



1. INTRODUCTION

This response has been prepared on behalf of the North West Universities Association (NWUA), which consists of the following fifteen higher education institutions (HEIs) in the North West of England.

- The University of Bolton
- University of Central Lancashire
- University of Chester
- Cumbria Institute of the Arts
- Edge Hill University
- Lancaster University
- The University of Liverpool
- Liverpool Hope University
- Liverpool John Moores University
- The University of Manchester
- Manchester Metropolitan University
- The Open University in the North West
- University of Salford
- St Martin's College
- The Royal Northern College of Music

These institutions have

- A combined annual income of £1.6bn
- Over 235,000 students; almost 20,000 from overseas
- Over 50,000 graduates per annum; with almost 70% retention rate
- 5,300 doctors and dentists trained each year
- A further 33,000 students on courses allied to medicine
- International or national levels of research excellence in 90% of subject areas

Many members will be submitting individual institutional responses which will reflect their individual contexts; this response presents a collective regional strategic view on the *Review of UK Health Research* led by Sir David Cooksey.

2. GENERAL COMMENTS

It is the view of NWUA that due account of the significant role of HEIs in health and social care research was not sufficiently reflected in the *Best Research for Best Health* documentation. NWUA would suggest that this role should be more adequately reflected in the development, dissemination and implementation of the single budget.

3. SINGLE MODEL

In developing a single model, which will need to incorporate elements of two very different funding programmes, it is essential that the new model takes full account of national, regional and local contexts. A model set within the national strategic context, with the flexibility to address regional and local health and social care priorities and needs will be essential to ensure that the strengths of the current arrangements are retained and developed within the new model.

4. FUNDING PROGRAMMES

HEIs and NHS Trusts in the North West of England have considerable research capacity, in terms of research expertise, critical mass and infrastructure, across the broad spectrum of health and social care research, including in basic laboratory based research, translational research, clinical, applied and policy research. With the move to a single, ring-fenced budget NWUA would strongly support the maintenance of funding to support the full range of research currently supported by existing arrangements. This will be essential if the exceptional offer of the North West is to be fully harnessed to achieve the health, science and economic objectives set out in the consultation.

It is vital that in the development of a new model funding to support the broad range of investigator-led biomedical research currently supported by the MRC, from basic biology through to medical practice, is maintained.

Similarly, continued funding to support the full range of the NHS R&D funding portfolio is equally important. This should include continued support for commissioned research in key national strategic areas including support for the application of emerging technologies, technology assessment, and service delivery, response-mode funding to support the research and translation of innovative ideas into practice, and evidence-based research to inform policy and practice. The centralisation of budgets for NHS R&D has enabled greater transparency and generated a growth in large scale projects, however some flexibility and responsiveness has been lost resulting in fewer investigator-led small exploratory projects, this needs to be taken into account in the establishment of the new single budget.

Within the social sciences there is considerable capacity for professionals, practitioners and users of the services to generate new knowledge and research questions directly from their own experiences. An appreciation of this research potential needs to be built into the way health and social care research is reorganised, recognising that this type of research usually operates within non-scientific and non-medical paradigms, but has an ability to influence both.

5. ASSESSMENT PROCESS

NWUA would strongly support the development and implementation of an assessment process which ensured that the administration and allocation of the single budget would meet the following key principles:

- Research to be located wherever the excellence and capacity may be. Within the context of high academic standards, appropriate skills and methodologies, the process should include appropriate consideration of the cost-effectiveness of proposals, e.g. the value for money offered by undertaking high quality health and social care research in the North West of England
- Recognition that models developed to support medical and scientific research may not always be appropriate for developing the knowledge base of a social scientific nature, e.g. small scale social research projects employing an action-oriented approach can effectively inform the way new knowledge becomes part of practice.
- Transparency of process in the assessment and allocation of all elements of the single budget
- External review of proposals, undertaken out-with the institution where the research will be conducted
- Appropriate and auditable utilisation of research funding to ensure allocations from the single budget are employed solely for the purposes of research

6. NORTH WEST REGIONAL CONTEXT

The North West region has particular strengths in health and social care research with nationally and internationally rated research in the following areas: community-based clinical subjects, hospital-based clinical subjects, clinical dentistry, pre-clinical studies, anatomy, physiology, pharmacology, pharmacy, nursing, professions allied to medicine, public health, psychology and biological sciences. This covers both clinically based and qualitative research, ultimately enhancing the quality of care for people in the North West and nationally.

The population of the North West of England accounts for 13.63% of the population of England; second only to London (14.83%)¹. By comparison allocations of NHS R&D funding to the region is relatively low; e.g. NHS R&D transitional allocations to the North West for 2006-07 represent only 6.26% of the total allocated. There is a clear disparity between the size of the population within the North West Strategic Health Authority boundary and the allocation of NHS R&D funding which is not accounted for by issues of research quality². NWUA would strongly suggest that these disparities are addressed with the incorporation of NHS R&D funding into the new single model.

The North West has a culturally rich and ethnically diverse population which can offer an invaluable contribution to understanding and addressing key health and social issues and outcomes. Similarly, the North West region consists of dense urban towns and cities as well as rural villages and countryside, offering a geographic diversity which is equally important in the consideration of health and social outcomes.

In recent years the North West region has experienced a significant shift from a traditional manufacturing economy to a knowledge and service based economy, consequently the region has developed areas of both affluence and deprivation. This demographically diverse population is essential to furthering the understanding of

¹ Strategic Health Authority Configurations, Department of Health Press Release 2006/0142, 12/4/06.

² HEFCE QR mainstream allocation for 2006/07 to North West HEIs is 11% of the total allocated (Units of Assessment 1 – 14 inclusive).

health inequalities and ensuring that evidence is translated into practice to deliver real health and economic benefits.

NWUA would strongly suggest that in the development, implementation and allocation of the single budget full consideration and value is given to the considerable offer of the North West as a location to conduct high quality, relevant health and social care research within the context of the size and diversity of the region's patient population.