Introduction

1. The Department funds R&D through two main routes:

   - The National Institute for Health Research (NIHR) is a virtual institute specifically designed to deliver the Government’s research strategy *Best Research for Best Health*\(^1\). The budget for NIHR is £931 million in 2009-10.
   - The DH Policy Research Programme (PRP) provides the evidence base for policy development and evaluation of policy implementation in health and adult social care. The PRP budget is £35 million in 2009-10.

2. The vision of *Best Research for Best Health* is to create a health research system in which the NHS supports outstanding individuals working in world-class facilities conducting leading-edge research focused on the needs of patients and the public.

3. The goals of *Best Research for Best Health* have been translated into NIHR work strands, which have started to deliver results. The goals are to:

   - Establish the NHS as an internationally recognised centre of research and excellence (NIHR infrastructure)
   - Attract, develop and retain the best research professionals to conduct people-based research (NIHR Faculty)
   - Commission research focussed on improving health and social care (NIHR Research)
   - Strengthen and streamline systems for research management and governance (NIHR Systems)
   - Act as sound custodians for public money for public good.

4. A report on progress made by the NIHR in implementing these goals during 2008-09 was published in July 2009\(^2\). Around 60% of the NIHR budget provides the infrastructure and systems in the NHS to support research, 30% is spent on directly commissioned research programmes, including projects and programmes within the NHS, and around 10% is spent on the NIHR Faculty.

---

\(^1\) *Best Research for Best Health: a new national health research strategy.* Department of Health. January 2006

Ring-fenced DH R&D budget and the 2007 CSR

5. In the 2007 Comprehensive Spending Review, the Chancellor of the Exchequer announced the largest ever increase in Government funding for health research and ring-fenced over £2.9 billion over the three-year CSR period for the DH R&D budget (NIHR and PRP).

6. The total funding increase of over £290 million is enabling the NIHR and Medical Research Council (MRC), under the auspices of the Office for Strategic Coordination of Health Research (OSCHR), to deliver the vision for health research set out in the Cooksey Report. This is for more effective translation of health research into health and economic benefits in the UK.

Direction and governance of NIHR

7. The NIHR is directed by Professor Dame Sally Davies, Director General of Research and Development and Chief Scientific Adviser at the Department of Health. The NIHR Advisory Board, which includes Chief Executives of NHS Trusts and Strategic Health Authorities as well as leaders of academic organisations, provides advice and support on the strategic development of NIHR and the strategy and ensures an NHS voice into strategic planning. The Board advises on issues including priorities for allocation of funds between infrastructure, capacity development and programmes or between health groupings.

8. All committees include patient representatives and all grants awarded have passed scientific peer review.

NIHR Programmes

9. The NIHR has a comprehensive range of research programmes aimed at improving health and social care. The programmes use a range of funding modes including direct commissioning in prioritised topic areas, themed calls, and response-mode funding. Details of the priority-setting and governance arrangements for each programme are available on the NIHR website.

10. The largest and longest running of our national research programmes, the Health Technology Assessment (HTA) programme, produces research evidence on the effectiveness of different healthcare treatments and tests for those who use, manage and provide care in the NHS. The annual budget will rise to around £88 million by 2011-12.

11. The HTA programme:

   • supports response-mode clinical trials to investigate issues that are directly relevant to clinical practice in the NHS;

---

3 Sir David Cooksey. A review of UK health research funding. TSO. December 2006
4 http://www.nihr.ac.uk
• commissions primary research and assesses the effectiveness of new technology through Technology Assessment Reviews for the National Institute for Health and Clinical Excellence (NICE);
• works with the research networks of the UK Clinical Research Network to identify and fund clinical trials of importance to a network's topic area.

12. The processes used by the programme to determine research priorities are described in the information leaflet *Identifying and prioritising HTA research* (provided as an annex to this submission).

13. Other NIHR programmes include:

• *Service Delivery and Organisation* - commissions research to underpin improvements in the quality of patient care and the efficiency of NHS health services;
• *Public Health Research* - evaluates the benefits, costs and acceptability of public health interventions delivered outside the NHS;
• *Health Services Research* - complementing the remits of other NIHR programmes, the ultimate aim of this programme is to lead to an increase in service quality and patient safety;
• *Programme Grants for Applied Research* - each grant funds a series of interlinked projects on conditions that cause significant impact on the NHS;
• *Research for Patient Benefit* - grants awarded in response mode to promote health, prevent disease, overcome illness and improve patients' everyday experience of the NHS;
• *Invention for Innovation* - brings together the work of several smaller programmes to help accelerate the development of new healthcare technologies and devices.

**Partnership programmes**

14. Under the auspices of OSCHR, the NIHR and MRC are working together to establish new initiatives to support efficient translation of health research into health and economic benefits:

• the Efficacy and Mechanism Evaluation Programme was launched in April 2008;
• in September 2008, eighteen NIHR Clinical Trials Units received three-year awards totalling £3.75 million per year;
• the jointly-funded Methodology Research Programme awards grants for methods research to underpin the whole spectrum of health research from basic to applied;
• the Patient Research Cohorts initiative has been launched to create small, extensively defined groups of patients to help detect, treat or prevent disease - in areas of high unmet need or where there are bottle-necks in turning research into therapies.
NIHR Infrastructure

15. The NIHR research networks have been set up to promote patient and public involvement in health research. The networks have significantly increased the number of participants taking part in clinical trials and improved their speed, quality and coordination. The networks recruit patients to participate in NIHR portfolio trials and other well-designed studies funded by industry and by NIHR partners including research charities and the Research Councils.

16. Twelve Biomedical Research Centres have been created within our leading NHS and University partnerships to drive progress on innovation and translational research in biomedicine. The five Comprehensive Biomedical Research Centres (covering a range of clinical and research areas) and seven Specialist Biomedical Research Centres were selected through open competition by an independent international expert panel. Each Centre is awarded funding on a five year cycle; the first cycle began in April 2007. The total funding allocated is £450 million over five years, the amount awarded to each centre being determined by the scale and nature of the research activity that it conducts and the anticipated impact of that activity.

17. The NIHR has also established 16 Biomedical Research Units to undertake translational clinical research in priority areas of high disease burden and clinical need that are currently under-represented in the existing NIHR Biomedical Research Centres. Two Research Centres for Patient Safety and Service Quality have been funded to conduct and support the research to improve patient care and the quality of NHS services.

18. We have funded nine CLAHRCs (Collaborations for Leadership in Applied Health Research and Care) to bring together universities and their surrounding NHS organisations (including primary care) to test new treatments and new ways of working predominantly in chronic disease management. The CLAHRCs also play a key role in increasing understanding about how best to improve translation, adoption and diffusion. The local health economy matches the funding to ‘pull’ research into practice.

NIHR Faculty

19. The NIHR Faculty brings together researchers funded by NIHR. The first cohort of one hundred Senior Investigators was appointed in April 2008 and the second cohort in March 2009. These 163 individuals are the leading researchers contributing to health and social care. NIHR also funds traineeships to support the academic training paths of all health professionals and to support training of other professions needed for health research including statisticians and health economists.

NIHR Systems

20. The Department continues to promote a regulatory and governance environment that both facilitates high-quality research and protects the
rights, dignity and safety of those who agree to take part. A ‘research passport’ has been introduced to speed up the process of getting research underway. A national regulatory and governance advice service has been set up in collaboration with other research funders. We are working with NHS Connecting for Health to create better systems for the secure use of patients’ health records in health research.

Office for Strategic Coordination of Health Research

21. OSCHR was jointly set up as a Government office in January 2007 by DH and the then Department for Innovation, Universities and Skills (DIUS). Its mission is to facilitate more efficient translation of health research into health and economic benefits in the UK through better coordination of health research and more coherent funding arrangements to support translation. In doing so, OSCHR supports NIHR, MRC and the other OSCHR Partners. OSCHR has responsibility for:

- Translational Medicine Research
- Public Health Research
- E-Health Records Research
- Methodology Research
- Human Capital

22. Three Boards – a Translational Medicine Board, an E-Health Records Research Board and a Public Health Research Board– have been established to provide strategic oversight in these areas. These Boards do not have a direct funding role, but advise on research priorities and opportunities.

23. In November 2008, the Prime Minister asked DH and DIUS for a new overarching set of national objectives to encourage the translation of major research breakthroughs into new NHS treatments and services within a decade. These 'National Ambitions' are being developed independently of government through NIHR and MRC under the auspices of OSCHR.

UK Clinical Research Collaboration

24. The UK Clinical Research Collaboration (UKCRC) brings together the NHS, research funders, industry, regulatory bodies, Royal Colleges, patient groups and academia in a UK-wide environment that facilitates and promotes high quality clinical research for the benefit of patients. The UKCRC Board is chaired by Professor Dame Sally Davies.

Working with industry

25. Industry - devices, diagnostics, biotech and pharma (and associated Contract Research Organisations) - is involved at a strategic and operational level in initiatives to enhance the UK's clinical research environment. For example, it is represented on the Boards of OSCHR and the UKCRC. Industry-specific issues are considered in the UKCRC

26. DH has a dedicated industry liaison team which works with industry, trade associations, other Government departments and organisations active in supporting industry research in the NHS, e.g. the National Innovation Centre, Health Technology Knowledge Transfer Network, NHS Innovation Hubs, and Medilinks to ensure that industry needs concerning clinical research are considered in the development of new infrastructure, processes and practices.

Joint work with other Government departments

27. DH collaborates successfully with other Government departments on a wide range of cross-cutting research supporting Public Service Agreements. Professor Dame Sally Davies has led work with other Chief Scientific Advisers and the Research Councils to develop and implement the first cross-government research and surveillance plan focused on obesity, overweight and their determinants in England[^5].

28. Other examples of joint working include:

- Safeguarding Children Research Initiative - jointly funded by DH and the Department for Children, Schools and Families to strengthen the evidence base in the area of child protection, and support the Government’s programme of reform to improve early recognition and effective intervention to safeguard and promote the welfare of children;
- English Longitudinal Survey of Ageing (ELSA) - this examines the individual and combined impact of a range of factors, physical, social, economic and environmental, on the ageing process, using both subjective and objective indicators of health and well-being. DH and DWP are the two largest single UK funders of the ELSA, and other Government funders include ONS, HMRC, CLG, Defra and DfT. The US Institute of Ageing provides matched funding.

Policy Research Programme

29. The Policy Research Programme (PRP) commissions research across the full policy remit of DH including public health, NHS policy and adult social care. Priorities for the PRP are primarily determined by DH’s strategic objectives and Public Service Agreements. The PRP also engages in consultation with colleagues across government and other key stakeholders.

30. The primary objective of the PRP is to assist colleagues in DH who are formulating, developing or evaluating policy by:

• providing evidence to inform policy development and implementation in timely and accessible ways, including assessment of its potential impact and cost-effectiveness;
• evaluating existing policies or experimental pilots before policies are fully implemented;
• commissioning research evidence for policy making over the longer-term.

31. To do this, the PRP commissions a wide range of different types of primary and secondary research. In addition to individual projects, the PRP funds multi-study research initiatives and long-term programmes of research in university-based units. The criteria for determining priorities are:

- Ministerial priority and relevance to the aims and objectives of DH;
- size and importance of the problem to be addressed;
- existence of well-defined plans for introducing research results into policy activity;
- timeliness and feasibility of the research;
- likely return on the investment in research;
- availability of other research budgets.

32. The DH Science Review (published by the Government Office for Science in October 2008) highlighted as good practice: ‘The approach by the Policy Research Programme to the commissioning and use of research evidence for better policy-making. In particular, the effectiveness of the Research Liaison Officer role in ensuring the science meets the policy needs.’

Contact

Jonathan Bickley
R&D Directorate
Department of Health

Separate annex

Identifying and prioritising HTA research