Networks of committed pharmacists can benefit clinical research in the NHS

For this article, Beth Allen, research manager at the Royal Pharmaceutical Society, spoke to two pharmacists about their involvement in the National Institute for Health Research clinical research networks and opportunities for pharmacists that these provide.

In a previous article (PJ, 17 July 2010, p92), we discussed the role of the National Institute for Health Research's clinical research network and the opportunities they provided for pharmacists.

The network aims to:
- Make sure that patients and healthcare professionals from all parts of the UK are able to participate in and benefit from clinical research
- Integrate health research and patient care
- Improve the quality, speed and co-ordination of clinical research
- Increase the collaboration with industry partners to make sure that the NHS can meet the health research needs of the pharmaceutical industry

A number of topic-specific networks coordinate clinical and health research for cancer, stroke, mental health, diabetes, medicines for children, dementias and neurodegenerative diseases. A separate primary care research network focuses on disease prevention, health promotion, screening, early diagnosis and the clinical management of long-term conditions in the community. At the same time, the comprehensive clinical research network coordinates clinical and health research in disease areas outside the above conditions and primary care priorities.

This article focuses on comprehensive local research networks (CLRNs) within the comprehensive clinical research network, gives examples of pharmacy involvement and future opportunities.

The CLRNs provide an infrastructure to support research, for example, provision of research personnel and facilities to support research recruitment. Therefore, CLRNs need the support of pharmacists and pharmacy in the form of:
- Pharmacists as trained research support staff to take samples, run clinics or manage patient data
- Pharmacists to help identify and recruit patients onto portfolio studies (Research studies that meet specific eligibility criteria are recorded in a database known as the UK Clinical Research Network Portfolio, which comprises the NIHR clinical research network portfolio in England and the corresponding portfolios of Scotland, Wales and Northern Ireland. Portfolio studies are eligible for support from the NIHR clinical research networks.)

All CLRNs need a network of committed pharmacists (and pharmacies) that are willing and able to be involved in local research.

The significance of the role that pharmacy can play is highlighted by the fact that access to pharmacy (location, knowledge and expertise) has been identified as a barrier to...
identify opportunities where pharmacists could support existing NIHR portfolio studies.

Dr Patel, like Mr Harris, has worked with pharmacists to identify the barriers they experience when trying to develop and engage in research. Clearly a number of common themes surfaced, notably within community practice, where commercial and financial incentives for engagement and staffing capacity (also a concern in secondary care) were key issues. Among the smaller independents there was apathy and only a faint awareness of local research activity. However, some pharmacists did express interest in wanting to develop their personal and professional development and further career progression. Others wanted to engage in research but were not confident in their ability to take part, having left academia some time previously. Many wanted to embark on research but had no real idea of how to go about drafting a proposal and which organisations, if any, would provide support and help. However, many were enthusiastic and generated some interesting research ideas.

Why get involved
So, why get involved? The benefits in terms of professional and practice development were highlighted in our previous article (op cit).

However, with the recent publication of the White Paper “Equity and excellence: liberating the NHS”, it is worth reinforcing the message that, with pharmacists needed to strengthen its evidence base and play a greater role in contributing to multidisciplinary health research. In doing so, pharmacists will retain and build upon their integral role as experts in medicines within the healthcare team.

It is recognised that healthcare professionals are extremely busy and pharmacists are no exception. Therefore, pharmacists can expect to be compensated for their involvement in NIHR studies. In this way pharmacists stand to benefit from being the local hub for pharmacy research and a valuable source of expertise that the CLRNs can go to.

There is an element of “chicken and egg” here since, to enable pharmacy to get involved in research, a wider range of studies is needed across the UK that seek to make use of pharmacy expertise. There is a shortage of portfolio studies that recruit patients within pharmacies and many researchers in health are not aware of pharmacists’ role or their unique position in the community and healthcare team.

Pharmacists (and pharmacy) are often not factored into the design of studies and, consequently, there is a greater need to have more pharmacy studies on the NIHR portfolio, as well as broader research agendas incorporating the pharmacist in the design and delivery of research. Researchers in pharmacy should therefore endeavour to get their studies on the NIHR portfolio to enable greater pharmacist engagement with research and to support study planning, set-up and delivery.

To what the appetite of those pharmacists who are interested in getting involved there are a number of opportunities with forthcoming portfolio studies including:

- “Pharmacist intervention in the treatment of minor ailments” — a study that will derive evidence to inform recommendations regarding the future delivery of minor ailments services in community pharmacies in the UK
- “Professional engagement of locum community pharmacists” — a study that will contribute to the knowledge base for this significant pharmacy workforce population and wider issues of professionalism, work stresses, service development and revalidation
- “An investigation of the current level of pharmaceutical services and medication reviews in care home settings” — a study that will contribute to the evidence base for the development of a new service model for improved patient care

Further information on how to get involved is provided in the Panel.