



# Request For Proposal (RFP)

## For Supply Of

### NIHR Biomedical Research Centre Scheme Evaluation

Please confirm your intention to respond to the RFP by sending an email to:

[xi.ye@lgcgroup.com](mailto:xi.ye@lgcgroup.com)

By

**2 August 2024**

By acknowledging your intention to respond you are agreeing to comply with the LGC Supplier Engagement Policy and Supplier Code of Conduct in addition to the contents of this RFP

Deadline for the receipt of completed RFP submissions is:

**02 August 2024**

LGC Representative			
Name	Position	Email	Telephone
Xi Ye	Programme Lead, NIHR Infrastructure	<a href="mailto:xi.ye@lgcgroup.com">xi.ye@lgcgroup.com</a>	

This Document Is Strictly Private and Confidential

## Introduction to LGC

LGC is a global leader in the life sciences sector, serving customers in healthcare, applied markets (including food, agbio and the environment), research and government. We provide a comprehensive range of reference materials, proficiency testing schemes, genomics reagents and instrumentation, research and measurement services. Our scientific tools and solutions form an essential part of our customers' quality and compliance procedures enabling them to provide safer products, develop new solutions and advance research.

For further information, please see: [www.lgcgroup.com](http://www.lgcgroup.com)

## Specification of Goods/Services Required

### Time table and budget

Description	Deadline/Limit
Deadline for applications	14 August 2024
Notification of outcome	06 September 2024
Earliest Potential Project Start	16 September 2024
Project Duration	8 months
Budget (inclusive of VAT)	Up to £120,000

## Context to the Request For Proposal

The National Institute for Health and Care Research (NIHR) is funded by the Department of Health and Social Care (DHSC) and delivered by four coordinating centres. LGC is contracted to deliver one of the coordinating centres and manages a number of research funding schemes, including research infrastructure.

[NIHR infrastructure](#) funding provides a platform to enable research, acting as a targeted and strategic investment to create an environment where early stage and applied research can thrive. Each year, the NIHR invests more than £606 million of infrastructure funding for services, facilities and people to support research and its delivery. Our significant and sustained infrastructure funding supports the country's leading experts in world-class research organisations. The [NIHR Biomedical Research Centres \(BRCs\)](#) were first designated and funded in 2007 to address the first translational gap as identified in the Cooksey Review which was published in 2006. The BRCs aim to drive innovation in the prevention, diagnosis and treatment of ill-health through early translational and experimental medicine research, and translate advances from research into benefits for patients and the public, the health and care system and for broader economic gain (see logic model for BRCs in Annex I). NIHR BRCs are formed of partnerships between NHS organisations and universities in England that have a substantial portfolio of internationally competitive early translational and experimental medicine research. The BRC scheme is the nation's largest investment into experimental medicine research infrastructure, with an overall investment of over £2.5 billion since its creation. In preparation for the next funding cycle, NIHR is conducting an evaluation of the scheme to provide insight on the processes, outputs and outcomes associated with the BRC Scheme since its inception. This will inform NIHR's approach to funding

translational research in the future. NIHR is looking to contract an independent evaluator to support this evaluation exercise as detailed in the brief below.

### **About the Biomedical Research Centres Scheme**

NIHR BRCs bring together academics and clinicians to translate early scientific breakthroughs into potential new treatments, diagnostics and health technologies. The BRCs primarily support research by:

- Creating an environment where scientific endeavour can thrive, attracting the foremost talent and producing world-class output.
- Supporting a critical mass of people and infrastructure focused on biomedical innovation and early translational and experimental medicine research.
- Supporting capacity building through Early Career Fellowships and training/development opportunities.
- Delivering NIHR-funded research, while working with other public funders, charities and the life sciences industry.
- Leveraging and attracting funding from external organisations to undertake experimental medicine and early translational research while forming key strategic partnerships.

Twenty BRCs have been funded in the current contract period covering December 2022 to March 2028, which provides the BRCs with ~£900 million to support the delivery of the core BRC functions and objectives. Furthermore, an additional £221 million has been awarded to the BRCs since December 2022 to address the government's strategic priorities.

### **Evaluation Strategy**

In preparation for the next funding cycle, NIHR is conducting an evaluation of the scheme to provide insight on the processes, outputs and outcomes associated with the BRC Scheme since its inception. This will inform NIHR's approach to funding translational research infrastructure in the future. The evaluation seeks to answer the following Key Evaluation Questions:

KEQ 1: To what extent, and how, have the BRCs enabled experimental medicine research funded by NIHR, UKRI, other funders including charities and industry to address the first translational gap?

KEQ 2: To what extent, and how, has the BRC scheme been effective at supporting a critical mass of people to increase translational research capacity within the national research landscape?

KEQ 3: To what extent has the BRC scheme contributed to the nation's international competitiveness in driving world class innovation in the prevention, diagnosis and treatment of ill-health?

KEQ 4: To what extent has the BRC scheme provided value for money, created jobs and driven economic growth?

KEQ 5: To what extent has research supported by the BRC scheme resulted in benefits for patients and for the health and care system?

KEQ 6: To what extent have the BRCs addressed specific policy and health and care needs?

To answer these questions, two exercises will be undertaken in parallel with this brief. This brief covers KEQs 1, 2 and 5 and focuses predominantly on the qualitative aspects, with NIHR conducting and providing the successful supplier with quantitative analysis which will inform the qualitative data collection and be drawn upon at the synthesis stage to help answer the key evaluation questions. A third exercise, outside the remit of this brief, will focus on economics evaluation and will be performed by a separate supplier.

These three exercises are co-dependent and NIHR will work closely with the independent evaluators to inform the approach taken and to provide context to help inform interpretation of the findings. NIHR will lead on combining the findings of all exercises, including the evaluation report for KEQ 1, 2 and 5

from this brief, into a single report that will be submitted to DHSC and the Scientific Director of NIHR Research Infrastructure.

## This Brief

**Overarching aim:** The aim of this evaluation is to assess whether the BRCs are meeting the scheme objectives as set out in the scheme logic model.

We expect the following methodologies and ways of working to be included; however, we do not intend this to be a prescriptive and definitive list. Suppliers are expected to suggest an approach and methodology based on their expertise:

- Participatory and mixed methods approach.
- The production of case studies and the analysis of views from stakeholders related to specific evaluation questions as indicated below.
- Co-production with the NIHR at key stages including; working with the project management team, sign off of any surveys, interview and focus group schedules and co-production of findings.
- Agreeing the interim and final reports structure before write up.

There are three Key Evaluation Questions for the independent evaluation supplier. These are interconnected with the work being undertaken in the other two exercises

**KEQ 1: To what extent, and how, have the BRCs enabled experimental medicine research funded by NIHR, UKRI, other funders including charities and industry to address the first translational gap?**

We are looking to learn what role the BRCs have played in the research landscape and how that has changed since the Scheme's inception. To address this, we are particularly interested in how the BRC Scheme has interacted with other key stakeholders in experimental medicine research across the landscape and what role the BRC Scheme has played along the innovation pathway, both downstream and upstream of the early translational gap.

In answering this question the following should be covered:

1.1 The extent to which the BRCs are collaborating with each other and BRC research is feeding into other NIHR infrastructure or research programme funding and vice versa.

1.2 The extent to which BRCs' are collaborating with industry partners to accelerate/enhance translational research

1.3 Ways in which BRCs identify and accelerate promising discovery research from other parts of the ecosystem, including funders (e.g., MRC, EPSRC, research charities funding programmes and infrastructure) for translation.

1.4 Ways in which the BRCs support the clinical evaluation of translational research and their acceleration into implementation research (e.g., collaboration with ARCs)

1.5 How have the BRCs supported reverse translation to support discovery research within the remit of other funders?

NIHR will provide

- The following bibliometric analysis conducted using Dimensions and Overton.
  - Reach of BRC publications
  - BRC funded research projects collaborating with other NIHR infrastructure schemes
  - BRC funded research projects receiving funding from other NIHR research programmes before and after BRC funding.
- Analysis of annual reporting including BRC Collaborations with industry, charities, NHS organisations, universities, UKRI

Stakeholders to involve: NIHR Coordinating Centre (CC), NIHR Scientific Directors, DHSC, NIHR Infrastructure (BRCs, Bioresource, Clinical Research Facilities (CRFs), Applied Research Collaborations (ARCs)), other funders including Research Charities, Health Support Services (e.g., Genomics England, HDRUK), NHS England, selection of unsuccessful BRC applicants, Deans of Research for medical/health sciences and NHS Trust CEOs, Industry Partners.

We would expect the answer to this question to include case studies.

**KEQ 2: To what extent, and how, has the BRC scheme been effective at supporting a critical mass of people to increase translational research capacity within the national research landscape?**

We are looking to learn whether, since the Scheme's creation, the BRCs have provided sufficient training and support to researchers so that translational research capacity has increased nationally. We are also looking to learn whether the BRC model enables strengthening of capacity by enabling new organisations to join the scheme.

In answering this question the following should be covered:

2.1 To what extent have the BRCs increased national capacity by supporting researchers to focus on early translational research.

2.2 To what extent have the BRCs supported capacity building across the entire career pathway and across different professional backgrounds and research disciplines.

NIHR will provide: NIHR Academy data on training and support provided to projects within the BRC portfolio

2.3 Does the BRC Scheme model provide an effective way for new entrants into the scheme?

We would like:

- Analysis of feedback given to unsuccessful applicants
- Profile and analysis of all eligible organisations that have not yet applied
- Qualitative feedback from unsuccessful organisations and those who have not applied on what the barriers and challenges are.

NIHR will provide

- Data on successful and unsuccessful BRC Scheme applications, feedback provided to unsuccessful applicants.
- Analysis of annual reporting

Stakeholders to involve: NIHR CC, NIHR Scientific Directors, DHSC, NIHR Infrastructure (BRC, Bioresource, CRF, ARC), other funders including Research Charities, Health Support Services (e.g.,

Genomics England, HDRUK), NHS England, selection of unsuccessful BRC applicants, Deans of Research for medical/health sciences and NHS Trust CEOs

**KEQ 5: To what extent has research supported by the BRC scheme resulted in benefits for patients and for the health and care system?**

We are looking to learn about how BRC supported research has benefited patients, how BRCs have involved the public, patients and underserved communities to deliver research, what impact that involvement has had and what lessons can be drawn for it, and what the key barriers and enablers are to the translation of discovery research findings.

In answering this question the following should be covered:

5.1 Key enablers and barriers to the translation of discovery research findings.

5.2 Examples of BRC supported research resulting in tangible benefit to patients and the pathway to impact.

5.3 Examples of where the BRCs have involved the public, patients or underserved communities to deliver research which has resulted in tangible downstream patient benefit. What impact has the involvement had on the research and what are the lessons learnt?

We would expect this to include case studies highlighting success stories for each of the above areas.

Stakeholders to involve: NIHR CC, NIHR Infrastructure (BRC, Bioresource, CRF, ARC), Health Support Services (e.g., Genomics England, HDRUK), NHS England, selection of unsuccessful BRC applicants, Deans of Research for medical/health sciences and NHS Trust CEOs, Industry Partners.

**Recommendations**

The successful supplier will also be expected to support NIHR in the development of recommendations for the next iteration of the BRC Scheme and investments towards increasing national translational research capacity and capability.

**NIHR Data**

The following data sources will be made available to the successful supplier.

- BRC Annual reports and analysis (conducted internally by NIHR) which cover a range of quantitative and qualitative data such as leveraged funding, IP assets, publications, and patient and public involvement and engagement.
- Added Value Examples (self reported case studies)
- NIHR Academy data on training and support provided to BRC Scheme projects.
- Data on BRC Scheme applicants, both successful and unsuccessful and feedback provided to unsuccessful applicants.

**Areas out of scope for this evaluation**

NIHR BRC is a national scheme and comparisons of research capacity in different regions of England is out of the scope of the evaluation. While it is expected that this evaluation will review the effectiveness of the BRC at addressing healthcare, government and policy priorities, such strategic initiatives are not within the scope of this project.

## Outputs

We expect the following outputs for this project:

- Project Initiation Document and Project plan following the kick-off meeting. This will include:
  - Stakeholder engagement plan
  - Proposed methodologies and data needs
  - Timelines
  - Risk Analysis
  - Roles and Responsibilities
- Draft survey questions and interview schedules for sign-off
- Anonymised data and analyses in the appropriate formats. This excludes interview and focus group transcripts.
- An interim report by 17 January 2025 summarising the key findings of the evaluation in a format agreed with NIHR.
- A full report presenting the findings by 31 March 2025. The report should contain the following elements:
  - A structure agreed with the NIHR working group
  - A Plain English executive summary of the evaluation's findings and any recommendations.
  - Recommendations to be considered in designing the next iteration of the BRC Scheme so that it continues to contribute towards capacity and capability building for translational research.
  - Comprehensive presentation of the findings
  - Standalone versions of case studies
  - Infographic with key findings on outcome and process learning

Interim and final reports should be drafted with non expert audiences in mind.

Applicants are asked to consider the timing and nature of deliverables in their proposals.

## Budget and duration

The maximum budget for this project is £120,000. We expect that it will be delivered by 31 March 2025. Costings can include up to 100% full economic costing but should exclude output VAT. Applicants are advised that value for money is one of the key criteria that applicants will be assessed against. The successful expected to start the project within 4 weeks of application outcome.

## Management arrangements

An NIHR working group will be established composed of representatives of NIHR Coordinating Centre (NIHR CC). This group will aid the selected evaluation supplier in the development of methodologies prior to the start of data collection and analysis. It is expected that the selected supplier will work with the working group to co-develop and get sign-off on surveys, interview questions, focus group plans

and the evaluation report structure. The working group does not expect to be involved in the data collection or analyses stages except to provide context where needed. The working group would expect to be involved in co-production of findings and recommendations.

The evaluation supplier is expected to meet with the NIHR project lead at least every two weeks to discuss the project's progress until the project's completion.

### Eligibility

Organisations that host or have hosted a BRC, or have a partnership/collaboration with current and past BRC host organisations are considered conflicted and ineligible. Applications from independent evaluation companies are encouraged.

### Expertise required

- Familiarity with health and care research funding mechanisms and landscape.
- Experience in working with national organisations with multiple sites and partners or at the policy interface.
- Expertise in mixed-methods approaches.
- Experience in taking a co-development approach with the client (in this case, the NIHR CC working group).
- Experience in collecting and analysing complex and large datasets.
- Expertise in communicating complex evaluation findings in a clear and accessible manner to non expert audiences.

### Selection criteria

1. *Relevance of the proposed evaluation to the specification*
  - How relevant is the proposal in relation to the brief?
  - Does the bid propose methodologies that can be suitably applied to assessing the outcomes and impacts of translational research and research infrastructure funding?
2. *Quality of the evaluation methodology*
  - How appropriate is the evaluation design in relation to the KEQs?
  - To what extent is the proposed design and methodology(/ies) for all elements of the evaluation well defined, appropriate, valid and feasible within the timeframe and resources requested?
  - Is there an appropriate stakeholder engagement plan described?
3. *Quality of the work plan and proposed management arrangements*
  - Does the proposal demonstrate readiness and the ability to start quickly following a funding decision?
  - How appropriate are the work plan and project management arrangements? Have clear milestones/ deliverables been proposed? How likely is it that these will be met within the specific timeframe?
  - Have the applicants identified key risks to delivery? Have these been adequately addressed?
  - Does the application highlight the inputs that might be required from the NIHR to undertake the evaluation, including types of data?
4. *Strength of the evaluation team*
  - Are the roles of the team members clearly described?
  - Does the lead applicant appear suitably qualified and experienced to lead the proposed work?
  - Does the assembled team have the appropriate expertise to support the proposed evaluation?



5. *Value for money*

- Does the proposal sufficiently justify the resources required to deliver the proposed work? Do the proposed costs demonstrate value for money?
- Is the time committed by the applicants realistic to ensure delivery?

Shortlisted suppliers will be invited to an interview in the week commencing 26th August 2024.

### Documents needed as part of your bid

Please submit all the following as part of your bid

A. Proposal for undertaking the work should be a maximum of 8 pages (excluding appendices) and include:

- a detailed approach and methodology for undertaking the work;
- consideration of risks and their mitigation;
- what input you expect from NIHR.
- project milestones, including the outputs described in the call specification, and how these will be met.
- details of staff allocated to the project, together with experience of the contractor and staff members in carrying out similar projects. The project manager / lead contact should be identified; CVs, along with any other relevant information can be provided in appendices
- a timescale for carrying out the project;
- an overall cost for the work.

B. Project Plan and budget, which should include:

- the stages and tasks involved
- the allocation of days between members of the team of stages and tasks. Detailed breakdowns of costs including allocation of days and day rates, travel, subsistence, consumables, other direct costs and indirect costs.

D. One example of an evaluation report produced for a client. This can be anonymised/redacted if necessary.

### Guidelines for RFP Response

Your proposal must include:

- A completed pricing schedule template – see below
- A completed high level workplan template – see below
- Responses to LGC's standard due diligence questions – see below
- Confirmation that the LGC Supplier Code of Conduct and Supplier Engagement Policy have been reviewed and agreed to – see below



**Pricing Schedule – To Be Completed By Supplier**

Line Item No.	Description of Goods/Services (Insert Additional Rows As Required)	Unit of Measure e.g. Hour, Kilo, Each	Quantity	Unit Price (Exc. VAT/Local Taxes)	Total Line Price (Unit Price * Quantity)
1					
2					
3					
4					
5					
	Total Proposed Price To Fully Meet Specification	N/A	N/A	N/A	Insert Total Sum Of Above Lines

Any Additional Charge(s) To Be Included e.g. Freight (Full Details And Cost Breakdown Of Any Additional Charges To Be Provided)	Insert Add. Charge(s)
Total Proposed Price Including Any Additional Charges	Insert Total Pricing

**High Level Workplan – To Be Completed By Supplier**

Activity To Be Undertaken	Proposed Start Date	Proposed End Date	Named Person Responsible
(Insert Rows As Required)			

**Due Diligence Questions - To Be Completed By Supplier**

Company Information

Question	Answer
Name of Company	
Registered Company Number	
Main address for correspondence	
Registration Office (if different from above)	
Contact details (including position) of person applying on behalf of company	
Telephone number	
Email	
Website	
Brief company history and current service provision	
Please describe company ownership including any ultimate holding company and all associated companies. If the company is a member of a group of companies, please provide the name of the ultimate holding company and the registered office address.  Do you have company values, what are they?	
Relative to other suppliers, what do you consider your strengths to be?	

General Information

Question	Answer
What is the estimated number of employees who will be directly involved in this project and what are their proposed roles (e.g. Account Manager, Planning Specialist etc.)	
Please provide an overview of the key employees to be involved in this project, including name, job title and one paragraph professional summary.	
Are any of your employees critical to this opportunity, do you have a contingency plan to mitigate against any risks?	
Are you likely to sub-contract any of the work? (If yes please provide details of the sub-contractors to be used, in what capacity and how they are selected and managed)	

Quality and Other Policies

Question	Answer
Do you have robust, repeatable, measurable processes for creating your deliverables?	

<p>Do you have an operational management system(s) for Quality, Safety, Health and Environment (SHE)? If so, are these systems</p> <ul style="list-style-type: none"> <li>• Based on an international standard (ISO 9001/14001/18001)?</li> <li>• Certified by an accredited third party auditing body?</li> </ul>	
<p>How do you carry out project management? Does the following exist:</p> <ul style="list-style-type: none"> <li>• A formal methodology?</li> <li>• Resource management within projects?</li> <li>• Project tracking and progress reporting procedures?</li> <li>• Change management and control processes?</li> </ul>	
<p>Do you work under or to recognised industry standards?</p>	
<p>Do you have a Business Continuity Disaster Recovery (BCDR) Plan? If so, please provide a copy</p>	

References

Question	Answer
<p>Please confirm Three (3) referees we can contact Please list below the full names, addresses and other contact details requested, (preferably customers from comparable industries where you carry out similar duties). Can you confirm that you are happy for LGC to contact these references?</p>	

Financial Information

Question	Answer
<p>Who is the person responsible for financial matters in your firm?</p>	
<p>What is the name and address of your banker(s)?</p>	
<p>Can LGC approach your bank for a financial reference if required?</p>	
<p>Please provide three (3) years audited accounts</p>	
<p>If the accounts you are submitting are for a year ended more than 10 months ago, can you confirm that the company as described in those accounts is still trading? If yes, please enclose a statement of turnover since the last set of published accounts.</p>	
<p>What is your VAT Registration Number?</p>	

### Evaluation and Selection Process

Following submission of RFP responses, LGC may invite shortlisted bidders to present their proposal in a meeting or videoconference. If this is required, further information will be provided following RFP submission.

### Contract Terms & Conditions

The scope of the definitive Agreement that shall be negotiated and agreed as part of the contract award will be based on consideration of LGC standard terms and conditions.

### Supporting Documentation

#### LGC Supplier Code of Conduct



LGC Supplier Code of  
Conduct V1.pdf

#### LGC Supplier Engagement Policy



LGC Supplier  
Engagement Policy  
V



## Revision History

Description	Date	Author
Initial release	31/01/2024	Jeff Vulkan



Annex 1. BRC Logic Model

**NIHR Biomedical Research Centre (BRC) Scheme Level Logic Model**

**Aim:** To drive innovation in the prevention, diagnosis and treatment of ill-health through early translational and experimental medicine research, and translate advances from research into benefits for patients and the public, the health and care system and for broader economic gain.

INPUTS	ACTIVITIES	OUTPUTS	SHORT TERM OUTCOMES	MEDIUM TERM OUTCOMES	LONG TERM OUTCOMES
<p>NIHR BRC Scheme Funding</p> <p>NIHR Infrastructure</p> <p>Non-NIHR Infrastructure</p> <p>World-leading experimental medicine researchers</p> <p>Infrastructure centre staff</p> <p>NHS Trusts</p> <p>Higher Education Institutions</p> <p>Health support services</p> <p>Patients, carers and public contributors</p> <p>Industry</p> <p>Charities</p>	<p><b>BRCs</b></p> <ul style="list-style-type: none"> <li>Identifying and setting research priorities with patients and the public and the health and care system which reflect the diversity of the population and the biggest challenges for the system</li> <li>Conducting internationally competitive early translational and experimental medicine research.</li> <li>Developing and nurturing collaborative research partnerships and improvements in the research system.</li> <li>Leveraging funding from other sources.</li> <li>Embedding research inclusion across all workstreams and activities</li> <li>Providing training and development opportunities to attract and retain talent with a particular focus on underrepresented disciplines and non-traditional career pathways.</li> </ul>	<p><b>BRCs</b></p> <ul style="list-style-type: none"> <li>High quality research and associated reporting, publication and dissemination activities</li> <li>Development of an environment that enables research and system improvements, funded by the BRCs, NIHR and others, to take place.</li> <li>Intellectual Property assets.</li> <li>Academic Training and other development opportunities for all translational research disciplines.</li> <li>Training for underrepresented disciplines.</li> <li>Additional funding leveraged from multiple sources.</li> <li>Collaborative research partnerships with industry, charities, NHS organisations, universities, UKRI and other NIHR Infrastructure.</li> <li>Advisory/consultation, collaboration and co-production sessions with patients and public contributors.</li> </ul>	<p><i>2-5 yrs from start of scheme iteration</i></p> <p>High quality translational research that addresses the needs of populations living with the greatest burden of disease and the needs of the health and care system</p> <p>Production of evidence to accelerate research into implementation.</p> <p>Established research training programmes and other career advancement schemes including diverse career pathways.</p> <p>More inclusive research culture which attracts, nurtures and retains talent across the career spectrum.</p> <p><b>Economic</b> Increased research funding into early translational and experimental medicine research from multiple sources.</p> <p>Increased income from commercial activities</p> <p><b>Public Benefit</b> PPIE and research inclusion embedded in all work strands.</p> <p>Research participants represent the populations living with the greatest burden of disease from communities across the UK</p> <p>Research outputs meet the needs of those living with the greatest burden of disease regardless of background or geography.</p>	<p><i>5-10 yrs from start of scheme iteration</i></p> <p>Increased capacity in early translational and experimental medicine infrastructure which addresses health priorities and populations living with the greatest burden of disease from all communities and the needs of the health and care system</p> <p>Increase in skills and productivity of the translational research workforce.</p> <p>Increased diversity of career pathways into and through research.</p> <p><b>Economic</b> Increase in IP assets and their exploitation from funded research.</p> <p>Increase in innovations invested in and launched by local and international health industry.</p> <p>Increase in jobs created in the research workforce.</p>	<p><i>10+ yrs from start of scheme iteration</i></p> <p>Sustainable capacity in early translational and experimental medicine infrastructure which addresses health priorities.</p> <p><b>Economic</b> BRCs contribute to economic savings for the health and social care system.</p> <p>BRCs contribute to the UK's international competitiveness in world class innovation in the prevention, diagnosis and treatment of ill-health.</p> <p><b>Public Benefit</b> BRCs contribute to a productive innovation pipeline, delivering research that addresses both patient need across diverse populations and the greatest challenges of the health and care system.</p> <p>BRCs contribute to an increase in innovations benefiting patients and the health and social care system.</p>

**Assumptions:**

- BRCs are part of a wider translational research ecosystem, in order to function effectively BRCs rely on the other parts of the system continuing with their roles and funding.
- The NIHR operates an open and transparent research system and would expect BRCs and BRC funded projects to do the same.
- NIHR BRC designation and funding may be made in any translational research area where the applying NHS/University partnership can demonstrate the highest levels of both existing research excellence internationally across a substantial portfolio and existing critical mass in that area.
- NIHR BRCs' Research Themes will deliver their own structured portfolio of translational research that will build on, or be closely linked to, work supported by other research funders.