



**National Institute for  
Health Research**

**Advisory Board**

**7 January 2009**

**Note of meeting**

***Members Present:***

Candy Morris (***Chair***)  
Peter Beresford  
Mike Cooke  
Sally Davies  
David Foster (for C Beasley)  
Liam Hughes  
Andy Haines  
David Loughton  
Malcolm Lowe-Lauri  
Patrick Maxwell

Michael Moore  
Hilary Scholefield  
Jonathan Sheffield  
Stephen Smye

***Secretariat:***  
Sally Bishop

***Presentation:***  
Professor Peter Selby

***Apologies:*** Angela Barnard

Chris Beasley  
Simon Denegri  
Kathy Doran  
Nigel Edwards  
Russell Hamilton  
Danny Keenan  
Ron Kerr  
Bruce Keogh  
John Tooke

**Welcome and apologies**

1. Candy Morris welcomed everyone to the meeting, The Board offered congratulations to those members honoured in the New Year's honours list:
  - Sally Davies made a Dame (for services to medicine).
  - Malcolm Lowe-Lauri awarded a CBE for his services to the NHS
  - Jonathan Sheffield awarded an OBE for services to the NHS
2. Apologies are noted above.

### **Note of last meeting**

3. The minutes were agreed.

### **Policy Update**

4. Sally updated the Board on a number of developments which relate to NIHR business:

- The **Academic Health Sciences Centres** Panel will be chaired by Sir Ian Kennedy and meets in early March.
- **Health Innovation Education Centres** continue to be developed.

The Board were concerned that the Department was in danger of developing confusing parallel agendas for innovation and research. They said that better co-ordination was needed to ensure that an artificial 'wall' was not created in the innovation pathway, and that lessons should be learned from past experience in the NHS – particularly the Modernisation Agency and its lack of built-in evaluation. Candy reported that Andy King of DH had been tasked with pulling all the strands together. She said that she would speak to David Flory if a note could be drafted.

**Action: Sally and Candy**

- The **HEFCE Research Assessment Exercise** had recently concluded. The R&D team had looked at the results and concluded that applied research had, in general, been properly recognised and judged. The Board expressed concern about the low scores of Allied Health Professions.
- Research will be mentioned in the **NHS Constitution** and is now in the new **NHS Operating Framework**.
- DH R&D is now taking steps to ensure that research is included in **NHS Quality Accounts**. The Board agreed that this is essential.

**Action: Steve Smye to speak to Neil McKay in support.**

- Dr El Turabi presented the latest mock-up of the **metrics** dash-board. The Board thought that this would be very helpful to them in their ambassadorial role as well as to NIHR for management and strategic purposes.

Sally Davies agreed to consider including the metrics as 'Quality Accounts' in NIHR's Annual Report.

**Action: Sally Davies**

## **National Ambitions**

5. Sally reported that NIHR and MRC had written out to research leaders asking for suggestions for the 'National Ambitions for Translational Health Research'. The Board felt that the term 'National Ambitions' was somewhat misleading as what was being sought were not new aspirations but a 'stock-take' of what would be delivered with current resources.
6. The Ambitions that come through from the current trawl will need careful filtering. They could impact on future decisions i.e they may result in the focussing of industry funds and the constraining of other activity. The Board were happy to act as a sounding board.
7. It was agreed that it would be useful to engage the public and ignite their enthusiasm for research once the Ambitions are published.

## **8. NIHR Comprehensive Network**

9. Professor Peter Selby updated the Board on developments so far with the Comprehensive Network. The Board were impressed with progress to date. Sally Davies offered her thanks to the whole Network team.
10. The Board suggested that an eye should be kept on the ratio of randomised v. non-randomised studies, and that earlier intervention and non-disease specific studies such as pain management were important and should be included in the network portfolio.
11. Professor Selby responded that the networks could only support studies funded by others but that the Networks did feedback information to funders about the studies being supported. This would help to open the debate about under-represented areas.
12. Candy said that comparative data between each SHA was always very helpful in encouraging those who lagged behind. Sally agreed that DH would feed back to SHAs and others about their 'performance' with the networks.

**Action: DH**

## **NIHR RISC Programme**

13. The Board welcomed and accepted the proposals in Malcolm Lowe-Lauri's paper. It was agreed to insert the word 'normally' when referring to the 18 month project life. If the number of proposals increases, thought would be given to issuing calls more than once a year.

**Action: Malcolm to work with NIHR staff to re-engineer the programme and review it in one year's time.**

## **NIHR Regional Conferences**

14. Planning of these conferences was going well. They are being pitched as Regional R&D conferences to ensure local buy-in but the whole range of initiatives the NIHR offers would be on show in the exhibitions, plenary sessions and workshops. The first conference would be in East Midlands on 4 March and any lessons learned from that would be used to adapt the future events.

## **Date of Next Meeting**

6 May 2009