



Models of CLRN Organisation Choosing the Best Option

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Background

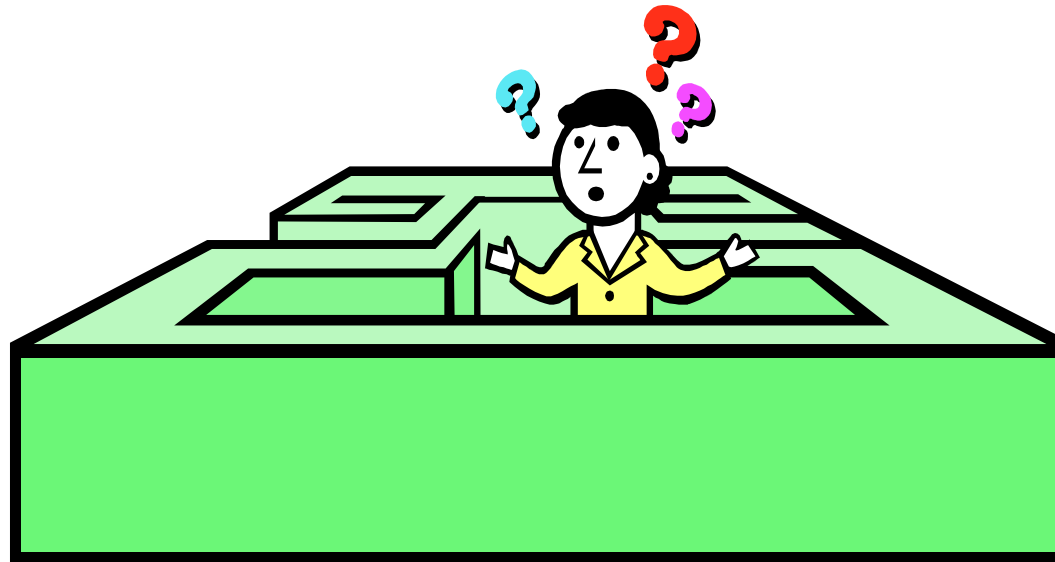
Each CLRN is obliged to put into place and deliver high quality, facilitative RM&G that meets:

- National and international standards
- Delivers the strategy of the UK Comprehensive Clinical Research Network (CCRN)
- Provides best practice processes and systems to its member organisations to support UKCRN portfolio adopted studies.

Delivery of the strategy in relation to?

- Key initiatives e.g. CSP
- Implementation of Research Passport Scheme
- Implementation of robust policies and procedures for the delivery of high quality streamlined RM&G
- Making best use of available resources

Starting Point



Guidance Available

- Guidance from the UKCRN Coordinating Centre
 - UKCRN Operational Plan
 - Research Management and Governance Functions of Comprehensive Local Research Networks (October 2007)
 - Developing Research Management & Governance in CLRNs
Guidance from the UKCRN Coordinating Centre (October 2007)
- Experience of the well established TCRNs
- Experience of the newly established PCRN
- Experience of colleagues in other CLRNs
- Executive Team - Network Board - HEIs

1. Key things to be considered when defining a model
2. SWOT Analysis
3. Range of models
4. Identifying the best option

1. Key things to be considered:

- Population – Demographics - Geography
- Current RM&G arrangements
- Current collaborative working practices – including HEIs
- Current activity (number of studies and numbers of participants recruited)
- Requirement to make best use of available resources for the delivery of RM&G.
- The importance of retaining R&D experience
- That funding can only support studies that have been adopted onto the portfolio

Interesting points from current systems

- The variety of review
 - Scientific committee
 - Review board
 - Circulated to Clinical Governance Lead, Data Protection, R&D Lead, Caldicott Guardian
 - Specifically trained R&D staff
 - Full or limited review

Collaborative Working Practices

- There is good evidence of collaborative working in different sectors
- Some CLRNs have implemented Network Models based on successful working consortiums already in existence and well established

Review of Current Activity

Activity in relation to portfolio studies and **accrual**

- Mapping Exercise – Portfolio Studies
- Information provided by R&D Offices
- Duplication of studies across the CLRN
- Study status checked through UKCRN
- Checked against monthly UKCRN Reports
- Multi-centre research – No. of CI studies
- Developed links with TCRNs

Review of Current Activity

Activity in relation to portfolio studies and accrual

- Choosing a time frame
- Open v follow up
- Current recruitment/accrual information not available from majority of R&D Offices –
- Checking accrual numbers allocated to correct member organisation
- Links with TCRNs

Review of Activity non-portfolio studies

- Numbers – Commercial, Student, Academic, Pilots
- Plans for end of Transition funding in 2009
- Outsourcing to CLRN
- Cost of outsourcing
- Buy-in (intend to use) to CSP guidelines for non portfolio research

2. SWOT Analysis

Strengths	Weaknesses	Opportunities	Threats
There are R&D Offices in the majority of Member organisations	High number of staff leaving Trust R&D Offices since Best Research for Best Health Published	Opportunity to build new systems. Co-ordinated system for obtaining NHS Permissions e.g. (CSP) will reduce the replication of governance reviews and increase the consistency of the review	Further loss of experience R&D staff
R&D Offices have established good links with key people in their organisation	Low staff morale for those remaining	Opportunity to reduce the burden of bureaucracy on researchers e.g. Research Passport and other standardised common processes and procedures	Reluctance to change by R&D management
Staff experienced in R&D and REC Application Processed	Vacant posts have left R&D Offices stretched	Opportunity to develop a model for RM&G that increases the availability and accessibility of research to all patients	Failure to implement effective systems of RM&G due to lack of support from R&D management
RM&G Management established in majority of Trusts	R&D Staff unfamiliar with the functions and remit of the CLRNs	Opportunity for all member organisations to share good practice and meet the CHI requirements of C12	Failure to meet the performance targets and strategic aims of the UKCRN
Collaborative arrangements are currently in place with some members	Perception that Health Sector specialist knowledge in relation to Research Governance will be lost	Opportunity to have “true“ networking across all the health sectors to meet the needs of the whole network	Lack of collaboration will frustrate the aims of the CLRN

3. Range of Models

- Do nothing/do minimum model
- Centrally Managed
- Hub and Spoke
- Mixed
- Devolved Management Model
- Health Sector Model

Define Models

- Description
 - - Operational direction
 - - Staff
 - - Management
- Pros
- Cons

4. Assessment of Models

Assess each model to determine if it can potentially meet the requirements of the UKCRN in relation to:

- Delivery of key CLRN initiatives e.g. CSP
- Implementation of Research Passport throughout all member organisations
- Delivery of robust procedures and policies of RM&G for implementation across the CLRN
- Making best use of available resources (financial and current staffing)

Recommendations

- Make a recommendation for discussion with the Exec Team – Network Board and other stakeholders
- Identify through negotiation and discussion the infrastructure make up and location of the chosen model



"Change is hard because people overestimate the value of what they have—and underestimate the value of what they may gain by giving that up."

— James Belasco and Ralph Stayer
Flight of the Buffalo (1994)

The Trent Comprehensive Local Research Network is part of the National Institute for Health Research and the UK Clinical Research Network