

I think it is very hard to comment on this document, particularly in relation to how CSO funding is deployed, when the elephant in the room is the independence referendum. If we become independent this will have profound implications for Scottish access to funding from the rest of the UK (and possibly Europe) - both NIHR grants and charitable funding. Even if we do continue to have access to some of our current funding sources outwith Scotland there is likely to be a period of uncertainty and attendant hiatus in research activity. I find it extraordinary that nowhere in the draft research strategy is there any reference to the referendum and the implications of independence or otherwise. How is CSO planning to manage things? Just as an example of experience on the ground, we had a helpful teleconference with MHRA recently about a study in planning but their parting comment was that they would have no jurisdiction if we become independent.

Nevertheless, as an NHS researcher and an NHS patient I would like to comment on questions 8 and 9.

Question 8: I do think a trials register would be of benefit to patients and would personally welcome this as an adjunct to SHARE. At present I'm largely reliant on asking what trials/research participant opportunities are available when I attend appointments, though I did participate in an English study that I found through the web and emailed the researcher about (they had to put in an ethics amendment to allow me to be recruited). Expectations of taking part could be raised, though not unfairly as long as it was made clear that simply meeting the published eligibility and ineligibility criteria would not guarantee an individual would be accepted on to a trial.

Question 9: If it can be managed (the resource implications could be large depending on the level of detail gone into) I think flagging up suitable patients to GPs and Consultants using NHS electronic patient records is a service the NHS should offer.