

The Rt Hon Andrew Lansley CBE MP
Secretary of State for Health
Department of Health
Richmond House
79 Whitehall
London

**From the President
Professor Sir John Bell FRS HonFREng PMedSci**

20 September 2010



Following the recent publication of your proposals for a new NHS Outcomes Framework I thought it would be helpful to stress the need to give due consideration to research when judging the success of the NHS. The Academy welcomes the Government's emphasis on quality and innovation in its future plans for healthcare, and believes research has a vital role to play in achieving these goals. As described in our 'Vision for medical science' published earlier this year, the NHS offers the UK a unique strategic advantage for medical research and innovation. Medical research in the NHS can help improve clinical practice, design better services and develop innovative new medicines - all of which contribute to improvements in health and wealth.

Previously, research in the NHS suffered through the diversion of money intended for research and infrastructure support into direct patient care. NHS managers have been subject to intense pressures to deliver immediate healthcare targets so, understandably, afford a low priority to research. As a consequence, the NHS has often been perceived by the academic and commercial community to be a challenging and inconsistent partner. Despite recent progress by the National Institute for Health Research (NIHR) the research potential of the NHS remains unfulfilled.

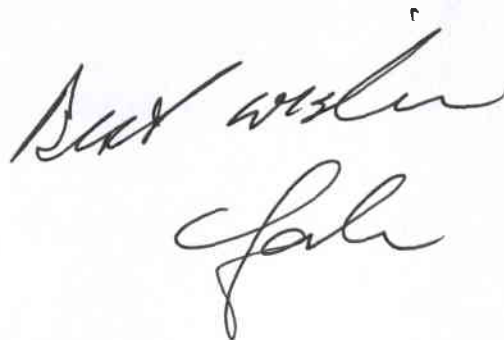
One opportunity to bolster research in the NHS is through the mechanisms by which the success of the NHS is measured. Although medical research offers huge health and economic gains it can often take time and requires an initial investment. For example, the health and GDP gains derived from UK public and charitable investments in cardiovascular disease research from 1975 to 1992 is equivalent to an annual rate of return of around 39%. The time lag between research expenditure and eventual health benefits, however, was around 17 years.

Without well crafted incentives and outcome measures it would be tempting for healthcare providers to neglect the significant long-term benefits of research in favour of more modest short-term benefits of other activities. Too often the immediate needs of service delivery mean that clinical academics, who juggle service delivery, research and teaching, are

unable to give sufficient time to their research despite the considerable long-term benefits of such activities. When developing the new NHS Outcomes Framework thought should be given to the consequences for medical research to avoid inadvertently creating perverse incentives.

Medical research is one of the tools that will help the NHS achieve the best outcomes for patients. The NHS Outcomes Framework should therefore facilitate not hinder this crucial endeavor. While others are better placed to advise on the details of the Framework, we believe research should be high on the agenda of those tasked with its development.

If you have any further queries on this matter please do not hesitate to contact me via Laurie Smith at the Academy Office (tel: 020 7969 5289, e-mail: laurie.smith@acmedsci.ac.uk).

A handwritten signature in black ink, appearing to read 'Laurie Smith', written in a cursive style. The signature is positioned centrally on the page.

Cc.
The Health White Paper Team