NIHR RDN Service Design Engagement Survey: Summary of Stakeholder Feedback

Balancing the need to support organisations already delivering a range of research studies while enabling less research-active organisations and those new to research to build their capacity and capability.

Introduction

Purpose of the presentation: This summary provides an overview of stakeholder feedback received in response to the NIHR RDN Service Design Engagement Survey, circulated in December 2024.

Navigation through the slides: The slides break down stakeholder insights by each survey question, summarising dominant themes and considerations for RDN's ongoing service design process.

Focus of survey: To recap the survey focused on Strategic Aim 1: Facilitating the efficient delivery of RDN Portfolio research that is collaborative, inclusive, and supports the participant journey through the health and social care system at the right time and in the most appropriate setting. Specifically, the survey sought input on how to balance continued support for established research-active organisations while enabling newer and less research-active organisations to build capacity and capability.

It was distributed across a broad range of stakeholders within the health and care system, with some organisations submitting collective feedback following internal consultations.

Key themes: The responses received cover a range of critical areas, including sustainable funding, workforce development, integration of research into care pathways, system-wide collaboration, reducing administrative burdens, and the role of the RDN in supporting effective research delivery.

Intended use of feedback: This feedback will inform the design of RDN services and functions, ensuring they are aligned with both established and emerging research needs across the health and care system.

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1. What factors should we consider when allocating resources (e.g. funding, agile/peripatetic delivery teams, support for workforce development) to ensure studies happen in line with the participant journey through the health and social care system?

Sustainable and Equitable Funding	• A need for long-term, stable funding beyond 12-month cycles, ensuring investment in underserved areas without destabilising major research institutions. • Funding should follow the full participant journey and support new research settings without destabilising existing capacity.
Workforce Development and Flexibility	• Resources should support full-time research roles, increased training, and flexible contracts allowing staff to work across multiple organisations. • Agile and peripatetic teams should be embedded within Integrated Care Systems (ICS) and community settings to enhance research delivery.
Embedding Research into Health and Social Care Pathways	• Research funding should follows patients through the entire health and social care system, including primary care, social care, and community settings. • Research should be embedded into clinical pathways, with greater awareness-raising among staff and patients to maximise participation.

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1. (*Continued*) What factors should we consider when allocating resources (e.g. funding, agile/peripatetic delivery teams, support for workforce development) to ensure studies happen in line with the participant journey through the health and social care system?

Reducing Bureaucracy and Strengthening System Integration	● Streamline contracting processes, such as standard letters of access and cross-organisational workforce mobility. ● Research staff should be able to work flexibly across settings, mirroring NHS clinical workforce structures, with improved joint contracts and shared-care models.
Enhanced Data and Digital Integration	● Invest in real-time patient tracking, data sharing, and digital health infrastructure to improve participant identification and study coordination. ● Integration with electronic medical records and digital-first approaches will streamline processes and reduce administrative burden.
Addressing Health Inequalities and Strengthening Coordination	● Resource allocation should reflect population health needs and support for underserved regions. Agile research teams should be positioned at an ICS level to enable localised research delivery. ● RRDN's central function should be to optimise resource and workforce deployment across research sites, including social care, hospices, and public health.

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2. What do you see as the biggest challenges in conducting research throughout the participant journey through the health and social care system, particularly in wider care settings?

Please note while some of the points listed on this slide are not fully within NIHR RDN's remit, they are essential considerations for the broader system.

Bureaucratic Barriers & Governance Challenges	● Complex contractual and governance arrangements restrict multi-site collaboration and workforce mobility across hospital, primary care, and social care. ● Research processes are often duplicated across organisations, slowing down study initiation. ● The SoECAT process and other funding approvals create additional administrative burden, particularly for non-clinical research.
Workforce Capacity & Research Expertise	● A shortage of clinical staff time and limited dedicated research capacity hinder research delivery, particularly in wider care settings. ● Research expertise in non-NHS settings is often lacking, requiring investment in training and support. ● Competing clinical priorities and a lack of protected time make staff engagement in research difficult.
Lack of Integrated Systems and Data Sharing	● Siloed data systems and limited interoperability between healthcare providers make participant identification, data collection, and research coordination difficult. ● Governance restrictions on data sharing slow down research and increase the complexity of multi-site studies. Non-NHS settings often lack access to digital tools and patient tracking systems.

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2. (*Continued*) What do you see as the biggest challenges in conducting research throughout the participant journey through the health and social care system, particularly in wider care settings?

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Limited Research Infrastructure in Wider Care Settings	• Research capability is unevenly distributed, with social care, hospices, and community providers often lacking the necessary facilities, workforce, and financial resources to support research. • Infrastructure gaps create access barriers for participants, leading to increased patient travel burdens. Without sustainable funding, decentralised and community-based research remains challenging.
Cultural and Organisational Barriers	• Historic funding competition, fragmented research cultures, and lack of integration into routine care make it difficult to embed research as standard practice. • Some settings are hesitant to engage in research due to limited understanding of its benefits, particularly in less research-active environments. Overcoming these barriers requires behavioural change incentives and targeted engagement.
Ensuring Inclusivity and Reducing Inequalities	• Research remains inaccessible for certain populations, with underserved groups often underrepresented in studies. • Differing service models across social care, community health, and primary care add complexity to study design and delivery. • Sustainable funding and tailored research delivery models are needed to ensure participation from diverse populations, including those with multiple long-term conditions.

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3. What role should the RDN play in facilitating cross-regional collaboration, understanding of care pathways and sharing of best practices?

Facilitating Cross-Regional Collaboration	- The RDN should act as a national facilitator, connecting research teams across regions and organisations to reduce siloed working and encourage collaboration. - It should promote cross-boundary research delivery, ensuring alignment with national strategies while respecting local expertise. - Establishing specialist research networks can strengthen collaboration in key priority areas.
Standardising Processes and Reducing Duplication	- The RDN should coordinate resources, contracting, and governance to improve consistency and efficiency across regions. - By aligning processes, such as standardising risk-proportional study coordination, it can remove inefficiencies and reduce administrative burdens. - The ONE WALES model was noted as a strong example of how to facilitate regional research coordination effectively.
Embedding Research into Care Pathways	- Research should be integrated into clinical pathways, ensuring that studies align with patient journeys across NHS and non-NHS settings. - The RDN should support shared care models and collaborate with R&D directors and system leaders to embed research into routine clinical care. - Aligning research with Integrated Care Systems (ICS) and wider health and social care settings will improve research access and impact.

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3. (*Continued*) What role should the RDN play in facilitating cross-regional collaboration, understanding of care pathways and sharing of best practices?

Strengthening Workforce Agility and Development	● The RDN should support cross-regional workforce mobility, enabling research teams to work flexibly across different settings. Funding models should incentivise collaboration without destabilising core research activity. ● The RDN should also provide leadership in workforce development, ensuring that training and capability-building are prioritised, especially in under-resourced research settings.
Sharing Best Practices and Enhancing Knowledge Exchange	● The RDN should establish learning frameworks, enabling the sharing of best practices, trial successes, and research methodologies across sponsors, NIHR stakeholders, and NHS organisations. ● A national approach to knowledge exchange will improve research delivery consistency and reduce duplication of effort.
Ensuring Inclusivity and Reducing Inequalities	● The RDN should provide national oversight, ensuring that capacity issues, NHS developments, and investigator movements are well understood and communicated. ● It should also champion regulatory reforms, particularly for low-risk and non-commercial research, to improve efficiency. ● RDN should ensure equitable research support across the UK and reduce competition-driven barriers.

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4. What do you see as the biggest challenges in enabling more decentralised or shared delivery models?

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Organisational Barriers and Siloed Working	● Decentralised and shared delivery models are hindered by territorial behaviours, siloed working, and misaligned organisational priorities. ● Resistance to change and competition-driven incentives make collaboration difficult, requiring cultural shifts and structured frameworks to facilitate cooperation across multiple settings.
Complex Governance and Contracting Processes	● Existing governance, HR approvals, and contracting arrangements slow down decentralised research adoption. Many sites prefer traditional on-site monitoring due to concerns over trial oversight and data security. ● Streamlining governance, particularly for non-NHS settings, is essential to enable flexible, multi-site research models.
Workforce Capacity and Research Expertise	● A shortage of qualified research staff, particularly in primary care, social care, and non-NHS settings, limits decentralised research expansion. ● Capacity constraints and inconsistent expertise distribution across sites impact study quality and feasibility. ● Standardised accreditation and sector-wide upskilling initiatives are needed to build research capability at scale.

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4. *(Continued)* What do you see as the biggest challenges in enabling more decentralised or shared delivery models?

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Funding Models and Financial Barriers	- Current funding structures and recruitment incentives encourage competition rather than collaboration, making shared delivery models difficult to sustain. - Concerns over funding redistribution create resistance, while short-term funding cycles prevent long-term investment in decentralised infrastructure. - Financial models must incentivise partnerships, resource-sharing, and sustainable workforce development
Data Sharing and Digital Integration Challenges	- Incompatible clinical systems, digital poverty, and NHS information governance barriers create significant challenges for decentralised research. - Smooth data flows across settings are critical to ensuring study continuity, but technical barriers and security concerns delay implementation. - Investment in standardised digital solutions and secure data-sharing agreements is necessary.
Maintaining Quality and Participant Engagement	- Decentralised models risk inconsistent research quality across sites, requiring robust standardisation frameworks. Some decentralised studies may become impersonal, reducing participant engagement and retention. - Local champions and clear quality assurance processes can help maintain research standards and ensure equitable access to research opportunities.

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5. How can we optimise the use of RDN funding for delivery organisations across the full range of delivery settings (e.g. hospitals, primary care, community)?

Transparent, Metrics-Based, and Strategic Funding Allocation

- RDN funding should be distributed based on clear and transparent metrics, ensuring allocations align with research contribution rather than just activity volume.
- A strategic approach is needed to avoid fragmentation, ensuring funding flows efficiently while supporting system-wide collaboration rather than competition.

Flexible and Adaptive Funding Models

- Funding should be flexible to account for study complexity and varying infrastructure across settings.
- A phased approach is needed to prevent destabilising high-recruiting hospitals while gradually expanding into primary care, social care, and community settings.
- Funding must also support economies of scale, leveraging partnerships between research-active and developing sites.

Supporting Capacity Building in Underserved Areas

- Initial capability funding should be provided to low-research-activity areas, ensuring a gradual transition from hospital-centric to community-based research.
- Research infrastructure in social care, care homes, and public health settings is often fragile and requires tailored investment to ensure sustainability.

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5. (*Continued*) How can we optimise the use of RDN funding for delivery organisations across the full range of delivery settings (e.g. hospitals, primary care, community)?

Promoting Cross-Organisational Collaboration and Shared Resources	- Funding should incentivise collaboration rather than competition, with hospitals acting as mentoring hubs to support primary care and community expansion. - A pathway-based research governance framework should be introduced to enable efficient cross-site collaboration without requiring every participating site to be formally designated.
Embedding Research Staff Across Health and Care Pathways	- Research workforce models should align with existing care delivery pathways, integrating research staff within clinical teams rather than maintaining them as separate entities. - Joint clinical and RDN roles should be encouraged, embedding research personnel across GP practices, care homes, and community teams to enhance research delivery efficiency.
Long-Term Strategic Vision for Sustainable Research Delivery	- A clear and long-term funding strategy is needed to ensure sustainability and alignment with research pipelines. - Public health research support needs clarification, as existing guidelines create confusion. - Continuous stakeholder engagement including collaboration with research networks, HEIs, and the NIHR system is essential to ensure funding is optimally aligned with national priorities and avoids duplication.

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6. If RDN funding were reduced or unavailable, what would be the impact on your organisation's ability to deliver research?

Reduction or Cessation of Research Activity	● Most organisations would be forced to halt or significantly reduce research activity, particularly in non-commercial studies, as NHS organisations do not fund research from clinical income. ● Primary care and non-hospital settings would be especially vulnerable, as they rely heavily on RDN support to sustain research engagement.
Workforce Reductions and Capacity Loss	● A funding reduction would lead to workforce instability, with potential redundancies in research delivery teams and a shrinking talent pipeline. ● This would limit the ability to deliver NIHR portfolio studies and reduce overall research capacity, preventing organisations from responding rapidly to new research opportunities.
Loss of Research Infrastructure and Capability	● Without RDN funding, many smaller organisations and developing research sites would struggle to maintain basic research infrastructure. ● This would reduce participation in multi-site studies, create bottlenecks in capability and capacity, and slow down the acceleration of clinical research uptake across the UK.

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6. (*Continued*) If RDN funding were reduced or unavailable, what would be the impact on your organisation's ability to deliver research?

Shift Towards Commercial Research at the Expense of Publicly Funded Studies	• Many organisations would shift focus to commercial research as a financial survival strategy, making non-commercial and public health research unsustainable. • This would reduce diversity in research and limit studies that address broader public health priorities, affecting equitable access to research participation.
Threat to Research Quality and Compliance Standards	• A loss of funding would impact the ability to maintain quality and compliance standards, particularly in primary care and smaller research sites. • Without structured research support, some studies may struggle to meet regulatory and governance requirements, further discouraging participation in research.
Long-Term Instability and National Research Decline	• RDN funding plays a key role in leveraging additional investment and maintaining a sustainable research ecosystem. Without it, research would become increasingly regionalised and fragmented, reducing the UK's ability to deliver high-quality, system-wide research. • This could lead to fewer site activations, increased study closures, and a decline in national research competitiveness.

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7. What would help you better utilise the funding provided by the RDN?

Multi-Year Funding Cycles for Strategic Planning	• A shift to multi-year funding cycles (2-5 years) as it would enable better long-term financial planning, strategic investments, and sustainability. • Short-term funding pressures hinder capacity building, while longer agreements would support consistent workforce development and research growth.
Greater Flexibility in Fund Allocation and Usage	• Organisations need greater autonomy in how they allocate and use RDN funding to respond to regional needs and research demands. • The ability to carry forward funding across financial years, adjust allocations based on study complexity, and support rapid response to emerging research opportunities.
Improved Transparency and Predictability of Funding	• Clear funding timelines, policies, and allocation processes are needed to help organisations plan effectively. • Earlier notification of funding availability would allow sites to allocate resources efficiently, reducing uncertainty and preventing last-minute budget reallocations.

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7. *(Continued)* What would help you better utilise the funding provided by the RDN?

Reduced Administrative Burden and Reporting Requirements	• Excessive micromanagement and reporting overheads create inefficiencies, diverting time and resources from research delivery. • Simplified performance metrics and streamlined financial reporting would enable organisations to focus on impact rather than bureaucracy.
Targeted Support for Underserved and Rural Areas	• Funding distribution should prioritise underserved and rural areas, ensuring equitable access to research. • Strategies such as mobile research teams, shared regional resources, and better integration with primary care research centres would help extend research capacity beyond hospitals.
Stronger Engagement and Support Structures	• More engagement with stakeholders, including primary care research centres and early-career researchers, would help ensure that funding is used effectively. • Embedding RDN staff within research delivery teams, rather than operating separately, would enhance collaboration and align funding decisions with frontline research needs.

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8. How can we optimise the use of RDN agile delivery teams across the full range of delivery settings (e.g. hospitals, primary care, community)?

Better Integration with Local Teams and Clinical Pathways	• Agile delivery teams should be embedded within local clinical teams rather than operating separately. • Cross-organisational contracts and ICS workforce agreements should allow staff to move flexibly across hospitals, primary care, and community settings while ensuring research follows the participant, not just the site.
Strategic Deployment Across Settings	• There is a need to clarify the focus of Agile teams, a key question is should they prioritise primary care, community, and social care settings rather than hospitals? • Primary, community and social,care settings often lack dedicated research staff, making agile teams essential for building research capacity and enabling equitable access to studies.
Workforce Flexibility, Training and Upskilling	• Agile teams should consist of highly skilled, well-trained research staff who can work flexibly across settings. • Training programmes should expand beyond core research roles to include pharmacists, phlebotomists, and nurses, ensuring that all staff are equipped to deliver research effectively in their unique environments.

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8. *(Continued)* How can we optimise the use of RDN agile delivery teams across the full range of delivery settings (e.g. hospitals, primary care, community)?

Sustainable, Long-Term Solutions Over Temporary Fixes	• Agile teams should be structured for long-term capacity building, not just short-term study delivery. • There must be a clear exit strategy to ensure they develop research capability in less research-active settings rather than creating ongoing dependency. • Their presence should align with broader workforce.
Clear Governance and Workforce Agreements	• Border-free movement of research staff should be facilitated through standardised contracts and governance frameworks. • Agile teams should have ring-fenced research roles, preventing them from being diverted into routine clinical duties. Improved awareness and communication about their role is also needed to maximise their impact.
Ensuring Quality and Consistency Across Research Settings	• Maintaining high-quality research standards across different settings is a key concern. • Agile teams need strong leadership, clear role definitions, and ongoing professional development to ensure consistent performance whether working in hospitals, primary care, or community environments.

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9. If RDN agile delivery team support were reduced or unavailable, what would be the impact on your organisation's ability to deliver research?

Critical Impact on Primary Care and Community Settings

- A reduction in RDN agile delivery team support would severely impact primary care, community settings, and research-naive organisations, which rely heavily on these teams to sustain research activity.
- Rural areas and diverse communities would also be disproportionately affected due to limited existing research infrastructure.

Threat to Vaccine Trials and High-Volume Studies

- Agile teams play a crucial role in vaccine studies and large-scale recruitment trials, providing surge capacity when needed.
- Without this support, organisations may be forced to relocate participants to acute settings or rely on home visits, which may not be feasible for all studies.

Increased Pressure on Research Delivery and Capacity Gaps

- Many organisations, particularly in less research-active settings, would struggle to maintain research activity without agile team support.
- The loss of these teams would widen research disparities between well-established and developing research sites, reducing the ability to meet ICB research objectives.

9. *(Continued)* If RDN agile delivery team support were reduced or unavailable, what would be the impact on your organisation's ability to deliver research?

Uncertainty Around the Impact in Some Organisations	• Several organisations report minimal or no impact as they do not currently use, or feel they have access to, agile delivery teams. • Others indicate uncertainty about their value due to limited interaction, highlighting the need for improved communication and awareness of their role.
Risk of Funding Being Absorbed into Routine Clinical Services	• Without dedicated agile teams, organisations may struggle to retain protected research capacity, with funding potentially being redirected to routine NHS services. • Transparent funding allocation and workforce planning are needed to ensure research delivery remains prioritised.
Need for Alternative Research Delivery Approaches	• If Agile team support is reduced, organisations may need to explore alternative delivery models, such as integrating research staff into clinical teams, developing locally managed surge capacity, or expanding workforce-sharing agreements across regions.

10. What would help you better utilise RDN delivery team support?

Greater Flexibility for Cross-Setting Workforce Mobility	• The ability for Agile teams to move seamlessly across different healthcare environments without excessive administrative barriers. • Leveraging ICS workforce agreements and embedding RDN teams within partner organisations would enhance their effectiveness, training, and integration.
Clearer Guidelines and Defined Roles	• There is a need for clearer expectations around roles, shift structures, and travel time allocations to improve efficiency. • Teams should have well-defined responsibilities and integration points within contracting and governance frameworks to streamline their deployment.
Predictable and Strategic Resource Planning	• Organisations require guaranteed availability of Agile teams for planned studies, along with earlier contingency funding allocations. • A strategic approach should ensure proactive support for high-performing studies and better alignment with research priorities.

10.   (*Continued*) What would help you better utilise RDN delivery team support?

Improved Local Engagement and Communication	● Regular site visits, better communication, and structured knowledge-sharing would improve the effectiveness of agile teams. ● Organisations need greater visibility of team capabilities, clearer understanding of what support they can offer, and consistent feedback mechanisms to track impact.
Streamlined Access and Integration with Existing Systems	● Embedding Agile teams more closely within local research systems and processes would reduce duplication and inefficiencies. ● Better alignment with existing NIHR infrastructure and funding options would make their support more accessible, particularly for non-NHS settings unfamiliar with RDN structures.
Long-Term Staffing Stability and Workforce Development	● Retaining experienced staff and reducing turnover within Agile teams is critical to building expertise and relationships across settings. ● Structured workforce development initiatives, such as shadowing, funded internships, and skills-sharing programmes, would enhance team capabilities and integration across research settings.

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11. How can RDN help develop and support the research delivery workforce across different settings (e.g. hospitals, primary care, community)?

Expanding Access to Flexible Training and Development	• RDN should improve training accessibility through flexible, 24/7 online learning options to accommodate shift workers and diverse workforce needs. • Enhancing NIHR Learn and NIHR Academy collaboration would strengthen training provision, particularly for decentralised and community-based trials.
Establishing National Standards and Competency Frameworks	• Developing national research delivery standards and competency frameworks would provide clear career progression pathways. • Standardisation would ensure consistency in training, skills development, and workforce expectations across all research settings.
Creating Structured Mentorship and Cross-Sector Experience	• Structured mentorship programmes should enable cross-professional learning, shadowing, and placements, particularly for underrepresented roles and settings such as social care, primary care, and community research. • The NIHR Associate Principal Investigator Scheme and role-specific development initiatives could be expanded to address skill gaps.

11. (*Continued*) How can RDN help develop and support the research delivery workforce across different settings (e.g. hospitals, primary care, community)?

Long-Term Funding for Workforce Stability	- Sustainable long-term funding commitments are needed to support permanent roles and avoid reliance on short-term contracts. - Investment should prioritise capacity-building in underserved areas, preventing research staff shortages and supporting career progression.
Strengthening Support Networks and Communities of Practice	- RDN should facilitate networking opportunities, peer support groups, and communities of practice to reduce workforce isolation and encourage shared expertise. - Strengthening cross-organisational learning and best practice sharing would enhance workforce resilience.
Integrating Research into Workforce Planning and NHS Structures	- Embedding research into job descriptions and clinical contracts, particularly in smaller organisations, would ensure research is seen as core NHS activity rather than an add-on. - Simplifying contracting processes and strengthening hub-and-spoke models would enable cross-organisation workforce mobility.

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12. If RDN workforce development support were reduced or unavailable, what would be the impact on your organisation's ability to deliver research?

Minimal Impact on Research-Active and Larger Organisations	● Many larger and research-active organisations report little to no impact from a reduction in RDN workforce development support, as they are largely self-sufficient and already invest in training through other NIHR funding streams.
Significant Impact on Less Research-Active Organisations	● Less research-active sites, particularly those in primary care, community, and social care settings, would struggle to build capability without RDN workforce development support. ● The loss of system-level training and expertise-sharing initiatives would further widen the gap between well-established and developing research sites.
Risk to Training, Expertise, and Workforce Capacity	● Cuts to workforce development support would negatively impact training costs, expertise retention, and workforce capability, particularly for new PIs and research staff. ● National training programmes, such as the NIHR Associate Principal Investigator Scheme, would be affected, reducing opportunities for professional development.

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12. (*Continued)* If RDN workforce development support were reduced or unavailable, what would be the impact on your organisation's ability to deliver research?

Potential Long-Term Decline in Research Quality	- While research delivery may continue in some settings, the quality and sustainability of research could decline over time. - Without structured workforce development, recruitment and retention of skilled research professionals may become more challenging, leading to gaps in expertise for specialised roles.
Limited Effect on Some Delivery Teams but Impact on System-Level Training	- If cuts primarily affect middle management, the direct impact on research delivery may be minimal. - However, reductions in system-level workforce training for key research functions such as trial setup, governance, and specialist research roles would limit cross-organisational knowledge-sharing and expertise development.
Increased Reliance on Alternative Funding or Adaptation Strategies	- Some research fellows /teams that rely on RDN support for training would need to seek alternative funding sources or adapt their projects. - Organisations with existing workforce development investments may be able to continue without disruption, but others would face challenges in maintaining a skilled workforce.

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13. What would help you better utilise the workforce development support provided by RDN?

Better Communication and Awareness of Available Support	• Organisations need clearer articulation of workforce development opportunities, roles, and access mechanisms. • Improved communication and advance notice of training, funding, and development initiatives would help research teams plan effectively and engage more fully with available support.
Strategic System-Wide Collaboration and Alignment	• RDN should act as a system partner, identifying workforce capability gaps and fostering collaboration across NHSE, NIHR, and professional bodies. • A more joined-up approach to training and development, rather than regionally managed silos, would strengthen system-wide workforce capacity.
Integration of Workforce Development into Induction and Career Progression	• Embedding training into induction processes for new research staff and aligning workforce development with clear career pathways would improve uptake and ensure research is embedded in NHS roles from the outset.

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13. (*Continued*) What would help you better utilise the workforce development support provided by RDN?

More Local Consultation and Customised Training for Research-Naive Settings	• Greater engagement with local stakeholders is needed to ensure workforce development support aligns with frontline research needs. • Training should be accessible to those with no prior research background, expanding participation beyond highly research-active centres and ensuring equitable access across primary care, social care, and community settings.
Improved Long-Term Workforce Planning and Financial Stability	• Long-term financial planning for workforce development would allow for sustainable capacity building rather than short-term fixes. • Shifting funding towards frontline delivery staff and ensuring training is directly linked to research readiness and operational needs would improve impact.
Streamlining Training Platforms and Resources	• RDN should simplify access to training resources and learning platforms, ensuring that opportunities are easy to navigate and effectively signposted. • Expanding training in key areas such as lab skills, project management, and research delivery readiness would particularly benefit less research-active settings.

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14. **Thinking holistically, what should we prioritise or consider to ensure the stability of highly research-active organisations while supporting growth in less experienced organisations across the full range of health and care settings?**

Establishing Mentorship and Collaborative Growth Models	• Pairing highly research-active organisations with less experienced ones through mentorship, buddying systems, and staff exchanges would help build research capacity. However, simply re-allocating funding without structured support risks failure, as less research-active organisations may lack the necessary infrastructure and workforce to utilise funding effectively.
Flexible Workforce and Resource Sharing Mechanisms	• A flexible workforce model, where agile staff are deployed where participants are, would help balance capacity growth across the system without destabilising existing research delivery. Resource sharing, secondments, and joint workforce models could facilitate cross-organisational learning and efficiency.
Multi-Year Funding Commitments with Stability for Established Centres	• Maintaining long-term funding stability for high-performing research organisations is critical, as they leverage RDN funding to maximise activity, attract further investment, and sustain national research output. • A phased and transparent funding approach should expand research into new settings gradually, preventing destabilisation of established organisations.

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14. (*Continued*) Thinking holistically, what should we prioritise or consider to ensure the stability of highly research-active organisations while supporting growth in less experienced organisations across the full range of health and care settings?

Reducing Administrative Burdens to Improve Efficiency	- Excessive reporting and governance burdens slow research delivery and make it harder for less experienced sites to engage. - Simplifying processes and streamlining administration would allow research teams to focus on delivery and capacity building rather than compliance.
Incentivising Cross-Organisational Collaboration and Multi-Morbidity Research	- Encouraging networked collaboration over competition is key to strengthening the research ecosystem. Hub-and-spoke models and joint contracts should be developed to allow established research centres to support emerging ones. - Funding models should reward collective success rather than reinforcing competition between research organisations.
Enhancing Data Access and Integration	- The RDN should advocate for better routine data collection and access at national and provider levels. - Barriers to long-term follow-up, health data access, and interoperability must be addressed to ensure robust, system-wide research capability.

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15. Is there anything else RDN should take into account to ensure a healthy and evolving research system?

Strengthening Communication and Feedback Mechanisms

- RDN should establish regular communication channels with frontline researchers and implement responsive feedback systems to ensure research system improvements reflect real-world challenges.
- Strengthening cross-organisational collaboration and networking opportunities will support shared learning and continuous development.

Moving Away from Competitive Metrics to Foster Collaboration

- Competitive performance metrics that encourage competition rather than collaboration should be reduced.
- The focus should shift toward joint success models, particularly for multi-organisational projects, to improve participation and system-wide growth.

Aligning Research with NHS Capacity and Clinical Pathways

- RDN should recognise NHS workforce constraints and prioritise research integration into clinical pathways rather than maintaining separate regional structures.
- Coordination across sites should enable participant-centred research, such as allowing follow-up visits based on patient preference.

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15. (*Continued*) Is there anything else RDN should take into account to ensure a healthy and evolving research system?

Supporting Digital Infrastructure and Data Accessibility	● RDN should work towards streamlining access to national routine data, ensuring alignment with UK-wide data frameworks while addressing resource constraints and risk-averse governance. ● Digital systems must also meet regulatory compliance requirements to facilitate research efficiency.
Ensuring Long-Term Workforce and Infrastructure Stability	● Sustained investment in research infrastructure and workforce stability is essential, particularly through permanent research contracts that enhance retention. ● The RDN should advocate for strategic investment aligned with evolving NHS and NIHR priorities, ensuring research remains adaptable and responsive.
Embedding Research Across All Care Settings	● Research should be integrated across all care settings, including primary care, social care, and underserved areas. Partnerships with private sector organisations could be explored to expand research delivery capacity. ● Consideration should also be given to post-COVID challenges, such as reduced patient footfall, increased GP workloads, and growing research complexity.

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