

NHS RESEARCH SCOTLAND

Enhancing commercial research activity in Scotland

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NHS RESEARCH SCOTLAND

- Describe Commercial Research in NHS Scotland
- Discuss Commercial Activity
- Describe Processes in Scotland
- Therapeutic areas
- Performance & Value
- Workshop- Enhancing commercial research activity in Wales



Infrastructure Overview







- Health and Care devolved to Scottish Government
- Covers 5.5m people
- 160,000 staff
- Unitary Health Boards cover both Primary and Secondary Care

Health Research is coordinated by the CSO, part of the Scottish Government

- CSO provides total funding of ~£50m per year to NHS Research Scotland to support and coordinate health research activity
- Health Research support is delivered by NHS Boards - RD&I - working together as NHS Research Scotland

National Infrastructure

CENTRAL MANAGEMENT TEAM (NRS-CMT)

National point of contact

PERMISSIONS COORDINATING CENTRE

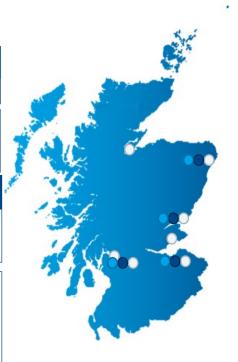
Coordinated multisite approvals

NETWORKS & SPECIALTY GROUPS

26 Networks led by internationally recognised clinical academics



300.000 registered interest to be contacted about clinical studies



Regional Infrastructure



CLINICAL RESEARCH **FACILITIES**

Dedicated clinical research space and expertise

to support delivery of multidisciplinary clinical research.



BIOREPOSITORIES

Network of centres providing nationally coordinated access to human tissue samples



DATA SAFE HAVENS

Robust and secure access to NHS data







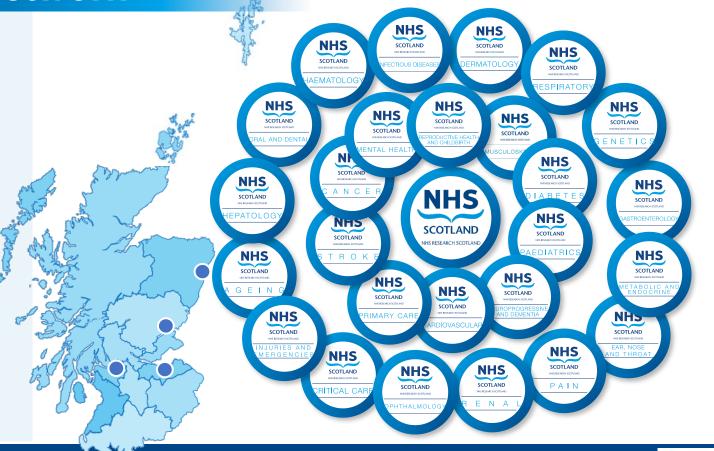
The NRS Network

Dedicated Local Resource

- Each Board has an R&D contact providing a point of contact to facilitate, approve and support studies
- Resource is focussed at the main cities

Experienced National Research Leads

- All NHS research in Scotland is the responsibility of one of 26 NRS Research Networks.
- Each is led by a Scottish clinical academic who is a recognised expert in their field
- These dedicated national networks provide Scotlandwide advice and support for researchers



One Scotland

Single review model

- Single cost model in operation for nearly a decade
- One site carries out costing for all participating Scottish sites
- One site carries out multisite contract and study review for all participating Scottish sites
- We accept a UK review which has been carried out elsewhere in the UK – no duplication



Scotland wide coordination

- Central Feasibility System
 - Single CDA
 - Single point of contact for site ID and feasibility handling
 - Managed responses
- Central Management Team
 - National point of contact
 - Issue resolution
 - Activity monitoring and performance management with Boards and Networks
- National metrics and Performance Management
 - Detailed breakdowns by site and Specialty



Working across the UK

Scotland works with partners to deliver the UK-wide system

- Unified Research Ethics System
- Common Research Governance Framework
- Use standard IRAS application route for REC and R&D approval
- Permissions Coordinating Centre in Aberdeen distribute approval requests
- Single system for UK and NRS Study Wide Reviews (SWR - previously called "Generic Review")



Scotland works to UK standards

- Use standard UK contract templates without modification
- Use standard Industry Costing Template (iCT)
- Use standard tariffs
 - agreed through NIHR **Commercial Costing** Reference Group
- Work with and recognise other UK initiatives
 - Combined Review **Process**
 - Industry Licensing **Access Pathway**

Single Cost Review

NRS has delivered single contract and cost reviews for nearly a decade

- Experienced reviewers
- Working processes are in place

The UK is implementing a single National Contract Value Review (NCVD)

- UK wide programme of work
- Primary work is through NHS E/I, HRA, NIHR to develop single costing process in England
- NRS support the development of a single UK-wide process to simplify costing and streamline study start-up

NRS will continue to deliver a single Scottish costing

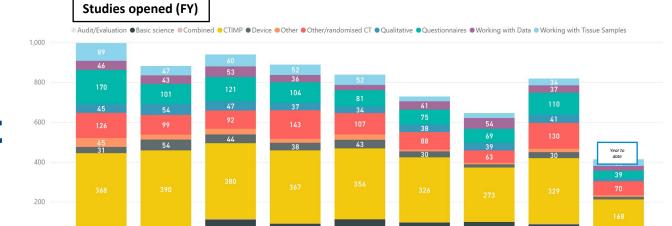
- Evolutionary changes to contacts and process
- · Works within the UK framework

Working with NIHR to align process and systems

Details of cost statement handling and information flow



Activity and Recruitment



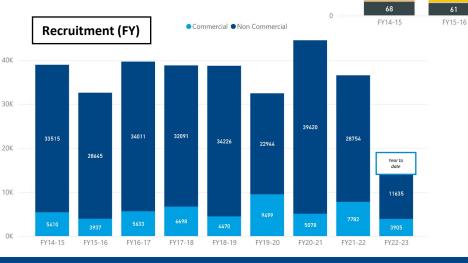
FY18-19

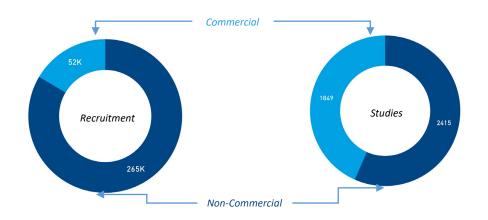
88

FY17-18

109

FY16-17





95

FY19-20

96

87

FY21-22

43

FY22-23



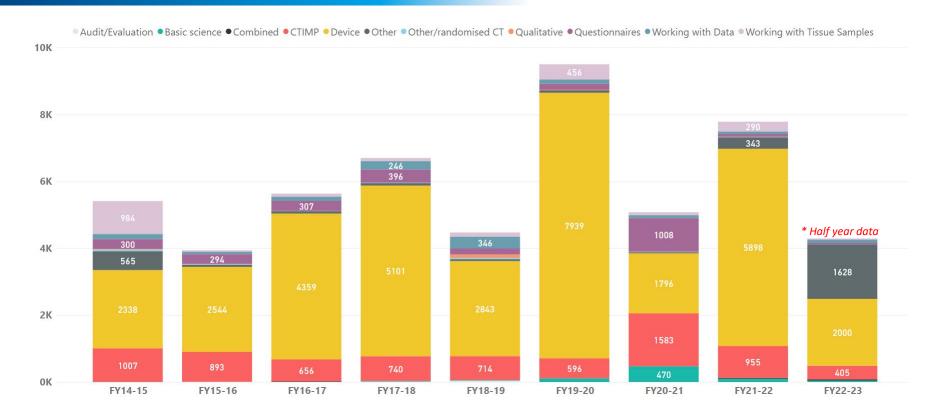
Commercial New Study Sites Opened

FY14/15 to FY22/23



FY14/15 to FY22/23

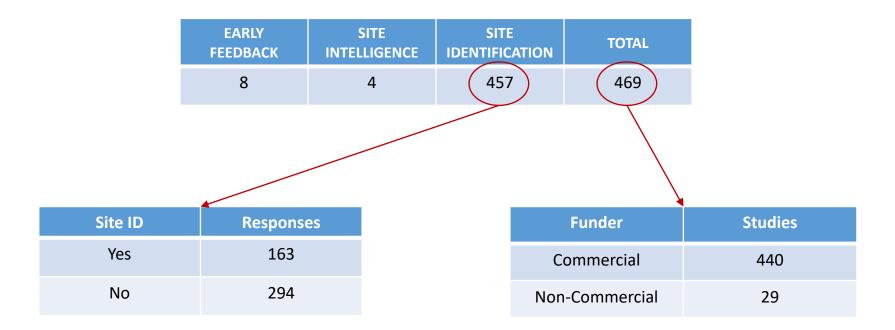
CHIEF SCIENTIST OFFICE





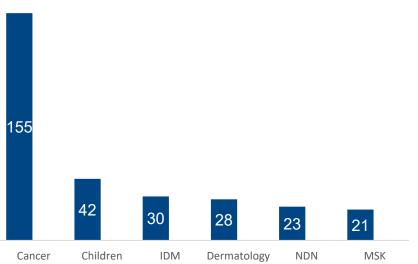
Feasibilities

2022 Feasibility Summary

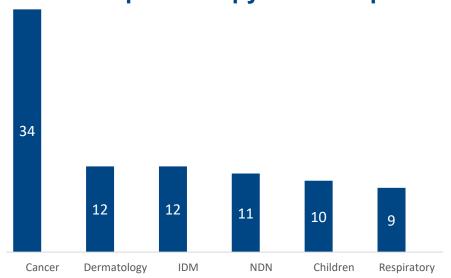


Feasibility Therapy Areas



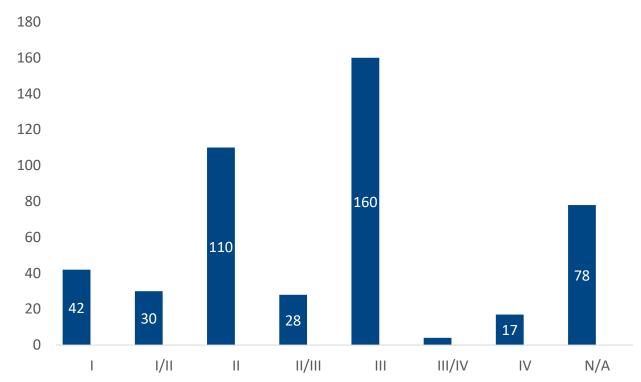


Top 6 Therapy Area Responses



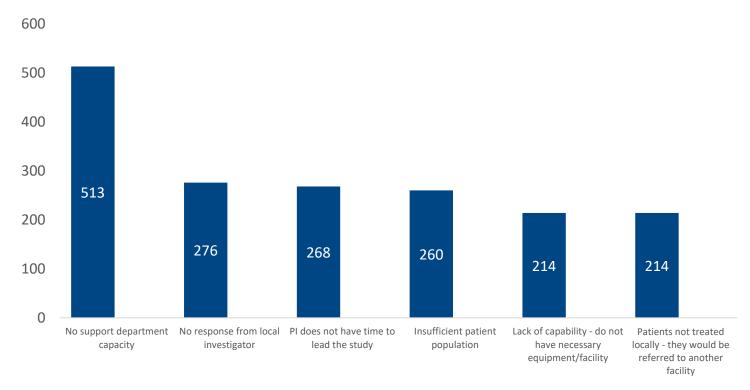
Feasibility Trial Phases





Feasibility Declines

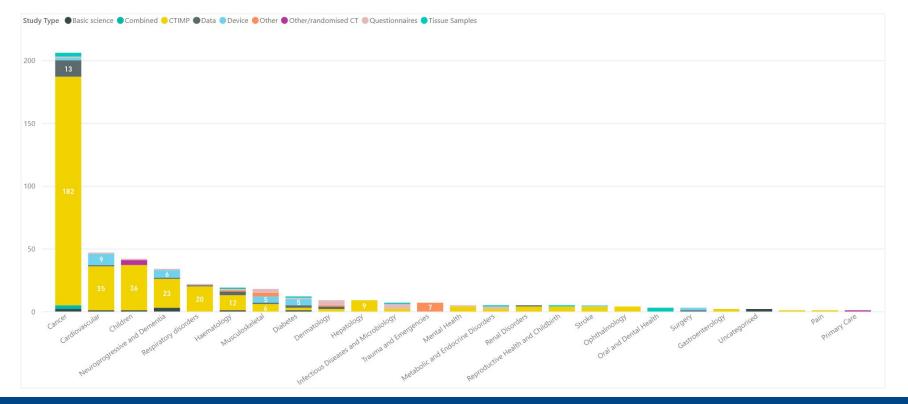
Reasons for Decline



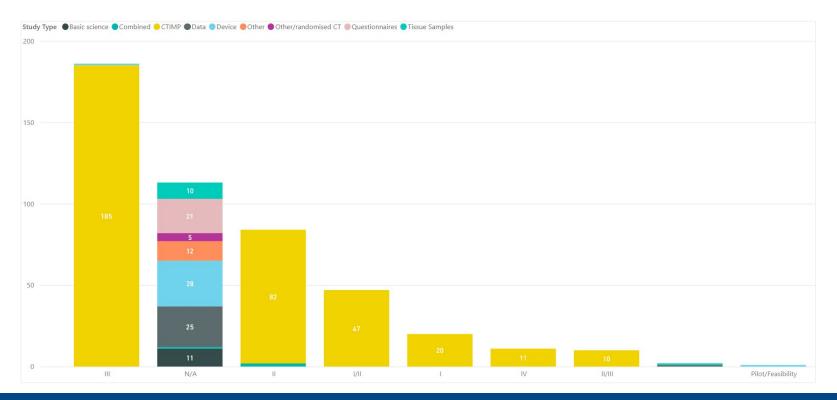


Studies/Sites

Active Commercial Studies (Feb 2023)



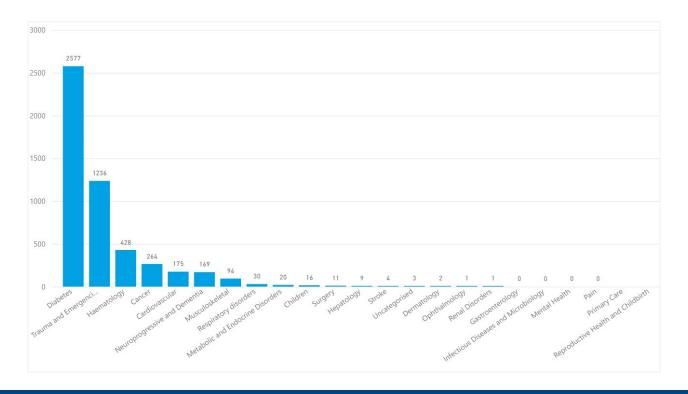
Active Commercial Phases (Feb 2023)





Recruitment

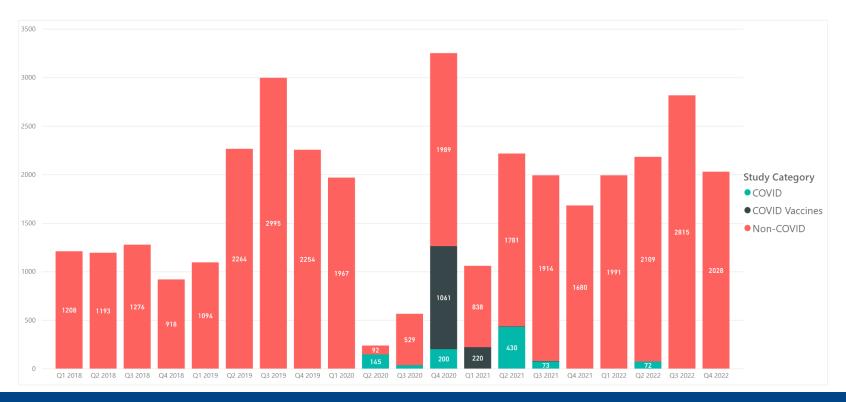
Commercial Recruitment (Oct 21-Sep 22)



Commercial Orderbook



Commercial COVID Recruitment





NHS Local Solutions- Edinburgh CRF

NHS RESEARCH SCOTLAND

- Three MHRA accredited phase 1 units
 - 75 NHS Staff
 - 100+ active studies all phases and types
 - 50+ new studies a year
 - Constant stream of requests for SSVs and EOIs
- CRF resource video and tour
- CRF resource catalogue
- Single co-ordinator nurse with deputy for studies
- Site set up study expectations document
- SIV's only when Sponsor Green Light expected within 24-48 hours



Workshop focus thoughts

- Why do commercial studies
- Building constructive relationships with Industry
 - Building Trust
 - Strategic priorities
 - Enablers and barriers
- Staffing and resources
 - Income prediction and contracts
- Changing the dynamic
 - Partnerships or customers?

Workshop Activity: Part 1: Mind Map

- Focus on <u>connections</u> that have to be made to get a study up, running and delivering efficiently at site
- What the perspective/focus of NHS staff are
 - e.g. PI, Nurses/CRPs, Labs, Imaging, R&D, Contracts.
- Flip it for Commercial Sponsor
 - Sponsor, CRO, eg Feasibility Teams, contract teams, kick off staff, IVRS, Monitors, 3rd party vendors.
- Suggestions on how NHS site staff can take responsibility for this process
 - having right conversations, with the right people at the right time, so that we are ready to run
 once R&D have confirmed C&C and site is initiated.
- Aim is to help us understand Industry vs NHS expectations better to disseminate this more widely post conference





