NHS Support for Science

Response to Consultation Paper

The Academy welcomes this consultation document and the principles underlying NHS Support for Science in general. It is essential that the NHS continues, and indeed, expands its role as one of the components (together with the Research and Higher Education Funding Councils) of the Triple Support System for Biomedical Research in the UK. This consultation paper represents a welcome clarification of the NHS commitment in this area.

An important emphasis within the consultation document [Ref 1], and the document, 'R&D Funding in the New NHS' [Ref 2] is the explicit move to treating universities not as external R&D funding partners, but as partners of the NHS in delivering relevant high quality R&D [Ref 2: 3.23]. This theme is developed in the Support for Science Document [Ref 1: 2.81-4]. This approach is welcome, as the NHS and the Universities represent two major parts of the Triple Support System.

The mechanisms for making these partnerships effective will need to be taken forward without delay. A number of related issues were outlined in the joint HEFCE/DH report. [Ref 3] and the Nuffield Trust Report on University/Clinical Partnership also argues for closer integration between Universities and their NHS partners.

Frequency of Applications

Views are sought on the frequency of applications for NHS Support for Science funding. We note [Ref 1: para 5.4] that the agreement is likely to take the form of a variable rolling agreement up to 5 years in duration. We support this proposal, as it gives Trusts and their University partners a reasonable level of stability and predictability. However it is important that the funding mechanism reflects changing circumstances and it may be that formal applications should be made at 3 or 4 year intervals. It could be that Trusts would be allowed to make applications at shorter intervals if there is a substantial change in their research circumstances. In general, however, major players would be expected to take a reasonably long-term view - planning for, and absorbing, additional costs within their funding envelope.

Research Governance

Research Governance is increasingly an issue for all research funders, and in particular for the three partners of the Triple Support System. It would be appropriate for uniform mechanisms to be developed for research governance which avoided repetition and excessive monitoring by different bodies. It may be that the lead role for research governance should lie with one or other of the partners, probably the Universities. The NHS would be required to ensure that their partners had appropriate mechanisms for research governance in place, but would not be expected to monitor at a detailed level.

There will, however, need to be major progress on developing guidelines for research governance, with representation from all of the research funders,

particularly, in this context, the NHS and the Universities. This work too must be taken forward without delay.

Outline Agreement

The outline agreement appears satisfactory. We welcome the commitment to minimum levels of bureaucracy and to keeping arrangements for monitoring and reporting to a minimum. However the devil is always in the detail. Bureaucracy, monitoring arrangements and financial reporting tend to increase progressively, both with the layers of management through which they pass, and with time. It is essential that the additional administrative and managerial requirements put on research should not inhibit the research process itself, nor burden busy academics unduly with extra activities. There is however, a clear need for an auditable and transparent process, but wherever possible layers and levels of bureaucracy should be minimised. Every aspect of the funding agreement and monitoring arrangements should be subjected continuously to the question 'Is this necessary?'

Harmonising monitoring and performance with other systems within the NHS

This is an issue primarily for the NHS. It is likely that the principals of research governance will be similar to those of clinical governance, and should reflect this. If, however, research governance is taken forward by the Universities, then there will need to be close liaison between the arrangers for these two types of governance. This again argues for a very close, indeed seamless, partnership between Universities and the NHS.

Activity and Cost Modelling

It is going to be difficult to map costs attributable to research projects across an NHS Trust, particularly when the volume of research is substantial. The activity and cost modelling will need to find a compromise between excessive detail, requiring accounting for every syringe or blood test, on the one hand, and accountability and appropriateness of funding to match the clinical costs of the research endeavour on the other. Initially it is likely to be preferable to err on the side of a broad-brush approach, rather than seek excessive details.

Conclusions

The Academy of Medical Science welcomes the commitment of the Government to the Triple Support System for biomedical Science, and to its overt support for science. There are many details to be worked through, but the medical academic community welcomes the opportunity to contribute to these. Biomedical research brings both health and wealth to the Nation. It is essential that it should be adequately funded, and we urge the Government, very strongly, to continue and increase its support.

References

1. NHS R&D Funding. A Consultation Paper. NHS Support for Science. DH April

2000.

2. Research and Development for a First Class Service: R& D Funding in the New NHS. DH: Mar 2000
3. HEFCE/DH: Developing a Joint University/NHS Planning Culture: HEFCE/99/62.
4. Nuffield Trust: The University Clinical Partnership - Harnessing Clinical and Academic Resources NT:2000:2.

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