

100 years of life-changing discoveries



# Addendum to MRC Delivery Plan for 2013/14

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The current MRC Delivery Plan covers the Spending Review period April 2011 to March 2015.

This addendum summarises some of the additional MRC strategic activities and initiatives planned for 2013/14 which will contribute to delivery of the objectives in our Strategic Plan and also to the delivery of the UK Life Sciences Strategy. Numbers in parentheses are references to the relevant section of the MRC Delivery Plan 2011/12 to 2014/15.

### Enhancing national capability in imaging/microscopy (2.2)

In a partnership initiative with BBSRC and EPSRC, the MRC will invest £25.5m in next generation optical microscopy to enhance the UK's ability to capitalise on the latest and emerging technologies to address important questions in biomedicine, and establish it at the global forefront of innovation in technology, chemistry and software, including through partnership with the technology industry.

### e-health & medical bioinformatics (2.1.4 and 2.5)

The MRC will commit up to £70m in 2013 to support improved linkage and analysis of large-scale genomic information, complex phenotype data and electronic health records. Investments will develop new infrastructure and tools to improve linkage between rich datasets and to build capacity and establish a national framework of skills and career development. This will be aligned with the overall Big Data strategy and with Health Departments and European investments (EBI and ELIXIR) in health records use and in medical bioinformatics. This will further enhance the UK's international position in health-related informatics, and capitalise on the NHS single-health infrastructure to improve patient outcomes and healthcare.

### Regenerative medicine (2.1.1 (ii))

We will invest £5m in the second stage of the UK Regenerative Medicine Platform, which will build on the UKRMP research hubs to be launched in March 2013. This will establish translational programmes focussed towards the development of specific regenerative therapies, and it is anticipated that additional funding will be provided through partnership with disease-based research charities. The UKRMP will be further enhanced through the competitive allocation of up to £20m capital funds recently allocated to support this field over the next 2 years. MRC also expects to provide renewed funding for the MRC-Edinburgh Centre for Regenerative Medicine in July 2013.

## Innovative Partnerships with Industry (2.4.1)

The MRC will build on the prize-winning compound sharing collaboration with AstraZeneca to develop innovative opportunities with other companies for UK researchers to accelerate our understanding of human disease and the development of new treatments. We will also complete the £180m investment in the Biomedical Catalyst funding partnership with TSB.

## Genomics (2.1.4)

Additional investment of £10m from the MRC, together with funding from the Department of Health and the British Heart Foundation, will enable genotyping of all 500,000 participants in the UK Biobank. This will be the first phase of a longer-term strategy for genomic analysis of this cohort and align strategically with the recent Government investment of £100m to start sequencing 100,000 whole genomes from NHS patients for research and clinical care.

This genotyping, integrated with the other rich information gathered through the UK Biobank cohort, will help to better understand the complex interaction of lifestyle and genes in causing heart disease, dementia, cancer and a wide range of other life-threatening and disabling disorders.

## Dementia (2.1.2 (iii))

The MRC will further contribute to advancing the understanding of dementia through national and international initiatives. Internationally, we plan to provide £3m to fund the participation of UK groups in two aligned initiatives, JPND and COEN, which will form collaborative programmes to ascertain the risk factors underlying disease progression as well as high-risk/high pay-off approaches to provide new therapeutic avenues. In the UK we plan to invest up to £12m to establish a national platform for stratified medicine in this area, to include the development of complementary pre-competitive partnerships with biopharma for mechanistic research.

## University Units (4.1)

During 2013/14 we expect to move a further 10 MRC Units to new “University Unit” strategic partnerships with universities, as part of the programme of reform of our intramural programme. We are also planning to establish two new University Units, in Metabolic Diseases and Integrative Epidemiology, built on current successful MRC Centres in Cambridge and Bristol.

