STRATEGIC REVIEW OF CSO CORE FUNDED UNITS
UNIT DIRECTOR QUESTIONNAIRE

Response submitted by: Health Economics Research Unit (HERU), University of Aberdeen

1. How would you change the current arrangements and why?

We see several benefits of the current funding model. Long term funding has enabled HERU to build and sustain a centre of excellence in health economics. We are internationally recognised for developing person-centred valuation methods; resource allocation approaches and methods; organisation and workforce structures to sustain care delivery; understanding individual behaviours and incentives as drivers of behaviour change; and evaluation of health technologies and interventions.

Sustaining a world leading health economics unit enables us to:

- Be a focal point for credible and expert advice and policy support for the Scottish Government, and the health and social care sector.
- Sustain a critical mass of health economics expertise in Scotland to facilitate methodological advancement and ensure we can respond flexibly to the changing policy environment.
- Build capacity in health economics in Scotland and beyond.
- Provide leadership to the health economics academic and policy community in Scotland and beyond.
- Facilitate a collaborative (rather than competitive) environment in Scottish health economics.

The CSO demonstrates great vision in providing core funding for world-leading health research units. Core funding brings much **stability** and **success**. At HERU, this **stability** has enabled us to build and sustain research excellence, facilitating the development, recruitment and retention of talented health economists. There is a persistent shortage of well-qualified health economists and growth in demand continues to outstrip supply. This difficulty in securing the best research talent to work on key policy priorities has been a key factor in the increasing use of various alternative funding models by other government organisations.

Our **success** is evidenced by successive CSO review panels, external reviews of our research (e.g. RAE 2008 and REF 2014) and the award of the Queen's Anniversary Prize for Higher and Further Education in 2017. The Queen's Anniversary Prize is the most prestigious form of national recognition open to a UK academic institution. The focus of the award is on innovation and practical benefit to people and society. HERU, along with our sister unit, the CSO core funded Health Services Research Unit (HSRU), were recognised for 'Health service research leading to improvements in academic and clinical practice and delivery of healthcare.'

We recognise there are alternative funding models that CSO could adopt. Large economies such as England, Canada and Germany, have competitive funding models. However, these are not well-suited to a small country; they rely on competing centres of excellence to ensure effective competition. The size of Scotland, in my judgement, makes it too small to support real competition. Furthermore, the synergy gained from the current core funding model, which encourages integrated themes (as outlined in response to question 4), could be lost in a model that separates funding into programmes of work. Scotland is also a country typified by collaboration rather than competition, pointing to the proven success of network-driven approaches.

At HERU we are passionate about our research having an impact at the policy level. We have initiated several processes over the years to ensure engagement in policy-relevant research. Building on this experience will inform a new initiative we are leading - the development of a **Network** for health economists in Scotland. The newly formed **Scottish Health Economics (SHE)** is a group that will link academics and policy makers. **HERU** will be the **hub**, facilitating links across Scotland (https://www.abdn.ac.uk/heru/news/12941/). Looking forward, strategic nodes within, for example, NHS Scotland's Special Health Boards (e.g. NHS Education for Scotland; NHS Health Scotland); regional Health Boards (e.g. NHS Highland, to focus on remote and rural

issues) and Healthcare Improvement Scotland, may be set up to enable the targeting of communication channels and increased capacity building support. We have had previous strategic alliances, for example with Healthcare Improvement Scotland.

2. What is the Unit's strategy to help ensure alignment of its research with Scottish Government policy priorities, and important NHS challenges?

HERU have a deep understanding of Scotland's health and social care policy issues and priorities. Coupled with this expertise we have a framework that seeks to ensure we address policy issues and priorities. This includes:

- The **quinquennial CSO Unit Review**, including a stakeholder consultation (strategic review) and a scientific review. The outcome of this process is agreement on a forward programme, reflecting strategic direction, research priorities and research expertise.
- Receiving advice between reviews from our **Unit Advisory Group**, which includes representatives from the Scottish Government, the NHS and academics.
- Meeting regularly with **economists** from **Health and Social Care Analysis** (HSCA) in the Scottish Government. For example, we are currently in discussion with members of the HSCA team regarding our research around workforce planning and realistic medicine (person-centred care).
- **Informal discussions** with key decision makers in NHS Scotland (e.g. NHS Education for Scotland; NHS Health Scotland; regional Health Boards; Healthcare Improvement Scotland; Health and Social Care Analysis) which enables HERU to understand and contribute to the changing policy environment. We **proactively** engage to ensure we are aware of the NHS challenges.
- **Presentations** at policy conferences which facilitate information exchange between NHS practitioners, policy makers and HERU researchers. We have a presence at key Scottish NHS events - the annual **NHS Research Scotland Conference** and the **NHS Scotland Event**. We host an exhibit stand at these events to enable direct discussion with delegates. We organise an annual symposium with **Healthcare Improvement Scotland** (and two other CSO core funded Units, HSRU and the Nursing, Midwifery and Allied Health Professionals Research Unit). This symposium brings together researchers, policy makers and practitioners from across Scotland. Each year's theme is relevant to NHS Scotland. In 2018 the theme was *Health and Social Care Integration*, and in 2019 the theme was *Realistic Medicine*.
- Providing support and expert advice to numerous groups and committees within the Scottish Government and NHS Scotland. Examples include:
    - **Technical Advisory Group on Resource Allocation (TAGRA)**, including active involvement in subgroups (Mental Health and Learning Difficulties, the Acute Care Programme and the Remote and Rural subgroup) undertaking research to maintain and develop the resource allocation formula that distributes funding throughout the health boards in Scotland.
    - **Scottish Medicines Consortium (SMC)**, providing health economics expertise through membership of the SMC committee, which meets once a month to make decisions on whether new medicines should be made available in the NHS in Scotland.
    - **Scottish Health Technologies Group (SHTG)**, which involves considering the strength of existing health economics evidence relating to healthcare diagnostic devices, tests and procedures, and provision of written advice to inform the funding decisions of health boards and other stakeholders.
    - **Membership of:** Research and Evaluation Sub-Group of the Ministerial Working Group on Tobacco Control; Health Inequalities Tool for Scotland Steering Group; Steering Group of the Analysis, Intelligence and Modelling for Workforce Programme; Evaluation Group for the Scottish Links Worker In Deep End Practices project; Monitoring and Evaluating Scotland's Alcohol Strategy Group; Scottish Cancer Patient Experience Survey Stakeholder Group; NHS Scotland Resource Allocation Committee; Chronic Pain Service Improvement Group; Minimum Unit Pricing Evaluation Collaborative; Advisory Group on Impact of Restricting Promotions of Discretionary Foods High in Fat, Sugar and Salt; Food and Drink Research, Evaluation and Evidence Collaborative; Short Life Working Group on Promotions Evidence Relating to Discretionary Food.

- **Improvement Science Methods Advisory Group of the Scottish Improvement Science Collaborating Centre (SISCC)**, providing advice on health economic methods for evaluations of health improvement projects.
- Supported Scottish Government strategic initiatives in introducing smoke free places and minimum unit pricing, including for the latter, presenting at a **Holyrood committee.**
- **Membership of various grant-awarding panels in Scotland and beyond**, including: Scottish Government/Royal Society of Edinburgh Personal Research Fellowships Committee; CSO Health Improvement, Protection and Services Research Committee; various Medical Research Council (MRC) and NIHR panels, and the European Commission Horizon 2020 Funding Panel.

HERU also provide advice beyond Scotland. Examples include: contributing to the work of the National Institute for Health and Care Excellence (NICE) in updating evidence underpinning guidance on preventing harmful drinking and through membership of programme guidance groups on personal and social health education and on tobacco harm; evaluating the impact of smoke-free legislation on the hospitality sector for the Department of Health; and presenting findings from our alcohol research at a Cabinet Office workshop that informed the development of alcohol policy in England.

3. How does the Unit support patient and public involvement in research, training, and research capacity building?

3.1 Patient and public involvement in research: We have always placed patients and the public at the heart of our research. We are internationally recognised for: (i) developing person-centred approaches to valuation and (ii) involving patients and the public as partners in our research activities. It is a core principle of the research undertaken at HERU that we involve patients and the public in all stages of our research projects, including development of the research idea and funding application, membership of project steering groups and advisory panels and dissemination activities. We work closely with the University of Aberdeen's Public Engagement with Research Unit to disseminate our research results. We actively seek opportunities to engage with public and patient audiences and groups, and examples of our activities are available from the Public Engagement page of our website (https://www.abdn.ac.uk/heru/engagement/). We use social media to engage with the public and to make our research more accessible. We have an active Twitter account, we launched a blog in 2019, and have communicated our research and activity via the University of Aberdeen School of Medicine, Medical Sciences and Nutrition Facebook page.

Currently we are working with Professor [REDACTED] (who has a 10% WTE HERU post), the [REDACTED] of the British Columbia SUPPORT Unit (http://www.bcsupportunit.ca) to explore what we can learn for Scotland from an exciting and transformative initiative funded by the Canadian Institutes of Health Research (CIHR) to advance patient-oriented health research.

3.2 Training and research capacity building: There continues to be a shortage of health economists in Scotland and beyond. CSO core funding enables us to build health economics capacity across Scotland in academia, NHS and Government. Our strategy focuses on:

3.2.1 Developing the next generation of health economists to work in Government and health and social care and academic research centres, including HERU and other universities in Scotland and beyond.

3.2.2 Improving the health economics literacy of health and social care professionals working in the NHS, social care sector and Government.

3.2.1 Developing the next generation of health economists **-** HERU has a rich tradition for developing research leaders in health economics and many of the leading health economists in Scotland, the rest of the UK and internationally have worked or studied in the Unit. We develop the next generation of health economists by targeting key parts of the training trajectory with the specific aim of generating interest in health and provide high quality training and mentoring. This includes:

- *Stimulating interest in health economics amongst economics undergraduates*

- Teaching health economics on the **MA in Economics** (University of Aberdeen). Several students completing this course have gone on to study for an MSc in Health Economics.
- Our **summer internship scheme** introduces economics undergraduates to work as a health economist and encourages careers in health economics. HERU pioneered health economics internships in the UK and several health economics units now run similar programmes. HERU interns have gone on to posts within Scottish Government, local government and to further academic studies within health economics, including Masters and PhD programmes.

- *Delivering advanced training in health economics*
  - Teaching postgraduate economists and practising health economists, including those working in Scottish Government, through a number of economics Masters courses, including the **Scottish Graduate Programme in Economics** and **PhD student training and supervision**.
  - Running an expert workshop **on Discrete Choice Experiments** applied to health economics. Due to demand we run this course every year in Aberdeen, bi-annually in Canada (in collaboration with the University of Calgary) and on request in other countries.
  - **Funding post-doctoral fellowships** to enable early-career researchers (ECRs) to develop strong applications for MRC Skills Development Fellowships and **hosting research visits by early-career researchers** from a range of countries (during our last review period, 2010-2017, ECRs visited HERU from France, Canada, Australia and South Africa).

3.2.2 Improving the health economics literacy of professionals working in the NHS and Government **-** We improve the health economics literacy of professionals working in government, health and social care by developing economic thinking about the best use of resources in day-to-day practice and by developing awareness of where research can help. We achieve this by offering bespoke courses, both face-to-face and online, and working in partnership with key organisations such as HIS and NHS Health Scotland. This includes:

- In 1979, we launched our **Health Economics Correspondence Course**. This is now an online **Postgraduate Certificate/Diploma/MSc in Health Economics for Health Professionals** (https://www.abdn.ac.uk/heru/courses/pgcert/). This programme aims to increase understanding of the usefulness and application of health economics to health professionals. Over 1000 people have completed our postgraduate courses.
- A one-day course on **Using health economics evidence in healthcare decision making** (https://www.abdn.ac.uk/heru/courses/workshops/heph-workshop/). This course was initially provided as part of the Health Economics Network Scotland. It gives an introduction to the identification, appraisal and application of economic evaluation for policy-making in healthcare.
- Participating in **Action-Learning Sets** which provide hands-on health economic training to support the development of policy in relation to priority areas (delivered in NHS Lanarkshire to assess prescribing variation within GP practices).
- Recently we have introduced an **online CPD course in Health Economics** (https://www.abdn.ac.uk/heru/courses/cpd/). This online course is for health professionals who would like an introduction to the core concepts of health economics.
- To understand the requirements, and support health economics capacity, we work in partnership with organisations such as Healthcare Improvement Scotland (HIS), NHS Education Scotland (NES), NHS Health Scotland and Health and Social Care Analysis (Scottish Government).

4. What is the added value of CSO's investment in Units?

The CSO's long term funding of HERU, based on rigorous independent reviews, has contributed to the development of world-leading research capacity in health economics in Scotland together with a positive reputational effect for Scottish Government in their support of HERU.

The relative certainty of long-term core funding, compared to short term grant funding, enables HERU to build, sustain and attract leading health economists. We currently have 7.7 WTE CSO core-funded health economists. Around this core we have recruited a further 15 WTE health economists. The long-term investment by CSO,

and the international excellence this has built, has incentivised co-investment by the University of Aberdeen, with matched funding.

HERU researchers attract research funding, increasing the volume and quality of research in Scotland. Over our last CSO Review period (1st January 2010 – 31st October 2016), the CSO invested £4.9m in HERU. During this period HERU researchers were involved in externally funded research grants that generated research funding to a total value of £51.3m. Grants were awarded from numerous funding bodies including: World Health Organisation (WHO); World Bank; Medical Research Council (MRC); Economic and Social Research Council (ESRC); National Institute for Health Research (NIHR); and European Commission. Of the £51.3m, £30.5m was awarded to the University of Aberdeen, £16.2m to other Scottish universities and NHS Scotland organisations, and £4.6m beyond Scotland (England, Europe and internationally). Over the period, HERU secured funding to support its research to a total value **more than ten times the investment made by the CSO.**

Our critical mass of health economists can respond flexibly and adapt to emerging Scottish policy priorities. We are recognised as a source of expertise and provide advice, credible evidence, support and collaborative opportunities to healthcare professionals and policy makers at all levels in Scottish Government, NHS Scotland and health research communities in Scotland. Core funding provides the ability to adapt within the funding cycle to new emerging issues. Core funding has established HERU's profile, so people know where to go for advice. Often this advice can be informal through a phone call or one-off meeting.

Core funding enables HERU to build coherent research programmes ensuring sustained support in critical policy areas. It has also enabled us to broaden our research agenda beyond Health Technology Assessment (where health economic funding is most commonly available) to other important policy areas where we have international expertise (e.g. person-centred valuation methods; resource allocation; organisation and workforce structures to sustain the delivery of care; understanding individual behaviours and incentives necessary to change behaviour).

Our research is currently organised into four interrelated themes, all of which contribute to Scottish Government and NHS Scotland policy priorities:

- ***Methods of Benefit Valuation (MBV)*** – develops and applies economic methods to help understand what patients and the public value, contributing to the Scottish Government aim of **person-centred health and social care.**
- ***Workforce and Organisation of Care (WOC)*** – examines how financial and non-financial incentives influence the behaviour and performance of the people and the organisations delivering care and thus informs the Scottish Government's **workforce vision and integration of care agenda**.
- ***Health Behaviour (HB)*** – uses economics to understand health behaviours (diet and food choice, alcohol consumption, self-management of chronic conditions) and incentives as drivers of behaviour change, contributing to the Scottish Government priorities of **improving population health and reducing health inequalities** through early intervention at all stages in the life course.
- ***Assessment of Technologies (AoT)*** – conducts economic evaluations to inform NHS decisions on the adoption and withdrawal/modification of health technologies and interventions, contributing to the Scottish Government priorities around **value for money and sustainability**.

We collaborate across themes to address policy priority areas; **the whole is considerably greater than the sum of the parts.** Our research themes emphasise both the application and the development of strong methodology. Examples of collaborations across themes include using methods developed in the Methods of Benefit Valuation theme, most notably discrete choice experiments, to answer important policy questions e.g. recruitment and retention of health workers within WOC; understanding health behaviours within HB; and broadening out the valuation space beyond clinical outcomes within AoT.

CSO core funding enables capacity building activities that may be associated with no or little income generation. This includes bespoke courses for health professionals (e.g. our one-day course on using health economics evidence in healthcare decision making); partnerships with organisations such as HIS and NHS Health Scotland to support health economics capacity; and providing leadership of SHE.

5. Do the current Unit funding arrangements support both research excellence and the production of research that is responsive to pressing health policy and practice needs or would different arrangements be more appropriate?

The current funding arrangements have enabled HERU to build and sustain a critical mass of experienced health economists who are recognised internationally for **research excellence and who produce research that is relevant to pressing health policy and practice needs.**

Our **research excellence** was evidenced in the 2008 UK Research Assessment Exercise, where staff from HERU made a major contribution to the University of Aberdeen's submission to Unit of Assessment 7, Health Services Research. The Health Services Research return was the highest-scoring return for the University of Aberdeen and was joint first in the UK. In 2012, the HERU director, Professor Mandy Ryan, was ranked as the UK's leading health economist and the Unit ranked 4th in Europe, both based on ranking of published articles and their citations.[1] In the 2014 UK Research Excellence Framework (REF 2014) feedback from the assessment panel explicitly highlighted the exceptional strength and depth of health economics at the University of Aberdeen. In REF 2014, one-third of the Impact Case Studies submitted by the Institute of Applied Health Sciences (IAHS) at the University of Aberdeen resulted from research undertaken in HERU, and a further third from research undertaken in the IAHS in collaboration with HERU.[2] In 2017, the Queen's Anniversary Prize for Higher and Further Education was awarded to the University of Aberdeen in recognition of world-leading research into health economics and health services undertaken at HERU and our CSO core funded sister unit, HSRU, over the last 40 years.

Our critical mass of experienced health economists also has a deep understanding of Scottish health institutions and policies. We understand the challenges institutions face and have ongoing discussions with relevant stakeholders to ensure **our research is relevant to pressing policy needs**. Examples where HERU has had considerable impact on policy and care delivery in Scotland include:

- Major contributions to Scottish smoking and alcohol policy: the introduction of smoke free public places and the introduction of minimum unit pricing of alcohol. Regarding the latter, we were involved in discussions with the Scottish Government over a ten-year period, from conception of the policy through legislation to the legal challenges. Core funding of HERU enabled this long-term engagement. HERU has an international reputation for these public health topics, with line-of-sight policy impact in Scotland and elsewhere.
- Played a central role in the development and implementation of formulae to allocate resources to Scottish Health Boards, GP practices and, in England, Primary Care Trusts. This work was underpinned by core funding for our Workforce and Organisation of Care research theme.
- Evaluated the cost-effectiveness of a wide range of healthcare technologies in use throughout the Scottish health service, including drugs, medical devices, diagnostic tests and surgical procedures.
- Developed and applied robust methods for identifying preferences for health service delivery and worked with Scottish health boards, including NHS Grampian, NHS Dumfries and Galloway and NHS Highland, to employ these methods to develop priority-setting frameworks and person-centred care.

[1] Wagstaff, A. and Culyer, A.J. (2012) 'Four decades of health economics through a bibliometric lens', *Journal of Health Economics*, 31 (2), pp 406–439.

[2] REF 2014 Impact Statements: *Improved Public Health: Smoke free legislation in Scotland* and *Local Pay Analysis: Applications to NHS Hospital Funding. HERU c*ontributed to *'Influencing national and international breastfeeding care through the generation of high quality evidence'* and *'Making in-vitro fertilisation (IVF) safer'*.

STRATEGIC REVIEW OF CSO CORE FUNDED UNITS
STAKEHOLDER QUESTIONNAIRE

Response submitted by: University of Glasgow

1. How would you change the current arrangements and why?

   The current four Units have been in place for over 20 years so review of existing centres is timely. Also, since two units (SCPHRP and IHR) closed without replacement this is an appropriate time to consider investment in new Units.

   The current system of rigorous review every five years is appropriate and should cover both strategy and science. The two units that closed had CSO funding withdrawn following removal of co-funding or anticipation thereof. However, three of the four remaining units have no co-funding in spite of being in place for many years. In contrast, SPHSU has considerable core funding from MRC as well as a large and increasing portfolio of additional grant income. The last unit to be created, SCPHRP, did not follow an open competitive process; it is now closed. We support prioritising units (new units or continued funding of existing units) according to the following criteria:

   - Units able to **leverage additional funding**
     - co-funding of Unit, matched funding from HEI or substantial funding from (an)other research grant funder(s).
     - research synergies with CSO's other research infrastructure investments
   - Units with the greatest potential to **impact on health**
     - research strategy and programme should clearly align with Scottish public health needs and priorities
   - collaboration with other units/centres, other HEIs and other external stakeholders (eg NHS, government, voluntary sector, industry).
   - Willingness to play a lead role in developing capacity by offering secondments and exchanges and running training and workshops.

2. What outputs have you seen or used from CSO funded units in the past and what health research outputs would you like to see from the units?

   - It is important to achieve and record academic outputs (eg publications) using the usual metrics. However, it is equally important that these Units have outputs that extend beyond these and can demonstrate impact on policy, practice and health. For example, the HERU has been effective at publishing methodological and applied research but Scottish Governmental agencies (HIS and NHS Health Scotland) have had to approach health economists in other HEIs to obtain input into guideline development and advice on HTA.

3. What sort of engagement would you wish to have with CSO funded units?

   - The Units should not be insular. They should be fully integrated university Units. This facilitates collaborations and leveraged funding / resources within their own HEI. In addition, they should develop meaningful collaborations with academics in other HEIs as well as other relevant stakeholders (eg NHS, government, voluntary sector, industry). They should be actively involved in public engagement and knowledge exchange and should contribute to policies and guidelines. They should also play a lead role in capacity building through secondments, exchanges, training and workshops.

4. What do you consider should be the principal objectives, activities and responsibilities of CSO core funded units, and what should be the advantages, added value and outcomes from this funding?

    - Core funding should enable units to focus on long-term programmes of research in areas of strategic need; to build capacity in terms both of training and the development of infrastructure, collaboration and partnerships (public, private and third sector); and to undertake knowledge exchange and translational activities that might not be feasible with grant funding alone, including guidance development, responding to public consultations and enquiries, contributing to advisory and steering groups, etc.

    - Units should undertake research activities relevant to Scotland's health. They should develop and carry out applied research relevant to Scotland's public and patients, that aligns with national priorities and develop relevant research methods to support such work. They should directly support Scottish Government's research priorities.

    - However, they should not be entirely parochial. Their research should also be world-leading and have international impact and they should actively pursue international collaborations in order to showcase Scotland's strengths and attract high calibre staff and students to Scotland.

    - Units should leverage substantial co-funding from UK and international sources, play an important role in capacity building and contribute to impacts that enhance Scotland's health and economy. Units should demonstrate partnership working, across academic institutions and with local and national policy, health and social care organisations.

5. Do the current arrangements support both research excellence and the production of research that is responsive to pressing health policy and practice needs or are there disadvantages of this and would different arrangements or alternative models (such as the models set out in the review panel's terms of reference) be more appropriate?

    - The funding model of University Units, subject to both strategic and scientific reviews and contributing to their host institutions' REF returns, incentivises both scientific excellence and research that meets the needs of decision-makers.
    - Comparing Scotland to England, we do not have NIHR's Biomedical Research Units and Centres (£6-114m), CLAHRCs (£10m+), Policy Research Units (£5M+) or Schools (c.£20m), or NIHR Programme Grants. There is a lot of ground to cover. The CLAHRCs and Schools probably cover the ground where CSO should focus Unit funding, high quality translational research relevant to regional/national priorities involving academic and non-academic partners. The Policy Research Units are strong in England but probably too applied/responsive to be the focus of the very restricted funding available in Scotland (eg. They would be less likely to secure substantial leveraged funding) and the distributed School model may be less efficient than a Unit with strong leadership from a single institution.
    - NIHR CLAHRCs is a good model for funding that demands genuine collaboration between researchers and end-users (NHS and other stakeholders). This would require the Units to be focusing on issues that are current and relevant. It also ensures some level of implementation of research. It is an open competition for 5 years of funding.

- Medium-term response units are also a good model - e.g. Policy Research Unit in Economic Methods in York (http://www.eepru.org.uk), policy innovation research unit at LSHTM (https://piru.lshtm.ac.uk). The University of Glasgow NIHR Complex Reviews Support Unit is also a response unit for methodological advice.
- CSO should fund some smaller Units that reflect current needs.

6. What criteria and processes should CSO apply to considerations about continuing, discontinuing and establishing core funded units (or alternative models of research support), including the exit strategy if funding is discontinued?

    - Clear, transparent criteria for funding
    - Open competition for new Units
    - The process should be evidence-based, with use of metrics (e.g. based on ResearchFish) to compare returns to alternative forms of investment, rather than just expert judgement.
    - Sole funding by CSO for a Unit should be restricted by default to a limited period unless there is exceptional demonstration of a continued strategic need. There should be evidence of having leveraged other funding before continued funding is considered.
    - Consider having a number of CSO funded 'positions' at a variety of Units, similar to NIHR Professors

STRATEGIC REVIEW OF CSO CORE FUNDED UNITS
STAKEHOLDER QUESTIONNAIRE

Response submitted by: University of St Andrews

1. How would you change the current arrangements and why?

   We are of the view that after a limited period of time, funding for these research units should be provided by their host universities – institutions they belong to - as these universities are the principal beneficiaries of the funding provided. The funding thus released could then be used for new areas where Scotland could develop expertise over a restricted time period e.g. 5-7 years. Dental Health Services Research in Scotland was not noticeably weaker after CSO withdrew support for DHSRU in Dundee University who continue to support the unit.

2. What outputs have you seen or used from CSO funded units in the past and what health research outputs would you like to see from the units?

   Some staff have benefitted from methodological training e.g. HERU or work underpinning the work undertaken by the units e.g. HSRU documenting intra-class cluster coefficients. The research outputs colleagues here have suggested they would like to see more enabling high quality research across Scotland in cognate disciplines.

3. What sort of engagement would you wish to have with CSO funded units?

   Greater engagement and responsiveness. People who have worked here for less than 2 years had not heard of the units until the questionnaire was sent and most senior staff reported lack of responsiveness to requests for assistance. The most commonly cited response, particularly from HERU, was that 'We are too busy with our own work to provide input to your projects.'

4. What do you consider should be the principal objectives, activities and responsibilities of CSO core funded units, and what should be the advantages, added value and outcomes from this funding?

   To provide academic leadership in important topics where critical mass in a single group would benefit Scotland.

5. Do the current arrangements support both research excellence and the production of research that is responsive to pressing health policy and practice needs or are there disadvantages of this and would different arrangements or alternative models (such as the models set out in the review panel's terms of reference) be more appropriate?

   Yes to research excellence.

   Less clear about responsiveness. Policymakers may have a positive view, most practitioners are unaware of the work the units.

6. What criteria and processes should CSO apply to considerations about continuing, discontinuing and establishing core funded units (or alternative models of research support), including the exit strategy if funding is discontinued?

   Unit funding should be time limited to enable the dissemination of methodological expertise developed therein and then, if successful the unit should continue supported by the normal range of academic funding routes. The funds made available from cessation of funding could then be used more productively elsewhere. This would fit best with the MRC Centre model of short-term funding to establish a self-sustaining centre of excellence.

UNIVERSITY of STIRLING

STRATEGIC REVIEW OF CSO CORE FUNDED UNITS
STAKEHOLDER QUESTIONNAIRE

Response submitted by: ***University of Stirling***

1. How would you change the current arrangements and why?

We support the continuation of a health and social care research unit being situated within host institutions, and continuation of core funding. The long-term nature of funding allows the development of a *critical mass* of research personnel, publication of *outputs* that reflect topic expertise as well as methodological expertise, and *impact* on the care individuals receive and the health and social care services we provide.

If an alternative model is considered, the principles of capacity building across the health and social care professions needs to be maintained and further developed. There needs to be key strategic areas of research that informs care delivery and service provision. The entity would require to work with a range of other institutions, both nationally and internationally, and individuals and groups of individuals to further develop the evidence base for safe, effective and person-centred care across health and social care.

From our perspective of the current model, a joint investment model means that the Unit has been fully integrated into our Faculty and University structures. This has benefit to the capacity building within the NMAHPRU team (as demonstrated through the level of promotions within staff team particularly to Associate Professor and Professor level) as well as providing the Faculty/University with research experts (e.g. research governance).

2. What outputs have you seen or used from CSO funded units in the past and what health research outputs would you like to see from the units?

We are fully aware of the reputation of NMAHPRU in providing evidence to their three streams of work, i.e. Innovation in NMAHP Interventions, Transforming Care Delivery and Maximising Data Usage in NMAHP Research. We have encouraged and facilitated the exemplary patient and public engagement approach to their strategic development (e.g. PPI involvement at Scientific Advisory Group) as well as to their operational work, for example within grant funded projects and co-designing interventions. Additionally, international and national external peer review, annually at the Scientific Advisory Group, and quinquennially at the CSO Review (2018), ensures that research outputs and impact, as well as strategic direction of the Unit, is critically reviewed, responded to, and evaluated.

We view the research contribution to the health and social care agenda within the three workstreams to be excellent. Engagement with NHS colleagues and Scottish Government has enabled the Unit to carry out clinically relevant research that influences policy and practice.

3. What sort of engagement would you wish to have with CSO funded units?

The engagement with our co-host institution (GCU) is excellent. We particularly engage with the other CSO units based within the University of Aberdeen, and have worked jointly on research (e.g. clinical trials). NMAHPRU have significantly engaged in other national workstreams such as the Scottish Midwifery Research Collaboration (SMART) and the Scottish Improvement Science Collaborating Centre (SISCC). Other collaborations include joint research work and outputs with other institutions (e.g. Edinburgh Napier University in data linkage work with suicide within emergency care, and with the University of the West of Scotland on catheter care and pelvic health), as well as a pan-Scotland initiative developing work on the Clinical Academic within the NMAHP workforce.

4. What do you consider should be the principal objectives, activities and responsibilities of CSO core funded units, and what should be the advantages, added value and outcomes from this funding?

The key principle is to improve the health of the population of Scotland and we believe that NMAHPRU has already contributed enormously to the evidence within the three workstreams. Within the current governance arrangements there is ample opportunity for the unit to review their workstreams and programmes of work to be in keeping with the health and social care needs of Scotland.

Work commissioned by Scottish Government on policy issues, such as Advancing Practice in Primary Care, is carried out at short notice and is effective and efficient due to the capacity within the NMHAPRU. This means that NMAHPRU activity can be initiated by policy needs and civil servants, as well as through competitive grants.

The importance of a sustained international reputation within this field cannot be underestimated – through obtaining grant income (such as GCRF and UKRI), the other objective should be to further advance the work of NMAHPRU through more international work and collaboration to solve world-issues (e.g. road traffic trauma in Africa is a current example).

5. Do the current arrangements support both research excellence and the production of research that is responsive to pressing health policy and practice needs or are there disadvantages of this and would different arrangements or alternative models (such as the models set out in the review panel's terms of reference) be more appropriate?

Research excellence is one of our University's key objectives. The NMAHPRU is a key area of research excellence that the University/Faculty wishes to keep supporting and developing. There is a critical mass of researchers who contribute to the research profile not only of the University/Faculty but also the research profile of NMAHP-related research throughout Scotland.

6. What criteria and processes should CSO apply to considerations about continuing, discontinuing and establishing core funded units (or alternative models of research support), including the exit strategy if funding is discontinued?

The return on investment of current arrangements needs to be recognised. The annual costs of the NMAHP-RU run to the equivalent of a reasonable NIHR single award but the amount of research and income generated (including investment of HEI's) is significant in comparison. Other models would need to match or surpass this return on investment. The funding enables the Unit to undertake consistent 'programmes' and problem focused 'workstreams' which may require a series of projects to solve or achieve intended impact. Other models would have to ensure 'programmatic' approaches could be pursued.

Any discontinuation of funding would need to recognise the potential loss of the significant (and international) reputation of the Unit(s) and research expertise that has been developed over the years. The growth of the evidence base for NMAHP practice is still extremely low in comparison to medical and general health services research. There are unique methodological challenges in conducting NMAHP research, particularly trials which most often involve an intervention coupled with both practitioner and patient/carer behaviour change in a complex ward and team environment. NMAHP interventions are the very complex end of complex trials: many CTU's are thrown by such complexity. Any proposed changes to investment in NMAHP focused research would need to take these challenges (and potential loss of expertise) into consideration.

When looking at other models of research support within the other UK nations it is difficult to comment on their applicability to NMAHP research in health and social care in Scotland. Together with CSO funding and host institution support the NMAHPRU unit budget is c£3million, and it would be advantageous to gain insight into how alternative models of funding may work in order to maintain and further develop the research excellence already demonstratable within the current structures.

It is well recognised that the Higher Education sector has its own fiscal pressures. As a consequence, the University of Stirling would find it impossible to maintain this level of research performance and maintain the NMAHPRU's profile as an international centre of excellence for NMAHP research without the continuation of core funding.

STRATEGIC REVIEW OF CSO CORE FUNDED UNITS
STAKEHOLDER QUESTIONNAIRE

Response submitted by: ***University of Strathclyde***

1. How would you change the current arrangements and why?

Change to current arrangements is appropriate if either the areas covered by the existing arrangements are no longer the key priorities, or the delivery mechanism is no longer the most effective.

The key reasons for changing current arrangements, which will be discussed further below, are

- *The approach to funding existing centres, coupled with the level of funding, does not adequately provide access to the range of expertise available in Scotland within their existing areas of coverage – scope for collaborative approaches could be significantly strengthened.*
- *Expressed Scottish Government priorities for public health are only partially addressed through the current centres (see https://www.gov.scot/publications/scotlands-public-health-priorities/). In particular mental health is highlighted there.*
- *Key challenges for the NHS are in dealing with ever increasing demand on limited budgets. Transformational change is required with a strong focus on technology innovation, systems and process innovation, and optimisation across health and care boundaries. We need to be addressing the range of critical issues for health and care delivery.*

2. What outputs have you seen or used from CSO funded units in the past and what health research outputs would you like to see from the units?

   As an academic institution we engage with the CSO funded units from time to time as academic collaborators. This is no different from academic collaborators in universities elsewhere, for example with the Centre for Health Economics at York University.

   As discussed above, we believe that CSO supported work should cover a wider range of NHS and wider societal challenges that will help the transformation of the service.

3. What sort of engagement would you wish to have with CSO funded units?

In their current form we collaborate from time to time as academic collaborators. We would support a model in which units made more systematic use of the broader range of expertise available across Scottish HE sector with a focus on impact.

4. What do you consider should be the principal objectives, activities and responsibilities of CSO core funded units, and what should be the advantages, added value and outcomes from this funding?

   The statement provided about the centres says:
   *"*CSO provides core funding to research units in order to develop centres of excellence in areas of strategic importance for applied research related to the development of effective health, care or public health practices and policies in Scotland. The units are expected to provide authoritative sources of advice and training to build capacity in research disciplines important to health research capabilities in Scotland. All are expected to attract significant additional grant-based funding. They also receive significant 'in kind' funding from their host institutions. Each unit is separately subjected to independent expert review around every five years to assess strategic relevance and scientific excellence and inform future CSO funding decisions. "

   *These would seem to be reasonable objectives and activities. The key issues for CSO are whether the core funded units are the most **effective** ways of delivering the outcomes described and whether, together with other mechanisms for supporting research, they provide optimal **coverage** of the **priority areas** for the NHS.*

   The challenges to the present system being the "most effective" form of delivery will be particularly present when:

   a) There is strong expertise in a particular area outside the core funded institution,
   b) Changing multidisciplinary teams are required to deal with particular issues.
   c) There is a significant focus on innovation and impact.

   The challenge of covering priority areas for the NHS is particularly great at a time when the demands for technology and business innovation are so great, and we feel that there is room for some rationalisation of the current group of units in order to allow for new initiatives to draw on existing and emerging expertise wherever this is found in the sector and its collaborators within the NHS and associated agencies.

5. Do the current arrangements support both research excellence and the production of research that is responsive to pressing health policy and practice needs or are there disadvantages of this and would different arrangements or alternative models (such as the models set out in the review panel's terms of reference) be more appropriate?

   We feel that transformational Innovation in the health service deserves greater attention taking opportunities for bold investment, and that, more specifically, issues such as

digital health, Health Technology (assessment, commercialisation and adoption thereof), and health/care "systems optimisation" require further support. In this sense the current arrangements do not appear to give the scope and create the opportunities required to address "pressing health policy and practice needs" and the growing importance of devices and technology in future health care systems.

Outwith the coverage provided by the CSO core funded units, there is an argument for an enhanced flexible competitive funding stream to address the range of pressing health service challenges. We would suggest that there should be an expanded role for competitive programmes of challenge-led initiatives, perhaps in which direct collaboration occurs – as appropriate – with Health Boards and other agencies.

In a number of areas there is a pressing need to provide new skills within the workforce, and to quickly enhance development of new talent as part of the transformation of the service. UKRI has announced a set of "productivity KTPs" for industry, but it is difficult to get similar for health service productivity issues. It is worth considering the introduction of UKRI-style KTPs for the Scottish NHS (we understand that an English initiative managed through NPL was slightly different in form, despite having the same name).

6. What criteria and processes should CSO apply to considerations about continuing, discontinuing and establishing core funded units (or alternative models of research support), including the exit strategy if funding is discontinued?

*The key considerations should be about the balance between immediate, medium term and long term changes required in the health service and whether the knowledge required to address these changes is most effectively delivered from a single institution, is most effectively **led** from a single institution, or is best delivered through a **competitive programme** of initiatives.*

In terms of the organisation of such units, we think that delivery led from a single institution but incorporating multiple partners would be the most natural way to deliver the work of a core funded unit, as it will be collaborative, linking expertise across multiple institutions and able to bring together multidisciplinary teams of researchers as priorities evolve. The NIHR Policy Research Programme policy units would appear to provide a good model for collaboration, as does the HDR-UK.

In a number of areas covered by the existing units there is strong expertise outwith the existing funded units, and it would seem productive to utilise this to the benefit of our health and care system. One of the existing units is profession-specific, and at a time when boundaries between different branches of the profession are changing rapidly we would strongly encourage consideration as to whether this is the right approach, notwithstanding the value of the individual research projects carried out within the unit.

Finally, as discussed above, the broader health research and policy landscape has changed considerably over recent years, with initiatives such as the creation of HDR-UK, the Digital Health and Care Institute, and the coming Public Health Scotland, shaping the

nature of (applied) health research in Scotland, and therefore the nature of future requirements for core funded units.

As above, we would highlight both health technology and health service operations, as areas where we believe there is a clear need for new funding, should rationalisation of the existing system deliver room for investment.