

Local support functions in primary care R&D offices

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Introduction

R&D offices perform a variety of roles and functions, providing in its broadest context research management, support and leadership for all aspects of research in the NHS. The R&D Functions Wheel, described in the NHS R&D Forum Strategy gives a flavour of the wide range of functions which R&D teams and offices may perform.

The implementation of HRA Approval led to some uncertainty over the continuing role of the R&D office. In early 2015 the NHS R&D Forum Primary Care and Commissioning Working Group issued a paper on research support functions in an attempt to clarify those activities carried out by Primary Care R&D Offices to support the delivery of research in primary care settings following implementation of HRA.

This paper provides an update to that Primary Care Working Group paper now HRA approval is fully embedded, and the continuing roles R&D office play outside of the approvals process have become clearer. It is important to note that R&D teams and offices are diverse in their make-up, the role(s) they play and their funding streams, and they continue to evolve in line with the needs of the research community and the evolving NHS landscape. Most offices perform only a subset of the activities described below, in line with the needs of their funders and stakeholders. This paper must therefore be read with this in mind. In addition, this paper makes no distinction between who funds what activities and as a result different offices may provide different functions for a particular geographic area.

Context in relation to Primary Care Research

For the purposes of this paper the term Primary Care R&D Office is taken to mean any R&D Office providing support for research in primary care, whether hosted by a CCG, commissioning support unit, NHS Trust, academic or other partner.

Research within the primary care setting is complex:

- Primary Care R&D Offices are typically hosted by CCGs, Commissioning Support Units, NHS Trusts and HEIs and, as they operate under a wide range of governance and contractual arrangements, the level of autonomy they operate under, and the support provided varies greatly, not only in the specific activities being undertaken but also in the parties who undertake these functions, the parties for whom they are being provided and how these activities are funded.
- Whilst CCGs have a “Duty to Promote Research”; they have no statutory duty to specifically support research in primary care, any more than research in any other context or sector. As a

result the remit and hosting of Primary Care R&D Offices varies across the country dependant on their contractual relationship with their host and funders (which may be CRNs; GPs; CCGs; HEIs etc). For example, a R&D office may support the delivery of portfolio research in primary care in one geographical area, and non-portfolio research across a different area; another R&D office may support CCGs with development of research, and with access to and use of evidence aligned to their commissioning agenda and will support delivery via the research network.

- Primary Care R&D Offices typically support a multiplicity of hosts (sites) including GP practices, community pharmacies, other independent contractors, CCGs as well as non-NHS providers of NHS services. These organisations have differing responsibilities with respect to research and the support activities offices undertake will depend not only on the remit of the office, but also on the needs of the organisation(s) they support. Primary Care R&D offices do not take the responsibilities away from the research sites, but aim to make it easier for sites to say “yes” to research.
- R&D Offices that support primary care may have, in many cases, no contractual relationship with, and are external to, the organisations they support (specifically GP practices, other independent contractors, CCGs).
- Primary care providers (e.g. GP practices) have no contractual requirement to undertake research, unlike other NHS Providers¹ and therefore the incentives to participate (or not) are different, however in line with the UK Policy Framework for Health and Social Care Research 2017², they are expected to:
 - “recognise the importance of research in improving treatments, care and other services and their outcomes” and
 - “contribute to their commissioners legal duties to promote research under the Health and Social Care Act 2012”.
- Primary Care R&D Offices work at a variety of levels, and information needs are complex – information is held at regional, CCG and provider level dependant on the type of information held, study type and complexity and reporting requirements.

This can make delivery of research challenging.

Primary care is however a rich source of patients and potential participants for research, and undertaking research within the primary care setting provides greater opportunities for participants to access research, enabling them to be seen nearer to home, and in a more local environment. In

¹ The full length NHS Standard Contract contains a specific clause relating to research – SC26 – this is not present in the short form contract. The shorter-form Contract must not be used for contracts under which acute, cancer, A&E, minor injuries, 111 or emergency ambulance services, or any other hospital inpatient services, including for mental health and learning disabilities, are being commissioned.

² <https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/uk-policy-framework-health-social-care-research/>

2016/17 approx. 20% of all patients recruited to portfolio research were for Primary Care studies, with many more identified in Primary Care for recruitment into studies in other specialties. It is essential therefore that despite the challenges, support continues to be provided at a local level to maximise these opportunities, without this support there is a danger that providers may simply “opt out” of research and patients in primary care will lose out on the opportunities to participate in research that may be of benefit to them.

Primary Care R&D Offices have a unique strategic overview of the environment and a key role in understanding the local architecture and patient pathways, supporting primary care providers to get involved in research, and maximising the recruitment potential of studies. They offer a “co-ordinated approach” to primary care research within the sector, and can offer a single point of contact for research support.

It is recognised that many of the functions detailed in this paper are common to many R&D offices based in secondary care and indeed many are detailed in the HRA Research Support Functions paper referred to above. These activities have not only been included for completeness but also to highlight specific primary care considerations.

It is important to point out, that not all offices undertake all of these functions.