NHS R & D Management Community

Adding value, reducing waste

Dr Virginia Minogue,
Context

• FFF programme work stream – reducing waste
• 20 – 30% healthcare expenditure is waste
• 85% Research is Waste (Lancet 2014 e.g. Chalmers and Glasziou)
• R&D management community
Most important categories to address

1. Implementation of research in practice (D, M, G)
2. Prioritisation of research
3. Research taking place to time and target
4. Design, conduct and analysis of research (S)
5. Regulation and management of research (Del)
6. Costing of studies
7. Publication and dissemination

ʻthe time lag between successful proof of principle and actual patient benefit via the commissioning procedure seems too lengthy and negates much high quality researchʻ.
Categories which would add the most value if addressed

1. Prioritisation of research
2. Implementation of research in practice (D, M, G, Del)
3. Design, conduct and analysis of research (S)
4. Research taking place to time and target
5. Regulation and management of research
6. Publication and dissemination
7. Use of research funding

‘Engagement with clinical staff is important when conducting clinical trials and would reduce waste it needs embedding into the culture and seen as part of clinical care.’
R & D management community influence

Implementation of research in practice
• Ensure local dissemination of outcomes
• Ensure literature reviews undertaken locally
• Push back to sponsors to do the job of assessing scientific validity
• Support to PPI groups and individuals
• Help make sure PPI is part of the design
• Raising awareness of the James Lind Alliance locally.

Prioritisation of research
• Awareness of national priorities and communicate to researchers
• Engage with patients and the public to understand their priorities.
R & D management community influence

Design, conduct and analysis of research
• Link with RDS and CRN Study Support Services
• Inform and signpost to the best data
• Ensure research questions are clear and use clear language
• Request feedback on every grant application
• Involve patients in study design at an early stage

Research taking place to time and target
• To enable communication between study sites
• To enable communication between the HRA and CRNs.
R & D management community influence

Use of research funding
• To ensure research staff have sufficient knowledge

Regulation and management of research
• Enable communication with regulatory organisations

Misconduct and fraud
• Support the research team through the process of the investigation
• Ensure investigators follow the HRA approved protocol
• Provide training.
# Influence of others

<table>
<thead>
<tr>
<th>Category of waste</th>
<th>NIHR</th>
<th>HRA</th>
<th>Sponsors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementation of research in practice</td>
<td>Consider how dissemination can be supported.</td>
<td>Clarify HRA role in publishing summaries.</td>
<td>Increase awareness of sponsors role in assessing scientific validity.</td>
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<tr>
<td></td>
<td>To require an implementation plan.</td>
<td></td>
<td>Sponsors to assess proposals for validity.</td>
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<td>Engage PPI to establish priorities nationally.</td>
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<tr>
<td>Prioritisation of research</td>
<td>Clarify priorities.</td>
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<td></td>
<td>Promote understanding of the role of the James Lind Alliance.</td>
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<td>Design, conduct and analysis of research</td>
<td>Use information and data including that relating to trial extensions and apply learning.</td>
<td>Improve links with CRN SS.</td>
<td>Ensure sponsors have understanding of their role and can provide expertise</td>
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<tr>
<td>Use of research funding</td>
<td>Change financial model so not all funding needs to be spent in year</td>
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<td>Use of resources</td>
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<td>Mode of communication to be clear.</td>
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<td>Misconduct and fraud</td>
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<td>Understand what constitutes ‘reasonable risk’.</td>
<td>Ensure investigators follow the HRA approved protocol.</td>
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<th>Category of waste</th>
<th>NHS Trusts &amp; CCGs</th>
<th>Other</th>
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<tr>
<td>Implementation of research in practice</td>
<td>To develop dissemination strategies.</td>
<td>Funders to revisit their grant structure to enable dissemination.</td>
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<td>Improve engagement between organisations and CCGs.</td>
<td>Funders to ensure there is sufficient PPI and clinician engagement at the outset.</td>
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<tr>
<td>Prioritisation of research</td>
<td>Organisations to have a clear research strategy.</td>
<td>AHSNs to clarify their role in embedding research.</td>
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<td>Commissioner priorities to be reflected in research strategies.</td>
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<td>Alignment of academic interests with the NHS.</td>
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<td>Design, conduct and analysis of research</td>
<td>Funders to provide feedback on rejected applications.</td>
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<td>Introduce competencies for funders re: their responsibilities.</td>
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<td>Regulation and management of research</td>
<td>Improved communication between all organisations.</td>
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<td>Use of resources</td>
<td>Organisations and sites working together.</td>
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<td>ETC and contract issues, overheads.</td>
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Recommendations

‘Support the collaborative working of all stakeholders to reduce waste and add value within research.’

Next steps:
• Dissemination
• REWARD working group
• Joint working RD Forum + stakeholders
Contact details

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