NHS Borders response to CSO Research Strategy Consultation

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?

Eligibility for the position of nodal R&D director should be determined by the CSO and the health boards to ensure inclusivity of all parties. The nodal R&D Director post should be for a fixed period of time (3 years) with clear performance objectives. If performance objectives are matched then another fixed term contract could be offered.

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?

At the HRA workshop on 17th September 2014 it was indicated that Ethics and R&D could be co-located. This would be supported. Moves to reduce the duplication in R&D and Ethics reviews would be welcome; however local flexibility in R&D review should remain to ensure capability and capacity issues have been considered. Local issues such as data protection remain.

In standardising R&D functions consideration must be given to smaller health boards and the size of their function compared to that of larger boards and allow local flexibility.

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?

It is essential that a common standard is adopted with regard to infrastructure planning across Scotland to ensure all boards are on a level playing field. There should be dedicated space in each board (a clinical research unit) that can be accessed by any clinician wishing to take part in studies. This should allow a clinician from either primary or secondary care to have the support mechanisms in place to support research as and when it becomes available. There should be

a clear strategy for infrastructure nationally and there should be no lag when competing in an international market for work.

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?

NRS should work closely to develop training and support to small boards that ensures that where work comes along this becomes an attractive option to participate in rather than work which detracts from core service needs. It would be good for NRS to work closely with one or more of the Universities in Scotland to develop generic educational modules which meet educational needs of those who are new to research. This would allow spread and sustainability.

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?

There should be a targeted marketing across Scotland to ensure that all clinicians working in a particular clinical speciality are aware of all relevant trials taking place.
In addition, more access to all NRS networks and speciality groups would be supported. All NRS networks and specialities should be encouraged to link with all health boards.

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?

Recruitment of patient's seeking involvement in potential research studies is intensive and requires targeted advertising and marketing in both local and national media across written and audio-visual means, as well as targeted local events. The SHARE campaign benefits from his; however it puts considerable strain on local R&D resources to maintain continued support to encourage recruitment. More encouragement should be given to investigators to participate in research and advise patients of relevant research studies. This will reduce the risk of expectation and any false hopes.

Chapter 4 – Working in Collaboration
Question 13: Are there other key areas of partnership CSO should be seeking to build?

The CSO should build partnership with key industrial players outwith health and pharmaceutical industries such as Rolls Royce to share how their R&D work may benefit the health service and the wider clinical research agenda in Scotland.

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 unclear whether a CSO International Advisory Board would be a positive step. The members of the advisory group must be well informed in current practice and have expertise that will inform investigators of day to day good clinical practice. An international panel must have the resource to support Scotland's research aspirations. As such membership must be limited to those who are active leaders in clinical research.
NHS Borders would be keen to understand this in greater detail.

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

The CSO should be working very closely with Health Improvement Scotland and the national improvement programmes including the Scottish Patient Safety Programme, Person Centred Care, Older People in Acute Settings etc to make connections with valuable research topics to support national agendas, and aims of the quality strategy and 20:20 vision.

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?

There should be an open dialogue to explore why the scheme is failing to attract suitable applicants. Current issues in capacity prevent many GPs considering participating in clinical research. Could the CSO consider examining capacity issues and explore ways of embedding research as a core part of the job description? Could CSO support pilot service models such as increased nursing resource to deal with acute illness in daytime practice to facilitate GPs to focus on chronic disease and thus patients who are suitable for clinical research? Could the nursing resource provide the support to the clinical research studies too?

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?

NHS Borders would welcome a wider review of capacity building schemes. At present the Career Fellowship scheme is limited to individuals who possess a PhD, and who are early in their career. NHS Borders would welcome encouragement to senior clinicians, who have undertaken research in the past, to reintroduce research into their core role. Encouragement to nurses and allied health professionals to undertake PhDs to support research would also be welcomed. This would help build capacity to shape future needs.