



**National Institute for  
Health Research**

**Advisory Board**

8 September 2010

**Note of meeting**

***Members Present:***

Angela Barnard  
Hilary Chapman  
Mike Cooke  
Sally Davies (acting Chair)  
Simon Denegri  
David Foster (for C Beasley)  
Russell Hamilton  
Liam Hughes  
David Loughton  
Patrick Maxwell  
Michael Moore

Jonathan Sheffield  
Anthony Smith (for M Farthing)  
Stephen Smye  
John Tooke

David Adams (for his presentation)  
David Cox  
David Kryl (for metrics item)  
Tony Soteriou

***Secretariat:***

Sally Bishop

***Apologies:***

Candy Morris  
Chris Beasley  
Peter Beresford  
Kathy Doran  
Nigel Edwards

Michael Farthing  
Danny Keenan  
Bruce Keogh  
Ron Kerr  
Malcolm Lowe-Lauri

**Welcome and apologies.**

1. Sally Davies welcomed everyone to the meeting. Sally was Chairing (as CMO) in Candy's absence. Apologies are noted above.

**Note of last meeting**

2. It was noted that Michael Moore was present.

### **Presentation by Professor David Adams**

3. Professor Adams described the work of his Unit and the very positive benefits derived from the creation of the Birmingham NIHR Biomedical Research Unit. These included the ability to leverage the involvement of the NHS in research and of universities in the translational agenda
4. The Board commented that BRUs have the advantage of focus on a specific problem.

### **NIHR updates**

5. Russell Hamilton updated the Board about the plans to simplify **research regulation**. Simon Denegri said that there was a lot of support among his members for a Single Research Regulator. He agreed to respond to the Academy of Medical Sciences consultation to make this point.
6. The Board were glad that the **NIHR Office for Clinical Research Infrastructure** was being positioned as a 'router' for research rather than as a 'one stop shop'.

### **Research Support Services**

7. Russell Hamilton updated the Board with plans for **Research Support Services**. The Board were supportive of the direction of travel.

### **NIHR Monitoring and Evaluation**

8. David Kryl presented plans for monitoring and evaluation of NIHR Activity. The Board agreed that this would provide rich data including longitudinal tracking of things like the careers of trainees. The board felt that it was important to focus on tracking progress with NIHR's 5 main objectives.

### **NHS White Paper**

9. The Board expressed concern about the (lack of ) incentives for GP consortia to support research. Those in secondary care are not party to negotiations about arrangements for GP commissioning so they could not influence or speak up for research. However, much of the commissioning, which would be relevant to research, was likely to be done by through national and specialist commissioning arrangements. These were more likely to be supportive of research.

10. Concern was expressed about the ability of GP consortia to manage the research governance process.
11. It would be important to ensure the research is written in to the duties of commissioners (GPs/the Board/specialist commissioners), CQC and the other regulators. Patients should also be made aware of research, which they could join. Research could be included in the National Patient Survey. **Action: DH to look into.** Mapping of PPI involvement could be done at a later date.
12. There was some concern about how the networks could work with GPs, but it was reported that initial meetings with GP consortia had gone well. The CLAHRCs were helpful in this regard.

### **AoB**

13. Dame Sally said that DH would be drafting a 5-year plan for NIHR in the new year.

**Date of next meeting:** 19 January 2010