



# Breaking down barriers to research in the NHS

May 2021

The benefits of clinical research have never been more apparent than during the COVID-19 pandemic. Yet barriers still remain to increasing the amount of research done in the NHS.

In early 2020, the RCP conducted a [survey of members](#) to identify some of those barriers. We found that time, funding and skills were key issues. There was also an inequality of access to participation in research for physicians in rural areas, women and ethnic minorities.

Later in the year we held two workshops, one with hospital research and development departments and another with industry representatives. The aim of these conversations was to build on our survey, identify additional barriers to research in the NHS and think about solutions.

Both groups identified the significant benefit of having a national standardised health service to conducting research. As well as improvement to patient care and outcomes, research generates revenue for hospitals and enhances their reputation. It also helps the workforce develop new skills and pursue their interests, helping with recruitment and retention.

From these discussions, four action areas were identified to enable the NHS and industry to work better together to support clinical research and improved treatments for patients.

## The need for better joint planning between hospitals and industry

Hospitals often find it difficult to anticipate what support will be available from industry in terms of funding and available trials. This can make it difficult to plan and properly resource research activity.

For industry, changing workforce and infrastructure capacity within hospitals can mean trials are unable to operate fully. Despite the proactiveness of NIHR Clinical Research Networks, this has been amplified by COVID-19.

To support better planning for the delivery of research trials in the NHS, industry and hospitals should work more closely to share and cascade information about the likely pipeline of trials.

## Improving staff capacity for research

Both hospital and industry representatives identified that staff capacity within hospitals to support often lengthy trials was a challenge, which is sometimes not identified at the start of a trial. Joint posts between industry, academia and the NHS and protected time in job plans will improve staff capacity. Larger and smaller trusts should collaborate to share resources and offer opportunities to mentor others in research – thereby building capacity in the long run.





## Better patient involvement and engagement

Patient involvement and recruitment to trials is central to the design and delivery of successful research. R&D departments have recognised the importance of communication with patients and the production of information packs. This has improved in recent years, but progress can still be made, particularly in the provision of follow-up information on the outcomes of the trial. Patients in research-active regions may have significant access to research opportunities, while in other regions they do not. Patients who have had no prior access to research should be particularly supported to be involved.

This is a challenge that must be addressed via increasing research activity in rural areas and opportunities for both patients and potential researchers. This will require targeted measures by government and research funders to incentivise smaller hospitals to support research, where they may feel they do not have the resources to support trials.

## More efficient trials

Industry representatives said that accessing the right data needed to complete trials is often difficult and was further exacerbated during the pandemic. Data interoperability and use remains an ongoing challenge for the NHS, and one that is stunting research potential. Virtual trials and virtual ways of conducting research should be promoted where possible. The pandemic has highlighted that this is increasingly possible and that there is a growing need to use large datasets and support real-world trials.

COVID-19 halted most research in the UK and globally for a short period. Although there have been added challenges to conducting research during the pandemic, there have also been opportunities. Trial start-up and burdensome administration has been streamlined and is more efficient than ever, with patient recruitment targeted and successful. Research frameworks for industry and hospitals, including a set-up timeline and generalised non-disclosure agreements, will support and improve processes. All partners should work with and feed into the Health Research Authority to make this happen.

---

For more information on the RCP's work to develop, deliver and drive research in the NHS, please visit our research and innovation hub: [www.rcplondon.ac.uk/projects/rcp-research-and-innovation-hub](http://www.rcplondon.ac.uk/projects/rcp-research-and-innovation-hub)