

Dr Roger Hall
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Dr R Zimmern
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Dear Ron

Firstly, the Trust owes you an enormous debt of gratitude for both chairing the Cardiorespiratory Research Strategy Steering Group and for the considerable effort and time you have invested in producing such a comprehensive Interim Report. With the exception of one or two small areas of emphasis the Trust wholeheartedly supports your recommendations, in particular where they apply to Royal Papworth Hospital. Below I will comment on several of your recommendations (numbered as in your report):

- 4.6 You suggest that the RPH Board endorses the need of RPH to transition from the current focus on clinical excellence to one that meets the definition of a specialist academic health centre. At RPH we have a long and proud tradition of successful research that has been successfully translated into clinical practice; the DCD Heart Transplant programme being the most recent and striking example. However, I accept that our successes have emerged in a limited number of services at any one time and that we have much to do before this aspiration is embedded throughout all of our clinical services at all times. We are therefore very happy to accept this recommendation.
- 4.9 I can report on progress that has been made to address the uneven allocation of University Clinical Academic appointments at RPH. For many years we have supported Professor Edwin Chilvers by contributing to his salary and also to that of one of his research assistants; this amounts to circa £70,000 pa. Now that Prof Chilvers has left the University this money is available to be reinvested and we have discussed and agreed our strategy as to where we should reallocate this with both the Regius and Professor Smith. We are likely to start with an appointment of a very promising academic radiologist who will be able to bring new research activities to the Trust in cardiac imaging but who will also be able to augment the existing work in cell death and ischaemia that has been generated by the DCD Heart Transplant Programme with his expertise in Nuclear Magnetic Resonance Spectroscopy. To follow shortly after this will be an appointment, most probably at Clinical Lecturer grade, in Anaesthesia/ Critical Care.
- 4.10 We agree that encouraging NHS consultants to be involved with, and indeed leading, research is a worthy goal. At RPH we have invested significant funds in establishing the 50/50 clinical academic posts and have had success in converting two of these to University appointments. It should be noted that there is a fair and attainable path to access Research PAs at RPH through a clearly defined Research and Development assessment process; this has allocated

c.40 PAs in the current year. Regarding access to Grant funding which has proved problematic in the past for non-university employees there may be a solution emerging: at a recent meeting with Prof Ken Smith he described a process where University associate status could be awarded to suitable NHS consultants allowing them to apply for grants in their own right. It is likely that Dr Stephen Hoole will be able to exploit this mechanism after discussion with Martin Bennett.

- 4.11 As you will have heard from discussions at the Board there is a strong desire from both the NHS and internally for RPH to become a system leader in Cardiology both in our STP and the wider region. This leadership role will necessarily require us to address your recommendation regarding cardiovascular prevention.
- 4.15 Stroke is a natural fit in cardiovascular research. While it is likely that there will be a significant stroke research activity in the HLRI this relationship is not as clear within the hospital. At present our aspiration is to assist CUH in their goal to be able to provide a comprehensive and responsive stroke service; to this end strong links have been made with the Stroke lead, Dr Warburton. Naturally as this relationship matures clinical research opportunities will become more obvious.
- 4.16 RPH envisages its role in Heart and Lung research will be best utilised in Late Translation. There is a clear dual (science and financial) benefit in engaging with industry in their research with participation in Commercial Clinical Trials.

With best wishes

Yours sincerely



Roger Hall
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