

NHS R&D Forum Annual Conference Newcastle

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NHS Trust and University Partnerships – Supporting High Quality Research

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Purpose

Most research (on portfolio) led by Universities therefore essential that the new UKCRN and other NHS systems work effectively across the NHS and University interface

This workshop will examine how the current and evolving R&D systems can operate (more) effectively between NHS, research networks and universities

Workshop designed for NHS Trusts & Foundation Hospitals, incl: Teaching Hospitals, DGH & Specialist, PCTs; CLRNs and Universities

Objective

To deliver the aims and objectives of DH Research Strategy and Cooksey (and Darzi) we need to be able to demonstrate that we can conduct **high quality** research at **pace** and **cost effectively**.

- Increased governance/NIHR will inevitably increase administrative load – need to counterbalance with more **effective systems**
- Needs to work well if research passport and other governance and QA systems are to be effective
- Needs deliver to industry to maintain high levels of research in UK and government funding

Pre-Approval

- Significant amount administered via universities – they have established systems to process research – NHS organisations evolving
- Where research undertaken in NHS, Universities also require approval for insurance and costing and resource management; risk management incl FEC
- Essential to ensure all appropriate NHS costs included (non portfolio?) – UKCRN standardised approach to costings will help; VAT a potential issue

Pre-Approval

- Some Universities may request ABPI indemnity
- Systems to ensure timely progress at all stages
 - Sponsorship
 - CSP needs to work in NHS and universities to avoid duplication
 - contract sign off (use of model contracts)
- Parallel approval systems – or ideally single systems with common shared information (CSP can help for portfolio)

Post Approval

Managed approach – not passive

- Don't over manage same people and research!

Harmonised governance:

- Standards, clarity about which organisation standards they are required to follow
- Systems, e.g. Follett, HR, Incidents, H&S, fraud, honorary contracts, intellectual property
- Monitoring and regulatory visits
- Training – jointly done +/- same evidence
- Reporting and data collection (recruitment)

Challenges

- Different organisations – different objectives (but significant common mission) broader than health
- Portfolio – broader range of research important for Universities; could lead to mission tension
- Understand reasons why NIHR routed through NHS
 - Use of NHS facilities and resources (FEC challenge)
 - Employment by NHS
 - More R&D management responsibilities for NHS
- Arrangements for support of non-portfolio

Challenges

- Managing the downstream translation – NHS problem not HEI – their output is publications/commercialisation/collaborations
- Greater awareness at the outset – medicines management, risk assessments
- Can lead service developments – need to be aware and engage PCT/commissioners
- Increased reporting burden + > important for NHS
- NIHR and UKCRN - system in transition

Can we do it better?

- Understand objectives/cultures (and challenges)
- Joint (or joined) offices
 - CLRN offices and university R&D offices – is there a need for a dedicated relationship?
- Dedicated liaison staff where high volumes of work – usually extending beyond R&D
- Proximity – desirable but often not practicable

Can we do it better?

- Relationship management
 - Joint meetings and communications
 - Joint training
 - More than one meeting point (formal & informal)
- Consider what can be done once or shared
 - Approvals; less bespoke forms
 - Governance; shared
 - Information systems
- Work at it – don't just expect it to happen (just as you do within your own Trust!)

Can we do it better? Incentives and Levers

- NIHR Faculty and UKCRN funding – networks attractive for clinical trials
- Significant increased NIHR funding ~ £1.2Bn – can secure real growth in research funding
- Streamlined systems – beyond IRAS and CSP; make it easy for researchers
- Research is our (NHS) business as well

What should we suggest for further development ?

Targeted workshop planned for early July

- How effective are joint offices? (Joint with Trusts +/- CLRN?)
- Are single R&D offices feasible?
- Greater integration of IS?
- Concentrate on getting effective systems working across interface?
- Others?