Manchester Academic Health Science Centre (MAHSC) Q&As
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1. *What is the difference between MAHSC and the research programmes and collaborations already in existence in Manchester?*

MAHSC is a legal membership organisation established in 2008 which brings together the University of Manchester and six NHS Trusts that lead in research and innovation in healthcare across Greater Manchester. The Trust members are: Central Manchester University Hospitals NHS Foundation Trust; The Christie NHS Foundation Trust; Manchester Mental Health and Social Care NHS Trust; Salford Royal NHS Foundation Trust; Salford Primary Care NHS Trust and; University Hospital of South Manchester NHS Foundation Trust. In March 2009, MAHSC was formally recognised by Government as one of the country's five Academic Health Science Centres following a formal bidding process and international review. All of the Member's existing research programmes and partnerships now come under the MAHSC 'umbrella'. By working together strategically to plan research and innovation activity in priority areas for the future, MAHSC aims to:

- maximise the benefits of its member's resources and assets including enhancing the success of existing research collaborations
- avoid duplication of effort and
- translate research into practice and innovative ideas into healthcare delivery more quickly and efficiently.

The letter of designation and the two parts of the bid to the Department of Health can be accessed at www.mahsc.ac.uk and all of the AHSC bid documents will shortly be available on the Department of Health website.

2. *Is MAHSC just focussed on research or does/will it also include training and teaching?*

MAHSC will encompass both research and education. MAHSC members will work closely with each other, with the Health Innovation and Education Clusters (HIECs) as they develop, and with other regional partners, to ensure the highest standards of education and workforce development.

3. *Isn't MAHSC in danger of creating another layer of bureaucracy?*

MAHSC is absolutely committed to avoiding this. It will work hard to streamline and harmonise processes across its members to both reduce bureaucracy for staff and to make the MAHSC members more accessible to external stakeholders. A small core MAHSC team will provide key operational support including identifying best practice across the partners and metrics on KPIs. The MAHSC team will also develop major funding bids and alliances on behalf of, and for the benefit of, its members.

4. *How will MAHSC avoid damaging/diluting/ strong existing brands such as the Christie's?*

There is no intention to damage existing strong brands across and within the Partners - on the contrary these brands, and the strengths of the member organsiations that they represent, are exactly what enabled MAHSC to achieve national designation. We do, however, need to develop a MAHSC brand that represents the unity and accessibility across the members and which can be used in harmony with the existing partner and programme brands as appropriate; not least to ensure that maximum benefit in international metrics is derived from the publications of staff from different members.

5. *What does 'research' mean in MAHSC?*

This is an important question. Research in MAHSC covers everything under the 'translational medicine' banner. This is often described in three phases. Phase One is "bench-to-bedside" - discovery science, preclinical studies and clinical trials. Phase Two is application into routine practice – where it influences clinical decision-making, patient behaviour, and health economics. Phase Three is developing a sustainable solution – embedding activity in relation to multiple environmental and policy factors. Thus, for MAHSC, research is multidisciplinary, involving academic scientists and technologists, non-clinical scientists, clinical investigators, allied healthcare professionals, and health and social scientists, with the support and involvement of the public. A byword for all MAHSC members is 'innovation' and openness to new ideas, practices and products.

6. *Does DOH designation mean more funding?*

The DOH designation did not attract allocated funding, but MAHSC, along with the other four AHSCs in England, is now recognised as an international centre for translational research with an approved strategy. This means we are now in a strong position to bid for major funding streams from DOH and from other funding bodies in the future.

7. *There will be costs associated with setting up and running MAHSC – who is funding this?*

These costs have been provided by equal contributions from each of the members and have been guaranteed for five years. The first year ends in July 2009.

8. *How much will MAHSC cost?*

Core funding from the members has been provided. This will cover set-up costs, establish a small core team, provide running costs, and support communications and management information. The next step is to establish the resource to deliver the MAHSC strategic priorities. This resource will come from major funding bids developed by the MAHSC core team and/or via individual programme and project grants. This funding will be significant. In the longer term MAHSC research is expected to save money and/or increase the quality of health and healthcare at no added cost.

9. *Will research funding for all seven members now be pooled?*

Each member will continue to manage and allocate its own research funding, but funding bids from MAHSC will include elements of activity agreed and identified across the members. Future funding may be awarded to MAHSC for all the members or there may be pooling of some strands of funding. MAHSC aims to ensure that each member is able to maximise its own contribution to, and delivery of, the MAHSC research priorities.

10. *Out of the seven members involved in MAHSC, who is leading on the project?*

MAHSC is leading the project, NOT any individual member. There is a MAHSC Board to which MAHSC's Director (Professor Alan North) and the management team is answerable. It comprises an independent external Chair, independent non-executive members, the CEOs of the six member Trusts, and the President of the University. Who leads on what depends on the issue. The Trusts convened the working group which led to the establishment of MAHSC and the University subsequently took the lead for its bid to the DOH as an AHSC. The University formally employs and accommodates the MAHSC team but they are full-time secondees to MAHSC. As we move forward all members will participate and be

represented on the management team and in working groups. It is also intended to develop 'extended teams' across Members in all the key operational activities.

11. How does the decision making process work?

The MAHSC Director, Professor Alan North, leads the Management Team. This is currently being re-developed after the designation. It is expected to include the heads of the Clinical Academic Sections, and the Enabling Academic Sections, as well as representative Trust Medical and Research Directors. We also intend to include representation from Pharmacy and Nursing, and, of course, the Chief Operating Officer.

12. What is/are MAHSC's unique selling point/s?

- **Width:** MAHSC is able to cover the full spectrum of health and healthcare and all three phases of 'translation' because it includes both a wide range of NHS Trusts from PCT to specialist disease, and an almost complete range of healthcare and other relevant disciplines. It also includes strong life science research within the University. This breadth is much less evident in the other AHSCs). Also contributing to the USP are the existing leading assets such as the Manchester Cancer Research Centre (MCRC), the Biomedical Research Centre, the National Primary Care Research and Development Centre (NPRCD), the Centre for Leadership in Applied Health Research Collaboration (CLAHRC), Manchester: Integrating Medicine & Innovative Technology (MIMIT), the Respiratory Research Group and NW Lung Research Centre and the Institute of Health Sciences (IHS).
- **Population:** MAHSC expects to be able to provide (in partnership with the other Trusts in Greater Manchester) a single access point to a patient population of c.3 million. This population is clinically needy and ethnically and economically diverse; the population is more typical of local health economies across the UK and internationally than are London or Cambridge (the site of the other AHSCs). This USP is enhanced by close collaboration with Greater Manchester's clinical local research networks (CLRN), one of only two areas across England which also has all topic specific areas represented. A UK lead in e-health (developed initially by Salford MAHSC members) promises to further support this USP.
- **Collaborative NW Ethos:** MAHSC has a number of strong partnerships with other NHS, University, Governmental and Commercial organisations across the NW providing the potential for further synergies across a population larger than Scotland and Wales combined.

13. What will MAHSC's key research areas be?

Five clinical 'priority areas' have been identified; all broadly defined:

- Cancer
- Cardiovascular,
- Inflammation and repair,
- Human development
- Mental health

In addition, MAHSC has a number of strategic 'enabling' initiatives to work across these which will also be the focus of research *per se:*

- enabling science and technologies (including repositories, 'omics, imaging, informatics & epidemiology),
- clinical trials
- implementation (health economics, primary care, e-health, assessment and economics)

The other cross cutting activity is Education & Training

14. What is driving AHSCs in Whitehall – health or science?

AHSCs were first described in Lord Darzi's report, 'High Quality Care for All', published in 2008. The overriding theme of the report is improvement in health and healthcare with quality at the core. Support and reward for innovation, clinically and cost effective innovation in medicines and medical technologies, and partnership between the NHS, Universities and industry are all highlighted as key enablers for advancing clinical practice. The importance of delivering on contributing to UK plc is also a key theme underpinning the enormous increase in funding for NHS R&D in recent years and in regard to its future maintenance.

15. *Are MAHSC research/findings etc going to effect real change now or for future generations?*

MAHSC's vision is long term. Many of the things we might view now as new or changing should be imbedded in the process and the culture in the years ahead and certainly for future generations. The DOH emphasis on translational medicine, where the AHSCs have a key role, is to make things happen quicker and more efficiently. This means that patients, the public, and the economy reap the benefits of research and innovation translation within years and not decades. MAHSC partners are already delivering against this.

16. What will the real/tangible benefits of MAHSC be to researchers?

MAHSC will do the following:

- More attention to the infrastructure available to support researchers and their easy access to it.
- More attention to their career development.
- Streamlined procedures and processes for research bureaucracy within and across the Members.
- Development of, and support for, larger, strategic bids for funding that would have been very difficult/impossible for any single member organisation in the past.
- A generally higher profile for the role of research and innovation in improving healthcare and health throughout MAHSC and in the Region more widely

17. What will the real/tangible benefits of MAHSC be to clinicians and allied health professionals?

These benefits will be:

- Acceleration of research findings into better practice, better products and better processes in patient care and in improved training.
- Better recruitment and status for all who work in an Academic Health Science Centre including the opportunity to become personally involved in research-related activities

18. What will the real/tangible benefits of MAHSC be to the 'man on the street'?

As well as healthcare, MAHSC research encompasses health and wellbeing. MAHSC's clinical priorities such as cancer, cardiovascular and mental health are all areas where prevention has as much potential as cure. This plays to MAHSC's USPs (above). We plan a 'scientist citizen' programme to help members of the public understand how they can be involved and thus help us in the future to benefit the community and perhaps even them and their families.

19. Where do doctors, nurses, managers etc fit into MAHSC?

We want all working in the Member organisations to be very aware of MAHSC and its aims and objectives; the future vision for healthcare development for everyone. To summarise we can imagine, say, 1% MAHSC Member staff at all levels leading research, 10-20% involved in research and innovation, and 100% interested in research and its results. The involvement of all healthcare professionals, be they clinicians, nurses, or allied health professionals and management staff, is vital to the success of MAHSC.

20. If a researcher/scientist wants to apply for funding or to carry out research, will they have to do it through MAHSC now?

No, the process for getting funding will remain the same at individual project and programme level but MAHSC will now start to organise and develop the priority areas (see previously) across the member organisations rather than at the individual organisation level. This will impact on new appointments and, in the fullness of time, MAHSC is likely to bid for major strategic and programme funds centrally with, of course, contribution or leadership as relevant from staff of individual members.

21. Will researchers be accountable to MAHSC or their own individual organisations?

They will be accountable to their own organisation and management but we intend to harmonise research performance indicators and research appraisal across MAHSC members. This will establish a baseline for activity and identify where we need to focus to achieve the MAHSC goals.

22. How will the research team/s work? Will member teams be working more closely on joint projects and if so, how will this be managed?

MAHSC aims to make it easier for researchers to work in a more inter-disciplinary way across its members – this is key to making the most of the MAHSC Partnership. As with any joint project the lead will be decided as appropriate on a case-by-case basis.

23. How will MAHSC impact on existing and new research being conducted into a specific area by each Trust? Will this now all be badged as MAHSC?

A number of key programmes and projects are already established by one or more of the partners but exemplify what MAHSC is all about and were highlighted in the MAHSC application. These 'assets' have informed the MAHSC priority areas and, as we move forward to build up research in those priority areas, their badging in relation to MAHSC will need to be considered as part of the branding issue (see 4 above).

24. What resources are assigned to MAHSC – both people and finance?

MAHSC currently has a small team of three full time employees (Chief Operating Officer, Research Operations Manager and a PA/Clerical Assistant) plus the Director (part-time). There may be one or two more additions to the team but it will remain small. The personnel resource for wider delivery of MAHSC priorities will come through secondments and 'extended teams', drawn from across the MAHSC members.

25. What are the expectations of MAHSC?

Expectations may differ slightly depending on who you talk to! For the DOH, AHSCs are the expected leaders for UK translational medicine and their role is to "focus on world class research, teaching and patient care...to take new discoveries and promote their application in the NHS and across the world". For the individual members, being part of MAHSC will enhance opportunities for cross working, access to funding, and increasing the quality and volume of research leading to health and healthcare improvement (and career development!). For external stakeholders MAHSC represents seven of Greater Manchester's leading healthcare research, education and delivery organisations so communication and accessibility will be simplified.

26. What are the specific outcomes expected of MAHSC?

The MAHSC bid provided the following 10 year vision and deliverables:

- More than 10 demonstrable health benefits
- More than 100 new senior national/international health researchers
- More than 1,000 research-enabled healthcare workers trained
- A tripling of commercial partnerships in drugs and devices
- Ethos of team science in health care, and superb research enablers
- Health-conscious population of "citizen scientists" created

27. Will MAHSC eventually absorb/overtake the Faculty of Human and Medical Sciences (FHMS) in the university or sit alongside it?

Faculty and MAHSC priorities will be fully aligned and Faculty staff will contribute fully to the MAHSC research and education agenda. Whether this will lead to a closer structural alignment is a matter for the longer term

28. One of MAHSC's goals is to 'deliver higher quality healthcare and health to the people of Greater Manchester and beyond.' Isn't that the job of NHS Northwest through the Trusts, PCTs etc?

Yes it is. But they can only fully deliver research-driven innovation if supported by the research community; exactly the support which MAHSC aims to provide. Conversely, the research community can only deliver if supported by the NHS; a function which MAHSC, with its diverse Trust membership aims to achieve. NHS Northwest has the responsibility for developing the region's strategic approach to health and healthcare and is a key supporter of MAHSC and also contributed to its establishment through fostering its predecessor working group (10 above).The full benefit will not be achieved without involvement of all Greater Manchester Trusts

29. How are we communicating with the other NHS Trusts that are not directly involved in MAHSC?

Working with other Greater Manchester NHS Trusts is very important to the ultimate success of MAHSC and its ability to reach out to the widest possible population. We will include and involve other Trust Partners in our work, for example, clinical trial recruitment programmes. We hope this will be the first step towards associate membership of MAHSC with the ultimate aim of having all Greater Manchester NHS colleagues as partners in MAHSC. We also aspire to work closely with other Greater Manchester universities

30. Does MAHSC aim to compete with the 'Golden Triangle' research centres?

Compete is probably the wrong word although clearly every AHSCs must constantly benchmark itself against the others to ensure we all strive for the highest quality of research and the most efficient translation to health and healthcare delivery.

We are first among equals, as indicated by our DOH designation, but each AHSC has its own character and set of research priorities and we intend to learn from each other and work together wherever possible. Part of the AHSC mentality and culture must be to overcome parochial viewpoints and the 'not invented here' syndrome. Each AHSC has something important and unique to offer not only to its own population but also nationally and internationally.

31. Will MAHSC work with the other AHSCs?

As part of our application to DOH we agreed to work closely not only with our UK colleagues but with the University of Pittsburgh Medical and Center and the Academic Medical Center in Nijmegen, Netherlands as our international partners.

32. How does MAHSC intend to ensure that patients remain at the heart of what it is doing?

MAHSC is very clearly focused on three objectives: the first two are research and education which together will inform and impact positively on the third, health and healthcare. Each of the Trust partners has a primary remit for patient care, and many of the research leaders in MAHSC are also clinicians. The MAHSC management team will also include representation from Medical Directors, Pharmacists and Directors of Nursing from our partner NHS trusts. These individuals will ensure that there is close alignment with and relevance to patient care. There are several important research programmes under the MAHSC umbrella which focus particularly on the patient interface including the IHS and the CLAHRC (see 12).

33. How is MAHSC going to evaluate its success or otherwise?

A series of Key Performance Indicators (KPIs) are being developed for all of MAHSC's activities - some examples of these KPIs/deliverables for the 10 year vision are given in the answer to question 26. The MAHSC business plan will detail the programmes and projects that will deliver the MAHSC vision and the KPIs against which each will be measured. These will be reviewed regularly to ensure MAHSC is progressing as it should. If we are not then remedial action will be taken.

34. Will there be any benefits of MAHSC to employment/economy?

It is not the aim of MAHSC to employ large numbers of people directly but contributing to the NW and wider economy is a key aim. Employment opportunities are likely to arise through MAHSC interaction with industry in the region and wider UK and by acting as a beacon for inward investment. It is also probable that there will be some new posts coming up to deliver against MAHSC strategic funding programmes in one or more of the members organsiations. If health improvement in the NW is achieved this should also help to improve employability of NW citizens.

35. How long will MAHSC last?

MAHSC has received DOH designation for five years subject to various quality and performance criteria and the members have also allocated core funding for that period. We will seek re-designation at the end of the five years as our vision is long term and some of the current targets described in the bid for AHSC status require 10 years to deliver.

36. Will MAHSC have a physical presence in Manchester i.e. a HQ?

The MAHSC core team is located in offices rented from the University in the Faculty of Human & Medical Sciences so this is the present 'HQ'.

37. Will the credit crunch affect MAHSC?

The MAHSC organisation must use its funding to maximum effect like everyone else, there may be less funding available from both public and private sources than in previous years but, at the same time, the credit crunch offers opportunities. MAHSC can streamline processes and achieve economy of scale, the pharma and biomedical industry is considering outsourcing a greater proportion of its research activity and MAHSC's research and innovation programmes will aim to save money or improve quality at zero cost.