Yorkshire Cancer Research

# Delivering more clinical research in Yorkshire: *Unlocking regional potential*

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## The benefits of increased clinical research activity are wide ranging, for research participants, for addressing health inequalities and even for the economy.

Evidence shows that hospitals with higher levels of clinical research activity are linked with improved health outcomes, including for some types of cancer. Hospitals with greater research activity are often faster to adopt innovative treatments, which can provide benefits to a wider group of patients, and conducting clinical research can improve clinicians' job satisfaction, which in turn can increase patient's satisfaction with their treatment.

Clinical research can drive economic growth, improve the productivity of the workforce and attract public and private investment. Clinical research can also help to address economic inequalities between regions of the UK. Improving health outcomes could help to address the gap in productivity between North and South and generate up to £13.2 billion in gross value added to the UK economy.

Therefore, where research happens matters. Despite the established benefits of clinical research, investment in the UK remains heavily concentrated in a small number of regions. Yorkshire has consistently received disproportionately low levels of health research funding relative to the size of its population, receiving 5% of UK health research funding whilst representing 8% of the population. By comparison, London received 32% of health research funding yet represents 13% of the UK population.[2]

Despite these challenges, Yorkshire's clinical academics continue to deliver high quality, internationally recognised research alongside patient care. Clinical academics are critical to turning scientific discovery into real world improvements in cancer outcomes. However, the inequitable funding system may be contributing to the decline in the number of clinical academics in Yorkshire. Between 2012 and 2022, the decline in clinical academics was in Yorkshire was nearly four times greater than the national average. Whilst there has been a recovery both in Yorkshire and nationally, this has been slower in Yorkshire.

Without action, these historic funding inequalities will continue to weaken regional research capacity and limit improvements in health outcomes and economic growth. This report sets out the case for creating a more equitable research system, in which investment enables all regions to fully benefit from clinical research.

To achieve this, Yorkshire Cancer Research calls for:

### 1. A new regional clinical cancer research fellowship scheme

A new regional clinical cancer research fellowship scheme, established by the NIHR and targeted at Yorkshire and other regions which have experienced historic under-investment. This should aim to increase research workforce capacity across medical, nursing and allied health professions, whilst also providing more opportunities for people from backgrounds which are under-represented in clinical research.

### 2. Protected research time for new clinical oncology training places

Protected research time for new clinical oncology training places, ensured by the Department of Health and Social Care and NHS England. This will help deliver a stronger and more sustainable research culture within the NHS.

### 3. The promotion of decision making based on regional equity

The promotion of decision making based on regional equity, through the NIHR making the regional location of the host organisation of research a formal tie-breaker where clinical trial funding proposals are of equal quality. The NIHR should also strengthen guidance on the geographical distribution of clinical trial sites in the next Research Inclusion Strategy to support more equitable distribution across regions.

### 4. The next National Centre for Cancer Research to be in Yorkshire

The next National Centre for Cancer Research in Yorkshire, with the NIHR, MRC, charity sector and Yorkshire's universities establishing a nationally significant cancer research institute in the region. This would deliver a range of benefits for the region and beyond, attracting additional investment, global academic talent and strengthening capacity for world-leading health research.

## 5. The impact of charity research funding into universities to be maximised

The impact of charity research funding into universities to be maximised, by increasing the Charity Research Support Fund to meet 80% of the full economic cost of charity funded research. This would strengthen universities' capacity to deliver charity funded research, support community focussed studies in underserved areas and strengthen regional research capacity.

## 6. An increase in the proportion of health research and development spending

An increase in the proportion of health research and development spending, to ensure that investment grows in line with overall public Research and Development (R&D) spending over the remainder of the Parliament.

## 7. The adoption of the ROSE model

The adoption of the ROSE model, which includes the four key principles of Rapid implementation of research in the NHS, Optimise research implementation to address health inequalities, Systematic evaluation of research findings in real-life settings and Equitable funding within the clinical research environment. This model should be recognised and adopted by national health research funders. To help realise a more equitable funding system, NIHR and other research funders should systematically collect research data across a wider range of demographic factors, including ethnicity, sex and socioeconomic status.

Taken together, these measures would help create a more equitable and sustainable clinical research system, improving health outcomes for patients, strengthening the NHS and supporting economic growth across all regions of the UK.