

## **Review of UK Health Research**

### **Response for the Cooksey Review**

#### 1) Current NHS R&D/MRC programmes

##### Strengths

MRC research strength lies in its high quality activity centred around strong academic partnerships and a first class reputation in the UK and abroad. NHS research has equally high quality work but does not have the international profile of the MRC.

The MRC is more readily identifiable as it is focussed around a single entity (brand) whereas the NHS may be better known for work in individual high profile hospitals.

##### Weaknesses

The MRC work undertaken in the NHS is not fully funded and is an issue as the R&D support funds are withdrawn from Trusts to match the new strategy. It is considered quite difficult to obtain funding from the MRC for the majority of clinicians in the NHS who do not have strong academic partnerships.

The funding opportunities through the new NHS strategy are through competitive bidding and are likely to squeeze out the majority of smaller groups of researchers or individuals who are unsuccessful in bid rounds as bigger groups are probably better placed to be successful.

##### Training

The NHS should deliver more training for researchers as a corporate function. New topic specific networks funded by NHS with training advertised are limiting applications to those who participate in network studies only.

#### 2) Organisational challenges

Complete lack of certainty over the future of NHS R&D with the impact of the new strategy based on bidding, reorganisation of R&D management and associated new structures. Will take 3 years to fully bed in.

Government drive to treatment centres reducing DGH/hospital capacity will impact on clinical research undertaken at those sites.

Current deficit issues for Trusts and loss of staff leading to a demotivation of research active staff in the NHS.

#### 3) Research Priorities

Improve patient care (but not overlooking the important contribution of basic science lab based research)

Make the research spend fully transparent and accountable (however without an increased burden of bureaucracy) and not devolved through service budgets where the R&D spend is not obvious.

The value of investigator-led research should not be underestimated; different hospitals have unique challenges that don't always fit into a national mould (investigator led research should fit in with local priorities). Local led research should remain a top priority.

#### 4) Balance of priorities

Complex issue decisions should be taken nationally with buy in from leading figures DH/Industries/academic/charities

New strategy will change many aspects to realign with a mix of research.

#### 5) Implementation of results

Takes a long time for enough information to be gathered to make a national change to practice; often done at a local level with individual units/clinicians etc but dissemination not strong. Local clinicians should be given more support for implementation. Through the NICE system welcome more rapid assessment but often the price tag deters the recommended change from being implemented widely. Scientific advances do reach public domain and the internet has changed patient's level of knowledge about their condition.

#### 6) Links

Better communication possibly joint appointments/ internships for other disciplines in NHS. Some good examples exist but need to be built on; often comes down to funding.

Closer ties with academia and NHS new strategy may help. Barriers need to be broken down and collaboration encouraged.

University health research agenda's need to be more in line with local health needs (especially for student research); better communication and working together could lead to joined up research agendas. One way to assist this would be closer proximity; Universities faculties sharing buildings with local district general hospitals (not just large teaching hospitals).

#### 7) Innovation

Use the hubs raise profile reward individuals as well as employers. Celebrate success need to use the press more to inform public. Organise a National high profile competition. Links with 5 to ensure good ideas are acted on.

#### 8) Infrastructure

Target resources more effectively. Use money to free researcher's time up/embed research in organisation from the Chief exec down. Buy extra time for diagnostics make funding easier. New strategy will limit this in many aspects to the main players excluding many. Ensure that research networks are adequately funded. Look at workforce issues particularly training of diagnostic staff and researchers in NHS/univ

#### 9) Lessons

Do not know about funding in other countries, the UK research arena is highly regulated and works to a high standard to protect patients which is a positive attribute but may require a training cost to ensure this continues.

#### 10) DH/MRC

Do not think that they should be merged as MRC may lose its international profile and both DH and MRC may lose some independence (especially the weaker partner). DH could request MRC to look at specific areas for research.

#### 11) IT

Success of networks controversial statement, too early to say as the cancer network sprung up on the back of a large profile of existing trials in a highly active research community. Resources available are very limited.

New networks will have no impact on research outputs for the next 3-5 years. Would not like to rely on any national IT systems as the majority of government IT are hugely expensive and often fail to deliver. Little information available as to what the NHS programme is able to offer.

**Although this is not directly related to your questions:** please note that problems with the **cancer network** have resulted (e.g. huge effort setting up multiple trials with poor recruitment figures) due to little appreciation of regional differences; one size does not fit all (not all studies are appropriate in all areas and effort would be better spent elsewhere). Clinicians in some areas are struggling with unrealistic expectations. Local initiatives that could be more beneficial to local populations have not been given the necessary support by the networks.

12) Research councils.

Need good communication between all entities and some agreement as to what the common goals should be. Research councils have a vast experience of running large funding bids and review there may be some crossover/collaboration of systems or expertise.

North East London R & D Managers Network