

act

Addenbrooke's
Charitable Trust

Registered charity number: 1048868

..... Supporting research for
..... innovation and excellence
..... in healthcare

..... Positioning, policy
..... and practice

March 2015



About ACT

Addenbrooke's Charitable Trust (ACT) is the independent registered charity for Cambridge University Hospitals NHS Foundation Trust (CUH), which includes Addenbrooke's and the Rosie hospitals.

Its mission is to provide support for the care, research and education provided by CUH, achieving benefits for patients that are over and above those that can be achieved through mainstream funding alone. Our goal is to be a leading NHS charity widely recognised as achieving exceptional benefits for patients and a highly trusted organisation that delivers results.

Our support for CUH ranges from provision of small grants (e.g. for accessible picture menus for patients) to larger projects to upgrade facilities and provide exceptional levels of care for patients (e.g. state-of-the-art robotic surgery for prostate cancer). We raise monies through community fundraising, trusts and foundations, corporate partnerships, legacies, philanthropic gifts and our '1766 Club' for individuals able to donate an annual gift of £1,000 or more.

Funding medical research is part of our support. We do this so that research can drive evidence-based practice, innovation and excellence in patient care, not only for the benefit of present and future CUH patients but also to benefit the wider NHS. We aim to extend our credentials as an influential funder of research through investments that maximise the impact of the funding we provide and to achieve this in partnership with researchers and other funders such as the National Institute of Health Research (NIHR), Cambridge Biomedical Research Centre (BRC) and the Evelyn Trust.



Funding medical research

ACT provides financial assistance for clinical research projects that drive evidence-based practice, innovation and excellence in patient care for the benefit of present and future CUH patients and the NHS.

Highly focused investments maximise the impact of the funding we provide.

Priorities

Our ambitions are to:

- support innovative research
- ‘pump prime’ (pilot) projects and new initiatives
- invest in Cambridge people - doctors, nurses and allied health professionals and healthcare scientists
- build clinical research capacity at CUH and within the wider NHS.

We support research of importance to patients and the NHS, encompassing better ways to diagnose, detect and screen for disease, prevention of disease, the discovery, development and evaluation of new treatments and aetiological research directed at understanding what goes wrong in disease. This ranges from laboratory-based research, trialling new therapies and optimising existing ones, better meeting individual care needs, clinical management and the delivery of healthcare services¹.

A recent survey shows involvement in research is important to patients and the general public². The research we support typically provides participation opportunities in clinical studies and/or the use of patient tissue and blood samples and patient data.

Naturally, working in partnership with CUH and the University of Cambridge, the research we fund reflects the opportunities and strengths of CUH’s research community. Approximately half our past funding has been allocated to cancer research with a prominence of developing new ways of screening for, detecting and diagnosing cancers (often less intrusive for patients) and discovery of potential new cancer treatments. We also funded other health categories such as reproductive and child health and gastroenterology. We shall continue to support this research and use available funds to further encourage clinical evaluation of new treatments (and optimisation of existing treatments), improvements in clinical management and delivery of healthcare services (including less costly alternatives).

Other areas of healthcare such as cardiovascular, stroke, mental health and neurology which impose substantial health problems and economic burden are under-represented in ACT’s current research portfolio and we aim with appropriate opportunities to redress the balance.

ACT supports a broad spectrum of research of relevance to patients in the NHS



The type of research we fund

Diversity is valuable for early stage research in particular where patient benefits require translation and a long term perspective.

CUH researchers are our daily partners in ultimately delivering patient benefit and innovation and excellence in healthcare. We strive to best match our funding models to research opportunities:

- **Reactive** – open call for proposals in keeping with areas of research set out in this document
- **Managed** – annual competitive call for Cambridge Clinical Research Fellowships and, from time to time, calls for proposals in specific areas (e.g. Parkinson’s disease)
- **Innovative** – supporting or initiating programmes of research of exceptional relevance to patients and/or the NHS that otherwise would not be possible.

Typical ACT research grants are:

Pilot (pump priming): the main stay of ACT research awards supporting scientific creativity, innovation and generating pilot data to strengthen applications for external funding.

Bridge: filling temporary gaps between major funding awards to allow research projects to continue or prevent disintegration of valuable research teams; also used as short term support for researchers new to CUH (i.e. to establish ‘Cambridge credentials’).

Fellowships: a dedicated funding stream for Cambridge Clinical Research Fellowships to support doctors, nurses, midwives and allied health professionals at the entry point to the academic research training pathway. Other short duration fellowships are available for other transition points in the research training pathway.

Infrastructure: e.g. purchase equipment to open up new avenues of research or enhance CUH research capabilities; support staff.

Training: e.g. new experimental techniques or equipment.

How we select high quality research

We use peer review as a way of assessing the quality of research ideas by subjecting proposals to scrutiny by qualified experts. ACT is committed to efficient, fair and expert peer review and relies on CUH’s Research Advisory Committee (RAC) to recommend meritorious proposals. We may also use specially convened panels.

Building principles for our peer review

Accountability and impartiality - publishing RAC and Grants Committee members: a significant portion of RAC members are not current beneficiaries

Balance - the RAC reflects a fair balance of expertise, experience, scientific and clinical backgrounds

Independence - RAC recommendations are independent of ACT and other trustees.

Peer review criteria used by RAC

- Scientific merit, innovation
- Investigator qualification or potential
- Relevance to CUH’s strategic properties
- Opportunities for research training and co-funding
- Potential value to patients and their families
- Likelihood of generating new, relevant knowledge in the short to medium term.

Allocating research funding



Adding value

Driving innovation and excellence in clinical research

An independent impact evaluation (2013) showed 77 of the 177 ACT research grants awarded between 2007-2013 were for £25,000 or less and in the main provided pilot and bridge support. Looking at the longer term impact of a sub-set of these awards, 21 of the 33 grantees (2010/11) reported their awards (which cost £327,781 to ACT) contributed to securing external funding of approximately £4.1m, i.e. a 10-fold multiplier effect. We will work with our donors and supporters to sustain this successful funding stream so that ACT remains a nimble, flexible funder of pioneering research at CUH.

An overview of ACT funded research 2007-2013

- 18 fellowships (2007-2012) totalling £0.8m
- 117 research awards (2007-2013) totalling £2.7m
 - More than 200 scientists supported
 - Wide dissemination of research findings in peer review journals (100+ research papers), presentations (e.g. scientific conferences, patient support groups), training and awareness raising for hospital staff, internet resources, broadcast media



Investing in people and building research capacity

Fostering the future leaders of clinical research is critical in building research capacity both within CUH and nationally³. ACT's Cambridge Clinical Research Fellowship scheme provides fellowships (one year or less) positioned at the entry point of the academic research training pathway. As a springboard, fellows gain experience and generate pilot data to enhance applications to external funders such as the Medical Research Council, Wellcome Trust or NIHR leading to a 3-4 year programme of research and PhD qualification⁴.

In 2009, ACT awarded a Clinical Research Fellowship to Dr Hamid Raza Ali for '**Digital morphometric analysis of cancer stem cells in breast carcinoma**' which formed year 1 of Raza's PhD, with years 2 and 3 supported by the NIHR Cambridge BRC. Raza published high profile research papers and participated in media interviews. In 2012, ACT granted Raza a research award to strengthen an innovative collaboration with the University of Cambridge's Institute of Astronomy. Raza was recently appointed as Clinical Lecturer in the Department of Pathology at the University of Cambridge.

In 2014, we piloted fellowships for nurses, midwives and allied health professionals (in collaboration with NIHR Cambridge BRC and Professor Christi Deaton, Professor of Nursing at the University of Cambridge) which are highly focused on practical aspects of clinical care close to patient benefit.

Cambridge Clinical Research Fellowships are currently co-funded by the NIHR Cambridge BRC, in partnership with the Evelyn Trust alongside ACT's unrestricted and restricted funds. We seek donations to secure the viability of these training fellowships and address other gaps in the research training pathway (e.g. at the intermediate level or transition to independent researcher).



Our strategy of seeding innovation, pump-priming and fuelling the research training pathway means the projects we support are sustainable, feeding into external funding schemes. This should be viewed against the background that each year in the UK, every pound spent on medical research returns gains of around 40p (including direct health benefit gains of 10p, 9p and 7p for cancer, cardiovascular and mental health respectively⁵).

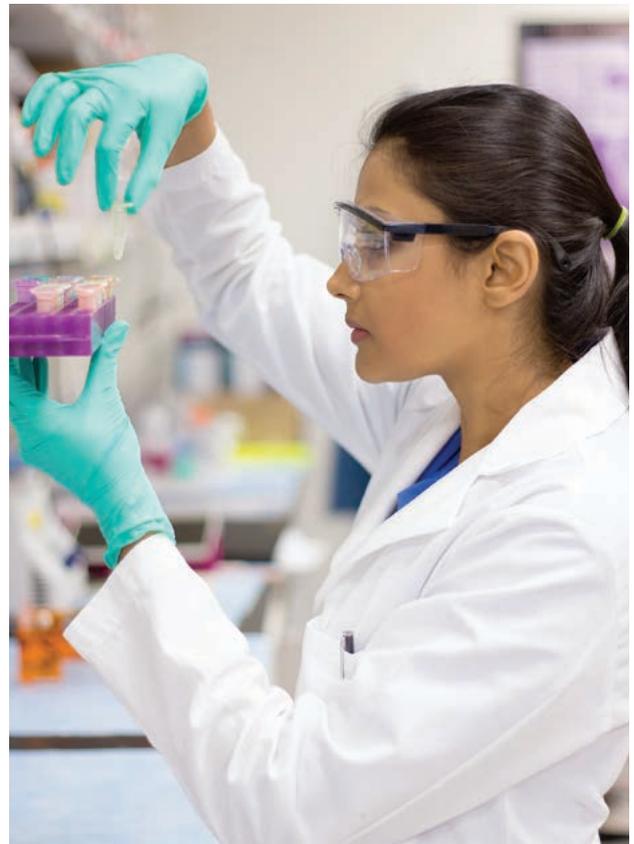
Leverage, the multiplier effect, is part of delivering value for money for donors. However, for experimental medicine⁶ and translational research (including early phase clinical trials⁷) the recognised scarcity of external funds and low probability of success of clinical research proposals considered by the major funders impedes turning laboratory based research into deliverable patient 'products'^{8,9}. We shall use innovative funding mechanisms to initiate larger translational programmes

of research and experimental medicine. Few centres are better equipped than CUH to achieve these translational aspirations – CUH is a rich pool of clinical and scientific expertise coupled with access to key technological infrastructure and resources and a shared campus encourages cross discipline collaboration between clinical teams and world-class scientists – all geared towards absorbing research findings into practice and turning basic scientific discoveries into new therapies and innovative healthcare. The NIHR league tables of clinical research activity 2013/2014 ranked CUH in the top 10 (out of 400+) with 10,698 patients recruited into 350 clinical studies¹⁰ and CUH hosts the Cambridge Clinical Trials Unit (CCTU) currently with 37 active trials.

Beneficiaries

Researchers and CUH are the first hand beneficiaries of ACT research funding. A longer term perspective is important when considering tangible patient benefits. For cancer research there is an average 15 year time-lag between research investment and eventual patient impact⁵. Nevertheless, ACT has successfully funded projects with short-term benefits and is vigilant for similar future opportunities.

- Dr Marcus Redley (£22,778) undertook the challenging topic of assessing and improving the quality of care provided for individuals with learning disabilities at Addenbrooke's Hospital. The study findings were widely disseminated locally and nationally and used to raise awareness, stimulate discussion and for training of staff at Addenbrooke's.
- Research conducted by Ms Karen Miles (£8,338) changed clinical practice in the East of England for the follow-up care of women who experienced hypertension during pregnancy. The study was presented at national conferences and Karen received the Hypertension Society Research Nurse Award 2012.



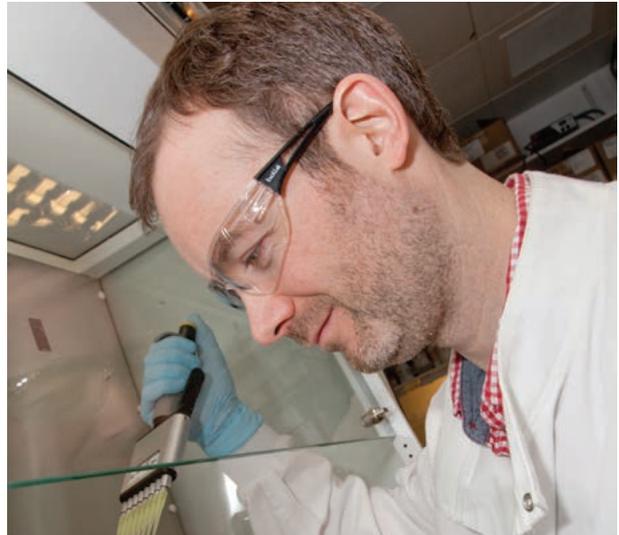
Values and commitments

Value for money is important. The intention of ACT is to provide 'niche' funding to initiate research, support professional development or deliver patient benefit.

ACT is committed to working in partnership and strategic collaboration with CUH and other organisations where this will lead to greater public benefit. This currently includes the NIHR Cambridge BRC and Evelyn Trust and we aim to extend these partnerships.

Collaborative investment in people

(£13,709 co-funded with NIHR Cambridge BRC): Dr Nicholas Matheson used this bridge / post-doctoral mini fellowship award to identify more than 100 proteins which are targeted by the HIV virus, providing better insight into how the virus evades detection by the immune system and new ways of targeting anti-viral therapeutics. Nicholas was a past recipient of an ACT Cambridge Clinical Research Fellowship who subsequently secured a Wellcome Trust Clinical Research Training Fellowship.



Dr Nicholas Matheson – past recipient of an ACT Cambridge Clinical Research Fellowship

Unrestricted donations (i.e. without the donor specifying a particular area of research the donation should be spent on) are highly valued as providing flexibility in funding and allowing support for a broad spread of research.

Some donors may wish to restrict their monies to a particular area of research and we ensure restricted donations support high quality research in the designated area. For example in 2014, a legacy restricted to Parkinson's disease allowed ACT to hold an inaugural, competitive call for proposals.

We will promote the best and timely use of existing and newly raised funds and ensure approved research projects are responsibly resourced.

Our grantees are encouraged to disseminate their research findings in a timely fashion through multiple avenues.

We support high quality research that in the short-medium term is expected to generate new knowledge of relevance to patients and the wider NHS.

This commitment applies to the processes by which research is selected for funding, robust research governance, transparent monitoring and progress reporting of funded projects and evaluation of longer term impact.



Dr John Bradley - Director of Research & Development, CUH and Chair of the Research Advisory Committee

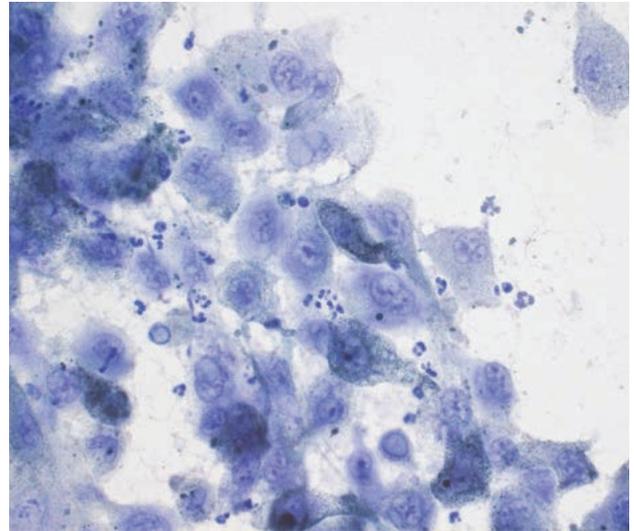
Getting in touch

ACT is very grateful to our past and current donors. We acknowledge their support in our annual review, on our donor recognition wall, our website and other publications.

To find out about how you can help support medical research visit our website or contact Susanne Owers, Director of Fundraising by calling 01223 217757 or by email: susanne.owers@addenbrookes.nhs.uk.

Researchers - please visit our website to register for email alerts about latest funding opportunities at www.act4addenbrookes.org.uk/ACTEmailUpdates.

Feedback - we strive to refine and extend our abilities to fund research and welcome your feedback and suggestions, jenny.longmore@addenbrookes.nhs.uk



End notes

- 1 The categorisation of the types of healthcare and research activities supported is based on the Health Research Classification System (HCRS) developed by UK Clinical Research Collaboration [<http://www.hrcsonline.net/rac>] and used by a number of small and large medical research charities.
- 2 <http://www.crn.nihr.ac.uk/blog/news/nine-out-of-ten-people-would-be-willing-to-take-part-in-clinical-research/>
- 3 Developing the role of the clinical academic researcher in the nursing, midwifery and allied health professions' Department of Health, 2012; 'Response to the Shape of Training Review' Academy of Medical Sciences 2013; 'Shape of training call for evidence: joint submission from supporters and funders of health research' Association of Medical Research Charities 2013; 'Securing the Future of Excellent Patient Care' Final report of the independent review led by David Greenway 2013 www.shapeoftraining.co.uk
- 4 [http://www.act4addenbrookes.org.uk/Portals/0/Uploads/Research/Summary%20of%20fellowship%20evaluation%20\(August%2014\).pdf](http://www.act4addenbrookes.org.uk/Portals/0/Uploads/Research/Summary%20of%20fellowship%20evaluation%20(August%2014).pdf)
- 5 Briefing Document 'Medical Research: What's it Worth? Estimating the economic benefits of cancer-related research in the UK' 2014 www.wellcome.ac.uk/economicbenefitscancer
- 6 Defined by the Medical Research Council as 'Investigation undertaken in humans, ... to identify mechanisms of pathophysiology or disease, or to demonstrate proof-of-concept evidence of the validity and importance of new discoveries or treatments', precedes late stage clinical trials.
- 7 Rubio DM et al Defining Translational Research: Implications for Training. *Acad Med* 2010 85: 470–5.
- 8 <http://www.ukcrc.org/research-infrastructure/experimental-medicine/joint-funding-initiatives/>
- 9 'A review of UK Health Research Funding' by Sir David Cooksey 2006
- 10 <http://www.theguardian.com/healthcare-network-nihr-clinical-research-zone/table/nhs-trust-research-activity-league-table-2013-14>

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