

NIHR Clinical Research Network Consultation: Proposals for the designation of clinical themes. Response from UKCRC Registered Clinical Trials Units Network*

On the whole the comments received indicated that the restructuring looked sensible and the principles they are based upon are sound. Members are keen to see a reduction in bureaucracy and more focus on research development and clinical delivery of the projects with a view to building and improving on relationships with the academic community (Clinical Trials Units) in order to achieve this.

Comments received from our membership in relation to the proposals for designating clinical themes are:

1. Research Development should be integrated within the remit of thematic leadership.

Driving research development and setting research priorities is crucial to maintaining the pipeline of studies for the networks to deliver. Funding bodies and professional associations have a role to play here but there is a clear need to link this with the expertise and experience which will be available within the Network leadership.

2. Greater collaboration between thematic leaders and the academic community.

The current proposals do not incorporate Clinical Trials Units (CTUs) as a key component in NIHR delivery. We would wish to see the thematic leaders linking and collaborating with the academic community as well as the clinical community. Clinical Trials Units, for example, have a key role to play in the development and the delivery of clinical research at a local and national level.

3. Multi-disciplinary Research

Consideration should be given to ensuring a balance within the infrastructure to promote multi-disciplinary research as there is a concern that the infrastructure becomes exclusively medical.

4. Support of studies across devolved countries.

Have there been any thoughts on how the proposed arrangements might be implemented in the devolved countries for studies that reach into one or more of Scotland, Wales and Northern Ireland.

5. Size of portfolio.

Consideration should also be given of the size (number of participants) and complexity of studies as well as just the number of open studies, in determining workload and critical mass for each theme. We recognise the need to have sufficient numbers of trials within each theme. However it is important to highlight that the number of future portfolio studies may vary but common interests will persist, so grouping according to logical themes should be more important than ensuring equal size.

6. Development of research themes.

It is important that the link between the study and clinical speciality is not lost however; consideration should also be given to the following:

1. Specific clinical care pathways
2. Situations where common challenges exist
3. Where there is a requirement for specific research skills and training
4. Specific environment

Clarification requested:

7. It is not clear how the new structure will be more effective, what is the current resource (in terms of cost) and what are the proposals for the revised structure?
8. What will happen with the clinical studies groups that have existed in the topic specific networks, which have played an important role in refining and endorsing proposed studies? Will this function be lost? The proposals seem to result in a re-organisation of the current themes from a flat to a hierarchical structure. Which aspects of the current structure do not work? And will the proposed hierarchical structure address these issues?
9. Larger geographies may not necessarily be advantageous and consideration should be given to the risk of spreading support staff too far over a wide geographic area.
10. On the role of engaging with funders of studies on the theme's portfolio (national leadership role), to what extent do the groupings of clinical areas into themes reflect the foci of funding bodies especially the medical charities, who tend to have quite specific disease foci?
11. Will there be any equivalent of co-adoption, for example, for a trial of an intervention for skin disease, being carried out in a primary care setting?

* Responding CTUs:

- Leeds CTRU
- Newcastle CTU
- Northern Ireland CRSC
- Nottingham CTU
- Glasgow CTU