

NHS Confederation submission to the Cooksey review on the best institutional arrangements for the new single health research fund

The NHS Confederation represents more than 90 percent of the organisations that make up the NHS. We act as an independent force in the drive for better health and healthcare. We are also the host for the Health Services Research Network which brings together managers and researchers.

Following consultation with our members, we propose a number of principles that we would wish to see applied to the development of any new arrangements.

1. The costs and benefits of change must be carefully weighed

Any new arrangements must be worth the undoubted disruption and costs that any reorganisation will incur. There are some economies of scope and scale to be achieved from a closer alignment of the MRC and DH R&D functions. We appreciate that attempts in the past at producing greater levels of coordination and cooperation between the two have largely failed. However, unless it is carefully planned and there is a true synergy between the functions that are brought together, there is a real risk that another bureaucratic layer and greater inefficiency will result. It must be made very clear how a new structure will be more effective in creating better coordination and collaboration than other efforts in this area and, at the same time, not succumbing to these risks.

2. Different types of research and approach need to be supported.

The new structure must recognise the importance of retaining both policy-driven research and investigator-led, visionary research.

Biomedical and clinical research uses different methodologies from those required for health services, policy and health services management research. The design of the projects is quite different and the standards of proof and use of evidence also differ significantly. There has been a strong tendency for biomedical and clinical research funders to fail to recognise health services research, or to accord it less priority, because the methodology is seen as inferior to that used in clinical or basic science. However, many of the most significant breakthroughs in service delivery – particularly in productivity and patient experience – are more likely to come through managerial and health service research. The principle we would wish to see upheld is that health services, policy and management research, the use of qualitative methods, evaluation and other research required to develop

improved delivery systems, commissioning, quality improvement and policy, needs to be protected in terms of the funding for these areas, and protected from the tendency for one approach to research methodology, commissioning or setting research priorities to dominate.

Any new structure must ensure that the importance of these distinct types of research continues to be recognised and appropriately funded. We have concerns that this will not be achieved if the two separate commissioning bodies, the MRC and DH R&D, are brought together as one without appropriate safeguards being put in place.

3. Best Research for Best Health Strategy

Notwithstanding some of the potential financial impact of Best Research for Best Health on some organisations, there is broad support for this strategy. Any new arrangements should not delay a switch to the new approach. Its implementation will make significant improvements in the system for research carried out in the NHS - making it more effective and transparent, and the reforms must be given time to be fully realised.

4. Research infrastructure in NHS organisations

It must be recognised that NHS organisations which carry out research have deeply imbedded infrastructure costs and that, by definition, withdrawing funding for this research support will have significant implications for services and will not release significant amounts of resources in anything other than the very long term.

5. Promoting the adoption of research

Any new system should attempt to address the challenge of creating a culture shift in getting managers and clinicians to understand the importance and value of research. The further that the development of R&D priorities, commissioning and the dissemination is removed from the front line, the more likely it is that this will not take place. This suggests that different structures may be required to link front-line practitioners and managers to the research process from those relating to large scale trials or basic science. So, even if one organisation is developed as a result of this review, it will need a multiplicity of structures to connect to researchers and users.

6. Deals with the over burdensome research governance regime

Research, especially non invasive research, is restricted by unnecessary, burdensome, multi-layered research governance and ethical approval regimes. Any new arrangements should consider how these burdens can be minimised to encourage more responsive and dynamic research, without negatively impacting on patient safety.

Responses to specific questions

1. Relative strengths & weaknesses

The MRC's strength is its support for methodological and biomedical research and research on long-term, enduring issues. Its weaknesses are that it is too medically (doctor) oriented and too narrow in the type of research supported (biomedical paradigm still dominates). Its bias for the more rigid methodological research means that it does not value as highly the policy-driven, translational and health services research.

NHS R&D strength is that it supports research that is policy-relevant, and research priorities influenced by policy-makers enhance the likelihood of research output having some influence. It has a much broader vision in health care - not limited to the biomedical agenda - and commissions research in areas where there is market failure (for example, service delivery and organisation research).

2. Key challenges

We confine our remarks to areas that we anticipate will receive less attention from other respondents.

A key challenge in health services research is the relatively poor pay and conditions of academic posts, which inhibits the movement of clinical and managerial staff into research. The movement of staff between research and front-line posts is an essential part of improving the quality and relevance of research, and also in increasing the translation and spread of research findings.

The approach to funding also inhibits the development of research units which can respond quickly to important questions, rather than models that rely on 3 year projects which consume almost all the money available in a particular call.

More priority needs to be given to research into policy initiatives and healthcare organisation and management, particularly in the effective design and delivery of services.

Changes in the pattern of hospital and medical careers may have significant implications, not only for the conduct of large scale research but also the training and development of staff with the appropriate levels of skills.

10. A single fund

A single fund would still need a number of different types of approach due to the different objectives and methods of the research. This might mean that there may be little or no benefit from bringing some types of research into the single fund. In general, we would argue that the more the research relates to

the organisations and management of care, the weaker the case for this being included in a single fund.

Conclusions

The review needs to ensure that the strengths of each part of the current architecture are maintained. In some cases this might mean that they are left in separate organisations, or at least kept as areas with ring-fenced resources and their own approach to governance, commissioning, methodology and managing the relationship with the research, management, clinical and policy making communities.