CSO Draft Research Strategy

The CSO Draft Research Strategy can be found at:
http://www.cso.scot.nhs.uk/scottish-government-health-research-strategy/

From the School of Health and Life Sciences, Glasgow Caledonian University:
General observations on the CSO Research Strategy and responses to specific questions raised in the document.

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General comments

1- The six guiding principles are generally sound and five key areas for action are well prioritised around supporting these principles,

2- There is still an emphasis on a biomedical model with a focus on stratified medicine and informatics. There is less emphasis on parallel or dual pathways that provide solutions to enhance the immediate lives of people with, for example, long term conditions. The second critical area that the strategy identifies is 'partnerships with Scottish patients and the Public', in that case most funders will tell you they want solutions now in combination with discovery, cure and prevention strategies,

Chapter 1 – Efficient R&D support for research

It is unclear how the R&D will become more efficient. In fact on paper it looks potentially more complicated with new post creations at management level. There is no organisational structure or explicit targets sets against 'efficiency'.

Q1- yes eligibility criteria should be set for nodal directors (and ones which are internationally translational in order to recruit outside traditional constituencies [not to be stated but effectively Scottish medics]) and the term should be 3-5 years renewable.

Q2- allow local flexibility according to research strengths and capacity.

Q3- No opinion.

Q4- Yes joint planning should be formalised, prioritised and transparent (this is particularly important for the non-medical academic communities on the periphery of the NHS to contribute and understand what infrastructure support is available).

Q5- These steps might improve matters by a small amount. More formal partnership agreements between stakeholders would help and better management and transparency of the resources communicated.

Q6- These changes will make a significant improvement (the new MSK delivery manager will be very helpful to our research work at GCU).

Q7- It is highly desirable to integrate NRS and university functions. Dual appointments across both sectors or secondment in/outside each organisation would help and the research offices of universities such as GCU (RIE) need to create specialist support roles for clinical trials and related studies given the ethical and governance burden.

Chapter 2 – partnerships with Scottish patients and the public

Points 2.1 to 2.5 have to be commended and supported. However there is also an opportunity missed to extend and develop the role of the patients and public and demonstrating research impact. The role seems to stop at the strategy, planning and review stage and awareness levels and should be extended, through specifically funded partnership work, into research impact (health benefits and wealth creation etc).

Q8 – Yes trial register would be beneficial coupled with better communication strategies to manage expectations, role and participation

Q9- Yes this would be a good way to proceed

Chapter 3 – targeted deployment of resources

Q10- I would estimate 10-15% of budget on new initiatives and I'd free up funds from priority areas / collaborative groups that can access large-scale national/international funding and/or receive block grants/infrastructure support from other funders. Also determine areas where funding has not translated into direct benefits for the NHS/Patient care and do not fund centres that don not have a proven (e.g., REF track record).

Q11- The response mode grant requires an overhaul including the two committees that oversee the funding (Biomedical and Health Services Research). Overlap should be avoided and matched funding prioritised. The ceiling should probably be raised, for fewer projects, to at least £350k.

Page 17 (3.17 – 3.20) – The strategy proposes a strategic review of current CSO units which will include the NMAHPRU during 2015/16. We therefore need to work closely with Prof. Brian Williams during the preparation and conduct of the review.
Related to this:

Q12- Excellence in achieving the objectives set should determine the continued funding of the CSO unit including NMAHPRU. I think we have an opportunity to demonstrate how GCU has added value to the work of the unit in achieving and indeed surpassing the stated objectives for the period (including PhD studentships, additional staff appointments and other capacity building etc)

Chapter 4 – working in collaboration

Point 4.7 is important to the health research at GCU, in particular working with SME's in the medical devices and biotech areas. There should be specific mention of SME's because this sector attracts specific funding, in particular from the EU.

With the NIHR the strategy should clearly attempt to identify where the CSO will fund along the NIHR innovation pathway and where funds should be sought from HTA etc so yes great communication and a structural funding model is required.

Priority should be given to strengthening the partnerships with medical charities specifically for health professional research across project and programme grants and capacity building where we have an excellent track record in Scotland. There is an opportunity here and more widely for patient-centred, co-created applied health research focused on enhancing the lived experience with long term conditions in particular (to drive and support the vision and objectives of the Centre-for-Living).

Q13- Yes the CSO need to look to Europe and develop a strategy around H2020.

Point 4.11 should be strongly supported to increase international reach and scope and KT across the entire CSO funding portfolio

Q14- Yes, make up should represent Biomed/pharma, public health, medtech, SME sector, health professional research, KT and impact

Q15- No opinion

Chapter 5 – Investing in the future

The NRS fellowship and CAC building programmes appears to be haphazard, esp for NMAHPs and not strategically linked to the centres in partnership with the NHS to support career develop beyond the actual 'doing' of the research yet there are great opportunity to develop personal and transferable skills in closer partnerships with the HEI's including the NMAHPRU as a core funded unit.

Lessons learned from the NIHR, for example, can be adopted with the CSO schemes

Q16- No opinion

Q17- In terms of NMAHPs the CSO personal awards schemes are not targeted towards future needs and a wider review and strategic plan should be developed as a priority