Questions from Webinars (Dec 8th 2021 and Dec 15th 2021)

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|  | Question | Answer |
|  | Do you take into account recommendations for research needed put forward by NICE?  In particular the new Chronic Pain guidance (NG193, April 2021) [calls for research](https://www.nice.org.uk/guidance/ng193/chapter/Recommendations-for-research#key-recommendations-for-research) into the clinical and cost effectiveness of mindfulness therapy for managing chronic primary pain in people aged 16 years and over.  *Advance Question* | We take into account recommendations for research put forward by NICE, only where we are seeking to progress particular areas which align with our vision and strategy.  We can consider referencing these in the development of future funding calls, particularly if we’re engaged in more specific areas of research with noteworthy NICE relevance. |
|  | Would you be open to supporting research exploring the efficacy of mindfulness based pain management programmes for people living with arthritis?  *Dec 8th Question* | Research to explore mindfulness therapy for managing pain would be within remit of our biopsychosocial research agenda. Within this we have a broad definition of treatment/intervention, both drug and non-drug; we have examples of funding cognitive behavioural therapy research.  As we develop and shape our implementation plan for 2022, we are continuing to deliver on our Pain Roadmap. We are not anticipating focussing on pain as a new funding priority though will continue to maximise the recent investments made to ensure we translate research outputs to patient impacts. |
|  | How do you plan to better engage with researchers?  *Dec 8th Question* | We know we need to further strengthen links with our research community, which have been impacted by Covid disruptions, amongst other things.  With this research strategy we hope we can get more and better engagement with our research community.  A first building block to strengthen that relationship is to be very clear about where we want to show more impact, tell the research community our priorities to help make compelling applications, and share what we will and won't do.  We want to do more ambitious research. We are inviting more ambitious proposals. We hear you say it is too long from application to hearing an outcome, and we want to address that via novel funding and assessment methods that add pace and agility, without compromising quality of decision making. We intend to incentivise Involving people with lived conditions on your applications. We want our researchers to be our ambassadors to take this research strategy, and our vision for it and influence the sector more broadly and get that light shining on musculoskeletal research, researchers and the unmet needs.  In the new year we are going to publish our calls well in advance so the research community can be prepared and sees what is on the horizon. Signing up to receive our Newsletter will help with that.  We recognise that we need to hear more from you; if you feel in any way that you think that an area of interest is something that you can help us take forward, get in touch with your ideas. |
|  | How does the charity plan to tackle the issues it has relating to a lack of diversity?  *Dec 8th Question* | We know that diversity and inclusivity is an area we continuously need to keep working on as we are not where we want to be yet.  We want to include the principles of equality, diversity and inclusion not just in the way we run our panels, committees and research assessment, but also in the research we support to make sure we are answering the needs of all people with arthritis. We will be working on both fronts and we want to hear more ways of how we can improve our reach to improve the breadth of the communities that we involve.  ***Research Partner comments:***  I think that the work that was done reviewing and re-forming the research funding committees will take us somewhere to ensuring certainly that people with lived experience are more represented in panels.  But we also need to be aware that there are an infinite number of dimensions of diversity, and we do need to keep pushing ourselves to be more inclusive on more dimensions of diversity than ever and we are going to have to go and find where people are.  Although we are diverse with the conditions represented and with including people from the four nations, there are areas to work on.  We are seeking to recruit people with arthritis from different communities to our research partner network to get involved, because sometimes people don't feel quite so keen to be involved and it is our job at Versus Arthritis to try and get more people involved and we are working on it. |
|  | What are the key research gaps the charity cannot address in isolation? And what are the obvious synergies?  *Dec 8th Question* | We have indicated some of these areas, for example, multiple long-term conditions, is an area where we would seek to partner with others across the landscape to bring improvements.  Another area is some of the rarer diseases, probably working internationally.  Looking at common mechanisms of disease and the collective immune mediated inflammatory conditions, we are already active through the Connect Immune partnership which will be making awards in the New Year.  Health service research and capacity is felt to be an area where working in partnership will have a better impact than going alone.  As we go through implementation planning and workshopping areas in the future, there will be others that come to light. |
|  | Is Prevention solely about risk factors and spotting early disease, or being around prevention per se?  *Dec 8th Question* | Early detection and understanding the risks of developing an MSK condition is a priority for us, the better we can do this, the closer we can get to stopping them before they cause lasting damage or developing a secondary or other chronic condition.  Our key focus is on preventing an existing musculoskeletal condition from getting worse, i.e. secondary prevention, however primary prevention is not beyond the reach of our activities, and we would be open to opportunities delivered in partnership with others. As a charity, our work around physical activity does indirectly touch on primary prevention. |
|  | Will you have a funding programme to fund PhD studentships? The comments were a little unclear.  *Dec 15th Question* | No, we will not have standalone PhD studentships as previously offered.    We are open to partnership opportunities for PhD studentships which are relevant to our priorities.  We have specifically decided to focus on mid-career researchers to help ensure that talented, ambitious researchers at that point in their career remain in musculoskeletal research, at a time when university funding we know is being reduced for this group.  We heard support for this group through our consultation and development phase, it was clear that prioritising mid-career researchers was beneficial, because of the support they bring to early career researchers also.  We will be looking at ways in which we can support early career researchers, including mentorship support. This is something we don't have the details on yet, but we are seeking to shape the mid-career fellowship offer differently, to be able to support some early career researcher development as part of the package. Details are being drafted but no standalone fellowships, unfortunately. |
|  | When will the first funding calls be open, under this new strategy?  Will Versus Arthritis research partners be asked to comment on applications?  *Dec 15th Question* | Taking the second part first, this process is well and truly embedded in our ways of working, has been for a number of years and will be a priority for our forward ways of working.  Also, more than commenting on applications, the involvement of research partners in the way calls are written and shaped, is where we will be taking our activities more so in the future.  Can share a current example of how we want to be influencing the landscape and the system to bring musculoskeletal research unmet needs to the work of others. We're working in partnership with the Nuffield Foundation, who administer the Oliver Bird legacy funding targeted at arthritis research; they are not a patient representative organisation. We are partnering financially but more so bringing added value to their running of that call, by bringing the lived experience of people with arthritis to their ways of working in both defining the call and reviewing applications.  -------------------  Regarding opening funding calls, we're in the process of formulating our implementation of the strategy, and we're expecting to have our plans in shape early in 2022. We don’t have the timings and the schedule just yet, but we'll be in touch with the community as soon as we're able to in the new year.  One thing that we have heard loud and clear from our research community is the need to have as much advance notice as possible of our calls throughout the year. We have taken that on board, and we appreciate that over the last couple of years we have not been able to give that much notice. With our very clear priority areas we intend to publish in advance what the funding calls will be, to give everyone the opportunity to put the best proposal forward. |
|  | Who do you anticipate we would partner with?  *Dec 15th Question* | There is a broad set of stakeholders in medical research that align to delivery of this research strategy.  We view opportunities for partnership and collaboration with public and third sector funders, commercial partners (including pharmaceutical industry, medical technology organisations, digital health providers), high value donors, healthcare providers and policy makers amongst others.  We are very keen to hear from other funders, including niche funders, for new collaboration opportunities and we specifically want to take an increasingly strategic approach to partnership and enable and lead on consortia building, where relevant, to be able to achieve the scale and impact musculoskeletal research needs. |
|  | Has COVID impacted the strategy?  Has the research strategy taken any account of COVID?  *Dec 15th Question* | We know COVID-19 has and continues to have a real impact on many people living with arthritis right now and you can read how some of our funding pivoted towards COVID19 responses.  During the development of the strategy, we heard strongly about the needs of people with arthritis and researchers but did not hear strongly about COVID-led needs. There are many COVID dependent needs for people living with arthritis currently, but they were not emphasised as areas for arthritis research focus.  We have seen the coronavirus pandemic impact certain groups of society disproportionately, this echoes the known impacts of musculoskeletal health inequalities on the outcomes of people with arthritis; our Living Well priority area aims to understand effective ways to support the different needs of different groups.  The known challenge of fatigue, which has been emphasised by COVID, provides a common area for activity in the near term and we will keep a close eye on the impact of the new variants to opportunistically explore areas for further investigation where MSK research can lead the way |
|  | What about young people?  *Dec 15th Question* | The needs of people with arthritis are at the heart of our strategy, their needs and lived experiences have shaped the defined principles and priorities.  This research strategy is inclusive of all musculoskeletal conditions and will be responsive to arthritis and MSK through all stages of life and age.  Prevention and early detection are of specific relevance to the experience of young people. |
|  | COVID-19 has pointed out severe health inequalities among black, Asian and minority ethnic communities does the research strategy expressly aim to tackle these?  *Dec 15th Question* | We know the likelihood of developing arthritis and the experience of living with arthritis varies considerably across different groups in society, including by ethnicity, gender and deprivation.  Through this strategy, we aim to understand what drives the social and psychological factors that influence the experience of living with arthritis and how to improve this.  We know that we have much more work to do in reaching out beyond the existing networks of people with arthritis that are not diverse and we commit to doing this. We are though placing a firm requirement for future funding that research proposals are able to demonstrate appropriate representation and diversity (ethnic, socio-economic, gender) that are relevant to the research aims. |