

An Interesting Air of Progress	1
Primary Care and hospital colleagues working together in the Bell's Palsy Trial	2-4
Scottish Clinical Research Excellence Development Scheme	5
Research Registration and Publication	6-7
UK Research News	8-9
Funded research	10
Research Grants	11
Office Directory	12

An Interesting Air of Progress

This newsletter goes to press with an interesting air of progress at last being made on several key fronts – while knowing that little of it may be visible to readers! So to update: We expect to know who will be the new Chief Scientist during April and anticipate major progress with our full partnership in OSCHR early in March. We know that the latter has been something of a concern especially with a bewildering flurry of announcements of research initiatives being made in recent weeks. Our website will provide links to these and clarifies eligibility for Scottish applicants but essentially all those funding streams that have been open to you in the past, remain so!

We had much valuable feedback from last Autumn's consultation about how our strategy should evolve but releasing a consultation draft of the future strategy must await the appointment of the Chief Scientist. As a result we are now planning to release a consultation draft in the Summer and would hope to have the finished document published by the end of the year. Some themes are self evident – the need to build on and sustain current success and the importance of translational research. We shall need to establish how CSO best underpins the ability of Scottish researchers to attract some of the significant new public investment in this field.

Our focus cannot be public sector alone. Indeed the main driver for much of the Cooksey review and the subsequent generous resourcing for OSCHR rests on a belief that economic benefit will result from strengthening the research base. We share that view and have been working for some time with other funding bodies such as Scottish Enterprise and the Scottish Funding Council to consider how best to achieve this between us. Attracting Wyeth to invest in Scotland gives confidence but also highlights aspects that we should improve.

The NHS can play a major part in this ambition but, while it has been a research-active organisation since its foundation, its daily priorities and pressures have a different focus. This puts research under pressure to be as efficient and effective as we can make it; to make the approvals processes as smooth and simple as possible but without compromise to patient safety. A new system is being tested from the start of February with this objective. It aims to ensure that bureaucracy is not replicated unnecessarily across Scotland. Like all new systems, refinement in the light of experience will probably be necessary; it is described in further detail on page 9 and feedback from users to your local NHS R&D Office would be welcomed.

The ambition to make Scotland one of the best countries in the World to conduct translational research in healthcare attracts ready support. Recently the Health Management Board and Ministers have also echoed this while recognising the many practical challenges that exist for the NHS if it is to play its part. The NHS has so much to offer – it cares for the great majority of the population; it attracts outstanding clinical academics; it has secondary care records that are of research quality and which should in future be enriched by the growing volume of community based data with which they can be linked. CSO, the Medical Research Council and charities such as the Wellcome Trust have all invested in facilities for clinical research over recent years and helped to strengthen the infrastructure. More may be needed but a clear balance must be struck between the seductive and the essential and the need to ensure that finite skill sets amongst NHS staff are deployed to the maximum benefit of the patient population.

STOP PRESS!

We have now received confirmation that Scotland has become a partner in OSCHR with a seat on the Board which means that Scotland will be able to participate fully in this major UK initiative

Primary Care and hospital colleagues working together in the Bell's Palsy Trial

Frank Sullivan	<i>Director, Scottish School of Primary Care</i>
Iain Swan	<i>Consultant Otolaryngologist and Senior Lecturer in Otolaryngology, NHS Glasgow & Clyde and University of Glasgow</i>
Fergus Daly	<i>Trial Manager, University of Dundee</i>

Bell's palsy is also known as facial paralysis of unknown cause. It is named after the Scottish Surgeon Sir Charles Bell (1774-1842).

After a decade of failing to persuade funding bodies that there was a clinical problem about the treatment of Bell's palsy which could be answered by research we were delighted to succeed with a grant application in 2003. We were even more pleased to obtain a clear answer to the Department of Health's Health Technology Assessment (HTA) programme question '*What is the cost-effectiveness of early treatment of Bell's Palsy with acyclovir (an antiviral drug) (with or without steroids) versus natural resolution?*' and to have the main results published in the New England Journal of Medicine¹ recently. The HTA had specified the

BOX 1

1. **Technology:** Early intervention (within 48 hours of onset) with acyclovir (with or without steroids).
2. **Design:** Randomised factorial design trial (ie most efficiently addressing two or more treatment combinations), Multicentred trial with co-ordinating centres required.
3. **Patient group:** Patients diagnosed with Bell's Palsy, excluding pregnant women and poorly controlled diabetics.
4. **Setting:** Primary care.
5. **Control or comparator treatment:** Steroid only treated patients within 48 hours of onset.
6. **Primary outcomes:** Resolution of neurological deficit, including cosmetic, psychological and, functional recovery. Damage to the cornea and eyelid surgery should be included.
7. **Minimum duration of follow-up:** 12 months.

methodology they wanted researchers to use (see box 1²). Since this was very similar to the study colleagues in general practice, ENT, neurology and health economics had been planning anyway, it seemed too good an opportunity to miss. Of course we still had to undertake the full range of literature review and methodological debate about how to proceed, but after a two stage bidding process we were successful.

BOX 2

SPCRN has four principle functions:

1. to develop and maintain a dynamic register of research interested practices and professionals willing to participate in research, either as hosts or as more active participants;
2. to 'translate' research requests and protocols into workable procedures for primary care professionals and ensure that commitment is maintained;
3. to rationalise the number of requests to professionals and practices to undertake research through either national or regional systems; and
4. to link the primary care sector effectively into NHS research governance structures.

The Scottish Primary Care Research Network (SPCRN) formerly known as Scottish Practices and Professionals Interested in Research (SPPIRe) is funded by the Chief Scientist Office to help link researchers with health professionals in primary care to support high quality research projects of relevance to primary care³. Its overall aim is to "*increase the amount of research relevant to patient care undertaken in a primary care setting*".

So how did the network help the research team obtain the funding and successfully prosecute the study?

1. Pilot

Piloting trials is often neglected as a way to avoid their failure⁴. Over a two month period we asked practices in the East and West network nodes of SPCRn to alert their local research co-ordinators if they saw a case of facial paralysis with no known cause and to ask whether the patients would agree to participate in a study, if one was in progress. This demonstrated that GPs and patients would be keen on such a study and we were able to extrapolate the data which they provided to determine that an 18 month recruitment period would be required as long as we managed to recruit one in three of those affected by the problem. This was one of the main reasons our bid was successful. Scotland had developed its primary care research infrastructure to the point that projects could be piloted and the logistics tested in a way that grant awarding committees found credible.

2. Governance

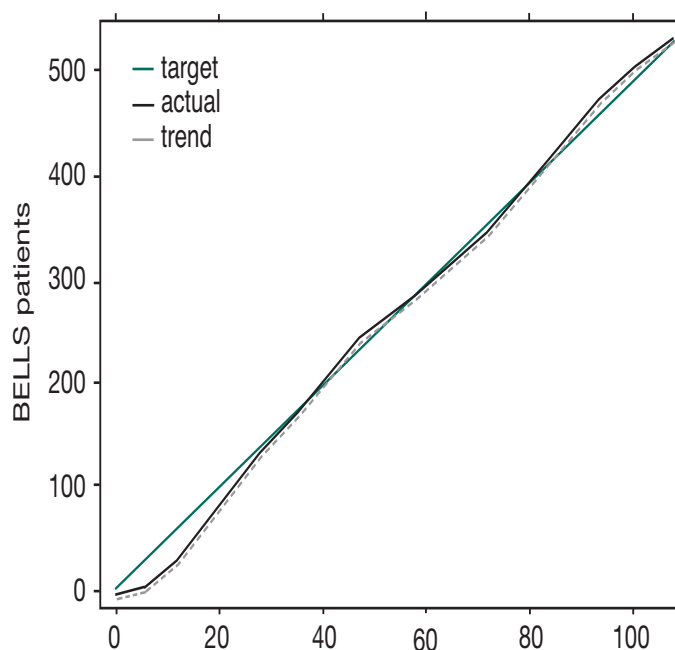
The need to obtain all the research governance approvals for the trial took us a further seven months and local knowledge and contacts proved invaluable. Thankfully ongoing initiatives to streamline approvals in Scotland are making this complex task much more manageable now. We registered the trial with the International Standard Randomised Controlled Trial Number Register⁵.

3. Recruitment

Having secured the funding, the big problem was how to recruit 480 patients within 72 hours of onset of their facial paralysis. SPCRn worked with the research team to identify the recruitment processes that led ultimately to a successful conclusion for the trial. We used a variety of ways to achieve this which can be summarised as: keeping it simple; publicising the trial; mail shots; the study website⁶; use of the media; educational meetings; regular feedback and remuneration.

This approach was informed by the Health Service Research Unit's Strategies for Trial Enrolment and Participation Study (STEPS) project and is described more fully in Brian McKinstry's paper in BioMed Central^{7,8}. The fact that SPCRn practices were often part of existing local research networks, the MRC General Practice Research Framework, and undertook teaching and training for Scottish universities all helped in the process.

Figure 1
Retention and target recruitment



4. Remuneration

The level of support costs payable to practices was agreed nationally after some negotiation. One health board thought that practices should be paid nothing as referral into the trial would be less work than usual clinical care. Another board thought that we should pay twice the rate that we eventually settled upon (£51 per patient). There are now national rates set by the UK Clinical Research Network (UKCRN) based on the time taken by doctors, nurses and administrative staff. For the Bell's study SPCRn ensured that arrangements were put in place locally to ensure that the correct support costs were available in every health board area.

5. Dissemination

Once the results were known – **early treatment with prednisolone 50mg daily for 10 days significantly improves the chances of complete recovery at 3 and 9 months; there is no evidence of benefit from acyclovir** – the network helped us to publicise the results. We sent a letter summarising the main findings and the implications for practice to all participating practices. Local meetings to present the results have been held and more are planned. We have also initiated a process to track changes in the prescribing of steroids

and antivirals in acute presentations of Bell's palsy to see whether the dissemination process was associated with any changes in the use of these agents.

We see this trial as a model for studying other problems which present acutely in primary care settings. SPCRN is working with primary care and hospital colleagues as well as other health services researchers on several other important clinical questions to which research can provide an answer. If you think SPCRN can help you in your research contact the research manager Dr. Alison Hinds at 01382 420045 or a.hinds@sspc.ac.uk.

References

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- ² National Institute for Health Research <http://www.nihr.ac.uk/news.aspx> last accessed 12.2.08
- ³ Scottish Primary Care Research Network <http://www.sspc.ac.uk/spcrn/> last accessed 12.2.08
- ⁴ Treweek S, Sullivan F. How much does pre-trial testing influence complex intervention trials and would more testing make any difference? An email survey. *BMC Medical Research Methodology* 2006, 6:28
- ⁵ International Standard Randomised Controlled Trial Number Register <http://controlled-trials.com/ISRCTN71548196/71548196> last accessed 12.2.08
- ⁶ Bell's palsy trial Website <http://www.dundee.ac.uk/bells/index.htm> last accessed 12.2.08
- ⁷ Campbell MK, Snowdon C, Francis D, Elbourne D, McDonald AM, Knight R, Entwistle V, Garcia J, Roberts I, Grant A; STEPS group. Recruitment to randomised trials: strategies for trial enrollment and participation study. The STEPS study. *Health Technol Assess.* 2007;11:iii, ix-105
- ⁸ McKinstry B, Hammersley V, Daly F, Sullivan F Recruitment and retention in a multicentre randomised controlled trial in Bells palsy: A case study *BMC Medical Research Methodology* 2007, 7:15 doi:10.1186/1471-2288-7-15

CSO Personal Fellowships in Health Services and Health of the Public Research Call for Applications

A key aim of CSO is to improve the skills base in Health Services and Health of the Public Research within Scotland and so facilitate the development of knowledge-based practice. CSO has revised its Personal Awards in this area in order to ensure supporting those individuals who have the greatest potential to pursue and excel in a career in research in a health or NHS related field. Applications are invited from individuals for Doctoral and Postdoctoral Fellowships by the closing date of **Friday 16th May**.

Further details on the two levels of Fellowship are available from the CSO website (<http://www.sehd.scot.nhs.uk/cso>) following the link to Funding available/Personal Awards.

Scottish Clinical Research Excellence Development Scheme

Opportunities for medically qualified individuals to take undertake a Clinical Academic career are an important part of the Modernising Medical Careers agenda. In Scotland a more flexible approach has been taken to that in England and the various components come together to form the Scottish Clinical Research Excellence Development Scheme.

The first component of the scheme is at the Clinical Lectureship level. Clinical Lectureships are mainly funded by NHS Education Scotland (NES) and are available to individuals at any point in training post-Foundation level. NES has set a target of 125 specialist training posts to be included in this part of the scheme. These are broadly equivalent to Academic Clinical Fellowships in England and Wales, allowing 20% of time to be spent on research activities and 80% of time on clinical training. The purpose of these NES Clinical Lectureships is:

1. to allow an individual to develop a proposal for a competitive research fellowship (eg CSO's Clinical Academic Training Fellowship or a University funded PhD Fellowship) and
2. to enable a doctor or dentist who has completed or is about to complete a PhD/MD, to re-enter clinical training in order to achieve a CCT.

These posts are available until the successful attainment of CCT or a decision is taken to re-enter specialty training (for example if a post-holder is unsuccessful in obtaining a competitively awarded Fellowship) therefore essentially this is a posting which 'wraps around' a research fellowship. The appointment process for these Lectureships will take place outwith the process for recruitment to specialty training. Universities will advertise these posts as they become available although an exercise is underway to try and prospectively identify opportunities that may become available. These are university contracts and appointments will be made jointly with the NHS locally and the relevant

Scottish university and deanery. Applicants need not yet have a National Training Number, but will only be eligible to take up the post once they have obtained a national training number through the usual route of application to speciality recruitment.

The second component of the scheme therefore is the competitively funded research Fellowship. As noted above these can be funded by a variety of sources including CSO, University funds, charities (British Heart Foundation, Medical Research Council etc) and are usually 3 or 4 years. The aim of these awards is to gain a PhD or MD however some funders, including CSO, allow up to 20% of time to be spent on clinical commitments to ensure clinical skills are retained. Individuals undertaking these Fellowships will retain their NTN. The call for applications for the 2008 round is currently open with a closing date of Friday 27th June. This level is broadly comparable to the Clinical Lectureships in England.

The third level of SCREs is at Clinician Scientist/Senior Clinical Academic Fellowship level. Entry to this level will usually be following a PhD or MD programme. Clinician Scientist posts jointly funded by NES and the Universities have been available competitively in Scotland for a number of years now at pre-CCT level (at entry). A further round of Clinician Scientist applications will be invited in Spring 2008. It is anticipated that, subject to funding being made available from the Scottish Funding Council, future opportunities at this level will be available through Senior Clinical Academic Fellowships. These will be offered competitively at post-CCT level seeking to ensure a permanent academic posting for exceptional individuals. There is also the possibility of such posts being funded by the NHS or external funders. This final level is comparable to the Senior Clinical Lectureships in England.

For more information on these arrangements contact the relevant Postgraduate Dean.

CSO Clinical Academic Training Fellowships – Call for Applications

As part of the Scottish Clinical Research Excellence Development Scheme CSO offers Clinical Academic Training Fellowships. These awards offer dedicated time to doctors and dentists to pursue a PhD with the aim of becoming a Clinical Academic. Applications are invited from medically and dentally qualified individuals in postgraduate training by the closing date of **Friday 27th June**. Further details on the Fellowships are available from the CSO website (<http://www.sehd.scot.nhs.uk/cso>) following the link to Funding available/Personal Awards.

Research Registration and Publication

UK PUBMED CENTRAL – ONE YEAR ON

UK PubMed Central (UKPMC) was launched in January 2007 so has been up and running now for over a year. The system is based on PubMed Central (PMC) – the US National Institutes of Health (NIH) free digital archive of biomedical and life sciences journal literature. Over time it will provide a stable, permanent and free-to-access online digital archive of full-text, peer-reviewed research publications arising from research funded by the Funders Group (of which CSO is a member) in addition to those in open access journals.

The initial phase of UKPMC involved mirroring the PMC database, and implementing a manuscript submission system – UKMSS – to enable UK researchers to submit their research papers for inclusion in UKPMC. A workshop was held in February to discuss the potential for developing UKPMC and the Funders are currently working with the British Library, who host the service, to finalise a development programme for the service.

CSO funded researchers should be aware that CSO's Standard Conditions of Grant (for project grants and all personal awards) require researchers to make papers published as a result

of CSO funded research publicly available within 6 months of the date of publication (clause 13.7). In practice the requirement means papers resulting from CSO funded research should be either published in a journal that allows open access or one that allows the author to deposit the paper. More information on how to comply with this requirement can be found in the Compliance page on the CSO website (<http://www.sehd.scot.nhs.uk/cso/Publications/UKPMC/UKMPC%20Compliance.htm>).

While this is an absolute requirement only for research funded since Spring 2006, as this is when the Standard Conditions of Grant were amended to include this clause, we would request that researchers who are publishing on CSO funded research all strongly consider complying.

The UKPMC service will ensure that articles resulting from research paid for by any member of the funding consortium will be freely available to everybody, fully searchable and extensively linked to other online resources. As of 1st March 2008 there are over 1,122,000 full-text articles freely available through UKPMC – see www.ukpmc.ac.uk.

REGISTERING ONGOING RESEARCH

The National Research Register (NRR) operated from 1997 to 2007 providing information on research taking place in NHS organisations in the UK. The NRR has been archived as a public resource and to support historical analysis. The archive is available and searchable via the National Institute for Health Research Portal <http://portal.nihr.ac.uk>. The NRR Archive has a search facility with similar style and functionality to the search system on the old NRR site. It will be possible to make amendments to this data for legal or accuracy reasons but no new records will be added to this archive.

From January 2008 the UKCRN Portfolio Database (<http://public.ukcrn.org.uk/search/>)

will hold records of all research ongoing in the UK that is eligible for the UKCRN Portfolio. It will be possible to view the overall Portfolio for the UK by topic area, and will also be possible to view the Portfolios of the 4 UK nations. For Scotland this will comprise studies funded by those funders eligible for Support for Science and studies funded by industry and will include both studies adopted by the Scottish topic specific research networks and other eligibly funded studies outwith the topics. The Portfolio has been available in its current form for around a year, but to meet the rapidly changing needs of the portfolio users, the UKCRN recently launched a new-look version with improved search capabilities.

The Scottish research networks and NHS R&D offices will be responsible for creating records on the system depending on whether the study is adopted, however it is the responsibility of Chief Investigators to ensure that their study record is complete and accurate. This is a significant culture change, however the data required is not significant and therefore providing this should not be time consuming. Being directly responsible for data on their own studies means that researchers can be confident that the data is accurate, and can update the information easily if required. R&D offices will be communicating with their researchers about this responsibility, so be prepared to hear more on this topic! CSO is working with UKCRN and the other UK Health Departments to ensure that the Portfolio and the Database meet all of our requirements and any future developments will be publicised. A new User Guide is planned to take account of recent changes and this will be available from the Library section of the UKCRN website (www.ukcrn.org.uk) but if you have any queries specific to Scottish issues please contact Dr Elaine Moir (see Directory).

CSO Primary Care Research Career Awards Call for Applications

CSO offers these awards to support primary care professionals to conduct research while sustaining significant clinical responsibilities. Awards are for periods of up to five years and allow research commitments of 2-5 sessions per week. The Awards are open to clinically qualified primary care practitioners based in Scotland. Ideally applicants will have completed an MD/PhD in relevant primary healthcare-related research but applicants with an MSc by research and significant post-graduate research experience will also be considered.

The closing date is **Friday 25th April**.

Further details on the Awards are available from the CSO website:

(<http://www.sehd.scot.nhs.uk/cso>)

following the link to Funding available/ Personal Awards.

Health Services Research Unit 20th Anniversary Conference

MAKING A DIFFERENCE IN HEALTH CARE: 20 YEARS OF HEALTH SERVICES RESEARCH

**Monday 7th July 2008
King's College Conference Centre
University of Aberdeen
ABERDEEN**

- The Health Services Research Unit celebrates its 20th anniversary in July 2008.
- This anniversary event aims to review the key developments in health services research over the past 20 years and assess its impact on health care.
- Topics will include developments in knowledge transfer, patient outcomes research, healthcare evaluation, and organisational research.
- This event will be relevant to a wide range of individuals, in particular clinicians, policy makers and researchers.

Keynote speakers include:

Ian Russell

University of Bangor

Jeremy Grimshaw

University of Ottawa

Cam Donaldson

University of Newcastle

Adrian Grant

University of Aberdeen

Marion Campbell and John Norrie

Health Services Research Unit

REGISTRATION IS FREE

Full details about the event and a registration form are available on the conference website:

www.abdn.ac.uk/hsru/conference

or contact Lara Kemp on 01224 559647

l.kemp@abdn.ac.uk

UK Research News

INTEGRATED RESEARCH APPLICATION SYSTEM LAUNCHED

A long-held criticism from researchers has been that applying for approvals to conduct a piece of research which involves the NHS means grappling with numerous forms, many of which require the same details. It has been up to the researcher to duplicate this information on each separate review body's application form, which has been a time-consuming process. A new system was launched in January with the aim of bringing some welcome relief to the large number of UK health researchers affected by this. IRAS (Integrated Research Application System) is an online system which is designed to make the process of applying for approval to conduct research in the health sector easier and less bureaucratic.

IRAS combines seven review bodies' applications,* so researchers only need to enter their study information once. Once the information is entered into IRAS, it will populate the applications relevant to the type of research being undertaken. Filters are in place to ensure you are only asked to provide information relevant to the type of research being conducted.

IRAS builds on the system originally set up in 2004 to manage research ethics approvals which currently has 65,000 registered users. Lessons learnt from the implementation of this system have been applied to developing IRAS. While some successful integration of the governance and ethical applications systems has occurred, IRAS is a major step forward in integrating and simplifying processes for researchers.

In the spirit of 'bureaucracy-busting' CSO supports the development of this system; for more information, please see the IRAS website at www.myresearchproject.org.uk. At this stage the use of IRAS is not mandatory and existing systems will remain in place during this stage, however we encourage you to use the system and provide feedback on its content, design and practical operation to iras@nres.npsa.nhs.uk. Your feedback is important and will be used to improve IRAS before it replaces existing systems (summer 2008). From then, all new applications must be submitted using IRAS. Transitional arrangements will be put in place for ongoing applications but will be phased out later in the year.

* Note some of these are not applicable in Scotland

SCOTTISH CLINICAL TRIALS UNITS SUCCESSFUL IN GAINING UKCRC REGISTRATION

Clinical Trials Units (CTUs) are specialist units that bring together the experts needed to undertake a clinical trial, including clinicians, statisticians and trial managers. Such expertise is vital to ensure high quality and successful timely trial conduct, to meet regulatory and governance requirements, and is key to the development of research activity within the UK Clinical Research Collaboration (UKCRC) and UK Clinical Research Network (UKCRN). In response to this, the UKCRC has developed a

registration process which recognises CTUs capable of centrally coordinating multi-centre clinical trials to the highest standards.

The first call for applications was made in March 2007 and the registration process was coordinated by the UK Clinical Research Network Coordinating Centre on behalf of the UKCRC. In order to gain Full Registration Units had to meet a number of key competencies, which were assessed against detailed evaluation criteria and reviewed by an international panel.

CTUs were required to demonstrate:

- a track record and experience of coordinating multi-centre randomised controlled trials or other well-designed studies
- presence of a core team of expert staff to develop studies
- presence of robust quality assurance systems and processes to meet appropriate regulations and legislation (e.g. the principles of Good Clinical Practice, the NHS Research Governance Framework, the Data Protection Act and the UK regulations that implement the EU Directive for Clinical Trials)
- evidence of longer-term viability of capacity for trials coordination and the development/maintenance of a trials portfolio, including core funding or evidence of a rolling programme of grants, with evidence of commitment from the host institution.

CTUs which were already accredited by the National Cancer Research Institute (NCRI) for

the conduct of multi-centre cancer clinical trials automatically became eligible for Full UKCRC Registration provided that they agreed to commit to the UKCRC Registered Trials Units best practice principles. Twenty-six CTUs were awarded Full Registration including the following Scottish Units:

- Cancer Clinical Trials Unit Scotland (CACTUS) (ISD Cancer Clinical Trials Team, Edinburgh and Cancer Research UK Clinical Trials Unit, University of Glasgow)
- Centre for Healthcare Randomised Trials (CHaRT) (University of Aberdeen)
- Edinburgh Clinical Trials Unit (University of Edinburgh and NHS Lothian)
- Glasgow Clinical Trials Unit (University of Glasgow)

Full details of the process and successful Units can be found at http://www.ukcrn.org.uk/index/clinical/registered_ctus.html

RECENT DEVELOPMENTS IN R&D APPROVAL PROCESSES

Following the extended pilot of the MRAD (Multi-Centre R&D) model for coordinating Scotland wide R&D approval, the Scottish NHS Boards have refined its operation and introduced a revised and streamlined Scotland-wide approval process. Operating from 1 February, it builds on the principles of MRAD but has two key differences. The first is that the MRAD "committee" step, under which the main R&D review was carried out by representatives of R&D offices across Scotland, will be replaced by a system under which a single main review will be undertaken by one R&D office and the decision accepted by all others. As in MRAD, locality issues will continue to be considered in each participating Board. The same principles will apply for commercial trials, with common contractual and costing issues being considered once for the whole of Scotland. These arrangements will apply initially to multicentre studies although there is no reason why the same principle could not be extended to all studies in due course, allowing the possibility

of any research proposal to be extended Scotland-wide.

To ensure that all such decisions are supported by relevant expertise, such main decisions will be taken initially by Greater Glasgow & Clyde, Lothian, Tayside and Grampian NHS Boards. Other Scottish NHS Boards will contribute to this process by linking into these 4 Boards to form larger regional groupings through which their staff and researchers will have access to the range of R&D support services currently available in their larger neighbours. This process mirrors the regional arrangements already being put in place across Scotland for the provision of ethics services.

Although it has just begun, it is anticipated that this sharing of expertise and closer collaboration between Boards will deliver benefits both for R&D staff and researchers themselves. For further information contact Central Access Office, 0141 232 1062.

Recently Accepted Final Reports for Research Funded by CSO

Summaries of those projects listed below which were graded satisfactory and above can be found on the CSO website.

BIOMEDICAL AND THERAPEUTIC RESEARCH COMMITTEE

Professor B Frier, Professor I Deary, Dr J Geddes (CZB/4/423)

The effects of hypoglycaemia on psychomotor function in adults with and without type 1 (insulin-treated) diabetes

Dr R Al-Jamal, Professor D Harrison, Dr W Wallace (CZB/4/129)

Novel treatment targets for lung disease

Professor N Thomson, Dr S Wood, Dr G Vallance, Dr L McAlpine, Dr S Howieson, Dr A McMahon, Dr R Chaudhuri, Dr C McSharry, Dr A Lawson, Dr R Brooks (CZB/4/47)

Randomised controlled trial to evaluate the effect of domestic mechanical heat recovery ventilation on asthma control of patients allergic to the house dust mite

Professor J Belch, Dr S Greene, Professor A Anderson, Dr G Kennedy, Dr F Khan, Dr A Craigie, Dr A Greene, Dr M Roberts (CZB/4/96)

Changing lifestyle in children – all change: can this reduce cardiovascular risk?

Professor D Stott, Professor I Ford, Professor G Lowe, Professor N Sattar (CZB/4/530)

Proinflammatory cytokines as biomarkers for risk of stroke

Mr F Sutherland, Dr C Connelly, Mr R Thompson, Mr W Richardson (CZG/1/155)

Design and evaluation of a device for rapid deployment of a prosthetic heart valve

Professor I Poxton, Professor J M Starr (CZG/1/159)

The host response to clostridium difficile in health and disease

Dr Z Miedzybrodzka, Professor D St Clair, Dr J Williams, Ms M Neves-Pereira, Dr B Mueller (CZB/4/294)

Molecular analysis of breakpoint regions of a de novo reciprocal translocation associated with autism

HEALTH SERVICES RESEARCH COMMITTEE

Dr B Cuthbertson, Mr G Prescott, Dr G Christie, Dr S Close (CZG/2/202)

A scoring system to allow early recognition and intervention of critical illness in acute medical admissions in a medical admissions and respiratory unit environment

Professor B Smith, Professor M Pope, Professor P Hannaford, Dr A Elliot, Professor M Johnston, Professor W Chambers (CZH/4/248)

Development study for a complex intervention for chronic low back pain in NHS primary care: identifying its likely components and assessing its likely acceptability

Ms A Cardy, Dr Z Miedzybrodzka, Dr L Sharp (CZH/4/221)

Does second Trimester amniocentesis increase the risk of clubfoot in the offspring?

Professor A Sheikh, Dr C Anandan, Dr C Fischbacher, Dr C Simpson, Dr R Gupta (CZG/2/252)

The health burden of allergic disease in Scotland: secondary analysis of databases (graded excellent)

Dr M Witham, Professor M McMurdo (CZG/2/233)

Validation of the patient generated index in older, frail patients attending a medicine for the elderly day hospital

Professor M McMurdo, Professor D Johnston, Professor P Boyle, Dr P Donnan, Dr F Sniehotta (CZH/4/310)

An open pilot randomised trial of the feasibility of using pedometers plus systematic advice to increase physical activity levels in sedentary older women living in the community

Dr K Cooper, Dr A Sambrook, Professor M Campbell, Dr J Cook, Ms M Kilonzo, Dr L Vale (CZH/4/117)

Microwave endometrial ablation versus thermal balloon endometrial ablation – a randomised comparison of treatment in the post menstrual phase: clinical outcomes, patient acceptability and cost

Dr C Lambert, Dr E McRorie, Dr E Suresh, Dr N Hurst, Dr V Dhillon (CZH/4/194)

Comparison of two pragmatic strategies for management of newly diagnosed polyarthritis using disease modifying anti-rheumatic drugs

Dr C Williams, Dr P Wilson, Dr A Walker, Dr I Wallace, Professor J Morrison, Dr G Whitfield, Dr A McMahon (CZH/4/61)

An evaluation of the effectiveness of structured cognitive behaviour therapy self-help materials delivered by a self-help support worker within primary care

Dr T Ali, Dr C Black, Dr G Prescott, Professor A MacLeod, Dr C Simpson, Dr I Khan, Professor C Smith (CZG/2/239)

Preventing end stage renal disease: informing the development of a public health strategy (graded excellent)

Ms H Cheyne, Dr V Hundley, Dr D Dowding, Professor C Niven, Professor I Greer, Professor J Bland, Dr L Aucott, Dr P McNamee (CZH/4/245)

A cluster randomised trial to investigate the use of a decision aid for the diagnosis of active labour in term pregnancy (graded excellent)

Professor G Raab, Ms H Storkey, Dr M Henderson, Dr J Davis, Professor L Elliott (CZG/2/264)

Development of instruments and procedures for a randomised controlled trial to evaluate the zero tolerance respect package in Midlothian primary schools

Dr R Milne, Dr B Torsney (CZG/2/184)

The impact of outreach on non-attendance at psychiatric out-patient clinics: does it raise non-attendance?

Professor C Espie, Dr N Broomfield (CZG/2/187)

A pilot investigation of autonomic and cortical arousal in adults diagnosed with psychophysiological (primary) insomnia

Professor M Johnston, Dr M Ietswaart, Dr R MacWalter, Dr S Hamilton, Dr H Dijkerman, Ms C Scott (CHZ/4/153)

Can motor imagery enhance recovery of hand function after stroke? an evaluation of motor imagery training

Dr K Fairhurst, Professor Sheikh, Dr S Ziebland (CZG/2/244)

Access to emergency contraception: a systematic review of the effectiveness of intervention to increase use and research on facilitators and barriers

Research Grants awarded by the Chief Scientist Office

BIOMEDICAL AND THERAPEUTIC RESEARCH COMMITTEE

Professor T Sethi, Dr P Hodkinson, Professor S Howie, Dr W Wallace, Dr L Williams (CZB/4/504)

The role of CD45 as a novel prognostic marker of survival and treatment response in patients with small cell lung cancer
£203,495 over 2 years

Dr E Nimmo, Professor J Satsangi, Professor M Dunlop, Dr S Farrington, Dr M Aldhous, Dr S Guichard (CZB/4/585)

Genetic and functional investigations of the Nod2/CARD15 interacting proteins vimentin and ERG1 in ulcerative colitis and Crohn's disease
£207,603 over 3 years

Professor S Barnett, Miss L Clark, Mr D Allan, Dr J Riddell (CZB/4/592)

Characterisation of olfactory glial and stem cells from human olfactory mucosa
£220,226 over 30 months

Dr W Carman, Dr S Cameron, Dr J Kean (CZB/4/591)

Developing antibody avidity assays to differentiate acute and chronic infection
£79,573 over 18 months

Professor A Riches, Professor C Herrington, Professor K Dholakia, Mr C Goodman, Mr S Kata (CZB/4/571)

Development of a non-invasive screening method for bladder cancer using a novel photonic technique
£209,214 over 2 years (funding is for one year in the first instance, with subsequent funding dependant on progress)

Dr R Al-Jamal, Professor D Harrison, Professor T Sethi (CZB/4/602)

The role of B1 integrin in lung repair
£243,146 over 3 years

HEALTH SERVICES RESEARCH COMMITTEE

Dr R Robertson, Dr J MacLeod, Dr M Hickman (CZH/4/440)

Life course predictors and consequences of injecting drug use: a population-based case-control study
£207,662 over 2 years

Professor A Sheikh, Professor S Cunningham-Burley, Dr A Worth (CZH/4/429)

Developing strategies for effective self-management of anaphylaxis in adolescents: in-depth qualitative study of adolescent and parental perceptions of risk, self-management and support needs
£121,762 over 15 months

Dr F Sniehotta, Professor J Speakman, Dr V Araujo-Soares (CZH/4/458)

Tackling the obesity problem at an early stage: modifiable determinants of physical activity and sedentary behaviour in Scottish primary school children
£76,524 over 15 months

Professor S Cobbe, Dr C Jackson, Dr R Myles, Dr M Petrie, Professor J McMurray, Professor J Pell (CZH/4/439)

Microvolt t-wave alternans in chronic heart failure: a study of prevalence and incremental prognostic value
£201,384 over 2 years

HSRC SMALL GRANTS

Dr E Ferguson, Ms E Shanks, Dr J Chalmers, Professor J Norman (CZG/2/292)

Investigation of the beneficial and adverse effects of induction of labour
£8,048 over 6 months

Professor A Sheikh, Dr C Burton, Ms T Irshad (CZG/2/326)

Understanding the experiences of diagnostic testing for people with perceived allergic problems: an exploratory qualitative study
£40,956 over 6 months

Dr K MacIntyre, Dr M Shepherd, Dr J Lewsey, Professor A Briggs, Dr M Gillies (CZG/2/345)

A pilot study to examine the epidemiology of chronic obstructive pulmonary disease (COPD) in Scotland
£45,206 over 1 year

Dr J Evans, Mr S MacGillivray, Dr A Kirk, Professor I Crombie (CZG/2/309)

Tracking of physical activity behaviours during childhood, adolescence and young adulthood: a systematic review
£38,043 over 5 months

Professor M Bloor, Ms M Gannon, Dr N McKegane (CZG/2/332)

Feasibility study for a further data collection sweep for the Drug Outcomes Research In Scotland (DORIS) study
£31,550 over 4 months

Dr K Fairhurst, Ms L Hanna, Professor C May (CZG/2/3240)

Non face to face consultations and communications in general practice: the role and perspective of practice managers
£46,780 over 6 months

Dr B McKinstry, Dr H Hewitt (CZG/2/330)

An exploration of differences between face to face and telephone consulting, focussing on topic management and the introduction and uptake of problems
£49,228 over 1 year

Professor A Sheikh, Dr C Anandan (CZG/2/339)

Assessing the effectiveness Of Omega 3 and 6 oils for the primary prevention of eczema, allergic rhinitis and asthma in children and adults: systematic review and meta-analysis.
£49,899 over 9 months

Dr A Gillespie, Dr B O'Neill (CZG/2/319)

Developing assistive technology for cognition: a device to guide performance of behavioural sequences
£49,096 over 7 months

Professor S Bhattacharya, Dr M Rajkhowa, Dr A Harrold, Dr H Lyall, Dr J Kurinczuk, Ms K Harrid, Dr G Scotland (CZG/2/361)

Clinical and cost-effectiveness of elective single embryo versus double embryo transfer policy in assisted reproduction
£45,638 over 1 year

Dr J Evans, Professor I Crombie, Mr R Flynn, Ms G Libby (CZG/2/338)

A pilot study to investigate drug prescribing among pregnant women in Tayside, Scotland
£29,115 over 6 months

Dr C Matheson, Dr E van Teijlingen, Professor C Bond (CZG/2/320)

Management of drug misuse in primary care: a seven-year follow-up survey of Scottish general practitioners
£24,749 over 7 months

Professor M Lean, Professor A Crozier (CZG/2/360)

Reducing false-positives in the HVA assay for the diagnosis of catecholamine-secreting tumours: possible dietary interference
£49,046 over 1 year

Dr D Brewster, Dr JWT Chalmers, Dr J Tucker, Dr D Lloyd (CZG/2/352)

Risk of skin cancer following phototherapy for neonatal jaundice: population-based retrospective cohort study
£18,118 (tbc) over 1 year

Dr M Jones, Professor M Johnston, Dr S Joice (CZG/2/317)

Can adherence to a stroke workbook intervention be enhanced if delivered to patients by health professionals in a stroke unit setting?: a feasibility study
£30,849 over 1 year

PRIMARY CARE RESEARCH CAREER AWARD

Dr D Murphy (PCRCA/07/02)

Further development & evaluation of workplace-based assessment to monitor and maintain standards of clinical governance within the NHS

CLINICAL ACADEMIC TRAINING FELLOWSHIPS

Ms J Hally (CAF/07/02)

Understanding effective communication in dental primary care: the dentally anxious patient, an example of special care dentistry

Dr M Watson (CAF/07/05)

The development of a safe and effective method of providing ultrasound guided pain relief to patients with a broken hip

Dr M Hughes (CAF/07/09)

Assessing the mental health of adults with learning disability: a user led approach

Dr C Marwick (CAF/07/06)

Design, implementation and primary evaluation of a complex intervention to improve the management of hospital-acquired sepsis

CHIEF SCIENTIST OFFICE DIRECTORY

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CSO Deputy Director Mr Mike Stevens
Tel: 0131 244 2259

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2. Research Governance Mr Craig Gilbert
3. Research Ethics Tel: 0131 244 2655

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Tel: 0131 244 2255

Administrator Mr Nick Gosling
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3. Health Economics Research Unit
4. Dental Health Services Research Unit
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