

CSO Research Strategy June 2014

Healthcare Improvement Scotland collated comments

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?

More information is required regarding the details of the functions and how they would be standardised to determine whether standardisation or local flexibility would be most appropriate. It would be helpful if consideration was made to small boards having formal access to knowledge and expertise from R&D offices. This would be of particular assistance to small boards such as ours which participate in some, but only a very small number, of research projects.

Statement 1.23 We will also seek to combine the Scottish Research Ethics Service and NRS R&D Offices into a single integrated service for researchers while retaining the independence of the REC decision making function

We would encourage the CSO to provide more detail on how this would work in practice.

Statement 2.5 CSO will require the newly restructured NRS Research Networks to show evidence of involvement with the public in their work, and to embed patient and public involvement in their management processes.

We welcome this statement and the Scottish Health Council would be interested in working with the CSO to share good practice in this area.

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?

We believe that patients are interested in taking part in clinical trials and that a trial register would be a helpful to partner patients with researchers. Any dangers of raised expectations could be addressed through good, clear patient information.

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?

Given the potential benefit to both individuals and specific patient groups, we suggest that using electronic NHS patient records to alert GPs to research studies for which their patients may be eligible is a service the NHS should offer. The suggested safeguards for patient confidentiality seem suitable but efforts should be made to explain and test out this proposal with patients.

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?

A more important consideration is that all funded research is high quality and relevant to the needs of NHSScotland, from where all CSO funds ultimately come. This also applies in response to question 12, page 17.

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?

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research is high quality and relevant to the needs of NHSScotland, from where all CSO funds ultimately come. This also applies in response to question 10, page 14.

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

Suggest building partnerships with Participation Practitioners who could assist in building patient capacity to be involved. Chest Heart and Stroke Scotland (CHSS) have already worked successfully with Stirling University (the Telescot Patient Panel) to support patients to be involve in shaping research and this, and other successful models could be rolled out. The Scottish Health Council would be willing to assist with this sharing good practice if our staff capacity and other commitments allow.

The Scottish Health Council facilitates a network of academic researchers with an interest in person centredness and public participation in health and social care. This is more most accurately described as social rather than clinical research but it does fit with the three ambitions of Safe, Person Centred and Effective. The Scottish Health Council would be willing to help develop links with this network.

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

As CSO funds represent an opportunity cost to NHSScotland, then all funded research should be able to demonstrate how it supports the Quality agenda.

The Scottish Health Technologies Group and Scottish Intercollegiate Guidelines Network currently submit research gaps identified in the course of their activity to the DUETS database. This database is used by NIHR as a source of information for funding research, and as such these inputs would influence Scottish research funded by NIHR. We wonder if a specific mention of this should also be made in the strategy, in relation decisions on funding coming directly from CS.

Additional comments

Page 7, para 1.15 – How will CSO require Boards to take adequate steps to promote the availability of resources to support research? In the era of increasing pressure on budgets and related service delivery, this will need to be a clear process.

Page 9, para 1.23 – We would welcome a review of the Research Governance Framework and the shift in emphasis from policing research to supporting research. We would encourage the CSO to share more details of this, particularly around timescale and would welcome the opportunity to be consulted on the new framework.

Page 14, 3.1 and 3.2 – We were surprised to see CSO funded research as ‘medical research’. Health services research makes up a significant component of CSO supported research