30 January 2014

RE: NHS England Research and Development Strategy Research is everybody’s business

Key points:

• We welcome NHS England’s initiative to set out how they plan to fulfil their duty to promote research and the use of research evidence, and the opportunity to comment on this. To deliver this duty effectively will require a clear vision and a long-term implementation strategy.

• We are concerned that the vision as currently worded does not mention improving healthcare of patients, which surely must be the central driver at the heart of making ‘research everybody’s business’.

• Whilst health services research and commissioning feedback and evaluation are important, NHS England has a crucial role to play in supporting clinical research to trial new treatments and this is given insufficient weight in the document.

• We would welcome greater clarity of where NHS England envisions its role within the NHS. Much of the Strategy appears focused on NHS England’s internal research capacity while little information is provided over NHS England’s national role and the levers at its disposal to drive change throughout the multi-agency NHS, including eradicating disincentives which currently exist within the system.

• Many of the ambitions outlined are not in NHS England’s gift alone but will rely on working effectively with partners. This Strategy needs a comprehensive implementation plan detailing how NHS England will work with partners some of whom operate at very local level to deliver its vision. This should include short, medium and long-term objectives with clear measurable outcomes to ensure incremental progress can begin immediately

• Key to successful implementation will be ensuring adequate funding and resources are available. The Strategy is currently light on detail of how budgets will be allocated and how money will flow through the system. Without this clarity, research risks being perceived as an optional extra, at risk of cost-savings when resources are stretched.

The Association of Medical Research Charities is a membership organisation of the leading medical and health charities funding research in the UK. Working with our members, we aim to support the sector’s effectiveness and advance medical research by developing best practice, improving public dialogue about research and science, and influencing government to ensure the best research can go ahead and be translated into new treatments.

Medical research charities exist because the public choose to donate their money to support research to develop new treatments and cures. In 2012, AMRC members invested over £1.2 billion
into health research in the UK. In May 2013, AMRC members worked closely with the medical and research sectors to launch our vision for research in the NHS - a vision for an NHS that not only works closely with the research community but fosters, conducts and takes up research itself to improve patient care, building on the commitment to research made in the Health and Social Care Act 2012.

We welcome NHS England’s initiative to set out how they plan to fulfil their duty to promote research and the use of research evidence in this Strategy, and the opportunity to comment on this. Research is not an overnight process, with it taking on average 17 years to take a new medicine from lab bench to bedside and involving many different players along the way. For NHS England to deliver their duties effectively will require a clear vision and a long-term implementation strategy, detailing how different bodies and their staff will be incentivised to work together.

In this response we highlight some overarching themes raised by the Strategy and will then discuss the content of each Objective in turn.

Structure
The strategy is complex, with a five-point vision, four aims, six objectives, a further four priorities and a commitment to deliver tangible changes. While we do not disagree with any of the ambitions stated, we are concerned that this strategy both attempts to outline the vision for how NHS England will promote research throughout the NHS and sets out some parameters for implementation and ends up doing neither of these fully. The NHS is a complex organisation made up of multiple parts and a large employer. As such, any successful strategy will need to be clear and simple to ensure it is interpreted consistently across the NHS and so facilitate its delivery. The strategy as currently articulated may simply be too complex to provide the rallying cry that such a large and diffuse organisation needs.

The legal duties on NHS England are:
- A statutory duty introduced by the Health and Social Care Act 2012 that it “must, in the exercise of its functions, promote research on matters relevant to the health service, and the use in the health service of evidence obtained from research”
- An objective in the Department of Health’s Mandate to NHS England “to ensure that the new commissioning system promotes and supports participation by NHS organisations and NHS patients in research funded by both commercials and non-commercial organisations, most importantly to improve patient outcomes, but also to contribute to economic growth. This includes ensuring payment of treatment costs for NHS patients taking part in research funded by Government and Research Charity partner organisations.”

It also aims to deliver the recommendations of the Strategy for UK Life Sciences and Innovation, Health and Wealth: accelerating adoption and diffusion in the NHS.

These are duties of some complexity and may include some contending objectives. This Strategy should set out NHS England’s vision to deliver against the duties in a pragmatic and unambiguous way. With this in mind, there are areas where we would welcome further clarification:

NHS England’s vision for research & development
We welcome the ambition central to this strategy to change NHS culture so all NHS staff are incentivised to take part in research and research really does become everybody’s business. However, although we do not disagree with any of the objectives set out in the vision, we are concerned that there is no mention of improving healthcare for patients which surely must be the central driver of this change.

What is the purpose of research in the NHS?
This Strategy sets out strong ambitions to commission and use research evidence to inform the commissioning of services and delivery of these which are very welcome. However we are concerned that this deterministic approach to research misunderstands the nature of many research findings, which increase the available information to inform decisions but often do not in their first incarnation provide a definitive answer to a question.

In addition the Strategy needs a greater recognition of the breadth of research underway within and around the NHS, including not just exploration of the best ways to commission and deliver care but also the vital clinical research underway to trial new treatments. At present the wording of the Objectives appears to focus on one form of research, with much of the detail of Objective one, two and three focused on research into commissioning and service delivery while four and five focus on patient involvement in clinical research. The ambitions in Objectives one, two and three to develop feedback loops, use the best available evidence to inform decision-making and develop research capacity are equally important for clinical research. Similarly the ambition to increase patient involvement and the accessibility of information about research should apply to evidence-based decision making underway in health commissioning related research.

To deliver better healthcare to patients, this strategy must foster both research and innovation and they are different processes, requiring different skills, mechanisms and time horizons. Currently the strategy appears to elide research and innovation. Innovation does not necessarily follow from research but requires different environmental conditions and tailored support to foster it when research yields promising results. This strategy must provide both and could more usefully describe the approach taken to both elements.

The role of NHS England in promoting research & development throughout the NHS
The vision talks about changing the culture within NHS England and strengthening the research skills of NHS England staff. This may be an intentional focus on changes that are within NHS England’s gift. However if this strategy is going to effectively deliver NHS England’s duty to promote research on matters relevant to the health service, and the use in the health service of evidence obtained from research, these will need to become institutional changes across the NHS, not just within NHS England.

We would welcome clarification of how NHS England envisages its role in driving this national and local change, and broader ambition in the objectives to reflect this. We recognise that to deliver many of these ambitions may require NHS England working in partnership with other bodies and this is indicated throughout the Strategy. However it would be helpful to outline the various parties’ responsibilities in relation to research and further detail over how they will work together and interface to ensure no responsibilities are either duplicated or fall through the gaps. The NHS is not one organisation, but many. Clear leadership will be needed for multiple different organisations to work together towards a common goal. This could helpfully be made clearer on the face of the Strategy with responsibilities detailed in the Delivery Plan.

We are also interested to better understand the levers that NHS England plans to use to drive change at a local level. The strategy does provide reference to NHS England working with the increasingly localised constituent parts of the NHS including Clinical Commissioning Groups, Commissioning Support Units, Academic Health Science Centres and the Collaboration for Leadership in Applied Health Research and Care (CLARHCs) but little detail over the mechanisms by which it plans to do this. Many of these structures are new, such as the AHSNs, or relatively little known at present, the CHLARCs, so NHS England can valuably take a leadership position in bringing them together. In addition the new NHS landscape also includes Any Qualified Provider and commercial organisations alongside these wholly owned NHS structures. NHS England’s Strategy needs to reflect the role that Any Qualified Providers will play in helping to develop and implement the strategy, balancing national, local and regional initiatives. The forthcoming implementation plan must include detail of how NHS England will translate their high-level ambitions into change on the ground across the multi-agency structure of NHS and private providers, building on good practice where it already exists. In an NHS that is under considerable
service pressure with tightly squeezed budgets, this will require engaging at both a practical and principle level to win over hearts and minds in order to change processes.

**Creating the research capacity to deliver these ambitions**
This strategy is ambitious and will need more staff with an appreciation of research and the skills to use it throughout the NHS to both deliver the strategy and drive culture change. Objective three recognises the need to increase capacity – however it focuses largely on the skills of NHS England staff, without an explicit observation that such skills will be needed across the whole NHS else the strategy will fail.

Recognising that much of the responsibility to strengthen these skills at a national level lies within Health Education England’s remit, it would be helpful to provide further detail how the interface between HEE and NHS England is envisaged. However a major issue is ensuring clinicians have the time to engage with research. NHS England could itself drive considerable change from the ground up by ensuring that NHS staff have time contracted for research and are supported within the NHS environment to use this time.

**Goals and measurable outcomes to demonstrate progress towards these**
The Strategy currently lists four goals it aims to deliver by 2018:

- A culture that values and promotes research
- More NHS staff and patients engaged in research
- Equity of access to opportunities to take part in research for patients
- A culture of evidence based commissioning and decision making that utilises research evidence and knowledge translation

We welcome these challenging ambitions, and look forward to supporting NHS England to deliver them as far as we can. En route to the 2018 end state there are several achievable step-changes that could be delivered sooner. We would value the development of short, medium and long-term goals to encourage a continual process of change starting immediately.

Similarly, a graded set of proposed outcomes with clear deliverables will provide a focus for the delivery of goals. This will enable this process of change to be demonstrated to NHS staff and external partners, enabling the NHS to recognise and reward mid-term success to continue motivating progress.

**The money**
Many of the ambitions outlined in this Strategy will require money, whether from NHS England directly or invested by partners. It would be helpful to provide a sense of resource allocation both financial and non-financial in the Delivery Plan and setting out how money will flow to support these activities. Although money is not the only requirement, lack of financial resource will act as an insurmountable barrier to research going ahead. Barriers from perverse incentives caused by money flowing poorly through the system could also be a brake on progress. Currently there is only one mention of the need to identify a budget for a specific workstream within the Delivery Plan. Further clarity is needed over the anticipated level of investment to deliver these objectives and the lines of responsibility for costs to ensure realistic budgets can be allocated and managed. This should include the development of clear money flows to both catalyse research and incentivise the workforce.

It is also important to communicate the intent to invest, particularly when delivering research objectives which will require working in partnership. The recent closure of the Specialised Services Commissioning Innovation Fund without communicating the thinking behind this or the future strategy to foster this innovation risks disincentivising partners and damaging the developing research culture within the NHS.

**Objectives**
We shall comment on the content of each objective individually.
Included within these comments are several themes:

**Rationalisation** - In some places these objectives could valuably be rationalised. Some commitments appear several times and there is considerable overlap between aims. For example Objective Four and Objective Five are both focused around patients and might valuably be combined.

**Signalling change** - Those considering funding research in the NHS are looking to this strategy to outline how NHS England will address the barriers they currently experience.

**CASE STUDY – Challenges in getting a promising trial off the ground**

The study FAST-Forward is good example of a study where a charity, in this case Cancer Research UK, have had problems with capping or refusal to open the study in some localities. FAST-Forward compares standard of care 15 fractions (40Gy) of radiotherapy (3 weeks x 5 days) with two experimental regimens of 5 fractions (26Gy & 27Gy) (1 week x 5 days) for women with early breast cancer. Should this treatment reduction be at least as effective and safe as the current standard, the impact on patients attending for treatment, the cost reduction to commissioners and the overall benefit to the local economy due to reduced hospital attendance, would be substantial. 11 of 46 sites opening the study were initially capped by their Trust. NHS England has the potential to encourage NHS Trusts to see the longer-term benefits of research for improved care/reduced costs but to do so must tackle the short-term disincentives at a local level.

The objectives contain many specific intentions to address barriers and create incentives for research. It may be valuable to group these ambitions together in a broader objective focused on improving the process for external organisations such as medical research charities and industry to engage with the NHS. This may need to be delivered in partnership with other NHS organisations but if NHS England intends to take a leadership role as Objective Six suggests, this could be more clearly signposted.

- **Objective one** – To identify and prioritise commissioning health services research topics and coordinate this work with the Department of Health, NIHR, Health Research Authority, research charities, industry and other stakeholders.

This proposal to establish feedback loops to ensure that research is commissioned and used to inform clinical practice is key to ensuring the NHS is informed by the available evidence. These feedback loops should operate not just for health services research but all types of medical research, including clinical trials of new treatments.

We welcome the focus on identifying emerging research priorities and projects for NHS England and where appropriate sharing these priorities with other NHS organisations and external partners including NIHR to deliver these. Medical research charities will play a key role in this process by both contributing to the identification of priorities and projects, and acting on the priorities identified. It would be valuable to recognise this two-way relationship on the face of the Strategy.

**CASE STUDY – Fight for Sight PSP – the power of collaboration**

In 2011, Fight for Sight teamed up with other sight loss and vision organisations and the James Lind Alliance (JLA), part of the NIHR Evaluation, Trials and Studies Coordinating Centre (NETSCC) to fund a Priority Setting Partnership to discover which aspects of eye research should be prioritised. The Sight Loss and Vision Priority Setting Partnership aimed to identify the unanswered questions about the prevention, diagnosis and treatment of sight loss and eye conditions from the perspectives of patients/service users and eye health professionals and then prioritise those seen as important by both groups.

2220 people took part, generating 4461 questions encompassing over 100 different eye diseases and conditions. The final report identifies top priorities for 12 eye conditions, and demonstrates that
a collaborative approach including patients, clinicians can develop shared priorities, helping research funders to know where they should focus their activities.4

- **Objective two – To develop the evidence base in relation to models of commissioning to ensure the approach to commissioning services is based on best evidence and effectiveness.**

This objective sets out to do two very big things – develop an evidence base and change the culture to encourage NHS staff to base their decisions upon this.

Whilst welcoming the intention to work with Academic Health Science Networks (AHSNs) and Collaborations for Leadership in Applied Health Research and Care (CLAHRCs) it is important to recognise that in the case of the AHSNs, they themselves are new organisations of uncertain longevity and still in the process of defining how they will work and their relationships. It would be helpful to provide more clarity over the envisaged balance between these different bodies and where the responsibility for doing research and diffusing this research lies.

It would be helpful to better understand the levers which NHS England will have at its disposal to change culture at a local level. It is concerning that medical and nursing schools are the only health professional academic institutions cited that NHS England will engage with to strengthen the culture of evidence-based commissioning and care. NHS England needs to remain inclusive, working with all those professions that are integral to patient-centred care in the NHS including the professional bodies and Royal Colleges.

- **Objective three – To increase capacity amongst NHS England and commissioning staff to undertake research, and to utilise the outcomes of research, thereby increasing the quality of care and treatment.**

Central to delivering the objectives in this Strategy will be having the staff with the research skills to do so and we welcome this clearly stated intention to do so. However we are concerned that this Objective appears to focus on strengthening the research skills of NHS England staff and commissioners only, not the broader NHS. We would encourage this objective to be broader, aimed at increasing the capacity of all NHS staff to undertake research and utilise the outcomes of research to increase the quality of care and treatment, recognising that this might be delivered in partnership with Health Education England, the Royal Colleges and professional bodies such as the GMC to whom there is currently no reference.

**CASE STUDY - Health care professionals are facing increasing time pressures and barriers that restrict their ability to take part in research**

A local institutional barrier to health care professionals developing and running research projects is the apparent increase in time commitments for clinical activity as well as a lack of dedicated research nurse capacity and administrative research infrastructure.

Working closely with the clinical research community, Kidney Research UK encourages the sharing of expertise and resources for research. The charity builds effective collaborative teams across institutes working through the auspices of the UK Kidney Research Consortium and the respective Clinical Study Groups. Kidney Research UK provides secretariat and development resources to support this.

To enable the success of this initiative, the developing NHS England Strategy must address issues such as protected time for research and encouragement of professional development. This is vital to nurture valuable research expertise and ensure that, in England, we continue to develop a

sustainable and thriving clinical research operation. Ultimately this will accelerate better health outcomes for patients.

**CASE STUDY – AMRC’s Vision calls for ring-fenced time for research in NHS contracts**

AMRC’s Vision for Research in the NHS calls for steps to ensure that all NHS staff see the importance of research through knowing how to take part in research and use its findings, understanding the benefits of research to their patients and being motivated to engage with research. Central to achieving this is ensuring they have ring-fenced time in their NHS contracts for research, and are encouraged and recognised for doing this.

Alongside this, NHS staff do not just need the research skills to be able to use and conduct research, they also need the time and encouragement to do so. NHS England could itself drive considerable growth in research capacity from the ground up by ensuring that NHS staff have time contracted for research and are supported within the NHS environment to use this time.

The commitment to ensure ‘the statutory responsibility to promote health and social care research funded by both commercial and non-commercial organisations is enacted and that the treatments costs, including Excess Treatment Costs of patients involved in non-commercial research, are met’ is welcome.

Reference to the payment of Excess Treatment Costs also appears in Objective four and it may be that these could valuably be rationalised in one Objective. However regardless of where it sits in the strategy document it is important that the plan sets out how NHS England plans to ensure these costs are met. In Objective Four the Strategy provides a little more detail that NHS England will ‘Ensure that the processes for the timely payment of treatment costs for patients taking part in research funded by the Government, NIHR and research charities are clear and consistent and do not act as a barrier to participation’ and in the Delivery Plan that NHS England will ‘work with CCGs on developing a consistent approach to Excess Treatment Costs where the research is in areas of activity they commission locally’.

The proposal to develop a consistent approach is welcome. Consistency of processes at a national level will mirror the direction of travel in research approvals and permissions and streamline processes for research that often takes place across multiple NHS sites. To be truly effective the mechanisms of support NHS England will provide CCGs need to be clearer, in particular whether this will involve financial sums, a binding requirement to cover these costs or simply guidance to encourage payment, an approach so far which has not been successful in addressing this issue. The effective funding of ETCs remains a considerable barrier to getting medical research charity funded projects off the ground.

**CASE STUDY - Arthritis Research UK forced to redirect research funds due to lack of payment of excess treatment costs**

In July 2011, Arthritis Research UK agreed to fund the Arthritis Research UK Gout Trial Phase 2, a two year trial assessing the effectiveness and cost effectiveness of nurses treating patients with gout in primary care, rather than in secondary care under a consultant.

The first patient was expected to be recruited in February 2012. Even though the research team had worked with the Nottingham City Primary Care Trust (PCT) to define the excess treatment costs (ETCs), when the ETCs required to fund the research nurse salaries were requested from other PCTs in the East Midland area, the applications were refused, preventing the study from starting.

In July 2012, Arthritis Research UK agreed to support these NHS treatment costs, which increased the overall costs of the trial by 22%, so that work could get underway. Recruitment of patients into the study subsequently began in March 2013, over a year after the intended start date. Negotiations continue with respect to payment of excess treatment costs at other sites.
Despite this issue being recognised and the mandate from government to NHS England including a requirement for:

"ensuring payment of treatment costs for NHS patients taking part in research funded by Government and Research Charity partner organisations."\(^5\)

The most recent guidance published in April 2013\(^6\) does not provide clarity on this issue. We understand this is now being revised. However key to addressing this issue will not just be revised guidance providing clarity over responsibility for payment, and requirements or incentives to ensure this guidance is followed, but a concerted initiative to make the case for investing in research to ensure that NHS staff making difficult decisions in the face of service pressure and tightly squeezed budgets are not tempted by a ‘quick win’ of cutting support for research, when research itself offers a path towards addressing these pressures in future.

A major challenge with the increased localisation of the NHS is ensuring that local NHS organisations are incentivised to invest in research which may bring them little individual benefit but deliver benefits at a national level.

CASE STUDY – By localities working in partnership, benefits can be delivered at a national level – Ovarian Cancer Action and BriTROC study

Ovarian Cancer Action funds a broad range of research to achieve accurate and early detection of ovarian cancer, more effective treatments to combat the disease and improved quality of life after diagnosis. Fundamentally we demand that every woman in the UK should have the best treatment available.

The charity funds a national research programme with ten participating centres across the country – the British Translational Research Ovarian Cancer Collaborative (BriTROC). This research programme aims to address the problem of why ovarian cancer recurs in so many patients and why platinum chemotherapy stops working. Under current NHS funding only one biopsy is taken when women are first diagnosed with ovarian cancer. Recurrence is very high – between 70% and 90% of late stage high-grade cancer cases return - but currently no further biopsy is taken. BriTROC addresses this gap by asking patients to give a further biopsy at the point of recurrence, so that scientists can understand how the cancer has developed. The programme also tests all women participating for the BRCA1/2 genetic mutation, which is not routinely done on the NHS, in order to build up as much information as possible about each patient’s cancer.

All the BriTROC centres participate in the gathering of biopsies and the research work that uses these samples. This is a clear example of how, by localities working in partnership, benefits can be delivered at a national level.

The outcome of this Objective to provide ‘return on the investment in research funding’ is therefore a valuable one. We would be interested in how NHS England envisages this – whether this is a financial or conceptual return to NHS England or more broadly to all NHS organisations taking part in research. Getting this return relationship right will be crucial to incentivising research at a local level and if shared effectively could encourage all parts of the NHS and stakeholder organisations to pull towards a common goal.

- **Objective four**


\(^6\) NHS Commissioning Board, Commissioning Policy: Experimental and Unproven Treatments, April 2013

NHS Commissioning Board, Commissioning Policy: On-going treatment following non-commercially funded clinical trials, April 2013
To ensure the inclusion of patients in setting priorities for research and participation in the design, delivery and dissemination of research.
To promote the ideal that every patient coming into the NHS is offered an opportunity to take part in research.

It is very welcome to see NHS England intending to drive research priority setting and its ambition to build on and share with the expertise in this area by maintaining ‘regular contact with partners: NIHR, HRA, research networks, Involve, AMRC, AHSNs, local area teams, CCGs, Royal Colleges and industry.’ As recognised here, this is key to increasing engagement and participation in research and delivering better research. We are particularly pleased to see the intention to identify a budget to support this activity.

However, NHS England could consider being more ambitious. NHS Scotland has recently launched SHARE, an initiative created to establish a register of people across Scotland interested in participating in health research and who agree to allow SHARE to use the coded data in their various NHS computer records to check whether they might be suitable for health research studies. If NHS England really wants to add value in promoting the ideal that every patient coming in the NHS is offered an opportunity to take part in research and increase NHS patient’s awareness of opportunities to take part, they might consider similar initiatives. These could be delivered in partnership with other bodies such as NIHR who already have several successful initiatives such as the ‘OK to ask’ campaign.

• Objective five
To increase the availability of information on current and completed research and research outcomes to the public.

In Our Vision for Research in the NHS we called for information about current and completed research and research outcomes to be made available so this objective is very welcome.

In delivering this, NHS England should explore how they can work with existing successful services and build on these platforms.

CASE STUDY - CancerHelp UK
Cancer Research UK runs the CancerHelp UK clinical trials database which aims to list all cancer studies recruiting in the UK – not just those supported by Cancer Research UK. CancerHelp UK works with trial teams to produce summaries of studies to provide useful, easily understandable information for the public. This helps patients with cancer identify which studies they could potentially participate in as well as giving information on both positive and negative studies that have been completed. The database has more than 1,500 studies listed including approximately 500 studies recruiting people in the UK, and more than 400 summaries of study results.

CASE STUDY – Cystic Fibrosis Unite website – cfunite.org
Cystic Fibrosis Unite aims to bridge the gap between people with CF and the researchers investigating CF and how best to treat those with the condition. CFUnite has been created by people with CF, parents of children with CF, researchers and clinicians. The main activity is in holding live events online where researchers present the latest research and the lay audience can comment and ask questions. Meeting in person is impossible for people with CF due to the risks of cross-infection. Elsewhere on the CFUnite site researchers may post a lay summary of their recently published work, you can find out about the latest research underway and can register your interest to help

[7](http://www.registerforshare.org/)
[8](http://www.crncc.nihr.ac.uk/oktoask/oktoask_campaign)
design and take part in clinical studies. And you can email them if you want to find out the results of relevant trials. There is also information about how clinical trials are set up and conducted.

CF Unite is funded by a Wellcome Trust People Award and led by Dr Matthew Hurley

- **Objective six**
  
  To maximise the benefits from research through innovation, income, knowledge improvement and impact.

The wealth agenda is a key deliverable of research and development in the NHS, however we would argue it is not in itself an objective but a positive outcome of getting the research system right. The detail of this Objective focuses on exactly that, recognising that delivering for patients and investors is not in tension but a complementary process and proposing levers to make the NHS a place that not just does the research, but adopts and diffuses innovations, meaning that patients can access new treatments and investors can sell them.

**CASE STUDY – An example of multiple partners working together to develop a new therapy: Abiraterone**

Abiraterone is a life-extending new prostate cancer drug designed at The Institute of Cancer Research (ICR) and developed at The Institute of Cancer Research (ICR) and The Royal Marsden NHS Foundation Trust with public, charitable and private funding. Abiraterone is the first treatment of its kind shown to be effective in men with advanced prostate cancer who no longer respond to traditional treatments. It has minimal and easily manageable side-effects and has recently been licensed for use before chemotherapy, delaying the need for men to have to take cytotoxic drugs. The drug is set to make a huge difference to the 10,000 men diagnosed with aggressive forms of prostate cancer in the UK every year.

We welcome the ambition for NHS England to play a role in driving this agenda and the clarity in the Delivery Plan and outcomes that this role aims to add value to existing work underway by NIHR, CLHARC, AHSNs and NICE. This is already and complex and changing landscape with the relationship between new and old organisations evolving. The AHSNs themselves are new organisations with large ambitions placed upon them, yet at present it is not clear they have the resource, focus or longevity to deliver these, especially where they are not building on an existing partner Academic Health Science Centre. As new ground for NHS England we would welcome further detail over how NHS England will add value to this process rather than duplicate existing activity, in particular growing collaborations between industry, the NHS and academia.

Thank you again for the opportunity to comment on this draft Strategy. We look forward to working with you as this develops. Please do contact me if we can be of further help.

Yours sincerely,

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