

Operational Plans - Feedback

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10 July 2008

■ Review Process

- All 25 plans received
- Each plan was reviewed by
 - Small core team (all)
 - Relevant CC CLRN Clinical and Management Link
 - Primary care team Industry Team T&E Team
- By 24 June – Initial feedback to networks, specific issues flagged and plans approved where possible
- Review OUR and share aggregated information
- June – September – detailed feedback meetings with individual CLRNs; further details requested to supplement plan
- Regular progress review (as part of link meetings if poss)

General Observations

- Substantial progress and hard work
- Plans are evolving documents but should provide overview of overall shape of network and proposed approach
- Variation in level of details provided – main areas requiring further detail – portfolio; portfolio mgt, n/w infrastructure
- Examples of good practice/ innovative ideas that should be shared
- Recognise current database is incomplete, most CLRNs have developed clear plans for capturing this info by mid summer
- Many generic issues emerging which have been shared with networks – June letter



Portfolio



- See JG slides

Managing Portfolio Activity

- Built around priority areas but with provision for supporting non-priority areas
- Different Approaches
 - Allocation to priority leads/areas
 - Allocation to Trusts – in response to requests
 - Study based allocation
- Challenges
 - Ensuring flexibility across areas
 - Current portfolio – confirmed and potentially eligible
 - Performance management
 - Spending the full allocation – esp if activity based approach
 - Mechanisms for supporting activity outside priority areas
 - Identifying additional support for topic areas and mgt arrangements
 - Clarity about existing infrastructure (identifying & building on this)

Working with TCRN/PCRNs

- Where TCRN LRNs are co-located with CLRNs, these topics are CLRN priority areas.
- all CLRNs should be prioritising cancer and primary care.
- Where a CLRN wishes to prioritise a TCRN topic but is wholly outwith a TCRN LRN; CLRNs should identify and nominate a local clinical lead in discussion with the TCRN CC.
- Where a CLRN is partially covered by a TCRN LRN the CLRN Manager should liaise with the TCRN LRN Manager(s) to agree whether there is the requirement for an additional clinical lead(s) to cover the areas outwith the TCRN LRN. This decision should be informed by the level of research activity in the area outwith the TCRN LRN.

- Working with TCRN/PCRNs
 - Commitment in plans to support activity in topics and primary care, meetings established and membership of committees but variable detail re actual infrastructure support
 - Activity information available from national d/b to inform plans
 - CLRNs providing TCRN posts to extend support outside current LRN boundaries – 1 yr / joint appointments etc

- CLRN CD observations
 - Key challenges?
 - Support from CC?
 - Uncertainties?
 - Engagement?
 - Link with other elements of R&D strategy
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