Response to the Chief Scientist Office Research Strategy consultation September 2014

We are writing as Chief Investigators of three of the four Applied Research Programme Grants funded in the only round of this scheme to date. We particularly wish to comment on:

Question 10: What proportion of CSO funding should be available for deployment in new research initiatives relevant to the NHS? In what areas should CSO seek to disinvest to free up resources?

Give the emphasis in the strategy on CSO funded research "in defining, delivering and evaluating key aspects" of the Quality Strategy and the 2020 Vision Route Map, we believe that CSO should maintain funding for applied research programmes because of their demonstrated academic excellence and rapid translation into NHS and policy impact.

Applied Research Programme grants were an innovative investment of CSO resources into collaborative projects between universities and NHS Health Boards, funding applied research with direct impact on health services and patient care, and on the delivery of ambitious programmes over 4-5 years. The four funded projects all addressed important areas of NHS and research concern (multimorbidity [Living Well], prescribing safety [DQIP], telemonitoring in chronic disease [TELESCOT], and medicines in children). To date, Living Well, DQIP and TELESCOT have resulted in 43 published papers, including high-impact publications in the Lancet (impact factor 39.2, 1 paper, RCGP Research Paper of the Year Overall Winner 2013), BMJ (IF 16.3, 3 papers, one of which is RCGP Research Paper of the Year Respiratory Category Winner 2014), BMC Medicine (IF 7.3, 4 papers) and CMAJ (IF 6.5, 1 paper). The diabetes trial from TELESCOT and the main trial findings from both Living Well and DQIP will be reported later this year and we expect all three to also be published in high impact journals.

These studies have already significantly influenced policy and practice, with the multimorbidity work widely cited in the research literature and policy documents, the high-risk prescribing findings influencing NHS Scotland policy and contracting in relation to polypharmacy and medicines review, and the TELESCOT findings influencing decisions about the implementation of telemonitoring for COPD in particular. The programmes have also led to success in obtaining funding for follow-on or extended work including a large trial of a complex intervention to improve quality of life in people with multimorbidity (3D Scottish-English collaborative study, NIHR HS&DR £1.8M), work on making guidelines better account for multimorbidity (Better Guidelines, NIHR HS&DR £487K), a trial of a lower intensity high-risk prescribing intervention (EFIPPS, CSO £225K), a study of variation in high-risk prescribing between GPs and between practices (NIHR HS&DR £198K), and a suite of further studies of telecare (various funders, £800+K).

Applied research programme funding has therefore proved to promote university-NHS collaboration on important topics, to deliver both academically rigorous and high-impact research which then underpins subsequent major research, and to rapidly influence the organisation and delivery of patient care to maximise effectiveness, safety and the tailoring of care to the individual, which are the central aims of the Quality Strategy.

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