Realignment on the way for the NIHR Clinical Research Network

Hywel C Williams[1], Carron Layfield[2] and Alison Layton[3]
[1]Chair, [2]Administrator and [3]joint lead for North and East Yorkshire and Northern Lincolnshire

The gift of our clinical research network: Most BAD members will now be aware how lucky we are in the UK in having a dedicated series of networks designed to deliver research in the NHS, funded by the taxpayer through the National Institute for Health Research (NIHR). No other country in the world has a research infrastructure to compare with the NIHR Clinical Research Network with dedicated finance available to manage and deliver a broad range of non-commercial and commercial studies which have been adopted onto the NIHR CRN portfolio.

The current structure: Currently, the NIHR CRN supports six "topic" Networks (cancer, mental health, stroke, diabetes, dementias/neurodegenerative diseases, and medicines for children) and a primary care research network. Given the success of the topics the Department of Health decided to extend the reach of the network to encompass all therapy areas and set up the Comprehensive Clinical Research Network to do this. The Comprehensive Clinical Research Network is comprised of 23 Specialty Groups including our very own dermatology Specialty Group. The CCRN agenda has been delivered locally by 25 Comprehensive Local Research Networks (CLRNs) across England with different structures in place for the devolved nations. The purpose of the networks is to provide equitable access for all patients to high quality research studies by providing the infrastructure to manage and deliver studies that have been developed through to funding by groups such as the UK Dermatology Clinical Trials Network. The studies need to be delivered to time and target and they are accepted onto the national NIHR CRN portfolio using a fair and explicit system depending on funding source and potential benefits to the NHS. This system has now been operating for five years and although it took a while to bed down, our Dermatology Specialty Group has done a great job.

We currently have local leads for dermatology in 18/25 CLRNs (see table) and along with local leads in Scotland and Wales we have also included representatives from the nursing community, wound care, primary care, community pharmacy and patients; combined, these colleagues make up the national Dermatology Specialty Group. Meeting three times a year, the main focus of the group is to ensure that studies (both non-commercial and commercial) recruit to time and target. The success of the national group has been recognised by the NIHR CCRN as dermatology was one of just six Specialty Groups to be awarded 'green' status for two consecutive years in recognition of its efforts. The Dermatology Speciality Group has been recognised as doing particularly well in turning around studies that were previously struggling to recruit. Led by Chris Griffiths (Industry Lead for the Dermatology Specialty Group), the past 12 months have seen the group make a substantial difference to the success of commercial studies on the NIHR portfolio, with dermatology now a top performer in this area compared to other specialties.

Why things need to change

We need to make sense of our structure, so that researchers find it easier to use the Clinical Research Network service, and so that service is consistent across the country. We need a structure that allows us to deploy research delivery resources – like research nurses – more flexibly, so we can make sure that low-volume study areas are properly supported. We are looking to restructure so we can be more effective, more flexible and provide a better service. Retention of such a social capital was the most consistent feedback received by the NIHR CRN in relation to its recent consultation about proposed changes to the clinical research network infrastructure. The Dermatology Specialty Group members were unanimous in calling for retention of some degree of national focus and leadership in delivering our studies.

Other major changes are happening in the NHS and research which also call for a fresh think about the most appropriate structure for delivering research such as the establishment of Academic Health Science Networks (AHSNs) and the reconfiguration of NHS administrative boundaries. These changes mean that there is this need for a more flexible and efficient system that can adapt to strategic localism, align to new organisations and provide the delivery arm for research with securities of support for smaller specialties such as dermatology.

How things are going to change

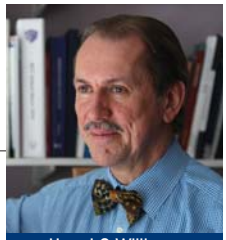
In essence, the topic specific networks, primary care network and the Specialty Groups within the CCRN will all be restructured into one clinical research network, composed of 30 clinical specialties as shown in the figure. These 30 clinical specialties will themselves be grouped into six research divisions with responsibility for research delivery, and most of the day to day running of the new structures will be taken on by Local Clinical Research Networks (LCRNs), who will be given a budget to manage delivery of the NIHR CRN portfolio in their locality. These changes have started to occur and the process is being facilitated by regional Transition Facilitation Leads.

What will this mean for dermatology studies and dermatologists in the UK?

The NIHR CRN will continue to support a nationwide network of Dermatologists drawn from across the LCRNs and will work with relevant stakeholders at both national and local levels. As seen from the figure, dermatology will be represented along with musculoskeletal disorders at the very top level by a NIHR CRN theme director. Dermatology will still retain its own national specialty lead in order to strengthen clinical engagement which has been identified as being vital to the Clinical Research Network's success. With regards to research delivery through divisions and the Local Clinical Research Network, dermatology will be grouped with primary care, ageing, oral and dental health, health services and delivery research, public health, and musculoskeletal disorders.

Evolution not revolution

Changes have already started and are expected to continue for the next six months and beyond. It is unlikely that frontline staff will notice any significant differences with respect to delivering research and there will be a clear and consistent


Hywel C Williams


Carron Layfield


Alison Layton

approach to management structure when the new system comes into effect in April 2014. Clinical research is now embedded in NHS Consultant and SpR job descriptions, so it is important to keep in touch with what is happening with the NIHR Clinical Research Network. Get engaged by contacting your local Dermatology Specialty Group lead (Table 1) in order to find out more about how your Local Research Network is going to be organised. Find out who your Local Transition Facilitation Lead is and be prepared to collaborate with other groups in our cluster composed of Primary Care, ageing, oral and dental health, health services and delivery research, public health, and musculoskeletal disorders.

The Dermatology Specialty Group has an excellent record of delivering clinical dermatology research in the UK for studies such as PATCH, The Acne Genetics Study and BADBIR, and there is no reason why our good work will not continue to flourish and grow in the new system so that new studies can bring benefits to our patients.

Acknowledgement

We wish to thank the NIHR CRN for making the Figure available.

Further information

http://www.crncc.nihr.ac.uk/evolving_the_network/nihr_crn_structure

TABLE OF DERMATOLOGY SPECIALTY GROUP REPRESENTATIVES	
CLRN/Area	Local Lead (s)
Birmingham and Black Country	Evmorfia Ladoyanni/Agustin Martin-Clavijo
Central and East London	Malcolm Rustin
County Durham and Tees Valley	Shyamal Wahie
Greater Manchester	Chris Griffiths
Leicestershire, Northamptonshire and Rutland	Anton Alexandroff
London (South)	Catherine Smith
London (NW)	Gayathri Perera
Norfolk and Suffolk	Nick Levell
North and East Yorkshire and Northern Lincolnshire	Alison Layton Shernaz Walton
Northumberland, Tyne and Wear	Nick Reynolds
Peninsula	Carolyn Charman
Scotland	Jonathan Rees
South Yorkshire	Andrew Messenger
Surrey and Sussex	Claudia Degiovanni
Thames Valley	Graham Ogg
Trent	Adam Ferguson
Wales	Debbie Shipley
West Anglia	Nigel Burrows
West Midlands North	Seautak Cheung
Western	Rachel Wachsmuth
Nursing	Karina Jackson
Wounds	Jane Nixon
Primary Care	Nick Taylor
Community Pharmacy	Rod Tucker
Patients	Jason Simons/Collette O'Sullivan

Figure: The new structure for the NIHR research networks from April 2014 onwards.