UK Research Support and Funding Structures

Caroline Savage
University of Birmingham
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

- all major stake holders

2005: UKCRC launches the UK Clinical Research Network (UKCRN)
- crosses national borders

2006: Governments 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

Faculty
- Investigators & Senior Investigators
- Trainees
- Associates

Infrastructure
- Clinical Research Networks
- Clinical Research Facilities & Centres

Research
- Research Projects & Programmes
- Research Units & Schools

Systems
- Research Governance Systems
- Research Information Systems

Universities
- NHS Trusts
- Patients & Public

Investigators & Senior Investigators

Trainees

Associates

Universities
- NHS Trusts
- Patients & Public

Research Projects & Programmes

Research Units & Schools

Research Governance Systems

Research Information Systems
Six Topic Specific Networks and One Primary Care Research Network

- Cancer (NCRN)
- Stroke (SRN)
- Diabetes (DRN)
- Dementia & Neurodegenerative Diseases (DeNDRoN)
- Medicines for Children (MCRN)
- Mental Health (MHRN)
- Primary Care (PCRN)

UK Clinical Research Network (UKCRN)
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 CLRNs 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
Number of RCT in nephrology and 12 other specialties 1966-2002

Strippoli et al, JASN 2004, 15: 411-419