

# Royal Society response to the Cooksey Review of UK health research

## Summary

The Royal Society welcomes the publication of the review of UK health research funding by Sir David Cooksey. The Society is pleased that the review accepted many of the suggestions made in the joint Royal Society and Academy of Medical Sciences response to the consultation in July 2006 (Royal Society and Academy of Medical Sciences 2006), including the new model for the institutional arrangements. If implemented and resourced effectively, the recommendations should ensure that more research is translated into health and economic benefits for the UK. However, we remain concerned that without further new money to implement the proposed arrangements, basic research, which is essential for future innovation and the translational pipeline, will be under-resourced.

## Introduction

It is widely acknowledged that the UK's recent achievements in basic biomedical science have not been accompanied by appropriate developments in clinical research. As a result it has sometimes arisen that patients have been deprived of the best healthcare, and opportunities for wealth generation have been lost. As stressed in our submission to the consultation, no other country enjoys the outstanding opportunity for clinical research represented by the NHS, which together with the world-class status of the Medical Research Council (MRC) offers an unparalleled competitive advantage for the UK. A single fund for health research can realise this potential, but it must be constituted with the appropriate leadership, governance, resources and culture.

## The establishment of an overarching body

The review's key proposal is the recommendation to establish a new 'light touch' Office for Strategic Coordination of Health Research (OSCHR) that will take an overview of the budgetary division and research strategy of both the MRC and the National Institute for Health Research (NIHR) (section 5.59<sup>1</sup>). OSCHR will report to both the Department of Health and the Department of Trade and Industry through the Office of Science and Innovation (OSI).

We welcome the fact that under this umbrella organisation, the MRC will retain its current institutional structures and protect its international reputation for research excellence (5.68). This is in line with the earlier proposal made by the Royal Society and the Academy of Medical Sciences. The Society welcomes the decision to recommend a light touch structure. This structure has the potential to be an appropriate interface with government and to develop a coordinated strategy for biomedical and health related research although, as outlined later, we have concerns around the setting of priority areas. We recommend that OSCHR safeguards the highly effective processes for the distribution of funds that are embedded within the MRC, and provides the potential for similar standards of governance to be achieved within the NIHR.

## Cross-Research Council working

Promoting a culture of multidisciplinary in both the MRC and NIHR will be a crucial role for OSCHR. We are pleased that the MRC will remain part of Research Councils UK (RCUK) and that the review chose to maintain the current Research Council structures and not to disrupt the current positive efforts to encourage cross-disciplinary working between them. The constructive relationships between MRC, the other Research Councils and RCUK will be aided by the on-going involvement of OSI. OSCHR should ensure that the NIHR, though not part of RCUK, works effectively with all relevant Research Councils and centrally with RCUK.

---

<sup>1</sup> Numbered sections refer to Sir David Cooksey's report *A review of UK health research funding*, December 2006.

### **Funding of basic research**

While the review states explicitly that funding levels for basic research should be sustained (4.24), we are concerned that in an inflationary environment this, in effect, could mean that funds for basic and blue skies research decline. We stress that progress towards solutions to many of the outstanding health issues of the day is still restricted by the lack of understanding of basic biomedical science. It is a prerequisite for meaningful application of translational research, including the pharmaceutical industry, that these areas receive sufficient support. We are disappointed that the report does not make recommendations concerning the overall level of investment in UK health research. We believe that without further new money to support a stronger fundamental science base, which fuels the pipeline for translational exploitation, basic research will decline.

Innovative basic science which has no obvious translational element at the outset must continue to be encouraged, not only to provide new ideas, but also to ensure that basic research attracts the very best science graduates into research careers.

### **Translational research**

We hope that the proposed joint MRC/NIHR Translation Medicine Funding Board (7.6) will encourage new opportunities and encourage innovation. The Board will need to have the ability to identify opportunities for and obstacles to translation, and confront challenges arising from being accountable to two organisations. As we highlighted in our joint response (Royal Society and Academy of Medical Sciences 2006) there are a number of wider challenges to translational research which will need to be addressed. These include the organisation of clinical research within the hospital setting, the regulatory environment and the low priority given to research in NHS Trusts. In many cases, there is no clear dividing line between translational and basic research, and OSCHR should ensure that no areas of research fall between the division of the remits of NIHR and MRC. It will be important for OSCHR to facilitate the close working of MRC and NIHR and both organisations should concentrate on the quality of work proposed, and the likelihood that it will deliver, as the most important criterion for judgement. It will also be important for MRC and NIHR to develop complementary expertise to ensure proposals are assessed to the same standards.

A key role of the Board will be to interface effectively with the pharmaceutical industry to develop proposals for joint public and private investment. Many translational research programmes, even when taken up by industry, often need continuing expert basic science development. This is a continuous process which the new funding board will be well placed to oversee.

### **Priority research areas**

Sir David's review recommends that OSCHR will be responsible for setting the government's health research strategy and will brand research projects, whether in the public or private sector, that it believes could address an unmet health need as 'UK Priority Health Research Projects'. The Society recommends that OSCHR study the various possible means of implementing priority research areas taking into consideration their advantages and hazards, and move forward with due care to ensure projects are achievable. OSCHR should also consider processes to review the timescale given to priority research areas and their progress so that projects not yielding useful results are terminated and money redirected towards more soluble problems.

The balance of funding between priorities identified by 'top-down' and 'bottom-up' processes will vary over time, and should be influenced not only by the needs of patients but by whether a problem is soluble at a given time with the given state of knowledge and technology. We would caution against too great a reliance on a top-down approach by OSCHR to setting research priorities. Too much emphasis on priorities-led research brings the danger of sequestering money away from more readily soluble research problems and from innovative research.

### **Peer review**

The review states that the system of peer review can in some instances inhibit programmes in translational and applied health research (4.12). The strengths and limitations of peer review are well documented, however we consider that peer review still provides the most objective system for valuation of research proposals and the Society has cautioned against moving away from or diluting down such a system (Royal Society 2006). The creation of the Translation Medicine Funding Board should enable the establishment of mechanisms to ensure that translational research proposals are reviewed by peers who are themselves capable of addressing the applied nature of the intended research programmes, in a process of genuine peer review.

### **International**

The Society welcomes the review's support for the Government's Chief Scientific Adviser's recommendation to set up a forum to facilitate collaboration on research in the UK that will benefit developing countries, bringing together the Department for International Development, Department of Health, Research Councils, and other funders of research, including charities and international funders. To achieve maximum benefit, the forum should also include capacity building and collaboration with indigenous scientists.

### **References**

Royal Society and Academy of Medical Sciences (2006). *Response to the Review of UK Health Research*. Available online at [www.royalsoc.ac.uk/displaypagedoc.asp?id=21334](http://www.royalsoc.ac.uk/displaypagedoc.asp?id=21334)

Royal Society (2006). *Response to the Next steps consultation on maximising the impact of science on innovation*.

Available online at <http://www.royalsoc.ac.uk/document.asp?tip=0&id=5510>

### **Any inquiries about this document should be sent to:**

Dr Simon Edwards  
Science Policy Section  
The Royal Society  
6-9 Carlton House Terrace  
London  
SW1Y 5AG  
E-mail: [simon.edwards@royalsoc.ac.uk](mailto:simon.edwards@royalsoc.ac.uk)  
Tel: 020 7451 2530  
Fax: 020 7451 2592