Understanding the value of UK medical research to EU science and health
August 2016

1. Summary

Cancer Research UK would like to commission a short study to explore the available evidence on the value of UK medical research to the EU. We are particularly interested in the evidence base relating to the value of UK medical research for the EU science community and patients in regard to five broad areas:

- Education and training of EU scientists
- Contribution of UK expertise and research facilities to EU science
- Contribution to EU nation health and benefit to patients
- Importance of UK for pan-EU trials
- Contribution of UK science in economic value to the EU.

The purpose of this research is to inform our communications with UK Government and other EU member states to ensure that negotiations for the EU's new relationship with the UK are grounded in the most robust evidence.

We would ideally like the study to start in October with a view to completion in January 2017.

Please send your submission to this research brief by 5pm on Friday 7th October to Helen Beck, Policy Research Manager Helen.Beck@cancer.org.uk

2. Background

The UK's new relationship with the EU will be decided during a two year long process of negotiations following the UK's activation of Article 50. We want these negotiations to result in the best possible outcome for science and patients across Europe. It's crucial these discussions are informed by a strong and comprehensive evidence base. The evidence base is relatively well-developed in regard to the importance of the EU for UK science, but is less so in regard to the value of UK medical research to the EU.

Overall, the UK is one of the largest recipients of research funding in the EU. It is very successful in attracting Framework Programme funding and the Horizon 2020 First Results report found that the UK is the EU member with the highest number of eligible applications.

International collaboration is fundamental to all UK science and health research. Cross-border collaboration enables studies to pool expertise and brings benefits to patients across Europe. For example, trials that recruit from multiple member states, are crucial for rarer and childhood cancer where patient numbers are low.

Furthermore, EU and international researchers are key contributors to the quality of UK research. For instance, The Francis Crick Institute currently employs people from 65 nationalities.

3. Aims and objectives

Cancer Research UK is commissioning this short study because we would like to gather existing evidence to clearly set out the importance of UK medical research for the EU science community and patients.

The overall aim of this study is to properly take ‘stock’ of the existing evidence base and ensure that ongoing external discussions regarding the value of UK (based and/or led) medical research are informed and shaped by the best available information.

This will be a Cancer Research UK led study but, given the importance of its focus, it will also involve a number of other key research organisations in the UK. We see clear worth in partnering to collectively develop the story around the value of UK medical research and in the sector coming together to share evidence. The process of establishing this consortia is in train and we are likely to be working in partnership with around five other key organisations.

The successful tenderer for this study will therefore be required to liaise with lead representatives from our partner organisations at project inception and link into these organisations, as required, across the life of the study.

The value of UK cancer research is of key interest to us, but we are also seeking to understand evidence pertinent to the wider context of UK medical research and its value for EU science and health. The study will need to include focus on a number other conditions and diseases and the value of research in these areas to the EU. The exact focus, in terms of specific disease types, will be confirmed at project inception.

For the purpose of this study we are defining medical research as including activities in the areas of:

- Clinical trials
- Drug development
- Basic science
- Prevention and public health.

It is anticipated that research objectives will include:

- A thorough exploration and analysis of the available literature;
- An assessment of the best evidence to use to underpin our communications relating to the UK-EU relationship and the contribution of UK medical research;


2 This list is indicative only and should not be considered exhaustive.
We acknowledge the tight timescales for this study and will work to ensure timely access to Cancer Research UK key contacts or sources of data, if applicable.

4. Research questions and methodology

We are particularly interested in understanding the existing evidence base in relation to the value of UK based, or UK led, medical research in regard to the:

- Education and training of EU scientists
- Contribution of UK expertise and research facilities to EU science
- Contribution to EU nation health and benefit to patients
- Importance of UK for pan-EU trials
- Contribution of UK science in economic value to the EU.

Specific research questions are likely to include:

- What is the UK's contribution to the education and training of scientists who subsequently work elsewhere in the EU?
- How many UK medical researchers are involved in cross-border research collaborations?
- What proportion of international scientific papers with a UK lead? How many UK papers are as a result of collaboration with EU researchers?
- To what extent do 'high-impact' cross-border collaborations have a UK lead?
- How many cross-EU behavioural research collaborations are UK led? For instance, how many collaborations focusing on cancer prevention?
- What is the extent of the UK’s expert contribution to cross-border medical research policy?
- What is the extent of the UK’s contribution to cross-border public health policy research?
- How many UK led collaborations contributed to new policy? For example in regard to reducing preventable risk factors (e.g. smoking, obesity, diet, alcohol etc)?
- How many UK led collaborations are there on epidemiological studies across Europe?
- What is the UK’s contribution to collaborations which have an impact on clinical outcomes for patients in the EU?
- How many pan-EU trials would not be possible without including patients from the UK?
- What do health economics literature? (we acknowledge the evidence base is likely to be less developed here)
- Does UK involvement in a medical research bid increase the success rate of application for EU funding?

What are the key evidence gaps and how could they be resolved?

This is not an exhaustive or definitive list and is meant to be further developed by those responding to the brief. As noted earlier, the exact focus by disease and condition type will be discussed further at project inception.

We are open to hearing your proposals for how best to approach this research but it is likely your methodology will include a combination of a desk-based review of the available literature and qualitative interviews with high-level, senior stakeholders to capture perceptions of the value of UK medical research for the EU.

It is anticipated that the evidence review for this study will mainly involve scoping secondary literature. However, it is possible if it is considered to be pertinent, new quantitative analysis may be undertaken of relevant data.

Cancer Research UK will be able to provide key contacts in the relevant organisations that may hold relevant evidence or data. We may also be able to broker contact with some key stakeholders. We will aim to ensure timely access due to the tight timescales involved.

In addition, Cancer Research UK is also carrying out its own scoping on internal data relevant to the global impact of the charity and will feed this information into the study where applicable.

We would welcome a flexible, iterative approach to this study due to the current fast-moving context. This approach would ideally include providing a ‘drip-feed’ of key information to us rather than waiting until the project’s conclusion to report all findings.

5. Outputs

The project would ideally commence in October 2016. Outputs are expected to be submitted to Cancer Research UK in January 2017. However, we will be guided by tenderers as to what timescale is most feasible.

We expect the following formal final outputs:

- Final full report, including an executive summary of key findings.
- Slide deck of key evidence.

The final report should include:

- A summary of the methodology and its strengths and weaknesses
- Identification of key pertinent evidence, its strengths and weaknesses and gaps in the evidence
- Quotes (attributable) and key findings from stakeholder interviews
- Graphics if applicable
- A full account of all of the research findings.

This list is not exhaustive and additional outputs may be considered. As highlighted above, due to the significance of this research we would require regular updates from the successful tenderer across the life of the project.

\[3\] For instance the Tobacco Products Directive.
6. **Timeline**

The timetable for this short study is set out below:

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Date</th>
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<tbody>
<tr>
<td>Expressions of interest in responding to the brief to Helen Beck <a href="mailto:Helen.Beck@cancer.org.uk">Helen.Beck@cancer.org.uk</a></td>
<td>16th September 2016</td>
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<tr>
<td>Questions on the project should be submitted via email in the first instance to Helen Beck*</td>
<td>By 30th September 2016</td>
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<tr>
<td>Deadline for full proposals</td>
<td>5pm, 7th October 2016</td>
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<tr>
<td>Review of proposals</td>
<td>w/c 10th October 2016</td>
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<td>Shortlist of applicants invited for interview</td>
<td>w/c 17th October 2016</td>
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<tr>
<td>Decision made and all applicants notified</td>
<td>By Friday 21st October 2016</td>
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<tr>
<td>Study commences</td>
<td>w/c 24th October 2016</td>
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<tr>
<td>Final outputs submitted</td>
<td>By end of January 2017</td>
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7. **Budget**

We would appreciate different options for this research and the budget implications for each of these options. Any costings must include VAT if applicable.

8. **Submission information required**

Please include the following information in your submission:

- An introduction/background
- A detailed methodology
- All intended outputs
- A timeline
- Breakdown of the budget. Please include VAT where applicable, costs attributed to named staff members, other itemised costs (such as travel, subsistence and fieldwork) and prices for potential extras if applicable.
- Perceived risks and the mitigation steps that will be taken.

Evidence of expertise of staff working on the study should ideally include:

- Experience of collaboration and partnership working in order to deliver research, including experience of engaging with a number of organisations at the same time;
- Expertise in conducting literature reviews;
- Experience in interviewing senior, high-level stakeholders;
- Expertise in presenting (written or verbal) key evidence and research findings to senior level audiences;
- Knowledge of the EU science and medical research context.

Please submit your proposal by 5pm on Friday 7th October 2016 to Helen Beck, Policy Research Manager, [Helen.Beck@cancer.org.uk](mailto:Helen.Beck@cancer.org.uk)

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*Please note Helen does not work on a Wednesday. She is on annual leave Monday 19th September – Friday 23rd September inclusive. Please contact Hollie Chandler [Hollie.Chandler@cancer.org.uk](mailto:Hollie.Chandler@cancer.org.uk) in her absence.*