



How the next Government  
can deliver good health  
for all supported by the  
best research

Research is a key driver of a healthier population, improved public services and economic growth. The UK is one of the best places in the world for health research.

However, with increasing NHS pressures, international competition, emerging health threats and unsustainable funding models, the next Government cannot take this for granted.

Here we set out actions across five areas that the next Government must prioritise to promote good health for all, supported by the best research, for patients, the public, researchers, and UK prosperity.

## How should the next Government prioritise health research?

- 1 Embed health evidence in all policies to prioritise prevention, tackle health inequalities and incorporate health benefits into net-zero ambitions.
- 2 Future-proof UK health research.
- 3 Support UK life sciences sector competitiveness.
- 4 Unlock the power of research in the NHS.
- 5 Open doors for international collaboration and talent.

## Why should the next Government prioritise health research?

- UK health research saves and improves lives, both long-term and in crises – from mental health and cancer to pandemics and climate change.
- A healthy nation is fundamental to UK growth, prosperity, productivity, and resilience.
- Health research drives economic gains and attracts international investment.
- The public strongly support spending on health research.
- Participating in health research can help retain NHS staff and reduce burnout.

- 1 Embed health evidence in all policies to prioritise prevention, tackle health inequalities and incorporate health benefits into net-zero ambitions



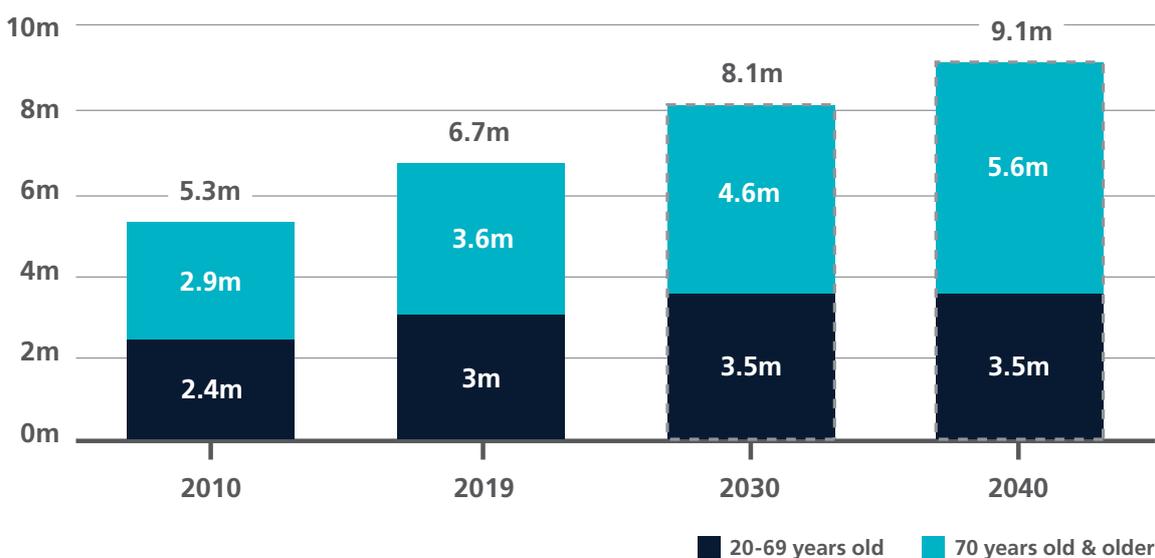
### The next Government should:

- Apply a **'health evidence for all policies'** approach across Government.
  - Embedding health in policy-making will unleash the power of economic, net zero and other policy areas to improve people's health.
  - It will also underpin our ability to tackle complex health inequalities and help to improve the health of underserved groups, including children and marginalised communities.
  - By integrating health in all actions to address climate change and demonstrating the potential health gains of the net-zero transition, Government can maximise the benefits of climate action.
- **Use and commission evidence from health research** to support effective decision making across all policy areas.
- **Invest in research that underpins an effective, well-linked, evidence-based public health system** that benefits the health of people and the economy.
- **Embed patient and public views into the development of health-related policies.**
- Build on the progress made during the COVID-19 pandemic to **harness data, novel methods and technologies for research to improve the health of the public**, linking data on the wider determinants of health and health outcomes at the local, regional and national level.

## Reason for action:

- **On almost every health indicator, including life expectancy, obesity and mortality from major illness, the UK is lagging behind its peers.<sup>1</sup>**
- **Poor health and health inequalities are caused by complex factors beyond health and social care provision.** Most policy areas, e.g., housing, education and climate, impact on health. As such, a **'whole system' approach** is required.
- **To protect the NHS and improve resilience, the UK must prepare for and prevent the impacts of emerging health threats and an ageing population.** In England alone, nearly 1 in 5 adults are projected to be living with major illness, such as dementia and cancer, by 2040. This is an increase of a third, with more working age people impacted.<sup>2</sup> Multimorbidity is also rising; currently, 1 in 4 in the UK live with at least 2 health conditions.<sup>3</sup>
- **Health inequalities impede economic productivity and quality of life.**
  - Children born into the poorest fifth of families in the UK are 12 times more likely to experience a series of poor health and educational outcomes by the age of 17, compared to more affluent peers.<sup>4</sup>
  - Prior to Covid-19, health inequalities cost the NHS an estimated £4.8 billion a year, society around £31 billion in lost productivity, and between £20 and £32 billion a year in lost tax revenue and benefit payments.
  - Today, 2.5 million people are economically inactive due to long-term sickness, an increase of over 400,000 since Covid-19.<sup>5,6</sup>
- **There are substantial opportunities for climate action to benefit human health, via evidenced, coordinated, and equitable strategies across multiple sectors. The value of the health benefits of climate change mitigation has the potential to offset most of the initial mitigation costs.<sup>7</sup>**

The estimated number of people living with major illness in England, past and projected



Source: Health Foundation (2023), 'Health in 2040: projected patterns of illness in England'

## 2 Future-proof UK health research



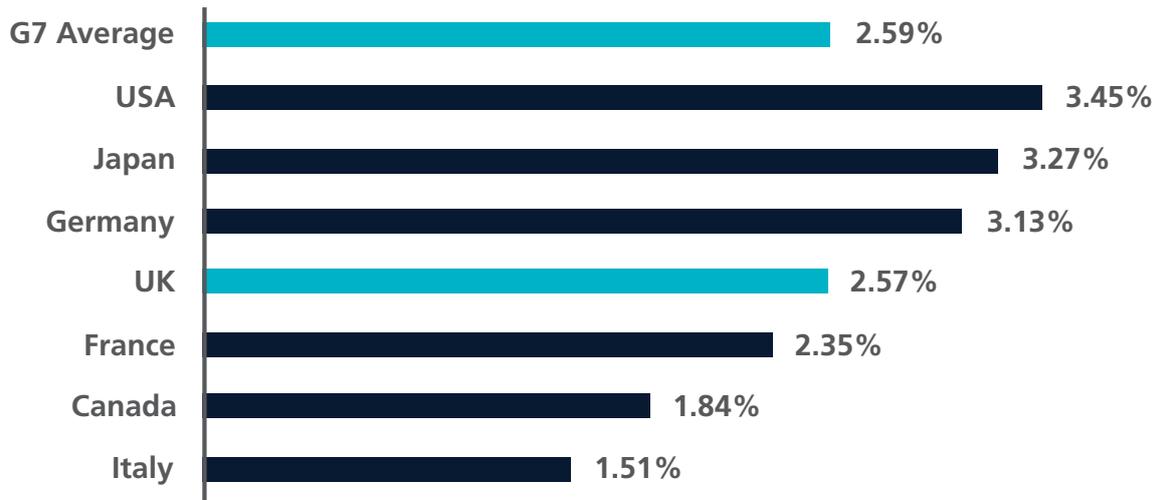
### The next Government should:

- **Set a target to lead the G7 on R&D investment**, and be among the top science nations globally, with a Cabinet-level approach to R&D.
- **Place people at the heart of the research system, including through investing in:**
  - Addressing researcher career precarity and improving career development opportunities.
  - Improving the inclusivity of UK health research careers.
  - Properly valuing patient and public involvement in health research.
- **Increase investment in the underpinnings of health research** including through:
  - **Reversing the real terms decline in quality-related (QR) funding** to ensure the UK university sector can sustainably drive advances in research.
  - **Partnering with charities to improve the financial sustainability of research.**
- **Prioritise environmental sustainability within the health research ecosystem** as part of net-zero goals.

### Reason for action:

- **UK R&D investment is not internationally competitive.** The UK spends less on R&D than many G7 and other competitor countries, including China, Germany, Israel, Japan, and the United States. This means the UK risks losing a historic competitive advantage and decreasing attractiveness for investment and talent.<sup>8</sup>
- **Public R&D investment leverages private investment.** £1 of public investment in medical research delivers a return equivalent to around 25p each year, forever.<sup>9</sup>
- **The current funding model for UK health research is unsustainable.** It fails to cover the full cost of health research and relies on cross-subsidy, mainly from international student fees. Research in universities continues to show a substantial deficit, with the deficit increasing to £4,482 million for 2021-22 after a lower deficit of £3,828 million in 2020-21.<sup>10</sup>
- **Research culture and career structures can be inflexible, precarious and exclusive.** In 2020, 36% of researchers surveyed were considering leaving research within three years.<sup>11</sup>

G7 gross domestic expenditure on research and development (GERD) in 2020.



### 3 Support UK life sciences sector competitiveness



#### The next Government should:

- **Incentivise private investment with internationally competitive R&D tax incentives**, leveraging further private investment from life sciences companies.
- **Maintain a strong regulatory and governance environment for clinical research including through sufficient resourcing for the MHRA and other relevant bodies** to allow them to meet increasing demand in a timely manner.
- **Stimulate movement of researchers between academia, industry and Government, including through creating secondments in Government departments and agencies.**

#### Reason for action:

- **Life sciences are a major driver of employment and growth**, employing over 256,000 people and generating a turnover of £80.7bn.<sup>12</sup>
- **Life science investors operate globally** – the UK must have **internationally competitive tax and regulatory framework** to attract investment.
- **Inward foreign direct investment in UK life sciences is decreasing.** This fell to £1 billion in 2022 from £1.9 billion in 2021, a 47% decrease. This means the UK has fallen from second to ninth out of 18 comparator countries.<sup>13</sup>
- **Innovation happens at the intersection of sectors, but there is low multidirectional movement of research talent** between public, private and charitable sectors.<sup>14</sup>

## 4 Unlock the power of research in the NHS



### The next Government should:

- **Commit to ongoing increased investment for National Institute for Health and Care Research (NIHR)** in line with other parts of the R&D budget. This should be reflected by increased funding for research taking place in the NHS in all four nations.
- **Fund an NHS research pilot where a proportion of NHS healthcare workers are offered a contract that includes dedicated time for research.** Income generated through research activity in NHS and public health organisations should be ring-fenced and reinvested in research, including backfilling time dedicated to research.
- Ensure that the **NHS values and has the capacity to adopt innovative approaches, technologies, and treatments** from AI to diagnostics.
- **Facilitate the use of patient data as a research resource for the good of all.** This includes engaging patients and the public as active and meaningful partners in decisions about their data.

### Reason for action:

- **Research in the NHS is vital to improving healthcare** – the NHS, including its rich health datasets, is an enviable clinical research hub for improving patient outcomes and performance. For example, the **NHS-delivered RECOVERY trial** identified dexamethasone as a COVID-19 treatment **saved 1 million lives worldwide** in the 9 months following its discovery.
- **Benefits of clinical research include:**
  - Research-active hospitals have **better patient outcomes and lower mortality rates.**<sup>15,16,17</sup>
  - **Giving time for research to interested NHS staff enhances recruitment and retention, and reduces burnout.**<sup>18,19,20,21</sup>
  - In 2016/17 to 2018/19, NIHR Clinical Research Network support clinical research activity **generated £8 billion in GVA.**<sup>22</sup>
- Despite this, **NHS pressures, a failure to value the contribution of research, slow adoption of innovation and unfulfilled potential of patient data as a research resource are stalling clinical research and healthcare innovation.**

## 5 Open doors for international collaboration and talent



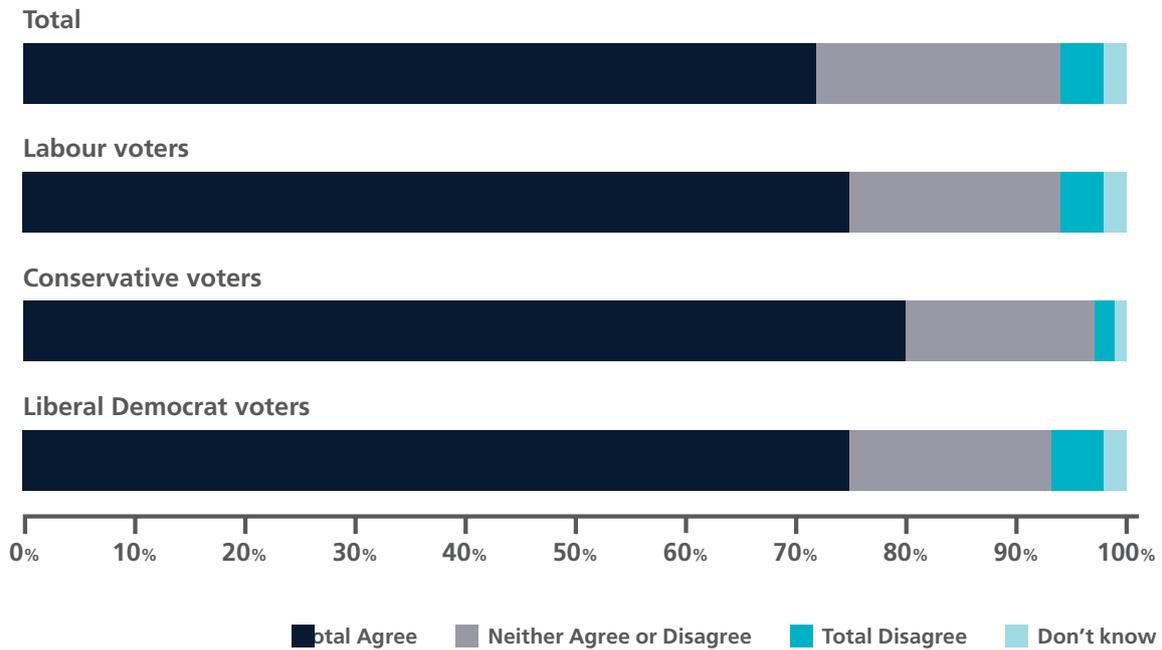
### The next Government should:

- **Ensure that the UK is attractive and accessible for researchers from around the globe – including through:**
  - **A visa and immigration system which is competitive with other strong research nations,** and which works effectively, fairly and in an expedient fashion for health researchers working in public, private and charitable settings (as well as for their families).
  - **Supporting researchers-at-risk of discrimination, persecution, suffering or violence.**
- **Invest in collaborations with partner nations including through working with the community to ensure strong UK participation in Horizon Europe and its successors.**
- **Return to spending 0.7% of Gross National Income (GNI) on Official Development Assistance (ODA) in the next Parliament.** A return to 0.7% GNI is vital to the UK's ability to lead efforts to tackle global challenges including by investing these funds in research to improve global health and strengthen research.

### Reason for action:

- **UK R&D needs both domestic and international talent. Government estimates 150,000 more researchers are needed to sustain the UK's research targets,** and the public strongly supports international researchers coming to work in the UK.<sup>23,24</sup>
- **The UK's visa costs are amongst the most expensive of any leading scientific nation - this is blocking talented international researchers from UK careers.** Currently, a researcher with a partner and two children applying for a Global Talent Visa incurs £13.4k in upfront visa and immigration costs.
- **International collaboration is fundamental to a thriving research system. In 2022, 61.5% of the UK's research output was produced with international co-authors;** however, decreases in ODA funding and uncertainty over UK participation in international programmes have held back UK innovation.

**'I want the world's best scientists to work in the UK'** There is strong public support for international scientists and innovators coming to work in the UK.



Source: Public First polling for CaSE (2023), 'Do you agree or disagree with the following? I want more of the world's best scientists and innovators to work in the UK', n=4,005

The decisions the next Government makes on health and research will be pivotal to UK prosperity.

These five priority areas will be vital to promote good health for all, supported by the best research, for patients, the public and researchers.

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