



# Western CLRN: Progress and Philosophy

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**With Sue Bulley**

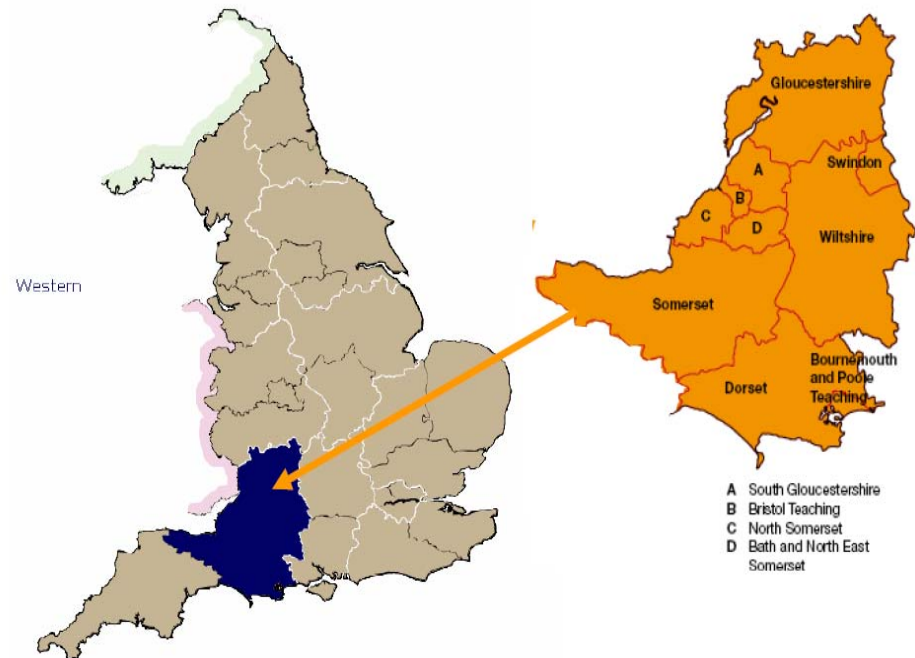


The largest of 25  
Networks:  
Geographically  
Population: 3.6 million

29 NHS trusts

At least 6 HEIs

10 TCRNs – 5 cancer networks



# Current staff

Seconded senior managers  
until Dec 08:

Nicola Coe (NBT)

Mary Perkins (UBHT)

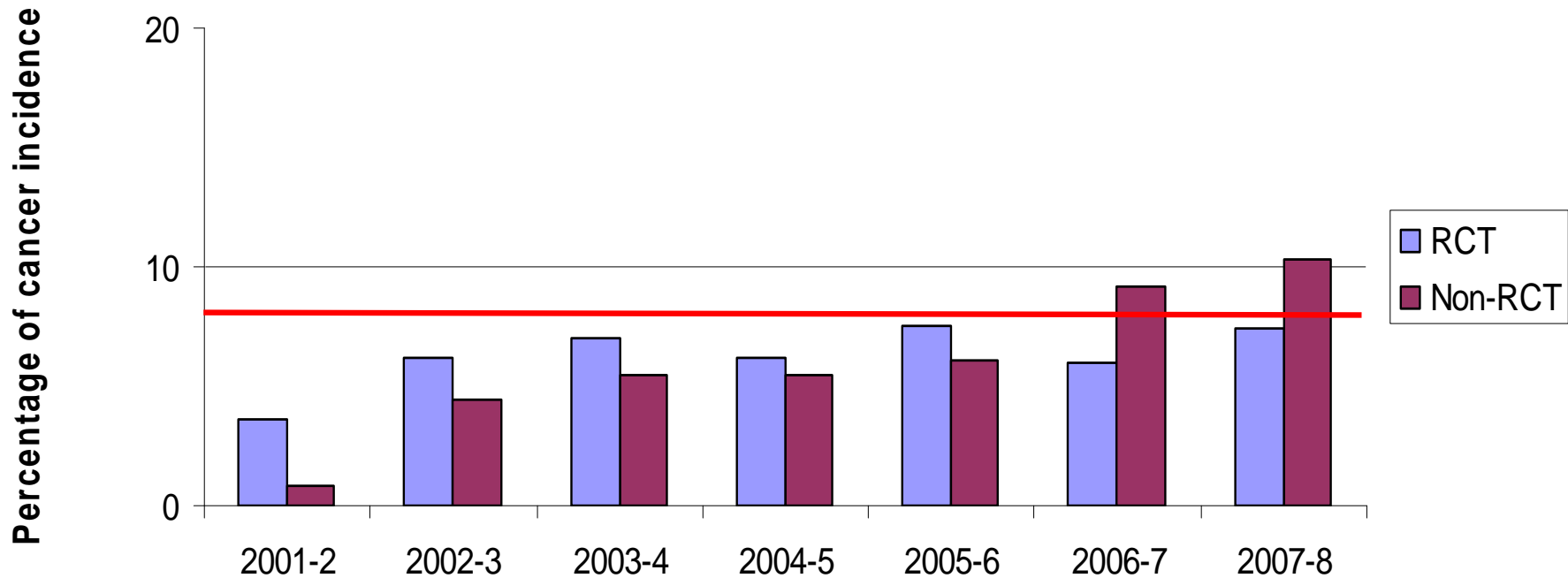
Post interviews Oct 2 08

RM and G Manager:  
Helen Jones

Information Manager: Mike Lacey

Admin Officer: Hope Douglas

Number of Patients Entering Trials as a Percentage of Network Cancer Incidence in 2007/08



# Philosophy

- Where possible a devolved network
  - No isolated research professionals
- Build on existing strengths and collaborations
- RM and G function integrates with non-portfolio work.
  - Geographical and disease area collaborations
  - Devolved trust functions
- Test stated ambition to fund infrastructure as necessary
- Develop national leadership from the south west

# Network structure: Board

- Each NHS organisation represented
- Separate engagement with higher education institutes and topic networks

# Executive group

- Represents the required areas of work (mental health, primary care, secondary care and tertiary care)
- Include strong representation from the TCRNs and HEI
- Attempts geographical coverage
- Members: Co-directors and senior manager(s)
  - T Soteriou (Mental Health)
  - P Brindle (Primary care)
  - H Barr (Secondary care; Gloucs, HEI)
  - A Finn (Tertiary care, HEI)
  - T Hickish (Dorset + TCRN)
  - C Eccleston (Bath, HEI)
  - K Cepek (Finance UHB)

**Year 2: current year 08/09**  
**Transitional funding 42%**

- Funding for CLRN Management: £ 424,358
- Funding for CLRN Delivery: £ 7,225,380
- **Total Funding for this CLRN: £ 7,649,737**
  
- **Per capita: £ 3,756,540**
- **Activity based: £ 3,468,840**

# NIHR Flexibility and Sustainability Funding (SFS)

Western CLRN    £163,811

Also sums in Topic networks (TCRN) and NHS  
organisations

Agreed centralised application system with  
Peninsula CLRN and TCRN

Uses: Salary only

## Key service support

- £935,025 Time-limited funds to clear ‘blocks’ to recruitment, typically in radiology, pharmacy and pathology
- £674,810 allocated to date, includes freezers, and staff as above to clear backlogs and facilitate studies

# Primary care funding

- Historically more clearly defined costings and activity
- Agreed practice incentive payment scheme with PCRN and Hampshire/IOW and Peninsula CLRN

# Allocation of delivery funding to trusts: 0809

Considerable contingency initially retained due to uncertainty regarding portfolio activity: planned and on-going

Initial allocations June 08, local spending plans requested

Included wish to develop infra-structure

Asked a number of qualitative questions to organisations, planned to discuss and finalise Sep 08

- Feedback indicated:
  - Levels of understanding regarding the purpose and possible uses of some of the funding streams is still extremely variable.
  - Ideas for development of infrastructure are patchy. There are some imaginative ideas that could be shared to stimulate discussion for other organisations.
  - Some organisations continue to need to develop financial systems to clearly identify research monies
  - Trusts are wary of committing themselves when on-going budgets are unknown

# CLRN Western

- The contingency funds are the subject of a further call for
  - Key service support
  - Infrastructure development:
    - Consolidate, integrate and develop
    - Distributed nurses may need administrative, management/ coordination, data support/skills
    - New units/teams without any current infrastructure may need nurse and administrative support to develop a new portfolio

# CLRN Western

## Infrastructure development:

- Some teams have nowt.
  - Are often discouraged/overwhelmed by the bureaucratic processes.
  - Will never generate enough work to have own staff.
  - Are exactly the sort of people for whom a network should facilitate and grow
- I hope each NHS organisation will either singly or even better in collaboration with geographically adjacent or within disease areas develop the infrastructure to service researchers needs.
  - Integrate of NIHR portfolio with other research endeavours

# BHOC Clinical Trials History

- BHOC CTU formally established in 1993 with 1 RN- 1 RAD
- Started in grotty working space no window etc
- Moved to C Floor- natural light and AC
- Moved to refurb. H floor in 2000
- 1996 team of 6
- 2006 Team of 21



# Clinical Trials BHOC

- To date conducted at least 450 studies

## Currently:

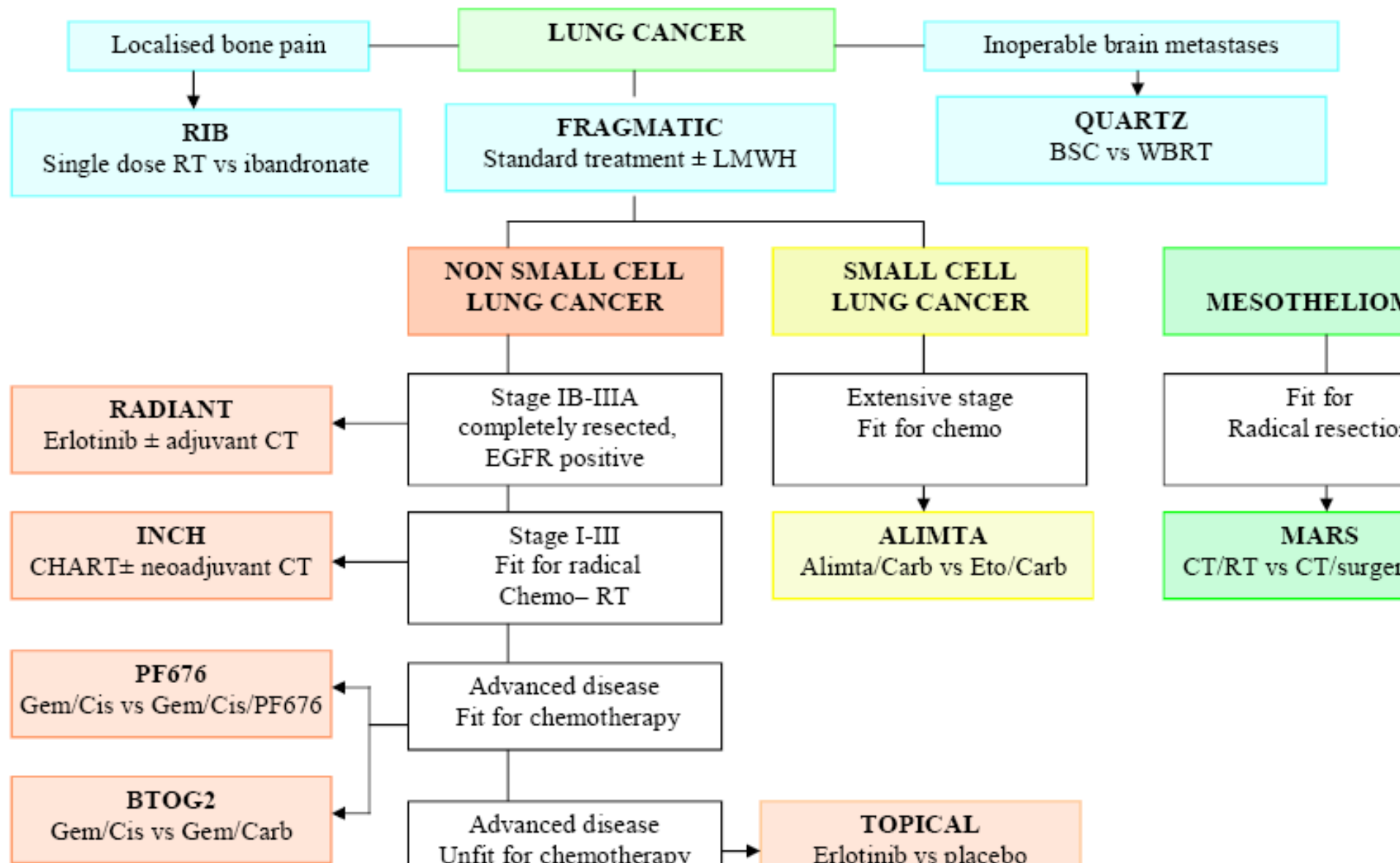
- 54 Studies open to recruitment
- 50 Studies In set-up
- 85 studies in follow-up
- Average of 4-5 studies going to the research forum per month



# Lung cancer clinical studies

## EPIDEMIOLOGY/DIAGNOSIS/SCREENING/PREVENTION/TRANSLATIONAL STUDIES

MALCS—case control study of mesothelioma and lung cancer in relation to occupation





# Western CLRN Priority Group Leads

| Priority areas<br>(Non TCRN)                     | Clinical Lead                  |
|--|--------------------------------|
| Cardiovascular (2)                               | Gianni Angelini (UBHT/UoB)     |
| Clinical Genetics (3)                            | Nick Cross                     |
| Ophthalmology (5)                                | Andrew Dick (UoB)              |
| Infectious diseases and microbiology (6)         | Andrew Lovering (NBT)          |
| Injuries & Accidents (8)                         | Ashley Blom (NBT)              |
| Metabolic & Endocrine (not diabetes) (9)         | David Kerr (Royal Bournemouth) |
| Musculoskeletal (10)                             | Sarah Hewlett                  |
| Epilepsy and other nervous system disorders (11) | Neil Scolding (NBT/UoB)        |
| Oral & Dental (12)                               | Anthony Ireland (RUH – Bath)   |
| Gastrointestinal (13)                            | TBC                            |
| Renal (15)                                       | Peter Mathieson (NBT/UoB)      |
| Urogenital (16)                                  | Marcus Drake (NBT)             |
| Reproductive Health & Childbirth (17)            | Tim Draycott (NBT)             |
| Respiratory (18)                                 | Nick Maskell (NBT)             |
| Dermatology (19)                                 | David de Berker (UBHT)         |
| Public Health Research (20)                      | Rhona Campbell (UoBristol)     |
| Health Services Research (21)                    | Rhona Campbell (UoBristol)     |
| Paediatrics (22)                                 | Jacqui Clinch (UBHT/RUH)       |
| Age and ageing (23)                              | Chris Dyer (RUH/UoBath)        |
| Critical Care (24)                               | Jonathan Bengner (UWE)         |
| Surgery (25)                                     | Michael Horrocks (RUH)         |
| Anaesthetics (26)                                | Tim Cook (RUH)                 |

# UK Comprehensive research network- local implications

Challenging time-lines. Must succeed

Major change in systems particularly R and D with introduction of CSP, also financial

Seen as potentially threatening to organisations aiming for financial balance/foundation status

There will be no funding of own account research

Initially predominantly per-capita funding planned but increasing activity-based funding in the next 3 years

But activity-based funding working group just starting

# Current issues

- Reconfiguration of R M and G, consortia development
- Preserve and develop existing research staff
- Identification of areas at periphery geographically often funded in bizarre historic arrangements
- Deal with blocks real or imagined: pharmacy and radiology are ubiquitous issues throughout UK
- Tensions between funding existing teams and developing new areas of the portfolio/teams
  - May need different approaches

# Work In Progress

- Try to move more to activity-based funding in 09/10
- The portfolio remains a key
- Need to see wide engagement within the service
- Build on effective collaborations and local strengths
- NOW is the time to build infrastructure to make the south west a world class environment for research.