Finding innovative ways to improve clinical research capacity

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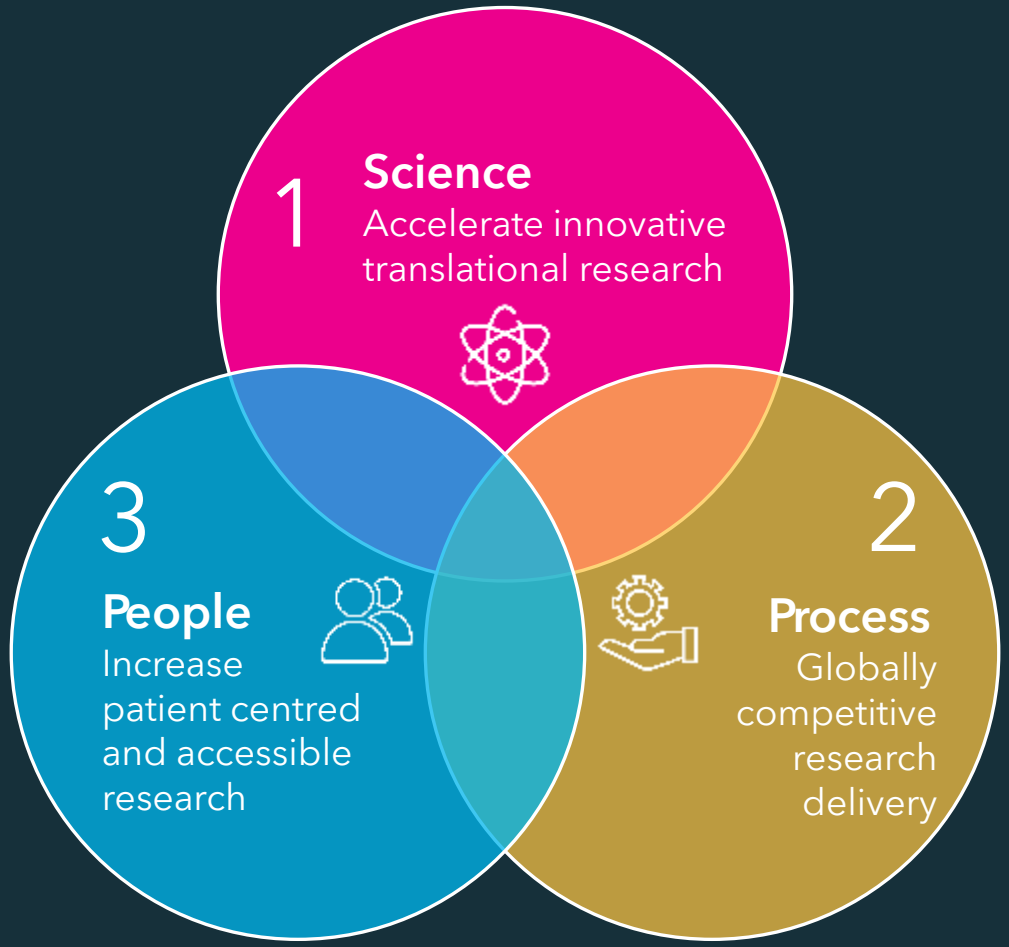
Our Vision

To build a truly collaborative, internationally competitive national network of early phase experimental cancer medicine centres, translating the most promising innovations from the academic and industry sectors into the cancer medicines of tomorrow



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The Strategy

Vision

to build a truly collaborative, internationally competitive national network of early phase experimental cancer medicine centres, translating the most promising innovations from the academic and industry sectors into the cancer medicines of tomorrow

Objective

Accelerate innovative translational research	Globally competitive research delivery	Increase patient centred and accessible research

Strategic focus areas

Facilitate research collaboration internally and externally	Develop an accelerated pathway for early phase trials	Raise awareness of the network and early phase research
Explore resource sharing & data integration	Digitise trial delivery and patient identification	Involve patients and the public in trial/research design and delivery
	Use meaningful metrics and targets	Enable patient access within and beyond ECMC

Enablers

A sustainable workforce with future capabilities
Network approach to training, retaining skilled staff, and attracting researchers

A strategic and collaborative network
Build relationships with key stakeholders and enable collaboration internally to influence broader landscape

Network operating model and governance

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Finding innovative ways to improve clinical research capacity

Session aims:

- Discuss the current research capacity challenges and identify areas of priority – from site-level to UK-wide policy.
- Exchange and discuss examples of best practice that have successfully built research capacity locally.
- Inform activity in the ECMC Programme Office
- Inform the conversations CRUK Policy has with Government / NHS to help support the development of policies that address research capacity at the national level.

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Quick intro to CRUK's policy team

Working with clinicians, researchers, patients and policymakers, we develop timely, evidence-based proposals to drive and inform policy change that transforms cancer prevention and survival for all.

Prevention

- Tobacco – smokefree UK
- Obesity, alcohol, HPV, air pollution

Health systems

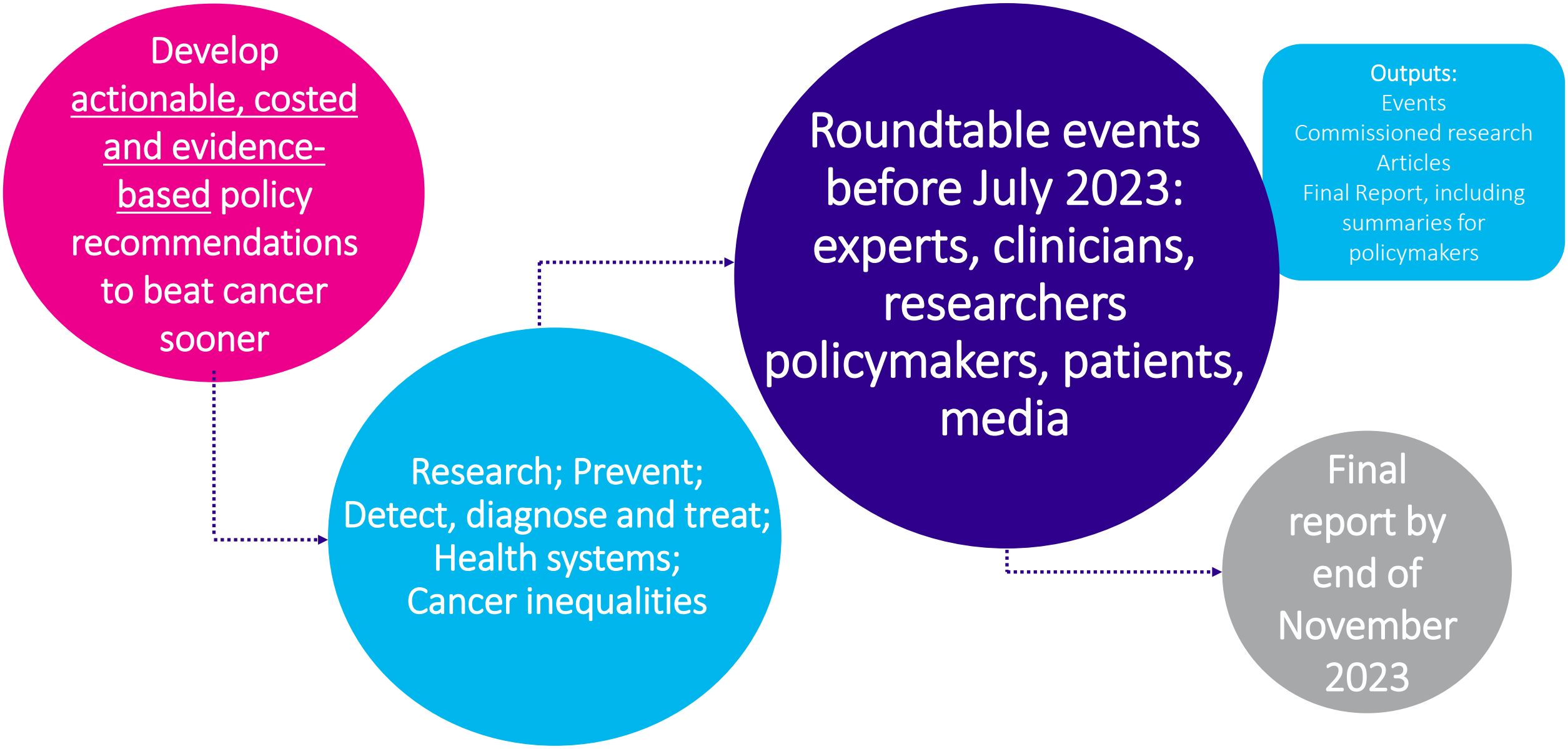
- Strategy, governance, accountability, performance
- Workforce, infrastructure and capacity
- Innovation – regulation, system readiness

Research

- R&D funding
- Talent and skills
- Commercialisation of research
- Clinical research
- Data access

Cancer inequalities

CRUK's Manifesto for Cancer Research and Care



Defining the problem: National level

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Overview of policy and political context

Wider context:

- Health service under unprecedented strain
- Macro-economic pressures placing significant constraints on public spending

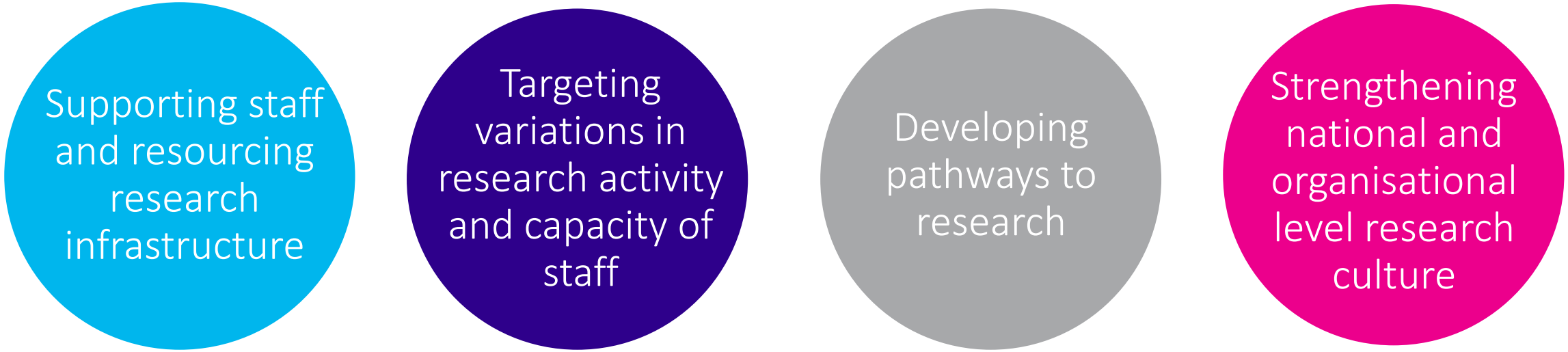
What's being done:

- Saving and Improving Lives: The Future of Clinical Research Delivery
  - Theme covering 'A sustainable and supported research workforce'
- Lord O'Shaughnessy review of industry clinical trials
- Lord Science & Technology Inquiry into clinical academics with recommendations sent to Steve Barclay, DHSC SoS
- Parties starting to share their policy priorities ahead of a general election next year.
  - E.g. Labour's recently announced Health mission identified clinical research as a priority.

Creating Time for Research

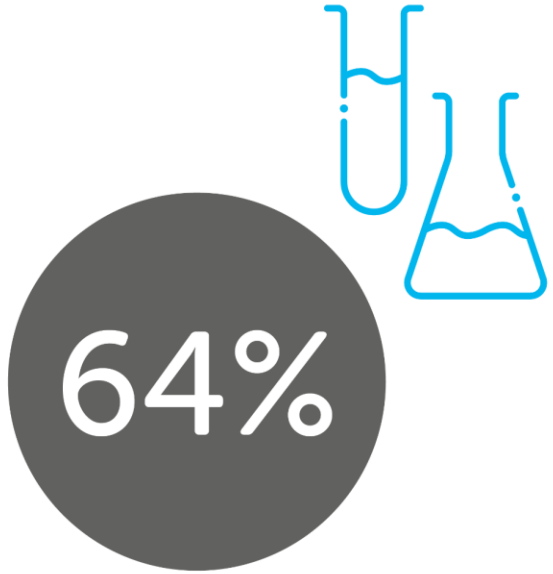
Identifying and improving the capacity of healthcare staff to conduct research

‘Creating Time for Research’ is a Cancer Research UK report that analysed the issues preventing the **NHS from expanding its research capacity,** in turn, describing solutions to those problems. It did this by collecting evidence across four themes:

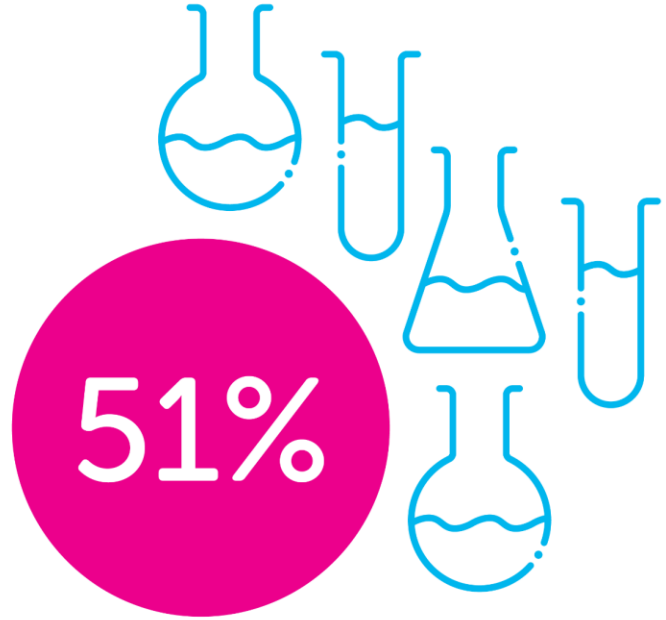


Lack of time is the biggest barrier to research. Especially for health service staff in less research active organisations

Having no protected time was reported by...



of staff in less research active organisations



of staff in more research active organisations

cruk.org

Together we will beat cancer

CANCER RESEARCH UK

All health service staff face barriers to research. However, research access and capacity varies across professions:

Lacking confidence in research knowledge and skills was reported by...

33% of nurses and midwives

38% of allied health professionals

23% of doctors

Barriers in getting sufficient research training in NHS organisations was reported by...

36% of nurses and midwives

38% of allied health professionals

25% of doctors

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Together we will beat cancer

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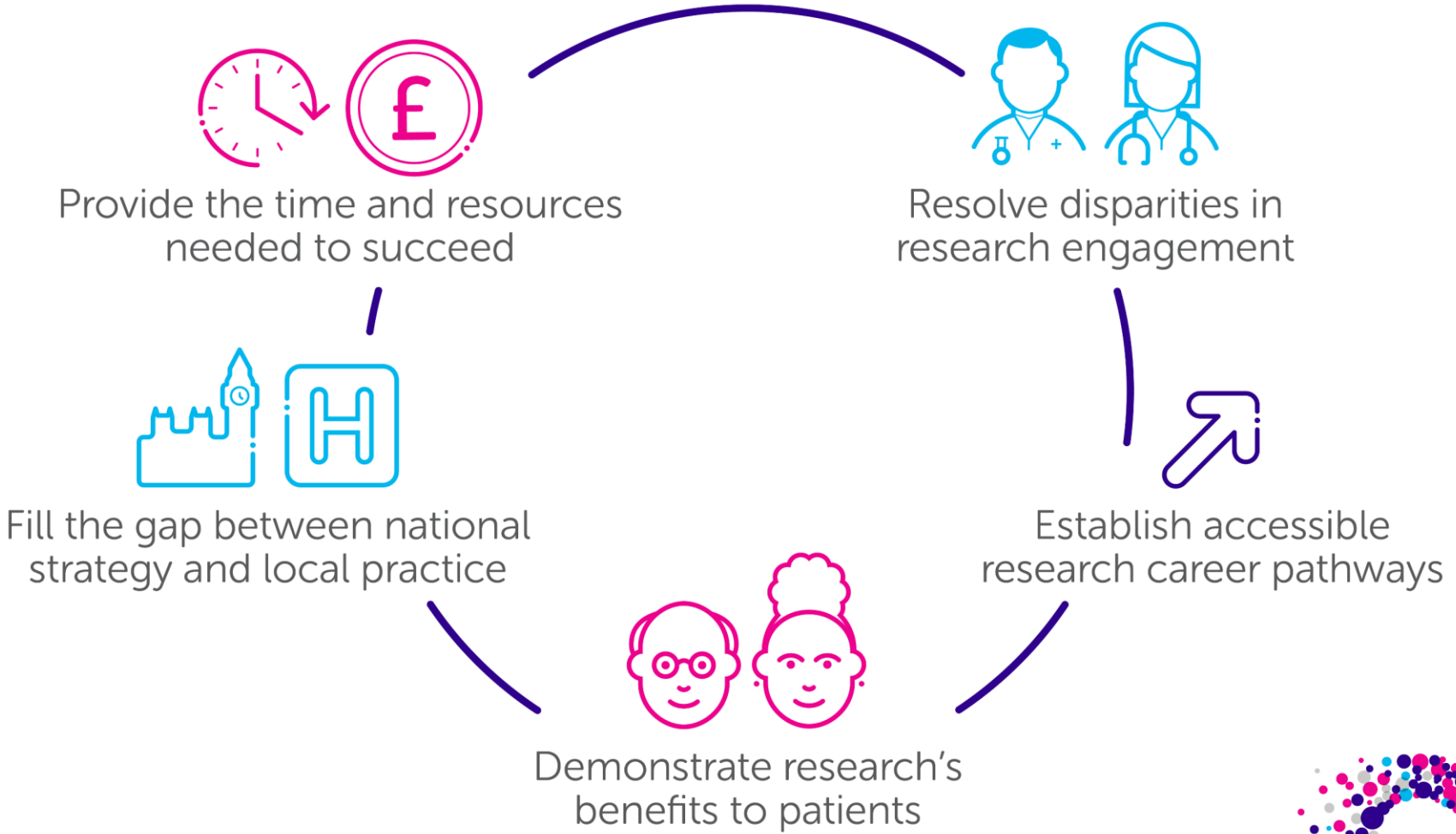
Tackling barriers to conducting research requires an interconnected policy response



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We know there are capacity issues across the whole research system, but are there particular areas that should be highlighted and/or resolved as a priority?

Thinking about your experiences over the past 18 months, how far are pressures on (cancer) services impacting research delivery?

How far do you agree with the following statement?

"As far as improving capacity goes, I believe the solutions start with addressing the cancer backlog."

ⓘ Start presenting to display the poll results on this slide.

Local challenges and solutions

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What particular capacity challenges have you experienced at sites?

Do you have any examples of how you've managed and overcome these challenges with local / site-level solutions?

Are there particular examples that could potentially be scaled up nationally?

National policy solutions to workforce challenges

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Dedicated research time for NHS staff

- CRUK has previously recommended that NHSE and devolved equivalents should deliver a pilot scheme that offers a cohort of NHS staff contracts that include dedicated research time.
- We have said the pilot should be offered to consultants, nurses, AHPs and midwives.
- In 2020, the Academy of Medical Sciences costed a similar recommendation based on 20% of consultants at 8 Trusts having 20% of their time ring-fenced for research.

- It'd be great to get your views on:
  - What parts of the NHS workforce such a pilot should prioritise.
  - How we might run an approximate costing for such a pilot.
  - What metrics are needed to measure the pilot's effectiveness

slido

Should such a pilot prioritise specific parts of the NHS workforce. If yes, which parts?

For the purposes of costing, what proportion of the workforce should have protected time in their contracts?

For the purposes of costing, what proportion of time should contracts ring-fence for research?

What metrics should be monitored to evaluate the success of such a pilot?

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We've previously recommended that individual Trusts should have the autonomy and flex to determine the right balance of time / workforce for such a pilot. Is that the right approach or should there be more national leadership and coordination?

What needs to be done to prepare the future clinical research workforce to support and/or deliver increasingly complex clinical trials?

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Recognising the pressures on care services and public finances, how do we ensure the case to improve research capacity is compelling?

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