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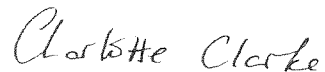
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27<sup>th</sup> July 2006

Dear Sir/Madam,

Please find enclosed papers in response to the Cooksey Report on behalf of Northumbria University.

Yours sincerely



**Professor Charlotte Clarke**  
**Associate Dean Research**

## Review of UK Health Research

Response of Northumbria University  
July 2006

### 1. Strengths and weaknesses of the MRC and NHS R&D programmes at present?

These programmes at present have well developed and robust systems of peer review which continues to be the process of quality management most frequently deployed in research and, despite its problems, has the confidence of the academic community (as indicated in the hesitancy of the sector to move away from this process as part of the RAE). The programmes have led to research that is well focussed on the identified priorities.

These priorities form one of the weaknesses of the present programme since they tend to be determined and led from the top down and so risk failing to meet local needs and fail to be sufficiently applied as to impact on practice and policy without a very considerable lag time. It is recognised, however, that both programmes are starting to emphasise the need for more applied forms of research. A further weakness is in the timescales of the research supported. This tends to be orientated to areas of short-term financial gain and there is little long-term sustained investment in research activity. Both these aspects of priority and timescale result in the current programmes not fulfilling their full contribution to the joined up 'innovation ecosystem' identified in the HM Treasury Science and Innovation Framework.

### 2. Key scientific and organisational challenges

One of the key challenges facing healthcare is the increasing diversity of healthcare providers and the interagency integration required to obtain population and community health gains. Both this diversity and interconnectivity render an NHS programme increasingly inappropriate. Health care requires a research agenda that is broader than intra-NHS concerns. This need for a more whole systems approach inevitably leads to the need for a broader definition of science and an integration of development aims with knowledge development aims.

### 3. Government's priorities for health research

It is necessary for the Government to recognise research as part of the lifecycle of knowledge development and use, and to not only continue with the current growing emphasis on applied research, but to recognise the development and knowledge transfer stages of research as critical activities if research is to fully impact on health care. This may require, for example, more sustained funding arrangements and project funding that emphasises more the utility of the research outputs.

### 4. Balance in research

Following the points made above, it is appropriate for there to be greater emphasis on sustaining an applied research base in order to reap the benefits of recent policy directions. One component of this is for the health needs of communities to be driving

the research questions, and recognition that this is not the same as research being investigator-led.

#### 5. Use of research results

One critical component of this issue concerns the current dislocation between research and the training and education base of healthcare professionals in which research is not seen as part of learning about practice.

#### 6. Forging links between researchers

Achieving the proposed links between different disciplines and between 'basic' and applied research will require more than simply combining health research budgets into one. Meeting the Science and Innovation Investment Framework demands a partnership with an industry base and other partners. There are examples of successful partnership arrangements between sectors and between professions – two from Northumbria University are:

- i) Community Campus – a partnership between the University and not-for-profit sector. In part, this development led to the HEFCE SDF project on Urban Regeneration (involving the Universities of Northumbria, Manchester Met, Salford, Central Lancs and Bradford) and a theme of work to develop health and well-being across north of England.
- ii) Healthcare Integrated Services, Training and Products (InSTeP) – a partnership between health, design and engineering academic staff which is working in collaboration with the Regional Centre for Excellence in Life Sciences (CELS) and with regional SMEs to enhance the regional involvement in healthcare manufacturing.

#### 7. Encouraging translation, entrepreneurship and innovation

The measures described above will all contribute to achieving translation, entrepreneurship and innovation in health research. It is critical that research activity is viewed as part of a whole cycle of innovation and knowledge development and use, and is funded as this.

#### 8. Effective use of funding to support research infrastructure

Funding research within a clearly articulated framework of innovation and enterprise is essential, forging links between basic and applied research and those who, in various ways, are users of that research. Whilst this cycle needs to be more 'joined up', it is imperative that the infrastructure for issues such as ethics and for knowledge synthesis such as NICE is independent from research commissioning processes.

#### 9. Learning from other countries

The single research fund for health of the USA is highly regarded. However, it is of course imperative that the UK develops a system that is distinctive for itself and that combines being user driven with research that is connected to systems of knowledge transfer.

## 10. Merging of budgets

If a single fund is to be accountable to the Department of Health, and thence to the Treasury, there is a need to balance financial accountability with that for health and quality. The MRC mission statement includes public involvement and this is to be encouraged. As above, it will be very important to ensure that the REC system is not also integrated into the same line of accountability as are the budgets to ensure its continued independence.

## 11. Role of the NHS IT system

The mixed economy of health care providers, and the implications of this for health research described above, means that it is no longer appropriate to view healthcare as equating to the NHS. As such it would be inappropriate to be dependent on an NHS IT system.

## 12. Working together

NHS R&D and the MRC have distinctive strengths and these need to be built on, with each able to act as a critical companion to the other. Whether working jointly or singly, the funds need to maximise the innovation ecosystem and impact not only on care provider services but also on other agencies such as the industrial base for health. There is also a need to focus proprieties on areas which can truly lead to health gain and on those who are particularly vulnerable e.g. those with long-term condition. In particular, for these people the whole health, social, employment and economic system must be considered as health solutions alone are unlikely to led to maximum gain.