NHS research programme to be transformed

Will the government's plans to boost NHS research go far enough to address the crisis in academic medicine? **Andrew Cole** reports

The health department for England claims that its plans to transform the way clinical research is funded and structured will help make England "the best place in the world for health research, development, and innovation."

The proposals, which are out for consultation until 12 October, promise a radical overhaul of existing arrangements, with a view to improving the information available so that patients and professionals can make better informed choices about health care and treatment. Although the precise details have not yet been set out formally, the proposals envisage a virtual Institute for Health Research directing and overseeing all NHS research; a streamlined funding system designed to reward research that is directly relevant to patient care; and 10 "academic medical centres" with £100m (\$179m; €145m) a year to spend on innovative projects. Where these will be is not yet clear; neither are the clinical areas they will specialise in.

But if the ultimate aim is world leadership, the department faces a pretty daunting battle. The fact that applied research in the NHS is currently in something of a crisis is all too familiar (*BMJ* 2002;324:446, *BMJ* 2003;327:1041-3, *BMJ* 2005;330:8). The question is whether the latest proposals will go far enough to tackle the problem.

In the past four years, the number of medical academics has fallen from 4000 to 3500, and clinical lecturers are in even shorter supply, having declined by 30% in the same period.

There has also been a failure to translate "pure" research into practice, as the Academy of Medical Sciences warned in its report on clinical research in October 2003 (*Strengthening Clinical Research*, www.acmedsci.ac.uk/f_pubs.htm): "There is now a substantial gulf between the basic discoveries and converting such discoveries into innovations that directly benefit

patients or prevent disease."

Iain Chalmers, former director of the first Cochrane Centre and currently editor of the James Lind Library, says that one of the biggest problems is the low status of clinical research. "The fact is that the smaller the thing you study in biomedical research the higher your status. So prions

have a higher status and people who study whole societies have a very low status."

Another problem, says Patrick Vallance, professor of medicine at University College London, is short termism among managers and policy makers, fostered by the target culture. "There has been a drift away from the research agenda in recent years," he suggests. "After all, why would you put money into something that may only show its benefits in 10 years' time?"

He acknowledges that if the health service stopped research tomorrow it would make little noticeable difference for the next three to four years. "But it would matter enormously thereafter."

In the past two years, the government has attempted to tackle some of these issues, pledging to make an extra £100m a year over and above inflation available for research and develop-

ment in the NHS and starting to improve the career structure for clinical academics (*BMJ* 2004;328:728).

The new consultation paper marks the most radical departure yet. The health department is responsible for allocating about £650m a year to medical research, making it one of the bigger players in the field (although it is still dwarfed by the £5000m from industry). But the way its funds are distributed has often been based on custom and precedent rather than on the excellence of the research.

The consultation paper proposes to sweep away the old "support for science" model, responsible for the allocation of £400m to about 275 trusts in

to research," explained a departmental spokesperson. "We have got the equipment, the staff, and the patients. In terms of research we want to make sure that's utilised in a coordinated way."

A virtual National Institute for Health Research will bring together for the first time all elements of research supported by the NHS and Department of Health in one coherent system and give a strategic lead for all future health research.

Combined with this institute will be the new academic centres that will become the country's "premiership research hospitals." Five of these centres will focus on specialist clinical areas, and the other five will be more generalist. They will be chosen through open competition by an international panel of researchers and users; contracts will last for seven years.

The proposals have so far received a broad welcome from research bodies. Professor Colin Blakemore, chief executive of the Medical Research Council, called them "exciting and challenging" and said that the council looked forward to working closely with the department on further development.

Sir Iain Chalmers sees them as the most important reforms since the NHS research and development programme was launched 15 years ago. In particular he welcomes the new emphasis on relevance to patients' care and the commitment to make consultation with ordinary clinicians and patients one of the key criteria for future funding.

But he warns that it will challenge some very entrenched vested interests. "The research agenda is dominated by the interests of industry, friends of industry in the academic world, and other academics. Basically they are the people who call the shots." □

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The consultation document, *Best Research for Best Health: A New National Health Research Strategy—the NHS Contribution to Health Research in England: A Consultation*, is available at www.dh.gov.uk/Consultations/LiveConsultations/fs/en.

The *BMJ*, the *Lancet* and 40 other organisations launched the International Campaign to Revitalise Academic Medicine, prompted by a belief that academic medicine is in crisis around the world (*BMJ* 2004;328:597).