

DINNER/DISCUSSION SUMMARY

The Cooksey Review – A review of UK health research funding

Held at The Royal Society on 17th January 2007

We are grateful to The Wellcome Trust, The Hospital Saturday Fund and GlaxoSmithKline for supporting this meeting

Chair: **The Earl of Selborne KBE FRS**
Chairman, The Foundation for Science and Technology

Speakers: **Sir David Cooksey**
Chair of Cooksey Review
Professor Colin Blakemore FRS FMedSci
Chief Executive, Medical Research Council
Professor Sally C Davies FMedSci
Director of Research and Development, Department of Health

SIR DAVID COOKSEY outlined some of the problems his report had sought to address - diminishing productivity, mismatching of funding and value for money, stifling regulatory requirements and gaps between research and clinical application. He stressed the strong advantages the UK had for clinical research - a universally admired science base and the NHS, whose data base and facilities were unmatched in enabling research to be carried through to therapy - but we must not be complacent in the face of international competition. R and D resources had been diverted to other NHS objectives, industry found other countries more welcoming, and the NHS itself did not prioritize research and innovation. Some incentives were perverse - the RAE did not give sufficient weight to applied research; funding favoured clinical rather than research careers; interdisciplinary work was underrated. His recommendation was that a single body - the Office for Strategic Coordination of Health Research (OSCHR) - was needed to change the culture within the NHS; to bid for a single budget for health research; to develop a new path for drug development; and to identify, and work towards filling, gaps between research and clinical application. The aim was to maintain a sustainable science base, to ensure better health care delivery, and to encourage the pharmaceutical industry to view the UK as a prime location. He was delighted that the Government had accepted the Report's conclusions.

PROFESSOR BLAKEMORE welcomed the Report. The Medical Research Council (MRC) has an outstanding record of promoting basic science (27 Nobel prizes) and clinical research. He outlined some of the areas in experimental medicine, population sciences and other research but acknowledged that, compared

with other countries there had been little increase in funding. OSCHR would help to align the strategies of the MRC and the National Institute of Health Research (NIHR) within overall funding. Maintaining the funding for basic science was crucial but he welcomed the proposal for a joint MRC/NIHR Translational Medicine Funding Board to maximize the health and economic benefits of innovation. MRC's role would be to sustain the research capability in both clinical and non-clinical science; support health research both in the UK and abroad; to strengthen experimental medicine through engaging all scientific disciplines and partnership arrangements; and to ensure there was close working with the NIHR and unnecessary barriers removed. He saw the new approach leading to improving the quality and impact of all research and better strategic setting of targets. Opportunities to be seized lay in proactive research partnerships, multidisciplinary research, and work in the fields of public health and preventative medicine.

PROFESSOR DAVIES outlined the new structure as proposed by the Report, and the flows of funding from OSCHR to the MRC and NIHR. While preserving the Parliamentary accountability of the two Secretaries of State (Health and DTI), there would be great benefits in being able to look strategically at the whole field of basic and applied research, and prioritise vital areas for work. Applied health research by industry, charities and the state should now be at the centre of the agenda. The new Translational Medicine Funding Board was essential to speed up the movement from basic to applied research and from thence into NHS practice. NIHR budget was £776m with £100m going on biomedical research. 70% of this funding was spent on people - investigators, research

associates and trainees - and it was crucial that they were properly motivated, their work recognized, and their numbers not only sustained but increased. Above all, it was necessary to work with industry to ensure that research was aligned, that industry saw its research could be applied, and the use of new pharmaceutical therapies made easier within controlled areas. Further work also needed to be done to ensure that funding was spread over the country so as to meet local or regional opportunities - 60% was spent at present in London, which might be too large a proportion.

Two main themes emerged in the following discussion - doubts about whether the ring fencing of funds for research would be effective, and concern about whether the emphasis on applied research would mean that there would be a cutback on basic science. Although the Treasury had underwritten the promise to ring-fence funding, and both Secretaries of State had endorsed it, ring fences could easily be broken if political priorities changed or some crisis in the NHS intervened. It was noted that while the Government of the day had accepted a House of Lords recommendation that 1.5% of NHS funds should go on R&D, only 0.9% had been spent in the past, and the present figure was 0.75%. Even if the ring-fence were maintained, there was still only a limited sum available, and it was difficult to see how political priorities would ensure that basic research got the proper share of the total. Was there a danger that the MRC might lose out? In short, if the Report's recommendations were carried through, there was need for more funding to achieve its objectives, and preserve basic science. How could one be sure that such additional funding would materialize? Of course, there could not be an assurance over the long term, but there would be strong bids in the Comprehensive Spending Review, and Ministers had publicly committed themselves to supporting the science base, which they recognized as being essential for economic success. More worrying, perhaps, was the problem of securing sufficiently qualified researchers to carry through an expanded - or even a static - programme. It was important that researchers saw an academic career in medicine as a desirable career, and present arrangements needed to be improved. It was hoped that 200 entrants would annually be entering the field, but it was doubtful if their training was appropriate for current needs. The Health Care Commission should recognize research and innovation as important aims for NHS Trusts; at present they did not.

While the arguments in favour of a single funding stream were strong, there were considerable advantages in having a plurality of funding sources, as competition meant that greater effort would have to be put into deciding between various options. There were also concerns about the elaborate seeming structure that Professor Davies had shown; how could it work with what appeared to be overlapping jurisdictions, numbers of committees and sub-committees, and no single accounting officer to an-

swer for proper allocation and spending controls? It was suggested that, in practice, it was less complex than it appeared. OSCHR would be a very small body, operating with a light touch, and existing cooperative arrangements between MRC and NIHR worked well. But there were concerns also about how, in practice, individual NHS trusts - particularly Foundation Trusts - might view the arrangements. Their own governance powers might lead them to wish to allocate funds differently. Although the policy was to keep NHS R&D funds within the control of the Department, the evolution of the NHS under Commissions as suggested by both Gordon Brown and David Cameron, might make this difficult.

Speakers suggested that preventative medicine and policies should be given greater prominence. If effective action could be taken on lifestyles and proper use of drugs, there could be dramatic benefits to health. But the political problems in enforcing lifestyle changes were formidable; look how long it has taken to produce a reduction in smoking. These were areas where more precise indications of priorities were needed. Progress in changing people's behaviour would only come through multidisciplinary research, involving, in particular, social scientists.

Regulation was identified as a vital issue if the pharmaceutical industry was to work effectively with the NHS in improving the take up of innovation. The problems over confidentiality of effects of research must be solved, otherwise the use of the NHS database would be impeded, and industry would look elsewhere to test its work. Matters should improve as the NHS IT projects role out, but the medical profession must take a firm line on what aspects of confidentiality need to be preserved, and what can be dispensed with in order to use innovative therapies on pilot or other bases; public opinion needs to be consulted and individual wishes respected. Industry - particularly small and start up companies - finds dealing with the NHS difficult; and much more effort needed to be put into finding out what industry needs, and what it perceives as barriers.

Sir Geoffrey Chipperfield KCB

The presentations are on the Foundation website at www.foundation.org.uk.

Useful web links:

The Association of the British Pharmaceutical Industry:
www.abpi.org.uk

The Cooksey Review:
www.hm-treasury.gov.uk/independent_reviews/cooksey_review/cookseyreview_index.cfm

The Department of Health:
www.dh.gov.uk

GlaxoSmithKline:
www.gsk.com

The Hospital Saturday Fund:
www.hsf.eu.com

Medical Research Council:
www.mrc.ac.uk

The Wellcome Trust:
www.wellcome.ac.uk