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UK Research Support and Funding Structures

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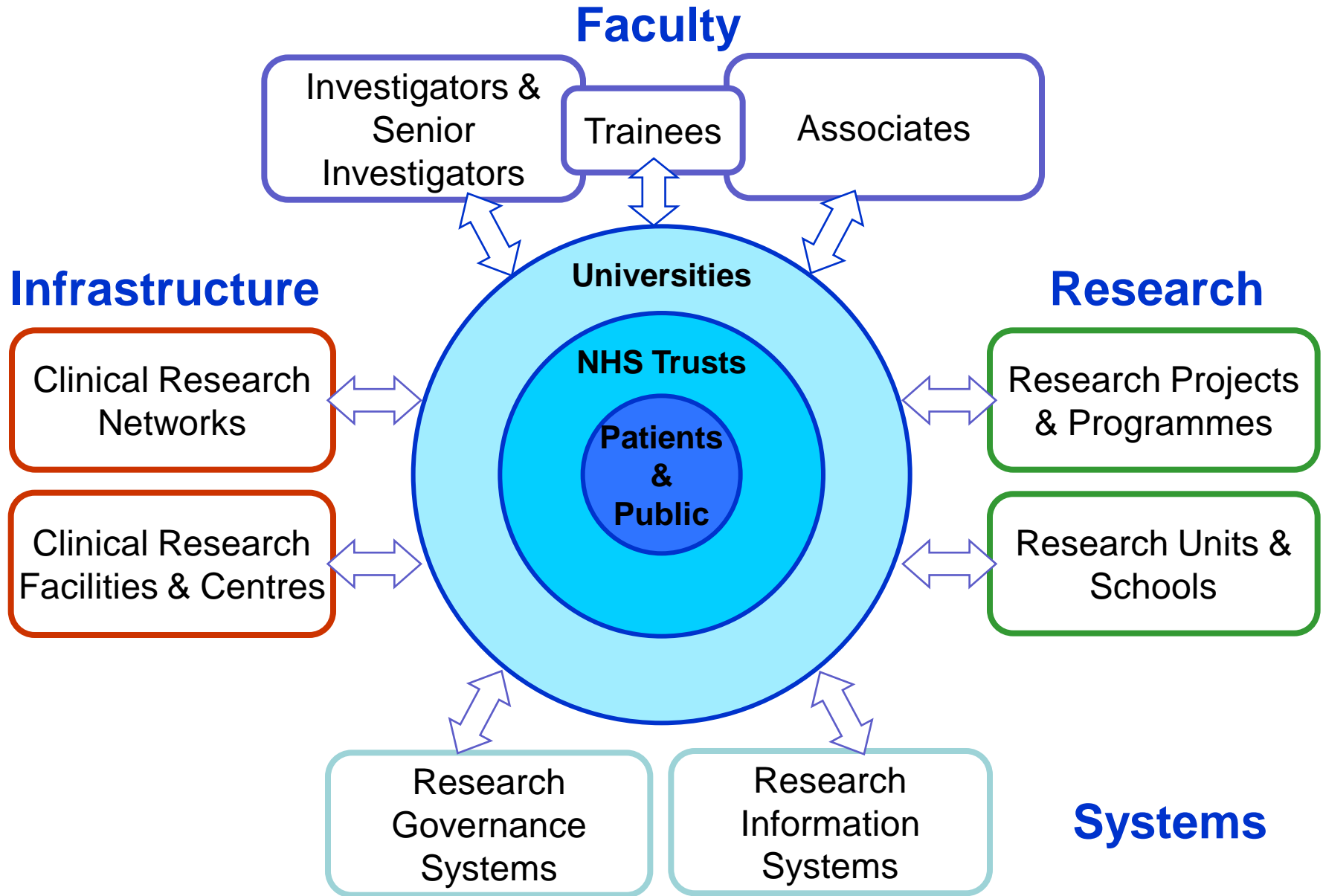
History and development

- 2003: Reports from Biosciences Innovation & Growth Team and Academy of Medical Sciences identified critical challenges to the clinical research environment in the UK - UK not competitive
- 2004: Research for Patient Benefit Working Party recommended creation of UK Clinical Research Collaboration (UKCRC)
 - all major stake holders
- 2005: UKCRC launches the UK Clinical Research Network (UKCRN)
 - crosses national borders
- 2006: Government's new research strategy outlined in 'Best Research for Best Health' launches the National Institute for Health Research (NIHR)
 - England

The UK scene

- National Institute of Health Research (NIHR) in England centres around Clinical Research Networks (CRNs)
- UKCRN links equivalent networks in the devolved nations to NIHR
- Speciality groups (26) developed to facilitate research **delivery** in the UK
- UK Kidney Research Collaboration set up by Renal Association and KRUK to enable research **development**

National Institute for Health Research



Six Topic Specific Networks and One Primary Care Research Network



Cancer (NCRN)



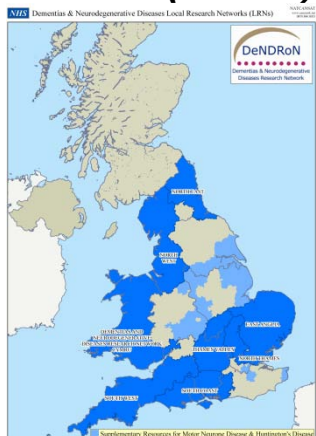
Stroke (SRN)



Diabetes (DRN)



Primary Care (PCRN)



Dementia & Neurodegenerative Diseases (DeNDRoN)



Medicines for Children (MCRN)



Mental Health (MHRN)

Comprehensive Local Research Networks (CLRNs) in England - 2007

**All have a Director and
other key staff**

- Enable resource
distribution in England**
- Facilitate research
delivery**



NIHR CLRN Funding

- Stage 1: 2007-2008
- Establishing the NIHR CLRNs
- Fixed allocation to support the management team
- Per capita of population served allocation for research management staff
- Per capita of population served allocation for research infrastructure

NIHR CLRN Funding

- Stage 2: 2008-2009, £107m
- All CLRNs continue to receive the fixed and per capita allocations as in 2007/08
- In addition each CLRN has also received activity-based funding - a flexible allocation calculated on the basis of past activity for that CLRN
- Activity-based funding: recalculated annually
- **Funding follows activity!**
- Budget for 2009-2010: ~ £250m

Funding streams for specific research projects from NIHR

- Project/programme grants:
 - Applied research
 - Research for Patient Benefit
 - Invention for Innovation
 - Service delivery and organisation
- Health Technology Assessment
- Efficacy and mechanism evaluation
- Fellowships and Investment in People

- New calls appear frequently on the web
 - (see www.nihr.ac.uk)

Specialty Groups

- Each CLRN asked to identify research priorities across 26 different specialisms
- For each priority area, CLRN Director nominated a Clinical Lead
 - Renal a priority for 20 CLRNs
- To provide the NIHR-CRN with access to a national network of topic based expertise to help DELIVER research
 - Advise on feasibility for recruitment
- To “own” the national Portfolio of studies
 - Input to adoption committees, both for commercial trials and non-commercial trials

The Portfolio is at the heart of the NIHR-CRN's operations

- Resources are directed via those CLRN's where the Portfolio is being delivered
 - Includes a measure of research complexity
 - Dependent on investigator recording accrual rates

Eligibility for NIHR portfolio

- Basic requirements - funded in open national competition and with independent peer review
- Automatic - NIHR partners e.g. MRC, DH, KRUK...
- Studies that are not automatically eligible require formal consideration prior to acceptance
 - Studies funded by overseas governments
 - Investigator-initiated, commercial collaborative studies
 - Certain other high-quality studies
- New studies can be **adopted** via NIHR Coordinated System for Gaining NHS Permission (CSP) launched Nov 2008

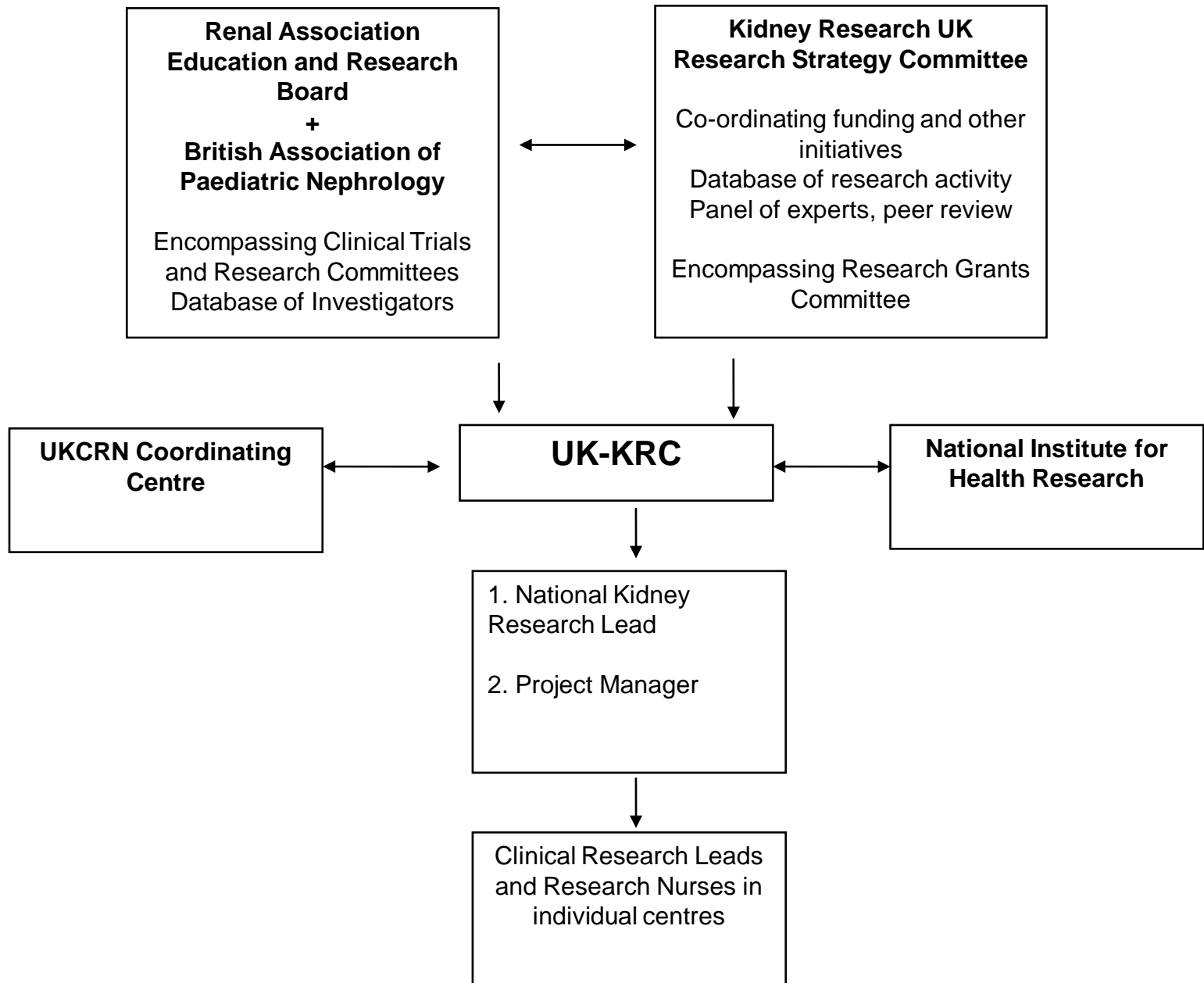
UK Kidney Research Consortium - since 2007

Formed because:

- Apparent early on that a renal research network would not be supported by NIHR
- Now clear that NIHR Renal Speciality group is not concerned with research development, only delivery, and has a mandate for England with lesser involvement of the UK
- NIHR provides no structures for networking partner organisations and funding bodies

The mandate of UKKRC

- To foster the development of UK centres of excellence in a number of kidney research areas
 - clinical and epidemiological studies
 - health services research
 - laboratory science
- To provide the best research for best health in relation to kidney disease, and in relation to the impact that kidney disease has on a range of chronic conditions e.g. diabetes, cardiovascular disease
- To foster the translation of basic science research into the clinical arena.



Organisation

- Steering Committee
 - RA; KRUK; BRS; BAPN; BTS; RA-RR, RC, CTC
 - Alternating Chair between RA and KRUK
- Representatives in all the England CLRN areas and for the devolved nations
- Clinical Study Groups (CSGs) being set up to stimulate development of translational research in 10 topic areas - this will help development of new research and will inform Renal Speciality Group decision making
- Clinical trials development in progress (REN-1/BOND with CTC)
- Consortium meetings will follow on from Speciality group meetings
 - i.e. Development (KRUK, BRS etc funding) will follow Delivery (DoH funding)

Benefits for the renal community of links between UKKRC and NIHR-CRN

- Knowledge know-how
- Funding management
- Trial endorsement, registered on UKCRN portfolio
- Access to Topic Specific Networks
- Access to Comprehensive NHS Research Network (CRN) and Local Research Networks (LRNs)
 - Only route to NHS service support costs in England
- Links to equivalent bodies within the devolved administrations
- Access to Experimental Medicine programmes in Biomedical Centres and CRF infrastructures
- Access to technology platforms

