

NRS Strategic Restart Advisory Group

17th December 2020 Minutes



Attendance List

Prof David Crossman	Chief Scientist
Euan Dick	Head Of Chief Scientist Office
Dr Alan McNair	Senior Research Manager
Ian Anderson	Information Manager
Dr Charles Weller	General Manger of Central Management Team
Tom Baggaley	AMRC
Prof Patrick Mark	NRS Speciality Group Lead for Renal
Prof Jürgen Schwarze	NRS Clinical Research Champion for Children
Clare Orange	NRS Biorepositories
Ben Chui	Cancer Research UK
Dr Roma Armstrong	R&D Senior Manager for Greater Glasgow and Clyde
Dr Andrew Keen	NHS Innovation
Dr Sheuli Porkess	ABPI
Dr Andrew Fowlie	NHS Innovation, CSO
Dr Andrew Keen	NHS Innovation, NHS Grampian
Prof Andrew Gumley	NRS Clinical Research Champion for Mental Health

Apologies: Prof Tim Walsh, Prof Maggie Cruickshank, Prof Julie Brittenden, Prof Jacob George, Dr Helen Bodmer, Carol Porteous, Marion O'Neill, Prof David Cameron, Prof John Cleland.

1. Welcome (Prof David Crossman)

Prof David Crossman welcomed everyone to the seventh Restart Advisory Board meeting and progressed through the actions from the previous meeting.

Action: R&D Directors to identify if possible to have a review process which can identify those studies with associated cost extensions and where the conclusions of the study will not change. Could these studies be closed and allow additional funding to be recuperated? **Ongoing**

Action: Ian Anderson to review new suspended status which would take into consideration Brexit issues. Review the colouring code used to highlight the shift of study sites restarting. **New status updates will be rolled out to boards. Colouring code has been amended.**

Action: Ian Anderson review if publishing the NRS Activity papers on the website would be feasible? **CW and GW to discuss at CSO huddle. Thought that the NRS Activity paper is too complex for public consumption but simplified format could be published. Ongoing.**

Action: Dr Alan McNair will write and circulate a CSO specific response to the NIHR Implementation paper on barriers to research. **Ongoing**

2. AMRC Levelling up Agenda (Tom Baggaley)

Tom Baggaley presented details on the levelling up agenda and how the life science charity partnership fund may contribute to this. This will be circulated to the group following the meeting as provides specific reference to Scotland.

AMRC have not yet received any response from the spending review in response to the proposition of the Life Charity Partnership Fund. Any financial help is now unlikely to fill the full £310 million shortfall but hopeful that additional funding through BAES may provide support. The lower the financial support the more difficult this will be to distribute across AMRC members. BAES are also exploring funding via UKRI and from other funding options.

Action Dawn Williamson: Circulate the levelling up agenda.

3. Innovation - Andrew Fowlie

Progress has been made in bringing the world of research (i.e. Networks and R&D) and innovation together. More sessions have been planned for early 2021 with various stakeholders. Early exchange with a national software and data group who can support researchers and those in RD&I intend to meet as a short task and finish group to complete by spring 2021. Three focal points will be:

- Embedding RD&I into practice
- Data and Digital
- Building a resilient system

Outcomes from this group will be expected to be provided to Restart Advisory board by April 2021.

Prof Paddy Mark: Caution should be noted to consult clinicians to sense check data with such projects to ensure that data is correct and accurate at baseline.

Action: Andrew Fowlie to provide a paper on the stakeholders who have been selected to be involved in the software and data task and finish group at next meeting.

4. NRS Activity Report - Ian Anderson

Ian Anderson narrated on the NRS Activity Report which was distributed to group members.

To note: Section 6.1 highlights 25,000 recruits which have been added to the database for the PHAGE study from NHS Greater Glasgow and Clyde which provides a huge spike in Covid recruitment from previous NRS Activity papers. Annexe information on the breakdown of recruitment by speciality has been provided as a new addition.

Prof David Crossman: Highlighted that the data is highly variable in terms of suspended studies between boards. **Ian Anderson:** Board discretion was implemented to determine which studies should be closed at the start of the pandemic using the only status at that point which was “suspended”. Since then an increase in the suspended statuses has been rolled out to clarify the different reasons behind suspended. In addition some boards have different capabilities to support portfolios i.e. DG boards, some boards specialise in specific specialities of portfolios i.e. Golden Jubilee with CV speciality. **Dr Charles Weller:** Highlighted that

there is a possibility of misinterpretation of the guidance on the suspended status and CMT should ensure that what is being reported reflects the reality. Therefore CMT will identify the consistency of interpretation at board level and ensure the correct statuses are being applied. It would be preferable to avoid a large data collection exercise and will instead focus on a few key areas.

Prof David Cameron: Reason for heterogeneity between boards of suspended status. Are there studies which will not restart and do these require a review by boards or networks to ensure they do not remain static as “covid suspended”?

Prof Paddy Mark: Challenging to recruit to studies where consent would be through face to face but Covid makes that now hugely impractical. These are the studies which may remain stationary in “covid suspended” or masquerade as “active” but with no new recruitment. Would require an investigation into identifying such studies.

Prof Andrew Gumley: Few patients are now being seen face to face. Studies which are restarting and recruiting are those which have demonstrated flexibility in the way they recruit and deliver therapies remotely.

Prof Jurgen Schwarze: Studies are open but this is not translating to recruitment. No real indication why this is.

Dr Roma Armstong: Clinical academics need access to NHS systems as they wish to recruit patients through NHS Teams. There is a lot of hurdles and ongoing work being undertaken to sign academics up to NHS Teams.

Action Ian Anderson: to re-send suspended status to all boards to ensure they are being interpreted correctly and are reflective of the actual reality of the situation.

Action Ian Anderson: Identify a list of studies which have not recruited since the pandemic began with reference to those studies with statuses of “suspended” and “active” categorised by speciality and health board.

Action Dr Alan McNair: Set up a virtual clinical lead network meeting with R&D directors to focus on discussion topics such as identifying reasons to lack of recruitment on “active” studies and identifying studies which may not mobilise from “Covid-Suspended” to “Active”

3. DHSC Pillars - Dr Sheuli Porkess

NIHR, NHS England, MHRA, DHSC, HRA and devolved administrations are involved in creating an innovative UK clinical research environment which will be co-chaired by Dr Sheuli Porkess and Aisling Burnand. The key themes are Recovery, Resilience and Growth (RRG) with three strategic pillars which are:

- Embedding research into health and care practice
- Data and Digital
- Building resilience.

The programme board will now replace the NIHR Advisory board from January 2021.

The Faculty of Pharmaceutical Medicines requested pharmaceutical clinicians what beneficial changes have occurred to progress clinical trials through Covid and the report can be reviewed [here](#) . The report references recommendations for writing clinical trials and for policy makers.

Action Dr Sheuli Porkess: To circulate the slide of DHSC Pillars.

4. Restart to Resilience

Research has demonstrated that the UK is world class leader with specific reference to rising to the challenges that Covid has brought. Discussion progressed on the following aspects:

- **What are the key characteristics of a resilient health research system in the 21st Century**
- **What steps do we need to take to achieve this**

Prof Jürgen Schwarze: The team science approach has enabled the achievements. What is needed is a different research culture but does not reward on an individual basis but realises that there is a “Team Science” approach. This type of cultural shift would be beneficial. Prof David Crossman:

Dr Roma Armstrong: The work that innovation has been doing (with specific reference to chronic rather than acute disease) has been building more integrated disease focus. Underpinning infrastructure needs to be developed across more disease areas. In heart failure and COPD have already been rewarded immensely and it would be great to extend this to other specialities.

Andrew Keen: Chronic disease management, research will have to follow the system of healthcare delivery. Digital ways of delivering with AI pulling in data to underpin clinical decisions. NHS Grampian 50% of hospital healthcare is delivered remotely which will increase over time.

Dr Sheuli Porkess: four key themes, senior level engagement and including industry with R&D infrastructure i.e. NIHR and NRS Restart Boards, building on Team Science approach and culture, workforce and what we need for future (research ready or an expanded research workforce) and finally patient engagement.

CSO will take note to of the comments and form focus groups. Prof David Cameron is already leading this from the Cancer angle in Cancer Trials Resilience group.

5. AOB

Dr Alan McNair: The Restart advisory board includes many stakeholders. The aim is to task some of these groups to progress to an end point with a summary of key steps that is within the power of CSO to take forward. The intention is to break into sub groups with a short but realistic timeframe.

Raymond Hamill: indicated that IG should perhaps have a Caldecott guardian to be part of the conversations.

Action CSO Task the group into sub groups to provide a summary of key steps that is within the power of CSO to take forward with regards to implementing resilience.

Action CSO: Identify if representatives from Information governance should be considered for membership of this group.

Both Prof David Crossman and Dr Alan McNair thanked everyone for their support throughout what has been a challenging year both personally and professionally for everyone involved.

Next meeting scheduled TBC