Birmingham Health Partners

Annual Review of Activity 2024-2025

Birmingham Health Partners

Collaboration. Innovation. Application.

Contents

Introduction

The past 12 months have been exceptionally busy across Birmingham Health Partners. Our flagship Reducing Bureaucracy in Clinical Trials theme has gone from strength to strength (page 11) and is complemented by the fantastic news we received in December – the success of our bid to lead one of the new NIHR Commercial Research Delivery Centres (CRDCs), which aim to expand access to clinical trials to some of the country's most underserved communities. You can learn more about the CRDC network and our work in this report (page 7).

In June, we welcomed colleagues from the Association of British HealthTech Industries (ABHI) to Birmingham, where we signed up to a landmark strategic partnership focused on improving clinical outcomes, addressing health inequalities, and ensuring that health technologies are scalable and relevant to population health (page 8). We look forward to continuing collaborations with ABHI and its members.

June also saw the opening of the Precision Health Technologies Accelerator (PHTA), the University of Birmingham's flagship research facility and anchor tenants at the new Birmingham Health Innovation Campus. This represents a golden opportunity for BHP researchers to commercialise innovations, provide consultancy to SMEs, and collaborate across the ecosystem (page 31).

Significant progress has also been made with our Patient and Public Involvement and Engagement (PPIE) theme, which brings together the excellent work of our individual member organisations and provides a comprehensive suite of resources to help enhance our collective PPIE practice to ensure the patient voice is not only heard, but helps to shape and direct research (page 10).

As ever, we are immensely proud of the achievements of all our member organisations, some of which are captured in our case study round-up (pages 18-27) The case studies represent a mix of initiatives directly convened by BHP, and examples of exceptional innovation and collaboration from across the partnership. The efforts of every individual involved in research continue to benefit patients, whether it is through improving cancer outcomes, enhancing mental health research, tackling inflammation and chronic disease, or improving maternal and perinatal health across our community.

Finally, we extend our sincere thanks to our outgoing chair, Jonathan Pearson, for his guidance over the past two years. His leadership has been clear, and always centred on what matters – people. We are delighted that Jonathan will remain a key figure in BHP through his new appointment as Chair of Health Innovation West Midlands, which will no doubt benefit from his expertise.

Professor Lorraine Harper
Managing Director

Professor Neil Hanley
Executive Director

Our year in summary 2024/2025

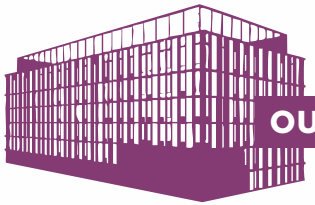
The past year has been one of growth, innovation and partnership for Birmingham Health Partners, strengthening our role at the heart of the region's health and life sciences ecosystem, and delivering real impact for patients, people, clinicians and communities.

OUR STRATEGIC REACH

Serving 4.2 million residents

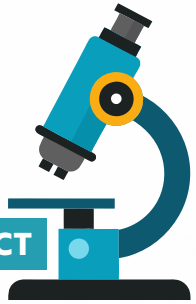
OUR EFFICIENCY GAINS

Study setup time reduced by 35%



OUR INNOVATION INFRASTRUCTURE

70,000 sq ft life sciences innovation hub



OUR PUBLIC INVOLVEMENT

Public Involvement Hub launched

OUR RESEARCH IMPACT

£70m+ total new research investment

OUR PEOPLE DEVELOPMENT

83% fellowship-to-PhD success

OUR SUPPORT FOR HEALTH EQUITY

£50m NIHR Maternity Disparities Consortium

OUR LIFE-SAVING IMPACT

Supporting the implementation of Martha's Rule across 14 NHS sites

Martha's Rule

Birmingham Health Partners

Collaboration. Innovation. Application.

OUR STRATEGIC PRIORITIES

- ✓ Improve health outcomes
- ✓ Increase life science competitiveness
- ✓ Collaborate to develop careers

> *The efforts of every individual involved in research continue to benefit patients, improving cancer outcomes, enhancing mental health research, tackling chronic disease, and advancing maternal and perinatal health across our community.*
>
> **Managing Director Prof. Lorraine Harper and Executive Director Prof. Neil Hanley**

Review of objectives

Our new strategy launched in January, formalising our commitment to driving innovation, fostering collaboration, and ultimately transforming healthcare for the betterment of Birmingham and beyond. The objectives it set for 2024/5 were undoubtedly ambitious, and considerable progress has been made.

Objective	Review
Develop a cross-BHP framework for public and patient involvement and engagement, ensuring diverse participation in research	• Established the Public Involvement Hub, convened by our extensive NIHR infrastructure, including the NIHR Birmingham Biomedical Research Centre (BRC). • Created expansive web presence for public and patient involvement in research – including a comprehensive suite of resources for researchers and information for members of the public • Curated a list of existing public and patient groups and initiatives • Developed case studies showcasing best practice • Published a monthly newsletter to public contributors, highlighting opportunities to get involved in research projects Learn more about how this project benefits our member organisations on page 10
Understand and work to increase our collaborations with small- and medium-sized enterprises through initiatives such as Birmingham Health Innovation Campus, the West Midlands Health Technologies Innovation Accelerator and the NIHR Healthtech Research Collaboration	We have established a BHP Industry sub-group and are actively working on maximising impact. Our partnership with ABHI (page 8) has already yielded the beginnings of some interactions with small and medium-sized enterprises You can find out more about how we work with industry on page 8, and learn more about PHTA on page 31.
Agree and implement our approach to engagement with our primary care colleagues across the city	We have undertaken a detailed scoping exercise with primary care partners in the city and with our own partners to understand how we can support our primary care colleagues. We have agreed a strategy and commenced a series of webinars in Autumn 2025.
Develop the research leaders of the future by expanding on our clinical-academic fellowship programme	Read more about our workforce training and development work on page 16.
Host the first BHP annual meeting, bringing our board together with clinical-academic leaders and research teams to celebrate our impact and continue planning for the future	The inaugural BHP annual meeting was held on Tuesday 26 November 2024 with over 80 attendees drawn from across the partnership. The 2025 Annual Meeting will take place on Wednesday 19 November.

New Chair appointment for BHP

UK healthcare leader, Richard Meddings, to chair Birmingham Health Partners

We are delighted to announce the appointment of Richard Meddings CBE, the former chair of NHS England, as the new Chair of Birmingham Health Partners – signifying the importance, ambition and leadership of our partnership.

Richard completed a three-year term at NHS England in March 2025. During his tenure, he oversaw a reorganisation which led to NHS Improvement, NHS-X and Health Education England merging into NHS England, which reduced costs and placed more funding directly into patient care. Additionally, the first NHS Long Term Workforce Plan was delivered and Integrated Care Boards formally established.

Alongside his NHS England role, Richard was a non-executive director at Genomics England – established by the UK Government to bring genomic medicine into routine NHS care and transform diagnosis and treatment of cancer and rare conditions.

Originally from Wolverhampton, Richard moved into healthcare leadership after a 30-year career in financial services and banking, including seven years on the Board of HM Treasury.

Commenting on his appointment, Richard said: "Today's NHS is a remarkable machine, providing record levels of care, and it has been humbling and inspiring to witness that front-line work in action. In tandem, research innovations are coming thick and fast which will enable us to be more proactive with patients, address capacity issues and harness the power of new technology. Nowhere are these opportunities greater than in my native West Midlands, making it a very exciting time to join BHP."

> "Research innovations are coming thick and fast which will enable us to be more proactive with patients, address capacity issues and harness the power of new technology.

Professor Neil Hanley, Executive Director of Birmingham Health Partners and Pro-Vice Chancellor and Head of the College of Medicine & Health at the University of Birmingham said: "I am absolutely delighted we have persuaded Richard to become our next chair of Birmingham Health Partners. Combining business and financial acumen with his experience at the helm of NHS England, he will give us a unique perspective on the opportunities presented by the NHS 10-year plan and Life Sciences Sector Plan. We're delighted to have him join our Board."

BHP secures £7 million investment

Central and North West Midlands NIHR Commercial Research Delivery Centre gets lift off

April saw the commencement of the Central and North West Midlands (CNWM) NIHR Commercial Research Delivery Centre (CRDC), following December's announcement of this transformative £7m investment.

Hosted by BWC, our CRDC operates under a federated leadership model spanning four integrated care boards (Birmingham and Solihull, Black Country, Shropshire, Telford and Wrekin and Staffordshire and Stoke-on-Trent).

The successful bid was led by Professor Lorraine Harper with support from all nine BHP member organisations plus regional partners Midlands Partnership University NHS Foundation Trust – host of Staffordshire and Shropshire, Telford and Wrekin Health Research Partnership (SSHERPA) – and the Black Country Provider Collaborative.

The CNWM region, home to 4.2 million people, is one of the most ethnically-diverse regions and includes many of the UK's most economically-deprived communities who face significant health inequalities and higher rates of serious illness. The new centre will partner with industry, providing a single point of entry for fast-track setup and delivery of treatment trials safely and responsibly, while also working with sites, patient groups and charities to help it reach a broad range of communities – including those that haven't taken part in research before.

We will do this while working collaboratively with other NIHR infrastructure to deliver our aims:

Aim 1: Increase number of participants

We will increase our workforce capacity and capabilities – including support services – and increase patient accessibility, recruitment and retention with our integrated clinical trials delivery model supporting the use of mobile research units and community follow-up. We will leverage our citizen networks and voluntary sector partnerships to engage underrepresented groups, ensuring trials are inclusive and accessible.

Aim 2: Recruit participants reflecting our local communities' rich diversity

The CRDC will focus on addressing inequalities by supporting the Government's 'Hospital to Home' strategy – making it easier for individuals to participate. Longer term, we will work with industry and regulators to develop operational, governance and contractual models which expand our integrated trial delivery capabilities.

Aim 3: Remove bottlenecks in set-up and delivery phases to improve efficiency

Our Trusted Assessor model will provide a regionally-coordinated approach to trial setup and delivery, streamlining and reducing inefficiencies. We will use data-driven processes to optimise efficiency.

New ABHI partnership

New partnership with ABHI places Birmingham at the forefront of healthtech innovation

In June 2025, Professor Neil Hanley and ABHI Chief Executive Peter Ellingworth signed a Memorandum of Understanding (MoU) which will see us work collaboratively together to unlock innovation, accelerate research translation, and improve health outcomes across our diverse region.

The Association of British HealthTech Industries (ABHI) supports its members – including both multinationals and small- and medium-sized enterprises (SMEs) – to save and enhance lives through developing products from syringes and wound dressings to surgical robots, diagnostics and digitally enhanced technologies.

Our MoU reflects a shared ambition to better connect the healthtech industry with the academic and clinical excellence embedded across Birmingham's health and life sciences district, providing a more coordinated route for companies to access world-leading expertise, infrastructure and patient insight.

Women's health and mental health have been highlighted as critical areas of focus, with both ABHI and BHP committed to closing gender health gaps through innovative approaches and technology-enabled, whole-person models of care – as well as helping to reimagine mental health care, deliver earlier interventions, and support more equitable outcomes.

The partnership will measure success against three overarching priorities:

- Demonstrating measurable improvements in clinical outcomes.
- Ensuring that technologies are scalable and relevant to population health, not just individual conditions.
- Addressing inequalities in access and experience of care, in support of a fairer, more resilient health system.

ABHI

BHP people

Recognising and celebrating contribution

Launched in early 2025, BHP People is our new reward and recognition scheme for colleagues who facilitate and support research – celebrating the integral role they play in the success of clinical trials and research studies. By championing individuals including research nurses, statisticians, pharmacists and many others, BHP People also highlights the incredible diversity of careers in research and the essential contributions that these professionals make. As well as celebrating individual excellence, the initiative reflects the shared dedication of our diverse partner organisations to driving collaborative research. The award is presented on a quarterly basis, focusing on a different pair of BHP member organisations each time. Please join us in congratulating the four recipients to date:

Dr Karen Crowdy

Director of Research Strategy and Operations at the Aston Institute of Health and Neurodevelopment (IHN)

Karen was recognised for her outstanding contributions to research delivery, collaboration, training, and culture, as well as her transformative impact on IHN's growth and success. Find out more about Karen's career journey to date, and how vital cross-organisational collaboration is to research in Birmingham, here: BHP People – find your niche.

Linda Everard

R&D Implementation and Performance Manager at Birmingham and Solihull Mental Health NHS Foundation Trust

With a passion for mental health research and service improvement, Linda has been recognised for ensuring that as many service users as possible have access to clinical trials and high-quality research. Linda started out as a clinical psychologist – find out how she transitioned to research delivery, and how she is embedding a culture of research at BSMHFT, here: BHP People – research is everyone's business.

Pardeep Janjua

Pardeep Janjua, Research Data and Systems Officer at Sandwell and West Birmingham Hospitals

Pardeep was nominated for his tireless work developing robust, high-quality datasets which have enabled better oversight resulting in increased awareness, understanding and better outcomes. Having started out as a pharmacist, find out how Pardeep came to work in data management, and how he is scaling his work across the region, here: BHP People – the ultimate goal is to make research more accessible.

Carlos Chan

Research Development Coordinator at the Royal Orthopaedic Hospital

Having initially joined as a Band 2 administrator, Carlos' project management and IT skills have led to a rapid rise within the R&D team. His work has significantly improved the ROH's data capture and analysis capabilities, making processes more efficient and reducing set-up times. Find out how Carlos' work has significantly improved data capture and analysis capabilities here: BHP People – one team, one goal.

Putting engagement at the heart of research

Supporting Patient and Public Involvement and Engagement across Birmingham Health Partners

After recognising that levels of patient and public involvement and engagement (PPIE) support varied across its partner organisations, BHP appointed a dedicated PPIE Senior Manager to provide strategic coordination and guidance across the partnership, working with all partners.

Following initial meetings with each partner to understand existing structures and challenges, a comprehensive mapping exercise was undertaken to capture all current PPIE groups. With consent from group leads, this directory was published on our website in February 2025, helping partners identify relevant groups before establishing new ones – saving time, effort and resources.

This information is hosted within a new "Public Involvement in Research" section of the BHP website, which also features a wide range of open-access resources, guidance and case studies to support researchers when involving public members in their research design, development and delivery. By centralising these tools, BHP has reduced duplication and provided researchers with instant access to high-quality PPIE support which means they can embed meaningful public involvement throughout their research.

To further streamline collaboration and avoid repetition across the region, the Birmingham Public Involvement Hub was established. This brings together PPIE leads from externally funded research centres – primarily those supported by the NIHR – into a single, cohesive team. Branded jointly as "Delivered by BHP and NIHR", the Hub provides expert advice, training and delivery support, while strengthening links with local communities to ensure a diverse range of public voices are represented in research.

To improve communication and engagement with the public, the Hub also produces a monthly newsletter promoting opportunities to get involved in research. All BHP partners are encouraged to use this platform to enhance recruitment and build lasting connections with the public, and submissions can be made using this form. The Hub continues to expand its offer, with upcoming resources – including PPIE training for researchers, public induction materials and additional case studies – soon to be added to our website.

To contact the PPIE team, email: bhp-publicinvolvement@contacts.bham.ac.uk

Reducing bureaucracy in clinical trials

Process improvements to drive efficiency and experience

Established in 2024, our Reducing Bureaucracy project aims to drive efficiencies in clinical trials and research delivery across BHP, improving the experience of research teams and facilitating access to a diverse range of patients. It is led by Senior Project Manager Amy Smith.

The government set out clear expectations this year to accelerate clinical research, with a strong focus on study set-up and recruitment. In response, an urgent national programme was launched, structured around four key workstreams: streamlined contracting, reducing process duplication, improving data transparency, and improving academic costing. These priorities closely aligned with the objectives of the BHP Reducing Bureaucracy programme, providing reassurance that local efforts were well-positioned within the national agenda.

This year, the programme has continued increasing trust, transparency, and collaboration, aiming to enhance the set-up of academic clinical trials.

Achievements include:

- BHP Intent to Fund Letter agreed, enabling grant delivery parallel to contract initiation, reducing delays and demonstrating trust between partners
- Internal BHP Clinical Trials website created, sharing regular programme updates
- BHP Process Workshop held, with participation from all partners and the Health Research Authority (HRA). Outcomes included:
  - Commitment to increase communication and genuine co-development of trial documents
  - Agreement to implement the BHP NHS Academic Grants Costing Model
  - Explore tools to aid communication, collaboration and engagement
  - Explore tools for dissemination of programme outputs
- BHP NHS Academic Costing Guidance has been completed, sharing best practice and supporting NHS Trusts to cost academic grants consistently

In progress:

- BHP suite of template agreements being finalised, providing a basis for contracting and reducing duplicative reviews
- Development of a common data system, enabling tracking, monitoring and timely escalation of trials shared across BHP

We wish to acknowledge the invaluable contributions of all partners in actively supporting and driving the programme.

Health data update

Advancing patient care through secure, connected health data research

BHP's health data research theme aligns closely with the work of the West Midlands Secure Data Environment (SDE), under the leadership of Professor Simon Ball.

The SDE is a data storage and access platform that improves patient care by delivering innovation sooner.

Approved users can access appropriate information for analysis, with the NHS tightly controlling what they see – maintaining the highest standards of NHS data security while making research more efficient.

Examples of data sets currently available include:

- Maternity records across BWC, SWB and UHB – covering ~27,000 births per year
- Acute care records from UHB dating back to 2000
- Rare disease records for ~25,000 adult patients with rare diseases (development phase)
- Behcet's disease records from SWB (scoping phase)
- BSMH records (extraction phase)

These harmonised and linked datasets can then be further enhanced using Dexter, an advanced software platform designed to extract analysable datasets and produce results based on Electronic Health Record (EHR) data in real-time. By layering Dexter over our datasets, we can not only understand the features of the data but also undertake highly-efficient analyses – supporting with epidemiology, real-world studies, and health systems research.

Health inequalities update

Uniting research, policy, and community action to reduce health inequalities

Following a successful £50 million national award, the NIHR Maternity Disparities Consortium, co-led from Birmingham by our health inequalities lead Professor Joht Singh Chandan, has entered its delivery phase.

This five-year programme focuses on systemic maternal and neonatal inequalities, aligned to Core20PLUS5. Key achievements to date include:

- Establishing a national governance structure and five cross-system research themes, with representation from maternity units at BWC, SWB and UHB
- Launching the programme in Birmingham with full partner representation
- Finalising a business plan approved by DHSC
- Mobilising capacity building, data infrastructure, and community-led evaluation models

BHP partners now have the opportunity to lead funded work packages, shape national research, and enhance policy influence.

BHP is also implementing a new cross-system initiative to address entrenched patterns of missed care and preventable health need at the family level – starting with households showing high urgent care use and DNAs (Did Not Attend appointments).

The Family-Level Health Inequalities Pilot will use baseline data to identify repeat patterns in health utilisation across UHB, BWC, and other partners. Its aim is to develop a light-touch, scalable intervention using existing community infrastructure to reduce system pressure and improve family health outcomes.

Together, the MDC delivery programme and this proposed family-level pilot represent a strategic alignment of Birmingham's leadership on health inequalities across clinical, research, and public health spheres.

We welcome further input and engagement from BHP partners as both initiatives progress to delivery.

Data quality and performance

Improving data quality and performance in research

A project funded by the West Midlands Regional Research Delivery Network (WM RRDN) has transformed how research data is collected, managed and used across several NHS trusts in the region.

The funding allowed the appointment of a dedicated project manager within SWB, tasked with improving the quality and consistency of research data. Working with the Trust's Data and Systems Officer, the team expanded their existing Local Portfolio Management System (LPMS) to capture all the key information needed to track study performance – from set-up and recruitment through to follow-up and archiving.

Using Power BI, SWB then created a suite of dashboards that provide real-time updates on performance across the Trust, making it easy to monitor progress, demonstrate compliance with key performance indicators and governance standards, and improve the accuracy of research income tracking and recovery.

With RRDN funding, the same approach has now been adopted by partner trusts in Wolverhampton, Dudley, Walsall, and Shrewsbury and Telford who have implemented interactive reports within just 12 months.

The work has attracted regional and national recognition and addresses a longstanding national issue: the under-recovery of research income across the NHS. The NIHR Research Delivery Network and NHS England have highlighted SWB's model as an example of best practice and the impact has been clear: at SWB, average study set-up times have been cut from 58 days to 38 days, and the time from site selection to first patient visit has fallen from 156 to just 41 days – ensuring research is delivered faster, more efficiently, and with full financial accountability.

BHP Services

Research FIRST and Evaluation Service update

BHP Research FIRST

BHP Research FIRST provides a flexible and innovative approach to supporting research projects that are not a Clinical Trial of Investigational Medicinal Product (CTIMP). The team support a wide range of research methodologies, from observational studies to surveys and screening studies, and can also assist with non-research projects, including clinical audits, evaluations and operational and/or management processes. In 2024/25, the service provided support to BHP partners including support for a number of high-profile projects including:

Support for BHP sponsors:

- Audits of sponsored studies for UHB
- Initial review of studies applying for sponsorship for BWC
- Support for UHB to implement changes following a recent audit – providing temporary Study Coordinators and Data Managers to cover recruitment gaps, conducting REDCap builds for a range of studies, and supporting funding bids
- Developing REDCap databases for BHP-sponsored projects at SWB, BWC, and BSMH (2)
- Managing UHB's REDCap access and accounts

Support for studies

STRAVINSKY
STRAVINSKY, (Stratification of Clinically Vulnerable People for COVID-19 Risk using Antibody Testing), a large multi-centre NIHR study that aims to understand the risk of COVID-19 to people with a range of underlying conditions. The study is now closed to recruitment after recruiting 2,800 patients. As the study enters its final phases and Research FIRST supports the cleaning of the dataset for statistical analysis, the study group are looking at funding streams to use the data to support the clinical vulnerable in our community.

A new treatment to delay the onset of Type 1 Diabetes

A young patient identified by the ELSA study as having early stages of Type 1 Diabetes has become the first to receive a new drug to delay the condition.

Sam, aged 14, was the first to receive the new drug – Teplizumab – at the NIHR Wellcome CRF at Birmingham Children's Hospital.

Sam's dad, Chris, has Type 1 diabetes and knowing that family members are more likely to develop the disease, Sam was screened for early stages of the condition and learnt he would develop Type 1 Diabetes. However, there was good news for the family when Sam was offered Teplizumab, a new treatment to delay the onset of the chronic illness.

Past trials have proven that Teplizumab delays insulin-dependent diabetes for up to three years.

BHP Services (continued)

ELSA
ELSA, (Testing the Feasibility and Acceptability of Early Surveillance for Autoimmune Diabetes), a national children's screening programme that will establish their risk of going on to develop diabetes in the future, with 35,000 children currently recruited against a target of 40,000. ELSA was initially due to close in August 2025 but has recently received funding to continue the study for a further four years, as well as extending the age range of eligible children to include 2–17-year-olds (currently 3-13). ELSA is jointly funded by Diabetes UK and Breakthrough T1D UK (formerly JDRF) and is led by UoB.

In addition, an ELSA follow-up study has been funded and is in development; as part of NHS FIT, children and adults who have been screened and identified as at risk of developing diabetes will receive a drug that can delay the onset of diabetes by up to 15 years. This drug is not yet freely available on the NHS as it is still going through NICE review – and is a drug that requires infusion over 14 consecutive days. NHS FIT will assess the feasibility and acceptability of the delivery of this drug both to the patient and the clinical staff, and will inform the most appropriate approach to rolling this out across the wider NHS.

BHP Evaluation Service

Our Evaluation Service was established in 2022 to provide time-sensitive, formative evidence on innovations in healthcare and capacity building. It carries out agile and effective service evaluations, often running in parallel with service implementation; helps spread learning to other sites; and helps build local capacity for in-house evaluations. The team have published numerous papers over the past 12 months:

Implementation of virtual wards
Commissioned by UHB, the evaluation explored the early implementation of virtual wards (VW) across Birmingham and Solihull – focusing on services supporting patients with frailty, respiratory conditions, recent surgery, and musculoskeletal issues, with a detailed analysis of the respiratory VW designed for early supported discharge of COPD patients. View the paper here:

Mixed method evaluation of the initial phase of BSOL-ICS virtual wards programme [June 2025]

Sparkbrook Children's Zone
A detailed assessment of the Sparkbrook Children's Zone (SCZ) found indications that integrating health care with early years and family support in deprived communities may be a cost-effective alternative to standard primary care – easing pressure on NHS services while delivering better outcomes for families. A suite of papers have been published:

Understanding the influence of leadership, organisation, and policy on delivering an integrated child health and social care service in community settings: A qualitative exploration using the SELFIE framework [May 2025]

Exploring the design and impact of integrated health and social care services for children and young people living in underserved populations: a systematic review [April 2025]

Integrating health care and early years support for children and young people living in deprivation: a cost-effectiveness analysis of the Sparkbrook Children's Zone integrated clinic versus usual primary care in Birmingham, UK [March 2025]

Education and workforce training update

Providing a launch pad for clinicians interested in research

We offer four programmes designed to provide a launch pad for clinicians interested in translational research:

BHP Starter Fellowships

Allowing individuals to start their research career providing cost to cover one year's salary and to undertake a Master's by Research. This highly successful launchpad scheme has now recruited its 11th cohort, for award take up in Autumn 2025. 83% of the 30 graduates of the scheme have secured funding for and undertaken a PhD Fellowship.

CARP

Clinical Academic Research Partnerships (CARP) support individuals to continue their research careers while delivering clinical service providing salary funding for two programmed activities (PAs) – or 8 hours per week – of protected research time for two years.

New Consultant Scheme

Providing salary funding for two programmed activities (PAs) – or 8 hours per week – of protected research time for three years.

BHP Clinician Scientist

50:50 appointments providing an academic post at UoB alongside a consultant role based at one of our NHS trusts. These provide comprehensive mentoring and career development support, notably with applications for prestigious externally-funded fellowships, and aim to develop individuals as successful independent clinical researchers

Funding

- Three BHP Starter Fellows have been funded, covering medical trainees in general surgery and renal medicine, alongside a psychological therapist.
- One BHP CARP and three BHP New Consultant awards have been funded covering specialties in colorectal surgery, hand and peripheral nerve plastic surgery, haematology and geriatric medicine.
- Three BHP Clinician Scientists have been appointed this year, jointly funded with UoB by UHB and BWC – one post in paediatric hepatology, one in histopathology and one in public health medicine.

Education and workforce training update (continued)

NMAHPPs research development group

This year, we have expanded the membership of this group to include all higher education and service partners across the system. This has built on existing partnerships and collaborative working developed through NIHR Insight for the West Midlands (hosted by UoB and awarded £2.7million in 2024) and the West Midlands Internship, Pre-doctoral and post-doctoral programmes for NHS England and NIHR (hosted by UHB).

In 2024/25 the final Internship programme was delivered. This specially designed programme was delivered over 6 months and incorporated new routes in research delivery, knowledge mobilisation, research leadership alongside the tested and successful development of clinical academic careers. Applications were received from across both the region and the range of non-medical regulated professions.

The regional NIHR Internship programme will be hosted by Midlands Partnership Foundation Trust from 2025, and will be delivered in partnership with organisations across BHP.

Three applications for NIHR Senior Clinical Academic Practitioner competition were awarded: Miller (UHB), Burgess (SWB) and Jerward (BSMHFT) and all are now developing programmes of work alongside capability and capacity building in their organisations and beyond.

Dr Nicola Anderson completed the first year of the NIHR Senior Research Leaders for nurses, midwives and allied health professionals programme and will be driving various initiatives to motivate others to get involved in research to improve patient care.

UHB introduced the Chief Nurse Scholar and Fellows Programme, supporting over 30 NMAHPs to undertake quality improvement projects and/or research training (MREs) to benefit patient care and this is bringing about real change across the organisation.

A number of successful applications for NIHR and charitable training awards were submitted this year including a NIHR doctoral fellowship (Claire Bates) jointly supervised by Aston (Maidment) and UoB (Efstathiou). Claire completed the Internship in 2023 and has successfully been awarded other training awards on her journey illustrating the value of the regional developmental pipeline. Lastly Professor Ian Maidment (Aston) received a Senior Investigator Award for his research in optimising medicine management.

Case studies & research awards

Case studies: **Early detection and diagnosis**

TranSforming Ovarian caNcer diAgnosTic pAthways – SONATA

A new algorithm for diagnosing ovarian cancer developed by SWBH and UoB is being tested in collaboration with the UHB Health Data Research team. This is the 6th most common for UK women, with around 8,000 cases annually. Data from three hospitals and two laboratories in England have been collected and consolidated within UHB's secure data environment (SDE) and researchers are working to evaluate the effectiveness of the algorithm when used alongside the existing CA125 test, which is a protein biomarker produced by ovarian cancer cells.

Ambulance study to trial lateral flow stroke test

Ambulance crews across the region will are taking part in research to speed up identifying whether someone is having a stroke – in a study funded by the Stroke Association charity, and delivered with UHB and UoB. The West Midlands Ambulance Service Golden Hour for Stroke study will trial a lateral flow test that uses saliva to find stroke markers. About 200 patients will be recruited to take part in the two-year trial, with results expected to be published by the end of 2026.

Paramedics said the study would have no impact on patient care while it is being carried out. It is hoped it will fast-track access to brain-saving treatments like thrombectomy, and reduce journeys to specialised stroke centres when they are not required.

From dental chair to diabetes care – new screening pathway

A new healthcare pathway could enable high street dental teams to conduct routine screenings for Type 2 Diabetes. Researchers at the NIHR BRC and BCHC's Dental Hospital are working with oral health industry partner Haleon to develop the test, which is based on a straightforward questionnaire to assess the patient's diabetes risk, followed by a finger-prick blood test.

38 practices across England have now been recruited to the INDICATE-2 study, and dental teams across the network have received the green light to commence the risk-assessment process on consented participants from within their practices. Now that patient recruitment is underway in England, the study will expand to include practices in Northern Ireland, Wales and Scotland.

Case studies: **Experimental medicine**

Pancreatic cancer mRNA vaccine

In November 2024, UHB and UoB opened a trial to study whether messenger RNA (mRNA) cancer vaccines could be used to prevent recurrence of pancreatic cancer. UHB's Queen Elizabeth Hospital Birmingham (QEHB) was the first hospital in Europe to recruit into such a trial.

In this investigational therapeutic cancer vaccine, mRNA is used to deliver the instructions for building several proteins (neoantigens) found in a person's cancer. In doing so, the trial vaccine aims to train the immune system to recognise and attack the set of proteins (usually found on microscopic cancer cells) when it encounters it again. This novel treatment approach is aimed at training the immune system to recognise and attack cancer cells, to potentially prevent cancer recurrence and increase the prospect of a patient being cured. The trial is being supported by the NIHR Wellcome Trust Clinical Research Facility (CRF).

Common antibiotic could treat inflammatory bowel disease

A study sponsored and delivered by the NIHR BRC found that an antibiotic used to treat infective diarrhoea could be an effective drug for a type of inflammatory bowel disease. The drug, vancomycin, may also be effective in treating people who have a specific type of inflammatory bowel disease (IBD), which develops in the context of an incurable autoimmune liver disease called primary sclerosing cholangitis (PSC). PSC increases the chances of needing colon surgery; getting colon or liver cancer; needing a liver transplant; overall increases the risk of death. Notably, four in five patients who participated in the study achieved remission after taking the drug as part of a clinical trial. Several participants with this disease had not responded to other IBD treatments.

Possible new disease targets for children with arthritis revealed by first-of-its-kind study

Groundbreaking research by a team from BWC and UoB – working with UCL and Great Ormond Street Hospital – has revealed important clues into what is driving disease in children with arthritis. In a world first, tiny tissue samples were collected from the joint lining when children were having medicine injected into the joint, which were then analysed with advanced imaging and gene-profiling technologies. The fine resolution maps of the joints revealed differences between children of different ages and cell changes in those with more severe disease – creating unique cellular 'fingerprints' which may help researchers understand why some drugs work better for some children, and not others. The joints of children with arthritis also looked significantly different to those with adults, demonstrating the need to understand arthritis in children better.

Case studies: **Clinical trials**

ImmunoTACE

Patients with intermediate-stage primary liver cancer who received a vaccine of dendritic cells (DC) alongside their cancer therapy saw a longer time without tumour progression in response to standard treatment – found a study by BHP founding-member UoB, funded by the National Institute for Health and Care Research (NIHR). The results of the ImmunoTACE trial, the first clinical trial of its kind, published in Clinical Cancer Research, found the average time to progression of the tumour was 18 months compared with only 10 months in the group who only received standard treatment.

The collaborative trial – between UoB, UHB, Nottingham University Hospitals NHS Trust, Aintree University Hospital and Clatterbridge – saw 48 patients recruited to receive either standard treatment alone or standard treatment plus a cellular vaccine using dendritic cells loaded with cancer antigens to stimulate immune responses against the cancer.

Global trial finding a cure for rare childhood cancer opens

A global trial has opened for children who have not responded to treatment for B-cell Non-Hodgkin Lymphoma (B-NHL), or who have relapsed.

Glo-BNHL, a global clinical trial run by UoB's Cancer Research UK Clinical Trials Unit (CRCTU) and supported by the PHTA Industry Trials Hub (page 31) is opening across 45 sites across 19 countries in Europe, Asia, North America and Australia.

Unlike a traditional clinical trial, Glo-BNHL will see several new drugs tested at the same time, meaning that there should always be at least one new drug for any child. Advanced statistical methods will be used to decide if a treatment is working or not with a very small number of patients, very quickly – and a treatment that is not working will be removed, to be replaced with another treatment. For treatments that do work, researchers believe there will be enough evidence to show regulators such as the MHRA and NICE, that the treatment should be adopted as standard care in the NHS and beyond. In this way, the usual lengthy process of trial and regulatory approval will be shortened significantly.

Case studies: **Health inequalities**

RESOLVE

An NIHR-funded study delivered in partnership with Aston, UoB, BSMHFT, BWC and mental health research charity the McPin Foundation, has investigated the long-term challenge of non-pharmacological management of antipsychotic-induced weight gain in people living with Severe Mental Illness (SMI).

REalist Synthesis Of non-pharmacologicaL interVEntions for antipsychotic-induced weight gain (RESOLVE) demonstrated that interventions which are flexible and tailored to the needs of individuals, ideally starting early in a person's recovery journey, are likely to yield better results in terms of weight gain management. In addition support from family, friends, and peers with lived experience can help individuals transition to autonomous goal-setting.

A supplementary project – a realist evaluation of social care practitioners' (SCPs) experiences with healthcare research, using RESOLVE as an exemplar – has been published in the British Journal of Social Work, highlighting the need to provide tailored support to SCPs and build collaborative relationships with academics and other research-active health professionals. Better understanding of research engagement by SCPs will allow for evidence-based practice and better patient outcomes within these settings.

IBHO Bioresource

This new research programme, led by NIHR BioResource in partnership with Genomics England, is focused on improving our knowledge and understanding of health conditions and their unique impacts on UK Black communities.

This BioResource is essential, as the UK currently lacks a dedicated research resource to explore the health experiences of individuals from Black communities. Addressing this gap is key to delivering more inclusive, equitable healthcare. UHB and BWC are actively recruiting for this study which will tackle health inequalities and ensure that Black communities are not left behind in health advances.

Case studies: **Health inequalities**

Martha's Rule

Following the tragic death of Martha Mills, HIWM led the regional implementation of Martha's Rule, empowering patients and families to escalate care concerns. Martha's Rule gives patients and families the right to call for a rapid review if they are worried a loved one's condition – or their own – is getting worse. Staff can also ask for a review from a different team if they are concerned any appropriate action is not being taken.

20 pilot sites across 14 NHS Trusts – including UHB, BWC, SWB and ROH – were supported, as well as BCHC within the community care pilot. HIWM co-developed implementation guides and training with BHP-affiliated clinicians, and the learnings and toolkit developed in the Midlands have shaped the national-level Martha's Rule resources.

Between September 2024 and June 2025, 4,906 calls made to Martha's Rule helplines led to 241 potential lifesaving interventions.

Due to this success, Martha's Rule is now available in every acute hospital in England.

CARDISIO

This study – funded by HIWM and led by SWB and Cardisio UK – assessed the impact of using community-based heart testing to detect early signs of cardiovascular disease, recruiting participants from community locations, GP practices and pharmacies. This quick, low cost, non-invasive test was compared against best practice to see how easily it could be integrated into existing current care within a variety of settings. The results of the study are to be included into a proposed ICS-based national roll out plan.

The device does not require extensive training; secondary care teams can review results remotely; and it could potentially reduce the number of patients having to travel to hospitals unnecessarily through remote triage of results.

The study recruited 628 participants successfully – with a particular interest in recruiting those at risk of Cardiovascular Disease from South Asian heritage – and had engagement with five sites across the Black Country ICS.

Case studies: **Other exemplars**

Integrated care in the community, for the community

A new digitally-led model for community-based care has been introduced across Birmingham and Solihull by BCHC.

A pilot of the new model at the East Birmingham Locality Hub in Washwood Heath is showing a reduction of unnecessary hospital admissions and reduced inpatient stay. The Hub is home to a care co-ordination centre, an integrated neighbourhood team and a respiratory same day emergency care service.

A new heart failure clinic was established there in August, with more services set to open in the future. The respiratory same-day emergency care service has seen more than 1,000 patients since it opened in December 2024 and an initial evaluation of the integrated neighbourhood team shows a 30% drop in A&E attendance and a 14% reduction in length of hospital stays.

A further five neighbourhood hubs are opening this year, preventing many more unnecessary hospital admissions and reducing inpatient stays.

Strict regulations needed to address commercial health self-test concerns

Far greater regulation is needed for off-the-shelf health tests, due to considerable concerns over both suitability of the tests for the public, and accuracy of claims made on-package.

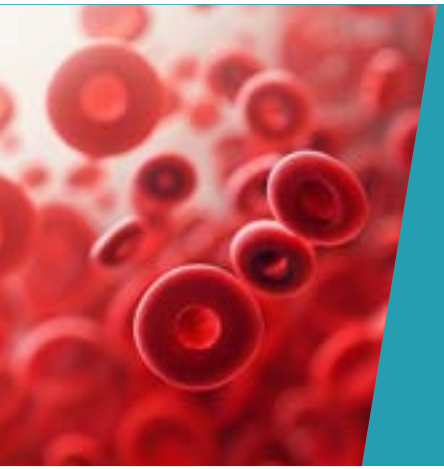
In a series of papers published by The BMJ, researchers from UoB funded by the NIHR BRC reviewed a range of commercially-available health tests bought in shops. The work was carried out due to concerns that directions for use, usability of equipment, and incorrect interpretation of results could cause harm. Accuracy claims were made for 24 of the tests, and most (58%) claimed a performance of at least 98% accuracy, sensitivity or specificity. However, evidence supporting these accuracy claims was largely unavailable or didn't provide sufficient information for the likely end users of such tests.

The study also highlights issues with the usability and safety of tests, with 18 self-tests being identified as having potential to give an erroneous result or action.

Case studies: **Other exemplars**

Patient Portal launched by BSMH and BCHC

A new online system is giving service users and patients 24-hour access to their personal mental health and community healthcare information, following its launch by BSMH and BCHC. The Portal allows service users/patients to view their care plans and appointments at a time convenient to them, and empowers them with greater autonomy over their care. The Patient Portal is compatible with all smartphones, tablets, laptops and PCs and is currently available to service users who are 16+, registered with a GP and have an NHS number.



Research team celebrates 20 years of revolutionary studies

The haematology research team at SWBH is celebrating 20 years of haematology clinical trials and their impact on clinical practice around the world – with their work playing a significant part in prolonging the survival of those diagnosed with sickle cell disease, leukaemia, lymphoma, myeloma and myeloproliferative disorders.

One such trial, Myeloma XI, was the largest international trial open at SWBH for those newly diagnosed with myeloma, a type of blood cancer. The research contributed to recommendations by the NICE to use the drug lenalidomide as maintenance treatment, keeping myeloma in remission and preventing relapse. Another study, the TEAMM trial, looked at reducing the risk of infection in people starting treatment for myeloma by giving them the antibiotic levofloxacin. Contributions to this and other clinical trials such as FLAIR, a trial for those with chronic lymphocytic leukaemia, have led to new standards of care in the UK.

Ocular pemphigoid study

A joint venture between UoB and SWB, funded by the Medical Research Council and supported by pharmacy, sees SWB act as the only national centre for this phase 1 study. The study is recruiting those with Ocular pemphigoid – an autoimmune condition that causes progressive scarring of the conjunctiva. Despite existing treatments, scarring continues in 50% of patients and can lead to blindness in 20% of patients. The study is looking to see if an oral medication can slow down the molecular signs of scarring and inflammation. So far, 20 of the 30 participants have been recruited, with the trial set to conclude in May 2026.

Research awards

NIHR Challenge Maternity Disparities Consortium

The Birmingham-led bid for the NIHR Maternity Disparities Consortium (MDC) was awarded £50 million with a start date of August 2025, following a competitive national process. As co-leads alongside Newcastle University, UoB has now entered the mobilisation phase of this five-year, UK-wide research and capacity building programme. The MDC's executive governance structure brings together UHB, BWC and SWB's maternity units, academic partners and third sector voices. This marks a significant milestone in embedding Birmingham's leadership in addressing systemic maternal and neonatal inequalities, aligned with the NHS Core20PLUS5 strategy. The programme is co-led by Professor Joht Singh Chandan, BHP's heath inequalities lead and Clinical Professor of Public Health.

Paediatric autoimmune brain inflammation

Dr Sukhvir Wright at Aston's Institute for Health and Neurodevelopment (IHN) and Honorary Consultant Neurologist at BWC – has been awarded a £3.4m Career Development Award from Wellcome to research paediatric autoimmune encephalitis (AE), an inflammatory brain condition.

Some symptoms of the disease, such as seizures, can resolve but others, such as problems with learning and memory, behavioural change and sleep disorders, can become chronic. Why some of these symptoms get better and others persist is not well understood – meaning long-term outcomes remain frustratingly poor, particularly in children under five. Children and families with lived experience of AE will be directly involved with all aspects of the research to ensure it is answering questions that matter to them, including the family of one of the first AE patients ever treated by the neurology team at BWC.

Largest ever UK surgical trial aims to reduce post-surgery infections

More than £10m of funding from the NIHR has been awarded to UoB to run an ambitious trial which aims to recruit 26,000 patients from 100 sites across the UK in the next five years – with UHB set to recruit the trial's first patients in autumn 2025 as lead NHS Trust.

ROSSINI-Platform is a large multi-arm, multi-stage platform trial, led by Professor Thomas Pinkney, Honorary Consultant General & Colorectal Surgeon at UHB, and UoB's Birmingham Clinical Trials Unit (BCTU), that will help experts understand how to reduce wound infections that can occur following operations. Wound infections, also referred to as Surgical Site Infections (SSI), are the commonest complication after surgery and affect up to one in four patients undergoing surgery each year. These infections carry an estimated cost to the NHS of at least £700m each year.

New national Centre of Excellence in AI and digital health

UoB – with founding partners UHB, ABHI, and other organisations from around the UK – have been awarded £1m to unlock the opportunity of AI and digital healthcare while ensuring technologies are safe and effective.

The new 'Centre of Excellence for Regulatory Science and Innovation in AI & Digital Health Technologies' known as 'CERSI-AI', has been funded by Innovate UK – the UK's innovation agency, in partnership with the Medicines and Healthcare products Regulatory Agency (MHRA), Office for Life Sciences, and the Medical Research Council – and is led by Professor Alastair Denniston, Professor of Regulatory Science and Innovation at UoB and Honorary Consultant Ophthalmologist at UHB.

Research awards

New AI tools set to advance early cancer detection and prevention

Birmingham researchers are to play a role in Cancer Research UK's recently announced £10 million AI detection programme, jointly supported by the NIHR and the Engineering and Physical Sciences Research Council (EPSRC) and involving 18 institutions.

Over the next five years, the Cancer Data-Driven Detection programme will harness vast quantities of data, link datasets and develop new tools to predict cancer risk – ultimately increasing the number of people diagnosed with cancer at its earliest stages.

UoB and SWB's Professor Sudha Sundar, gynaecological cancer surgeon and a clinical academic, is advising as a clinical practitioner in the multi-cancer risk prediction area of the work. Dr Ameeta Retzer from the UoB Centre for Evidence and Implementation Science will lead on the cross-cutting Equity, Diversity and Inclusion theme, drawing on her expertise in health inequalities and research equity. The scientific programme will be guided by partnerships with cancer patients, the public, clinical experts and industry, while addressing ethical and legal considerations to ensure that the models and tools work well in practice. Health Data Research UK and Administrative Data Research UK are also supporting this work.

Funding secured to develop cancer-killing injectable paste for bone tumours

The Dubrowsky Lab at the ROH has secured a £110k grant from Orthopaedic Research UK to develop an injectable paste with anticancer and bone regenerative properties.

The project will see researchers at ROH work with Aston to produce an injectable paste comprised of gallium-doped bioglass that, if proved effective, could be used to treat patients with primary and metastatic bone cancer.

The new therapeutic approach will be particularly useful in reducing cancer re-occurrence, implant site infections and implant failure rates in cases of bone tumours where large resections for complete tumour removal is either not possible (e.g. when tumours are located too close to vital organs) or not recommended (e.g. in the treatment of bone metastases and aggressive benign bone tumours when the harm inflicted by a large surgical procedure may be greater than its benefits). It could also be used in combination with minimally invasive intralesional therapies such as cryoablation or radiofrequency ablation for optimal management of metastatic bone lesions.

UK network to strengthen regulatory environment for advanced therapies

Established by the Cell and Gene Therapy Catapult and the Birmingham Health Partners Centre for Regulatory Science and Innovation (CRSI), a new network will ensure there is a world-leading regulatory environment in the UK for advanced therapies that supports companies in the development, trial, and launch of these innovative treatments.
The effective regulation of advanced therapies is vital to ensure that patients can access these transformative treatments promptly, to prepare the healthcare sector for the large-scale deployment of these therapies, and to ensure patient safety.

To help achieve this, the Innovate UK-funded network will work with the UK regulators, predominately the MHRA, to identify effective and efficient regulatory strategies that address the unique challenges of these therapies. By sharing its recommendations with therapy developers and regulatory and healthcare stakeholders, it will support the UK to build a first-in-class regulatory ecosystem that welcomes and encourages healthcare innovation. This aims to enable the timely development of, and improved access to, safe and effective advanced therapies.

Priorities 2026 - 2027

Priorities 2026-2027

The BHP Research and Innovation Strategy and Ambition Document outline a collaborative approach to transformative innovation in healthcare, setting ambitious goals across eight key priority areas which build on the work of the last 12 months. These goals are:

Streamlining clinical trial governance
Accelerate and simplify clinical trial setup and delivery through unified governance, digital processes, and reduced bureaucracy.

Enhancing public engagement
Broaden and diversify patient and public involvement in research through deeper community partnerships and expanded training.

Optimising data integration
Create a unified, cutting-edge data ecosystem linking clinical, genomic, and population data to drive innovation and improve care.

Developing research leaders
Invest in and empower the next generation of research leaders through targeted fellowships, mentorship, and leadership programmes.

Tackling health inequalities
Deliver evidence-based, community-informed research and interventions to reduce health inequalities across the region.

Fostering industry collaboration
Strengthen partnerships with industry to accelerate innovation, evaluation, and commercial research opportunities.

Expanding BHP's reach
Extend BHP's research capacity into primary care and community settings to broaden impact and participation.

Community and communication
Amplify BHP's impact through effective storytelling, shared learning, and collaborative events that showcase success.

Priorities 2026-2027

Streamlining clinical trial governance

- Increase commercial trial activity and recruitment through CRDC (page 7)
- Execute a Trusted Assessor Memorandum for CRDC partners allowing single-site approval
- Develop digitally-informed processes for site selection and rapid setup
- Expand decentralised trials and out-of-hospital capacity
- Focus on vaccine trials and research into children's health, women's health, and mental health
- Dovetail our BHP reducing bureaucracy programme with the CRDC to maximise efficiencies for all partners

Enhancing public engagement

- Broaden diversity in patient and public engagement and trial recruitment to reflect partnership demographics
- Strengthen community connections and document engagement with underserved groups
- Increase training opportunities for both staff in BHP, and the public

Optimise data integration

- Strengthen a unified data and analysis platform for BHP, integrating maternity and acute hospital data
- Increase datasets available to researchers to improve health outcomes
- Develop collaborative working with the Genomic Laboratory Hub to facilitate integration of genomic data to care pathways to improve health outcomes

Developing research leaders

- Appoint new Clinician Scientists, CARP fellows, and starter fellows
- Increase NIHR Senior Clinical and Practitioner Award success
- Expand the bespoke research support service, Research FIRST
- Evolve the leadership programme in alignment with NHS priorities and financial constraints

Tackling health inequalities

- Deliver and evaluate targeted interventions as part of the NIHR Maternity Disparities Consortium to reduce inequalities, working with community stakeholders
- Submit a major funding bid to establish a Cardiovascular Health Inequalities research programme in collaboration with national and regional partners
- Trial a new care pathway or intervention designed to address a specific health inequality, implemented across at least two BHP NHS partner sites
- Conduct a rapid review to identify best practices for delivering health inequality mitigation activities in specialist settings, ensuring these services are inclusive, accessible, and evidence-informed
- Launch a regional inequalities data dashboard, developed with the West Midlands SDE, to provide real-time insights and support decision-making across BHP partners
- Support a new generation of health equity leaders through health

Fostering industry collaboration

- Deepen relationships with AHBI focusing on overarching priorities (page 8)
- Expand pharma partnerships and sponsored clinical trials
- Evaluate innovations through BHP's bespoke Evaluation Service (page 15)
- Develop BHP industry engagement strategy led by HIWM

Expanding BHP's reach

- Appoint an NIHR-funded GP to support primary care trials
- Collaborate with the GP Provider Support Unit to help increase research in primary care
- Enhance BHP engagement with primary care partners

Community and communication

- Expand the repository of case studies showcasing impact
- Organise the second annual meeting

PHTA:

The most hotly-anticipated development of the year for our life sciences community.

Precision Health Technologies Accelerator

From benchside to business: PHTA now open

The Precision Health Technologies Accelerator (PHTA Ltd) – based at No.1 Birmingham Health Innovation Campus – officially opened in June, marking one of the most hotly-anticipated developments of the year for our life sciences community. PHTA is UoB's 70,000 sq ft innovation hub for translational research, providing premium Category 2 lab and office space for up to 20 SMEs – as well as connecting cutting-edge businesses with key opinion leaders and research expertise from across BHP.

It is also home to the core capabilities for the campus that will support the commercial businesses based there: Clinical Immunology Services, PHTA Industry Trials Hub, and medtech Makerspace.

How PHTA can support BHP researchers and clinicians

For researchers exploring spin-out opportunities, PHTA offers a collaborative environment for feasibility and pilot studies – with wraparound support in IP, funding, compliance, and clinical translation. Additionally, Health Innovation West Midlands (HIWM) has taken up residence at PHTA – enabling even closer alignment between commercial innovators and NHS adoption pathways. To set up an introductory meeting and tour of the facilities, please email info@phta.co.uk

Makerspace

Design, prototyping, and iteration are essential stages in developing any medical device or healthcare product - yet also the most resource-intensive. The high cost of equipment, combined with the time and expertise needed to use it well, can stall progress or stop development altogether.

PHTA's Makerspace is purpose-built to remove these barriers and bridge the gap between ideas and impact. It offers access to a wide range of cutting-edge prototyping equipment (including 3D printers and laser cutters), along with support from experienced technical operators. To discuss your Makerspace requirements, design ideas, or to book a tour, email makerspace@phta.co.uk

Summary financial information

Direct Income 24/25	Activity	£k
Consultancy work	General Practice	£5,000
Evaluation Services	UHB	£92,000
Funding for 1 BHP CARP Fellow post doc and 2 BHP Starter fellows	UHB/Metchley Park Medical Society	£206,000
Funding for 1 BHP Starter fellow	UoB ICAT	£32,000
Funding for 3 BHP New Consultant Awards and for 1 BHP Starter Fellowship	UoB College of Medicine and Health	£386,000
NIHR	Commercial Research Delivery Centre (CRDC)	£7,000,000
Total		**£ 7,721,000**
New indirect income to the wider partnership 24/25 (example of major bids awarded)		
NIHR	NIHR Challenge: Maternity Disparities Consortium	£50,000,000
NIHR	NIHR Challenge: Cardiovascular Disparities Consortium	£50,000,000
NIHR	Research Professorship: Optimising The UK Health Sector Response To Tackling Violence Against Women And Children	£1,800,000
NIHR	Nerve Block for Chronic Pain After Knee Replacement Surgery (the BaCPAKS trial)	£1,700,000
Total		**£ 103,500,000**

Appendices

Appendix: Board composition 2024/25

Name	Role
Mr Jonathan Pearson	BHP Chair (to September 2025)
Professor Neil Hanley	Pro-Vice-Chancellor and Head of the College of Medicine and Health, UoB
Professor Adam Tickell	Vice-Chancellor and Principal, UoB
Professor Michael Sheppard	Chair, HIWM (to July 2025)
Mr Matt Boazman	Chief Executive Officer, BWC
Professor Sir Bruce Keogh	Chair, BWC
Mr Jonathan Brotherton	Chief Executive Officer, UHB
Professor Aleks Subic	Vice-Chancellor and Chief Executive Officer, Aston University
Professor Anthony Hilton	Pro-Vice-Chancellor and Executive Dean of the College of Health and Life Sciences, Aston University
Mr Richard Beeken	Chief Executive Officer, SWB (to December 2024)
Ms Diane Wake	Chief Executive Officer, SWB (from January 2025)
Sir David Nicholson	Chair, SWB
Mr Matthew Hartland	Chief Executive Officer, ROH
Mr Tim Pile	Chair, ROH
Ms Roisin Fallon Williams	Chief Executive Officer, BSMH
Mr Philip Gayle	Chair, BSMH
Mr Richard Kirby	Chief Executive Officer, BCHC
Professor David Sallah	Chair, BCHC

Glossary

Abbreviation	Meaning
AE	Autoimmune encephalitis
AI	Artificial intelligence
ATMP	Advanced therapy medicinal product
BCHC	Birmingham Community Healthcare NHS Foundation Trust
BCTU	Birmingham Clinical Trials Unit
BHIC	Birmingham Health Innovation Campus
BHP	Birmingham Health Partners
BRC	NIHR Birmingham Biomedical Research Centre – delivered in partnership between UoB, Aston, UHB, BCHC, BWC and SWB, working with the Universities of Oxford and Keele
BSMH / BSMHFT	Birmingham and Solihull Mental Health NHS Foundation Trust
BSol ICS	Birmingham and Solihull Integrated Care Service
BWC	Birmingham Women's and Children's NHS Foundation Trust
CARP	Clinical-Academic Research Partnership
CNWM	Central and North West Midlands
CRDC	Commercial Research Delivery Centre
CRF	NIHR/ Wellcome Trust Clinical Research Facility - delivered in partnership between UoB, UHB and BWC
CRN	Clinical Research Network
CRSI	Birmingham Health Partners Centre for Regulatory Science and Innovation
CTIMP	Clinical Trial of an Investigational Medicinal Product
EHR	Electronic Health Record
ENT	Ear, nose and throat
EPSRC	Engineering and Physical Sciences Research Council
FDA	U.S. Food and Drug Administration
GI	Gastrointestinal

Abbreviation	Meaning
HDR UK	Health Data Research UK
HIWM	Health Innovation West Midlands
ICSs	Integrated care systems
IHN	Institute for Health and Neurodevelopment
MHMTC	Mental Health Mission Midlands Translational Centre
MHRA	Medicines and Healthcare products Regulatory Agency
mRNA	Messenger ribonucleic acid
MW-ATTC	Midlands-Wales Advanced Therapy Treatment Centre
NCDs	Non-communicable diseases
NIHR	National Institute for Health and Care Research
NMAHPs	Nurses, Midwives and Allied Health Professionals
PHTA	Precision Health Technologies Accelerator
PPIE	Patient and public involvement and engagement
REDCap	Research Electronic Data Capture
ROH	The Royal Orthopaedic Hospital NHS Foundation Trust
RRDN	Regional Research Delivery Network
QEHB	Queen Elizabeth Hospital Birmingham (UHB)
SAS	Specialist, associate specialist, and specialty doctors
SCPs	Social care practitioners
SDE	Secure Data Environment
SSHERPA	Staffordshire and Shropshire, Telford and Wrekin Health Research Partnership
SWB	Sandwell and West Birmingham NHS Trust
UHB	University Hospitals Birmingham NHS Foundation Trust
UoB	University of Birmingham
USP	Unique selling point
VW	Virtual ward
WHO	World Health Organisation

Birmingham Health Partners

Collaboration. Innovation. Application.