

Comments on CSO strategy

Please note the following comments are from Rosemary Wilson and are not expressive of the view of the Board.

SUMMARY OF QUESTIONS

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?

Yes, job description/eligibility criteria should be set. Appointment should be for a specific time minimum of 2 years maximum of 5 years.

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?

Yes, there should be elements of standardisation concerning core/generic functions but there needs to be local flexibility as R&D staff within R&D may be employed by smaller Health Boards as part of a team that covers a wider set of responsibilities.

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?

Support around improving the process consistency in the handling of studies approved in England but where the different legal position in Scotland necessitates some changes or rewording would be useful.

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?

Yes, a formal record of discussions should be kept.

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?

These steps will support the release of time.

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?

Clear communication in a format that can be easily shared with staff infrequently involved.

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?

Some delays occur due to duplication of forms and minimising this would provide more time to support researchers.

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?

Good idea in principle but requires clear guidance about implementation.

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?

Yes, but this would need careful public engagement and explanation.

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?

No comment.

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?

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?

No Comment.

Chapter 4 – Working in Collaboration – Good idea.

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

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

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

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?

If the scheme has not run in the last 2 years due to lack of interest the initiative requires to be reviewed but as to what the focus should be further information would be needed.

Question 17: Do 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?

Require to review existing schemes for fitness for purpose and future business priorities.