

Chief Medical Officer and Public Health Directorate

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Dear Colleague

NRS INFRASTRUCTURE REORGANISATION

As you are aware CSO have been reviewing aspects of the NRS infrastructure in order to ensure that Scotland remains a leader in attracting and delivering clinical research. This letter provides an update on that exercise.

CSO issued a consultation document on 12 July 2013 to gather views on the existing structures. The consultation closed on 23 August 2013 and details of the responses received are now available on the CSO website. We are grateful to those of you that replied. The responses confirmed that our structures could be further improved and provided valuable advice on the way forward. The remainder of this letter sets out our proposals.

The responses to the consultation indicated that our Networks and Specialty Groups are, or could be with additional support or focus, the organisational units through which our research should be supported in the future. CSO therefore propose that Networks and Specialty Groups will continue to be key national bodies for supporting clinical research activity in Scotland.

We further propose that National Research Champions be appointed for areas with a significant level of research activity. These will be NHS consultant level appointments, of up to 2 sessions each, appointed by open competition. The posts will have a strategic and developmental national remit, combined with a recruitment and delivery oversight role for their clinical area. As an interim step, the current Topic Network leads will be invited to transition to these posts, with management support provided through the existing Topic Network resource. Arrangements by which CSO support the Scottish Topic Research Networks will therefore continue for financial year 2014-15.

Networks will have a new primary goal of managing patient recruitment to time and target and will be expected to undertake this role for all eligible, commercial or NIHR/NRS adopted studies within their topic area, making the process of Network adoption unnecessary.

Where Network activity appears too low to justify continued investment in networking activities, CSO will discuss this with the Network with a view to seeing improved or refocused outputs. In such instances performance will be reviewed prior to further network funding being offered when current SLAs terminate in 2015.

Data from the UKCRN Portfolio suggests that there is significant research activity within Scotland in the Specialty Group areas of Cardiovascular Disease, Reproductive Health and also in Musculoskeletal Disorders, and as a result it is proposed that three new National Research Champion roles be created for these specialties. Three new management posts will also be created to provide dedicated support for delivery of studies in these areas.

We propose retaining Specialty Groups as the basis for managing research outwith the 7 Topic Networks. For the immediate future it is proposed that the majority of current Specialty Group Leads continue in their current roles, providing continuing oversight of recruitment activity. In the longer term we propose a phased approach to competitive appointment of Specialty Group leadership. It is clear that the levels of research in some Specialty Groups are insufficient to require national oversight of recruitment and we will be entering into discussions with those Specialty Group Leads to consider whether there is scope for increasing the level of activity or combining Specialty Groups in areas of cognate research activity.

To ensure that Specialty Group Leads have access to the recruitment information to allow them to perform their functions effectively, we propose to create three or more performance manager posts to support Specialty Group functions. The number and location of these posts is currently being considered.

CSO will shortly be in contact with Network Leads to discuss the implications of these proposals for their Networks. CSO would also be happy to discuss the impact of these proposals on individual Specialty Groups, but otherwise would encourage you to contact your Board R&D Director who has agreed to discuss these changes with you in more detail. CSO will issue an implementation plan in due course.

I hope this update is helpful. CSO believe these proposals strike an acceptable balance of retaining the existing strengths of our structures and at the same time addressing identified deficiencies. Your continued support in delivering the benefits of research to our patient population is very much appreciated.

Yours sincerely,



Mike Stevens
Acting Director