

Activity Report

Quarter 3 2010/11 (October to December 2010)



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1. INTRODUCTION

The NIHR Clinical Research Network

The National Institute for Health Research (NIHR) Clinical Research Network is an essential element in achieving the government's vision "to create a health research system in which the NHS supports outstanding individuals, working in world-class facilities, conducting leading-edge research focused on the needs of patients and the public."

The role of the Clinical Research Network is to provide researchers with the practical support they need to make clinical studies happen in the NHS, so that more research takes place across England, and more patients can take part.

This practical support includes:

- Reducing the "red-tape" around setting up a study
- Funding the people and facilities needed to carry out research "on the ground", so research activity does not drain core NHS resources
- Helping researchers to identify suitable NHS sites, and recruit patients to take part in research studies
- Advising researchers on how to make their study "work" in the NHS environment

The Clinical Research Network comprises eight national Networks:

- Six "Topic" Clinical Research Networks, which focus on specific disease areas: Cancer, Dementias and Neurodegenerative Diseases, Diabetes, Medicines for Children, Mental Health, and Stroke
- A Primary Care Research Network
- A "Comprehensive" Clinical Research Network, which supports all those health areas not covered by the Topic Networks, and which provides full geographical coverage of England. The Comprehensive Clinical Research Network also provides NHS research management and governance activities for NIHR supported studies.

Information included in this report

This report provides key activity data from the Clinical Research Network. The data are presented in four parts:

- Clinical Research Network High Level Objectives
- Clinical Research Network Portfolio activity
- NHS Research Management and Governance activity
- Life-sciences Industry studies

It is **important to note** that data on studies and patient recruitment are uploaded to the Clinical Research Network Portfolio by the Chief Investigator (or their delegate) on an ongoing basis. Investigators are encouraged to upload data promptly, so that data reporting is accurate. However, to ensure maximum data capture, this data upload can occur up to six weeks after the end of each quarter, with an absolute cut-off imposed at 30 June each year. For this reason, data reports for the same quarter may change over the course of the reporting year.

Period covered by this report

This report presents activity data for the period 01 October 2010 to 31 December 2010, which is Quarter 3 of the 2010/11 financial year.

Where figures are given for “year to date”, this refers to the Clinical Research Network financial year, which is 01 April 2010 to 31 March 2011.

The information contained in the report represents the most complete information available at the time of publication.

Dissemination

This report is produced by the Clinical Research Network Coordinating Centre, which is responsible for collating and publishing activity and performance data for the NIHR Clinical Research Network as a whole.

It is the policy of the Clinical Research Network Coordinating Centre to be open and transparent in its activities and its associated impact. All Quarterly and Annual Reports are therefore published on our website, and can be accessed using this link:
http://www.crncc.nihr.ac.uk/about_us/performance_objectives.htm

The data presented in this report may be quoted in presentations and papers. However, we would ask that the title and issue date of the report is used, to avoid any confusion about the period to which the figures relate and the time at which the data were reported.

Further information

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2. CLINICAL RESEARCH NETWORK HIGH LEVEL OBJECTIVES

2.1 Introduction

The Clinical Research Network High Level Objectives are our overarching objectives for the five-year period 2010-15. However, High Level Objective 1 takes 1 April 2009 as the start point.

The objectives are focused on delivery outcomes. They act as a management mechanism for driving forward our performance, and provide defined and agreed criteria for gauging improvement over time.

Table 2.1 presents the following information:

- Objective: the organisational goal for the Clinical Research Network
- Measure: the number or quantity that will be used to measure progress against the objective
- Target: the value of the measure that is the target value
- Timescale: the date by which the target value will be achieved, and therefore the timescale for the Clinical Research Network to reach the target (from the start date of 1 April 2010).

The introduction of the High Level Objectives has necessitated some new information gathering requirements and also some changes to underlying information systems.

These changes are being rolled out in a phased way, with full reporting on all High Level Objectives commencing from April 2011.

Table 2.1: Clinical Research Network High Level Objectives 2010-2015

Objective		Measure	Target	Timescale
1	Double the number of participants recruited into NIHR CRN Portfolio studies	Number of participants recruited in a reporting quarter into NIHR CRN Portfolio studies	125,000	4 years (31 March 2014)
2	Increase the proportion of studies in the NIHR CRN Portfolio delivering to recruitment target and time	2A: Proportion of commercial contract studies achieving or surpassing their recruitment target during their planned recruitment period, at confirmed Network sites	80%	2 years (31 March 2012)
		2B: Proportion of non-commercial studies managed by Registered CTUs achieving or surpassing their recruitment target during their planned recruitment period	80%	3 years (31 March 2013)
		2C: Proportion of non-commercial studies not managed by Registered CTUs achieving or surpassing their recruitment target during their planned recruitment period	80%	5 years (31 March 2015)
3	Increase the percentage of commercial contract studies delivered through the NIHR CRN	Number of commercial contract studies on the NIHR CRN Portfolio as a percentage of the total commercial MHRA CTA approvals for Phase II-IV studies, on an annual basis	60%	4 years (31 Dec 2013)
4	Reduce the time taken to achieve NHS permission through CSP for NIHR studies	Proportion of studies obtaining NHS permission within 40 calendar days (from receipt of a valid complete application)	80%	3 years (31 March 2013)
5	Reduce the time taken to recruit first participant into NIHR CRN Portfolio studies	5A: Proportion of commercial contract studies achieving first participant recruited within 30 calendar days of NHS Permission being issued, at confirmed Network sites	80%	2 years (31 March 2012)
		5B: Proportion of non-commercial studies managed by Registered CTUs achieving first participant recruited within 30 calendar days of NHS Permission being issued	80%	3 years (31 March 2013)
		5C: Proportion of non-commercial studies not managed by Registered CTUs achieving first participant recruited within 30 calendar days of NHS Permission being issued	80%	5 years (31 March 2015)
6	Increase the percentage of NHS Trusts participating in NIHR CRN Portfolio studies	Proportion of NHS Trusts recruiting each year into NIHR CRN Portfolio studies	98%	3 years (31 March 2013)

2.2 Summary data on performance to date

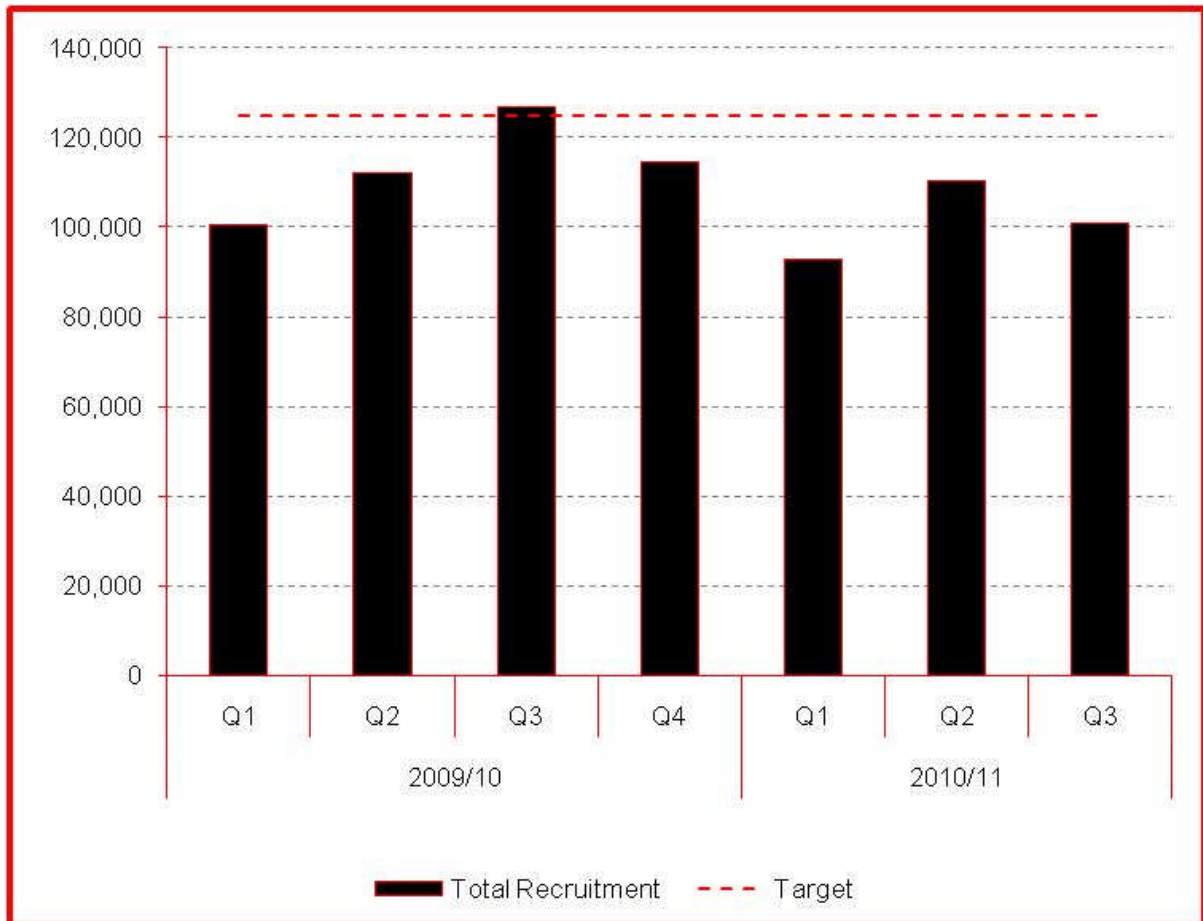
Table 2.2 Clinical Research Network High Level Objectives – summary on performance to date

Objective	Target	2009/10	2010/11			
		Quarterly average	Q1	Q2	Q3	Q4
1	125,000	113,534	92,789	110,490	100,956	-
2	80%	N/A	Reporting will commence April 2011			
3	80%	N/A	Reporting will commence April 2011			
4	80%	N/A	Reporting will commence April 2011			
5	80%	N/A	Reporting will commence April 2011			
6	98%	95%	96%	96%	97%	-

2.3 High Level Objective 1

Double the number of Participants Recruited into NIHR Clinical Research Network Portfolio Studies

Fig 2.3: Total Number of Participants Recruited into NIHR Clinical Research Network Portfolio Studies

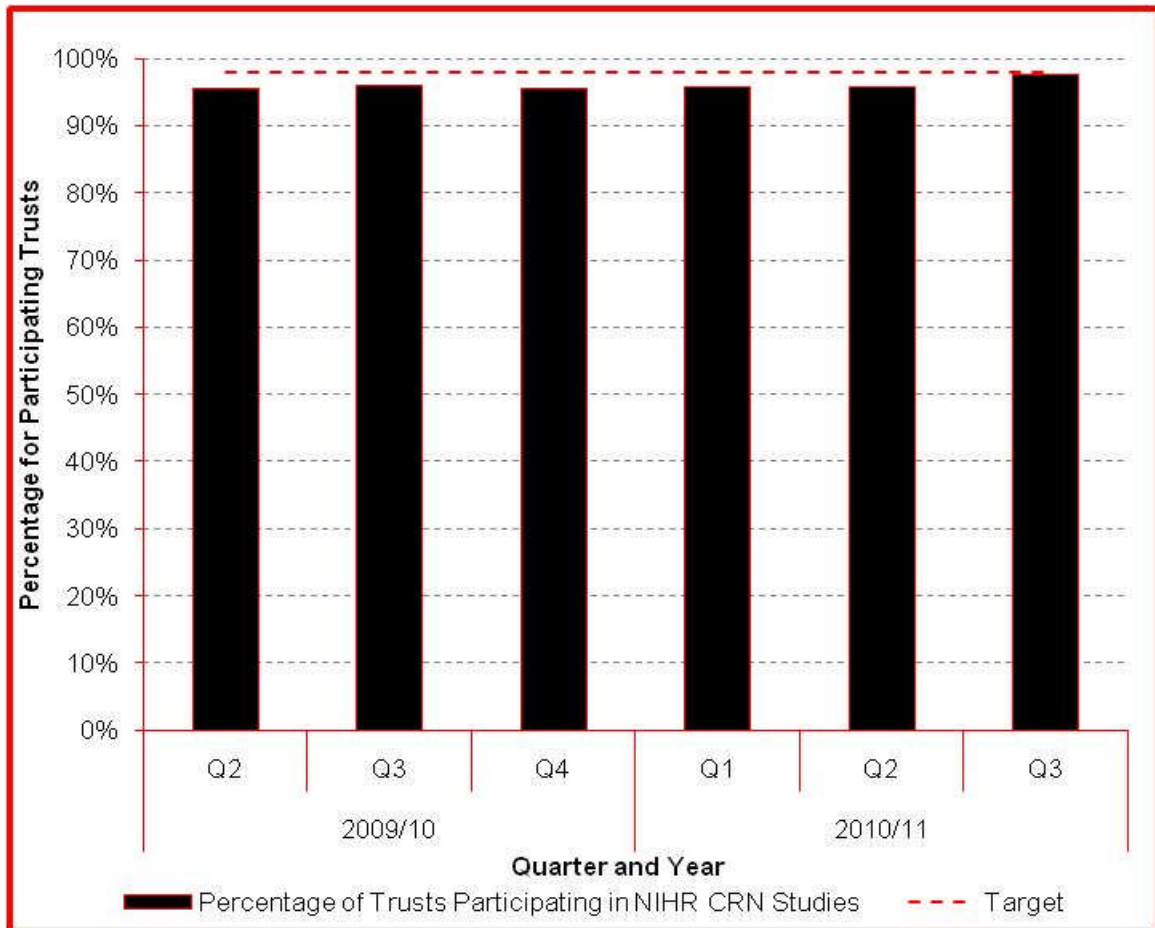


A total of 100,956 participants were recruited to CRN Portfolio studies in this quarter; the corresponding figures were 92,789 in Quarter 1, and 110,490 in Quarter 2. The mean average quarterly recruitment for 2010/11 is 101,412; this compares to the quarterly average of 113,534 for 2009/10. Bearing in mind the present CRN Portfolio recruitment reporting process (see Section 1), we are content that the current data represent progress towards consistent attainment of the target participation level by the target date of 31 March 2014.

2.4 High Level Objective 6

Increase the percentage of NHS Trusts participating in NIHR Clinical Research Network Portfolio studies

Fig 2.4: Percentage of Trusts Participating in NIHR Studies



The level of NHS Trust participation increased by one percentage point in this quarter, from 96% to 97%. This is the highest level so far achieved, with some 382 of the 394 local NHS Trusts in England reporting recruitment to NIHR CRN Portfolio studies in this period.

Work continues, through the NIHR Comprehensive Local Research Networks, to identify and address the issues that are preventing research participation in the small number of other NHS Trusts. We remain confident that the 98% goal will be attained by the target date of 31 March 2013.

3. CLINICAL RESEARCH NETWORK PORTFOLIO ACTIVITY

The NIHR Clinical Research Network Portfolio (CRN Portfolio) is a collection of high quality research studies that receive support from the NIHR Clinical Research Network in set-up and delivery.

Some studies receive support from more than one of the eight NIHR Clinical Research Networks. Where this is the case a “Lead Network” is allocated and for the purposes of this report, the number of studies and recruitment data are shown only against that Network.

The number of studies eligible for NIHR Clinical Research Network support in each quarter is illustrated in Figure 3.1 Non-commercial studies, including both those that are automatically eligible for inclusion in the NIHR CRN Portfolio and those that are required to go through the non-commercial adoption process, make up the greatest proportion of studies on the NIHR CRN Portfolio. This is a trend observed across all quarters since 2008/9 which remains in Quarter 3 of 2010/11. Quarter 3 of 2010/11 has seen an increase in the number of studies eligible for the NIHR CRN Portfolio in all study categories (i.e. commercial and non-commercial) compared to Quarter 2 of the same year. This Quarter 3 increase on Quarter 2 has not been observed in previous years. This may reflect changes in the timing of funding calls in 2010/11 compared to previous years. Alternatively it may be a reflection of the changes in the NIHR CRN Portfolio application process which means that all studies now apply for inclusion on the NIHR CRN Portfolio earlier in the research study lifecycle than previously i.e. in parallel to applying for NHS Permission; resulting in a reduction in the time between funding decision and Portfolio application and hence a shift in the number of new studies being included on the Portfolio in each quarter.

Fig 3.1: The Total Number of Studies Entered onto the Portfolio by Eligibility

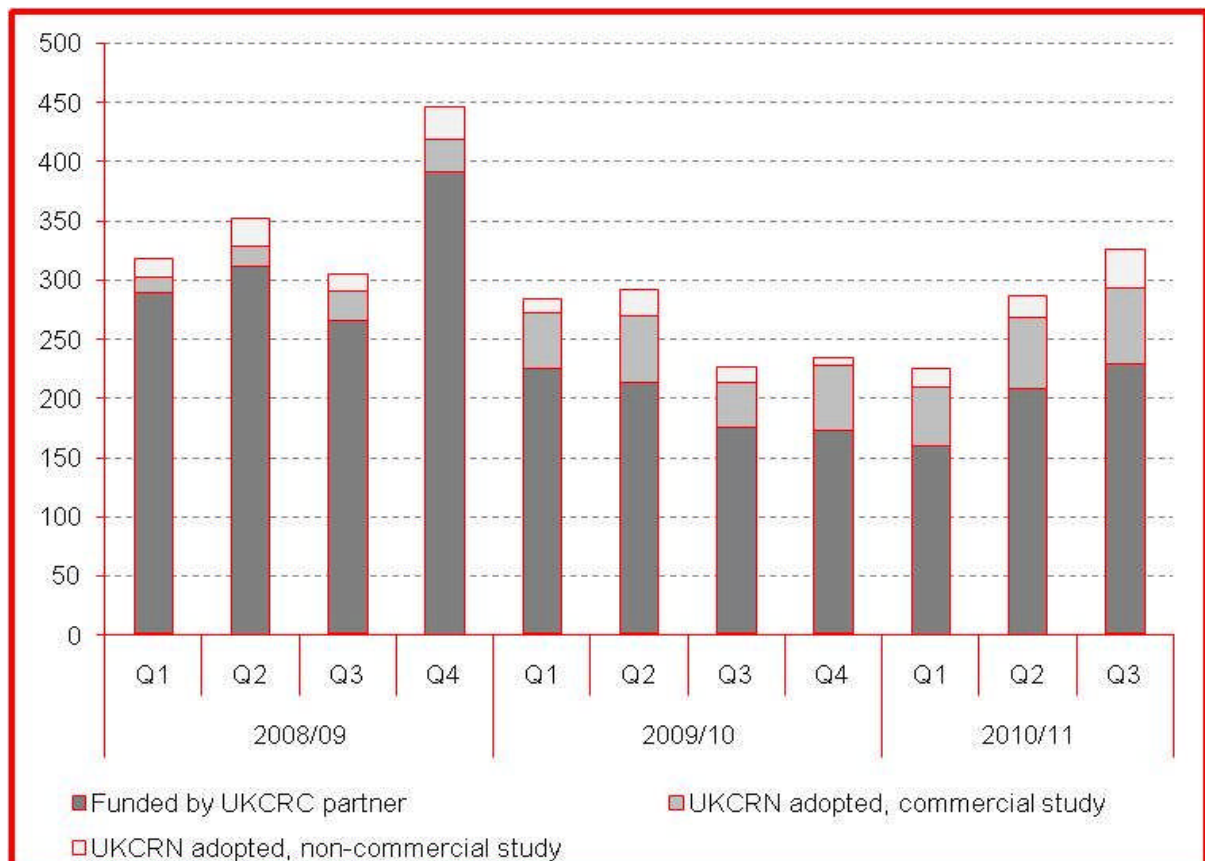
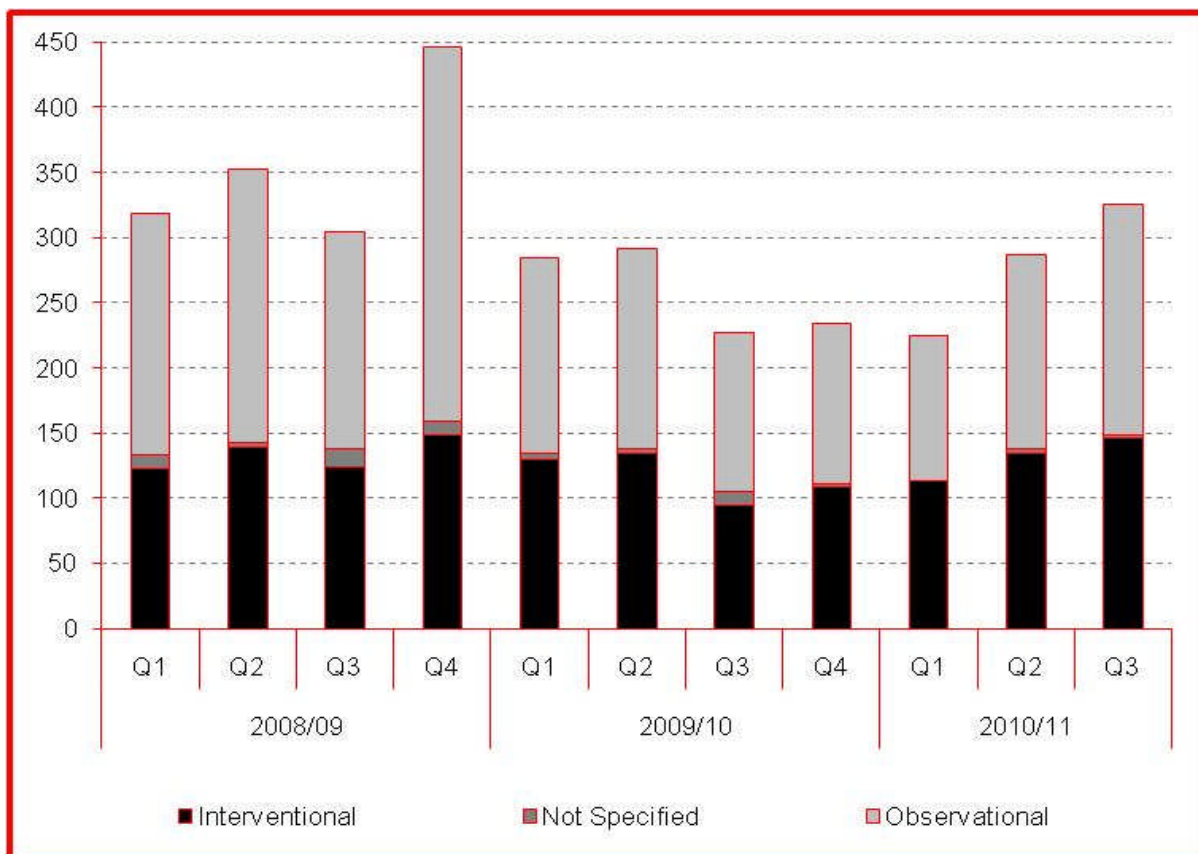


Figure 3.1 also gives an indication of the demand for support from the NIHR Clinical Research Network. It is expected that the Clinical Research Network should have the capacity to meet this demand with a reasonable balance of on-going studies closing and new studies opening. Quarter 3 2010/11 has seen an increase in the number of new studies eligible for NIHR CRN support in comparison to Quarter 3 in the previous year (2009/10) placing an increasing demand on network resources. This increase in demand is however not seen when comparing Quarter 3 2010/11 with Quarter 3 2008/9 suggesting that there is still stability in the system.

The NIHR Clinical Research Network supports a broad range of studies. Figure 3.2 provides the total number of interventional and observational studies deemed eligible for NIHR Clinical Research Network support in each quarter. As figure 3.2 illustrates there is a good split in each quarter between observational and interventional studies and this trend is maintained in Quarter 3 of 2010/11 demonstrating that the NIHR Clinical Research Network continues to support a balanced portfolio of research studies.

The number of new studies entered onto the Portfolio Database is limited by issues such as the levels of funding available to commission research and the number of high quality proposals developed and submitted for funding. Some of the NIHR Clinical Research Networks i.e. the Topic-specific Research Networks, are to some extent able to influence this later limitation by the investment the Topic Network Coordinating Centres are making in Clinical Studies Groups (or equivalent) and whose purpose is to identify gaps in knowledge and develop research proposals to fill these gaps.

Fig 3.2: The Total Number of Studies Entered onto the Portfolio by Primary Study Design



The number of studies open to recruitment (table 3.3) gives a broad indication of the scale of opportunities for participants to take part in clinical research in the NHS in England. In addition, it indicates the current level of recruitment-related work being carried out by the Clinical Research Network. In this quarter the number of studies open to recruitment has increased by 92 studies on Quarter 2 (2010/11) in which 2,434 studies were open to recruitment. The number of studies attributed to each of the NIHR Clinical Research Networks is also provided in table 3.3 illustrating a wide range in the number of studies being “led” by each of the Networks.

Table 3.3: The Number of Studies Open to, Reporting and Total Recruitment by Network

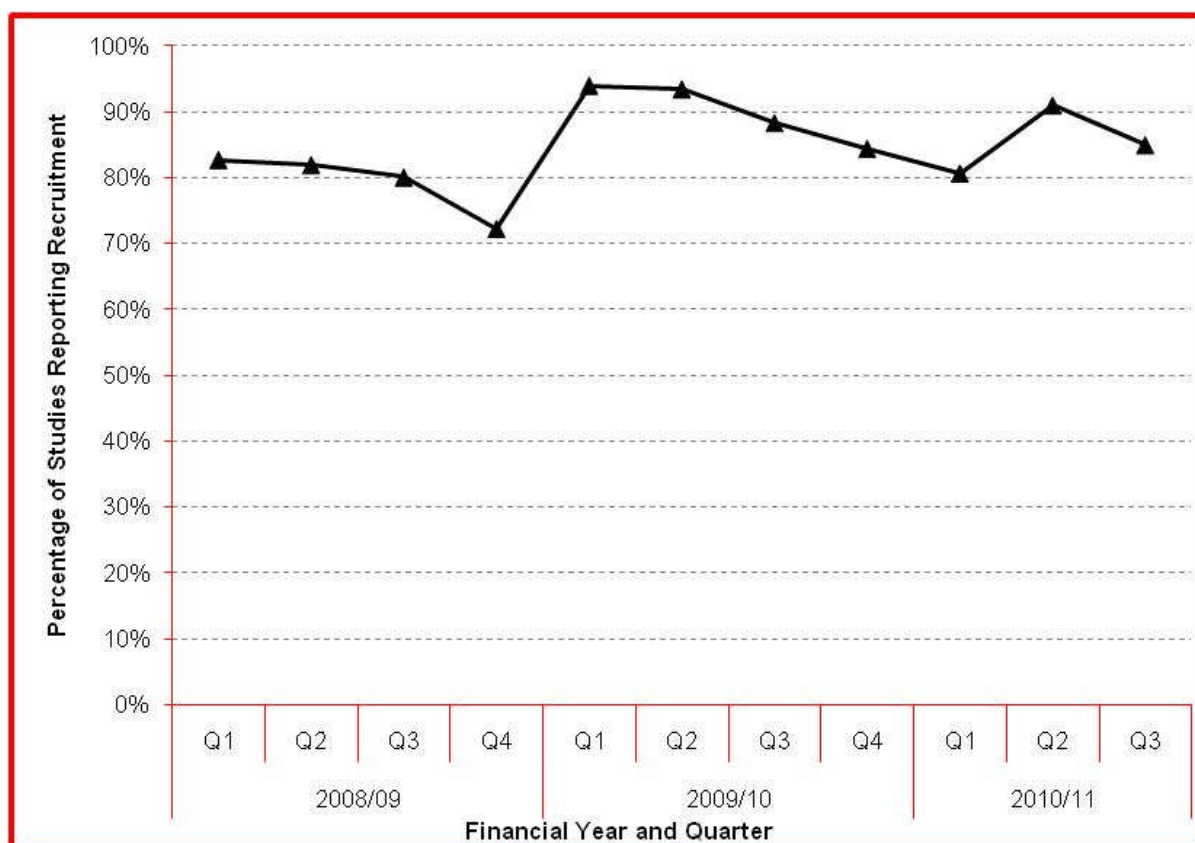
Network	Number of Studies Open to Recruitment during Q3 2010/11	Total Number of Studies Reporting Recruitment in Q3 2010/11	Total Recruitment Q3 2010/11
Cancer	410	386	15127
Comprehensive	1,359	1,151	50583
Dementias & Neurodegenerative Diseases	102	83	2931
Diabetes	158	114	5407
Medicines for Children	91	82	1666
Mental Health	199	154	6840
Primary Care	118	102	15929
Stroke	89	74	2473
TOTAL	2,526	2,146	100,956

The number of studies reporting recruitment data in Quarter 3 (2010/11) has decreased in comparison to Quarter 2 (2010/11) with 67 fewer studies reporting recruitment data in Quarter 3 than in Quarter 2. Interestingly a similar dip in reporting recruitment data was noted in Quarter 3 2009/10 compared to Quarter 2 2009/10. The increase in the number of studies reporting recruitment data seen last quarter was attributed to the 2011/12 Activity Based Funding deadline. A similar Quarter 2 peak in reporting recruitment data was noted in previous years as illustrated in figure 3.4 demonstrating an annual trend in reporting recruitment data based around the annual Activity Based Funding deadline.

Whilst there are more studies open to recruitment, there are fewer studies reporting recruitment data in this quarter compared to Quarter 2 (2010/11). This is represented by the decrease in recruitment data reporting illustrated in figure 3.4. In this quarter 85% of all open studies were reporting recruitment data, a 6% decrease on Quarter 2 2010/11 but only a small reduction on the same quarter last year (Q3 2009/10) where 88% of open studies were reporting recruitment data.

It is important to note that the number of studies reporting recruitment data may be an under representation of the number of studies that have recruited participants as some studies may not yet have uploaded their recruitment data into the national Portfolio Database. Study teams are asked to report recruitment data on a monthly basis although for some studies this is not as practical as for others which results in delays in the inclusion of some recruitment data in reports.

Fig 3.4: The Percentage of Open Studies Reporting Recruitment Over Time



In terms of total recruitment, 100,956 participants were recruited into NIHR CRN Portfolio studies this quarter (tables 3.3 and 3.5). This is a decrease of 9,534 participants compared to the previous quarter (table 3.5). This is likely to be due to the decrease in the number of studies reporting recruitment data (table 3.3). Not surprisingly the Comprehensive Clinical Research Network, which supports the largest number of studies (table 3.3), also contributes the greatest number of recruits to the overall total.

Interestingly, not all Networks experienced this decrease in recruitment between Quarters 2 and 3 of 2010/11 (table 3.5) this may be a result of one or more of a number of external limiting factors including:

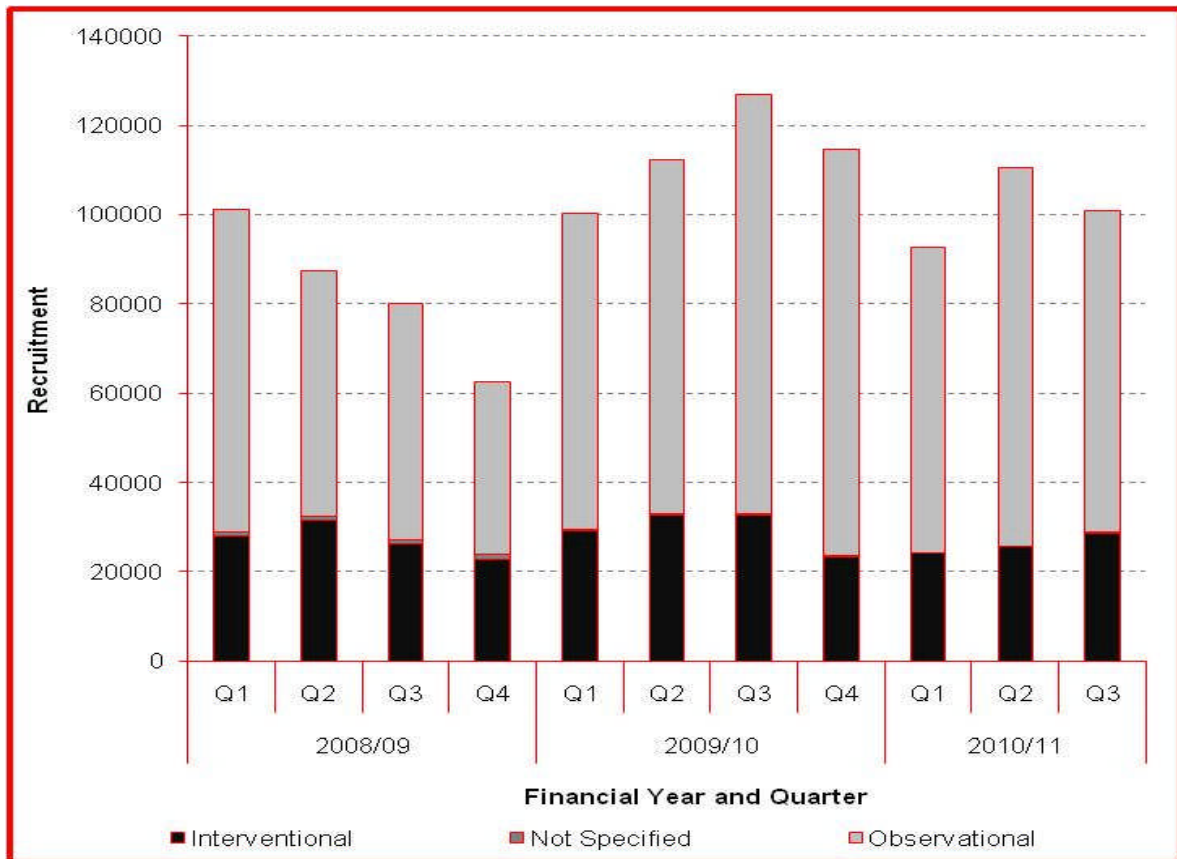
- The type of study – observational studies tend to recruit a larger number of participants (figure 3.6) and are often less complex to deliver, whilst interventional where a new treatment or device is being investigated are more complex and may recruit fewer participants (figure 3.6) for the same time and effort invested
- The nature of the disease area – studies investigating rare conditions will, by their nature, recruit fewer participants
- Closure of one or more high recruiting studies in the previous quarter. Or, alternatively, opening of one or more high recruiting studies in this quarter

Table 3.5: Total Recruitment over Time by Network

	2008/09				2009/10				2010/11		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Cancer	19,932	19,995	18,336	12,690	10,996	12,866	15,015	15,281	17,080	16,703	15,127
Comprehensive	47,572	27,787	30,568	20,997	49,460	52,355	55,854	53,812	40,591	60,599	50,583
Dementias & Neurodegenerative Diseases	1,789	1,366	1,473	1,534	1,619	2,134	2,024	2,273	2,134	2,276	2,931
Diabetes	4,620	9,106	7,260	5,023	6,703	13,333	10,492	6,492	8,455	7,231	5,407
Medicines for Children	849	768	1,005	1,141	1,259	1,444	2,768	1,738	1,842	1,696	1,666
Mental Health	4,745	3,203	3,672	2,926	11,233	12,396	15,506	12,546	12,478	9,242	6,840
Primary Care	19,899	23,637	16,174	16,164	17,168	15,797	23,629	20,310	8,135	10,353	15,929
Stroke	1,659	1,686	1,519	2,131	1,960	1,908	1,661	2,106	2,074	2,390	2,473
Total	101,065	87,548	80,007	62,606	100,398	112,233	126,949	114,558	92,789	110,490	100,956

Figure 3.6 provides a breakdown of the total recruitment according to the primary study design. This confirms the point made above that observational studies account for a greater proportion of total recruitment in comparison to interventional studies. This trend is seen across all quarters in all years and this quarter maintains this trend with 72,079 recruits in observational studies compared to 28,576 recruits in interventional studies. Interestingly, recruitment into interventional studies is more consistent over time than that in observational studies, this trend is maintained in Quarter 3 2010/11. This is likely to be accounted for by recruitment into a small number of very large observational studies in specific quarters.

Fig 3.6: Total Recruitment Over Time by Primary Study Design



4. NHS RESEARCH MANAGEMENT & GOVERNANCE ACTIVITY

The NIHR Coordinated System for gaining NHS Permission (CSP) is a system comprising both IT and Clinical Research Network resources, to support researchers in gaining the necessary permissions to carry out an NIHR study quickly and efficiently, with the minimum of bureaucracy. CSP was introduced in the NHS in England in November 2008.

Responsibility for the various aspects of study set-up (regulatory authorities, NHS research ethics, NHS Permission) sits with a number of bodies. The Clinical Research Network provides a framework for NHS Permission, but is not in a position to control other parallel processes. Figure 4.1 shows overall approval time, from receipt of a valid R&D form for the study, to the date of receiving NHS Permission at the first study site. The CSP system tracks both the beginning of the study set-up process (submission of a valid "R&D form") through to receipt of NHS Permission to commence the study (which is only given when all other necessary approvals are in place). This data therefore provides a picture of approval times as a whole, as they are experienced by researchers. However it is not an indicator of the Clinical Research Network's 'performance' in relation to study approval.

Figure 4.1 shows the (median) average time to permission for studies per quarter; i.e. the median time for the approvals process for those studies for which NHS permission was issued in that quarter. We reported last quarter that a small decrease in median times, and particularly the decrease in the upper quartile figure, suggested that some long-standing studies had been working through the system. The figures for Quarters 3 and 4 of 2010/11 with further decreases in the median and upper quartile confirm that there is now less impact from long-standing studies on the metrics. It therefore seems that the backlog that had been developing during 2009/10 has been addressed and that new studies coming into the system are being processed more swiftly.

This measure reflects all the sites for which an application has been made in a study. As sites may be set up at various times, the metrics need to reflect this variation in order to avoid double-counting or counting redundant time. In calculating the time to achieve NHS Permission, the following measures are used:

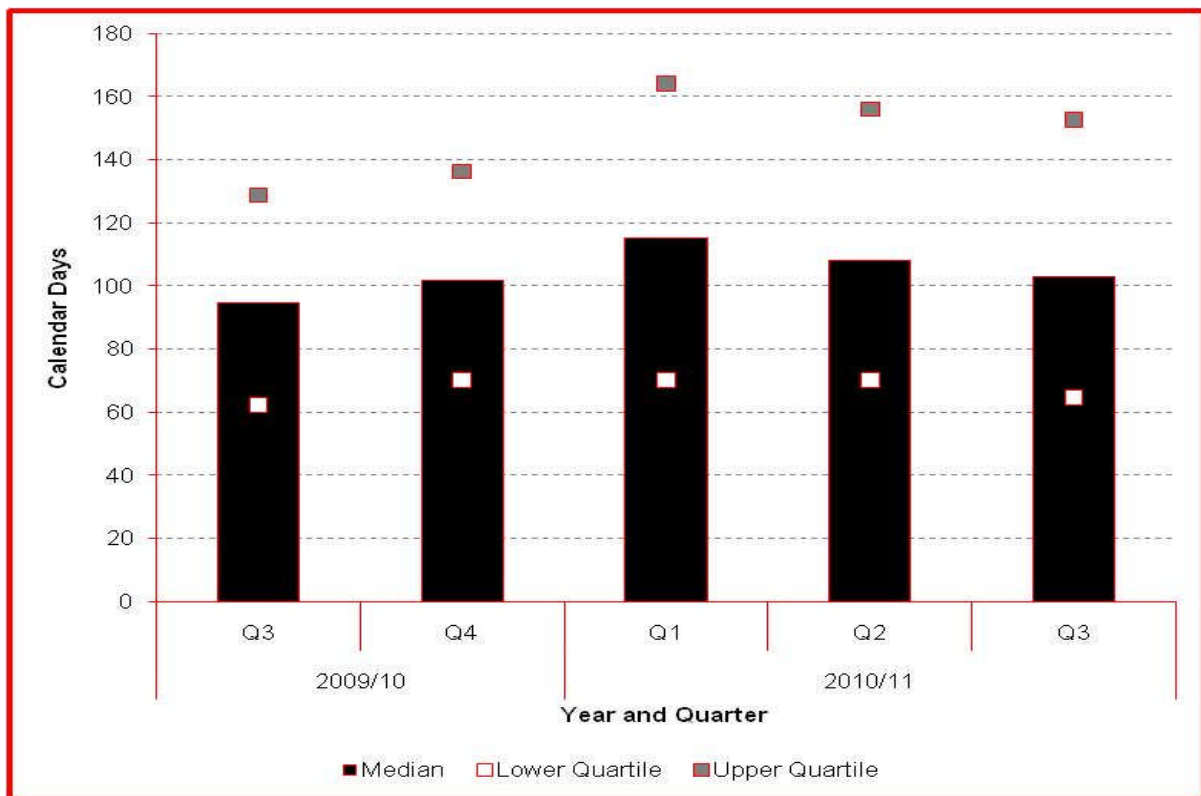
1. Where local permission takes place within the time taken for study-wide checks to be completed, the period measured is R&D form validation to study-wide checks completed.
2. Where the Site Specific Information form is validated before study-wide checks are completed, but NHS permission is granted after study-wide checks are complete, the period measured is R&D form Validation to Date NHS Permission is granted.
3. Where the Site Specific Information form is validated after the study-wide checks, the period measured is R&D form validation to study-wide checks completed plus Site Specific Information form validation to NHS permission.

The current CSP information systems do not currently allow us to separate out the part of the process that is under the management of the Clinical Research Network (i.e. NHS Permission), therefore we cannot offer interpretative commentary on these data in respect of CRN performance.

Currently, there are very limited situations in which the clock is 'stopped'. In these situations the time is deducted from the total time taken to achieve NHS Permission. In order to more accurately reflect the part of the process that is under the control of the CRN, from April 2011 we will be implementing new conditions for the situations in which the clock is stopped, to more accurately reflect elapsed time that is within the control of the CRN.

The starting point for these measures is the validation of the form. Forms are submitted electronically by applicants. However, the accompanying documents for the complete application are provided separately in hard copy or by email. The time between submitting the form and submitting the accompanying documents is included in the measures. The current CSP information systems do not allow us to measure from the time at which a complete application is received. As the time from submission of the form to submission of the documents is entirely under the control of the applicant, the measure does not accurately reflect the activities that are under the control of the CRN. In order to more accurately reflect the part of the process that is under the control of the CRN, we will be implementing new arrangements from April 2011 to collect data on the date of validation of the complete application, to more accurately reflect elapsed time that is within the control of the CRN.

Fig 4.1: Metrics on Time to Achieve NHS Permission



Figures 4.2 and 4.3 show a breakdown of the two components of CSP, the study-wide checks and the local checks. As noted above, these figures do not yet adequately reflect the time which is under the control of the CRN. Lengthy times may therefore be affected by a range of external factors including waiting for responses from applicants and waiting for other parts of the approval system.

Figure 4.2 shows the time to complete study-wide checks. This is the time from R&D form validation to study-wide checks completed. The graph shows data by the quarter in which the study-wide checks were completed. These figures have now shown a sustained improvement for two quarters and suggests that the arrangements being put in place across the CRN to address lengthy timelines for study set-up are beginning to have an impact. To date, these arrangements have included a greater focus on performance management of studies through CSP by the Comprehensive Local Research Networks and supporting a more proportionate process to the review of studies. However, there is still room for improvement, since data not shown here from individual Comprehensive Local Research Networks shows a variation in the median time for study-wide checks from 45 to 105 calendar days. Further activities to improve the performance of CSP are in development and are intended to make an even greater impact on timelines.

Fig 4.2: Metrics on Time to Complete Study-Wide Checks

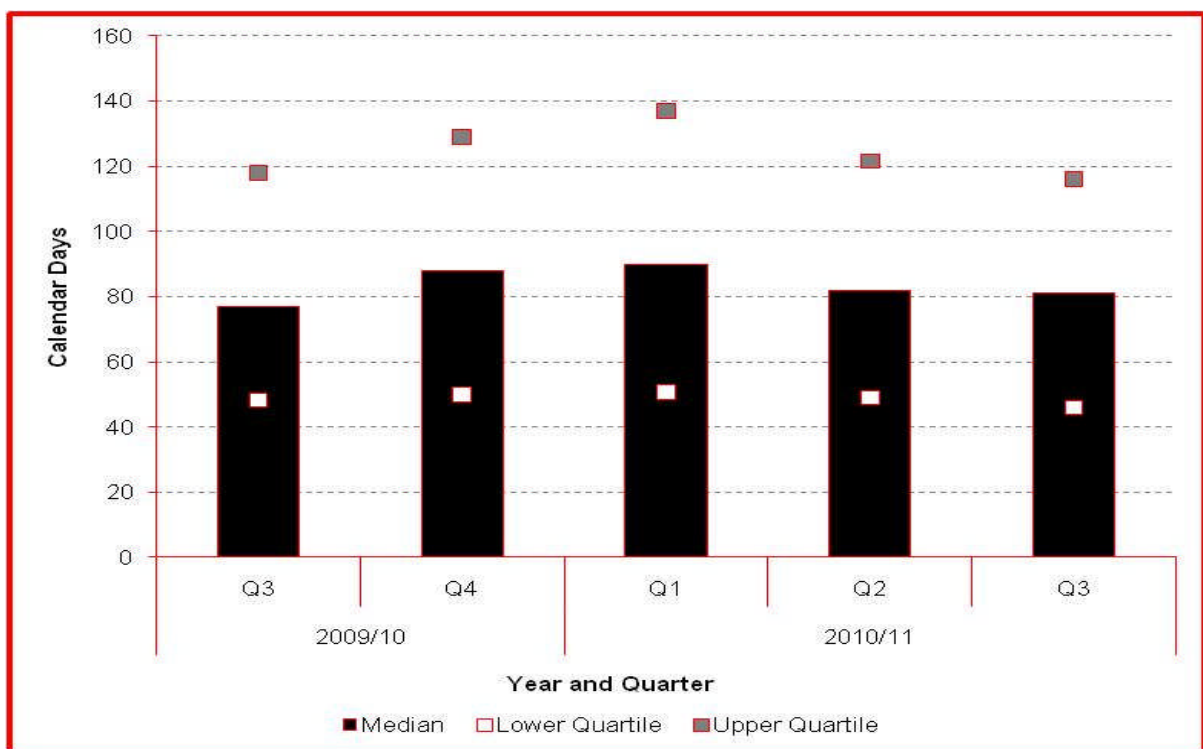


Figure 4.3 shows the time to complete local checks, by the quarter in which the local checks were completed. This is the time from Site Specific Information form validation to NHS permission. It should be noted that studies may be counted more than once as each study will have local reviews for each site.

It would be expected that there would be a lag in reduction of the time for local checks since completion of the study-wide checks is a pre-requisite for completion of local checks. The figures for local checks are now beginning to reflect the decrease in study-wide review times. The median and lower quartile figures show improvement in this quarter. However, the upper quartile figure is continuing to rise. This is likely to be due to difficulties in issuing permission at some sites due to a range of external factors. Feedback indicates that the re-organisation of Primary Care Trusts and the impact of this on staffing and on funding for treatment costs of research is having an impact on permission times in some areas. Methods of addressing such difficulties are being shared between Comprehensive Local Research Networks to mitigate the impact of these external factors.

Data not shown here from individual Comprehensive Local Research Networks shows a variation in the median time for local checks from 32 to 92 calendar days. Although some of the variation across Comprehensive Local Research Networks reflects the different workloads and the different types of studies being conducted, there is clearly potential to reduce the variation in metrics between Comprehensive Local Research Networks. The plans outlined above are intended to address these variations.

Fig 4.3: Metrics on Time to Complete Local Checks

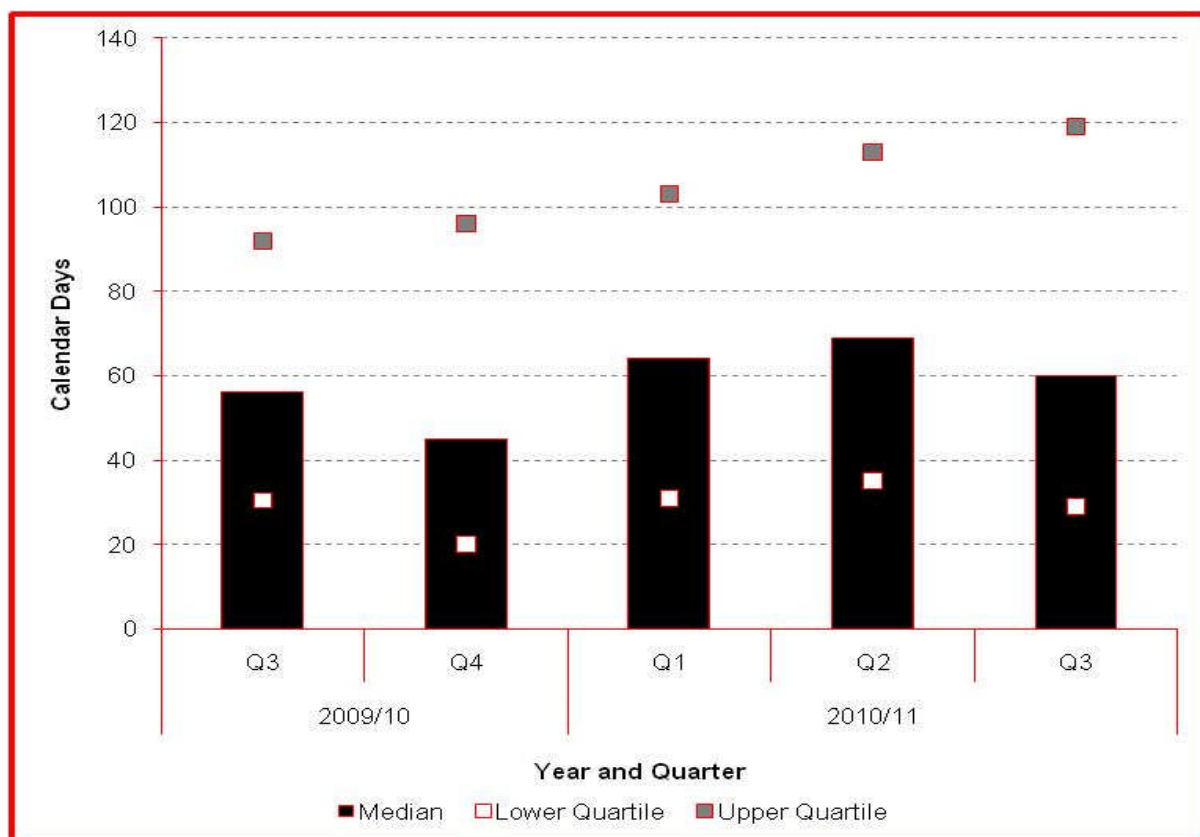
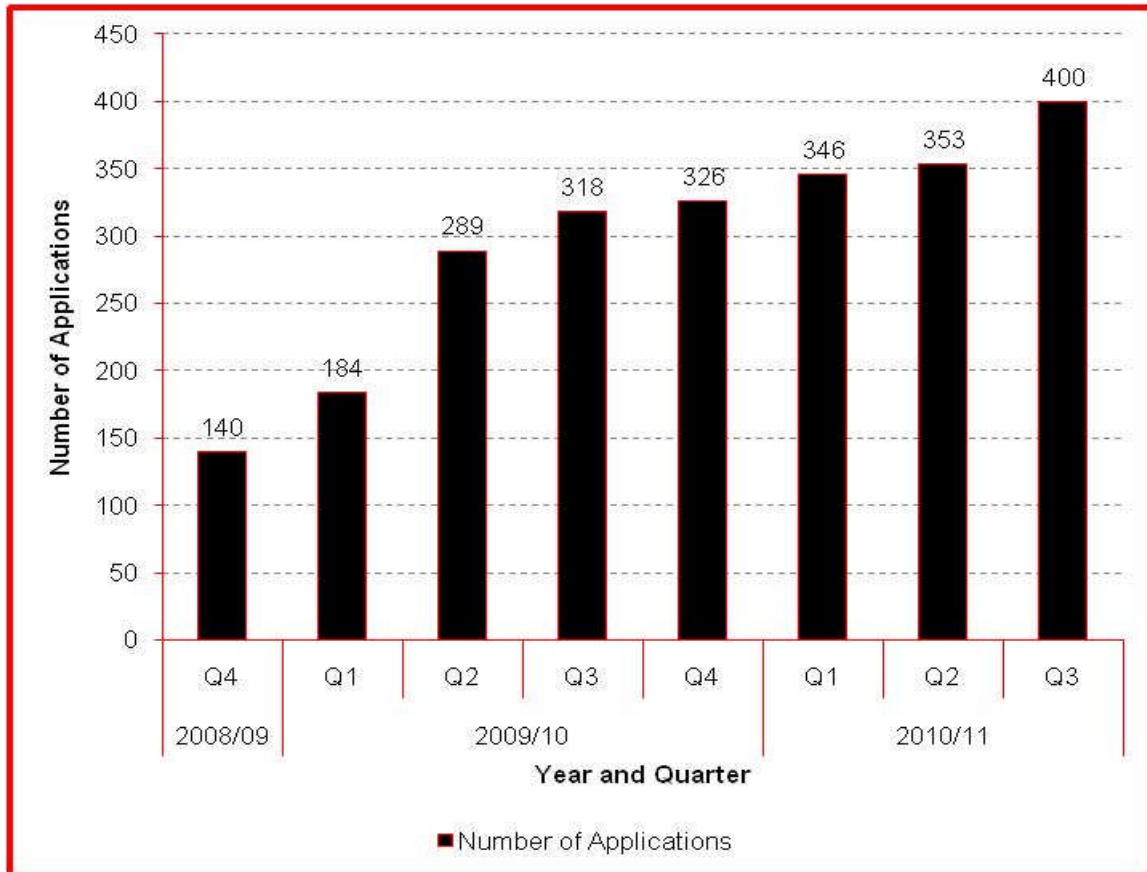


Figure 4.4 shows the number of studies accepted for processing through CSP per month. Some fluctuation month by month is expected, particularly in response to funding rounds and seasonal variations in academic activity. We reported last quarter that the figures appeared to be relatively stable. However, Quarter 3 has shown an increase in applications. This was due to a surge in applications in October, which is traditionally a peak time for submitting applications. We therefore need further data to establish whether the increase is sustained. The increase in applications to CSP mirrors the increase in studies adopted to the Portfolio shown in figure 3.1.

Fig 4.4: The Total Number of Applications via CSP by Quarter



5. LIFE-SCIENCES INDUSTRY STUDIES

The life-sciences industry continues to be of significant strategic and economic importance to the UK, which is why the Clinical Research Network actively encourages and supports life-sciences companies to undertake clinical research in the NHS in England.

Each quarter, we measure how many NIHR Clinical Research Network Portfolio studies are funded and sponsored by commercial life-sciences companies, as an indicator of the extent to which commercial companies are engaging with the Clinical Research Network and the extent of opportunities for patients to participate in these studies.

Some studies are co-adopted, which means that more than one Network is engaged in supporting the research. Where this is the case, a “Lead” Network is appointed. Table 5.1 shows this data. Co-adoption occurs to support cross-Network referral and participant identification, for example a patient may be identified in Primary Care, but go on to receive treatment through the trial in a secondary care unit. The ability to work “cross-Network” is a benefit of the Clinical Research Network to Industry as it facilitates recruitment of participants across often complex patient treatment pathways.

Med-tech is a specific area of focus and growing area for the Clinical Research Network and specific data on the number of studies in this area is detailed in Table 5.1.

Table 5.1 tabulates the number of commercial studies that apply for Network support but which are NOT adopted onto the NIHR Clinical Research Network Portfolio. When compared with the number of studies that have been adopted, this gives an indication of the relatively small number of studies that progress through the adoption process but are not able to be supported for a variety of reasons. The proportion of studies not being adopted has remained almost static as compared to the last quarter and is consistently around 9%.

Table 5.1: The Number of Industry Studies by Network to date, as at Q3 2010/11

Clinical Research Network	Total Number of Adopted Industry Studies by Lead Network	Total Number of Adopted Industry Studies by Co-adopting Network	Number of Adopted Industry Studies by Network	Number of Medical Device Studies Included in Total	No. of Studies Which Have NOT Been Adopted
Cancer	177	0	148	1	19
Comprehensive	208	60	242	30	31
Dementias & Neurodegenerative Diseases	53	0	53	1	5
Diabetes	106	8	110	6	3
Medicines for Children	104	4	103	2	2
Mental Health	18	2	19	0	3
Primary Care	21	40	57	0	1
Stroke	13	2	14	0	2
TOTAL	700*	116	746	40	66

Trend information:

The NIHR Clinical Research Network continues to expand its portfolio of Industry studies. Table 5.1 highlights the current number of adopted Industry studies, with 61 new studies adopted to date as compared to the last quarter.

- The total number of unique life-sciences studies on the Portfolio to date is 700, compared with 639 reported at the end of the second quarter of 2010/11. This represents continued growth for the Clinical Research Network's commercial portfolio
- The number of co-adopted studies on the Portfolio has increased by 9% (from 106 studies to 116 studies) compared with the last quarter. This increase is the same as the last quarter and demonstrates the experience of the Networks, when determining the most appropriate topic Network to adopt and deliver the study
- The number of Med-tech studies adopted increased by 29% (from 31 to 40 studies) compared with the last quarter. Work continues by the NIHR Clinical Research Network Industry team to engage with Med-tech companies and highlight the benefits of working with the Networks

Fig 5.2: Total Recruitment into Industry Studies for each Operating Year

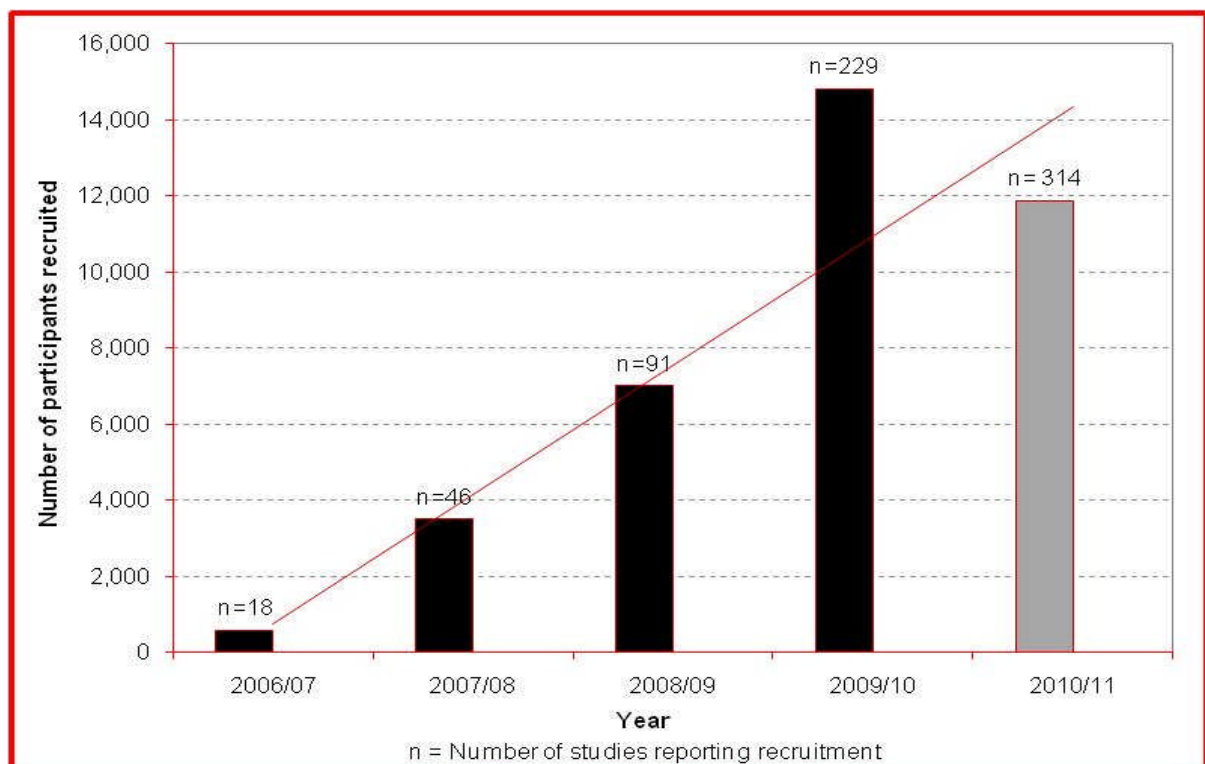
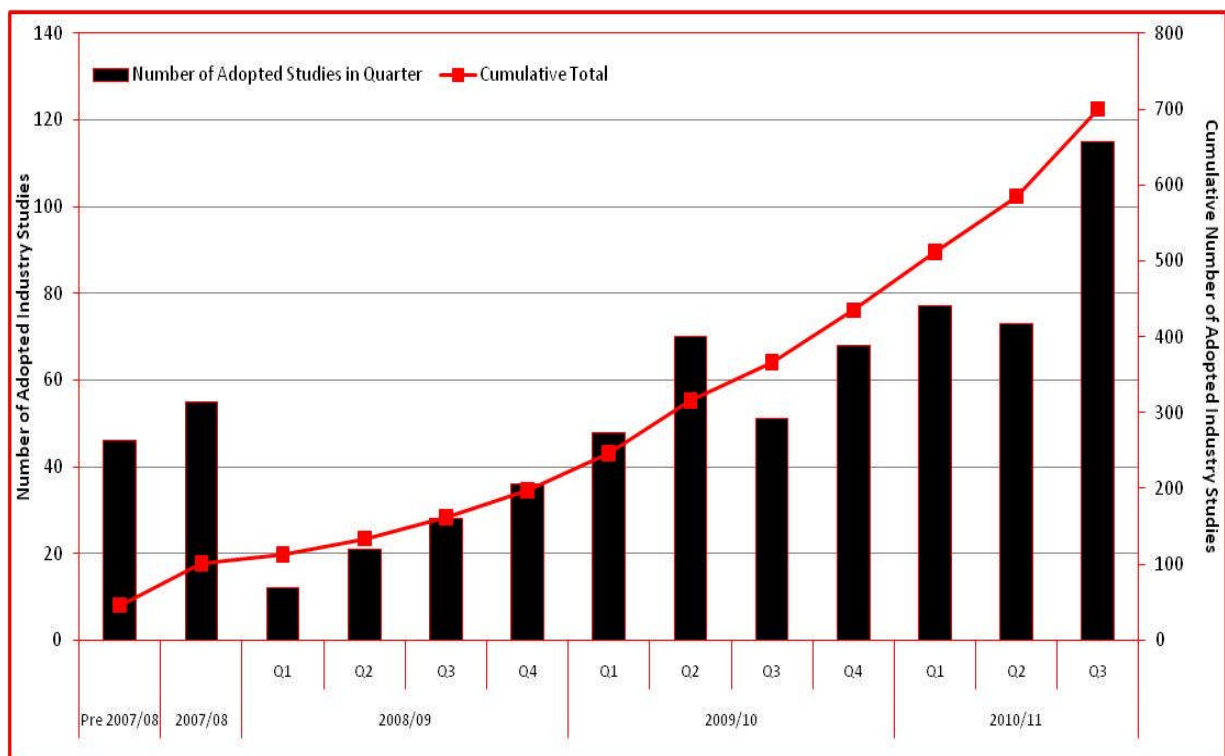


Figure 5.2 shows the level of participant recruitment into Portfolio studies funded and sponsored by the life-sciences industry. This represents an increased number of participants recruited into studies running in the UK, which are actively supported and performance managed by the Networks.

Trend information:

- 2010/11 recruitment currently stands at 11,878 for the year to date, meaning the Networks are likely to exceed the trend for increased recruitment established over the last four years
- Cumulative recruitment has increased by 86% as compared to the last quarter
- 61 new studies have opened for recruitment since Quarter 2 2010/11. This represents an increase of 24% for Quarter 3 2010/2011

Fig 5.3: Total Number of Adopted Industry Studies Over Time



Trend Information:

- Figure 5.3 illustrates the cumulative trend of continued and positive engagement with Industry as the number of commercial studies adopted continues to increase each year
- There was a 62% increase in the number of studies adopted in Quarter 3 (115 studies) as compared to Quarter 2 (71 studies) 2010/2011.

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