



Reflections of an ARC Director: Overview

Richard Lilford, ARC WM Director

I have been Director of an Applied Research Collaboration (ARC) for over 13 years in total – I will remember the day that NIHR Director Sally Davies phoned me to say we had secured the Birmingham and Black Country CLAHRC; a forerunner of the ARCs. I was, and remain, an ardent advocate of the CLAHRC/ARC model. This is the first in a series of News Blog articles based on reflections over thirteen constructive years.

So, what is the ARC model, and in what way does it differ from an applied research collaboration anywhere in the world? There is more than one answer to the question, but I give the answer that my peer director, Peter Jones, gave when Chris Whitty, Sally's successor, posed the question – the difference lies in the need to obtain service co-funding in order to qualify.

Service co-funding is central because it taps into the idea of an applied research programme deeply embedded in the service – a research centre '*in the service, of the service, for the service.*' This idea of a research service close to the beating heart of the health and social care services

had a long provenance, and owes much to the thinking of a Canadian health service researcher, [Jonathan Lomas](#).^[1] A further influence on the thinking behind CLAHRCs/ARCs came from the notion of implementation research and the 'translational gap' between the generation of knowledge and its application in practice – the so-called T-2 gap – an idea to which I will return in the next article in this series.

The idea of a research centre co-funded by the service appealed to me strongly because this model opens up opportunities for *prospective* evaluations of service interventions. There are good reasons, that we shall explore more deeply in a later article, to prefer prospective over retrospective service evaluations. A corollary of this premise is that researchers need to be closely linked to service managers. In this way they can help shape service interventions, *and/or* they can discern when an intervention is imminent and then collect baseline data so that effects (intended and unintended) can be tracked over time. As stated above, prospective evaluations are methodologically stronger than purely retrospective evaluations, other things being equal.

This line of argument leads to a clear conceptualisation of what service co-funding should be spent on – service change.

This logic led to a fault line between myself and the civil servant responsible for the invitations to tender, because the invitation insisted that the matched funds “*should be under the control of the Director.*” This requirement is problematic for the following reasons:

1. It is not natural for service managers to spend money allocated for patient care on research. It is therefore not a sustainable model outside the CLAHRC/ARC footprint and time horizon.
2. It is arguably *ultra-vires*, as acknowledged by [Health Service Guidance 97/32](#); service and

research expenditure should be separately accountable to parliament.

3. Decisions on expenditure on service change (and indeed research) are not ‘controlled’ by the Director. The Director is supposed to consult widely to establish mechanisms to determine priorities for service design and hence evaluation.
4. Above all, funds under the director’s control does not mean service staff under the director’s control. Service managers need to control funds to create services that the ARC can help shape and/or evaluate.

Our ARC WM is therefore built on a very simple funding model, represented in the figure.

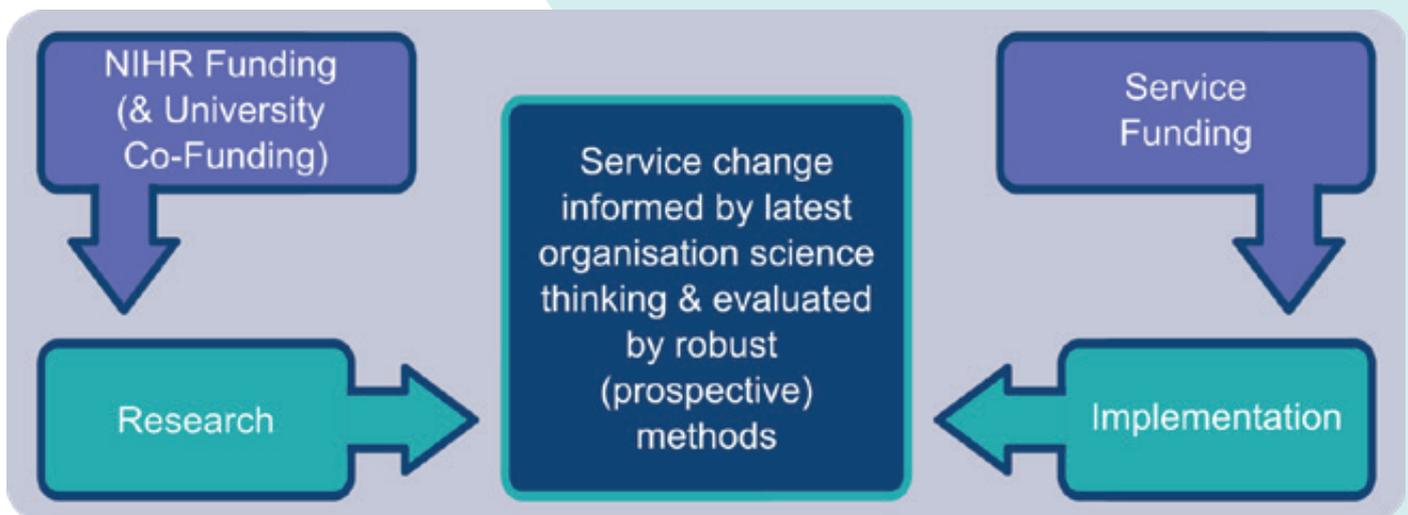


Figure: ARC Funding Model



In the next article in this series, I shall explore the distinction between Intervention and Research in more detail; what the ‘research’ might entail; the distinction between an ARC and a management consultancy; and the role of

the so-called Implementation Lead. Here I add a disclaimer. These are personal reflections, albeit based on my experience as an applied researcher (one of three still standing from the first tranche of CLAHRCs).

Reference:

1. Lomas J. [Essay: Using ‘Linkage and Exchange’ to Move Research into Policy at a Canadian Foundation](#). *Health Aff.* 2000; **19**(3).