



Key contacts for further information

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Key features and USP

We offer a mature, scalable primary care research environment with a strong track record in commercial research. Anchored by experienced flagship GP practices, the Centre delivers studies reliably to time and target while maintaining consistent quality across multiple sites.

A key differentiator is rapid and predictable study set-up. The CRDC undertakes feasibility assessments within days, uses parallel processing of start-up activities, and operates through NCVR and unmodified agreements wherever possible. Centralised workflows, contracting, governance and operational oversight reduce set-up friction and enable dependable delivery against agreed timelines and recruitment targets.

All delivery sites are equipped for commercial research, with dedicated research rooms, ECG, spirometry, centrifuges, temperature-controlled sample storage and secure IP handling. Unified electronic medical records across practices, combined with advanced search and stratification tools, enable rapid and precise patient identification, resulting in low screen-failure rates, high recruitment performance and strong retention. We have a base database of 89,000 patients expanding to 1.4Million.

The Centre’s strength lies in its integration with routine general practice. Longitudinal patient records and trusted clinician–patient relationships enable inclusive recruitment for long-term condition studies, reduced participant burden and high-quality follow-up. Mobile and community-based delivery models further widen access, including to rural and underserved populations.

Prior to the CRDC we have delivered 51 commercial studies over the past five years and currently runs 14 active trials. It offers expertise in commercial recruitment strategy, strong PPIE delivery including avatar-based multilingual video content, access to community pharmacies, and links to secondary care and local Clinical Research Facilities for specialist investigations if needed. The leadership team contributes to global sponsor protocol and pipeline design, strengthening feasibility and real-world relevance from the outset.

Socio-demographic spread (can also include heat maps)

The NIHR Greater Cambridge & Suffolk CRDC (Primary Care) serves a broad population across urban, rural and semi-rural communities in Cambridgeshire and Suffolk. The footprint includes areas of affluence alongside populations affected by deprivation, digital isolation, rural isolation and limited transport access.

The network supports commercially relevant recruitment across a wide range of ages and long-term conditions, particularly cardiometabolic, cardiovascular, respiratory disease and obesity. Primary care’s longitudinal records enable precise identification of eligible participants and targeted outreach, supporting inclusive recruitment and strong retention.

Delivery models are designed to minimise participant burden, including local GP sites, community pharmacies and mobile options, allowing access to populations who may not engage easily with hospital-based research. This demographic mix supports studies that better reflect real-world populations while maintaining reliable delivery to time and target.

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Dr Richard Brixey
Clinical Director, Ely South PCN
GP Locality Lead, East Cambridgeshire Integrated Neighbourhood

Impact Case

CRDC funding has enabled a step change in the delivery of commercial research in Primary Care across Greater Cambridge and Suffolk. It brings together a coordinated network of research-active GP practices, creating a scalable, industry-ready primary care offer embedded within NHS care.

We operate a multi-location model, anchored by experienced flagship practices, supported by an expanding network of spoke and participant identification centre sites. This approach increases capacity, reduces variability, and enables consistent delivery using standardised governance and operational processes aligned to NIHR benchmarks.

Investment has supported dedicated primary care research leadership, study coordination, nursing, and governance capacity. This has improved feasibility, reduced set-up friction, and strengthened sponsor confidence in primary care as a reliable setting for complex cardiometabolic, cardiovascular, obesity, respiratory, dermatology, renal disease and vaccine studies.

Embedding research within routine general practice enables early patient identification, inclusive recruitment and high retention, particularly for long-term condition studies where primary care holds the most complete longitudinal data. Mobile and community-based delivery models reduce participant burden and widen access for under-represented populations.

Over the next year, we will expand delivery across CRDC practices and strengthen links with secondary care partners, positioning primary care as a core component of the national commercial research infrastructure.

Please include any quotes or comments from staff or research participants which give context to your case.

“Mereside’s research team consistently delivers to time and target, with feasibility that reflects real-world primary care. The CRDC model gives us confidence that studies can scale quickly across multiple sites without loss of quality, while maintaining excellent participant engagement and retention.”

Senior Clinical Operations Lead, Global Pharmaceutical Company

“Taking part in research at my Staploe has been enjoyable. The team know me, explain everything clearly, and looked after the whole of me. Nothing is too much trouble. My overall health has improved so much. It felt caring, flexible, organised and interesting. I would be very happy to recommend and take part again.”

Research Participant GLP-1RA Global study