

Northern Ireland HPSS R&D Fund & the Single Health Research Fund



In 1997 the Northern Ireland Research & Development Office for the Health & Personal Social Services (R&D Office) was established as a directorate of the Central Services Agency. Following the Culyer declaration exercise the Health & Personal Social Services (HPSS) R&D Fund was established in 1998 as a single source of HPSS R&D support. It was accepted that historic allocations of research funding, representing some 65% of the then value of the HPSS R&D Fund, were not linked to HPSS research activity and these allocations were progressively withdrawn over a three-year period. This allowed the R&D Office to ensure the entire HPSS R&D Fund, now standing at £12 million, was used to implement the HPSS R&D Strategy 'Research for Health & Wellbeing'. Over ninety five percent of the Fund is used for the direct support of HPSS research including the Recognised Research Groups, capacity building initiatives, and infrastructure support. The balance meets the cost of running the R&D Office which is fully focused on supporting, facilitating and co-ordinating HPSS R&D.

For UK wide initiatives such as the UK Clinical Research Collaboration (UKCRC), the National Institute for Cancer Research (NICR) and the activities of their subgroups, the HPSS R&D Fund provides a 3% subvention calculated pro-rata on a population basis. For some UK wide initiatives, for example the Capacity Building Programme, applicants from Northern Ireland apply centrally and are evaluated by the same panels as applicants from elsewhere in the UK; if they are successful the R&D Office provides the full financial support.

The HPSS R&D Fund also supports international activities such as those under the Ireland-Northern Ireland-National Cancer Institute Cancer Consortium and the more recently established US-Ireland Research & Development Partnership. The Fund also provides the Northern Ireland contributions to all-Ireland initiatives. Examples of all-Ireland initiatives include: the newly established Centre for Ageing Research & Development in Ireland; a proposed genetic resource, called GeneLibrary Ireland, and the All-Ireland Cancer Clinical Trials Co-operative Group; there are also North-South collaborative research grants and the Health Research Board (HRB) in Dublin and R&D Office jointly fund access to the Cochrane Library and Cochrane Fellowships for researchers on the island of Ireland.

The R&D Fund has been a very valuable resource for partnership arrangements which have led to the investment of significant amounts of external funding into clinical research in Northern Ireland. So far in 2006 over £10million has been "levered in" in partnerships in return for £2.5million investment from the HPSS R&D Fund. This will provide for a Clinical Research Facility, (in a partnership led by the Wellcome Trust), an Experimental Cancer Medicine Centre and a cancer clinical trials network, (in partnership with Cancer Research UK), the Centre for Ageing Research & Development in Ireland, (in partnership with Atlantic

Philanthropies) and HPSS Innovations, an innovation management service (in partnership with the Public Sector Research Exploitation Fund and Invest Northern Ireland).

The disposition of the HPSS R&D Fund is under the advice of the Strategic Advisory Group for the R&D Office which consists of representatives from the Department of Health, Social Services and Personal Social Services (DHSSPS), HPSS, universities and from organisations outside Northern Ireland including MRC, ESRC, AMRC & HRB. The accountability for the HPSS R&D Fund is exercised through the Chief Executive of the Central Services Agency. The Fund is allocated annually by the DHSSPS. There is no bidding process. For 2006-2007 the fund was reduced by £1 million and this reduced allocation will continue for at least a further year.

All awards of research funds are based on peer review. For each application comments are sought from at least four experts from outside Northern Ireland, and the selection is made by a panel of experts independent of the R&D Office. For the larger awards, the panel members come from outside Northern Ireland, and for the training awards the panel members are local but the chair is external.

From a Northern Ireland point of view there would seem to be two main questions in relation to the Single Health Research Fund. The first is whether Northern Ireland wishes to retain its own HPSS R&D Fund. The R&D Office has undertaken widespread consultations with the Northern Ireland research community at meetings hosted by Queens University Belfast, the University of Ulster and the Royal & Belfast City Hospital Trusts. These indicated strong support for Northern Ireland retaining its own fund and the R&D Office agrees with this. The HPSS R&D Fund of £12 million per year would be scarcely noticed within a single budget of £1 billion to £1.3 billion and we believe we can make much better use of it if we have local control. A number of factors support this:

- our unique integrated health & social services
- the need to develop our researchers so that they are competitive for research council funding
- the need to develop research in all the health & social care professions
- the opportunities for cross border research activities
- the need to respond to local health & social care priorities and opportunities and to tailor local solutions to local problems
- the ability to “lever in” external funding by partnership arrangements
- the close working relationship developed by the R&D Office with academic and HPSS based researchers
- the ability of the fund to provide research opportunities to attract very high quality staff to the HPSS and the Northern Ireland universities

The second issue concerns the Medical Research Council. Northern Ireland researchers do not receive a large amount of research funding

from the MRC. This is partly due to the scarcity of applications but also lack of success. In Northern Ireland the MRC is seen as a rather remote organisation with a strong centre of gravity in London and the South East of England. Nevertheless researchers here have access to the MRC and it is essential that this is maintained in whatever successor body to the MRC arises. It is also essential that the funds of the MRC successor body are not devoted exclusively to health priorities for England which may not coincide with those for Northern Ireland.

Northern Ireland has found increasing success in ensuring that the research funded by the R&D Office has an effective interface with both clinical practice and commercial activity. It is important that the R&D Office maintains the ability to sustain and develop these interfaces within a specific Northern Ireland context. It is also important to retain the agility to respond to specific Northern Ireland needs and specific Northern Ireland opportunities that may be different from those operating at a UK wide level.