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CSO R&D Strategy 2014

Response from NHS Health Scotland
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Below is a brief summary in response to the draft strategy as a whole followed by specific responses outlined against certain questions and sections of the strategy that were felt to be of particular interest to NHS Health Scotland.

Overall response

NHS Health Scotland generally welcomes the proposed CSO R&D Strategy 2014 but wishes to see it recognise and build upon the public health and health inequalities research already undertaken in Scotland and in which Scotland has been a world leader for over 100 years.

Specific responses

Question or section of strategy	**Response from NHS Health Scotland**
Preface, section 3, guiding principle one: Build whenever we can on the strong science infrastructure that exists across our Universities in Scotland with vibrant PhD and post doctorate communities.	NHS Health Scotland wishes to see this build upon the strong science infrastructure that exists across all collaborative research partnerships, not just within Universities in Scotland.
Preface, section 3, guiding principle two: Seek out and deliver collaborative partnerships with a tripartite mission of research, education and delivery of quality health care, underpinned by a significant NHS Scotland research infrastructure investment.	NHS Health Scotland wishes to expand 'research, education and delivery of quality health care' to include quality of public health and primary health care.
Preface, section 3, guiding principle three: Exploit our ability to link information from health, social care and non-health sources using data to support better treatment, safety and research.	NHS Health Scotland very much welcomes the move towards the exploitation of "big data" to better support treatment, safety and research. However data must also be used to support prevention as well as therapeutic interventions, solving practical problems that influence the determinants of health, rather than just health and disease issues.
Preface, section 3, guiding principle four: De-clutter the pathway for the regulation and governance of health research by taking a proportionate and streamlined approach to research governance.	Whilst NHS Health Scotland understands the desire for the proposed de-cluttering of the pathway for the regulation and governance of health research, such an approach cannot cut across the statutory and mandatory requirements of agencies and authorities to maintain appropriate

	research governance and sustain public confidence.
Chapter 1 (general comment)	Many of the proposed changes described in chapter one relate to NHS Research Scotland (NRS). However not all health boards are members of NRS. The exclusion of Boards such as NHS Health Scotland is a missed opportunity, particularly in the context of seeking to develop a stronger research base for public health, health improvement, and health inequalities reduction.
Chapter 1, 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 term, and if so what term would be appropriate?	NHS Health Scotland feels that eligibility criteria should be set for nodal R&D directors, and that such appointments should be set for a specific term to allow skills to be reviewed and refreshed on a regular basis.
Chapter 1, 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 noted that NHS Health Scotland has never received CSO funding for R&D functions, as a result of which such funding has had to be found from existing resources. We therefore suggest a review of allocations I order to reflect the prevention agenda, and interest and leadership from within Scotland in the determinants of health. Given the different contexts within which local R&D functions are delivered, local flexibility should be allowed.
Chapter 1, 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?	NHS Health Scotland has no NRS functions to transfer. However if these functions are to reside under the new NRS-GMS, this needs to encompass competence in areas that extend beyond clinical research, to include, for example, appropriate expertise in public health, health improvement and health inequality reduction research.
Chapter 1, 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?	NHS Health Scotland welcomes joint planning but, as this will be potentially undertaken by a not-for-profit non-government organisation (SHIL), there must be formal records of such discussions and that these discussions are maintained in a transparent manner as if they were a public body.
Chapter 1, question 6: Are there any further changes that should be made to	NHS Health Scotland recommends that a health inequality reduction research

improve the efficient delivery of patients to studies through the NRS Networks and Specialty Groups?	network be established, and that infra-structure resources be in place to support this.
Chapter 1, 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?	NHS Health Scotland feels that closer integration of NRS and university functions would be desirable. Further clarification on what is meant by retaining independence of REC decision-making functions would be welcomed.
Chapter 3, 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?	NHS Health Scotland believes that such a deployment would be helpful, and proposes all areas of clinical research be 'top sliced' to include health inequality reduction research initiatives, given that health inequality affects all clinical areas. Primary care has a particular and key clinical role in this area.
Chapter 3, section 3.10: From 2016 CSO will revise the allocation of underpinning infrastructure funds to ensure a more equitable deployment of resource based on activity.	NHS Health Scotland welcomes this revision of the infrastructure allocation, and would like to be considered in the reallocation of infrastructure funds. Furthermore, NHS Health Scotland would welcome more information on the proposed deployment criteria or reallocation formula.
Chapter 3, section 3.16: A review of the NRS Safe Haven opportunities and investments will therefore be conducted in the course of 2016-17.	At present NHS Health Scotland does not have direct access to safe haven opportunities. The needs of those health boards, including NHS Health Scotland, which are not currently part of NRS would need to be considered in the review.
Chapter 3, section 3.20: CSO will therefore conduct a strategic review of Unit purpose and funding in the course of 2015-16.	NHS Health Scotland welcomes the strategic review. It has longstanding and close links with several, and a track record of fruitful collaborations. Since NHS Health Scotland has major strategic interest in health inequality reduction, public health and health improvement, NHS Health Scotland would like to be considered as an active player in this strategic review especially given such a review may have a disproportionate impact on the research base for public health and health inequality reduction research.
Chapter 4, question 13: Are there other key areas of partnership CSO should be seeking to build?	NHS Health Scotland believes that there are broader interests outside clinical research which need to be reflected

	within the R&D strategy including social, consumer, animal and nutrition research; and those that have a vested interest such as the food industry, drinks industry (including both soft and alcoholic drinks), and the tobacco industry (and its analogues). Interest in clinical research alone may not be sufficient to guide collaborative working in the future. Therefore NHS Health Scotland feels there is a requirement to define partnerships more explicitly and to include wider research partnerships (e.g. with the food industry) relating to public health within the strategy.
Chapter 4, question 15: Are there other areas where CSO funded research could better support the Health Directorates Quality agenda?	NHS Health Scotland considers there are three other areas where CSO funded research could better support the SG Health Directorates quality agenda, the the SG Health Directorates integration agenda for preventative practice, and the SG health inequalities reduction agenda. These areas all feed into the policy ambition to achieve greater equity in health
Chapter 5, 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 Health Scotland feels that a wider review of capacity building would provide an opportunity to ensure that the CSO personal award schemes do not become over focussed on clinical research to the exclusion of research on public health, health inequality reduction and health improvement.
Chapter 5, section 5.15: We therefore plan to publish the health and bio-informatics research strategy in 2014, and then move quickly to implement its key recommendations, so that the benefits of a more efficient system of governance and a strong, flexible federal network of safe havens begin to flow as soon as possible, and the returns on the investment in the e-HIRCS, Farr, ADRC and national data linkage service are maximised.	NHS Health Scotland are extremely interested in and would welcome the opportunity to contribute towards, the proposed health bio-informatics and research strategy offers for maximising the opportunities for data linkage in relation to health inequality reduction, health improvement and wider public health aims.
Chapter 5, section 5.17: CSO will therefore fund a £1.2m NHS Stratified Medicine Applied Research Programme designed to evidence the value of adopting a stratified approach. Focused	NHS Health Scotland welcomes the emphasis on health economics especially the translation of health economics research into knowledge for practical application across a full range of

on evidencing the value of existing yet unadopted stratified approaches, rather than seeking to develop new ones, we anticipate that it will provide the health economic evidence base for the subsequent adoption of the technology or process.	technologies and processes, including those relating to public health, health inequality reduction and health improvement.