

**NIHR EVALUATION, TRIALS AND STUDIES COORDINATING CENTRE**

**SUMMARY OF THE NIHR CARBON GUIDELINES CONSULTATION WORKSHOP  
HELD ON THE 22<sup>ND</sup> JANUARY 2010, THE KING'S FUND, LONDON.**

**1. PURPOSE OF CONSULTATION WORKSHOP AND CONTEXT**

- 1.1 The purpose of the workshop was to obtain input and advice from senior researchers and representatives from across the NIHR regarding the content of the NIHR carbon guidelines. The guidelines were drafted by a working group, chaired by Professor Ian Roberts, supported by NETSCC. The workshop was also an opportunity to discuss the possible mechanisms of implementation of the guidelines. The workshop was chaired by Professor Roberts and a list of participants is included in Appendix A.
- 1.2 Professor Roberts outlined the background to the NIHR carbon guidelines project, referencing the CRASH trial audit<sup>1</sup> and the NETSCC Research on Research project, the carbon cost of pragmatic randomized controlled trials (RCTs)<sup>2</sup> as precursors to the project.
- 1.3 The draft guidelines were aimed at researchers funded by the NIHR. At this stage, no plans were in place to make the guidelines mandatory for researchers.
- 1.4 Dr David Pencheon, Director of the NHS Sustainable Development Unit, informed participants that Professor Dame Sally Davies was committed to the development of carbon guidelines for researchers and that this was an opportunity to demonstrate the value of carrying out high quality research and the potential benefits to the environment through a sustainable healthcare system. The boundaries of the guidelines were discussed and Dr Pencheon noted that carbon was an indicator for the wider environment and was used as a symbolic metric which could be measured.

**2. FEEDBACK ON THE DRAFT NIHR CARBON GUIDELINES**

- 2.1 Participants had been sent in advance a draft version of the NIHR carbon guidelines and were asked to discuss in small groups the scope, content and implementation of the guidelines. Issues that were considered important by the group but out of scope of the current project brief were captured as areas for future development (Appendix B).
- 2.2 During discussion, it was thought that the scope of the guidelines should include carbon efficient research design, prioritisation of carbon relevant research questions and improvement of research practices. The guidelines should note that bureaucracy costs carbon, whilst recognising that this is a wider issue for the research community to address. Implementation research and the way in which services are delivered should become a component of shaping the guidelines. The guidelines need to address the issue that the best quality research may not always be the most carbon efficient.
- 2.3 Feedback on the content of the guidelines was positive although it was thought that there was a risk of focussing too much on research methodologies at the expense of missing other opportunities. It was also agreed that the tone of the document needs to be such that it doesn't put people off. It should be simple and not focussed on complex data and descriptions.

The content could include the following additional points:

- i) There is evidence to suggest that increased public involvement in research design improves recruitment to trials and therefore increases the efficiency of projects.
- ii) Addressing the recruitment of patients to trials is important. Streamlining recruitment processes (i.e. don't start a trial too early) will increase the success and efficiency of trials.
- iii) Research outcomes should include a consideration of carbon and economic costs.
- iv) The guidelines could include 'signposts' to other places (websites, documents, etc.) where information on carbon reduction issues are located.
- v) The guidelines should provide examples and 'quick changes' that researchers can relate to and make quickly and easily.
- vi) The guidelines should aim to raise awareness of an individual's carbon footprint – we should all know what this is, as it will bring the scale of the carbon issue into focus
- vii) Make links to what is already going on within the NHS.
- viii) Give examples of areas that could be changed, e.g. duplication in storage facilities for liquid nitrogen and frozen samples.

2.4 In discussion, there was agreement that the guidelines should not cause additional constraints to researchers but that a number of simple steps could be taken to implement the guidelines; these included: making simple and effective carbon calculator tools readily available and possibly linked to the application form, asking researchers to justify the amount of data collected and adding questions to application forms (such as “how does your research design take into account carbon reduction?”).

2.5 In summing up, Professor Roberts thanked the group for their engagement, constructive comments and feedback.

### 3. NEXT STEPS

3.1 It was noted that the afternoon had been productive and encouraging. The guidelines would be revised incorporating feedback from the workshop before circulation to a wider audience during an electronic consultation phase.

### REFERENCES

<sup>1</sup>Burnett j, Clark M, Darbyshire J et al. Towards sustainable clinical trials. *BMJ* 2007;334:671-673

<sup>2</sup>Lyle K, Dent L, Bailey, S, Kerridge L, Roberts I, & Milne R. The Carbon Cost of Pragmatic Randomised Controlled Trials. *British Medical Journal* 2009; 339:b4187

## APPENDIX A: WORKSHOP PARTICIPANTS

<b>Name</b>	<b>NIHR representation</b>
Mr Aidan Cassidy	Study Delivery Manager, Diabetes Research Network
Professor Mary Chambers	Professor of Mental Health Nursing
Professor Peter Croft	HTA Commissioning Board
Professor Ian Harvey	EME Commissioning Board and RfPB: Regional Chair - East of England
Mr Paul Hilton	HTA, CETPG
Dr Keith Ison	Research for Patient Benefit
Professor Catherine Law	Programme Director, NIHR PHR programme
Professor Stuart Logan	HTA Commissioning Board
Professor Jane Nixon	Director, Clinical Trials Research Unit
Dr Kay Pattison	NIHR Programme Manager, Department of Health
Ms Amanda Roberts	HTA, CETPG
Ms Haleema Shakur	Trial Manager, CRASH Trials Co-ordinating Centre
Dr Mark Starr	Campaign for Greener Healthcare
Dr Arnold Zermansky	HTA, CETPG

### **Carbon Working Group attendees**

Professor Ian Roberts (Chair)	Professor of Epidemiology and Public Health, LSHTM
Sir Iain Chalmers	Coordinator, James Lind Initiative
Professor Adrian Grant	Director, Programme Grants for Applied Research Programme
Dr David King	Director, NIHR Central Commissioning Facility
Dr Martin Landray	Clinical Trial Service Unit, University of Oxford
Dr David Pencheon	Director, NHS Sustainable Development Unit

### **NETSCC attendees**

Dr Ruairidh Milne	Director of External Relations, NETSCC
Dr Peter Davidson	Director of HTA, NETSCC
Dr Alison Mortlock	Senior Programme Manager
Louise Dent	Medical Statistician
Jolene Drew	Programme Manager, Communications
Lisa Cashmore	Administrator

*Apologies were noted from the following working group members:*

Professors Ashby, Nicholl and Fitzpatrick.

### **APPENDIX B: Areas for further development identified during the NIHR carbon guidelines consultation workshop**

1. Encouraging a 'carbon culture' across the NIHR.
2. Engagement of other external organisations (e.g. NIGB, NICE) in carbon reduction strategies.
3. Steps to reduce bureaucracy by liaising with R&D departments, MHRA, NGB and others to consider the carbon costs of any new administrative steps introduced into the research process.
4. Universities should be encouraged to support the adoption of carbon reduction approaches to research (as outlined by HEFCE guidelines). However, the contradiction between this message and a push for high impact international research, which entails (and often demands for career development) international travel, should be addressed.
5. The scope of the work needs to go beyond how we conduct research and minimize carbon to address how we maximize the results from trials.
6. The guidelines could be used as a tool to facilitate organisational development.
7. Guidelines could be created for research funders and committees to illustrate the importance of, for example, funding systematic reviews.
8. Support the use of, and the investment in, video-conferencing facilities – promote the cost-effectiveness and convenience of this technology whilst addressing the issue of payment for the infrastructure.