Support for clinical research in the NHS: the NISCHR AHSC

Jonathan I Bisson
Academic Health Science Centres/Collaborations

• Adopted by many of the world’s leading centres for academic clinical research and clinical excellence
• Five Academic Health Science Centres accredited in England in 2009
• Academic Health Science Collaboration formed in Scotland in 2009
• Combine basic and translational research, clinical care and education to create world-leading improvements in healthcare
• Strategy proposal prepared March – July 2010
• Reviewed and finalised
• Interim Clinical Director 1 October 2010
• Strategy released 4 November 2010
NISCHR AHSC- Mission

• To facilitate the collaboration between Health Boards, Trusts and Universities in Wales
  – in order to combine basic and translational research, clinical care and education
  – to create world-leading improvements in healthcare
NISCHR AHSC Aims

• Supporting Research Excellence
• Strengthening NHS capacity to support high quality research
• Fostering a strong culture of research in the NHS
• Promoting the NISCHR brand for clinical research to facilitate high quality research through effective collaboration
NISCHR AHSC Specific Objectives

• Define the requirements for capacity within the NHS to support high quality research
• Co-ordinate and maximise the use of NHS research resources by strengthening the R&D infrastructure through strategic realignment of funding
• Co-ordinate and maximise collaboration between HEIs, NHS and Industry
• Performance manage the effective use of NHS R&D Funding
NISCHR AHSC Specific Objectives

• Develop a standardised, streamlined permissions system
• Link with the clinical research infrastructure to work towards common aims
• Offer signposting, facilitation, engagement and communications with industry and the wider R&D community
• Develop a workplan to address knowledge transfer in the NHS, in collaboration with other relevant agencies
Areas of Excellence

• Cancer
• Cardiorespiratory/diabetes
• Genetics/genomics
• Infection, inflammation and immunity
• Neuroscience/mental health
• Primary care
• Public health
Interlinked Regional Foci

- North (Bangor)
  - BC, Powys, WAST
- South East (Cardiff)
  - AB, C&V, CT, PHW, Velindre
- South West (Swansea)
  - ABM, HD
Infrastructure Underpinning Research Excellence
NISCHR AHSC Staffing Structure

NISCHR AHSC Clinical Director

NISCHR AHSC Senior Manager

NISCHR Permissions Co-ordinating Unit Staff

NISCHR AHSC Staff

NISCHR AHSC Manager

NISCHR AHSC Finance Officer

NISCHR AHSC Administrator
NISCHR AHSC 2010/11
Funding Schemes

• NISCHR AHSC Clinical Research Fellows
  – Protected R&D time for NHS employees linked to HEIs
  – Up to 0.4 WTE per individual, up to 3 years

• Additional staff to strengthen NHS research capacity
  – To enable HBs/Trusts to build upon existing support already in place for pathology, pharmacy and radiology
  – To support high quality research in line with the NISCHR AHSC strategy
## NISCHR AHSC Implementation

<table>
<thead>
<tr>
<th>Objectives</th>
<th>2010/11</th>
<th>2011/12</th>
<th>2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish NISCHR AHSC Structure</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Appoint NISCHR AHSC Clinical Research Fellows</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Define the requirements for capacity within the NHS to support R&amp;D</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appoint additional pathology, pharmacy &amp; radiology staff</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Re-align NHS R&amp;D Funding to support the NHS capacity requirements</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Performance manage effective use of NHS R&amp;D funding</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Develop streamlined system for NHS R&amp;D permissions</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop strong operational relationships between NISCHR delivery structures (AHSC and CRC)</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Develop and/or contribute to a workplan to address knowledge transfer in the NHS</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Prepare workplans for all work streams</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implement detailed workplans</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
Key Challenges

• Overcome barriers to clinical research (DoH, 2006; Cooksey, 2006)
  – Collaboration between NISCHR Infrastructure, Health Boards, Trusts, Universities and Industry
  – Co-ordinate and maximise the use of NHS research resources
  – Develop a standardised, streamlined permissions system
  – Maintain focus on policy priority, research excellence and both translational gaps
Keys to Success

• Good organisational structures
• Strong leadership
• Committed partnerships with shared strategic vision and mutual trust
• Clarity in governance
• Liaison with others
• Good communication

After Dzau et al, 2010
Facilitating Collaboration

- Credible and equal partners
- Complementary strengths
- Framework for collaborative agreements
- Incubate innovation
- Bridge gaps between sectors
- NISCHR AHSC working group
NHS Resources

- Strategic realignment of R&D funding to support research excellence
- Three year transition period
- Transparency
- Performance management
Streamlined NHS R&D Permissions

- NISCHR Permissions Co-ordinating Process (PCP)
- All research being undertaken in NHS Wales from 1 April 2011
- National Co-ordination by the NISCHR PCU
- Local delivery by NHS R&D offices in Wales
- NB Academy of Medical Sciences Review
Conclusions

• Opportunity to create a dynamic research environment in Wales
• Strengthen clinical research capacity
• Improve health
• Improve patient care
• Contribute to economic development