Reviewer’s report

Title: Common Understanding or Implementation Gap? The Collaboration for Leadership in Applied Health Research & Care (CLAHRC) as a Policy, Programme and Organisational Response to the "second translational gap"

Version: 1 Date: 25 May 2012

Reviewer: Graeme Currie

Reviewer’s report:

Major compulsory revisions:

You need to discuss the transferability of analysis of CLAHRC NWL case to other CLAHRCs and more widely, to other translational initiatives. CLAHRC NWL is rather distinctive in the way it is managed (relatively coercively through tight performance management and is rather closer to the NHS than host HEI compared to many other CLAHRCs).

Agree that CLAHRCs constitute an organizational identity, but this is a vast literature, which you cover superficially. Also you don't really use the concept to interrogate your data. In short, I would leave this for another, more theoretically orientated paper submitted to an organization studies journal.

You need to distinguish between the DH view and that of NIHR. CLAHRCs are funded by NIHR, and there was some competition between DH and NIHR around this; e.g. HIECs were then subsequently funded by DH, and initially were perceived as a threat, rather than complementary. In short, your discussion of macro- and meso-level framing requires nuancing. I doubt Sally Davies would agree CLAHRCs were a 'vague concept', although she would agree they are a natural experiment. Note the idea drew on the Canadian experience of translational research (see CHRF)

The description of the data set is rather confusing. At one point it seems a small data set, but then you seem to draw on a wider data set (albeit carried out by another researcher). Please make the relationship between data clearer. Please tell me more about interview content. Also tell me how you analysed each of the data sets. All this is important for replication purposes.

CLAHRC NWL may have lacked an explicit theoretical framework, and this was the case with many other CLAHRCs. Some CLAHRCs, notably NDL explicitly drew on a knowledge brokering model, and there has been some isomorphism across CLAHRCs around this idea.

You might discuss more of the boundary tensions within CLAHRC NWL, not so much around the NHS-HEI boundary, but across clinical science-social science boundary, specifically contested notions of what implementation ‘science’ is. My observation is that social scientists were rather decoupled with the mainstream clinical research and implementation in CLAHRC NWL.
Be careful about statements regarding re-financing of CLAHRCs. This is not clear, and will follow AHSN decisions.

You might review what external CLAHRC evaluations have disseminated so far, particularly attend to their critique of CLAHRCs (the Lockett and Scarbrough led evaluations are more reflective in this regard). Indeed you might be more critical yourself in your analysis of CLAHRC NWL. I think it is probably one of the more effective CLAHRCs, but nevertheless everything isn't entirely 'rosy'.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests