DEPARTMENT OF HEALTH AND SOCIAL CARE
Government Response to the House of Lords Science and Technology Committee on Clinical academics in the NHS inquiry

The Government is grateful to the House of Lords Science and Technology Committee for the recommendations outlined by Baroness Brown of Cambridge in response to their inquiry into clinical academics in the NHS. The Government is pleased that the Committee has recognised the importance of clinical academics undertaking vital academic research, teaching and training, alongside providing health and care delivery on the frontline. The Government welcomes the recommendations raised by the Committee and while we have made progress in some areas, we acknowledge we have a long way to go to ensure clinical academic careers are attractive, sustainable and rewarding. We recognise that developing a clinical academic career is challenging, with a need to balance research, postgraduate training, and the pressures of clinical service. In our response we have detailed actions we are taking with delivery partners now to address these challenges, but we want to be more ambitious. We are committed to increasing investment in the clinical academic workforce to ensure we have the right people in place to deliver ground-breaking research for the benefit of patients and the public. This will bring health and wealth to the nation.

1 *The Government should urgently address inequalities in total remuneration that disincentivise clinical academia as a career path. It should work with universities, Governmental and non-Governmental research funders, and NHS trusts, to ensure that clinical academics are not financially disadvantaged by pursuing research compared to the earning potential of full-time clinicians.*

The Government recognises the need to ensure that clinical academics career paths are attractive and sustainable. For this to be achieved we need to ensure barriers to undertaking a clinical academic career, including inequalities in total renumeration, are addressed. Personal awards from NIHR and other organisations provide funding for an individual's salary, mirroring their clinical pay in the NHS; we do however acknowledge that time away from clinical practice may impact clinical progression and an individual's ability to move through the clinical pay scale. We are committed to continuing work with stakeholders and partners, including HEIs, NHS employers, other Governmental and non-Governmental research funders and Health Education England to ensure research experience is recognised and rewarded. We will work to progress this through the Clinical Academic Training Forum, which brings together stakeholders interested in the training of clinical academics to provide strategic coordination of clinical academic training pathways in the UK. This working group includes representatives from The Academy of Medical Sciences, Association of Medical Research Charities, Cancer Research UK, Conference of Postgraduate Medical Deans of the United Kingdom, Medical Schools Council, Medical Research Council, Health Education England, NIHR, DHSC and The Royal College of Physicians.

Working together we have developed key principles and obligations for those responsible for clinical service, award holders, universities and funders to ensure clinical academic researchers are appropriately supported; we have outlined practical actions to be taken by all UK institutions and organisations responsible for

supporting and progressing the careers of trainee clinical academics in response to the disruption to academic training by COVID-19 and we have worked jointly to understanding facilitators and barriers to progression through a clinical academic career across medicine and dentistry, with a particular focus on gender inequality. We now need to turn our attention to inequalities in total renumeration. We will work with our partners to ensure clinical academics during training are on the same salary as clinical NHS colleagues and to explore how the time taken on academic work and any associated loss of earning is taken into account through total renumeration on completion of training.

2 *Governmental research funders should help to address the career precarity of clinical academics at the postdoctoral level by offering more longer-term postdoctoral positions – for example, with five years of funding and the expectation of a permanent position.*

We recognise the need to increase opportunities at postdoctoral level, a key career stage for those pursuing a long-term academic career. The post-doctoral career stage is fundamental to the success of an individual's academic career, with lack of opportunities at this stage being cited as the reason many people do not progress in an academic career following completion of their PhD. We recognise that without additional opportunities the current success rates and the perceived difficulty in gaining an award may discourage potential applicants, often from groups we most want to encourage.

The Government recognises that precarity, particularly at early career stages, has significant impacts on the attractiveness of careers in research. We are committed to working with UKRI, NIHR and non-government funders of clinical research to improve the sustainability of early-career stage roles, whilst recognising that the use of different types of contracts is an issue that rests with employers.

The NIHR Academy is responsible for the development and coordination of NIHR academic training, career development and research capacity development. The academy plays a pivotal role in attracting, training and supporting the best health and care researchers. They have developed a comprehensive research career pathway for medical and non-medical healthcare professionals from undergraduate internships through to Research Professorships, providing the skilled workforce needed for substantive employers, including HEIs and Trusts to fill permanent positions. For NIHR's Research Professorships, there is an expectation that employing host organisations commit to providing permanent positions as a condition of funding. For Advanced Fellowships the long term host commitment to the individual following the Award is noted in the selection criteria.

With investment from DHSC, the NIHR is the largest funder of health and care research in England. NIHR has recently increased investment at the postdoctoral level, recognising the importance of this career stage in an individual's long-term commitment to a career in research. We currently fund and support 100 Clinical Lectureships and on average 28 Advanced Fellowships annually and we have committed to funding an additional 20 Clinical Lectureships and up to 11 additional Advanced Fellowships, representing a total additional investment of £16 million per annum in steady state. The Advanced Fellowship in particular offers longer term

security for mid-career clinical academics with a duration of up to 5 years, longer if part-time (one part time 10 year award has recently been funded) and the ability to apply for further funding up to a total of 8 years. Both these postdoctoral awards allow the combination of continued clinical training or service with protected time for research and developing academic skills.

Ultimately, we hope these changes will positively impact the whole of NIHR and wider research ecosystem, increasing the talent pipeline of people progressing through research programmes and leadership roles both in terms of numbers and diversity.

3 *The recommendations by the Health and Social Care Committee on NHS consultant pensions and tax should be implemented at the earliest opportunity to remove the perverse incentives for early retirement.*

The Department will respond in full to the recommendations by the Health and Social Care Committee in due course.

The NHS Pension Scheme is one of the best available, providing generous retirement benefits for hardworking staff after a lifetime of service looking after our nation's health. Around 9 in 10 NHS workers are saving into the scheme. The decision to claim pension benefits is a personal one. When staff claim their pension, this does not necessarily mean they have left NHS service altogether. Employers may offer the option for staff to 'retire and return' to work having claimed their pension.

The legacy pension scheme could do more to help retain older staff and encourage retired staff to return. We have consulted on introducing a new partial retirement option for staff, which is planned to come into effect from 1 October 2023 onwards; and to allow retired staff to re-join the pension scheme if they return to work in the NHS, which would be available from 1 April 2023. A Statutory Instrument was laid in Parliament on 10th March to make the required changes to NHS Pension Scheme regulations.

As announced by the Chancellor at Budget, the annual allowance will increase from £40,000 to £60,000 from 6th April 2023, and the lifetime allowance will be removed. Estimates based on projected pension scheme data indicate that around 22,000 senior NHS clinicians could exceed the previous £40,000 annual allowance in 2023/24, and that around 31,000 clinicians had reached at least 75% of the £1.073m lifetime allowance. These measures will ensure that the vast majority of doctors in the NHS are not disincentivised from remaining in their roles and taking on extra hours, enabling them to treat as many patients as possible and helping to deliver on the government's NHS commitments.

We have also ensured pension tax does not affect take home pay by extending the Scheme Pays facility to cover annual allowance charges of any size. This allows staff to meet annual allowance charges from their pension pot. Although this reduces the value of pension earned that year, for many the growth in their pension benefits net of tax may still represent a good return on contributions.

Section 45 of the Coronavirus Act 2020 did not contain any measures regarding the impact of pension tax on senior clinicians in the NHS workforce. Instead, Section 45 suspended rules in the NHS Pension Scheme to allow retired and partially retired staff to return to work or increase their working commitments without having their pension payments reduced or suspended.

4 *Clinical academics and GPs engaged in research should be contractually able to apply for local clinical excellence awards.*

There have been no recent changes in relation to access to Local Clinical Excellence Awards (LCEAs) for clinical academics. Since April 2018 all consultants, including clinical academics, who are employed on the 2003 Terms and Conditions for Consultants in England are contractually entitled to access an annual LCEA round, subject to meeting eligibility criteria.

Clinical academics who are not substantively employed by NHS organisations and instead hold honorary contracts with them, do not currently have the same contractual right of access to an annual LCEA round.

However, since 2018 NHS employers have been strongly encouraged by the Department and our system partners to include these clinical academics in their awards rounds. We do not know of any NHS employer in England that does not include clinical academics holding honorary contracts in their LCEA rounds. Therefore, although not all clinical academics have a contractual right to access an annual awards round, we understand that all do benefit from exactly the same opportunity to apply for LCEAs annually as clinical consultants.

Changes to national contracts require collective agreement between employers and trade unions. Negotiations between employers and trade unions to reform LCEAs took place between 2021 and 2022. Part of the final proposal which was negotiated intended to formalise access to LCEAs for clinical academics. However, for a variety of reasons, the trade unions ultimately decided they could not support the negotiated reforms and, therefore, they were not introduced.

Responsibility for the substantive contracts of clinical academics lies with the primary employer, which for most clinical academics is the educational institution. The NHS does not have negotiating rights over these contracts and, therefore, it would not be within the Department's remit to mandate reform to allow for contractual access to LCEA schemes through these primary contracts.

However, the Department will continue to strongly encourage all NHS employers to include clinical academics in their award rounds. We will monitor access to LCEA schemes through dialogue with employers and trade unions and work with system partners to ensure access is maintained for all eligible clinical academics no matter the contract they are employed on. In the longer term we will seek to consider LCEA reform more substantively together with wider scale reforms to contractual arrangements for consultants in England.

For academic GPs, there is not a contracting model equivalent to academic consultants, who have individual NHS contracts (and allocated funding to enable LCEAs) issued by an NHS employer.

The NHS contracting model for GPs is between an NHS commissioning organisation (eg Integrated Care Boards) and a general practice services provider (eg GP partnership) and there is currently no contractual relationship between the NHS and individual GPs. However, there is nothing within the contracting model for GPs which would prevent the introduction of LCEAs should a local area wish to do so. NHS England does provide academic GP individuals an honorary NHS contract for the purpose of enabling their eligibility for a National Clinical Impact Award, but there are no direct financial entitlements, remunerations or eligibility for LCEAs within these honorary contracts (and no links to the formal contracting and funding models for general practice).

5 *The NHS should implement mentorship schemes in different regions, respecting equality, diversity and inclusion, to ensure that would-be clinical academics have examples to follow. More can be done to promote the value of clinical research to medical practitioners and to engage non-researchers with the research undertaken in their organisation, to engender a culture that values research.*

There are two parts to this point. The first is to implement mentorship schemes to create role models that reflect the diversity of clinical academics and the UK population. We fully agree that an understanding of the need to represent the diversity of the UK population is vital for research. It is good for the science to have representative diversity in research, good for the health system, good for the healthcare professionals and in totality good for patients and the public. It is not only the right thing to do, but also the smart and economically effective option as there are significant financial costs and human costs from health inequalities. To achieve this the NIHR is committed to provide quality mentorship for clinical academics in all regions of the nation. The NIHR Mentorship Programme promotes interdisciplinarity; mentees can seek a mentor from a cognate or complementary discipline or professional background where appropriate, supporting mentoring relationships between individuals from different organisations and institutions while promoting research inclusion through engagement with, and learning from, under-represented and under-served groups.

Regarding the second point around doing more to create a culture that values research, we are committed to increasing awareness of research among NHS leaders and will work with regulatory bodies to embed research in standards for registered professionals. We know NHS sites that are active in clinical research see improved health outcomes not just for those participating in research, but for all patients. In addition, investment in clinical research leads to economic benefits for the NHS that can support frontline services, including the development and retention of the workforce. But despite these many benefits, research delivery is not as visible across the NHS as it should be, and we fully recognise that we have more to do here.

To embed research as an essential and rewarding part of effective patient care, we are committed to working across the UK to demonstrate the different ways staff can get involved in research and increase awareness of the value of research and innovation among staff and NHS leaders. Across the UK the NHS will facilitate recognition of the professional contribution of nurses, midwives, allied health professions, pharmacists and healthcare scientists to the research workforce, and the value of research and innovation among NHS leaders, making clear to these professions the different ways they can get involved in research.

We know that we are not fully representative of the society we serve, that there are inequalities in the type of research we fund, who we fund and our decision-making processes, and that we must attract a sufficiently diverse range of people to participate in our research studies. We are taking this seriously and already collecting data on who is taking part in clinical trials and the diversity of representation on the committees and panels that approve research.

In 2021, we published Best Research for Best Health: The Next Chapter, outlining our mission to improve the health and wealth of the nation through research. One of our areas of strategic focus is embedding equality, diversity, and inclusion across NIHR's research, systems and culture. This will foster an inclusive environment, engage the talents and energy of people who represent the diversity of the UK in all areas of our work, and so improve the relevance and quality of our research. When research reflects the diversity of the UK population, it leads to more targeted and more cost-effective policy and practice.

We are looking to further support underrepresented groups through more targeted engagement and working with key communities, networks and stakeholders to ensure that potential applicants understand and are aware of how the funding opportunities available for career development through NIHR can be utilised to develop research careers. For example, we have started to engage with Melanin Medics, a charitable non-profit organisation engaging and supporting aspiring and current doctors in the UK from African and Caribbean backgrounds as part of work to increase diversity across NIHR programmes. We have seen from the gender inequalities in clinical academic careers study that there can be misunderstandings about what and who NIHR funding is for. By engaging, we hope to dispel some of the myths to create a common understanding. We also acknowledge, from our learning from COVID, that there will be areas where we need to work differently to ensure that opportunities are accessible to underrepresented groups.

6 *The Government and its research funders of research should address these regional inequalities, for example through additional ring-fenced funding for clinical academia in certain regions, bursaries for clinical academics in less well-off areas, and/or hub-and-spoke models where established centres can support those in the surrounding region.*

Encouraging a research-positive culture in health and care organisations is important to improve patient and public care and treatment options, and there is an abundance of evidence from many settings and specialties that shows that patients receiving their care from research-active services have better clinical outcomes. These

benefits are not restricted to the participants in research but diffuse to all patients under the care of the research-active service.

Since the establishment in 2006 of NIHR, there has been increased research activity in health and care organisations throughout England, and the NIHR has enabled 100% of NHS Secondary Care Trusts and 51% of Primary Care Trusts to be research-active. In June 2021 NIHR published Best Research for Best Health: The Next Chapter, which included a commitment to bringing clinical and applied research to under-served regions and communities with major health needs to reduce health disparities with an emphasis on where the outcomes and impacts of research will be realised, supporting NHSE's Core20PLUS5 approach to inform action to reduce healthcare inequalities at both national and system level.

NIHR is supporting this ambition through

- increased engagement with and support for research in the new medical schools. New medical schools focus on widening participation, bringing in more diverse cohorts of students, often from a lower socioeconomic base and in areas of the country traditionally underserved by research. We are planning to invest £17.6M to 2027/28 to support research training in the new medical schools.
- providing bursaries for clinical professionals to undertake clinical research training developed and offered by a range of UK Universities. In September 2022 the first combined cohort of 109 learners commenced part-time distance Post Graduate Certificates in Clinical Research Delivery at Exeter and Newcastle Universities. The learners on these university courses are drawn from a wide range of clinical professions and from across all regions of England. Extension pathways to complete full master's qualifications will launch in September 2023. Bursary funding of learner fees provided by DHSC is currently supporting 75 of the 109 clinicians undertaking these qualifications. Further bursary funding is planned to support the September 2023 cohort.
- funding large Infrastructure and Programme grants that have a remit to build research capacity, by investing locally in pre-doctoral, doctoral and post-doctoral students. These sites are distributed across England; approximately 40% of those actively supported in FY 2021/2022 were from clinical backgrounds.
- developing models of funding that support regional research. For example, NIHR, working in collaboration with Alzheimer's Society, has invested £7.5m of funding to strengthen capacity and capability in dementia health and care research across the 15 NIHR Applied Research Collaborations (ARCs) which are spread across England. All 15 NIHR ARCs have received funding to support up to three career development awards for early career researchers in dementia, to support the next generation of dementia researchers. The funding will support a cohort of post-doctoral health and care researchers towards independence, developing their skills to establish their own research projects, programmes and ultimately groups.
- understanding the evidence for the distribution of research funding. We recognised that while the geographic distribution of NIHR awards is relatively good, a disproportionately higher number are being awarded to applicants from London. Analysis by the NIHR has highlighted that success rates doesn't decrease outside London, and in some cases success rates are higher in regional areas – the problem is that the numbers applying from outside the golden triangle are much lower. We want to use this evidence to help

communicate to potential applicants that chances of success outside London are good and people are encouraged to apply. We are committed to working with other funders to understand factors impacting regional application and success rates and to continue monitor and evaluate our interventions.

- working to increase the number of applications from NHS Trusts from which NIHR have received few or no previous applications for research training awards. A guide was produced, targeted to NHS managers to help their support of prospective applicants to the Pre-doctoral Clinical and Practitioner Academic Fellowship (PCAF). The guide provided the information needed by managers to understand how the award and application works without expecting them to read the full applicant guidance notes and detailed the benefits of the award to the organisation. We will continue to assess our support and guidance to ensure we are encouraging applications from previously less research active regions.

7 *NHS trusts and hospitals must set out a plan as to how they will meet the statutory commitment to allow consultants to spend an average of 25% of their time on supporting professional activities on average. Universities, NHS hospital trusts, and funders of research should work together to align the incentives for clinicians and consultants to ensure that they can continue to engage with research alongside/as part of clinical practice.*

Research is a key component of supporting professional activities. NHS England is developing a comprehensive, long-term NHS workforce plan. This will include consideration of research requirements to support the delivery of high-quality care.

8 *The Government should determine the factors behind the decline in intercalated BScs and review the role of the intercalated BSc in the training of clinical academics. They should ensure that medical schools expose trainee doctors to clinical research, even where the intercalated BSc is not mandated or offered.*

The Government will continue to monitor the numbers of students who take intercalated BSc degrees, as part of ensuring that undergraduate medical training supports the clinical academic pipeline. The General Medical Council Outcomes for Graduates (i.e. covering the undergraduate curriculum) already requires medical schools to train students in clinical research, including undertaking research projects to demonstrate their competencies in these areas, but this can be challenging, for example in the new medical schools, many of which do not have a strong research culture. However, the NIHR will be bringing in new funding for medical students at new medical schools to carry out research placements as well as Intercalated BSc's. The NIHR is scoping opportunities to work with these new medical schools and the NHS to support this part of the curriculum further and ensure that disparities are not widened in this regard.

Postgraduate doctors in training should be exposed to clinical research through their studies, but we are aware that this can be dependent on the capacity and capability of clinical leaders and their areas, across primary, secondary and community care. We recognise that ensuring this exposure to research will require consideration of the workforce needs in this area.

9 *Governmental funders of research, including the Medical Research Council and the National Institute for Health and Care Research, and frameworks for awarding academic funding such as the Research Excellence Framework should further incentivise research that engages with clinicians.*

NIHR is increasing investment in clinical academic careers for nurses, midwives, AHPs and doctors and dentists through DHSC investment into the NIHR Integrated Pathways programmes, which provides funding for clinicians who wish to develop careers that combine research and research leadership with continued practice and professional development.

We are committed to supporting research-qualified clinicians, not currently undertaking any substantial research activity, to re-establish research careers. The Clinical Academic Research Partnership is a funding scheme run between the Medical Research Council and NIHR. It is designed to provide the opportunity to form a collaborative high-quality research partnership with established biomedical and applied health researchers, and with protected time and funding to enhance their research skills and experience.

Clinical medicine research, in the previous Research Exercise Framework (REF), had the highest research impact compared to all other subjects. Staff employed as clinical academics are included in REF submissions as they are classed as having significant responsibility for research. Of note is that they are counted on the same basis as all academic staff (i.e. counted as 1.0FTE), even though clinical academics typically work at lower percentages often through an equal joint contract with their research institution and the NHS. They therefore typically demonstrate high impact for health outcomes despite their lower percentage worked academically. We will continue to champion the significant role clinical researchers play in the REF.

10 Governmental research funders should support initiatives such as pairing schemes which bring together clinicians with academic partners. They should ensure that applied clinical research is accessible to a wider range of healthcare professionals than just consultants and that funding for these projects is more easily obtained.

NIHR has been highly successful in developing clinical academic career pathways that support individuals across a range of backgrounds, but we recognise that, to deliver research at scale and pace, we need to provide advancement opportunities for a breadth of roles and professions. One of the keys areas of strategic focus for the NIHR is strengthening careers for a wide range of healthcare professionals and under-represented disciplines and specialisms. We are doing this by expanding current programmes, promoting nurse and midwife leadership in health and social care research and introducing new opportunities for all clinicians to engage with research. For example:

- we have created an Associate Principal Investigator (API) scheme to fast track postgraduate doctors in training to become the clinical research leaders of the future. This scheme provides clinicians with mentored training while supporting the delivery of research within the NHS and other settings. Over the past two years, the Clinical Research Network has significantly expanded the API scheme

and similar scheme specifically for nurses and midwives seeking to be mentored in stepping up to Principal Investigator roles will launch shortly.

- NIHR and the Academy of Medical Royal Colleges have worked with universities to develop a national framework of master's level qualifications, which provide the necessary networks, skills and confidence needed to lead and support clinical research delivery. This opportunity allows clinicians to take part in clinical research in their area of interest, as part of existing research studies, whilst being supported under the supervision and mentorship of a senior researcher. This will develop their experience and expertise to grow future local research leadership capability within the NHS. These qualifications are designed to fit around clinical working commitments, and learners can undertake training in stages to develop their chosen career path.
- we are supporting the Royal Colleges and standard setting bodies to develop bespoke online learning resources to develop research capacity in their professional communities.
- we will work with other funders to engage all clinicians in research, including continuing to invest in the Clinical Academic Research Partnerships (CARP), a one-to-three-year funding scheme run in partnership between the Medical Research Council (MRC) and NIHR. It is designed to provide research-qualified health professionals, not currently undertaking any substantial research activity, the opportunity to form a collaborative high-quality research partnership with established biomedical and applied health researchers, and with protected time and funding to enhance their research skills and experience.
- NIHR Clinical Research Network (CRN) offers a range of development opportunities to engage clinicians from all professional backgrounds in research. Clinician Researchers combine their clinical roles with leading and managing research activities in their organisation, often with key roles in expanding sites offering research opportunities to participants. In this capacity they work closely with, and support, the work of both Chief Investigators and Clinical Academics ("permanent researchers").
- NIHR, working with other funders are committed to making funding of high quality research easier to obtain and are working to implement recommendations from the Independent Review of Research Bureaucracy report to substantially reduce unnecessary bureaucracy in all parts of the research system.

We are also specifically working to improve the attractiveness of academic career pathways for nurses, midwives, AHPs and other professional groups where advancement into senior research positions is still challenging. We are doing this through:

- the NIHR Incubator for Nursing and Midwifery which works to accelerate capacity building and support the development of a skilled clinical academic research workforce across the nursing and midwifery professions,
- increasing investment in the NIHR Integrated Clinical and Practitioner Academic Programme which provides research training awards for health and social care professionals, excluding doctors and dentists, who wish to develop careers that combine research and research leadership with continued practice and professional development.
- investing in the NIHR Nurse and Midwife Senior Leadership Programme, which aims to place nurses and midwives at the forefront of health and care research,

raising their profile and affirming their contribution to the wider research community.

- our Allied Health Professional (AHP) Champions, who actively encourage more AHPs to get involved in research. Working locally and linking with their counterparts nationally, they act as role models and connectors for AHP health and social care professionals across a local area, championing the research work of AHPs and encouraging more professionals to be aware of and involved in health and social care research and the work of the NIHR for the benefit of patients and the public.
- creating new programmes to attract undergraduates training in nursing, midwifery, the allied health professions and other underrepresented groups into careers in research, through the expansion of an internship programme. This is a new initiative aimed at attracting people into research careers early in their undergraduate training with a particular focus on those professions and backgrounds we would like to see more of across NIHR funding and career paths.

11. *The Department for Health and Social Care should work with the NHS to identify specific metrics for research performance, which should be reported on annually by integrated care boards. These reports should be made to the Secretary of State under the overall supervision of the Chief Scientific Advisor for the DHSC.*

As set out in The Future of Clinical Research Delivery: 2022 to 2025 implementation plan (30 June 2022), in order to more deeply embed clinical research in the NHS, we will take action to broaden responsibility and accountability for research across the NHS, and improve measurement, visibility and recognition of those supporting the delivery of clinical research studies. We have committed to work across the UK administrations to introduce new metrics and measures to increase the visibility and recognition for undertaking and supporting clinical research across NHS organisations. Measuring clinical research will support NHS leaders to drive behaviour change and incentivise more engagement in research activity.

The Health and Social Care Act 2022 included a requirement that each ICB's annual report must, in particular, include how it has discharged its research duty. ICB annual reports are required to be published. The Act also included a requirement that NHS England's annual performance assessment of each ICB must also include an assessment of how well the ICB has discharged its duty to facilitate or otherwise promote research and the use of evidence from research. NHS England must publish a report in respect of each financial year containing a summary of the results of each performance assessment conducted by NHS England in respect of that year.