Advisory Group (ARDSAG)
Peter.brindle@nhs.net