

Clinical Research Network Infectious diseases and microbiology

Metrics and Top Tips Going green

Ann Sullivan NWL CRN ID&M and Public Health Specialty Lead BHIVA 2015



		ta, CSP data, Comme -Commercial Tracker																				
	downlo	oaded April 8th						Recruitment to	Time an	d Targe	t for Ope	n Study	and Site	Performance	at 28 Februa	ary 2015					RTT date =	28 Feb 2015
1 2				0. 1.1										eli I I I	67 da la lla lla da con		1005			47CC7.	1-1-1	
2	2			Study information										Site Information	67 study sites (as currently filtered)		4886 recruits year to date;					
	Division	Specialty	Com m?	IRAS ID	Study ID	Study Acronym / Short Title	Led by NWL?	Chief Investigator	Planned Recr Closure Date	National Target	National Recr to Date	National BRAG	Date of Last Upload	Trust Name	Local Investigator	NHS Permission	Local Target	Local Recr 2014-	Local Recr to Date	% Recr Time Elapse	% Local Target Achiev	Local BRAG
3	Division 6	Infectious dise	V .	42050	0252	Study of transmission risk be	N V	Prof Andrew Phillips	1/6/2017	840	472	109/	10/2/2015	CandW	David Asboe	2/12/2010	122	Ľ	Ľ	1 1		√
	Division 6	Infectious dise	;i	9	·····	Study of transmission risk be		Prof Andrew Phillips	1/6/2017 1/6/2017	840	472 472	-10% -10%	10/3/2015 10/3/2015	CandW Imperial	Dr Sarah Fidler	2/12/2010	10	18 0	132	65% 64%	108% 80%	43% 16%
	Division 6	Infectious dise		72003	9578	<i>\</i>		Dr Graham Taylor	31/12/2015	16	38	152%	13/3/2015	Imperial	Dr Graham Taylor	16/3/2010	5	0	9	86%	180%	94%
	Division 6	Infectious dise		} 	9578	;·······;	Y	Dr Graham Taylor	31/12/2015	16	38	152%	13/3/2015	CandW	David Hawkins	17/11/2009	÷	3	20	86%	200%	114%
	Division 6	Infectious dise	N	60227	10882	Defining risk factors for tenof	N	Dr Frank Post	30/11/2015	50	62	41%	26/3/2015	CandW	Rachael Jones	26/4/2012	8	9	11	79%	138%	58%
53	Division 6	Infectious dise	N	· y	,	Defining risk factors for tenof		Dr Frank Post	30/11/2015	50	62	41%	26/3/2015	Imperial	Dr Angela Bailey	3/5/2013	10	0	8	71%	80%	9%
	Division 6	Infectious dise	!	·		Azithromycin for the treatmer	N	Dr Gillian Dean	1/5/2015	396	249	-32%	24/3/2015	CandW	Dr Michael Rayment		22 E	0	0	60%	-	Black
58	Division 6	Infectious dise	N	65080	11656	Azithromycin for the treatmen	N	Dr Gillian Dean	1/5/2015	396	249	-32%	24/3/2015	Imperial	Dr Linda Greene	7/9/2012	50	. 8	39	94%	78%	-16%
68	Division 6	Infectious dise	N	99557	12578	TAILOR	N	Prof Munir Pirmohamed	31/3/2015	282	302	11%	2/4/2015	CandW	Graeme Moyle	None	62	28	28	100%	45%	unavail
69	Division 6	Infectious dise	N	102430	12639	CSF Inflammatory Markers Af	Υ	Prof Brian Gazzard	31/5/2015	30	14	-44%	17/3/2015	CandW	Brian Gazzard	31/8/2012	60	4	14	91%	23%	-67%
-	Division 6	Infectious dise	N	83975	12761	RSV & Flu Study	γ	Prof Peter Openshaw	31/10/2017	48	44	42%	5/1/2015	Imperial	Professor Peter Open	20/1/2012	36	0	44	54%	122%	68%
				*			i	Sr CCRN Industry								;		·				
74	Division 6	Infectious dise	Y	162422	18188	INFE 4003 (HIV) Sure Check H	N	Recruitment	31/5/2015	400	105	-25%	24/3/2015	CNWL	John Saunders	19/11/2014	400 E	0	0	52%		Black
78	Division 6	Infectious dise	N	96554	13179	EVOHC/INTAPHIR	N	Prof Anna Maria Geretti	30/9/2015	455	32	-73%	25/3/2014	CandW	Mark Nelson	5/12/2012	1	0	10	79%	1000%	921%
85	Division 6	Infectious dise	N	88548	13756	Valacyclovir in Delaying Anti	Υ	Dr Simon Barton	17/6/2017	60	12	-11%	2/4/2015	Imperial	Dr Alan Winston	4/10/2013	10	0	0	38%	-	Black
	Division 6	Infectious dise	N	88548	13756	Valacyclovir in Delaying Antic		Dr Simon Barton	17/6/2017	60	12	-11%	2/4/2015	CandW	Simon Barton	22/7/2013	20	7	11	41%	55%	14%
-	Division 6	Infectious dise		y	······	Oral vs Intravenous Antibiotic	N	Dr Matthew Scarborough	13/11/2015	650	594	18%	2/4/2015	LNWH	Dr Matthew Scarboro	·	12	1	1	9%	8%	0%
	Division 6	Infectious dise	}	106078	13838	POPPY: Pharmacokinetic and	Υ	Dr Alan Winston	1/10/2015	1,900	909	-29%	1/4/2015	CandW	Marta Boffito	6/9/2013	760	126	215	72%	28%	-43%
	Division 6	Infectious dise	N			POPPY: Pharmacokinetic and		Dr Alan Winston	1/10/2015	1,900	909	-29%	1/4/2015	Imperial	Dr Alan Winston	21/3/2013	240	69	204	77%	85%	8%
	Division 6	Infectious dise				Clinical Characterisation Pro		Dr Malcolm Semple	28/2/2023	1	1	80%	17/2/2015	CandW	Derek Bell	17/10/2013		0	0	15%	-	Black
	Division 6	Infectious dise				Clinical Characterisation Pro		Dr Malcolm Semple	28/2/2023	1	1	80%	17/2/2015	Imperial		18/10/2013		0	0	15%	-	Black
	Division 6	Infectious dise		· b	; <u>-</u>	Clinical Characterisation Pro		Dr Malcolm Semple	28/2/2023	1	1	80%	17/2/2015	Hillingdon Hospital	A Thornley	25/10/2013	· <u></u> ······	0	0	14%	-	Black
	Division 6	Infectious dise	N	126600	14152	Clinical Characterisation Pro	N	Dr Malcolm Semple	28/2/2023	1	1	80%	17/2/2015	WMUH		18/10/2013	0 E	0	0	15%	ļ	Black
	Division 6	Infectious dise	ļļ.	<u>.</u>		Clinical Characterisation Pro		Dr Malcolm Semple	28/2/2023	1	1	80%	17/2/2015	LNWH	Tariq Husain/Gopal I	ļ	ļ	0	0	14%	0%	Black
	Division 6	Infectious dise				Attitudes to and Understandir	N	Dr alison rodger	31/12/2015	2,000	2,781	71%	10/3/2015	CandW	David Asboe	25/6/2013	500	546	990	67%	198%	131%
400	Vivision 6	Infactions dies	v	100100	17164	CCDN 2170 (UIVALA Dandamia	V		1/12/2015	22	10	09/	2/4/2015	CandW	Dr Craama Maula	27/10/2014	! 1	. 0	. 0	210/	4000/	2600/



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FIRST PARTICIPANT



Trust/DH Target = 70 DAYS

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Recruit first participant within 70 calendar days of submission of a valid research application; essentially, submission of a signed SSI form in IRAS

Target is applicable to all studies at the Trust

Failure to achieve the 70 day target will result in financial penalties to the Trust in the future (although the mechanism remains unspecified)



LCRN Target = 30 DAYS

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Only applies to portfolio studies

First participant nationally to be recruited within 30 calendar days of the first issued NHS Permission (R&D approval)



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TIME AND TARGET



Time and Target

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Take the recruitment target and study duration in submission (usually take upper number if range given) to give a monthly target

Measure performance against this

RAG rated

Time and Target for Open Study and Site Performance at 28 February 2015

RTT date = 28 Feb 201

	i ime and	ııarget	tor Open	Study a	and Site P	ertormance	e at 28 Februa	ary 2015					RTT date =	28 Feb 201			
1											,	,					
2						Site Information	67 study sites (as cu	67 study sites (as currently filtered)			4886 recruits year to date; 17667 in total						
3	Planned Recr Closure Date	National Target	National Recr to Date	National BRAG	Date of Last Upload	Trust Name	Local Investigator	NHS Permission	Local Target	Local Recr 2014-15	Local Recr to Date	% Recr Time Elapsed	% Local Target Achieved	Local BRAG			
37	30/6/2015	2,000	2,629	38%	23/1/2015			18/2/2014	213	162	186	65%	87%	22%			
42	1/6/2017	840	472	-10%	10/3/2015			2/12/2010	122	18	132	65%	108%	43%			
43	1/6/2017	840	472	-10%	10/3/2015			11/2/2011	10	0	8	64%	80%	16%			
44	31/12/2015	16	38	152%	13/3/2015			16/3/2010	5	0	9	86%	180%	94%			
45	31/12/2015	16	38	152%	13/3/2015			17/11/2009	10	3	20	86%	200%	114%			
52	30/11/2015	50	62	41%	26/3/2015			26/4/2012	8	9	11	79%	138%	58%			
53	30/11/2015	50	62	41%	26/3/2015			3/5/2013	10	0	8	71%	80%	9%			
57	1/5/2015	396	249	-32%	24/3/2015			26/11/2014	22 E	0	0	60%	-				
58	1/5/2015	396	249	-32%	24/3/2015			7/9/2012	50	8	39	94%	78%	-16%			
68	31/3/2015	282	302	11%	2/4/2015			None	62	28	28	100%	45%	unavail			
69	31/5/2015	30	14	-44%	17/3/2015			31/8/2012	60	4	14	91%	23%	-67%			
71	31/10/2017	48	44	42%	5/1/2015	·		20/1/2012	36	0	44	54%	122%	68%			
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Effects

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Reduce delays to setting up and initiating studies

Complete research in timely manner

Starting to

link LCRN funding to performance rate researchers consider terminating poorly performing studies (Trusts)

Tips



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Submission – IRAS/ethics be realistic don't give a range

Do a robust feasibility assessment (CI,PI)

Plan study start - only sign SSI when everything is in place

all amendments approved pharmacy signed off* set up meetings (esp commercial)* if possible have ppts identified/ready to approach

*or dates arranged



Tips

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Most studies will be red to start

Monitor performance and intervene early

Identify possible reasons and solutions Consider additional sites CRN support – local and national

Can revise both target and recruitment time – do proactively, need evidence of financial support, Cl needs to notify central CRN



Funding

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Devolved or LCRN or combination

Activity based funding, retrospective Interventional:observational:large scale 14:3:1

Some CRNs are now introducing prospective and performance elements as a proportion of overall payment to Trusts

LCRN Support



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'technical/practical' advice

flexible workforce –admin and research assistants/nurses (some Trust R+Ds)

held back funding – apply for in year financial support

identify new sites

PCPIE



HIDES I II III

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	HIDES I	HIDES II	HIDES III				
Dates	9/09-2/11	2011-2014	to 30/06/15				
Type	feasibility pilot	main study	extension				
Setting	Acute Trust Primary Care	Acute Trusts Primary Care	Acute Trust Primary Cares				
UK sites AT + PC	1 +1	8 +1	1 + 7				
# Indicator Conditions	8	11	1				
#surveys	9	24	8				
#patients		2629					