2026/2027 Applications approved by HSC-PBPP to 31st July 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

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2122-0200	Professor Rustam Al-Shahi Salman	University of Edinburgh	Antiplatelet Secondary Prevention International Randomised trial after INtracerebral haemorrhaGe (ASPIRING)	Approved	Tier 1 Review	32	21
2526-0253	Mrs Julie Landsberg	Scottish Government	Scottish Health Survey and health record data linkage	Approved with conditions	Tier 1 Panel Meeting	8	8
2526-0228	Professor Timothy Mcdonald	Royal Devon University Healthcare NHS Foundation Trust	NEWBIE Surveillance - Incidence of Neonatal Diabetes in the United Kingdom and Republic of Ireland	Approved with conditions	Tier 1 Panel Meeting	15	15
2627-0045	Roseanna Jenks	The University of Edinburgh	A Scottish population based prediction model for fetal growth restriction	Approved with conditions	Tier 1 Panel Meeting	6	6
2425-0033	Dr. Alexis Webb	Health Data Research UK	Big Data for Complex Disease Programme (Research Resource)	Approved	Tier 1 Review	171	48
2425-0054	Mr Niccolò McConnell	University College London	Chest CT Foundation Model	Approved with conditions	Tier 1 Review	52	36
2425-0277	Dr Fabien Puglia	Royal College of Surgeons of England	Quality and Outcomes in Oral and Maxillofacial Surgery (QOMS)	Approved with conditions	Tier 1 Review	47	30
2324-0175	Miss Bethany Lee-Shield	University of Edinburgh	Examining Potential Inequalities in the Outcomes of Care Experienced Children	Approved	Tier 1 Review	124	81
2425-0034	Dr Eliud Kibuchi	University of Glasgow	Understanding patterns of health and social care use in Scotland: epidemiological and health economic analyses of linked social care and health data	Approved with conditions	Tier 1 Review	60	22
2627-0028	Andrew McNally	UK Haemophilia Centre Doctors' Organisation (UKHCDO Ltd)	National Haemophilia Database (NHD) and the Haemophilia Mortality Study	Approved with conditions	Tier 1 Panel Meeting	13	13

*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.

2324-0175 Miss Bethany Lee-Shield University of Edinburgh
Examining Potential Inequalities in the Outcomes of Care Experienced Children

Care Experienced Children (CEC) are at risk of poor outcomes in areas such as health and education compared to children without care experience. However, we know that many CEC do not have poor outcomes. One possible reason for differences in outcomes among CEC are care journeys. The care journeys of CEC vary greatly, including experiencing different types of 'placements', different amounts of time in care and differences in the stability of their care. There is not yet a good understanding about the relationship between these care journeys and outcomes in Scotland.

Therefore, my research will aim to fill this gap to provide a better understanding about care journeys of children who do well, and care journeys that may be associated with outcomes, including not achieving in school and having poorer health.

This project will use linked administrative datasets from organisations in Scotland, including Public Health Scotland health data, NHS Scottish Ambulance Services data and from the Scottish Government care and education data.

Linking these datasets together will allow a better understanding of the relationship between care journeys and outcomes, and an understanding about the relationship between health and education for CEC. This can provide a more holistic understanding of the lives of CEC. The findings from this research have the potential to inform the work of The Promise Scotland and the Scottish Government in understanding how to best support CEC, by identifying aspects of care journeys that may be important for educational and health outcomes.

2425-0033 Dr. Alexis Webb Health Data Research UK
Big Data for Complex Disease Programme (Research Resource)

Big Data for Complex Disease (BDCD) is a programme of data research that offers unique opportunities to link and examine de-identified patient health records and health-related information. We will bring together routine health data alongside specific disease registries held as national datasets available for access to consider how other diseases interact with cancer and heart and circulation problems (cardiovascular disease or CVD).

This research programme, and the research resource we are requesting to establish through this application, will enable researchers to use health data to better understand:

- causes of cancer and CVD, the co-morbidities and other diseases associated with them
- who is most at risk and why
- which current treatments are best and what differences there are in how well these treatments work
- how to improve prevention and care for patients so that there are fewer deaths and less serious health problems

Experts in data analysis, clinical care, and people with personal experience of these conditions will work together to:

- Decide on the most important research questions.

- Figure out the best ways to analyse complex information from different sources.
- Share the research findings.

In relation to CVD/cancer, future work associated with the research resource will aim to uncover:

- signals and patterns in health data that show higher risk, helping us develop ways to prevent these diseases.
- how these and other complex diseases, like diabetes or mental health, are connected
- how inequalities (like age, gender, ethnicity, poverty and where people live) change the risks, treatments and outcomes
- how to use this new knowledge to influence health-related policy and best practice in the UK and globally

Together, this programme, the research resource and future projects will create real benefit for patients and the public through less harm caused by these diseases.

2425-0034 Dr Eliud Kibuchi University of Glasgow
Understanding patterns of health and social care use in Scotland: epidemiological and health economic analyses of linked social care and health data

Some health problems mean people need extra support to live independently in their communities. This may include help with practical tasks, such as preparing meals and doing laundry, as well as personal care, including washing and dressing. These services are often provided through social care support delivered in a person's own home. However, we currently know little about how different health conditions influence people's use of social care services because information on health and social care has largely been held separately.

This project aims to address this gap by linking health and social care data for all adults aged 18 years and over in Scotland. Bringing these data together will improve understanding of how health needs affect the demand for social care, the types of services people receive, and the associated costs. It will also provide important insights into differences in service use across population groups. For example, the study will examine whether factors such as age, ethnicity, sex, or place of residence influence the type or intensity of support people receive.

The findings will help improve understanding of care needs, support fair and equitable access to services, and inform future planning of social care provision and funding by governments, service providers, patients, and families.

Public engagement will be supported through clear lay summaries and collaboration with the communications teams at the Universities of Glasgow and Edinburgh to produce accessible blog posts for a wider audience

2425-0054 Mr Niccolò McConnell University College London
Chest CT Foundation Model

Lung diseases such as chronic obstructive pulmonary disease (COPD), lung fibrosis, and lung cancer affect millions of people and are often diagnosed too late, when treatment options are limited.

With more people undergoing chest computed tomography (CT) scans, especially through lung cancer screening programmes, we have an opportunity to detect signs of lung disease earlier. However, there are not enough specialists to review every scan in detail.

We will use pseudonymised scans from the Scottish Medical Imaging archive, along with linked information such as age, medical history, and radiology reports, to develop a new type of artificial intelligence (AI) system called a foundation model. Foundation models are the same family of AI methods that power tools like ChatGPT (which works with text) or DALL-E (which generates images), but in our case will be trained on medical images.

This model will be created using a method called self-supervised learning. Here, the AI is shown CT images with small sections hidden and learns to predict the missing parts. Repeating this across a large number of scans of scans helps the model understand meaningful patterns in lung anatomy and disease, without requiring manual labelling.

Once trained, the model could support future research into different lung imaging tasks, such as developing and evaluating models for lung nodule detection, early imaging markers of fibrosis, or imaging-based changes in the airways that occur in COPD. In future separately approved research, it may also support studies of clinical trial enrichment or disease progression.

This work could support future research towards earlier detection, improved understanding of lung disease, and the future development of validated tools that may benefit patients across Scotland and beyond.

2425-0277 Dr Fabien Puglia Royal College of Surgeons of England Quality and Outcomes in Oral and Maxillofacial Surgery (QOMS)

Oral and Maxillofacial Surgery (OMFS) is the surgical specialty concerned with the diagnosis and treatment of diseases affecting the mouth, jaws, face and neck.

In the UK, the British Association of Oral and Maxillofacial Surgeons (BAOMS) is the national professional association for the specialty and aims to promote the advancement of education, research and the development of OMFS and to advance and harmonise standards of patient care. As such the Association has a legitimate interest to assess how care is provided to patients under the care of OMFS Surgeons.

A 2018 review in England highlighted the fact that OMFS, as opposed to other surgical specialties, did not have an efficient and patient-focused outcomes audit programme. In response, BAOMS developed and launched the Quality and Outcomes in Oral and Maxillofacial Surgery (QOMS) project as the quality improvement and clinical effectiveness programme for the specialty.

The overarching aim of QOMS is to measure quality of care provided in different areas of OMFS practice by (1) establishing benchmarks, (2) producing comparative results for participating hospitals. QOMS also aims to identify and describe the care practices associated with the best performing hospitals to help improving the quality of patient care. Where hospitals are performing significantly less well that their peers, BAOMS will offer to provide mentorship for change.

The areas of OMFS practice currently included in QOMS are facial trauma, oral and skin cancers, reconstruction (i.e. repair of defects), orthognathic (jaw alignment) surgery, temporomandibular joint (joint between the lower jaw and the skull).

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.

2526-0228 Professor Timothy Mcdonald Royal Devon University Healthcare NHS Foundation Trust
NEWBIE Surveillance - Incidence of Neonatal Diabetes in the United Kingdom and Republic of Ireland

We are seeking approval for a new British Paediatric Surveillance Unit facilitated study.

Neonatal Diabetes (NDM) is a rare form of diabetes that occurs within the first 6 months of life. Infants with NDM are born with changes in their genes, which affect insulin production. Our bodies need insulin to help our cells make energy. Infants with NDM do not produce enough insulin, increasing the levels of blood sugar in the body to very high levels.

Delayed diagnosis of NDM is associated with developmental concerns. At present, infants often are unrecognised as being seriously ill until their blood sugar is at a high and life-threatening level, which can be very difficult to treat. Some infants die and those that survive may be left with brain damage and need lifelong care.

Key to improving treatment and care, reducing the impact of disease on families and NHS costs would be the ability to diagnose NDM as soon as possible. The aim of our research is to add NDM to the current NHS newborn bloodspot screening programme. We are working with health economists to find out whether screening for this condition is suitable and cost effective, however important information is lacking which is not routinely collected.

This study aims to collect data on infants that have been diagnosed with NDM. This information will help us to estimate how many infants are diagnosed with NDM per year and to understand how the condition is diagnosed, treated & managed in hospital. We will also collect follow-up data after a baby is diagnosed to understand more about the long-term treatment and outcomes.

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,
- 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.

2627-0028 SR296 Andrew McNally UK Haemophilia Centre Doctors' Organisation (UKHCDO Ltd)
National Haemophilia Database (NHD) and the Haemophilia Mortality Study

UK National Haemophilia Database (NHD) holds information on people registered with a bleeding disorder within the United Kingdom. It contains details of more than 61,000 registered people,

both alive and deceased, of which 43,000 are alive. The NHD is managed by the United Kingdom Haemophilia Centre Doctors' Organisation (UKHCDO), who work with practitioners based within the Haemophilia Centres in the UK and have an interest in the care of people with inherited bleeding disorders. Since its inception, the database has monitored treatment trends and morbidity and mortality associated with bleeding disorders and changes in life expectancy. UKHCDO have published extensively on the epidemiology of bleeding disorders, life-expectancy and causes of death. The database is essentially conducting an open-ended cohort study. Data is collected from haemophilia centres and from the Haemtrack home therapy recording system. The NHD serves two purposes: non-research activity; regular reporting to the NHS to facilitate disease monitoring and healthcare planning, for example, current and future needs, safety, and efficacy of treatment. Secondly, research into bleeding disorders and their complications to understand the natural history of these conditions and the outcomes of treatment, through the UK Bleeding Disorders Research Registry (UKBRR).

The NHD is required to provide annual cyclical reporting on Bleeding Disorder Statistics to assist with national strategic healthcare planning, disease monitoring and requires death certification data to allow us to study trends in causes of death and in life expectancy as improvements in treatment are introduced. This would help us to evaluate and justify therapeutic developments. The benefits will be measured in terms of reduced morbidity, mortality and treatment costs.

There are patients registered on the National Haemophilia Database that have since died or been lost to follow up and therefore we are unable to obtain consent to use their data for research purposes. We require patient identifiable mortality data from NHSCR to avoid double counting of patients who attend more than one haemophilia centre and to fulfil various non-research related functions on behalf of NHS England, NHS Scotland, and Wales.

2627-0045 Roseanna Jenks The University of Edinburgh
A Scottish population based prediction model for fetal growth restriction

This project aims to use data from 2010 – as recent as available, drawn from the Maternity Inpatient datasets (SMR02 and SLiPBD) alongside prescription data, to build a prediction model for fetal growth restriction (FGR). For this project FGR is defined as a baby born below the third percentile of weight once adjusted for gestational age at delivery and sex—broadly, the smallest 3% of babies. These babies are unlikely to have met their true growth potential: they should have been born larger but were growth restricted in the womb.

FGR can have a range of short- and long-term consequences. These include higher rates of neonatal unit admission, lasting effects on physical health and an impact on brain development. FGR is also a leading cause of stillbirth.

The model will be developed by identifying the maternal characteristics recorded in SMR02 and SLiBPD that are most strongly associated with an increased risk of a baby being born with FGR. This may include maternal age, BMI, smoking status, ethnicity and medical history. The model will also incorporate prescription data—specifically aspirin, blood pressure medication and diabetes medication known to have an impact on baby growth. Ultimately, we hope this prediction model could support earlier screening for fetal growth restriction at the initial maternity booking visit.