



*National Institute for
Health Research*

*Comprehensive
Clinical Research Network*

The New Clinical Research Landscape – Incentives, Opportunities and Support Offered by the NIHR

1 September 2011



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Assistant Director
CCRN**

The National Institute of Health Research - A real change in the way the NHS supports research

- MORE FUNDING
- DYNAMIC AND DIRECTED SUPPORT
- ACCOUNTABILITY
- INCENTIVES
- QUALITY
- LEAN WORKING AND STREAMLINING
- INFORMATION-LED
- ACTIVE MANAGEMENT

!!OPPORTUNITIES!!

The National Institute of Health Research (NIHR)

STRATEGIC AIM:

To improve the health and wealth of the nation through research

VISION:

To create a health research system in which the NHS supports:

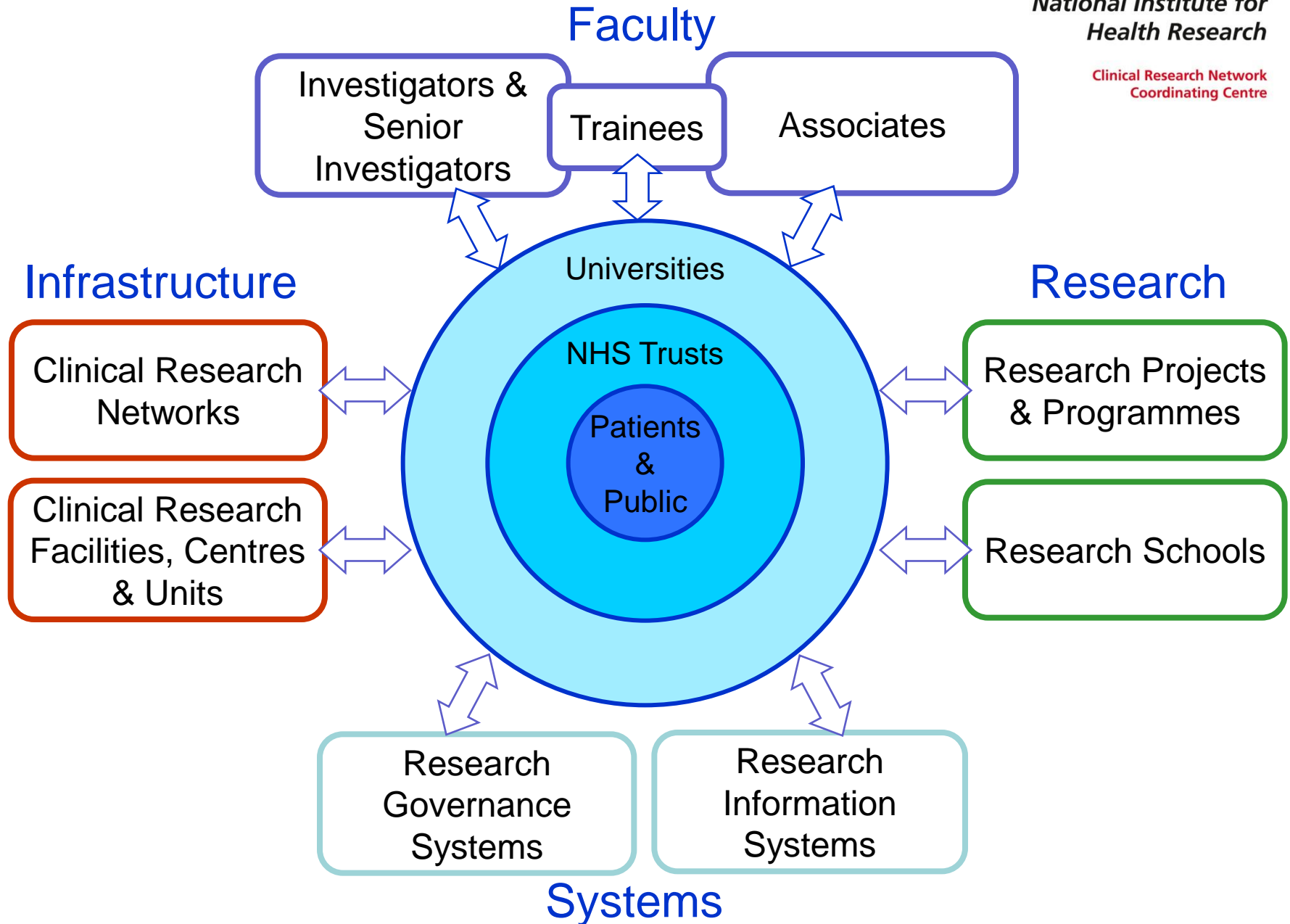
- outstanding individuals
- working in world-class facilities
- conducting leading-edge research
- focused on the needs of patients and the public

The NIHR Health Research System



National Institute for
Health Research

Clinical Research Network
Coordinating Centre



The NIHR Budget



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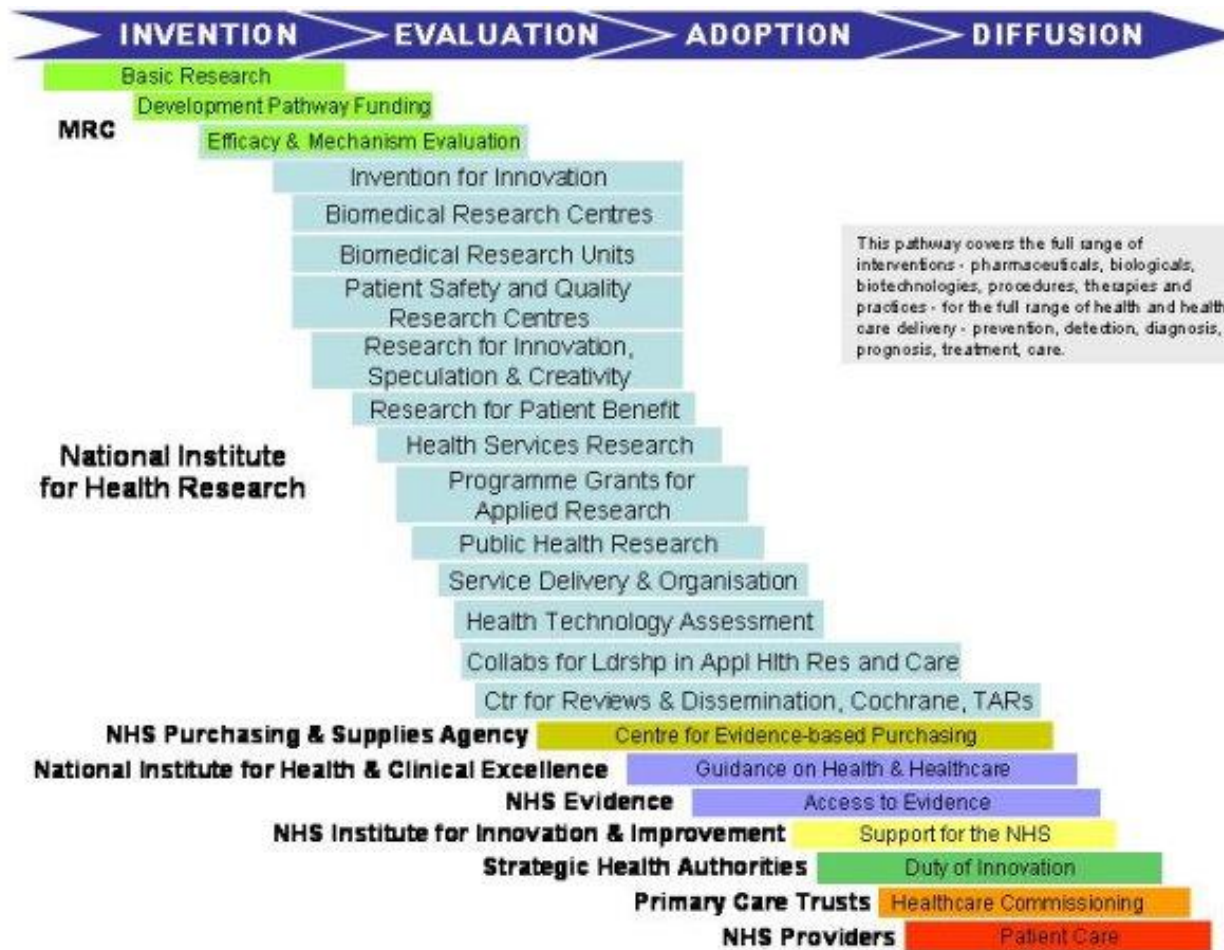
- £992m for 2010/11
- 1% of the NHS budget
- Level funding agreed
- Circa £100m for training
 - all levels
 - integrated into the clinical training pathway
- Circa £280m for clinical research networks
- Huge expansion in response-mode (and commissioned) research projects, eg HTA budget now £88m p.a.
- Directed to “near-patient” research

Funding Opportunities



National Institute for Health Research

Comprehensive Clinical Research Network



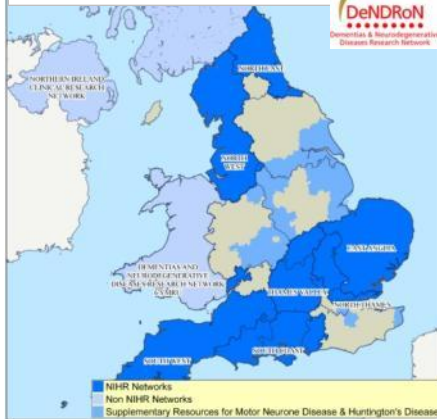
This pathway covers the full range of interventions - pharmaceuticals, biologicals, biotechnologies, procedures, therapies and practices - for the full range of health and health care delivery - prevention, detection, diagnosis, prognosis, treatment, care.

What NIHR Networks Provide

- Access to experienced Research Management and Governance staff
- Access to a local network of dedicated skilled research support staff (eg research nurses)
- Support to ensure that studies can be successfully undertaken in the NHS (pharmacy, radiology, laboratories)
- Access to free training opportunities
- A local and national support network to ensure the successful set up and delivery of research projects

NIHR Clinical Research Networks

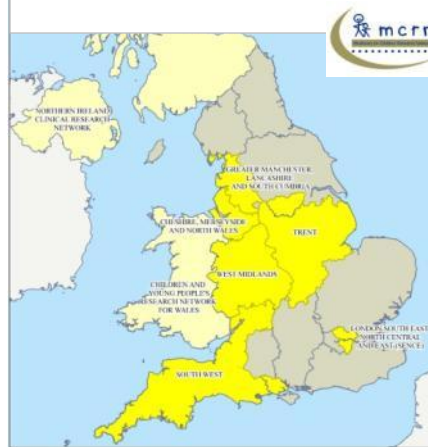
NIHR Dementias & Neurodegenerative Diseases Research Network



NIHR Diabetes Research Network



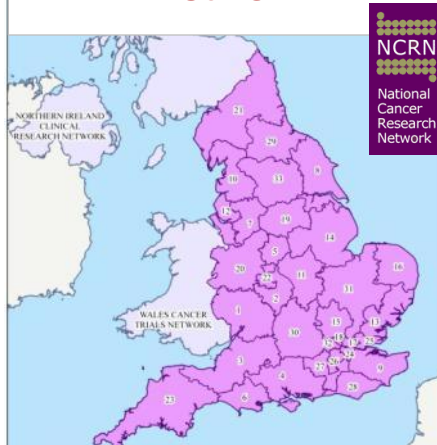
NIHR Medicines for Children Research Network



NIHR Mental Health Research Network



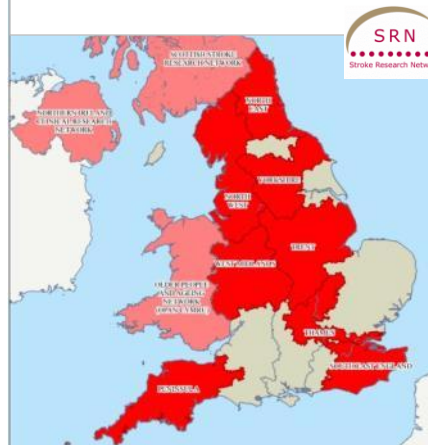
NIHR National Cancer Research Network



NIHR Primary Care Research Network



NIHR Stroke Research Network



NIHR Comprehensive Clinical Research Network





**25
Comprehensive
Local Research
Networks**

The CCRN Budget

- £243m (85% of total network budget) delivered through the CCRN via the 25 CLRN
- Supports:
 - Research nurses (AHPs) to consent patients into studies and perform related procedures
 - Dedicated research time for clinicians
 - Assistance with the R&D approvals process
 - Support for services such as pharmacy, imaging and pathology
- Combination of devolution to Trusts and CLRN-wide resources
- 5,000 WTE and 4,700 PAs supported recruitment of 321,858 patients into 1532 studies in 2010/11 (52% increase in recruitment vs 2009/10)

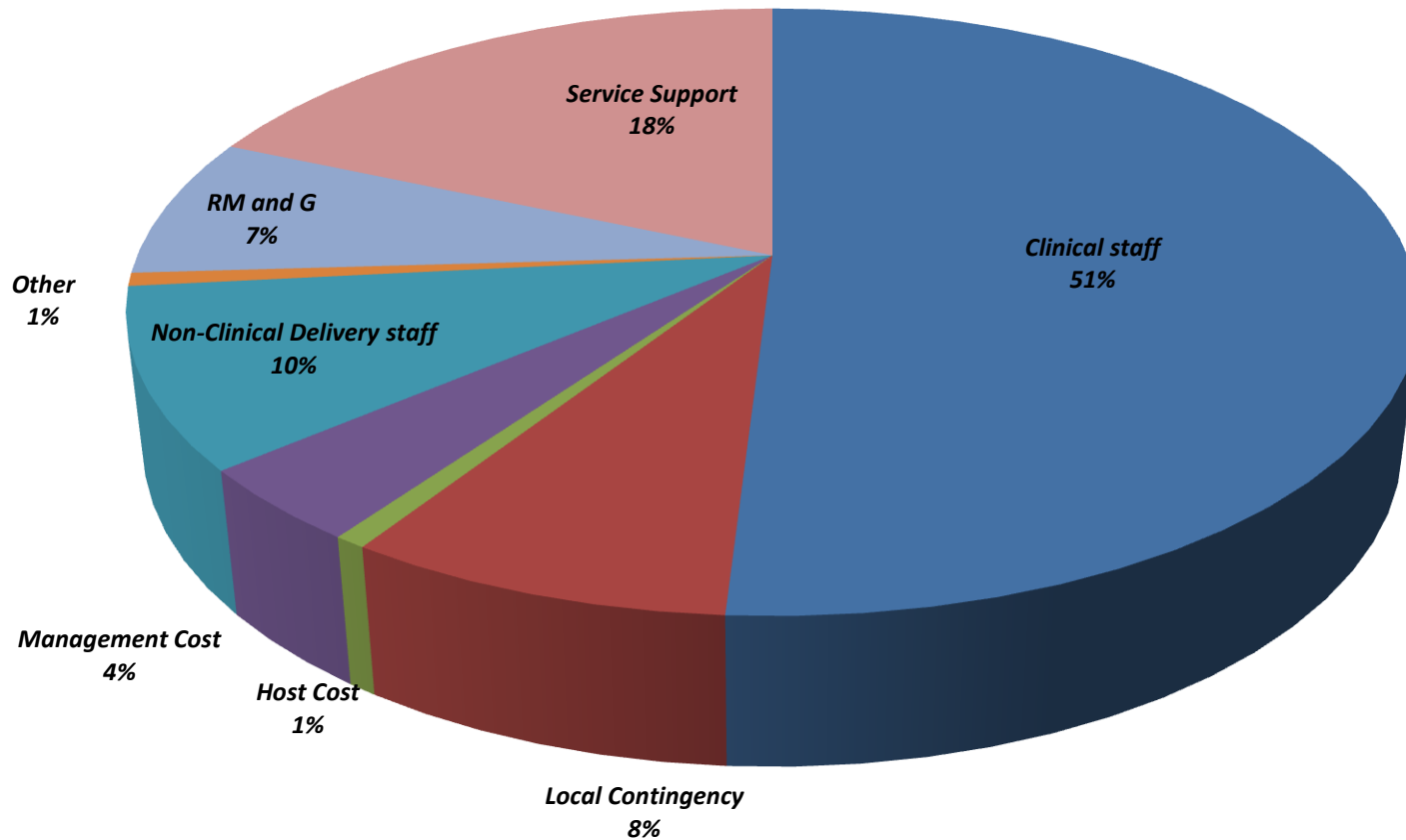
A dynamic funding system

- “Activity Based Funding”
- Around 50% of funding to CLRNs varies each year depending on the amount of activity in the previous year
 - Number of patients recruited into observational/ interventional and large scale studies
- The more research a CLRN does the bigger the slice of the budget it gets.
- Incentives for CLRNs and Trusts

Accountability

- Ring fenced R&D budget
- A rigorous process of accountability
 - Each CLRN provides a detailed line-by-line report of expenditure at start of f/y, midyear and end of year
- Who/what is being supported and which specialty
 - Over £1m directly allocated to surgery
- CLRNs can challenge Trusts
- The Coordinating Centre can challenge CLRNs

How CCRN budget will be spent in 2011/12

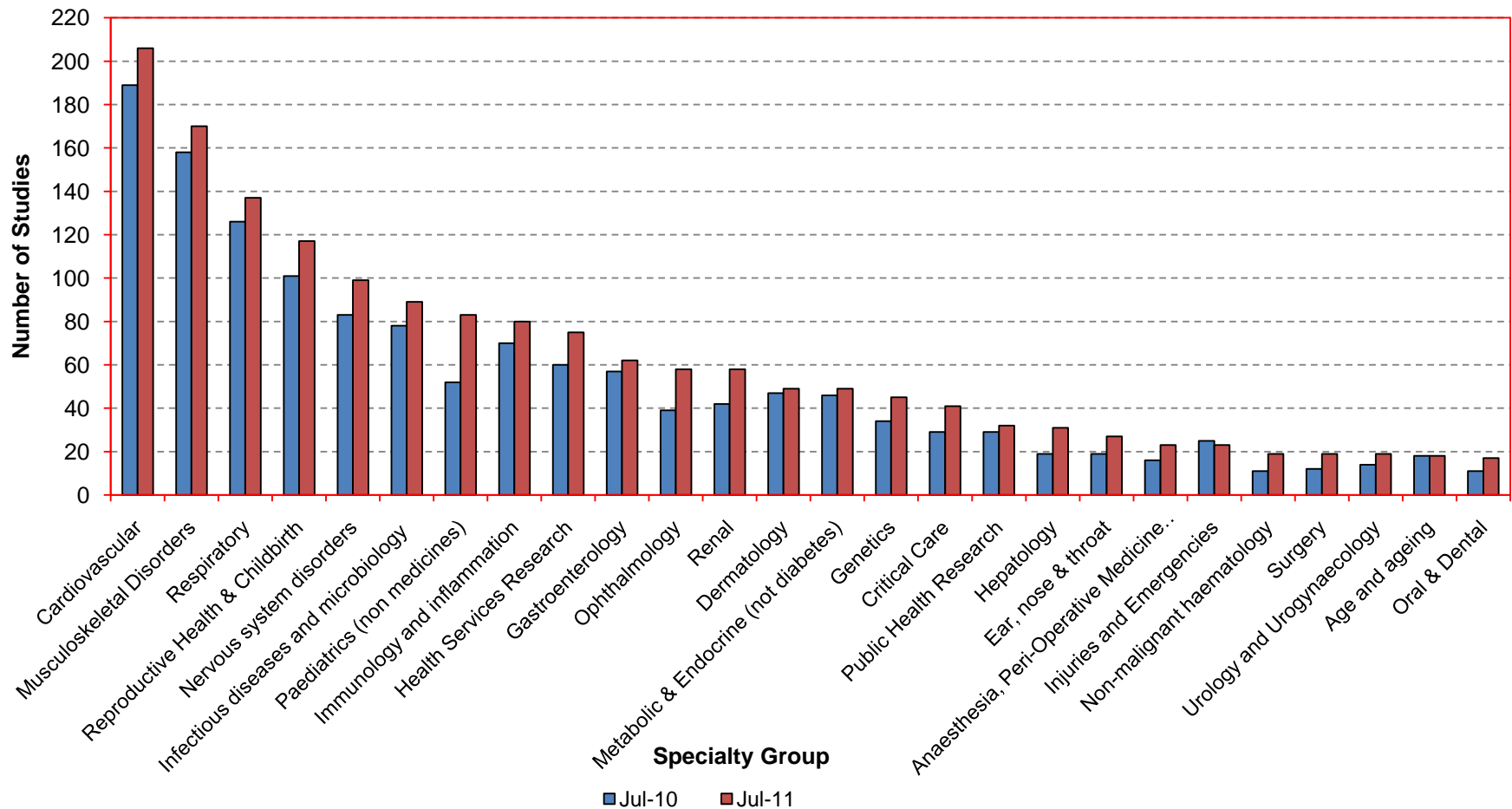


Specialty Groups

- CCRN portfolio broken down into 26 different specialties
- Each led by a Specialty Group – set up to harness the enthusiasm and expertise of researchers in the specialties that they are dedicated to
- Membership through nomination of Local Leads from the CLRNs (now over 450)
- To actively engage with the research community and make the most of what the Clinical Research Networks have to offer
- National coordinating function linked to local networks to ensure the successful delivery of studies to time and target
- Work closely with other stakeholders

Number of studies in each Specialty Group

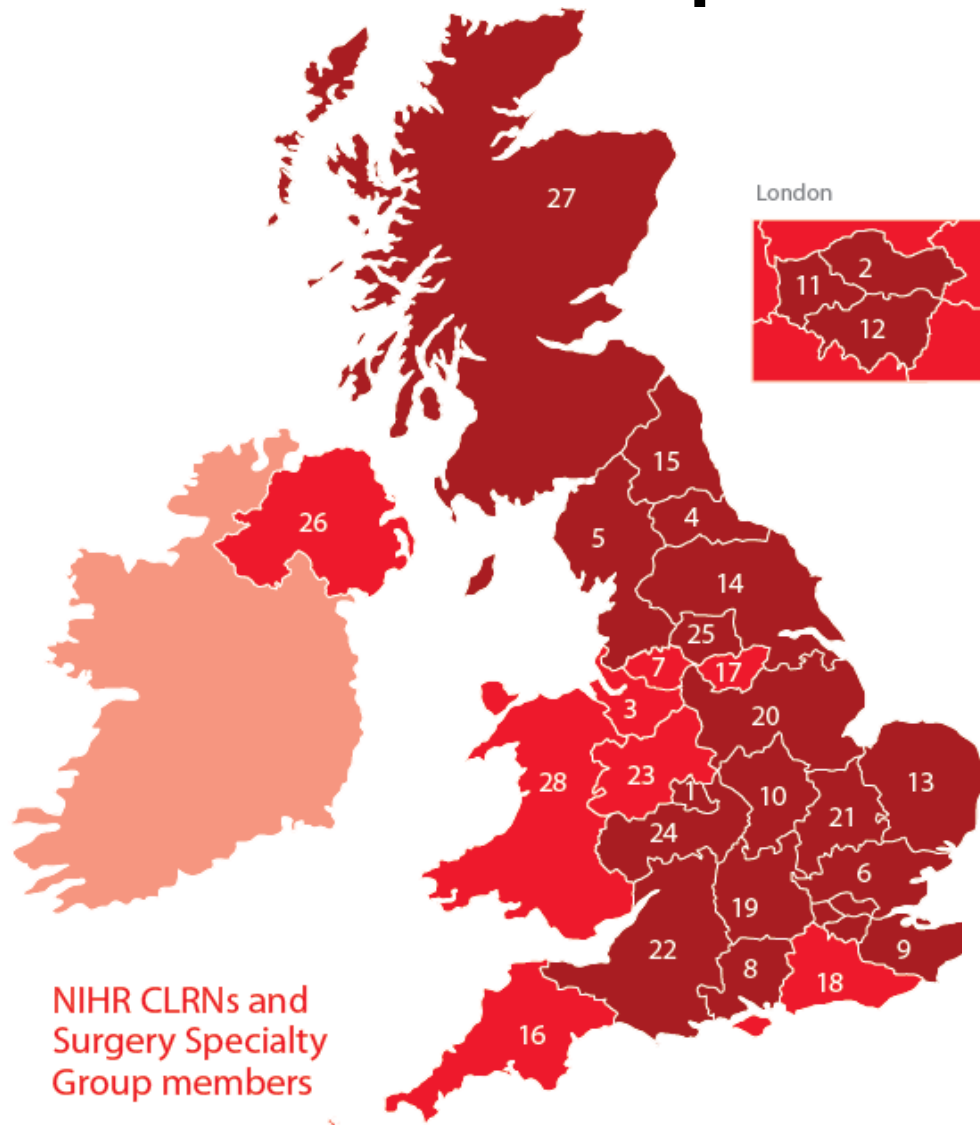
(1) Number of Open Studies



Coverage of the Surgical Specialty Group



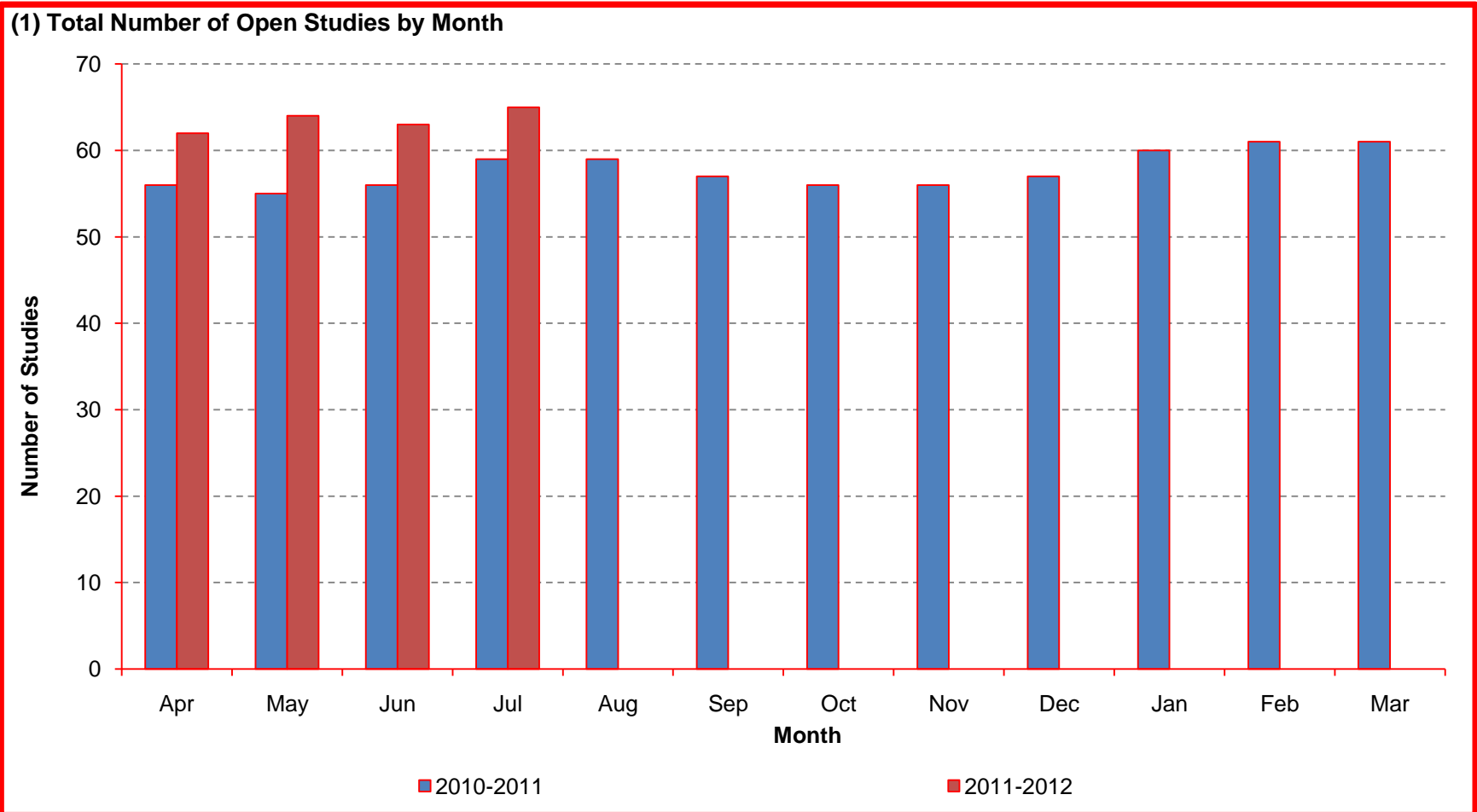
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NIHR CLRN and Surgery Specialty Group members

- Birmingham and the Black Country** 1
Professor Dion Morton (dion.morton@uhb.nhs.uk)
- Central and East London** 2
Dr Hemant Kocher (h.kocher@qmul.ac.uk)
- Cheshire and Merseyside** 3
- County Durham and Tees Valley** 4
Mr Jag Varma (jag.varma@cddft.nhs.uk)
- Cumbria and Lancashire** 5
Mr Bambos Charalambous (bcharalambos@hotmail.com)
- Essex and Hertfordshire** 6
Mr Sohail Choksy (sohail.choksy@colchesterhospital.nhs.uk)
- Greater Manchester** 7
- Hampshire and Isle of Wight** 8
Dr Steve George (pluto@soton.ac.uk)
- Kent and Medway** 9
Mr Haythem Ali (h.ali@nhs.net)
- Leicestershire, Northamptonshire and Rutland** 10
Mr Baljit Singh (bs143@leicester.ac.uk)
- London (North West)** 11
Mr Long R Jiao (l.jiao@imperial.ac.uk)
- London (South)** 12
Mr Matthew Waltham (matthew.waltham@gstt.nhs.uk)
- Norfolk and Suffolk** 13
Dr Michael Lewis (MICHAEL.LEWIS@nnuh.nhs.uk)
- North and East Yorkshire and Northern Lincolnshire** 14
Mr Ian Chetter (ian.chetter@hyms.ac.uk)
- Northumberland Tyne and Wear** 15
Professor Thomas Lennard (t.w.j.lennard@ncl.ac.uk)
- Peninsula** 16
- South Yorkshire** 17
- Surrey and Sussex** 18
- Thames Valley** 19
Mr Ian Lindsey (lindseyilinz@yahoo.com)
- Trent** 20
Prof John Scholefield (Chair) (john.scholefield@nottingham.ac.uk)
Mr Dileep Lobo (dileep.lobo@nottingham.ac.uk)
- West Anglia** 21
Dr Michael Gaunt (MEG@michaelgaunt.com)
- Western** 22
Mr David Mitchell (David.C.Mitchell@nbt.nhs.uk)
- West Midlands (North)** 23
- West Midlands (South)** 24
Mr Saboor Khan (saboor.khan2@uhcw.nhs.uk)
- West Yorkshire** 25
Prof Julian Scott (Julian.Scott@leedsth.nhs.uk)
- Northern Ireland** 26
Prof Robert Steele (r.j.c.steele@dundee.ac.uk)
- Scotland** 27
- Wales** 28

Total number of studies on the Surgery portfolio



Quality

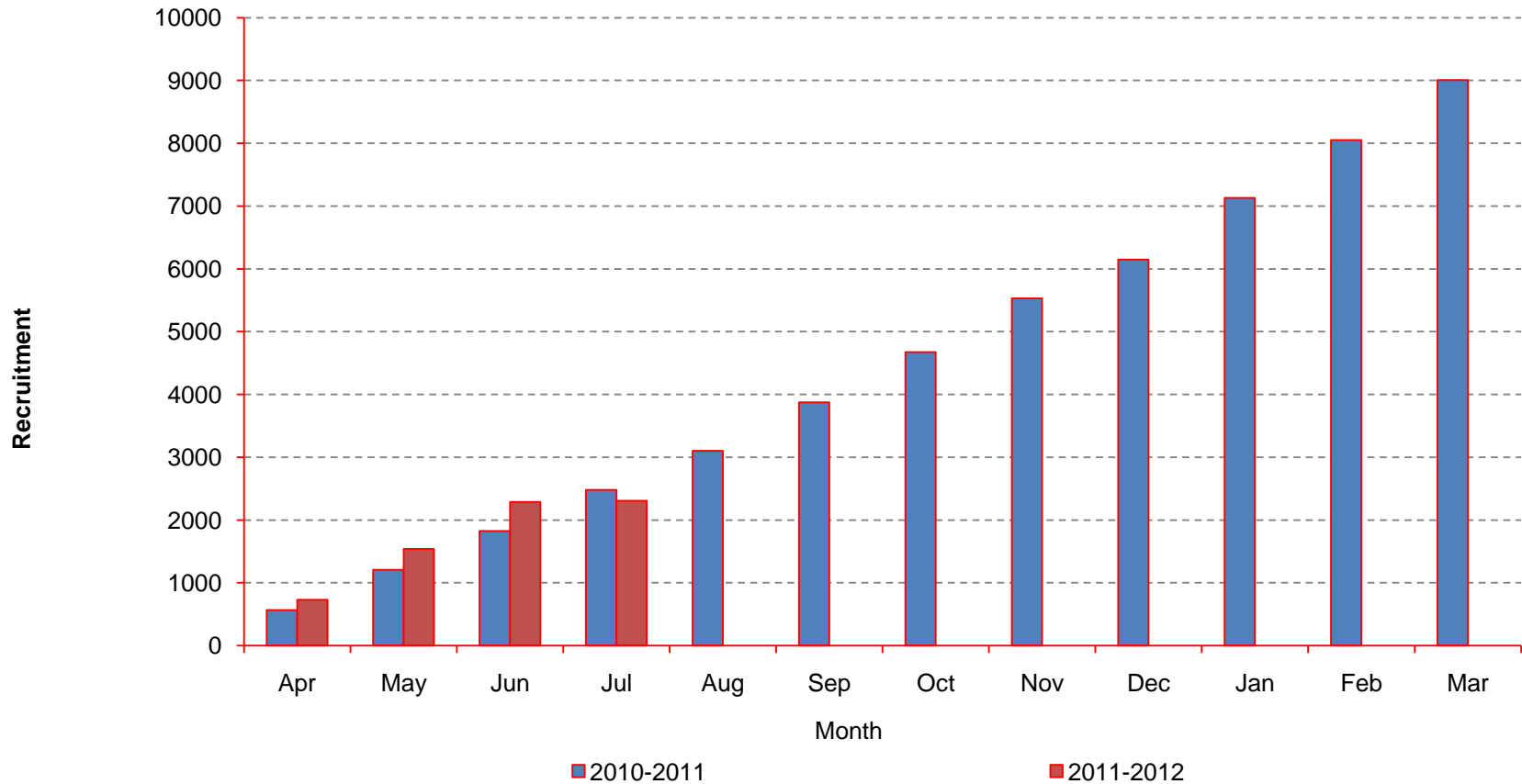
- The Networks only support research which is of demonstrably high quality
- Needs to be on the Clinical Research Network Portfolio
- EITHER
 - Funded in open national competition with peer review (NIHR Partner)
- OR
 - Be considered by an Adoption Panel

Information-Led

- The portfolio is a national database of research projects
- Detailed information about each study
- Key Performance Indicators
- We know what's going on, where its going on and who's involved
- Very powerful in terms of matching opportunities to capacity

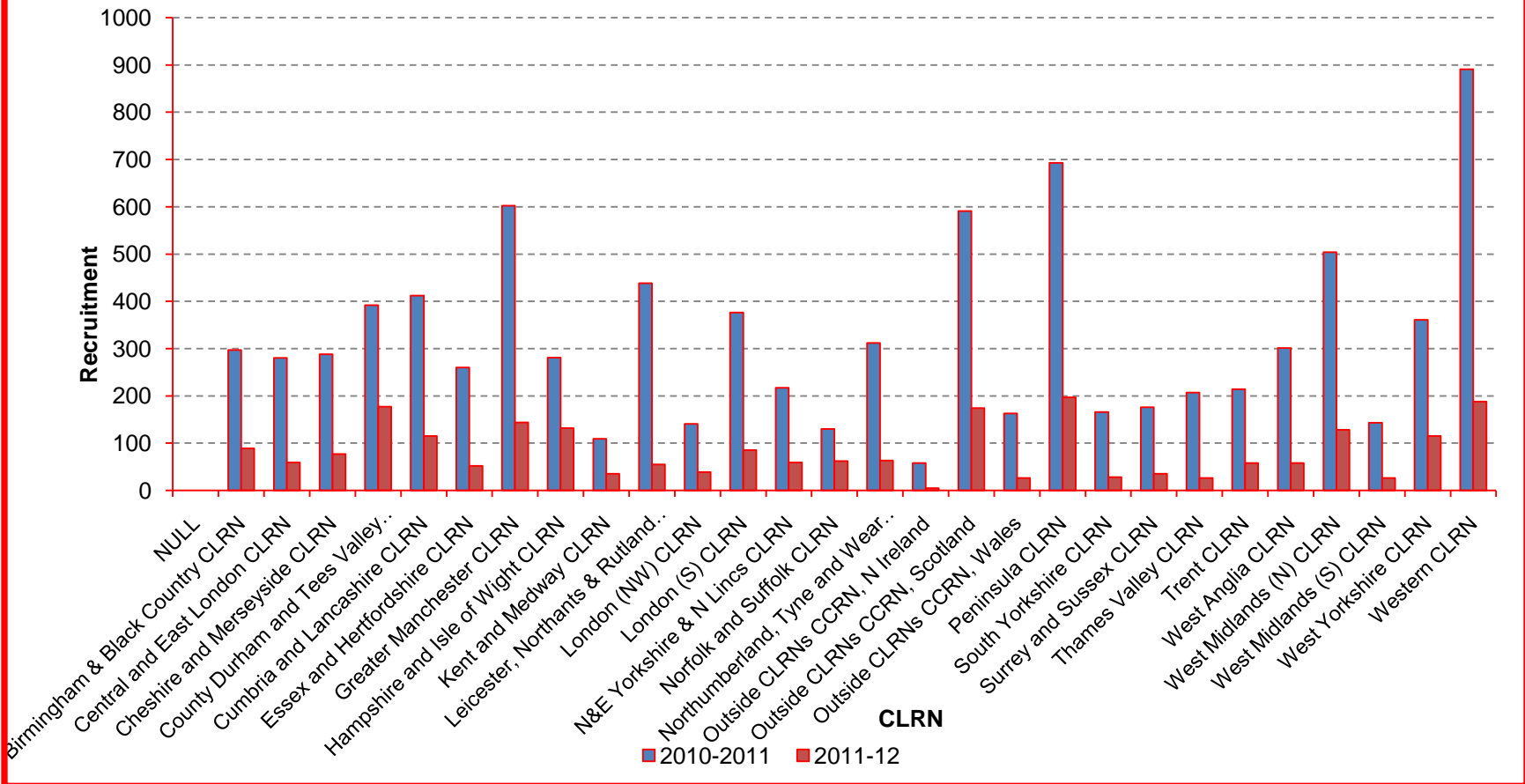
Recruitment into surgical research studies

(2) Cumulative Recruitment by Financial Year

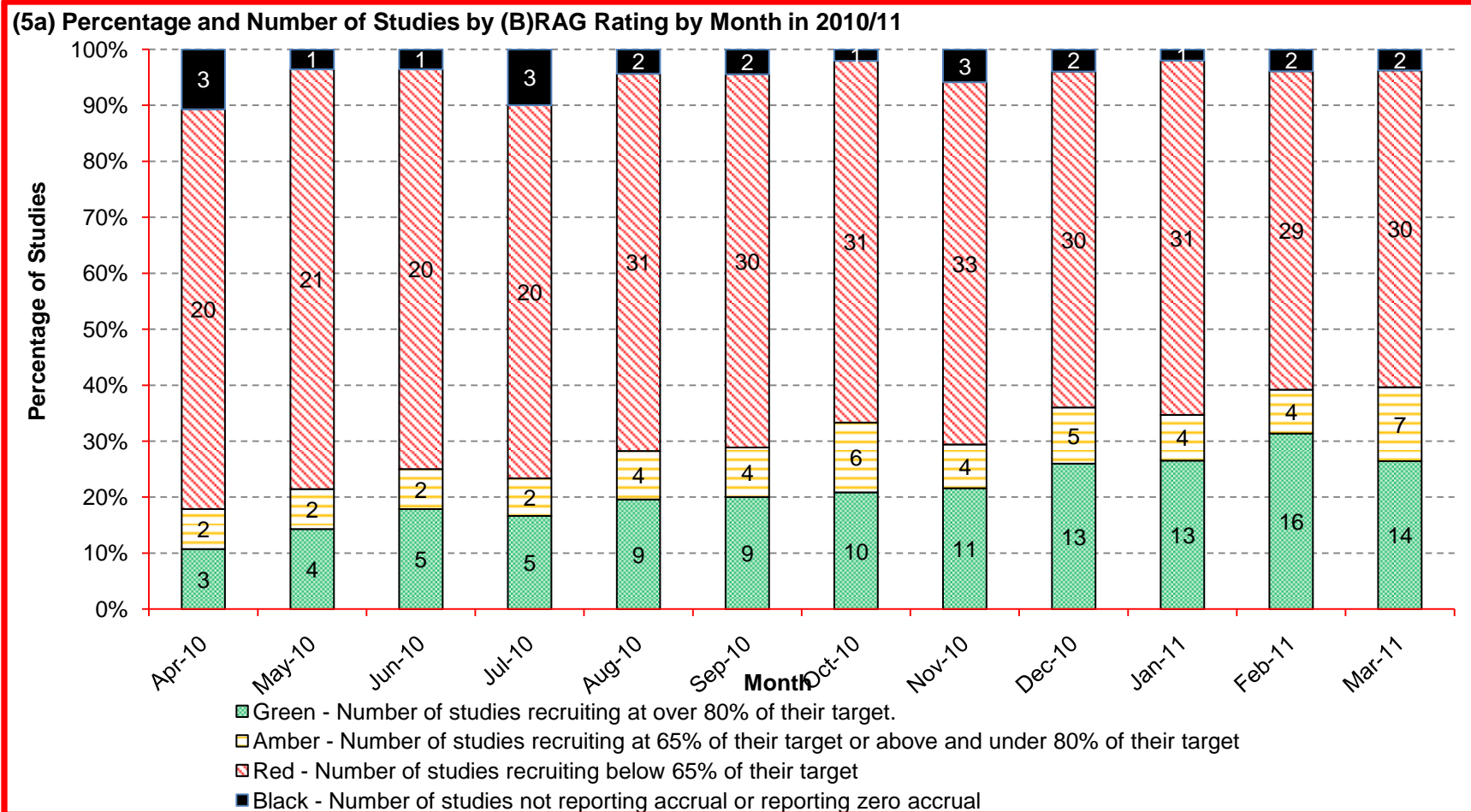


Recruitment into surgical research studies by CLRN

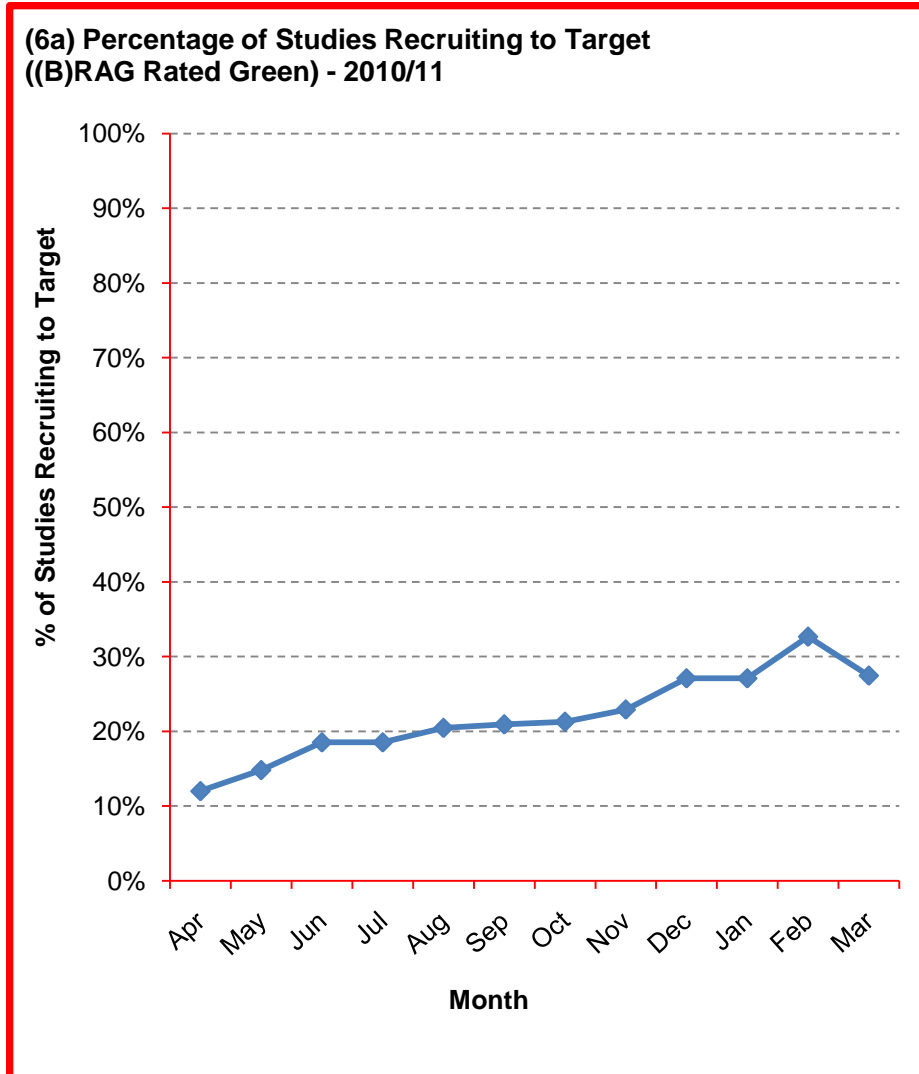
(4) Recruitment by CLRN and Devolved Nations



How well surgical research studies are being delivered



Percentage of surgical research studies recruiting to target



Support throughout the lifetime of a clinical research study From “idea” to “application”

- Regional Research Design Services
supports researchers to develop and design high quality research proposals for submission to the NIHR and other national, peer-reviewed funding competitions for applied health or social care
- Specialty Group Local Leads
Offer advice
- National Specialty Groups
Deliverability assessments
- Registered Clinical Trial Units
Methodological and other advice

Rapid Set Up

- Coordinated System for gaining NHS Permissions (CSP)
 - Cuts out duplication
 - Standardised process
 - Rigorous timelines to adhere to for gaining R&D approval
 - League tables (CLRNs and Trusts)
- Research Passports
 - streamlines procedures associated with issuing honorary research contracts or letters of access to researchers who have no contractual arrangements with NHS
- Access to research nurses
- GCP training

Study Delivery Specialty Groups: Active Portfolio Management



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- National blocks
 - Targeted provision of training
 - Embedding research in the patient pathway
 - Specific issues related to the environment
 - Identifying new recruitment sites
 - Feasibility assessments
- Local blocks
 - Identify specific studies/centres which need help
 - Take a strategic approach across the CLRN
 - Direct local resources effectively to “unblock the blocks” and provide ongoing support to CIs and PIs
 - Monitor effectiveness of interventions and re-allocate resources if needs be

What we can offer

- We have a nationwide clinical research infrastructure covering all areas of healthcare
- We have a substantial ring-fenced budget to support research in the NHS which is deployed dynamically
- We have a national system to capture what's going on and where to match capacity/capability with opportunities
- We are committed to “lean working” and efficiency
- NIHR provides support throughout the research pathway
- We have national specialty-specific groups linked to the regional clinical research networks which can address barriers and improve delivery
- We are committed to collaborating with other stakeholders
- We have demonstrated that this can work



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**GRASP THE OPPORTUNITIES AND MAKE
USE OF THIS!**

Plenty of Scope for doing more...

