

# FUTURE OF THE UK AND SCOTLAND

## The Implications of Scottish Independence for Healthcare and Medical Research

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*This policy briefing is one in a series as part of Innogen's work with the ESRC Future of the UK and Scotland programme. It draws on Innogen's research into the benefits and challenges of the fully devolved health system in Scotland, and the partially devolved clinical and medical research systems.*

### INTRODUCTION

As the Scottish independence referendum date draws ever nearer, the public is asking what independence will mean in practice for a number of key institutions, policies, practices, and most importantly, the everyday lives of people living in Scotland. Much of the debate has focused on fiscal and currency issues, but other areas such as health and medical research are also incredibly important. What has devolution done for Scottish health and wealth, and how might independence affect both healthcare services and the strong, internationally renowned research systems in Scotland?

### HEALTH, WEALTH AND THE WHITE PAPER

Since devolution, Scotland has presented itself and its population (in policy documents and through the media) as a healthcare research asset for medical research and clinical studies. This is due to a combination of factors, including:

- A stable and relatively homogeneous population that is quite concentrated and generally willing to participate in research.
- A population where all major chronic diseases are represented, especially those linked to poverty.
- A country with strong research capacity, record linkage, excellent



disease registers and tissue banking facilities.

- Governance and approval systems that are arguably more streamlined and efficient than the rest of the UK.

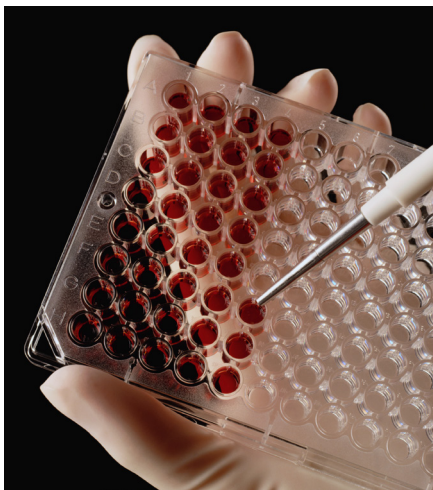
As such, the notion of a 'living lab' emerged to present Scotland's population as a national resource for conducting internationally rated clinical research. Policy initiatives were directed at making this 'living lab' concept a reality and to ensure policy would drive health improvement and wealth generation.

The Scottish Government's White Paper on independence (Scotland's Future: Your Guide to an Independent Scotland, <http://www.scotreferendum.com/reports/scotlands-future-your-guide-to-an-independent-scotland/>) includes a

relatively small section on health, social care and the NHS as part of a larger chapter on Health, Wellbeing and Social Protection. The narrative is very positive in setting out what the Government believes are the major benefits that have come with devolution, and reassuring the public that access to NHS services will not be significantly affected by a Yes vote. However, the White Paper says very little in terms of medical and clinical research. This is interesting, because research (particularly early stage medical research, but also clinical trial studies in niche areas) is a key strength in Scotland and there are clear links between the quality of healthcare provided to patients and the strength of the research system.

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significant assets and capabilities in the life sciences. There are clear opportunities for building this research capacity under independence, but there are also clear uncertainties for medical research system funding and governance, including: the UK government's explicit statement that Scotland would not be able to draw on RCUK funds, and questions around whether Scotland would still be able to use regulatory bodies, such as the MHRA for approval of its drugs, and not instead have to set up its own institutions. Overall, the White Paper sets out what the current Government thinks are the key benefits for Scotland of a yes vote, but on the important issue of research and its relationship to healthcare there are a number of outstanding issues and questions that need to be answered before an informed decision can be made.

## IMPLICATIONS HEALTHCARE AND MEDICAL RESEARCH

The goal of Innogen's research project into the future of Scottish healthcare and research was to improve knowledge and understanding of the key benefits and limitations of the currently devolved health service in Scotland, and the partially devolved research systems, in the context of social, political and economic arguments being mobilised by the referendum.

As such, Innogen held a series of stakeholder interviews and workshops to cover all aspects of the healthcare and research systems under devolution and the implications for independence. A range of crucial issues considered most relevant to the referendum debate were addressed and explored.

## THE IMPORTANT LINK BETWEEN HEALTHCARE AND RESEARCH

There is clear consensus, reflected in the account of the interviewees and workshop participants, of a direct and positive link between the maintenance of a strong medical research system and the quality of healthcare delivered to local patients in the clinics where this research is located.

As one respondent stated: "...there's lots of observational data, and factors of

*10:1 are generally quoted of the value that accrues to health systems by having research going on. Patients get better care that are taking part in research and newer, better things get brought into health systems fast as a result of research, you get more skilled workers because research is going on rather than it just being a service commitment...in England, when they were deciding where to put the new medical schools and the research activity, they put them in areas where there was historically poor standards of service."*

Policymakers, therefore, ignore the link between healthcare and the medical and clinical research systems at their peril. Indeed, one interviewee claimed that patients who do not have access to a university hospital are actually disadvantaged.

## THE REAL IMPACT OF DEVOLUTION ON HEALTH AND RESEARCH

In terms of how research and healthcare are organised, there was a general sense from our respondents in the workshop that devolution has allowed Scotland to avoid the major changes in the NHS that have happened in England and Wales. Scotland has been able to differentiate itself and its clinical assets and operate a relatively joined up health system with efficient and streamlined governance structures.

As one NHS R&D director stated when interviewed: *"Scotland works very well together in a way that England doesn't and probably can't, but whether or not that's an impact of devolution I don't know, because Scotland is reasonably small and it can work like that, and it should work like that given its size."*

There are clear advantages of scale in Scotland that have been exploited to improve the overall health system. However, this was not necessarily a direct consequence of devolution, but would have perhaps happened in any case. As one representative from a CRO explained: *"Scotland is many ways an easier vendor or supplier of clinical research services because everything is smaller, faster and more efficient."*

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needs of Scotland and, most crucially, allow NHS Scotland to avoid some of the more radical neoliberal structural changes taking place south of the border; particularly the increasing privatisation of health services.

## THE ROLE OF COMMERCIAL AND NON-COMMERCIAL CLINICAL STUDIES

Despite the promise and expectations generated from the ‘living lab’ concept, and the link to the broader wealth agenda underpinning it, commercial clinical studies are still a marginal activity in Scotland. Our interview respondents and workshop participants generally revealed a number of different and salient views about the relationship between commercial and non-commercial clinical studies. For some, the commercial side was not considered of particular strategic importance, but others felt that Scotland was not pursuing the commercial side as aggressively as it should, and this related largely to the cultural attitude towards commercial research within the NHS.

One R&D manager in the NHS, who did value commercial studies, stated: *“There is a thought out there with consultants that commercial studies are somehow less important than academic studies, and by coming from an academic research background myself I understand that opinion...however, commercial studies will pay for this, if you’re income generating a significant amount of money from commercial studies, you can maintain a research nurse, and the research nurse is then able to coordinate your non-commercial activities...But there is definitely a cynical attitude in the NHS towards commercial research.”*

One workshop participant suggested the NHS needed to think ‘outside the box’ when it comes to commercial work and believed that all hospitals should have a dedicated commercial unit, which could drive a research culture in the NHS. However, there is a continuing challenge, for both commercial and non-commercial clinical studies in Scotland, in terms of patient recruitment and this links in many ways to the size of the population and the scale of the research infrastructure.

Scotland is simply not large enough to be a really big player in international

commercial trials and, like the rest of the UK, often fails to meet recruitment targets. A policymaker that was interviewed suggested that it is easy to sell the academic innovation in Scottish life sciences to international companies, but selling the idea of Scotland as a place to do large clinical trials is much more difficult.

## FUNDING OF RESEARCH AND THE IMPORTANCE OF MAINTAINING THE UK AS A SINGLE RESEARCH AREA

Perhaps the most important uncertainty around the future of medical research (basic and applied) and support for clinical studies in Scotland post-independence relates to funding. Interviewees and workshop participants cited this as a key concern, particularly those who feared that RCUK money would no longer be available to fund medical research. While government funding is not the only source of support for research, RCUK is crucial and will likely shape decision-making amongst commercial and third sector organisations. The Scottish White Paper proclaimed that under independence, Scotland would continue to pay into the RCUK funding pot and draw funding from it on a competitive basis, with Scotland and the rest of the UK considered a single research area. However, the UK government has claimed that Scotland would not have access to RCUK funds, and this has rightly caused great concern within the Scottish medical research community.

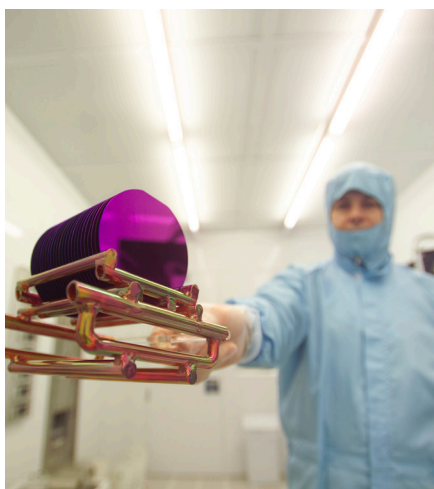
Interviewees and workshop participants, including some research funders, raised three salient points in regards to this issue:

**1.) Scotland needs to be part of a UK research system,** as it would make sense for an independent Scottish Government to have various routes through to strategic medical research support, along with the ability to not only strategically control funds for local needs, but also to access open competition schemes.

**2.) A single research system would also benefit the rest of the UK,** as large competitive research systems are much better than smaller ones. Greater competition raises standards across the board and as systems get smaller and less competitive, other challenges arise. However, some respondents stated that



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being part of a smaller system might enable greater strategic focus and differentiation from the rest of the UK, which provides opportunities as well as challenges.

**3.) The notion of a single research area has implications for commercial investment in clinical research.** Major pharmaceutical and device companies want to invest in a fairly homogenous system, so if the research area and funding mechanism become too regionalised this may impact on their investment strategies. Also, if Scotland were forced to do its own thing as part of a small, discrete research area, there is risk of a duplication of activities and infrastructure, which could drive up the cost per clinical study and make it more expensive to do research than in the rest of the UK.

### IMPACT OF INDEPENDENCE ON HEALTHCARE PRIORITIES

The Scottish research and healthcare systems have undergone profound structural and organisational change since devolution. Parts of the system (NHS, for example) are almost fully devolved, but other parts (the clinical and medical research) are only partially devolved, as they are far more closely integrated into broader UK initiatives and dependencies.

The potential loss of RCUK funding, or a significant change in funding streams for clinical and basic medical research, will naturally affect how Scotland prioritises its research, and the views of our interview respondents were mixed in terms of what the benefits and limitations might be. One representative from the NHS felt that the consequence might be that Scotland focuses far more on diseases where poverty and social deprivation were the major determinants, or perhaps in rare conditions where Scotland has a disproportionate population, such as

Multiple Sclerosis or Motor Neurone Disease. These are under researched disease areas that have a significant impact in Scotland. This would also enable studies based on the ‘living lab’ concept to flourish, as there would be the required level of disease burden.

However, others felt that becoming too niche and losing a more broad-based expertise in medical research might be to Scotland’s ultimate detriment in terms of being a global leader in life sciences. The question that needs to be asked, in this context, is what type of research system does Scotland ultimately want, and how will this fit with the current devolved healthcare system?

### CONCLUSION

The key message from our research is that Scotland is not so fundamentally different from the rest of the UK in terms of institutional assets, infrastructure, approaches and capacity for healthcare and medical research. It has key strengths, but what is missing is policy and economic evidence of what devolution, and potential independence, means for health and wealth. What is clear is that there are many different views about the benefits and limitations of the existing healthcare system and the complex research system that has evolved alongside it. In the public debate, emphasis has been very much on the fiscal and currency issues and where health has been discussed, it has been focused on the NHS and access to healthcare, with research very much marginalised.

**To read the full academic working papers from this project, please visit: <http://innogen.ac.uk/research/projects/139>**

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