Options Paper for the allocation and management of recruitment related Research Capability Funding in Primary Care

Executive Summary

The purpose of this paper is:

- to describe the current position relating to recruitment related NIHR Research Capability Funding (RCF) for primary care

- to present options and recommendations for formal consideration by the Department of Health, for the purpose of informing future policy relating to the allocation and management of this funding stream for primary care

Primary Care organisations have an excellent track record in participating in research and recruiting patients to National Institute for Health Research (NIHR) portfolio studies. NIHR Research Capability Funding (RCF) is allocated to research active NHS organisations (Clinical Commissioning Groups and NHS providers) in order to:

- help research active NHS organisations 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 research

- contribute towards the cost of hosting research funded by the NIHR, or its funding partners, that is not currently fully covered across the NIHR's programmes and that are not met in other ways.

The NHS R&D Forum Primary Care Working Group discussed issues relating to:

i) the allocation of RCF linked to patient recruitment (NHS organisations qualify to receive RCF if they have recruited at least 500 individuals to non-commercial studies, conducted through the NIHR clinical research network during the previous financial year reporting period)
ii) the management of this stream of RCF income

Recommendations

The NHS R&D Forum Primary Care Working Group makes the following recommendations with regards to primary care recruitment related RCF policy.

Recommendation 1: Calculation of Standard Research Capability Funding allocations

It is recommended that:

- The funding formula for primary care recruitment RCF is revised to link primary care recruitment to the population of each CCG. The recruitment target should be set as a % of the population of the CCG and should be an achievable target.

- The RCF funding formula for CCGs should include patients recruited to studies from other primary care independent contractors (e.g. community pharmacies and dentists)
- Further work is required to create an equitable formula which doesn't create unintended consequences or perverse incentives
- The RCF allocation for the smaller CCGs should continue to remain at a strategic level of funding (e.g. current threshold of £20k) to enable the development of research capacity and capability, recognising that research capacity development in smaller organisations can be as time intensive as for larger organisations.
- There is no reduction in primary care RCF nationally

Recommendation 2: Management of Standard Research Capability Funding

It is recommended that:

- CCGs remain the responsible bodies for the receipt and management of primary care standard RCF
- All CCGs that are in receipt of RCF must identify an R&D lead and responsible Governing Body member to improve the governance arrangements for this funding stream
- RCF reports on how the funding has been utilised should be publicly available
- CCGs are strongly encouraged to work in a consortia or collaboratively with other CCGs or Primary Care R&D Support Services, that have the experience and infrastructure to make most effective use of this strategic source of primary care funding.
- Explicit guidance is issued to CCGs highlighting the need to ring fence RCF monies for the development of research capability and capacity, plus specific examples and good practice case studies where this has been achieved e.g.
  - through the development of sessional research lead posts in CCGs and primary care R&D support services
  - funding protected time for GP practices to develop their research capacity and capability including GP, practice nurse and administrative capacity and capability
  - funding a practice nurse research forum to enable practice nurses to develop their research capacity and capability to confidently support effective delivery of interventional studies at their GP practices
  - funding protected time for primary care professionals, with the required expertise and experience, to work up NIHR research grant applications or NIHR clinical academic fellowship applications

The Department of Health and NIHR are therefore asked to consider the options set out within this paper, in order to inform future policy relating to RCF allocations from 2015/16 onwards.

[This paper focusses on the allocation of RCF monies linked to primary care recruitment and specifically excludes primary care NIHR Grant related RCF and Senior Investigator related RCF as contractual arrangements are in place between the NIHR and the NHS entity that holds the grant and receives these RCF awards. It is important that any review of recruitment RCF does not destabilise primary care Grant related RCF awards or Senior Investigator RCF awards.]

1 Introduction

The paper was developed iteratively through discussion at the R&D Forum Primary Care Working Group meetings in 2013/14 and via email discussion by the group members.

- The paper was written by two members of the Primary Care Working Group: Helen Duffy, Manager, Primary Care Musculoskeletal Research Consortium, Keele University and Rachel Illingworth, Head of Research and Evaluation, Nottingham City Clinical Commissioning Group and Chair of the Primary Care Working Group

- Information about the development of this paper was included in the R&D Forum newsletter update in April 2014 which led to four additional Primary Care based Forum members reviewing and commenting on the draft paper

- The final version of the paper was agreed by the Primary Care Working Group members and the R&D Forum Executive before being submitted to the Department of Health for formal consideration.

1.1 Background

Primary Care has an excellent track record in participating in research and recruiting patients to National Institute for Health Research (NIHR) Portfolio studies. Historically support for primary care research activity has been built through local partnerships between the NHS and linked Universities. Over the last 6 years the NIHR Primary Care Research Networks developed an integrated approach to support primary care participation in research. With the evolution of Clinical Commissioning Groups (CCGs) in 2013 there has been a need to review the roles and responsibilities associated with research previously undertaken by Primary Care Trusts (PCTs). CCGs have a clear role in supporting NHS research as summarised below:

1. Research is core NHS business and every patient should be offered the opportunity to engage with research activities that are relevant to them

2. CCGs have the opportunity to benefit from, and build on, the extensive infrastructure and expertise in supporting, and recruiting to, research in local primary care

3. CCGs have a statutory duty to promote research and innovation and the use of research evidence

4. CCGs need to have systems and processes in place to promote patients' recruitment to, and participation in, research and to follow DH policy in relation to funding the treatment costs of patients taking part in NIHR Portfolio studies.

Research Capability Funding was previously allocated to PCTs based on local primary care recruitment to NIHR portfolio studies. RCF was used to help research-active NHS organisations attract, develop and retain high-quality research, clinical and support staff by supporting the salaries of their researchers and associated workforce in a flexible manner. PCTs that received RCF had a responsibility to spend it in a way that built the NIHR research portfolio, leading to a virtuous cycle of

increasing research success which in turn led to increased RCF that could be used to generate further NHS relevant research. This funding stream has been an effective tool to influence the development of research and foster alignment between researchers' interests and NHS priorities.

1.2 The current situation - Research Capability Funding

Research Capability Funding is allocated to research-active NHS organisations to enable them to maintain research capacity and capability by:

• Enabling NHS organisations to meet some or all of the research related component of that salary of their researchers/research support staff working on clinical and applied health research (where that component is not already provided by another funding source)

• Contributing towards

- Sponsorship and governance costs;

- Accommodation, financial management, human resources costs associated with research staff of NHS organisations hosting research included in the NIHR portfolio.

NIHR RCF is allocated to research active NHS organisations or via NHS organisations that host a local NIHR Local Clinical Research Network (LCRN). There are two separate funds for RCF:

- Standard Research Capability Funding – allocated directly to eligible NHS organisations for their own use (CCGs hold primary care related RCF)
- Network Research Capability Funding – allocated to the NIHR Clinical Research Network.

Standard Research Capability Funding is allocated directly to each NHS organisation for its own use in proportion to the total amount of other NIHR income received by that organisation, and on the number of NIHR Senior Investigators associated with the organisation or through recruiting 500 patients to NIHR non-commercial portfolio studies. NHS organisations qualify to receive RCF if they either:

- received sufficient NIHR income to reach a threshold to trigger a RCF allocation of at least £20k; or
- recruited at least 500 individuals to non-commercial studies, conducted through the NIHR-Clinical Research Network, during the previous financial year reporting period (£20k RCF)

The aim is a quality-driven strategic fund (minimum allocation £20k) that allows for local discretion and management of people to support and develop patient and people driven research (the NIHR briefing document outlines the permitted uses of RCF for recipient NHS organisations and the NIHR Clinical Research Network).

The NHS R&D Forum Primary Care Working Group has discussed the current arrangements related to the allocation and management of RCF income linked to patient recruitment as detailed in sections 2-4 below.

2 Potential issues associated with Standard Research Capability Funding allocations for Primary Care

Since the publication of the Standard RCF allocation to CCGs for 2013/14 and 2014/15 concerns have been raised about the calculation of the flat rate of £20k for recruiting at least 500 individuals to NIHR Portfolio studies within a 12 month reporting period. These concerns include:

i) The potential for smaller CCGs to be disadvantaged by this ‘recruitment threshold’ – CCGs vary considerably in size (ranging from the smallest having a population of 70,000 with 6 GP practices, to the largest in England having a population of 900,000 and 126 GP practices). Those CCGs with a smaller population base will struggle to ever achieve the national standard of recruiting ‘at least 500 individuals’ to NIHR portfolio studies within a 12 month reporting period, whilst larger CCGs will achieve significantly above this target;

ii) differences in the numbers of patients recruited, that were reported by the previous CLRNs compared to the national figures which were used to determine eligibility for RCF, meaning that some CCGs have ‘lost’ out on RCF monies when compared to previous years

iii) equity of access to studies in which to recruit patients into, due to geographical location of CCGs

iv) queries over how recruitment from other primary care organisations (such as community pharmacies and dentists) will be mapped and aggregated for primary care RCF income

v) mapping issues with recruitment in some places still being allocated to the previous PCT organisations or GP practices being mapped to the wrong CCG.

3 Options for calculating and managing primary care recruitment related Research Capability Funding allocations

3.1 Calculating Research Capability Funding for Recruitment

The current threshold for ‘recruiting at least 500 individuals’ to NIHR portfolio studies will, for some CCGs, represent an impossible target to achieve due to the small populations covered in some areas (either small CCGs within larger city boundaries, or rural CCGs), yet this funding is important to further develop primary care research and research capacity and capability. The Primary Care Working Group however recognises that RCF monies are designed to act as ‘strategic funds’ and the nominal threshold of £20k is to enable these monies to support research capability and capacity development. The following options are therefore suggested to achieve a more equitable approach to funding:

3.1.1 develop a formula basis for RCF monies linked to population served by each CCG and number of patients recruited to studies

3.1.2 recognise that primary care recruitment can be from sources other than general practice (e.g. community pharmacies) and include these in the recruitment numbers for CCG populations

Table 1 below sets out an option appraisal for changing the RCF recruitment based formula and the benefits/challenges associated with each option

In putting these options forward the Primary Care Working Group are keen to emphasise the importance of the recruitment related RCF allocation, and the need to maintain this funding source for primary care research and organisations

Option	Benefits	Challenges
Formula based calculation for RCF – linking population served and numbers of individuals recruited	• Equity for smaller CCGs in achieving a proportionate recruitment threshold per population • More CCGs will qualify for RCF income	• Agreeing a funding threshold that allows RCF to remain strategic • Agreeing a formula that doesn't create unintended consequences eg higher recruiting CCGs get less under a new formula than they do now if the overall RCF budget for primary care remains the same
Recruitment threshold to include individuals recruited from other primary care practitioners including community pharmacies etc if this is not already happening	• Increase potential to achieve recruitment threshold	• Ensuring all independent contractor groups contributing to the recruitment total have the opportunity to benefit from the RCF income

4 Management of recruitment related Research Capability Funding

In addition to the concerns of whether an NHS organisation will meet the qualifying criteria for receiving recruitment allocated RCF, research professionals have queried where best this funding should be held, and how this money might be best channelled to support primary care research. The key issue is that the funds should be accessible to primary care to use strategically in an equitable manner that reflects recruitment effort and contributions by stakeholders.

It is recognised that Clinical Commissioning Groups and NHS England are still relatively new organisations. CCGs may or may not have any R&D support, and NHS England does not currently host primary care R&D Support. Clinical Commissioning Groups have a wide and diverse range of

duties, including the duty to promote research and innovation and the use of research evidence. CCGs are led by GP clinical leaders and practices are member organisations of CCGs. It is recognised that many CCGs are developing their research functions and through their extensive and close links to their member general practices and their duty to improve the quality of primary care, are keen to ensure that RCF monies supports the continued development of research within primary care.

However CCGs do not currently have a remit for commissioning general practice or the other independent contractor groups (this sits with NHS England), and it is the primary care providers (e.g. general practices, community pharmacies etc) who actually participate in and recruit patients to primary care studies. However NHS England has recently invited CCGs to submit expressions of interest in becoming commissioners or co-commissioners of primary care independent contractors. This change in policy will need to be considered in relation to future management of RCF.

There is a query therefore as to which NHS entities are best placed to manage these budgets. The following options are therefore suggested for the management of RCF income:

- Individual CCGs manage the recruitment related RCF income for their population (current situation)
- Smaller CCGs aggregate together to form a 'consortium' and agree a system for the management of their RCF income
- Primary Care Research and Development (R&D) support services receive and manage RCF income on behalf of their local CCGs
- NHS England Area Teams receive and manage RCF income
- CCGs create a ring fenced budget that is held by the NIHR Local Clinical Research Networks to further support the development of primary care research capacity according to NHS Standard RCF guidelines rather than network guidelines

Table 2 below considers the benefits and challenges associated with these options:

Option	Benefits	Challenges
Individual CCGs manage recruitment related RCF income (current situation)	• Strong links between CCGs and member practices which may help engage practices with the research agenda • Current system means money goes to local populations • Potential to create stronger links between R&D and CCGs • Can act as an incentive for member practices to increase recruitment uptake	• Variation on whether CCGs have the staffing/expertise to manage the funding • Some CCGs may return the monies due to a lack of systems for managing and monitoring its use – representing a loss of monies to primary care research • Support will be needed from primary care R&D services to ensure reinvestment in appropriate primary care

	• Fits with future direction of travel with CCGs becoming commissioners or co-commissioners of primary care	research activities
CCGs form a 'consortium' to manage recruitment related RCF income	• CCGs already work in collaborative commissioning arrangements across health economies • Consortia can agree local priorities within geographical boundaries	• Consortia will need appropriate governance and reporting frameworks in place to manage these funds in an equitable manner • Close liaison with primary care R&D support services required • May not be easy to get CCGs to form consortia
Primary Care Research and Development Support Services manage recruitment related RCF income	• Primary Care R&D services committed to drive forward research within their areas • Established primary care R&D support services should have staffing/expertise to manage the funding	• R&D support services hosted by many different organisations (Trusts, CCG, CSU, CRN) • Potentially less scope for RCF to meet local needs & priorities • R&D support services may or may not sit in an NHS entity which in turn may not prioritise primary care appropriately
NHS England Area Teams manage recruitment related RCF income on behalf of primary care	• NHS England currently hold contracts with GP practices and the other independent contractor groups (although CCGs may be commissioners or co-commissioners in the future)	• NHS England don't currently have the staffing/expertise to manage the funding • More remote relationship with GP practices than CCGs have with their member practices • CCGs may be commissioners or co-commissioners of primary care in the future • Potentially less scope for RCF to meet local needs & priorities • Unlikely to host primary care R&D support services

		• Strong governance framework will be required to manage funds in an equitable manner • Potential destabilisation of existing primary care R&D support services if there is a shift in funding
CCGs create a ring fenced budget held by the NIHR Local Clinical Research Networks to further support the development of primary care research capacity	• NIHR Local Clinical Research Networks are committed to research delivery within their regions • LCRNs should have the expertise to manage the funding	• LCRNs are not an NHS entity so not expected to be in receipt of standard RCF (although they will be hosted by an NHS Trust which is usually an acute trust, and will be in receipt of network related RCF) • Current transition arrangements may affect their ability to take this forward • LCRNs are focused on research delivery not research development • Networks already receive network related RCF. It would be important to ensure the separation and protection of primary care RCF • Potentially less scope for RCF to meet local needs and priorities or to be used for the benefit of primary care • Strong governance framework will be required to ensure equity of funding • Potential destabilisation of existing primary care R&D support services if there is a shift in funding

In terms of all of the options above an important and consistent recommendation is that RCF income **must be ring fenced** to ensure that it is utilised to develop **primary care research capacity and capability.**

5 Issues for further consideration

The Primary Care Working Group members have undertaken a significant amount of work in engaging with the newly established NHS organisations over the last 12 months. In deciding the best approach for allocating and managing recruitment related RCF income the following factors should be considered:

- CCGs are still relatively new organisations and many are 'affiliating' their activities to ensure consistency of approach and economies of scale when delivering/managing services. Whilst CCGs have a duty to support research, in their first year as statutory organisations many have not yet had the opportunity to fully engage with research.
- Nationally primary care research and development (R&D) support services may be delivered by a team hosted by a LCRN, CCG, Commissioning Support Unit (CSU) or a provider Trust. Equally CCGs may have worked together to employ an individual R&D manager. Given the existing range of structures, it seems likely that R&D support services will continue to develop and reconfigure as CCGs and CSUs develop further and LCRNs are established.
- The NIHR Clinical Research Network continues to undergo transition following the launch of the new CRN structure on 1st April 2014. There are concerns with the appropriateness of LCRNs holding primary care recruitment related RCF, where they are already responsible for network RCF income.
- Many regions will have agreed appropriate systems and mechanisms for the management of RCF income based on existing infrastructures and will be concerned if existing structures are destabilised.
- It is also important that best practice case study examples are collated and shared with the recipients of RCF income, to provide additional practical guidance on its effective utilisation.

NHS commissioning and primary care organisations have been through a recent period of unprecedented change. It is clear that recruitment RCF remains an important funding stream for primary care research. In view of the above considerations, it feels that more than ever there is a need to address the issue of equity in calculating standard recruitment related RCF allocations (linked to the recruitment threshold), whilst providing primary care focussed advice and guidance which clearly sets out options for how this RCF may be utilised to support the development of research capability and capacity.

6 Recommendations

The following recommendations are proposed:

Recommendation 1: Calculation of Standard Research Capability Funding allocations

It is recommended that:

- The funding formula for primary care recruitment RCF is revised to link primary care recruitment to the population of each CCG. The recruitment target should be set as a % of the population of the CCG and should be an achievable target.
- The RCF funding formula for CCGs should include patients recruited to studies from other primary care independent contractors (e.g. community pharmacies and dentists)
- Further work is required to create an equitable formula which doesn't create unintended consequences or perverse incentives
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- There is no reduction in primary care RCF nationally

Recommendation 2: Management of Standard Research Capability Funding

It is recommended that:

- CCGs remain the responsible bodies for the receipt and management of primary care standard RCF
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- RCF reports on how the funding has been utilised should be publicly available
- CCGs are strongly encouraged to work in a consortia or collaboratively with other CCGs or Primary Care R&D Support Services, that have the experience and infrastructure to make most effective use of this strategic source of primary care funding
- Explicit guidance is issued to CCGs highlighting the need to ring fence RCF monies for the development of research capability and capacity, plus specific examples and good practice case studies where this has been achieved e.g.
    - through the development of sessional research lead posts in CCGs and primary care R&D support services
    - funding protected time for GP practices to develop their research capacity and capability including GP, practice nurse and administrative capacity and capability
    - funding a practice nurse research forum to enable practice nurses to develop their research capacity and capability to confidently support effective delivery of interventional studies at their GP practices

- funding protected time for primary care professionals, with the required expertise and experience, to work up NIHR research grant applications or NIHR clinical academic fellowship applications

7 Summary

This paper summarises the current issues relating to primary care recruitment related research capability funding and makes a series of recommendations in relation to the allocation and management of the funding.

The Department of Health is asked to consider these recommendations in relation to RCF policy for 2015/16 onwards. The members of the Primary Care Working Group would welcome further discussion with DH about the recommendations in this paper.

NHS R&D Forum Primary Care Working Group – 5.8.14