

R&D Community Colleagues

29th January 2024

The Research and Development Forum (RDF), the University Hospital Association (UHA) and UKRD are representing the UK R&D community in the current “stage 1” process of designing the services and functions of the new National Institute of Health and Care Research (NIHR) Research Delivery Network (RDN). The four signatories to this letter have been involved in workshops and meetings with colleagues leading this commissioning process from the Department of Health and Social Care as well as senior leaders from the current Clinical Research Network Coordinating Centre and LCRNs. This letter is an update from our previous letter dated 15th December 2023 and summarises key points so far from our involvement in this process. We want to use this opportunity to update you on the points we have tried to make in representing you as an R&D community and also reiterate that the future work on the detail of the redesign will benefit greatly from your input.

The first point to note is that the process has been positive and engaging. We have certainly been welcomed and listened to throughout the discussions, although it is too early in the process to be able to gauge the extent of influence that we have so far been able to make. Second, in order to maintain functioning within the network for the coming few months, it has been made clear to us that certain decisions and actions have had to be taken. These include the recruitment to senior posts in each RRDN to ensure uncertainty doesn’t lead to significant loss of staff and consequent undermining of the structure. Although the rationale for this is clear and understandable it does highlight the very considerable challenge that the system faces in delivering a significant redesign by October 2024.

The principles we have worked to as a collective voice on behalf of the R&D community so far have been: the diversity and variation in R&D Departments and the need to ensure all departments and organisations (both NHS and wider) are supported to deliver research; the variation in current CRNs which has led to diversity of experiences and views; the need for lean, coherent and consistent services; the importance of financial clarity and flow through to delivery teams in our organisations; the need for diversity – in recruitment, geography, organisations doing research, workforce leadership and ideas.

In the commissioning intentions from the DHSC there were 5 change Statements which we have expressed our support for; that the new RDN would provide:

1. A single organisation with greater consistency of experience for customers.
2. Collective responsibility and joint leadership of the organisation.
3. A collegiate and customer-focused partner.
4. Stronger focus on the strategic development of research capacity and capability, nationally and regionally, with partners.
5. Emphasis on continuous improvement, learning and value for money in every part of RDN.

Some of the most significant initial challenges we have faced so far relate to the fact that some aspects of the service redesign ideas either appear at first glance to be overly complex or expensive, or even duplicative of functions and capacities that already sit elsewhere in the system, notably in R&D Departments and other NIHR infrastructure. The risk is that top slice investments will reduce the flow

of funding to recruiting sites to support delivery teams. For some of the design ideas it can be challenging to envisage how they would practically benefit recruitment on the ground in NHS and non-NHS settings. This is clearly important because removing duplication from the system and streamlining services to enable more funds to flow to research delivery was clearly a major concern expressed by the R&D community in the [response to the consultation](#) on the Clinical Research Network in 2021. We understand that the next phase of the design work will entail bringing all the service functions together and looking at what is cost efficient with the funding available. This work will also look at detail such as which functions could be delegated, or led in full, or in part by partners or stakeholders, including R&D Departments and others.

We have been reassured by the commissioners of this process (DHSC) that they are aiming for a lighter touch system which allows organisations to get on with recruitment with opportunities to ask for help when needed. But clearly there is a very large existing CRN structure and large new agendas arising, as a result of Government strategies for clinical trials and life sciences, for example around vaccines and commercial trials. It is also the case that such a large funding stream requires accurate and timely performance information and efficient systems to underpin that.

We have a window of opportunity in the next few months to influence the detailed design. We will continue to work with you and for you, and we will work out the best way to structure wider input to the process. We ask that when requests for your input come along that you engage with these opportunities. This might be at very short notice, in person or online, with significant information to assimilate. We are keen that we match as well as possible your skills, knowledge and experience with the design of the relevant research delivery services.

Further communications from DHSC/NIHR are expected in the near future.

With kind regards to you all,

Nick McNally (UKRD)
Julian Walker (UKRD)
Angela Topping (R&D Forum)
Saul Faust (UHA R&D)