Summary of the responses received from the R&D community to the RDN transformation survey ("survey 2")

February 2025

This document is a summary and commentary of the 18 responses received to the mail out of the 2nd RDN stakeholder engagement survey. Invitations to complete the survey were sent via UKRD, RDF and UHA R&D mailing lists. Respondents were encouraged to submit one response per organisation. The responses received are therefore, in most cases, likely to reflect wider views than the named individuals who submitted the survey responses. The responses have been submitted by a wide range of types of organisations.

It should be noted that the number of responses received for this 2nd RDN survey is significantly lower (more than 50%) than for the 1st survey. Our view is that this is reflective of 2 factors. Firstly, the timing of the survey in mid-February around half-term school holiday. Second, and we believe more significant, is the issue of quick succession survey fatigue. The R&D community remains very eager to engage with RDN via more conversational methods. A succession of requests to complete surveys can feel overly transactional and they lack the ability for R&D staff to develop, add context, and exemplify the points of feedback that they wish to make. Some of the questions in this survey, in particular, are too broad/complex to ask in a survey and without the nuances that could be explored in discussion or the ability to prioritise in group conversation.

How and when can the RDN add the most value to the study planning process for commercial and non-commercial studies?

No dominant theme is present in the responses received; responses are highly varied. Key points include:

- Some respondents don't see study planning as RDN's function, citing the importance of local/NHS knowledge
- Establishing pipelines from commercial organizations to help trusts plan proactively
- Enabling better coordination between different stakeholders
- Producing standardized SOPs for trusts to save time and improve document quality
- Acting as champions for research delivery in diverse settings
- Providing expert advice, especially for sites with limited sponsorship experience

Are there particular expertise, data or tools that the RDN could provide to help improve planning and delivery of commercial and non-commercial studies?

No dominant theme is present in the responses. Key points include:

- Creating a unified repository for feasibilities to centrally capture studies
- Cleaning study data on EDGE to address obsolete information
- Providing easier access to population health needs data to help align research portfolios
- Offering expertise with contracts, particularly when dealing with multiple sites
- Several respondents indicated no additional tools are needed

How can the RDN help address barriers that limit the use of innovative study delivery methods in commercial and non-commercial studies?

No dominant theme is present. Key points include:

- Mapping capabilities to avoid placing studies where they can't be delivered
- Funding PA time for consultants to do research and deliver studies
- Providing guidance/SOPs so Trusts can engage with novel research
- Offering funding for innovative delivery methods (e.g., mobile research units)
- Developing training materials to support integration of new delivery methods
- Sharing best practices and case studies of successful innovative methods

In both commercial and non-commercial research, what trends and insights are you seeing that the RDN could help the research delivery system be aware of and prepare for?

No dominant theme is present; responses are highly individualized. Key points include:

- Need for more support models such as Hub and Spoke/PICs/PCN or ICB level work
- Growing trends toward collaboration among various stakeholders
- Advances in technology reshaping data collection methods
- Increased willingness from sponsors to deliver studies in primary care settings
- Inadequate financial recompense in non-commercial studies

How can the RDN help delivery organisations (sites) promote themselves to the Life Sciences industry, to enable a broader range of organisations and settings to take part in commercial research?

No dominant theme is present. Key points include:

- Publishing UK successes and disseminating pipeline information for planning
- Shifting focus from large hospitals to smaller ones with untapped populations
- Developing site profiles to help promotion
- Facilitating conversations between sites and life science industry
- Emphasizing Trusts' expertise, resources, and facilities available for clinical trials
- Highlighting access to diverse and underrepresented patient populations
- Finding ways to support smaller organisations whilst not undermining larger research active organisations

How can the RDN help the research delivery system understand and respond to the needs of the Life Sciences industry?

17% of respondents did not answer this question. Key points include:

- Sharing pipeline information to enable proactive rather than reactive planning
- Funding research time to allow doctors/nurses/AHPs to be Principal Investigators
- Creating networking opportunities or events
- Communicating industry needs to sites
- Managing expectations between industry and research delivery system

How can Life Sciences study pipelines be made more visible to the health and care system?

Key points include:

- Providing clear communication about upcoming studies and UK commitments
- Recognition that non-research-engaged staff may have limited interest in pipeline data
- Centralizing information to make it visible to wider systems (beyond regional)
- Questions about how far ahead the life science sector is willing to release information
- Ensuring R&D/R&I teams aren't prevented from accessing pipeline information by the RDN – confusion of structures

Are there additional considerations the RDN should take into account?

One half of respondents did not answer this question. Main points include:

- Tailoring of support required to reflect the fact that the NHS is not uniform has lots of different type of organisations with different needs.
- Considering how newly funded CRDCs can use their agile workforces to provide support
- More strategic, proactive and flexible utilisation of agile workforce and greater skill mix in the agile workforce

Which user category would you like to feed back on?

A clear dominant theme exists with "Non-commercial delivery organisations" selected by over 50% of respondents. Distribution of responses as follows:

- Non-commercial delivery organisations: 56%
- Non-commercial research organisations: 17%
- Commercial delivery organisations: 11%
- Commercial research organisations and Others: the remaining responses

Please provide your feedback on the summary of user needs for the user category selected in question 12.

A moderate theme exists with "No text" appearing in 22% of responses (4 entries).

Key points include:

- Challenges with having a "middle man" when there are already RRDNs, CROs, Trial Units, and Trusts
- Time as a major barrier, with limited staff having dedicated time in job plans
- Need for funding to allow medical professionals to get involved in research
- Concerns about quality assurance processes
- Scepticism about practical implementation despite extensive documentation
- Barriers to participation due to limited resources and funding