NHS
Research and Development Forum

NHS R&D Forum response to the Department of Health, RCF Stakeholder Consultation

https://docs.google.com/forms/d/e/1FAIpQLSe0yMrUPLepLqGUNYBxCx99JcjDuprtkOQuZgRn5Ojce_Qo7Q/viewform

Source of response *

Other. NHS R&D Forum

The NHS R&D Forum is a UK-wide professional network and community of practice for the research management, support and leadership workforce in health and care.

This response has collated a number of views from members across the Forum. Views were collected via emails submissions and/or in telephone discussion. All working groups fed in, including services users and public health. We have attached the views of our public health member also separately to ensure they are heard in their entirety.

Aims of RCF:

- Help research-active NHS organisations to act flexibly and strategically to maintain research capacity and capability
- Support the appointment, development and retention of key staff undertaking or supporting people and patient-based based research;
- Contribute towards costs of hosting research funded by the NIHR, or its funding partners, that is not currently fully covered across NIHR's programmes, and that are not met in other ways;

Question 1:

From your experience, is our current approach to the implementation of RCF policy meeting the ultimate aims of RCF? If not, why not?

- For those in receipt of RCF the ultimate aims of the policy as described are well met. There are many ways in which this can be demonstrated and we have provided some of these ways here. RCF funding however is not available to all research active organisations and so we suggest some further thought might be given to a more strategic use of funding that could broaden access and support the wider aims of the NIHR.

- More than once RCF has been described as "*the glue in the system*" holding organisational research capability together and ensure stability for research. *(Associate R&D Director, NHS Foundation Trust)*

- The group contributing to this response felt strongly that RCF funding is an extremely important and a valuable income stream that is particularly critical for the research endeavour in the current financial climate

- The ability to mobilise finance to fund people, support structures and grant applications within an organisation is seen as a high priority, particularly because other funding is often not available in these areas. For example RCF for project maternity cover, sponsor capacity building, grant hosting capabilities and other design support functions can be invaluable to keeping 'the research show on the road', and provide time for researchers to build on their grants between studies.

- The use of RCF to incentivise clinical staff and senior leaders as well as research staff in NHS organisations should not be underestimated and this can be true for both providers and commissioners alike. As employing organisations there are increased risks and costs that a flexible fund can support and RCF can sometimes

be seen as the lifeblood when convincing a cash strapped Trust to meet some of the costs of clinical research staff.

- The value of a fund embedded in the front line for patient care brings research closer to impact, which we believe is core to the NIHR research strategy.

- Enabling organisations to manage a strategic fund that is flexible pays dividends not only in terms of more successful grant income (some have reported ratios of grant success for every pound invested to be 16:1 -*please refer to the response submitted to you directly from University Hospitals Bristol NHS Foundation Trust and North Bristol NHS Trust),* but also in terms of bringing more engagement, involvement and stability for research. For example although CCGS do not deliver research themselves they might host a research office or research support function for primary care across a locality. Many who do this facilitate and promote research via pooled RCF income schemes for the benefit of a community. There can be great value in supporting such collaborative efforts resulting in the CCG also becoming involved and engaged in the research journey with the feedback loop of research findings of interest to the Board.

  "We have, for the last few years, pooled our recruitment related RCF (with a similar portion of our grant related RCF) and put calls out to the university to work up grants in areas relevant to the CCG priorities, as these generally have common themes across the patch.

  As part of this we ask them to undertake an evidence review (which they have to do anyway in development of an idea) and produce a short evidence briefing that the CCG can use. In this way, for a modestly small investment (we typically award around £6k), we potentially get a grant developed (with the opportunity for more RCF) getting buy in from commissioners, potentially involvement from commissioners in the development of the grant, offering a perspective on what they might want to look at from a commissioning perspective, as well as an evidence review that they can use in the short term when reviewing services.

  In addition this this funding we award to do this work can fund an Research Assistant between grants, keeping our academic partners happy, and helps to keep the CCGs engaged with research. This can have knock on benefits for helping to support ETC applications etc because there is general research awareness and you don't have to start conversations from scratch"

  (Research office supporting CCGS and Primary Care)

- The value of RCF as a flexible strategic fund for organisations is therefore rated highly by members who contributed to this response, with locally driven research impact a valued consequence that can contribute to research and improvement for patient care.

- Examples of use also provided were as follows:

  - *Research ideas and collaborations e.g. take up of vaccination in traveller community children*
  - *Seed funding for strategic research priority grants*
  - *Skilling up for industry research*
  - *PPI panels or networks*
  - *Skilling up IT skills to identify participants*
  - *Skilling up staff e.g. GCP or research understanding*
  - *Improving promotion of studies (screens/web)*
  - *Improving practice systems to support research.*
  - *Open up new naïve sites*
  - *Systems to work at federation (cluster) level*
  - *Working up hub and spoke and new models*

  (Research Manager, CCG)

- From the outset the Forum members were explicit that any reduction or *radical* shift in funding should be avoided and only undertaken with a clear plan in place so that stabilisation of systems can be maintained. The value of RCF to organisations is high.

- There was some feeling that improvements to the current distribution of funds might be made to better reflect changes across the NHS landscape, increasing access to RCF funds that are currently limited for some. Therefore although there was a sense that RCF was important and often used well *where awarded*, access to this funding was not readily available to all and this would ideally be improved.

- Public health, smaller NHS research active organisations, and others in the community (for example hospices, social enterprise etc.) who work with and for

the NHS, do not receive any RCF and the majority of funding to support organisations with successful grants awards means there is a 'virtuous cycle' of concentrated funding to support growth in successful teams. Support to collaborate better across strategic partnerships should be a good use of RCF funds.

- This virtuous circle is seen by many to be a positive thing in itself. Placing money strategically where it is most likely to result in more NIHR research, incentivising researchers and building experienced capability is a good return on investment.

- However some concern has been expressed that this does not enable others onto the ladder leaving them reliant upon recruitment RCF to grow activity, the studies for which might not be forthcoming if concentrated principally in those areas where the grant has been secured. This issue was explored in a Forum members interview with the McPin Foundation last year, where members from mental health organisations described difficulty in building research recruitment because many studies were only focussed in those geographical areas that host the Chief Investigators (CIs). As mental health has relatively fewer CIs than other research priorities, it was suggested that the knock on effect of this meant fewer experienced PIs and in many cases less commercial activity leaving fewer still opportunities to generate capacity and capability income that other larger organisations might have greater access to. For more information on the McPin report please see this link http://mcpin.org/wp-content/uploads/mcpin-foundation-everywhere-and-everyone-included.pdf

- We recognise that funding in the NHS for research is complicated, meeting a variety of needs and that the pot is limited. RCF funding is highly valued and a flexible, strategic, appropriate model is needed to help organisations respond, maintain and grow research capability in a complex and changing health and care environment

Question 2:

What are your thoughts about the current RCF funding model? Are the current weightings used in 2017/18 appropriate to meet the current aims of RCF?

2017/18, the income weightings for calculating RCF	Basis for calculation of RCF	17/18 rate
Infrastructure	per £ funding	0.104
Centres (BRCs, BRUs, PSTRCs, CHAHRCs)	per £ funding	0.150
Programmes	per £ funding	0.327
Senior Investigators	per investigator	£75k
Patient Recruitment*	per organisation	£20k

*RCF allocation will be based on either NIHR income or patient recruitment, but not both

- The ratio of support was discussed at length and in principle the group members felt projects and programmes by their very nature were more complex and unstable and therefore might incur the highest levels of support required from a flexible fund.

- Project and Programme RCF might be used to both grow the conditions for developing successful project awards, and to build and sustain the capability to run them well. Examples of this infrastructure might include grant writing and hosting support, study development time and set up, general Sponsor capacity, peer review, legal and IP support, individual staff turn over on projects, researcher time, library staff, organisational overheads for project and research office staff, PPI panels or networks, and general research support infrastructure to grow awareness and systems for transparency and dissemination. In this regard the group felt that it was right the projects and programmes should receive the highest proportion of funding.

- There was some discussion around the £75,000 Senior Investigator payment, which in principle would fall within the projects and programme category described above. The group felt however that a clearer message was needed to state this to be an organisational award that, although prestigious for the individual with high incentivisation value, should be used strategically for the good of research in the organisation that had developed it. It would then be up to that organisation to agree to share as a matter of policy, as many of our members already do.

- The group discussed whether £20k for recruitment sites might be too little to have meaningful impact for the NIHR, however members from primary care in particular were clear that even small amounts of funding can make a difference to research activity in a climate where all income counts, this is particularly important in primary care but that the ability to pool funds across strategic partnerships was critical. For research to reach those in greatest need community based activity must be enabled.

- *"The CCGs in Staffordshire, Shropshire and Telford & Wrekin in partnership with Keele University and West Midlands Clinical Research Network have established a fellowship scheme generated through recruitment RCF, to specifically increase the number of observational studies recruiting locally in primary care (for the scheme primary care specifically refers to general practice and other independent contractor services). The input of local healthcare professionals in developing funding proposals for these studies is vital to ensure that they are relevant to, and doable in, day-to-day practice.*

- *The scheme is to be hosted by the Primary Care and Health Sciences Research Institute (RI) at Keele University which has an international reputation for its research on musculoskeletal and mental health conditions managed in primary and community care, and has research teams with a proven track record of gaining extensive research funding*. "

(NHS Partnerships & Engagement Manager, Keele University)

- Some members have suggested a tiered approach to funding ratios and redistribution to ensure greater access to support where research is hard to get off the ground, which might be considered. *Please see the response submitted directly to you from East Herts NHS Foundation Trust.*

- Some members felt strongly that RCF for hosting infrastructure may not be the best strategic use of funds although of course that valued infrastructure will incur overheads and be a cost to the host. The question is rather whether that cost should be handled through other funding channels to allow RCF funding to be a greater flexible and strategic support for growth closer to the front line and across communities and partnerships, and whether that infrastructure is the best engine for research capability, capacity and growth.

Question 3:

Is RCF fit for purpose and relevant for the future of NIHR? Do you think changes are required?

- RCF is a highly valued and important funding stream that is not provided by other income streams and seen to be critical to the future of the NIHR. Perhaps even more importantly it is given directly to the NHS for strategic management and in this regard it is considered fit for purpose for those who receive it. There is great strength of feeling that destabilization of RCF would be to the detriment of research in the UK.

- To ensure RCF is even more relevant for the future of the NIHR it should retain the ability to 'glue' research capabilities together in the NHS and remain flexible. This is working and is valued. However in order to be truly beneficial and fit for the future it should perhaps better enable all constituent parts to have the capacity and capability to *contribute* to research.

- The landscape in which we are working is changing and RCF must be responsive enough to leverage research activity across organisational boundaries and community groups. Research is becoming even more of a 'team science' endeavour and the value to the whole of improved capacity for all should not be underestimated.

- R&D departments play a vital role in developing research partnerships and will become increasingly important for leading research across systems, in addition to support for projects and investigators. R&D departments are integral to enabling growth and RCF support for this work is important to being able to continue.

- The fund is currently keeping research on the right road but to be fit for purpose there could be a greater strategic purpose and emphasis on development and growth on the front line.

- The Primary Care and Commissioning Working Group of the Forum have previously submitted papers to the Department of Health on how RCF policy might be implemented and this is attached here again together with the DH response for reference

  http://www.rdforum.nhs.uk/content/wp-content/uploads/2014/09/RD-Forum-Options-Paper-for-the-allocation-and-management-of-recruitment-related-RCF-FINAL-5.8.14.pdf

- "There could be a point that expert primary care R&D input into the deployment of CCG RCF within awarded primary care geographies is recommended or similar" (R&D Manager Primary Care)

- More regard might be given to published impacts and enabling funding to flow more readily directly through to organisations for incurring the costs of hosting staff and creating the environment for research to flourish.

Question 4:

In their letter to the research community on 6 February 2017 (Shaping the future of NIHR) Chris Whitty (Chief Scientific Adviser) & Louise Wood (Director of Science, Evidence and Research, Department of Health) shared their views that:

"For more applied, clinical and public health end of the spectrum there is a strong scientific need for research to be conducted with and in the populations most affected. Research activity should go to the populations who need it, and we would like to encourage the best researchers, wherever they are based, to undertake clinical and public health research in the areas of England with greatest health needs."

How do you think RCF can be used to support this strategic aim for NIHR?
What changes might be needed to our current RCF policy to help achieve this aim?

- As above we believe RCF should not be destabilized but that it has a clear strategic role in the funding landscape.

- The role of RCF is different to that of funding streams that prioritize and commission national research, and in this regards it has an important part to play in enabling capacity for access to research opportunities.

- To better enable access to and growth in research for populations most affected there must be capacity and capability to contribute. This requires a level of research culture that may require investment, support and growth but that is also creative and allows for innovative ways to engage the local community. This may arguably be where RCF can help and support research for all.

- There is some debate amongst members as to whether RCF is better spent on the virtuous circle or pump-priming capability where there is not yet track record, and if a straight choice with limited funds it is difficult to answer.

- However a flexible RCF fund fit for the future might support a national research capability and culture for all that can respond and contribute with local knowledge and need, enabling research to spread across boundaries so that populations across health and care are better served.

- Explicit support for NHS sponsors and R&D Depts. in their important roles would be welcome.

- Provide a central strategic fund where other income streams are not available i.e. Industry funds for mental and community health

Question 5:

What changes to other NIHR funding streams and other NIHR levers/incentives might help to ensure that 'Research activity should go to the populations who need it'?
You may wish to consider funding streams/levers & incentives including, but not limited to:

- **engaging with the CRN site identification support to promote new investigators and/or locations across the NHS to Commercial companies;**
- **Programme calls e.g. mandating in calls that patients need to be recruited where burdens of particular conditions are highest;**
- **Performance metrics/indicators**

- RCF is highly valued as it supports areas that are currently often under funded. If some these areas were funded through other means then RCF would go further. We have provided some ideas below.

- Provide overheads on NIHR awards to NHS and through this value the role of the NHS Sponsor capacity building in grant awards

- Value performance in terms of contribution to research endeavour and not just recruitment or delivery to and time to target. All populations by definition will be served if we build a UK-wide capability for research. Therefore everyone who has a part to play should be recognised, enabled and supported to do so as contributors to the whole.

- Some members expressed some strength of feeling that the benefits and impact of some LCRN roles should be more transparent to the partnerships and more explicit about how they best deliver strategically for the region, which in turn should enable research in populations who need it.

- Leverage existing infrastructure (for example HRA and NIHR dissemination centre) to create access to information for all to prevent duplication of effort

and a waste of resources. For example create a database so that all study reports and outputs are registered (not just portfolio studies or clinical trials), which will enable research offices to feed back to their patients and their boards on findings saving time for research office staff who might be funded through RCF.

- Leverage fund schemes where they exist, that have an explicit purpose to support partnerships, for the benefit of research across the health and care divide.

Question 6:

Any other comments?

- The NHS R&D Forum Primary Care & Commissioning Working Group together with Avon Primary Care Research Collaborative hosted a day for members in 2016, for sharing good practice on the use of RCF. There are some excellent initiatives ongoing and sharing these was seen to be really valuable.

- The Forum would be keen to work on supporting future events or work in support of good practice for RCF and in the interim suggest encouraging organisations to submit examples and case studies to our new resources exchange
http://www.rdforum.nhs.uk/content/resource-exchange-home-page/

- The Forum working groups would welcome the opportunity to support the Department in further review of RCF should that be helpful

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