



NHS
*National Institute for
Health Research*

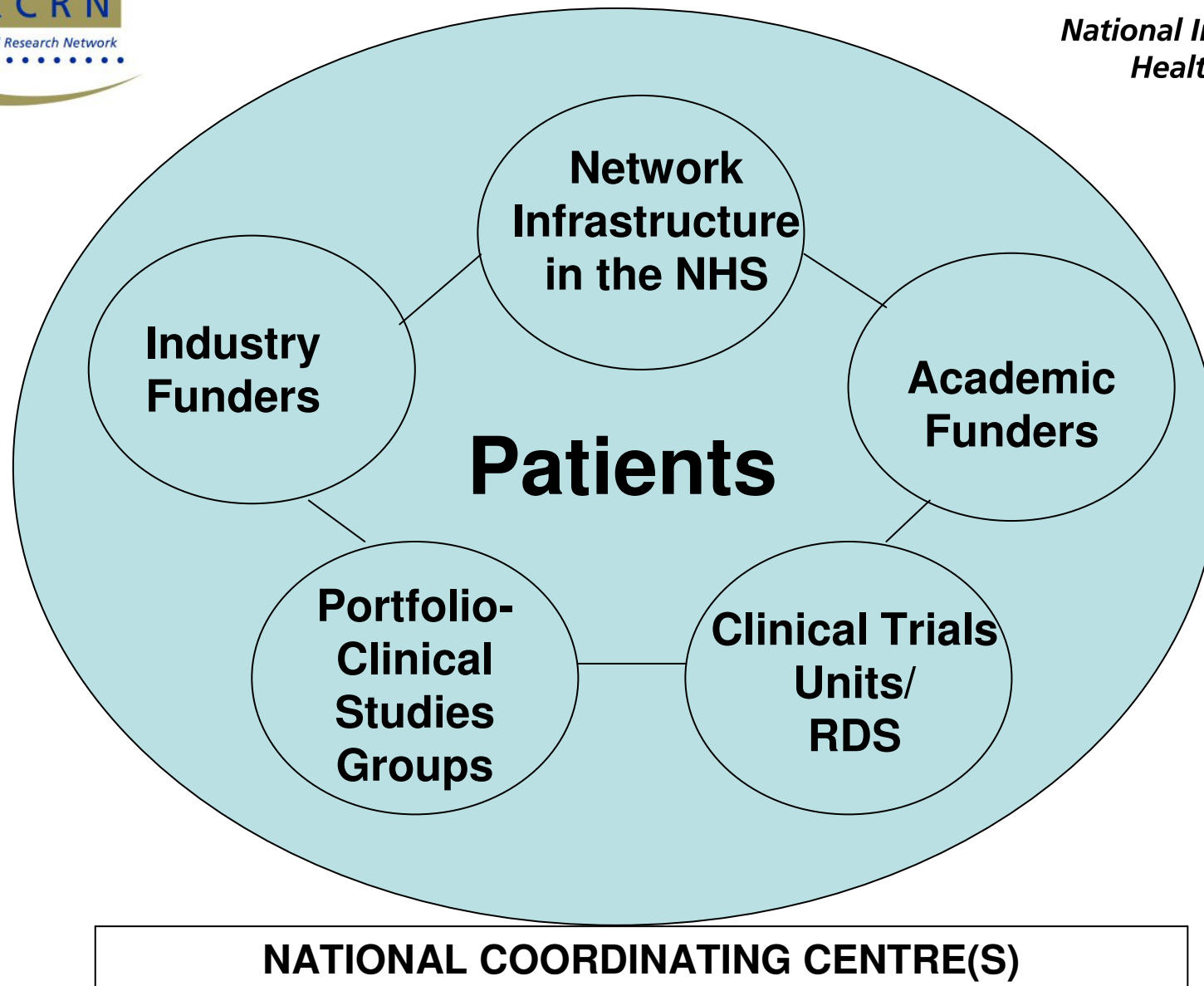
**NHS R&D Forum Annual Conference
13 May 2008**

Marriott Newcastle, Gosforth Park

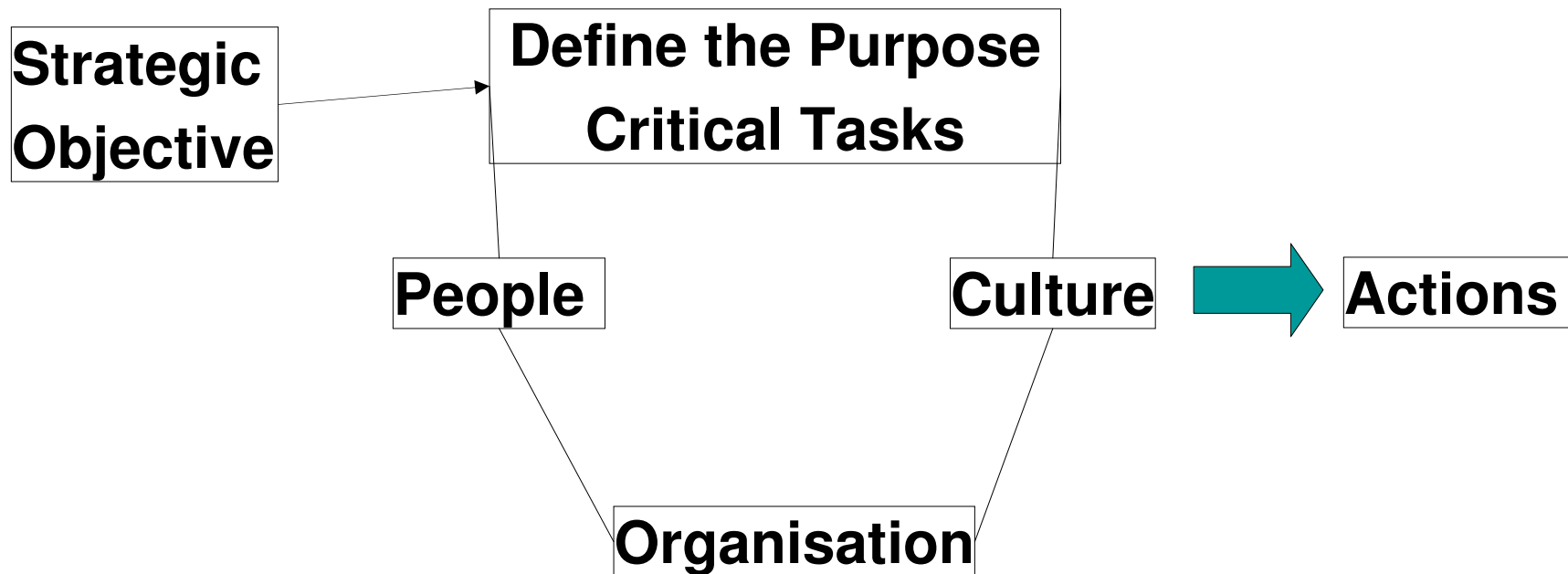
Peter Selby

Joint Director – United Kingdom Clinical Research Network

'A Whole System'



MANAGING CHANGE



People must own and do

Coordinating Centre Workstreams

- **Setting up Networks**
- **Research Management-coordinated permission, passports, costings etc.**
- **Portfolio Definition**
- **Industry- new approaches to commercial research**
- **Training and Education**
- **Research Governance/Advice**
- **Clinical Trials Units (and research design support)**
- **Information Systems**
- **Patient and Public Involvement**
- **Experimental Medicine**
- **Specialty Groups**
- **Communication**
- **UK wide working**

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CLINICAL RESEARCH NETWORKS

NHS
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FIRST PHASE

NCRN

2000~£20M

MHRN

2003~£ 4M

SECOND PHASE (TCRN's)

MCRN, DRN, SRN, DeENDroN

2005~£16M

THIRD PHASE

Primary Care Research Network

2007~£ 2M

Comprehensive Research Network

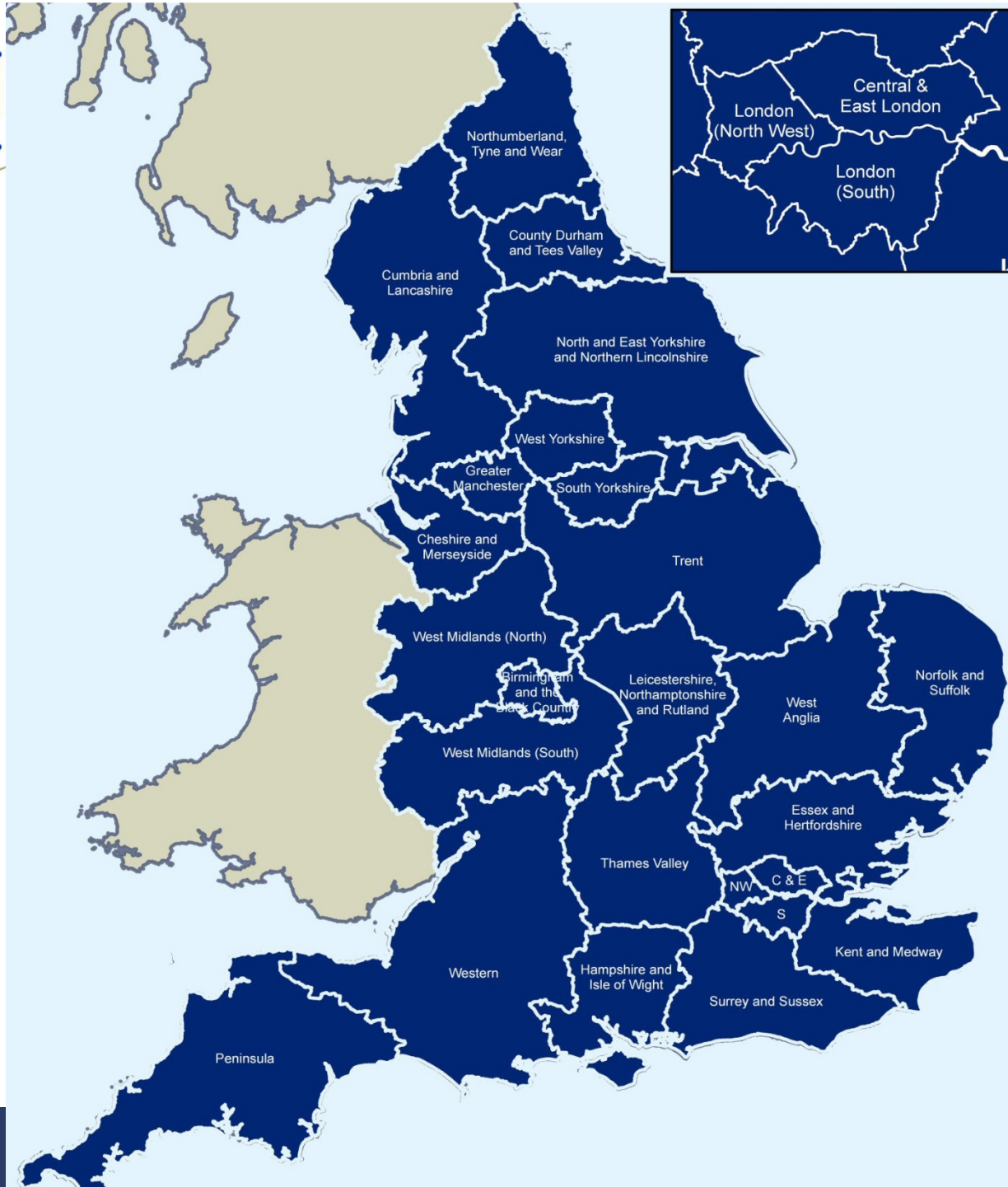
2007~£100M+



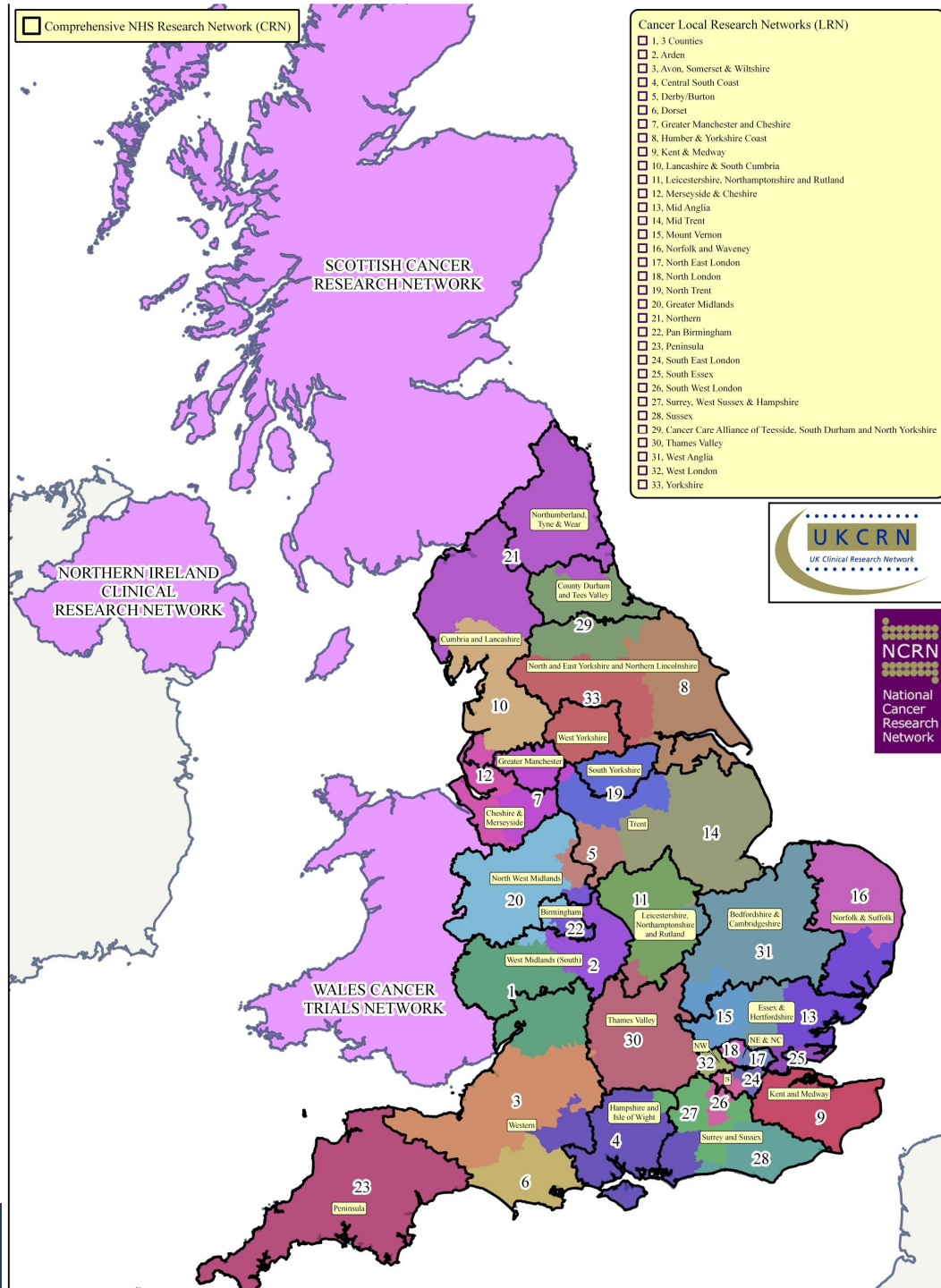
Working alongside
Topic Specific and
Primary Care
Research Networks

Local Research
Networks

UK Clinical Research Network (UKCRN)

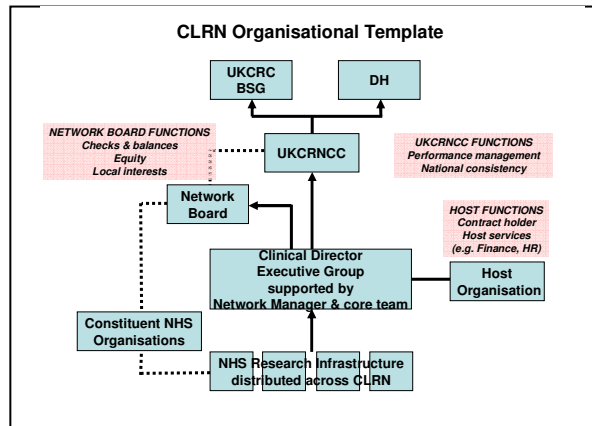


National Institute for Health Research



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A balance between national standards and consistency and local ownership

Research Management and Governance

CSP, Passports

Costings project

Infrastructure/Service Support Costs

Portfolio development

Specialty Groups

Unblocking blocks (Key Service Support)

Activity based funding

Industry engagement

Enhanced NHS engagement

Communications

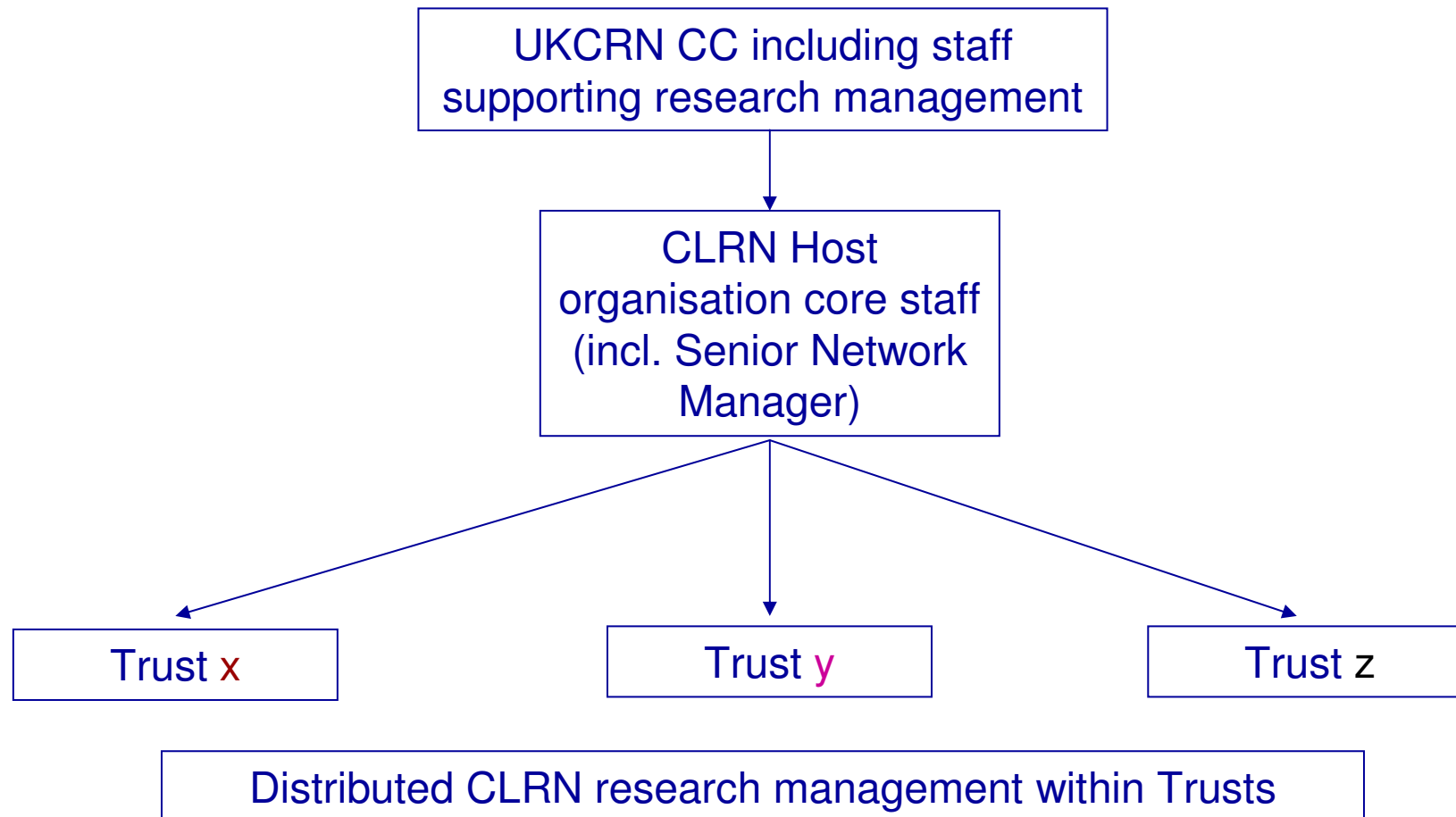


Management Team in every CLR(25)

- Clinical Director(s) (PT)
- Senior Manager
- Lead RM&G Manager
- Information Manager
- Industry Liaison Officer
- Administrator

Supported by Network Board and Executive Group

RM&G Structure



Research Management and Governance

CRN and Trust, R&D managers - an effective partnership

- build on the best existing practice
- many opportunities of joint working
- many opportunities for shared funding of posts
- the right number of posts to do the work well
- shared goals of excellence in science and patient benefits
- manage risks for patients, studies and institutions

NIHR Coordinated System for NHS Permission (NIHR CSP)?

- A consistent, standardised process for gaining NHS permission in England which addresses all quality assurance and statutory research requirements
- A CSP Unit and the CLRN's ensure a coordinated approach with local input.
- A single point to which researchers need to apply to gain NHS permission

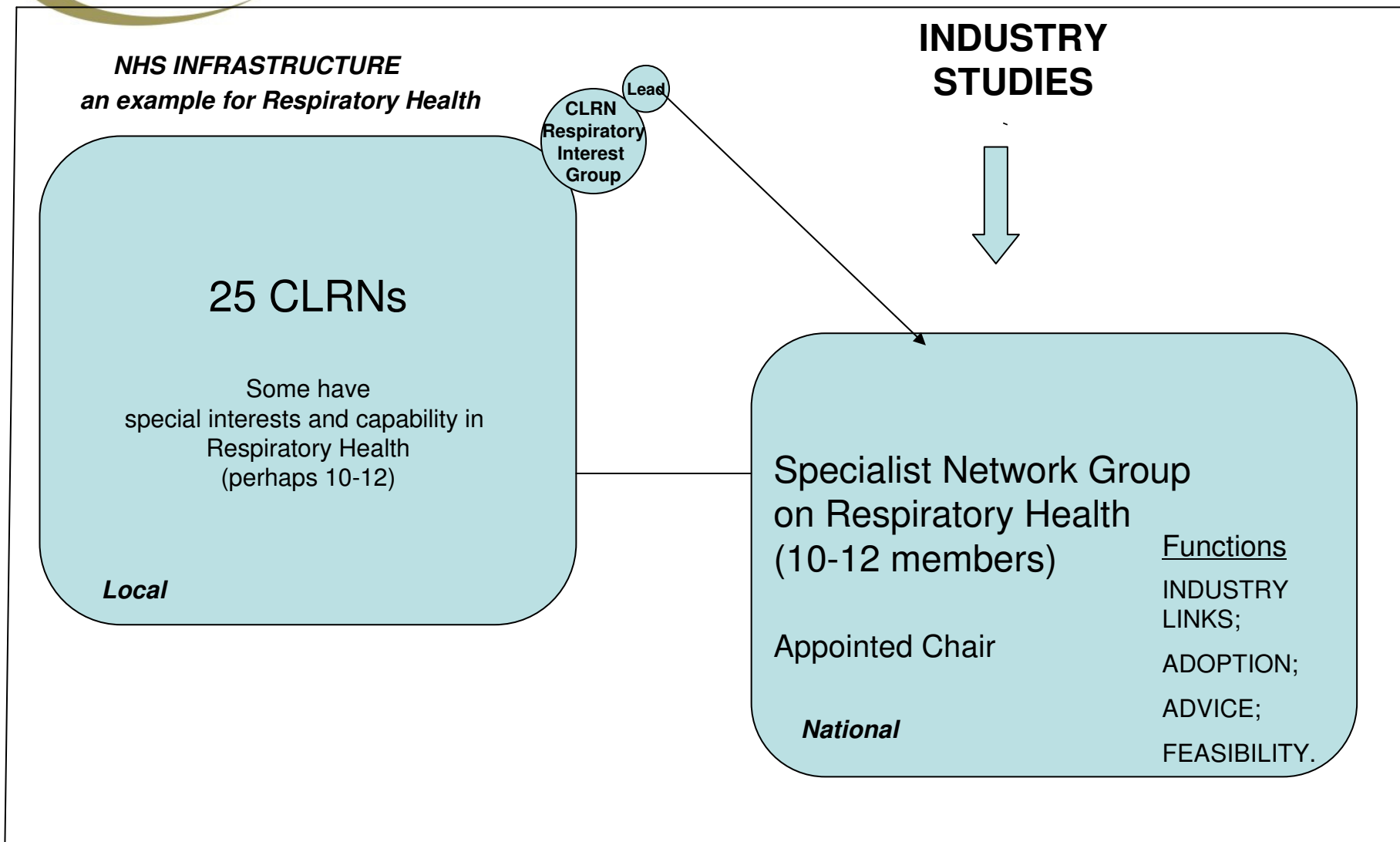
Benefits of NIHR CSP

- **Minimised administrative burden on researchers sponsors**
- **More rapid NHS permission across sites**
- **Reduced duplication across the NHS**
- **Clear distinction between local and national checks**
- **Performance managed process**
- **Electronic document repository**



Specialty Groups

- **A national network of topic based expertise:**
 - **Advising on ‘do-ability’ of potential study (commercial and non-commercial)**
 - **Providing detailed feasibility in relation to patients, potential investigators and sites**
 - **Advising the UKCRN CC on the CCRN portfolio**
 - **Providing NHS/Network based contact for groups supported by research funders or professional bodies**





<u>Specialty Group</u>	<u>Number of CLRNs Prioritising</u>	<u>Specialty Group</u>	<u>Number of CLRNs prioritising</u>
Non malignant haematology	10	Nervous system disorders	7
Cardiovascular	21	Oran & dental	7
Clinical genetics	11	Gastrointestinal	13
Ear, nose & throat	5	Hepatology	7
Ophthalmology	12	Renal	18
Infectious diseases & microbiology	13	Urogenital	4
Immunology & inflammation	8	Reproductive Health & Childbirth	16
Injuries and accidents	11	Respiratory	20
Metabolic & Endocrine (not diabetes)	12	Dermatology	11
Musculoskeletal	21	Public Health	12
		Health Services Research	13
		Paediatrics (non medicines)	16
		Age and aging	13
		Critical care	6
		Surgery	7
		Anaesthetics	7

Industry related clinical research

What are the issues with the current system?

- Slow in set up
- Expensive – and wide price variations
- Lack of commitment
- Lack of performance management
- Variable quality-some excellence but needs more
- Slow in delivery



The UKCRN offer to Industry

- **Streamlined governance and set up**
- **Shared performance goals**
- **Network monitoring and performance management**
- **Rapid access to new sites and patient populations**
- **Experienced and trained research staff**
- **Small to large trials**
- **Single point of contact for network sites**
- **Streamlined RM&G**
- **UKCRN ‘badging’ of trials**

Conclusions

- **Still an excellent opportunity for excellent clinical research**
- **Networks becoming real**
- **Still rapid and unsettling change**
- **Important that R&D Managers work effectively together across networks and the NHS**
- **All help and advice gratefully received**

Janet and Peter