

ACADEMIC HEALTH SCIENCE CENTRES DH QUESTIONS AND ANSWERS 7 NOVEMBER 2008

Contents

1. Purpose and context
2. Designation criteria and process
3. Post-designation

1. Purpose and context

What is the Government's policy objective in running an AHSC designation process?

Our AHSC policy needs to be seen within a wider context.

The past few years have seen an increased desire and energy amongst universities and their NHS partners to work together more closely. The purpose is to realise the synergies between research, education, and health services to deliver better patient care and create a virtuous circle.

The Department's overarching policy objective is to enable that movement to flourish – as part of a broader Government strategy of fostering innovation for the benefit of UK plc, local communities, and of placing high quality care at the heart of the NHS, as envisaged in Lord Darzi's report *High Quality Care for All*. A range of policies aim to help foster a pioneering NHS - Health Innovation and Education Clusters, innovation hubs, innovation funds and challenge prizes, SHA duties to foster innovation, NHS Evidence, the NIHR health service research programme, BRCs and CLAHRCs.

Our policy to designate a small number of partnerships as Academic Health Science Centres through an international peer review process should be seen as just a part – albeit an important part – of that bigger picture.

It is based on a judgement that the most effective way of optimising the benefits of these partnerships includes through the Government formally recognising the excellence of a small number, thereby enabling these to flourish at a faster pace than they would otherwise have achieved – including, for example, competing for global talent.

Whilst designation is a binary process, the effect of designation will not be zero-sum. Government recognition as an Academic Health Science Centre is not a necessary condition for trusts and universities to develop excellent partnerships. Inevitably, some partnerships will be disappointed in the designation process, but many have told us that this would not stop them from proceeding with their vision.

The Government will also actively support partnerships through a range of other ways, for example the proposed Health Innovation and Education Clusters.

And whilst Government recognition will be a strong marker of excellence across the combination of a broad base of research, education and patient care, we fully recognise that this does not preclude other partnerships achieving comparable excellence in more specific areas.

What are the benefits of becoming an AHSC? Will designated organisations be supported by additional central funding?

The main benefit is recognition and prestige.

It is not the Department's current plan to provide central funding to organisations achieving AHSC status. We recognise that, over time, these institutions are likely to draw in additional funding.

The Department of Health is committed to working with designated AHSCs to help them flourish. This commitment includes, but is not restricted to, considering whether changes to legislation are desirable - for example, to allow more integrated governance arrangements.

How will AHSC status be awarded?

An international peer review panel will recommend designation of AHSC status. The panel will be chaired by Sir Alan Langlands (Vice Chancellor of Dundee University, and former Chief Executive of the NHS in England). The panel will make recommendations to Secretary of State.

How many AHSCs will be designated and who should apply?

The panel will expect designated organisations to be able to compete internationally alongside leading AHSCs elsewhere in the world, such as Harvard, Johns Hopkins and the Karolinska Institute. It seems most likely that only a small number of applicants will reach the standard expected by the international panel in this designation process, and that expectation was clearly set out in *High Quality Care for All*.

There is no pre-determined number of AHSCs. The number will depend on the quality of applicants. Comprehensive Biomedical Research Centres may well wish to apply, but the designation process is certainly not restricted to them.

Do existing AHSCs have to apply?

Any partnerships that wish to be recognised by the Government as AHSCs will need to apply to the panel.

What is the role of the SHA in the designation process?

SHAs will have a role. They are responsible for promoting innovation. They are also responsible for local system management and oversight of commissioning. For these reasons, applicants will be asked to demonstrate SHA support for NHS partners.

2. Designation criteria and process

Who is on the panel and how will they know about the NHS?

The panel comprises eminent individuals with a wealth of experience in patient care, education and research and their effective integration. Membership is drawn from across the world. The Department of Health AHSC team will ensure that panel members receive background briefing on the NHS. The panel chair, Sir Alan Langlands, was Chief Executive of the NHS in England from 1994-2000.

How will the international panel differentiate between applicants?

The criteria will be about a combination of track record and future potential.

Three criteria will be about track record: (i) excellence in biomedical clinical and applied health research that is of international standing across a range of interests and of critical mass; (ii) excellence in undergraduate and postgraduate medical education and (as appropriate) other areas of healthcare and health science education; and (iii) excellence in patient care.

The fourth criteria will be about promise - the vision, ambition, and partnership arrangements for delivering benefits in patient care, with an emphasis on benefits for the local community. This is the key.

Governance arrangements will need to be clear, robust and based on what is legally possible at present.

International models of AHSCs demonstrate a plurality of governance models. There is no one preferred type of governance model.

All applicants will also need to be financially sound. In practice, this probably means that the panel would expect NHS Foundation Trusts to have a Monitor financial risk rating of 3 or above, and NHS Trusts to have satisfied the SHA that they are not financially challenged, that they are performing well and are financially sustainable. For university partners, the panel is likely to expect HEFCE to be able to confirm that they are not 'at higher risk' financially.

Assessment against the criteria will not be a mechanistic process – not least because education and patient care metrics are less clear than research metrics. Instead, assessment will involve the exercise of expert judgement by

the international peer review panel, chaired by Sir Alan Langlands. The panel will be informed by a combination of existing published information and data plus information supplied by the applicants. The Department of Health will be transparent with applicants about what additional information is presented to the panel.

What is the application process?

The Department hosted a well-attended open morning on 15 October. We are delighted by the amount of interest and support for the concept. We also recognise the real concerns raised.

One of the messages from that open morning was we should continue to proceed with pace.

There will be a two-part application process. We plan to place both parts of the application form on the AHSC website on **Monday 24 November**.

In part 1, applicants will be invited to describe their excellence in the three domains of patient care, research and education, and confirm that the partner organisations are financially sound. They will also be asked to provide an outline description of their AHSC proposal. Applicants will be required to submit part 1 of the application form by **Friday 9 January 2009**.

This will give time for initial consideration of RAE results, with fuller consideration possible before the submission of part 2. HEFCE and other Government Departments have been closely involved in designing the process.

The international panel will short-list on the basis of the information provided in part 1 of the application form. The short-list will be announced on **Monday 26 January**.

In part 2, short-listed applicants will be invited to set their vision for the AHSC and the expected benefits it will bring for local patients, and their strategy for disseminating these benefits nationally and internationally. Applicants will also be required to describe their governance arrangements and the operational and financial sustainability of the partners. Applicants will be required to submit part 2 of the application form by **Wednesday 18 February 2009**.

The international panel will interview short-listed applicants in London between **2-4 March 2009**.

Monday 24 November	Parts 1 and 2 of application form placed on website
Friday 9 January	Closing date for submission of Part 1
Monday 26 January	Announcement of short-list
Wednesday 18 February	Closing date for submission of Part 2
2 – 4 March	Interviews in London

3. Post-designation

Why aren't you legislating in the next session Bill to allow different governance models?

It would be premature for the Government to bring forward any proposals on different models of AHSC governance prior to the designation process. We are committed to working with designated AHSCs and relevant national stakeholders to consider different governance options.

How will the Department of Health monitor the progress of designated organisations? Will there be a review and the possibility of promotion or relegation?

The progress of those institutions achieving AHSC status will be subject to review, recognising that it will take 5-10 years for these organisations to achieve their vision.

The Department of Health has not ruled out the possibility of running a further competition and will review this in the light of the 2008-09 designation process.

Will this be a developmental process as well with feedback and advice for unsuccessful applicants?

We hope that even for those organisations that are not successful, the application process will provide a valuable experience in strengthening partnership arrangements.

Feedback on the application process is a matter for the international panel and will be clarified in due course.

How will the Department of Health stop organisations that haven't been designated from using the AHSC brand?

Organisations which are not assigned AHSC status through the designation process will not be recognised as such by the Government.

It would be both premature and needlessly heavy-handed for the Government to consider at this stage whether or not to regulate for formal protection of title.