

The National Institute for Health Research (NIHR) is funded by the Department of Health to improve the health and wealth of the nation through research. It plays a key role in the Government's strategy for economic growth, attracting investment by the life-sciences industries through its world-class infrastructure for health research. The NIHR is the research arm of the NHS and together, the NIHR people, programmes, centres of excellence and systems represent the most integrated health research system in the world.

## NIHR Clinical Research Network

The CRN provide researchers with the practical support they need to make clinical studies happen in the NHS, so that more research takes place across England, and more patients can take part.

This practical support includes:

- reducing the “red-tape” around setting up a study
- enhancing NHS resources, by funding the people and facilities needed to carry out research “on the ground”
- helping researchers to identify suitable NHS sites, and recruit patients to take part in research studies
- advising researchers on how to make their study “work” in the NHS environment.

## Clinical Research Network supports studies by:

- Funding research support posts in the NHS and other settings, and providing training so that researchers have access to experienced research staff
- Providing funding to meet the costs of using facilities, such as scanners that may be needed
- Helping identify and recruit participants to support delivering the research on time and on target

It has:

- 15 Local Clinical Research Networks
- National Coordinating Centre
- Network funded staff in NHS hospital trusts, universities and other health and social care settings
- 30 clinical specialties managed via six specialty cluster leads with oversight from the CRN Executive Team

## Public Health as a Clinical Research Network specialty

- It is important for public health to maintain strong links with health and health research
- Public health research benefits the NHS and will be central to delivering the ‘radical upgrade of prevention and public health’ outlined in the NHS five year forward view
- There has been a disconnect between the commitment to public health in this statement and in the commitment of funders (e.g. strongly committed to population health research through defined public health funding streams –NIHR, MRC, Wellcome), and the CRN which is still clinically focused and has historically been constrained to cover NHS costs.

## Challenges

- Reinstated as a specialty in 2014 - this, combined with the structural re-organisation of public health away from the NHS, has led to poor engagement and awareness of the CRN among the public health workforce
- CRN eligibility criteria are clinically focused
- PH studies adopted onto the CRN portfolio are often assigned to other specialties
- Pathways for delivering support have in the past been NHS based

## Solutions

- We would like to see a Network portfolio that balances ‘clinical’ and ‘individual’ with ‘population’ and ‘prevention’
- To achieve that we need to increase the number of public health studies adopted onto the portfolio
- As the PH portfolio expands, the difficulties around adoption, assignment and accessing support will start to reduce – so far we have already contributed to a review of eligibility and assignment criteria

## How can you help?

- If you are part of a funded public health research study, please request Network portfolio adoption during the HRA process. Contact your Local CRN at an early stage to talk about eligibility and how we can support your study.

### Contact us

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