

2026/2027 Applications approved by HSC-PBPP to 30th June 2026

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Application Reference	Applicant	Applicant Organisation	Title of Study	Outcome	Level of decision	Days to decision (total)*	Days to decision (clocked)†
2324-0045	Professor David Newby	University of Edinburgh	Computed Tomography Angiography for the Prevention of Myocardial Infarction (The SCOT-HEART 2 Trial)	Approved	Tier 1 Panel Meeting	19	10
2526-0230	Professor William Whiteley	University of Edinburgh	The effect of the herpes zoster vaccine on stroke and dementia subtypes defined with brain imaging	Approved	Tier 1 Review	40	22
2526-0012	Dr Harry L. Hébert	University of Dundee	Understanding and addressing risk factors for poor outcomes in people with substance use disorder, focussing on sex, age and deprivation	Approved with conditions	Tier 1 Review	35	17
2526-0113	Dr Rory Chan	University of Dundee	Creation of the Scottish Airways Research Network (SARN)	Approved with conditions	Tier 1 Review	27	21
2526-0250	Professor Morag Treanor	University of Glasgow	Understanding Children's Lives and Outcomes Project 1 - Exploring context, factors and approaches to educational exclusions and absences	Approved with conditions	Tier 1 Review	26	17
2526-0177	Dr Marco Gasparetto	Norfolk and Norwich University Hospitals (NNUH)	Screening and management of suspected adrenal insufficiency, following exposure to systemic corticosteroids in paediatric Inflammatory Bowel Disease (IBD)	Approved with conditions	Tier 1 Review	114	38
2526-0174	Miss Kathryn Willis	St George's University Hospitals NHS Foundation Trust	Identifying delays in Diagnosis of Carbon Monoxide in the Emergency Department (EDCO-D)	Approved with conditions	Tier 1 Review	48	17
2526-0216	Mr Sava Popescu	University of Strathclyde	Exploring blood flow dynamics in the blood vessels of the residual limbs of lower limb amputees'	Approved with conditions	Tier 1 Review	51	14

2026/2027 HSC-PBPP Approved applications

<u>2122-0200</u>	Professor Rustam Al-Shahi Salman	University of Edinburgh	Antiplatelet Secondary Prevention International Randomised trial after INtracerebral haemorrhage (ASPIRING)	Approved	Tier 1 Review	32	21
<u>2526-0253</u>	Mrs Julie Landsberg	Scottish Government	Scottish Health Survey and health record data linkage	Approved with conditions	Tier 1 Panel Meeting	8	8

*Total time = total time from the date of submission to the date of approval, including the time waiting for a response from the applicant.

†Clocked time = time from submission to approval in the hands of HSC-PBPP and does not include the time waiting for clarifications from the applicant.

Lay Summaries

2122-0200 Professor Rustam Al-Shahi Salman University of Edinburgh **Antiplatelet Secondary Prevention International Randomised trial after** **INtracerebral haemorrhaGe (ASPIRING)**

Stroke due to bleeding into the brain, known as “brain haemorrhage” affects more than 3 million people in the world each year – 14,000 of them are in the UK. People who survive brain haemorrhage are at risk of suffering other “major vascular events” such as heart attacks, strokes, and death due to clotting or bleeding problems. Doctors use medicines that lower blood pressure to reduce the risk of stroke after brain haemorrhage. Despite taking blood pressure-lowering medicines, the risk of having a major vascular event remains high after brain haemorrhage. Some randomised controlled (RCT) studies have found that people who have had a heart attack or stroke, but who have not had problems with bleeding, benefit from antiplatelet medicines. Antiplatelet medicines like aspirin, which thin the blood, protect people from blood clotting problems. Although antiplatelet medicines may increase the risk of bleeding slightly, they reduce the risk of major vascular events caused by blood clotting. Overall, antiplatelet medicines help, so they are used in standard medical practice to prevent blood clots. However, doctors aren’t sure whether antiplatelet medicines can be used for people who have had a brain haemorrhage. This study is called ASPIRING, which stands for, “Antiplatelet Secondary Prevention International Randomised trial after INtracerebral haemorrhaGe.” ASPIRING will be the largest study of antiplatelet medicines after brain haemorrhage and aims to produce reliable information about whether starting antiplatelet medicines helps people after brain haemorrhage.

2324-0045 Professor David Newby University of Edinburgh **Computed Tomography Angiography for the Prevention of Myocardial Infarction** **(The SCOT-HEART 2 Trial)**

‘Risk scores’ are a tool commonly used by Doctors to help them decide which patients need medication to prevent heart disease. Risk scores look at your chance of getting heart disease by looking at factors such as age, smoking habit and whether heart disease runs in the family. However, these scores are not always accurate and can mean that some patients are given unnecessary medication and others are not given the medication they need.

In a previous study (the first SCOT-HEART trial), we showed that the use of Computed Tomography Coronary Angiography or CTCA (a scan that gives very clear images of diseased blood vessels of the heart) changed the way patients with chest pain were diagnosed and treated, and fewer people went on to have heart problems than those only given a risk score.

In the SCOT-HEART 2 trial, we will recruit at least 6,000 people from Scotland who are at risk of heart disease and will compare two ways of deciding how to prevent future heart problems. We will compare the current standard of care, using a Scottish ‘risk score’, with a CTCA scan to look at the heart. This will help us find out if making decisions based on the results of a CTCA will stop too many people being given medicines they don’t really need, and see whether it lowers the number of people developing heart disease.

2526-0012 Dr Harry L. Hébert University of Dundee
Understanding and addressing risk factors for poor outcomes in people with substance use disorder, focussing on sex, age and deprivation

Scotland is experiencing a public health crisis due to drug-related deaths and has the highest rate in Europe. People who are older, live in more deprived areas (particularly the NHS Greater Glasgow and Clyde and Tayside regions) and men are more likely to experience a drug-related death. However, the proportion of drug-related deaths involving women is increasing. Substance use disorder (characterised by persistent use of drugs, alcohol or nicotine/tobacco despite harmful outcomes), particularly involving opioid pain medications, is a major contributor and deaths linked to gabapentinoids are on the rise. Gabapentinoids (gabapentin and pregabalin) are medications originally developed to manage epilepsy but are now primarily prescribed for long-term (nerve) pain. Pregabalin is also licenced for generalised anxiety disorder. Both opioids and gabapentinoids are associated with serious harms including addiction and overdose. Despite this, the factors driving disparities in overdose and drug-related deaths across age, sex and deprivation are not currently fully understood.

This study aims to identify the risk factors for fatal and non-fatal overdose in adults with substance use disorder in Scotland, with a particular focus on women, older adults and those living in areas of high social deprivation.

By securely combining information from different databases, we will analyse what demographic, social and clinical factors increase the risk of fatal and non-fatal overdose across different strata of age, sex, health board and levels of social deprivation.

The findings will help identify who is most at risk of overdose and drug-related deaths, especially those with complex social and demographic needs. By pinpointing the key drivers of risk in different groups, the study's findings will equip healthcare providers, community organisations and policymakers with the knowledge required to design more responsive, person-centred interventions. These insights will support safer treatment decisions, more equitable services and action to address the social factors that perpetuate harm. The ultimate goal is to turn evidence into meaningful change by reducing overdoses, preventing deaths and improving outcomes for individuals.

2526-0113 Dr Rory Chan University of Dundee
Creation of the Scottish Airways Research Network (SARN)

Asthma is a common long-term condition that affects the lungs and can make breathing difficult. Around 17% of people in Scotland have asthma. Some people have severe asthma, which is harder to control, leads to frequent asthma attacks, and can result in hospital admissions and lasting lung damage. Information about asthma care is currently spread across different NHS health boards, which makes it harder to fully understand the condition and improve care for everyone.

This application is for setting up the Scottish Airways Research Network (SARN), a national asthma registry for Scotland. This will be an overarching ("parent") data resource that securely brings together health information already collected during routine NHS care, such as symptoms, test results, medicines prescribed, and asthma attacks. No extra appointments or tests are required.

The registry will include data from people receiving asthma care across 11 NHS Scotland health boards, who have provided their consent to be included in the registry. We chose to proceed with the 11 health boards as these have each been represented by an asthma clinician. Logistically, we were unable to identify an asthma physician from the island boards. Prior to data entry, the patient information itself will be pseudonymised meaning that individual data will not be identifiable. Researchers will then apply to use this resource for specific research projects that will be subject to further approval processes.

Clear governance arrangements will be in place, including oversight of how data are stored, accessed, and used. A detailed Data Protection Impact Assessment describes how risks to privacy are minimised and how the data will be protected.

The data will be securely stored and managed by the University of Dundee's Health Informatics Centre (HIC) Safe Haven, which is accredited under the NHS Scotland Information Governance Framework. Personal details such as names and addresses will be removed or replaced with anonymous SARN identifiers (e.g. patient 0001), so individuals cannot be identified by researchers. The data will only be used for health research that has appropriate approvals and is aimed at improving asthma care and services for people in Scotland.

By creating this national registry, SARN will help doctors, NHS planners, and researchers better understand severe asthma, identify who is most at risk of serious attacks, and see how well treatments work in real-world settings. This will support better planning of services, earlier diagnosis, better prediction of asthma attacks and fairer access to effective treatments. Ultimately, this work aims to improve health outcomes and quality of life for people living with asthma across Scotland.

2526-0174 Miss Kathryn Willis St George's University Hospitals NHS Foundation Trust
Identifying delays in Diagnosis of Carbon Monoxide in the Emergency Department (EDCO-D)

This study is investigating how cases of carbon monoxide (CO) poisoning are missed or have a delayed diagnosis in Emergency Departments (EDs) in Europe. Appropriate data transfer agreements are in place with EU sites to transfer the data to St George's University Hospitals NHS Foundation Trust. CO poisoning is a common but often overlooked medical emergency which occurs when people are exposed to this odourless and invisible gas, often produced by faulty heaters, car engines, or other fuel-burning appliances. Symptoms like headaches, dizziness, or nausea can be confused with other illnesses, making diagnosis difficult. If not recognised quickly, CO poisoning can lead to long-term health issues or even death. Previous work has shown UK doctors do not always consider CO as a cause for symptoms that indicate exposure.

This study will expand on previous work to see if delays and errors in diagnosing CO poisoning are common in EDs.

Key assumptions:

- Cases of CO poisoning could be missed because symptoms overlap with other conditions.
- Patients may be discharged home without diagnosis, increasing their risk of re-exposure.
- There is a lack of awareness among healthcare providers about recognising CO poisoning.

We are working with EDs across the UK and Europe to look at patient records who attended ED between June 2022 and June 2025 to see if any have raised CO levels in their blood. We will look at clinical details to see if patients may have been exposed to CO and if this was documented by clinicians. This will give an understanding of the 'missed' rates of CO poisoning and will lead to further projects aiming to improve awareness among clinicians.

**2526-0177 Dr Marco Gasparetto Norfolk and Norwich University
Hospitals (NNUH)
Screening and management of suspected adrenal insufficiency, following
exposure to systemic corticosteroids in paediatric Inflammatory Bowel Disease
(IBD)**

An increasing number of children and young persons is diagnosed with inflammatory bowel disease (IBD), including Crohn's disease (CD) and ulcerative colitis (UC). These are lifelong immune-mediated conditions that can significantly affect the physical and mental health of the patients affected, and require treatments based on immunosuppressants.

IBD is often managed with prolonged steroid treatments, that are used to bring the condition into remission at the time of diagnosis, or in case of flare ups, until more established, potent treatments are put in place for the medium- and longer-term management.

Prolonged exposure to systemic steroids can put patients at risk of adrenal insufficiency (AI), i.e. the inability of the body to produce its own natural steroid. AI may cause no symptoms, or may associate with a non-specific clinical presentation including dizziness, headache, fatigue, diarrhoea, abdominal pains, nausea. In unfortunate circumstances, when other stressors intervene (e.g. a viral infection or other concomitant illnesses), a patient with AI could die from a fatal event called adrenal crisis.

Despite the relevance of this problem, the current international guidelines for the management of IBD worldwide, do not offer recommendations or guidance on how to screen for and manage AI in children with IBD exposed to systemic steroids. The scientific evidence is limited and sparse.

The European Society of Paediatric Gastroenterology (ESPGHAN) is supporting this retrospective, multi-centre study involving centres in the UK and other European countries affiliated to the society.

**2526-0216 Mr Sava Popescu University of Strathclyde
Exploring blood flow dynamics in the blood vessels of the residual limbs of lower
limb amputees**

People who have had a lower limb amputation often experience long-term problems with the remaining part of the limb, such as poor blood flow, pain, skin breakdown, and delayed wound healing. These problems can reduce quality of life and may increase the risk of further surgery or hospital treatment. At present, there is limited evidence on how blood flows through the blood vessels in residual limbs after amputation, and how this may relate to future complications.

This project aims to improve understanding of blood flow patterns in the residual limbs of people who have undergone lower limb amputation. It will use existing NHS imaging and clinical data that

were originally collected as part of routine healthcare. No new data will be collected, and there will be no direct contact with patients.

The study will analyse pseudonymised imaging data to examine how blood moves through blood vessels in the residual limb. These data will be used to create computer-based models of blood flow, which can help identify features associated with higher risk of complications. The findings may help clinicians better understand why some patients develop ongoing problems after amputation while others do not.

The expected benefits of this research are improved knowledge of post-amputation blood flow and its potential role in long-term outcomes. In the future, this could support better clinical decision-making, improved monitoring of patients after amputation, and the development of more personalised treatment or rehabilitation strategies.

2526-0230 Professor William Whiteley University of Edinburgh
The effect of the herpes zoster vaccine on stroke and dementia subtypes defined with brain imaging

The varicella-zoster virus causes chickenpox when a person is first infected and can later become active again to cause shingles (herpes zoster). This is more common in older adults and individuals with a weaker immune system. More recently, the virus has been linked to possible swelling of blood vessels in the heart and brain, although the full consequences remain unclear. This suggests shingles may play a greater role on declining health in older people than currently recognised.

An effective vaccine (herpes zoster) reduces the risk of shingles. Since 2013, this has been available in Scotland to people aged 70–79 through a phased rollout. Each year, individuals turning 70 become eligible, along with a catch-up cohort aged 78 or 79 so that people who were already older than 70 when the programme began can still receive it.

Eligibility is determined by a strict date-of-birth cutoff, creating a “birthday paradox” in which people born just days apart may differ in access. For example, in the 2013 rollout, only those born on or after 2 September 1933 were eligible, meaning anyone born before this date never had the opportunity to receive the vaccine. This cutoff enables comparisons between nearly identical age groups.

The previously approved Brain Health Data Pilot (BHDP) project has generated a shared database (like a library) of information for scientists (accessing via their own streamlined PBPP approvals) to learn more about dementia and other brain diseases. It includes a huge collection of brain images linked to routinely collected health records from NHS Scotland. What is special about this database is that it will get better over time as scientists use it and add their discoveries.

Our aim is to investigate the effects of herpes zoster vaccination on shingles and other virus-related conditions, namely postherpetic neuralgia (long-lasting pain in nerves and skin previously affected by shingles), with a focus on brain health, using pre-existing data extracts readily available for BHDP studies, as well as high-quality researcher produced derived variables shared by previous BHDP studies. By exploiting the date-of-birth cutoff as a natural comparison and applying advanced statistical methods to linked routine datasets, our team can study the vaccine’s impact across different groups. Because this approach relies on the cut-off dates rather than details of individual vaccines, it does not need specific vaccine information that is not currently available in the Brain health Data Pilot.

The data will be accessed through the Federated Data Sharing Appliance (FDSA), which lets researchers analyse Scottish health data inside the National Safe Haven without ever seeing the data itself.

This study could benefit the public by showing whether the shingles vaccine also helps protect brain health; such as reducing risks linked to dementia or stroke—which could encourage greater vaccine uptake, improve health in older age, and help reduce pressure on health services.

2526-0250 Professor Morag Treanor University of Glasgow
Understanding Children's Lives and Outcomes Project 1 - Exploring context, factors and approaches to educational exclusions and absences

This research aims to explore the variation between schools and local authorities in their policies and practice in relation to temporary exclusions and authorised/unauthorised absences. This will be done by analysing central and local government policies, by analysing the linked data on a school/catchment/local authority basis, and by exploring their associations with young people's educational outcomes and post-school destinations. This hopes to establish 'what works' in reducing exclusions and authorised/unauthorised absences and improving attainment/post-school destinations.

The research will also explore the role of personal and health circumstances (e.g. longstanding health issues), and how these connect to explained and unexplained absences, as well as family characteristics, such as material poverty and associated factors (e.g. unemployment, disability) and household living arrangements. This will allow us to explore the extent to which it is policy and practice, and not the demographics of the catchment or the characteristics of the family that make the difference to absences, exclusions and outcomes.

2526-0253 Mrs Julie Landsberg Scottish Government
Scottish Health Survey and health record data linkage

This proposal seeks to continue the creation of a valuable research resource that combines routinely collected health data with data from the Scottish Health Survey (SHeS). The linked data provides a unique source allowing research looking at the relationship between health behaviours and health outcomes/hospital stays.

The linked data would continue to be made available to approved academic researchers to apply for access to specific years of data and specific topics from SHeS via the PHS Data Protection team. This process has been in use for this data linkage since 2024 and facilitates quicker initiation of research projects investigating current questions about Scottish population health.

Scottish Government analysts within the Health and Social Care division would continue to access the linked data to conduct analysis on the health of the population.

Linkage is requested for responses to all years of SHeS for those who have not opted out of linkage to a limited set of indicators from the following health records from 1981 to date:

- SMR01 – inpatients and daycases,
- SMR04 – mental health inpatients and daycases,

2026/2027 HSC-PBPP Approved applications

- SMR06 - cancer registrations
- NRS death records
- COVID19 test positive results
- COVID19 vaccinations

The COVID data is included to allow analysis of differential health outcomes for those testing positive before vaccination.

The linkage for each year of the survey is updated annually. The health record extraction is re-run and any new health events in that year for the participants are added to the linked dataset for each survey year.