RDN Leaders Blog January/February 2025 - Professor Andrew Ustianowski, Interim RDN Executive Director

In this, the second of these communications to you, I am keen to continue to highlight relevant areas of progress and development within the RDN and wider ecosystem. In this particular blog I am keen to explore some of our developments that align to another of the new Government's Shifts - '*from Hospital to Community*'.

The RDN now focuses not only on specialties but also strongly on *settings* - *Primary Care*, *Community*, *Residential*, and *Hospital*. Recent work has adapted our definitions of these settings to be more useful and pragmatic and importantly these definitions are all encompassing - so any setting, site or location is within scope for our initiatives and, of course, for studies and recruitment. This progresses work that was on-going within the Network to bring research to potential participants in the localities most suited to them, but has been given increased momentum by this recent Government 'Shift'.

There are leaders in place for all four settings nationally, and most of the aligned lead roles regionally have already been appointed to. Each setting and, within each setting, each location type, are at very different points in terms of research delivery. Therefore a significant initial focus for these leads is baselining current activity and potential, exploring options for development, and then crystalising strategies. As these develop we will want your input and sense-checking, and we will therefore keep you fully informed.

This Government 'Shift' also aligns with our plans for our RDN Agile Research Delivery Teams. A definition of Agile Research Delivery Workforce Service was shared at the end of last year. To complement this, there has also been significant exploration and discussion around the 'Research Support for Wider Care Settings'*. Though such functionality is out of scope for the core functioning of the RDN, decisions have been made to continue current regional research support arrangements until a suitable alternative has been developed and is in place -

potentially through Integrated Care Systems or other system partners. The location of this functionality within the RDN is not envisaged beyond the current contract term.

*A supporting service the RDN provides to settings (primary, residential and community care) to engage, facilitate and set up research safely and within the research governance framework, where organisations are unable to undertake these functions themselves.

As you may be aware the restructuring and Management of Change process for our Agile teams was ‘decoupled’ from the core regional RRDN teams and is not planned to commence until April 2025 at the earliest. This is allowing the completion of a Department of Health and Social Care (DHSC) review of the current combined agile functionality (looking at translatable best practices and the various models currently utilised) and also the further development of our funding models. Both of these are feeding into our Service Design Programme for our Agile Research Delivery Workforce Service.

To date the largest proportion of both our funding and research activity has taken place in hospital settings and as such we need to work to concentrate our efforts on supporting the primary care, residential and community settings to grow their capacity and capability, without diminishing our hospitals capability. This might mean that the placement of elements of research delivery should follow the location of care for the participant more wholly and will require a steady change to our models of delivery over time. This may mean that more studies where care is within the hospital setting can be opened there (using newly released capacity) as studies move out of hospitals into newer settings for delivery where possible. The aim is for all settings to offer the right option of research for their potential participants in the right location.

Aligned to this direction of travel are initiatives to ensure that studies and protocols are developed with optimal settings and models of recruitment in mind. We will therefore be liaising more closely with the NIHR Research Support Service, Clinical Trials Units and major funders, as well as encouraging commercial sponsors to utilise the free early feedback services and come to us early enough so that we can beneficially input into their plans and protocols. Supporting the interfacing with the public and patient voice is also vital in this regard, particularly in relation to under-served communities. Some investigators and sponsors will however only change their emphasis once they have heard of or experienced the benefits of such wider recruitment, and (to a degree) success breeds success. There is therefore an emphasis on developing recruitment processes, networks and plans within the settings, as well as a series of communications and ‘elevator pitches’ to the various parties.

There are multiple other initiatives in this whole area - from the use of ‘research vans/buses’ and decentralised data acquisition, to approaching more potential

participants through primary care, their optometrists or community pharmacies, community diagnostic centres or within their residential care location e.g. care home, prisons etc. that we plan to keep you updated on.

I am confident we can make progress in all these regards, and that we can all help our nation develop into the globally leading research location it is capable of becoming.

I want to thank you again for all the work that you and your teams continue to do to support the transition of our Network from the CRN to the RDN. If you have any concerns or issues, or I can help in any way, please feel free to contact me directly.

Best wishes,

Andy

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Interim RDN Executive Director