Manchester Academic Health Science Centre

Question & Answer briefing

- **What is an Academic Health Science Centre?**

  Professor Brian Edwards (ATM Consulting) has described Academic Health Science Centres (AHSCs) as

  ‘organisations that combine the delivery of services to patients with high levels of research and teaching. The model is well established in other countries; Johns Hopkins in Baltimore, Karolinska in Stockholm, Louis Pasteur in Strasbourg, Leuven in Belgium, Toronto in Canada and Milan in Italy. Each has its own ownership and governance structure. In a few cases the hospital forms part of the University but most have highly developed collaborative mechanisms between the University, the hospital(s) and primary care based organisations. They remain independent but closely connected organisations. Where the hospitals are autonomously governed, the collaboration with a University is typically codified in an affiliation or partners’ agreement. They usually have an overarching organisation to secure collaboration and common standards in areas like ethics in order to build a common identity or brand. The University owned model appears to be in decline. The most common organisational model is a close collaboration.’

  In the UK, the most developed AHSC so far is Imperial Healthcare (established July 2007). There are also current initiatives to set up federated AHSCs in south east London, north central London and Warwick.

  *Manchester Academic Health Science Centre* will be the first in the UK to bring together organisations across the care spectrum, including a specialist mental health trust, a primary care trust, a specialist cancer trust and three major multi-specialty teaching trusts. It will be the first AHSC to include commissioners of healthcare, as well as providers.

- **Which organisations are members of Manchester Academic Health Science Centre?**

  The 7 founding members of *Manchester Academic Health Science Centre (MAHSC)* are:

  Central Manchester and Manchester Children’s University Hospitals NHS Trust.
  Christie Hospital NHS Foundation Trust.
  Manchester Mental Health and Social Care Trust.
  Salford Royal NHS Foundation Trust.
  Salford Primary Care Trust.
  The University of Manchester.
  University Hospital of South Manchester NHS Foundation Trust.

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1 B. Edwards, ‘Academic Health Science Centres – A Platform for Discussion’, December 2007, commissioned by the West Midlands SHA.
• **Will MAHSC confine itself to health research?**

Yes, MAHSC is a collaboration focussed on health research. In some other cities in the UK where similar discussions are now taking place, research, teaching and education are being reviewed together. However, this broader remit adds substantially to the complexity and scale of any potential collaboration. The founding members of MAHSC have taken the view that, while Manchester currently scores very well on undergraduate and postgraduate teaching, its biggest risks in terms of its ability to remain internationally competitive are in research. Therefore the focus for the time being is on research.

• **What do you mean by ‘health research’?**

‘Health research’ is defined by MAHSC as ‘research involving patients or human volunteers (and populations thereof) and/or any tissues, cells or molecules derived therefrom’. This is taken to include ‘healthcare research’ and ‘public health research’.

• **Will MAHSC ever extend its remit into education and training?**

The members of MAHSC already work very closely and successfully to provide education and training to a wide range of health professionals. There are also many other organisations in Greater Manchester (universities, colleges and NHS organisations) which play an equally important part in health education and training.

At present, there are no plans to bring education and training under the umbrella of MAHSC. Nonetheless, the MAHSC initiative (and the experience of joint working which underlies it) unquestionably puts Greater Manchester in a much stronger position to establish a collaboration around health education, training and innovation, should local circumstances or government initiative ever point in that direction.

• **We’re already working in partnership – what will be different about this?**

There are indeed many excellent partnerships between research teams and between institutions in Greater Manchester around specific projects or broad areas of common interest. These will continue and without doubt, more will be established in the future.

MAHSC is different because, for the first time, the seven most research-active organisations in Greater Manchester have agreed to pool their strengths across the whole research spectrum, to work very closely together under one banner and through one director, to make it possible for the City/Region to achieve its full potential in health science – to hold its own on the world stage of health research.

The seven member organisations have agreed a clear and ambitious vision, aims and purpose for MAHSC. They have also signed up to a series of first year tasks which will lay the foundations for ever greater success in coming years.²

This new strategic federation will make it easier for more project-specific partnerships (both within the City/Region and between our research teams and those elsewhere) to flourish.

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² The vision, aims, purpose and first year tasks are all specified in the Memorandum of Understanding (attached as an Appendix to these Frequently Asked Questions – see pages 8-11).
• How will it work?  Who will head up the centre?  Where will the centre be based? How will decisions be made and by who? Is there a leading organisation?

The 7 founding members of MAHSC have signed a Memorandum of Understanding committing them to work together, initially for a period of five years, in a federation which will provide a focus for leadership and co-ordination without the delay and distraction of major organisational change.

A Transitional Board is being established from July 2008 to agree the constitutional arrangements for MAHSC. This work is expected to be complete and endorsed by the Boards of all the members by October 2008.

It is planned that MAHSC will be accountable to a Governing Board of ten voting members plus an independent Chair (with a casting vote). Up to three of the voting members will be independent of the member institutions.

The Governing Board will appoint a Director as chief executive officer for MAHSC, who will be advised and supported by a small Executive Committee drawn from senior research leaders in Greater Manchester, with management/administrative and financial support.

There will be no ‘leading organisation’; MAHSC will be a federation.

• Who will be the Director of MAHSC?

Professor Alan North, the Dean of the Faculty of Medical and Human Sciences and Vice-President of the University of Manchester, will be the first Director of MAHSC.

• Will it just add another layer of bureaucracy?

No. One of the main objectives of Manchester Academic Health Science Centre (MAHSC) is to streamline and simplify decision-making and reduce the administrative burden on researchers and organisations funding research in Greater Manchester. A single director will be appointed, reporting to MAHSC’s Governing Board. One of the director’s tasks in the first year will be to identify any duplicated or unnecessary administrative procedures and standardise them. A single director, supported by an executive committee of some of Greater Manchester’s top researchers, will enable good decisions serving the interests of the City/Region as a whole to be made quickly.

• If this is such a good idea, why has it not been done before?

Perhaps it should have been done before – and many leading researchers in Greater Manchester believe that the City/Region would have been more successful in recent years in securing major research grants and attracting top flight researchers, if it had been done before.

MAHSC is being formed now because

• There is growing evidence that Greater Manchester is not realising its full potential as a health research centre (either absolutely or relatively).

• There are major changes and new challenges in the environment (expectations of funding bodies, Department of Health policy, ambitious organisational changes and investments in Imperial College London and University College London, etc.).
• There are opportunities flowing from the Government’s massive investment in health research and development programmes in the most recent Comprehensive Spending Review.

• There are opportunities for Greater Manchester – through closer collaboration – to make better use of resources, research infrastructure, population base; and

• There are opportunities for more strategic focus in health research in the city/region.

• There are opportunities to generate substantially greater benefit for the North West through the translation of its health research into improvements in healthcare, health and wealth.

• **How much will this cost?**

Really the question should be: how great will be the benefits of Manchester AHSC and to whom will they flow?

Of course, in the short term, there will need to be some limited investment in a handful of key staff to get the new federation going, but it is expected that within at most two years, the cost of these staff will be more than compensated by increased research income flowing into Greater Manchester and/or by making better use of infrastructure by eliminating unnecessary duplication or inefficiency.

With regard to benefits, it is expected that there will be:

• *Financial benefits* - by making the member institutions much more successful in attracting research income from government, research charities and commercial companies.

• *Health benefits* – by improving the dissemination of health research and translating new research into routine clinical and public health practice quickly.

• *Economic benefits* – by making Greater Manchester a magnet for investment in health research, generating jobs and other wealth creation.

• *Intellectual and cultural benefits* – by further strengthening the City/Region’s position as a ‘science city’.

• **Will research funding and resources be taken from individual organisations and pooled?**

No. The Directors of Finance of the seven member organisations have jointly developed and agreed a series of financial principles for MAHSC which explicitly protect the research funding and resources which currently sit with individual organisations.

MAHSC will establish consistency of financial modelling, costing and pricing across the seven members, and it will ensure the transparency of arrangements and funding flows essential to effective joint working. However, base line funding will be maintained within existing organisations; funding applications will be made by (and future funds will flow through) individual member organisations, not via MAHSC, although all material new projects will be approved collectively by MAHSC.
• **Will the focus be on the stronger areas of research, with the weaker ones becoming weaker – or vice versa, potentially damaging the stronger areas?**

The *vision* of Manchester AHSC is to make Greater Manchester one of the world’s leading research centres. Part of its *purpose* is to set Research Programme Priorities and create a Framework to achieve sustained Excellence.

*MAHSC* will need to decide which areas of research will contribute most to its achieving its *vision* and fulfilling its *purpose*. It will need to assess where it can genuinely aim to be world class and give greatest support to those areas. This may put more emphasis on areas which are currently strong, but not necessarily so - if an area which is relatively weak today is nevertheless judged to be critical to the overall success of Greater Manchester over the next decade, it might still attract investment.

• **Who will researchers be accountable to – the partnership HQ or their organisation?**

All staff of the member institutions who are involved in health research (see definition of ‘health research’ above) will belong to *Manchester AHSC*. Their contracts of employment and their accountability will remain with the relevant NHS trust or the University of Manchester. Honorary contracts will be issued in the existing manner by the relevant trust or the University, as required for clinical or research governance purposes.

• **Where does the Manchester Cancer Research Centre, the new Biomedical Research Centre, Comprehensive Local Research Network and other research partnerships fit in?**

They will all come under the umbrella of *Manchester AHSC* and it is expected that they will all benefit from it. However, their own structures, processes and accountability will remain unchanged.

• **There already are strong brands for research – such as the University of Manchester, Manchester Cancer Research Centre and individual hospital or trust names. Won’t another brand just be very confusing?**

All these brands are strong and they will be maintained. But with health research becoming ever more global and internationally competitive, the trend is for major health research centres (e.g. Cambridge, Oxford, Imperial, UCL) to project a single ‘corporate’ brand for their research centre, as well as brands associated with individual hospitals, disease programmes, colleges or other institutions.

*MAHSC* is expected to follow the recent examples of the University of Manchester and Manchester Cancer Research Centre in employing a top branding and marketing company to advise on its brand.

• **Is this about saving or cutting costs through pooling resources?**

One of the main objectives of *Manchester AHSC* is to improve and invest in the infrastructure for health research in Greater Manchester so as to make it a world class platform for researchers to use. Consequently, it is expected that the scale of that infrastructure will increase overall. However, the taxpayer would expect that *MAHSC* should take any sensible opportunity to eliminate waste and thus cut costs through pooling resources – and it will do this when it can.
• **Will jobs be lost?**

If *MAHSC* is successful, it will create jobs – possibly in quite large numbers.

Pooling of some of the research infrastructure between the seven members may lead to amalgamation of one or two departments, but this should lead to better career opportunities and more chance to specialise, for those directly affected.

One of the early objectives of *MAHSC* is to submit a major application to the North West Development Agency (NWDA) for a substantial investment over five years in the infrastructure underpinning health research in Greater Manchester. NWDA will only approve such an application if it is convinced that the investment will be of substantial economic and employment benefit to the North West.

• **Why this model? What evidence is there that this model is the way forward?**

Over the last six months, the CEOs (or equivalent) of the seven member institutions have been working intensively (with senior project support) to consider what model might work best in the context of Greater Manchester. The federated model is the one which gained support from all as offering the best balance and greatest potential to achieve what *MAHSC* is tasked with, while also ensuring that the members are able to continue to achieve their individual objectives.

The federated model has a number of major advantages over the unitary model (Imperial, Duke). These advantages include being more:

- inclusive – seven organisations, across the spectrum of care;
- flexible – with scope to grow (to include education, or to incorporate other organisations);
- accountable – locally and nationally;
- ‘owned’ – by researchers and by the Boards of the member organisations.

This model is also much less complicated to set up as it avoids the distractions of merger and major re-organisation. For the member organisations it brings a further massive advantage in that it limits the liabilities of the members, protecting the University from the financial, organisational and reputational risks of running healthcare, and protecting the NHS from the risks of running a higher education institution.

• **Why just five years initially?**

The world changes quickly, and the members wished to retain the flexibility either to change the model in five years, if that seems right, or to withdraw if membership no longer suits their own institution. Alternatively, if after five years *MAHSC* is living up to its ambition, there is obviously the option to extend its life for a further five years or more.

• **Is there the opportunity to widen the partnership to include other organisations?**

*Manchester AHSC* is not an exclusive club, and other organisations may be included at a future date. However, care would need to be taken not to dilute the effectiveness of *MAHSC* by extending its membership to include those who were less actively engaged in and committed to health research.
• **Is this new organisation an attempt to counter the health research might of Oxbridge and/or London?**

The five major health research centres in the so called ‘Golden Triangle’ (Cambridge, Oxford and London – Imperial, King’s and UCL) are currently better placed than Manchester or other centres in the UK to bid for research funds and attract the best researchers. The three main London research centres are all establishing their own academic health science centre to consolidate and strengthen their position in the extremely competitive world of international standard health research.

There is a grave risk that the gap between the ‘Golden Triangle’ and the rest (including Manchester) will get wider. The establishment of *Manchester AHSC* should enable Greater Manchester to ‘hold its own’ more effectively when it competes for research funds or researchers.

• **How will the establishment of MAHSC affect partnerships with other institutions (academic or NHS) in Greater Manchester and elsewhere?**

It is expected that research programmes which come under the umbrella of *MAHSC* will collaborate with other universities and other NHS organisations in the future just as they do today. The establishment of *MAHSC* is intended to make such collaboration easier by providing more focus and easier communication from outside with the research teams within the new federation.

• **Will there be any impact on or changes in NHS provision?**

In the short term – No.

In the longer term, if *MAHSC* succeeds in its aims of improving dissemination and translation of research into routine healthcare practice, enrolling more patients in clinical trials, and increasing research activity in hospitals, mental health services, primary care and public health in Greater Manchester, there should be *considerable and very positive* impact on NHS provision.

• **Why is Salford PCT involved and not Manchester PCT?**

Salford PCT is the host organisation for Greater Manchester’s bid for CLARHC (Collaboration for Leadership in Applied Health Research and Care) funding from the Department of Health’s *National Institute of Health Research* (NIHR).

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Frequently Asked Questions – prepared by Dr Peter Reading, Project Director, on behalf of the members of *Manchester Academic Health Science Centre*, June 2008
Appendix

Subject to Contract

Memorandum of Understanding

relating to the proposal
to establish

Manchester Academic Health Science Centre

Preamble
The Greater Manchester City/Region has a proud history of scientific achievement in health research\(^3\). Its record includes: the first hip replacement (which has transformed the lives of older people); the clinical location of the world's first IVF baby (which has transformed the lives of the childless); and the first RCT in cancer therapy (a surgical intervention at Christie Hospital). Beta blockers (which have revolutionised the treatment of heart failure) and tamoxifen (which has done the same for breast cancer) were developed at AZ's (then ICI) Alderley Park site on the edge of the conurbation.

This history is based on major strengths - the reputation of some leading research programmes; the excellence of its biological and life sciences; and some first rate research capability platforms. Greater Manchester also has some local attributes which enhance its potential to sustain this record of achievement far into the future – including the size of the local population and the range and severity of diseases from which that population suffers, which combine to make the City Region almost uniquely suitable territory for health researchers.

Greater Manchester can count itself potentially among the top half dozen health research centres in England – and the only one in that top six outside the ‘golden triangle’ of London, Oxford and Cambridge.

Notwithstanding this proud history and current strengths:

- There is growing evidence that Greater Manchester is not realising its full potential as a health research centre (either absolutely or relatively).

- There are major changes and new challenges in the environment (expectations of funding bodies, Department of Health policy, ambitious organisational changes and investments in Imperial College London and University College London, etc.).

Furthermore, there are:

- Opportunities flowing from the massive investment in the Department of Health’s research and development programmes in the most recent Comprehensive Spending Review;

- Opportunities for Greater Manchester – through closer collaboration – to make better use of resources, research infrastructure, population base; and

\(^3\) ‘Health research’ is defined (here and throughout this paper) as ‘research involving patients and human volunteers (and populations thereof) and/or any tissues, cells or molecules derived therefrom’. This is taken to include ‘healthcare research’ and ‘public health research’.
• Opportunities for more strategic focus in health research in the city/region.

• Opportunities to generate substantially greater benefit for the North West through the translation of its research into improvements in healthcare, health and wealth.

Until now, Greater Manchester has lacked the strategic leadership and co-ordination to make the most of its strengths and enable the rapid pace of scientific advances to be translated through a culture of innovation, into routine clinical and public health practice. Nor has it been able to make as strong a contribution as it might, either to the future economic and social vitality of the region or to addressing the health problems from which it currently suffers disproportionately.

**Manchester Academic Health Science Centre**

From 1st July 2008 the University of Manchester and the six most research-active NHS organisations in Greater Manchester have agreed to work together, initially for a period of five years, in a federation under the banner Manchester Academic Health Science Centre (Manchester AHSC), which will provide a focus for leadership and co-ordination without the delay and distraction of major organisational change.

Our **vision** is that by 2020 Greater Manchester will have become one of the world’s leading health research centres. By 2013 we will have established a number of internationally competitive health research programmes together with a world class research infrastructure.

Our **aims** are

a) To improve the health and healthcare of the residents of Greater Manchester through high quality health research;

b) To make Greater Manchester a magnet for inward investment by government, non-commercial and commercial research commissioners, and contribute substantially to innovation, enterprise and economic development in the City Region and wider North West;

c) To make Greater Manchester an international intellectual and cultural centre of health science, a ‘science city’, which has merit in its own right and attracts the best health researchers and healthcare workers to the conurbation.

Our **purpose** is to provide a focus for leadership and co-ordination in health research across the University of Manchester and the six most research-active NHS organisations in Greater Manchester. It is expected that this ‘whole’ will add substantially greater value than the ‘sum of its parts’ and deliver:

a) A shared **Vision and Strategy** for Health Research in Greater Manchester, including Agreement to Research Programme Priorities and a Framework to achieve Sustained Excellence.

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4 Central Manchester and Manchester Children’s University Hospitals NHS Trust, Christie Hospital NHS Foundation Trust, Manchester Mental Health and Social Care Trust, Salford Royal NHS Foundation Trust, Salford Primary Care Trust and University Hospital of South Manchester NHS Foundation Trust.
b) A collective Brand and Image for that research.

c) Establishment (through investment and streamlining) of an internationally competitive Platform of Research Infrastructure, co-ordinated and shared between the members of Manchester AHSC.

d) Agreement to the Shared Obligations of Members regarding research.

e) A strong Shared Mechanism for Intelligence Gathering

f) Increased Success in Securing Major Research Funding.

g) A Pipeline for Rapid Dissemination and Translation of Research Findings into routine healthcare and public health practice.

h) Development of the Next Generation of Health Researchers.

i) Support for Bid Preparation.

j) Harmonisation of Research Governance support arrangements (with UKCRN5).

k) Simplification and Streamlining of Decision-Making and Reduction in the Administrative Burden for Researchers (through speed and clarity in strategic and senior level decision-making, standardisation of administrative operating procedures and systems, etc.).’

In our first year we will

a) Agree and promote a Strategy for Health Research in Greater Manchester (incorporating revolving plans of CLRN, MCRc6, the BRC7, the CLARHC8, the Respiratory Clinical Research Centre and MIMIT9).

b) Agree and promote Five-year Strategic and One-year Business Plans with long, medium and short term deliverables which meet the shared needs of Manchester AHSC, its constituent members, the community the members serve and the AHSC’s major stakeholders.

c) Agree and promote a Brand for health research in Greater Manchester (which complements the brands and external relations of the individual members and allows them to retain their own clear identity, autonomy and accountability for financial and research governance).

d) Secure and start deployment of substantial additional investment (from NWDA and possibly others) in Research Infrastructure.

e) Streamline and/or establish key parts of Research Support.

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5 United Kingdom Clinical Research Network (within which the key agency locally is Greater Manchester Comprehensive Local Research Network – CLRN).

6 The Manchester Cancer Research Centre.

7 The Manchester Biomedical Research Centre.

8 Collaboration for Leadership in Applied Health Research and Care.

f) Establish a strong Shared Mechanism for Intelligence Gathering on new opportunities.

g) Establish effective Internal Governance Arrangements for Manchester AHSC.

h) Review (and confirm or amend) the Financial Framework Principles agreed by senior Finance representatives at their Workshop on 7th April 2008 (see Appendix 2).

i) Develop proposals (subject to agreement by the members) to establish a legally incorporated body (probably a Company Limited by Guarantee), owned by the members, to deliver certain agreed objectives of Manchester AHSC.

Manchester AHSC should not make a profit from research activities. It may however plan in the longer term to generate surplus income from successful bids to be re-invested by the federation for Greater Manchester-wide strategic priorities and investment. Member institutions will have the opportunity to withdraw from Manchester AHSC after one year and annually thereafter.

Statement regarding obligations of parties
This document sets out some of the proposed commercial terms which have been agreed between the parties in principle, subject to contract, however, this document is not intended to be legally binding or to give rise to any rights or obligations, nor does this Memorandum of Understanding constitute an offer to license or to share intellectual property, staffing, resources, premises or funding, or to purchase or supply services or goods on the terms set out in this document or at all. The terms set out in this document are only an expression of the current intention of the parties, and shall be subject to review and change as part of the process of establishing the best way ahead for the project. The parties believe that the terms outlined cover some of the major points but they are not intended to be exhaustive, and the parties reserve the right to alter, remove or add to the points identified during ongoing negotiations, and to withdraw from the project at any time should they choose to do so.
This Memorandum of Understanding will not take priority over pre-existing contracts or Memoranda of Understanding that the parties have already entered into, nor shall any party to it be liable for any breach of the Academic Health Science Centre Memorandum of Understanding which, in order to avoid, that party would have to breach another pre-existing contract or Memorandum of Understanding.

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Signed on behalf of the Boards of the seven members, June 2008.

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10 Discussions at Board and senior officer level with the NWDA indicate that the establishment of a legally incorporated body (such as a Company Limited by Guarantee) would be an essential prerequisite of the NWDA's accepting an application from Manchester AHSC for investment. This would be a minimum requirement to ensure proper governance arrangements for the receipt, disposal and accountability for any funds disbursed by the NWDA.