NILR Manchester Biomedical Research Centre

Ian N Bruce Director, Manchester BRC



Biomedical Research Centres

- NIHR has awarded nearly £790 million to 20 NIHR BRCs across England (2022-27)
 - MBRC more than doubled the size of the current BRC (£28.5m > £60.4m), largest BRC outside of South-East
 - Wider geography and higher number
 of Themes funded

London

Barts

Maudsley **5** Moorfields

University College London Hospitals

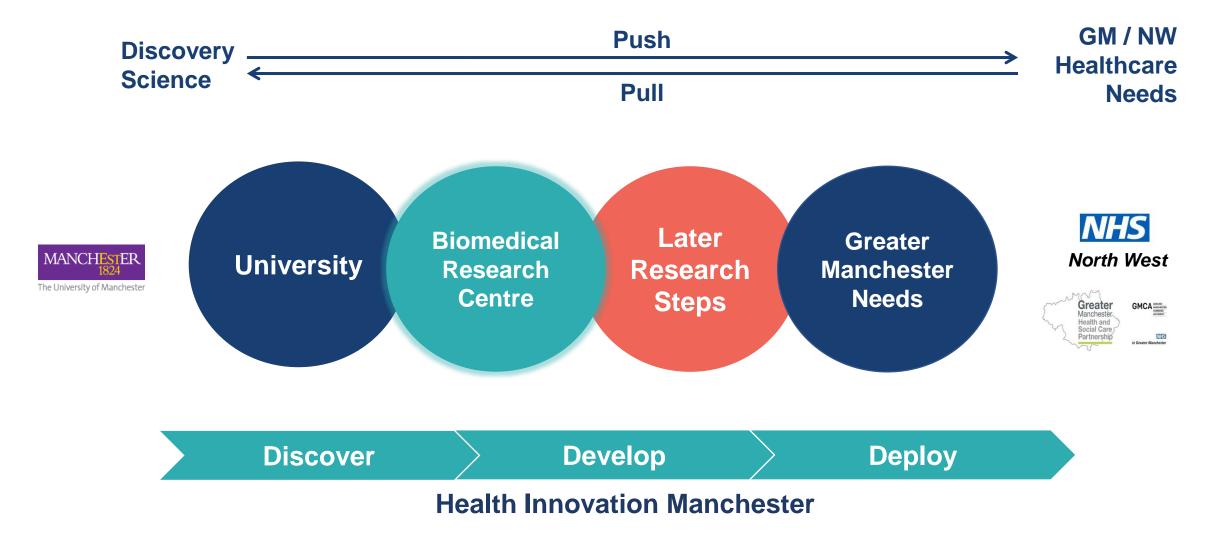


2 Great Ormond Street 3 Imperial

6 The Royal Marsden

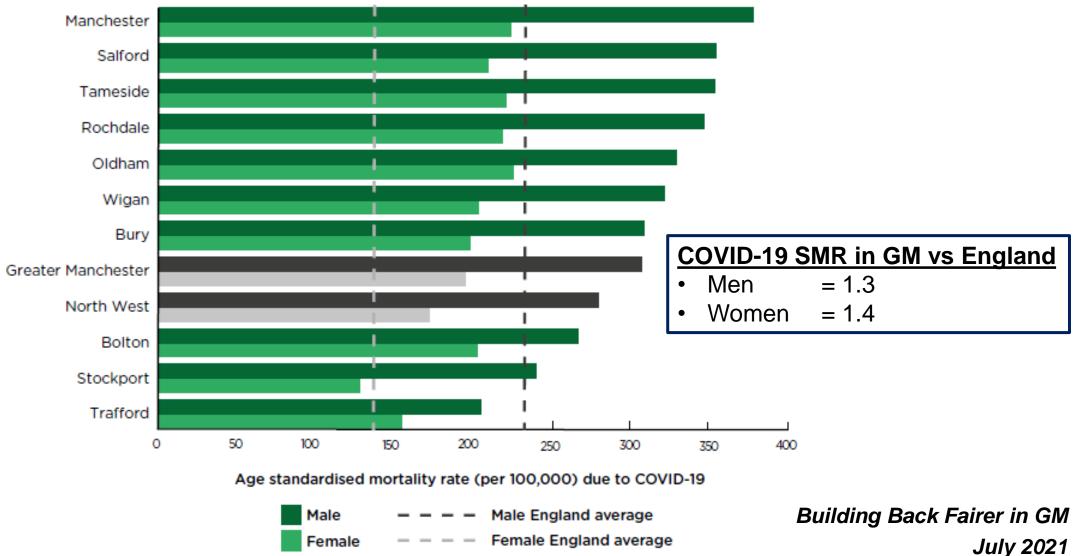


Personalised Health & Care for all

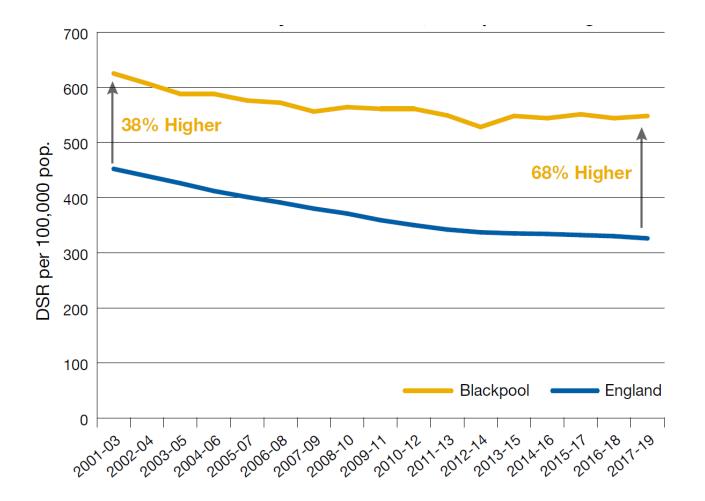


Age standardised COVID-19 Mortality per 100,000 for England, the North-West and Greater Manchester and its local authorities:

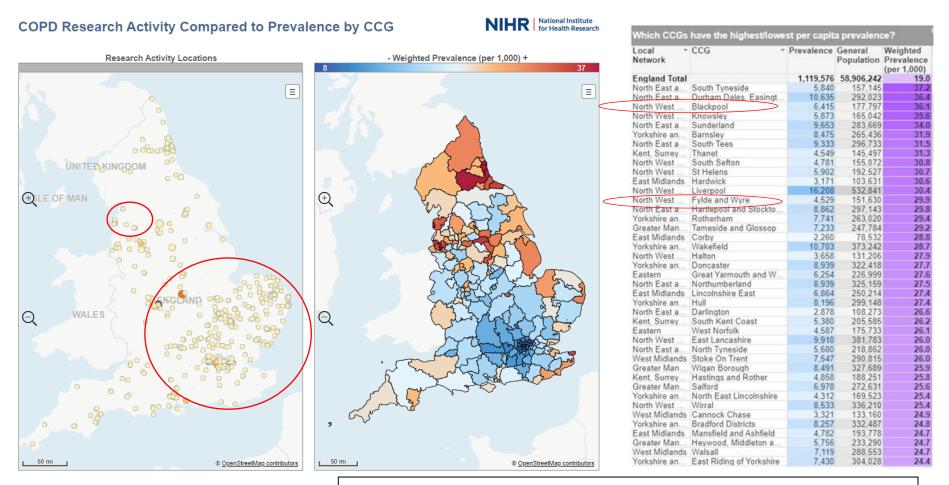
(Mar 2020-Δnr 21)



Widening Gap in Premature Mortality (<75 yrs old) from all causes in Blackpool vs England



Research Activity vs Prevalence COPD



Blackpool 3rd and Fylde and Wyre 13th out of 196 CCGs







Manchester University NHS Foundation Trust Board



manchester **Manchester Clinical**

Manchester **Academic Health Science Centre**



Health Innovation Manchester

Clinical Research Network Greater Manchester

Applied Research Collaboration

Patient Recruitment Centre

School for Social Care Research

Blackpool

Research Facility

Lancashire Clinical

Greater Manchester

Greater Manchester Patient Safety Translational

Research Centre

Research Facility

Q

School for Primary Care Research

Policy Research Unit in Health and Social Care Systems and Commissioning

NHS North West



Manchester Lung Health Check

small enough to know each other

"…big

matter

enough to

Greater Manchester Health and **Social Care** Partnership

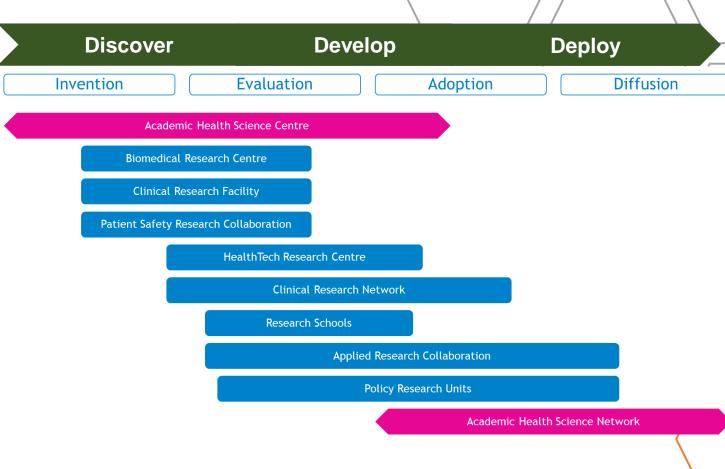
Lancashire and South Cumbria Health and Care Partnership

driven enough to make things happen"

Personalised health and care for all

NIHR Infrastructure Oversight Board manchester

- All GM NIHR Infrastructure
- Aligned to the Discover, Develop, Deploy mission of Health Innovation Manchester
- Shared strategy and goals
- Integrated 'One Manchester' approach
- EDI
- PPIEP
- Industry Partnerships
- Capacity Building
- Each infrastructure component has a key role within the overall system



Manchester BRC's vision is to drive personalised health & care for all



Embed early translational research further into our communities and localities in GM, Lancashire and South Cumbria by deepening the meaningful involvement of patients, public and civic partners.



Build a unique national powerhouse for innovation by combining the world-leading discovery and translational science capabilities of our partnership with a strong research culture centred on a committed, diverse and inclusive workforce.

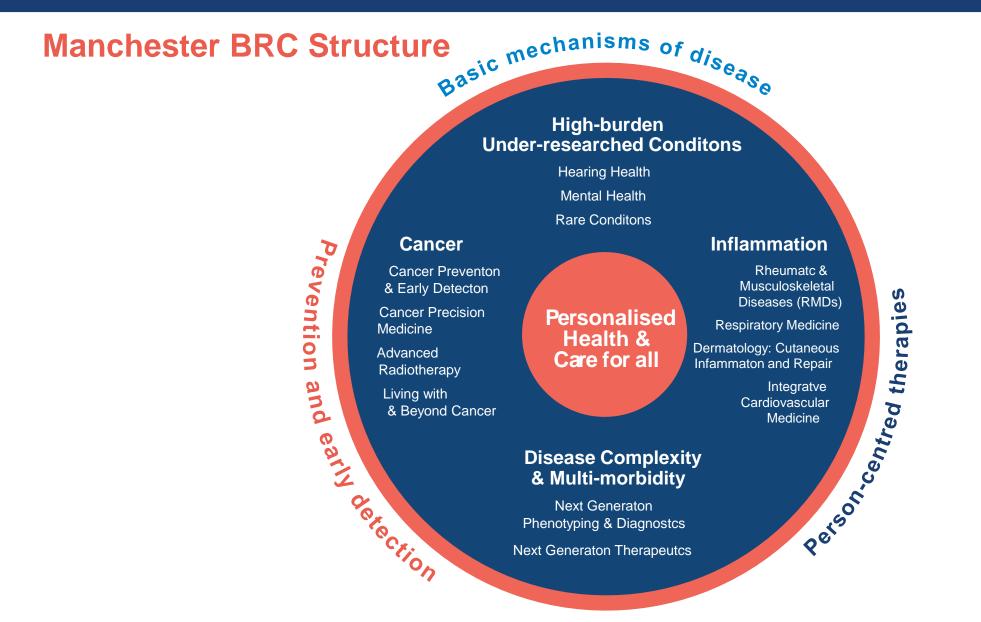


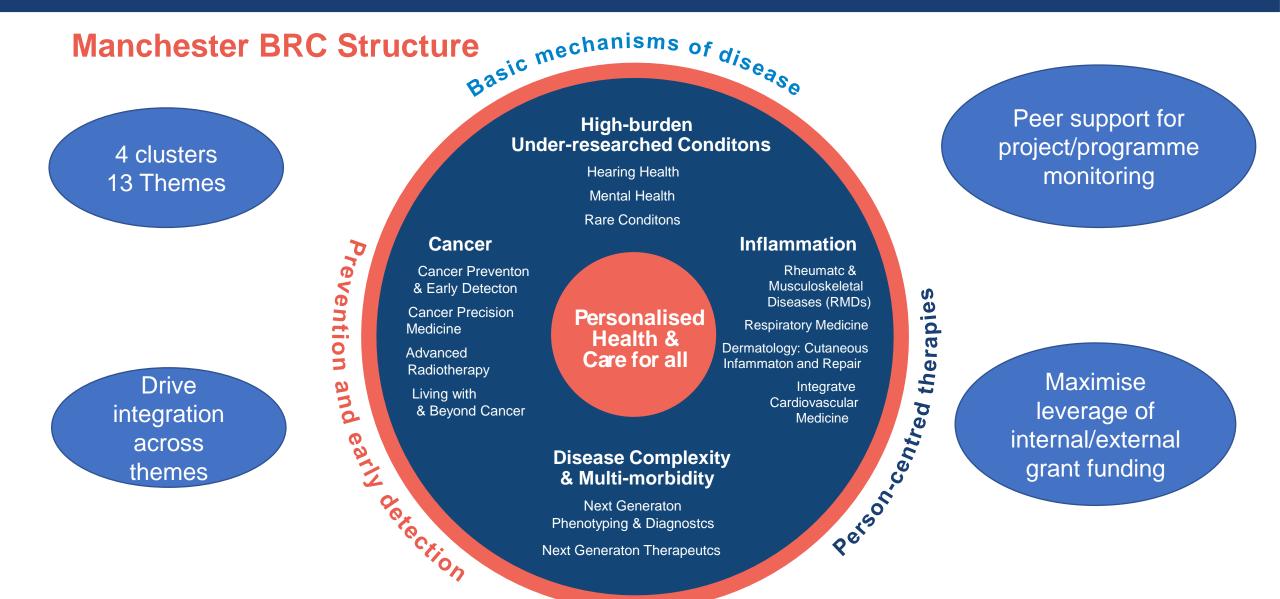
Accelerate at scale, the impact of our research through our mature and integrated innovation pipeline in order to achieve measurable improvements in health and wellbeing across all sections of society in our region and beyond.

Grand Challenges

Addressing our region's burden of ill-health and aligning with MAHSC, Manchester BRC's core infrastructure will support scientific programmes designed to tackle three grand challenges:

Basic mechanisms of disease Prevention & early detection Person-centred therapies, interventions & care pathways





Disease Complexity and Multimorbidity Cluster

Disease complexity:

- presence of distinct subsets *within* a condition
- A common pathways *across* conditions
- presumes multiple long-term conditions occur within chronic diseases in a non-random way.

Aim:

- To deepen understanding of disease mechanisms, including how inequalities and social factors impact biological processes
- To support novel diagnostics
- To provide a platform to provide early proof of concept for our novel therapeutics pipeline.

Personalised Health & Care for all Disease Complexity & Multi-morbidity Next Generation

Phenotyping & Diagnostics

Next Generation Therapeutics

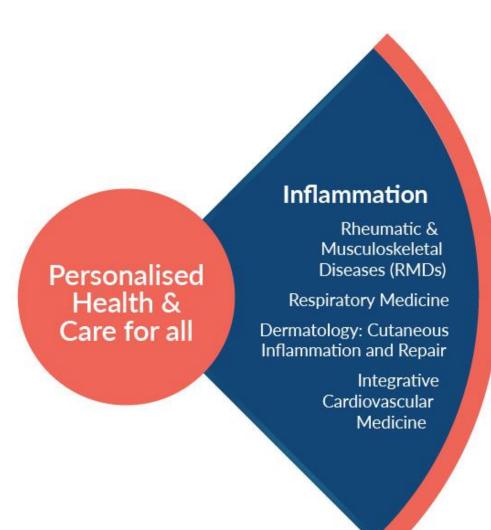
Cluster Lead: Professor Anne Barton -Anne.Barton@manchester.ac.uk

Inflammation Cluster

Addresses several of the most common causes of death and disability in our region and nationally, in which prognosis is strongly influenced by deprivation and adverse social determinants.

Aims:

- deepen understanding of the common and individual processes driving disease evolution, co-morbidities and therapeutic responses
- Translate these to precision trials in patients across the life course to reduce morbidity and mortality.



Cluster Lead: Professor William Newman -William.Newman@manchester.ac.uk

High Burden Under Researched Conditions Cluster

Research will be undertaken on disorders that have high impact on individuals and families but where traditionally there has been under-investment.

Plan to address areas of unmet need for people with hearing impairment, rare conditions and mental health disorders, often these are hidden disabilities.

Multi-professional approach:

- Working with affected individuals to focus on prevention and early diagnosis to reduce long-term disease burden
- Using novel approaches including gene therapies, digital interventions and devices to transform lives.

High-burden Under-researched Conditions

Hearing Health

Mental Health

Rare Conditions

Personalised Health & Care for all

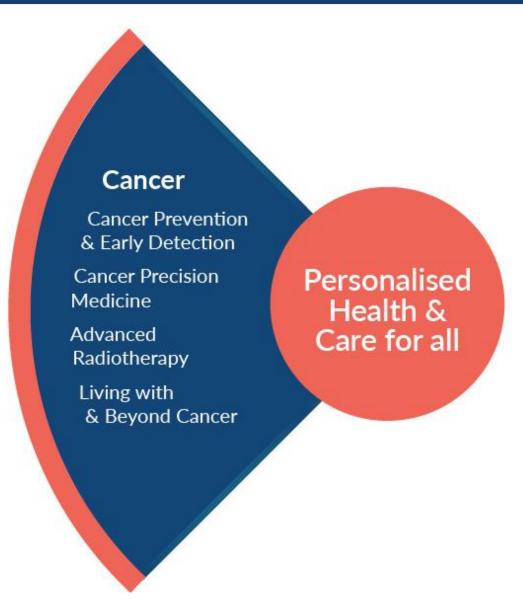
NIHR Manchester Biomedical Research Centre

Cluster Lead: Professor Emma Crosbie - Emma.Crosbie@manchester.ac.uk

Cancer Cluster

Addresses emerging challenges and opportunities to improve the lives of all patients with cancer, including people at risk of cancer.

It provides a patient centred approach to research in earlier diagnosis, better treatment and personalised, follow up care.



Disease Complexity Cluster: Next Generation Phenotyping and Diagnostics

Aims:

1. Identify actionable insights into disease phenotypes and trajectories in diverse populations through accelerated methodological development alongside integration of complex biological and clinical datasets

2. Deliver advanced diagnostic capability across the translational cycle

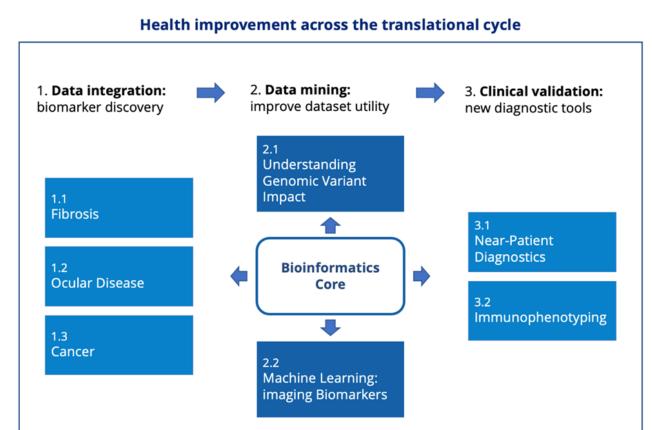
Disease Complexity Cluster: Next Generation Phenotyping and Diagnostics

These aims will be delivered by three work programmes (each containing specific projects):

Programme 1: Multidimensional data integration to improve biomarker discovery

Programme 2: Data mining to advance the utility of existing diagnostic datasets

Programme 3: Clinical validation of translatable diagnostic methodologies



Inflammation Cluster: Respiratory

Aims:

To develop novel biomarker-led diagnostic and prognostic strategies, facilitating precision therapeutic approaches to improve outcomes for patients.



Inflammation Cluster: Respiratory

 Precision diagnostics therapeutics in airways disease 	2. Understanding and improving airway symptoms and function	3. Exacerbation mechanisms and diagnosis	4. Precision Therapy in Respiratory Infections/Exacerbations
Lead: Clare Murray	Lead: Jacky Smith	Lead: Tim Felton	Lead: Dave Singh
Apply precision approaches, to reduce treatment burden in asthma in underserved populations.	Identify treatments for respiratory conditions lacking licensed therapies and assess pollution risks relevant to our GM population.	Reduce risk of acute respiratory events and AMR, prevalent in our underserved population	Apply precision approaches to host-pathogen interactions in complex respiratory infections to develop person- centred care and improve outcomes.

Cancer Cluster: Living with and Beyond Cancer

Aim:

To optimise identification and personalise treatments, reducing the burden of multiple long-term conditions after cancer therapy and improve morbidity and mortality.



Cancer Cluster: Living with and Beyond Cancer

1: CARDIOVASCULAR HEALTH	2: BONE HEALTH	3: RECURRENT & SECOND CANCERS
Lead: Chris Miller	Lead: Claire Higham	Lead: Kim Linton
Development of individual risk estimates for cardiovascular morbidity and mortality leading to personalised diagnostics and therapeutics; improving cardiova scular health in cancer patients.	Optimising bone health in cancer patients by identification of those at high risk of impaired bone health/fractures to facilitate targeted interventions for prevention and treatment.	Earlier detection of second, treatment related cancers or recurrence to improve outcomes for high risk patients

High Burden Under-Researched Cluster: Rare Conditions

1. Improved diagnosis, understanding, and prevention of RCs	2. Understanding the Impacts and Outcomes of RCs	3. Novel treatments for RCs
Leads: Gareth Evans Sid Banka	Leads: Ramona Moldovan, Katherine Payne	Leads: Simon Jones, Rob Wynn
Our focus on early diagnosis and prevention of RCs will aid more effective clinical care and inform future treatments.	By defining outcomes relevant to RCs we will be able to design studies to establish real benefits for individuals affected by RCs.	New approaches to treatment of RCs including gene therapies will improve patients' lives.

The BRC Partnership

NHS Trust	Themes
Manchester University NHS Foundation Trust	Next Generation Phenotyping and Diagnostics, Next Generation Therapeutics, Rheumatic Musculoskeletal Diseases, Respiratory, Integrative Cardiovascular, Cancer Prevention and Early Detection, Rare Conditions
The Christie NHS Foundation Trust	Cancer Precision Medicine, Radiotherapy, Living with and beyond cancer
Northern Care Alliance NHS Foundation Trust	Leads in Dermatology and Wound Healing, Rheumatic Musculoskeletal Diseases, Cardiovascular Medicine (Additional specialist services include neuroscience, major trauma, intestinal failure, head and neck, cancer)
NHS Greater Manchester Mental Health NHS Foundation Trust	Mental Health, Complex trauma and resilience, psychosis, youth mental health, perinatal mental health, suicide prevention, delivering psychological therapies in common mental illness
NHS Blackpool Teaching Hospitals NHS Foundation Trust	Cardiology and Haematology, Cancer
Lancashire Teaching Hospitals NHS Foundation Trust	Cancer, Next Generation Phenotyping and Diagnostics, Respiratory

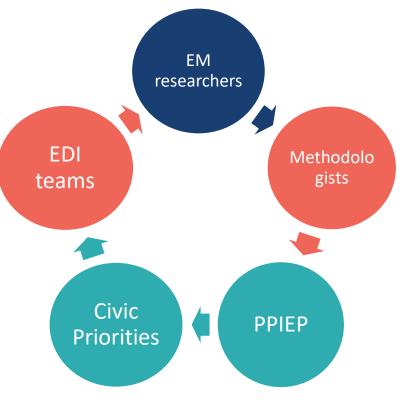
Inclusive Research Oversight Board

Mission:

Embed the principles of Inclusive Research (IR) into the experimental medicine (EM) programmes and strategies of MBRC and MCRF.

Provide internal peer review, peer support and expertise on the evaluation of EM, against IR principles to MBRC.

- Includes patients, citizens, public health, methodologists and our GMHSCP/NHS-NorthWest.
- Bring people and place into the heart of our research so that it is better delivered, more informed and serves diverse communities
- Meaningful engagement to understand the complex and diverse experience and perspectives of our communities and promote a more health research confident population



Finance and Activity Report Summary Financial Year 1 (1 December 2022 to 31 March 2023)

- 224 projects
 - 44 majority BRC funded (>50% project cost covered by BRC)
 - 21 industry funded
 - 61 charity funded
 - 98 DHSC/NIHR, Research Council or Other non-commercially funded
- 100 BRC linked research publications (100% NIHR acknowledged)
- £22,707,057 of leveraged income
- 3937 participants recruited to projects
- 27 Strategic Industry Partnerships and 44 SME links

Recent Successes and Progress

- All Short-Term Objectives achieved
- Capital Bid £2.3M across partners
- Mental Health Mission (approx. £10m to Manchester)
- Specialist Nodes in UK Rare Disease Research Platform (3 of 11)
- BHF Centre of Excellence bid submission (awaited)

Summary

- Significant endorsement:
 - Wide research excellence
 - Focus on health inequity / inclusivity
 - Value for money and leverage
 - Regional ambitions for national benefit

Summary

- Major Opportunities:
 - Step change in delivering translational/early phase research
 - Synergising theme activities through
 - Cluster model
 - Cross-BRC pump-priming initiatives
 - Build translational research capacity across North-West
 - Leverage new income (academic/industry) and inward investment