CSO RESEARCH STRATEGY - Response to Consultation from the Institute of Health and Wellbeing (IHW), University of Glasgow

The IHW welcomes this opportunity to respond to the consultation on the CSO's future research strategy. We endorse the points already made by colleagues in the MRC/CSO Social and Public Health Sciences Unit and Mental Health and Wellbeing, and wish to add the following observations.

We share the concern expressed by the CSO Units that the CSO strategy seems divorced from wider Government policies. It is surprising that the consultation document does not reference the five Strategic Objectives which underpin all Scottish Government policies, and are designed to foster joined up policy. The broadening of the public health agenda to reflect the wider determinants of health has been obscured by an almost exclusive focus on clinical and medical research.

Chapter 1 – Efficient R&D Support for Research

Question 1: Should CSO and the Health Boards set any eligibility criteria for nodal R&D Directors? Should appointment of a nodal R&D Director be for a specific time, and if so what term would be appropriate?

It would be beneficial to set a specific time frame for appointment so that the posts remain attractive, and fresh approaches can be brought in. A four year term would be appropriate?

Question 2: CSO proposes to approve the functions of staff in R&D Offices; should CSO seek to standardise local R&D functions across Scotland, or is it preferable to allow local flexibility?

It should be possible to specify core functions that every office should undertake, while retaining scope for local flexibility.

Question 3: Are there other NRS functions that might usefully be transferred from the Health Boards or CSO to the new NRS-GMS? Are there functions not currently being undertaken that the NRS-GMS might carry out?

No comment

Question 4: To what extent should the joint planning of the deployment of infrastructure resources be formalised? Should there be a formal record of such discussions?

Formal joint planning would be useful.

Question 5: Taken together, will these steps to both free up and promote the availability of NRS resources address current concerns over lack of time and support? If not, are there other steps CSO should take?

As the availability of clinical data to non-clinical users increases, it is timely to tackle the issue of when clinical qualification is required to carry out research and when it is not. Whilst there are clearly many situations in which clinical qualification is essential, there is also a great deal of work being carried out by clinicians which could be done by non-clinically qualified staff with clear reductions in cost. The focus on support for clinical or medical research in the strategy does not seem tremendously radical to me and a more explicit consideration of how we use clinical staff in research might be welcome.

Question 6: Are there any further changes that should be made to improve the efficient delivery of patients to studies through the NRS Networks and Speciality Groups?

No comment.

Question 7: To what extent do delays continue to occur as a consequence of differing NHS and university requirements? To what extent is closer integration of NRS and university functions possible and desirable?

Ethical approval remains a fundamentally flawed system because it essentially relies on the opinions of panel members. We would therefore endorse the CSO Units' call for "a taxonomy of permissible approaches that researchers can assume will be approved, unless a specific reason is given by the committee for making an exception."

Chapter 2 – **Partnership with Scottish Patients and Public**

Question 8: Would a trial register be of benefit to patients seeking trials? Would it be an effective way to partner patients with researchers? Is there a danger that expectations of taking part could be unfairly raised?

This proposal is worth piloting, though it may be hard to avoid raising expectations.

Question 9: Would using electronic NHS patient records to alert GPs to research studies for which their patients may be eligible a service the NHS should offer? If so, would a process where NHS records are only accessed by identified NHS staff working in secure facilities, and only passing potential participant names to their GPs or hospital consultants for consideration, be a suitable way to proceed?

This is an interesting idea, but often researchers wish to manage how the approach is made to possible participants (indeed, ethics committees often demand that they do so!), so such an approach would need to be carefully piloted and evaluated.

Chapter 3 – **Targeted Deployment of Resources and Infrastructure**

Question 10: What proportion of CSO funding should be available for deployment in new research initiatives relevant to the NHS? In what areas should CSO seek to disinvest to free up resources?

In a document that argues that funds should not be ' ring-fenced for any particular discipline or geographical area', it is disappointing to see such an exclusive focus on the NHS. The whole point of the Government's 'Healthier' Scotland objective is that the NHS is seen as one part of a wider approach to individual and population health in Scotland.

A proportion of the CSO's budget should be available (though not necessarily reserved for) new initiatives, particularly those which focus on achieving properly embedded and sustainable interventions for population health and inequalities. Phased disinvestment from less productive areas of funding is the appropriate source of funds for this.

Question 11: Is the focus of the CSO response mode grant schemes adequately defined and understood by the research community? Should there be a narrower focus to complement and avoid overlap with other funding streams Scottish researchers have access to? What is a realistic upper level for CSO grants to allow worthwhile projects to progress?

The focus of the CSO response mode grant schemes is well defined and well understood, but it would be good to see a more specific 'blue-skies' stream, in which pump priming for genuinely innovative work might be available, perhaps on a small scale, along the lines of Scottish Crucible grant scheme, which rewards collaborative innovation, but available to those at all career stages. The current CSO grant ceiling seems about right,

and it is important to provide researchers with opportunities to submit applications for relatively small scale but high yield projects. There are many examples of successful studies that have been supported through the CSO's small grants scheme in the past.

Question 12: What should determine the creation and continued funding of a CSO unit? Should any new unit have a plan for CSO funding to be time limited?

The continued funding of a Unit should be based on strategic need (i.e. is the work required), operational necessity (i.e. is a Unit the only way in which this work could be continued, or could it be carried out on a programme basis), evidence of utility (i.e. has the unit provided a high quality and quantity of service to Scotland's health, above and beyond that contributed by other non-unit teams working in the same sector) and scientific excellence (as evidenced by high impact publications). The current 5-yearly cycle is appropriate. A new unit should be justified by similar criteria, but the case must be very strong for the 'value-added' element of a unit , over and above a programme or large grant.

Chapter 4 – **Working in Collaboration**

Question 13: Are there other key areas of partnership CSO should be seeking to build?

Local government, third sector and other NGO groups.

Question 14: Would the creation of a CSO International Advisory Board be a positive step in raising Scotland's research profile and supporting our ambition? What should be the make-up of such a Board?

It is not clear what having an international board would add over and above a public review process.

Question 15: Are there other areas were CSO funded research could better support the Health Directorates' Quality agenda?

No comment

Chapter 5 – **Investing in the Future**

Question 16: Is the Primary Care Research Career Award scheme suitably focused to attract suitable high quality applicants? If not, what would a revised focus be?

Given the fall in interest, it would seem the scheme is not suitably focused and should be widened to reach those working in other aspects of public health

Question 17: Are the current CSO personal award schemes targeted to meet our future needs? If not, should CSO conduct a wider review of its capacity building schemes?

The existing schemes are valuable, but a review of all personal award schemes would be very useful.