The Health Research Classification System

Ian Viney

MRC Director of Strategic Evaluation and Impact

February 2013
Co-ordination of UK Health Research Strategies

• The UK Clinical Research Collaboration (UKCRC) was established in 2004 with the aim of “ensuring a coherent approach to the funding of clinical research in the UK by developing a culture of communication and coordinated strategies between the major funders”.

• More than 20 organisations participate in the UKCRC, including the AMRC which represents 125 medical charities

• A bespoke Health Research Classification System (HRCS) was developed collaboratively, based on the Common Scientific Outline used by the US National Cancer Institute to allow meaningful comparisons to be made across the different funders’ research portfolios.

• The HRCS is used to describe the funding landscape – to identify gaps and opportunities for health research in the UK, it is a common language for strategic co-ordination of health research

• The CSO is used by the International Cancer Research Partnership (80 organisations), the HRCS is used routinely in Norway, Sweden, Singapore, Ireland and UK
The Health Research Classification System (HRCS)

- HRCS codes are assigned to capture the **main objective(s)** of a particular study - so the system provides a broad overview of the *centre of gravity* of a set of research awards.

- **Defined percentages** are assigned to all HRCS codes - which means that the associated funding is analysed exactly with no double counting.

- HRCS is a **two dimensional framework**:
  - 21 Health Categories are used to classify the type of health or disease being studied. These encompass all diseases, conditions and areas of health.
  - 48 Research Activity Codes classify the type of research being undertaken (from basic to applied). The codes are divided into eight groups.

http://www.hrcsonline.net
Impact of HRCS Analysis

- Used for strategy development in many organisations in the UK
  - Discussion about the amount spent on prevention, respiratory medicine etc.
  - Interest in capacity building for translational research

- Stimulated joint funding initiatives
  - National Prevention Research Initiative (more than £30m committed via four phases from 16 funders)
  - Public Health Initiative (£20m to fund 5 centres of excellence from 8 funders)
  - Translational Infections Research Initiative (£16.5m for new grants from 7 funders)
  - UK brain banking strategy (appointment of national director and greater co-ordination of activity)

- Basis for discussions between UK funders on evaluation, and significant input into the 2006 Cooksey review of health research - led to the setting up of OSCHR

- Positive settlements for medical research in Government spending reviews (CSR2007 and SR2010)
2009/10 HRCS analysis

• Coded 12,000 awards, totalling £1.6bn spend in 2009/10, compared with 10,000 awards totalling £965m in 2004/05

• 50% more funding in real terms for health research in 2009/10 compared to 2004/05
  – “Full economic costing” (2006) is part of this increase
  – Compared to 20% increase in pharmaceutical sector R&D spend, and 12% increase in UK GERD over the same period

• 60% of public and charitable research analysed was categorised as “underpinning” or “aetiological”
  – Slight decrease in proportion of combined spend
  – These areas still received an additional £220m in real terms over the investment in 2004/05
  – More research relevant to methodology development and measurement

• Treatment development and evaluation has increased from 17% to 19% of the total spend – representing an additional £130m spent in these areas

• Doubling of spend on prevention research (main focus on primary prevention)

• Proportions were compared with 2004 WHO data on UK burden of disease
  – Spend on respiratory medicine is 3x higher in 2009/10 than 2004/05
  – Spend on infection research higher, despite DALYs decreasing
Summary

- Categorisation of large numbers of awards is resource intensive. We have two “snapshot” years, we would like a time series, and international comparators – will automated coding help?

- The UK has a complex ecosystem of funders and research performers (GERD for 2009/10 was £26bn, health relevant research was roughly estimated as £8bn, just £1.6bn of this was analysed in detail using the HRCS)

- Each organisation has different drivers, and will use the analysis and the dataset in different ways (regional, disease specific analysis)

- We could do more with HRCS, e.g. analysis of demand for funding across categories (coding unfunded applications)

- Major focus is now on the collection, categorisation and analysis of outputs, outcomes and impacts – www.Researchfish.com

- Currently 18 funding organisations (£1.8bn annual spend) are tracking the outputs from their research portfolio via Researchfish, we are working to extend this to all AMRC members. This means almost all portfolio data will be in one place