



National Institute for Health Research

CLRN Local Specialty Group TERMS OF REFERENCE

1 CONSTITUTION

As part of the Norfolk and Suffolk Comprehensive Local Research Network (CLRN), Local Speciality Groups (LSGs) will be established to help maintain an excellent NHS infrastructure for clinical research and research management. This infrastructure includes clinical research support staff and sessional support for clinical investigators of all professions, funding for other NHS support costs such as additional clinical services and diagnostic tests, and research management and governance systems and staff.

The CLRN supports only studies that are on the NIHR Portfolio. The Portfolio is the NIHR's national register of all eligible studies. Only studies on the Portfolio are eligible for infrastructure support from CLRNs.

2 REMIT

Broadly, the role of the Local Specialty Groups is to provide expert input to the development of R&D locally on a given topic area. More specifically, the Groups aim to:

- Provide a local focus for activity in that particular topic. Maintain an overview of the portfolio research being undertaken in the specialty area across the network
- Advise the CLRN on the topic aspects of the local portfolio, including infrastructure requirements and oversight of the management and delivery of portfolio studies in that topic area. Ensure that infrastructure is in place to support portfolio research in the specialty area by making CLRN management aware of shortfall in resource.
- Monitor, review and troubleshoot the studies that are on the local portfolio to ensure recruitment is being delivered to time and target. To take the necessary steps to get local recruitment back to target.
- Provide a forum to bring together all researchers interested in that topic from across the CLRN. Where appropriate to discuss and further develop successful research partnerships which will lead to development of the local portfolio.

- Support the CLRN to provide detailed “Level 2” feasibility required for commercial studies. This will include identifying potential sites/ investigators that could conduct the study, assessing the available research resources including skills, facilities and equipment and providing anticipated patient numbers.
- Provide a strategic overview of the local infrastructure required to support the topic with an emphasis on identifying blocks and then working with the CLRN team and/or the national Specialty Groups to find suitable solutions.
- Contact and involve local TCRN LRNs or PCRN clinical leads as appropriate.
- Work to identify local opportunities for participation in multi-centre portfolio studies. Also to identify those local studies which would benefit from being opened up to additional sites nationally
- Support commercial studies in liaison with the CLRN Industry Manager and raise awareness of working with industry and developing a commercial studies portfolio.

The LSGs will include researchers and clinicians to participate in the following groups:

- Age and Ageing
- Anaesthetics and Pain Management
- Critical Care
- Dermatology
- Gastroenterology
- Infectious Diseases
- Injuries and Emergencies
- Metabolic and Endocrine
- Musculoskeletal
- Ophthalmology
- Paediatrics
- Respiratory
- Reproductive Health and Childbirth

3 AUTHORITY

Through the LSG Leads there will be consultation and active input from the LSG at key points in the CLRN annual planning cycle, eg the business plan and decisions on the use of resources.

Through the monitoring of the portfolio the LSGs and the LSG leads should also be involved in the performance management of the CLRN, working with the management team to actively ensure that resource is linked to recruitment.

The LSG leads will be members of the National Specialty Groups and will be expected to make a full contribution to national initiatives for each specialty by attending the National Specialty Group meetings (duties outlined in section 8.1)

4 MEMBERSHIP

Membership of the LSG will be drawn from the CLRN 10 constituent NHS organisations: East of England Ambulance Service NHS Trust, NHS Great Yarmouth and Waveney, Ipswich Hospital NHS Trust, James Paget University Hospitals NHS Foundation Trust, Norfolk and Norwich University Hospitals NHS Foundation Trust, Norfolk and Waveney Mental Health NHS Foundation Trust, NHS Norfolk, Suffolk Mental Health Partnership Trust, Norfolk Community Health and Care, and NHS Suffolk.

The CLRN Executive Group will appoint a lead for each LSG following an agreed application process. Each LSG lead will be expected to carry out both the local and national role responsibilities outlined in 7.1 and 7.2.

Members of the LSG are entitled to be present at all Local Specialty Group meetings. The Group may invite non-members to attend its meeting as it considers necessary.

5 MEETINGS and QUORACY

- Meetings shall take place quarterly.
- To be quorate at least 3 members must be present (not including CLRN staff).
- Responsibility for calling meetings will rest with the LSG lead and CLRN Core team.
- Agenda for the meeting will be circulated 1 week before the agreed meeting dates.
- Notes and minutes of each meeting will be circulated to all members within a fortnight following the meetings.

6 TERMS OF OFFICE

Local Specialty Group leads should serve a 3 year term of office after which time there will be a reapplication process. Leads can apply for a second term in office and in exceptional circumstances there could be a further extension if appropriate.

7.1 National Role of Specialty Group Lead

- National Specialty Groups meet around 3 times/year, some meetings can be teleconferences. All meetings are booked at least two months in advance and members are expected to attend all national Specialty Group meetings (minimum attendance is 2 meetings out of 3, deputies can attend under exceptional circumstances).
- It is essential that the national Specialty Groups have a national oversight of the resources which CLRN are providing to support studies in their portfolio, and for members to provide the Groups with an update of local activity, issues and examples of impact and good practice. Each member should therefore submit a regional report (using the nationally agreed template) to the Coordinating Centre prior to every national Specialty Group meeting (regardless of whether or not attending)
- An important role of the national Specialty Groups is to provide input into the feasibility assessments for industry studies and into the adoption process for industry and non-automatically eligible studies. Specialist Adoption Panels have been established for areas which have high volumes of studies and Generic Adoption Panels consider studies which fall within the remit of the other Specialty Group areas. Each member should provide the Coordinating Centre with a short description of their expertise and be willing and able to participate in an appropriate number of feasibility assessments and adoption panels. The number will be dependent upon the volume of studies which are submitted for assessment which fall within the member's expertise. It is important that the workload associated with this activity is shared as equally as possible across the membership of the group and, given that at least two opinions are required for each submission, the number of studies which a member should therefore expect to provide input into is: number of studies falling within remit of Group/number of members on Group multiplied by 2.
- Members should bring issues (blocks/barriers) which have arisen locally to the national meetings in order to share these with the other members of the Group and promote an awareness of barriers to research in the specialty with a view to finding resolutions. Members should also share examples of local arrangements which are working well in order to promulgate good practice across the CLRN.
- Members should contribute to national initiatives being taken forward by the national Specialty Group, e.g. the development of communications material, or good practice guides. Where the portfolio of the national Specialty Group is significant, members might also be expected to take a leadership role for part of the portfolio of the national group, or for some specific studies.

7.2 Local Role of Specialty Group Local Lead

- The Specialty Group Local Lead should gain an understanding of the research being undertaken in their specialty across the CLRN. This will involve contacting relevant investigators based within their CLRN.
- The Local Lead, working with the CLRN management team, should contribute to raising awareness and an understanding of the NIHR Clinical Research Networks and support systems with the researchers within their specialty.
- The Local Lead should instigate, and Chair, meetings of local investigators to promote communications between researchers across their specialty and a collaborative approach to research across the CLRN's member organisations.
- The Local Lead should work with Chief Investigators of studies based in their CLRN, emphasising the importance of keeping their study information on the portfolio database accurate and up-to-date and regularly reporting recruitment data; signposting them to sources of support available from their CLRN.
- The Local Lead, working with their local CIs and PIs, should identify studies which are failing to meet their recruitment targets, identify the reasons for this and help to resolve local blocks and barriers to recruitment, working with the CLRN management team as required. Issues of a generic nature should be brought to the national meetings of the Specialty Group for discussion and resolution.
- The Local Lead should promote growth in the local portfolio by identifying local opportunities, eg unmet capacity and capability, and matching these with opportunities for joining multicentre studies. In addition, locally-led studies which are open to new recruitment sites should be identified and brought to the attention of the national Specialty Group.
- The Local Lead should play an active role in the management of the CLRN, working closely with the CLRN management team to ensure that the infrastructure is in place across the CLRN to support recruitment into studies within their specialty. Local Leads should contribute to decisions on resource allocation across the CLRN and the processes for ensuring that funding is being used strategically and for the purposes intended.
- The Local Lead should work with their local investigators and CLRN management team to agree targets for recruitment in their specialty and to contribute to the performance management of the CLRN's objectives over the annual planning cycle.

- The Local Lead should take the lead in implementing local actions to support national initiatives agreed by the national Specialty Group, eg mapping exercises of local expertise and capacity.
- The Local Lead should work with the CLRN's Industry Manager (or equivalent) to provide contacts with relevant PIs within the region and develop and maintain an understanding of the local infrastructure for supporting commercial studies.
- The Local Lead, working with the CLRN's management team, should contribute to raising awareness of the importance of working with industry, meeting with relevant local stakeholders to promote the industry agenda.
- Although the remit of the national Specialty Groups does not extend to the development of the portfolio, Local Leads may also wish, in a personal capacity, to take the lead in bringing together groups of local researchers to discuss, and develop, grant proposals to develop their local research portfolio.

8 REPORTING

The LSG will be required to produce an annual report at the end of each calendar year and as part of this process will have an opportunity to feed into the business planning process for the forthcoming year.

Date adopted _____