



Building on Success: NDPCHS Research Strategy 2022-2027

Version 1.8.

This document aims to capture an outline for the research strategy for the Nuffield Department of Primary Care Health Sciences at the University of Oxford. It is the latest draft of an evolving process over the past five years.

The department as a whole recognises that inclusivity and diversity need to be at the forefront of our research strategy including both populations, groups and individuals that are studied and those that are employed to work in NDPCHS. A new section has been added to reflect this.

The strategy is arranged in six sections:

1. Research Organisation and themes
2. Inclusivity and diversity
3. Interdisciplinarity and methodological development
4. Training
5. Collaborations
6. Resources
7. Impact

Overall the strategy aims to develop our substantive research themes iteratively with a philosophy of maximising our advantages, concentrating our efforts in areas where we can achieve the greatest impact. This strategic focus still recognises the need to continue to develop and nurture new areas of interest and to be vigilant to the external landscape and national priorities.

Research Organisation and themes

There are currently 20 different research groups declared on our website:
plus Behavioural Medicine: Weight/Diet/harm reduction which is not actually listed as research group but just as theme.

- Cancer
- Centre for Evidence Based Medicine
- Clinical Informatics and Health Research Outcomes
- Chronic Kidney Disease
- CPRD Research Group
- Data Lab

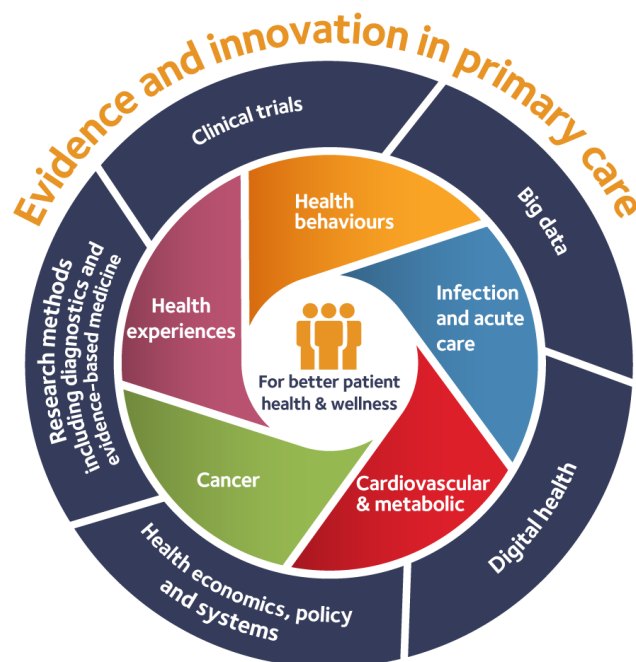
- Diabetes and Long Term Conditions
- Health Economics and Policy Evaluation
- Heart Failure
- Hypertension
- Infections and Acute Care
- Interdisciplinary Research in Health Sciences
- Medical Statistics
- Medical Sociology and Health Experience Research Group
- Primary Care Epidemiology
- Primary Care for the developing world
- Social Prescribing
- Stratified Treatments (STAR)
- Stroke prevention / AF

It is proposed that the Department continues to organise its research activities around a small number of major themes developed from those above whilst recognising the importance of several cross-cutting topics as follows:

1. Health Behaviours
2. Infection and Acute Care
3. Cardiovascular and Metabolic Health
4. Cancer
5. Health Experiences

Cross cutting topics:

- I. Trials
- II. Big Data
- III. Digital Health
- IV. Health Economics, Policy and Systems
- V. Research Methods including diagnostics and Evidence Based Medicine



With a strategic aim to internationalise our work with a global perspective.
Note COVID-19 is currently badged both separately and within Infections

Despite the delineation of themes and cross cutting topics, much of our work is interdisciplinary and so for example, health behaviours and patient experience are key aspects of much of our cardiovascular and infection work. It is important that this interplay between disciplines and methodologies – a key strength of our work – is not lost. Furthermore we have key expertise including for example in statistics, diagnostics and social science which must not be lost.

Furthermore, we recognise that success in one theme or one study reflects well on the whole group and enhances the viability of our entire research mission. Similarly, failure of a single study will harm prospects for the whole group. The Research Excellence Framework (<http://www.ref.ac.uk/>) put great store on 'sustainability and vitality' of research groups. We need to become better known for specific fields of research, built around a team, not a single PI working largely in isolation of other senior colleagues. This will help to maintain long term viability, protecting that theme from peaks and trough's in research funding success or personnel changes.

Inclusivity and Diversity

NDPHS is committed to actively and openly supporting and promoting equality, diversity and inclusion and this extends to our research strategy. We aim to:

- Extend the reach of our research to include diverse people and communities
- Embed equality, diversity and inclusion in our culture and the way we work, so that we can attract the best people and take forward the best ideas and the best research.

Interdisciplinarity and methodological development

The NDPCHS has clear strengths methodologically, particularly in social sciences and statistical methods / EBM. This gives us a unique environment including:

- The breadth of research methods and approaches (clinical trials, evidence synthesis, clinical epidemiology exploiting routine data, diagnostics evaluation, qualitative, mixed-methods, health economics)
- The breadth of specialities (health scientists, translational scientists, methodologists, statisticians, medical sociologists, clinical academics (academic GPs, nurses, pharmacists, paramedics, physiotherapists etc), trialists, economists, psychologists and more).
- Ability to work collaboratively with industry across multiple research groups and methodologies.

Key issues include

- Limited capacity requiring hard decisions to be made about priorities.
- Career progression for methodological specialists.
- Lack of external visibility.

- Understanding complexity in health (role of medical, social, environmental, economic factors)
- Investment in research infrastructure (both methodological and administrative HR, finance, etc)
- Maximising the benefit from this environment
- Making more of opportunities to influence policy

Training

A key strategy for our department is to attract the brightest and best to study and work with us. The key opportunities are:

- 1) To ensure that NDPCHS is a supportive place to learn and do research
- 2) To consolidate opportunities for clinical medical students undertaking Final Honours Studies within Primary Care and to help them publish their work.
- 3) To continue to improve the numbers of applicants for our funded DPhil programmes. The Department is committed to appointing only high quality DPhil candidates and to increase the numbers of funded places.
- 4) To build on our success in gaining prestigious externally funded DPhil fellowships.
- 5) To improve the perception and reality that there is a clear career path and job security for EMCRs progressing beyond the first post-doctoral years.
- 6) To improve the number of primary care researchers with a PhD/DPhil who are in a position to apply for NIHR funded academic clinical lecturer posts.
- 7) To increase the number of places and applicants applying for foundation scheme and Academic Clinical Fellowships and attract the most innovative minds to tackle the primary care problems of the 21st century.
- 8) To work with SPCR Capacity Building stream to increase the overall profile of Primary Care Research training.

Collaborations

Much of our work is collaborative both within the university, nationally and internationally. These collaborations help to develop and cement our reputation and have particular advantages tactically in terms of REF in that joint activities are able to gain credit for multiple individuals and institutions.

Our global health ambitions are largely in the context of EMCR researchers/DPhil students and collaborations.

Key issues include

- i) Collaborative projects allow new areas to develop and to harness synergies with colleagues.
- ii) National School funding is limited and Oxford's size relative to other departments of primary care in the School affects our ability to fund local projects to the level required.
- iii) The need for our research to create impact by influencing local, national and international policy.

- iv) Opportunity costs: need to balance internally led projects vs. external collaborations

Resources and the future landscape

Having been very successful in recent years – grant income has increased by a multiple of at least three – it is clear that both the funding landscape and our ability to attract overheads on research income are changing.

Key issues for the department include:

- 1) The need for a range of funding sources. We are very light on research council (MRC, ESRC), charitable (Wellcome, BHF), European (2020) and industry funding and over reliant on NIHR.
- 2) Maximising overhead recovery
- 3) Better horizon scanning to identify new opportunities earlier
- 4) Engagement with funders to help shape future priorities

Impact and Policy

Overall it is recognised that the ongoing success of the NDPCHS will depend on our ability to impact in a variety of ways:

- Perhaps most importantly on the health of people presenting to primary care. In doing this that we are sensitive and responsive to the research needs of the NHS and global community care (eg COVID-19, ageing populations, multimorbidity, acute infections, workforce)
- Academically in terms of high impact publications and presentations.
- To funders securing ongoing grant income to support our programmes of research.
- To the public both demonstrating patient benefit maintaining our links in terms of public and patient involvement and in supporting the work we do.
- To students and trainees ensuring that our work forms an attractive option for high quality individuals in order to maintain our pipeline of talent.
- To the profession in raising the profile of primary care research in general practices and other primary care settings nationally and internationally.
- To politicians and policy makers ensuring that we engage to raise the profile of our work so that it influences policy and that advances in the research base are implemented into practice.
- Internationally that our work is recognised as world leading.

This research strategy document has been developed by the research committee since 2015. It will continue to evolve and should be considered a developing document.