

GREATER GLASGOW NHS BOARD

**Minutes of a Meeting of the NHS Greater Glasgow
Research Ethics Governance Committee
held in Meeting Room 2N, Dalian House,
350 St Vincent Street, Glasgow
on Friday 25 October 2002 at 12.30 pm**

PRESENT

Professor M Farthing (in the Chair)

Dr W G Anderson	Councillor J Gray
Dr H Burns	Dr M P G Jamieson
Dr B N Cowan	Dr F Marshall
Dr I W Wallace	

IN ATTENDANCE

Mr J C Hamilton	Head of Board Administration
Ms S Gordon	Secretariat Manager
Ms A Torrie	Local Research Ethics Committee Administrator, North Glasgow University Hospitals NHS Trust
Mr W S Marshall	Secretariat Officer

ACTION BY

14. MINUTES

The Minutes of the meeting of the NHS Greater Glasgow Research Ethics Governance Committee held on Friday, 2 August 2002 (NHSGGREGC(M)02/2) were approved as a correct record.

NOTED

15. NEW GOVERNANCE ARRANGEMENTS FOR NHS RESEARCH ETHICS COMMITTEES IN NHS GREATER GLASGOW: RESPONSES TO CONSULTATION

The Committee received for consideration copies of a paper from the Head of Board Administration asking it to note and consider the various responses received in relation to the consultation on the new governance arrangements and to agree the way forward.

The Head of Board Administration reminded the Committee that it had agreed that consultation should be sought with the existing Local Research Ethics Committees (LRECs) in NHS Greater Glasgow on the proposals to introduce the new governance arrangements with effect from 1 April 2003. Ten formal responses were received together with a few informal comments and responses.

The Head of Board Administration explained that overall there was recognition that the new governance arrangements were both welcome and necessary in order to put this issue onto a sound and sure footing in governance terms. The commitment to training was particularly welcomed by the various LRECs as was the NHS Board's role in taking over the recruitment process.

The Head of Board Administration advised that there were a number of reservations highlighted and each response had been included, in full, in the papers prepared for the meeting. In addition, each response had been summarised by the Secretariat Manager in a tabular format to show the reference to the consultation paper in the first column, the matters raised by specific LRECs/individuals in the second column and the third column gave a recommendation against each issue. The Committee was asked to go over each point in detail and advise on the amendments it wished to make to both the draft model constitution and the recruitment process. Thereafter, the recruitment process and draft model constitution would be completed and circulated to members and LRECs, together with a note on the outcome of the consultation exercise and a timetable of the next steps.

The Chairman agreed that this was a sensible approach and he welcomed the calibre of the responses received to the consultation exercise. He suggested that before proceeding to consider the specific LREC responses, time should be allocated to considering the response submitted by Mr A S Weatherhead, a lay member of the Glasgow Royal Infirmary LREC, who had produced a very detailed but welcome document on the proposed model constitution for LRECs. Along with Mr Weatherhead's document, members had the benefit of tabulated comments and recommendations on its content which had been prepared by Ms Torrie.

Consideration followed on the major points raised by Mr Weatherhead for possible inclusion/amendment in the draft model LREC constitution. The majority of these points were accepted without discussion. Those requiring further discussion were resolved as follows:

(a) LREC Administrators

It was agreed that NHS Trusts should continue to appoint LREC Administrators as employees of the Trusts, under a process approved by the Board through the auspices of the NHS Greater Glasgow Research Ethics Governance Committee. The discussion highlighted the need for a standardised job description for LREC Administrators to be applicable throughout Greater Glasgow and the need to have Administrators in place by 1 April 2003. The Head of Board Administration undertook to move these issues forward.

**Head of Board
Administration**

(b) Multi-Centre Research Within Greater Glasgow

It was agreed that a procedure was required for cross-site referral within Greater Glasgow, mainly because of the 60 days for consideration rule under GAFREC. The Local Research Ethics Committee Administrators would be asked to consider this matter further since it may well be a task for Trust research offices to take forward. It was noted that the pre-existing procedure for cross-site referral within Greater Glasgow had not been working well.

(c) Privacy

It was agreed that the draft model constitution should be amended to state only that "LREC meetings would normally be held in private". This would bring them into line with other committees operating under the Board's Standing Orders.

**Head of Board
Administration**

(d) LREC Records

It was agreed that all LRECs should retain relevant records for a period of at least ten years after completion of a trial. It was recognised that in the future most of these records would be held electronically thereby negating existing difficulties over storage and access.

Ms Torrie was confident that with the addition of Mr Weatherhead's points and the Committee's suggested amendments, the proposed model LREC constitution would be GAFREC compliant and would meet legal requirements.

The Chairman then moved on to detailed consideration of the various responses received from the LRECs within Greater Glasgow. The following issues were raised:

(a) Glasgow Dental Local Research Ethics Committee

It was agreed that given the specialised nature of oral and dental health the Greater Glasgow Dental Local Research Ethics Committee should continue to function in the future and continue to report to the NHS Greater Glasgow Research Ethics Governance Committee as per procedures for other LRECs in NHS Greater Glasgow.

**Head of Board
Administration**

(b) Greater Glasgow Community/Primary Care Local Research Ethics Committee

The Head of Board Administration referred to the helpful document received from Ms H Illingworth, Secretary of the Greater Glasgow Community/Primary Care Local Research Ethics Committee, and to the subsequent meeting with representatives of that Committee. It was clear that the Primary Care Committee was keen to embrace the new governance arrangements though some concerns were expressed. Dr Wallace summarised these, and emphasised that a major worry was the transitional arrangements between February and April 2003. The Primary Care Committee was unique in that it was largely composed of contractors who were paid a set fee. In addition, its lay members were also paid a set fee.

The Committee recognised that there was no standard procedure in operation across the city in regard to compensating lay members for their time serving on LRECs. Most lay members received expenses and/or an annual honorarium. Only the Primary Care Committee gave members a fee.

The Committee agreed that information should be sought from LRECs regarding lay members' expenses and/or honoraria with a view towards standardising these across the city. Ms Torrie undertook to look into this. This issue would be considered again at the next meeting of the Ethics Committee when all the requisite information had been gathered.

Ms A Torrie

The Committee further agreed that Dr Wallace should liaise with the Greater Glasgow Primary Care NHS Trust regarding this issue and report back.

(c) Quorum

It was agreed following representation from various LRECs, that out of a quorum of seven members, two of these seven members must be lay.

(d) LREC Decisions

It was agreed that following representation from various LRECs, a two thirds majority being required if a vote was taken at an LREC meeting, was not practical and that any decision put to the vote at such meetings must be unanimous.

(e) Five Years Post Retirement

It was agreed to retain the five years post retirement rule in order to remain GAFREC compliant.

(f) Removal of Incompetent Members

It was agreed that there were already existing mechanisms for the removal of incompetent members.

(g) The Need for a Lay Chair or Vice Chair

Whilst the practical difficulty of accessibility was recognised, it was agreed to retain, where possible, the stipulation that either the Chairman or the Vice Chairman of an LREC should be a lay person.

(h) Multi-Centre Research Within Greater Glasgow

The Committee recognised that the previous system in operation within Greater Glasgow for multi-centre research or cross-site referral was not working in practice. The Committee agreed that new standardised operating procedures were required which should come under the jurisdiction of each Trust's Research Office. It was suggested that each study requiring multi-centre research or cross-site referral in Greater Glasgow could be allocated a unique identifier held on a central record. This matter would be pursued with the LREC Administrators for their opinion.

Ms A Torrie

(i) Consultant Sessions for LREC Work

The Committee agreed that any time required by Consultants for their LREC commitments should become part of the individual Consultant's job plan. Medical Directors would pursue this issue with the Consultants involved.

**Medical
Directors**

(j) Contracts

It was agreed that when a proposal was submitted to an LREC, the researchers contract was still with the Trust Committee who originally held it.

The Chairman thanked members for their detailed consideration of the various proposals submitted by the LRECs.

DECIDED:

That the draft model constitution for LRECs and the recruitment process procedures be amended accordingly in line with the changes detailed above and be submitted to the next meeting of the NHS Greater Glasgow Research Ethics Governance Committee for implementation

**Head of Board
Administration**

The Head of Board Administration advised that both the Victoria Infirmary LREC and the Greater Glasgow Primary Care LREC had suggested that a meeting be arranged for all LREC Administrators and perhaps Chairs or Vice Chairs and one lay member to discuss the new arrangements in order to ensure uniformity and commonality in taking the new arrangements forward. The Committee agreed that this would be productive and beneficial. LREC Administrators and their Chairs or Vice Chairs and one lay member would be invited to the next meeting of the NHS Greater Glasgow Research Ethics Governance Committee.

**Head of Board
Administration**

16. CRITERIA FOR ETHICAL APPROVAL

The Committee received for consideration copies of a letter from Ms Sue Laughlin, Women's Health Co-ordinator, addressed to the Director of Public Health, seeking clarification regarding the criteria for submitting research aimed at supporting service review and planning for ethical approval.

The Director of Public Health explained that the issue was about the scope and level of patient involvement in a research proposal or study before ethical approval from an LREC was required. This was an interface issue and would depend on the nature of the patient involvement. There was a recognised "grey area" where legitimate and non-invasive research procedures should not be subject to LREC intervention unless it was deemed clearly appropriate. It was agreed that this issue should be considered further at the next meeting when members would have the benefit of advice from the various LREC Administrators and Chairs or Vice Chairs.

DECIDED:

That this issue be placed on the agenda of the next meeting of the NHS Greater Glasgow Research Ethics Governance Committee.

**Head of Board
Administration**

17. DATE OF NEXT MEETING

The next meeting of the NHS Greater Glasgow Research Ethics Governance Committee would be held on Friday, 31 January 2003 at 12 noon in Board Room 2, Dalian House, 350 St Vincent Street, Glasgow.

The meeting ended at 2.30 p.m.