

Activity Report

Quarter 2 2010/11 (July to September 2010)



Contents

Section 1: Introduction

Section 2: Clinical Research Network High Level Objectives

Section 3: Clinical Research Network Portfolio activity

Section 4: NHS research management and governance activity

Section 5: Life-sciences Industry studies

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, Diabetes, Dementias and Neurodegenerative Diseases, 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 & 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 & 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 reports activity in the period 01 July 2010 to 30 September 2010, which is Quarter 2 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

For feedback on, or queries relating to, the information contained in this report, please contact:

Trish Walker
Head of Performance and Planning
Clinical Research Network Coordinating Centre

Email: trish.walker@nihr.ac.uk

Telephone: 0113 343 0312

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 Clinical Research Network Portfolio studies	Number of participants recruited in a reporting quarter into NIHR Clinical Research Network Portfolio studies	125,000	4 years (31/03/2014)
2	Increase the proportion of studies in the NIHR Clinical Research Network 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 (31/03/2012)
		2B: Proportion of non-commercial studies managed by Registered CTU achieving or surpassing their recruitment target during their planned recruitment period	80%	3 years (31/03/2013)
		2C: Proportion of non-commercial studies not managed by Registered CTU achieving or surpassing their recruitment target during their planned recruitment period	80%	5 years (31/03/2015)
3	Increase the percentage of commercial contract studies delivered through the NIHR Clinical Research Network	Number of commercial contract studies on the NIHR Clinical Research Network Portfolio as a percentage of the total commercial MHRA CTA approvals for Phase II–IV studies, on an annual basis	60%	3 years (31/12/2012 – under review)
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 (31/03/2013)
5	Reduce the time taken to recruit first participant into NIHR Clinical Research Network 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 (31/03/2012)
		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 (31/03/2013)
		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 (31/03/2015)
6	Increase the percentage of NHS Trusts participating in NIHR Clinical Research Network Portfolio studies	Proportion of NHS Trusts recruiting each year into NIHR Clinical Research Network Portfolio studies	98%	3 years (31/03/2013)

2.2 Summary data on performance to date

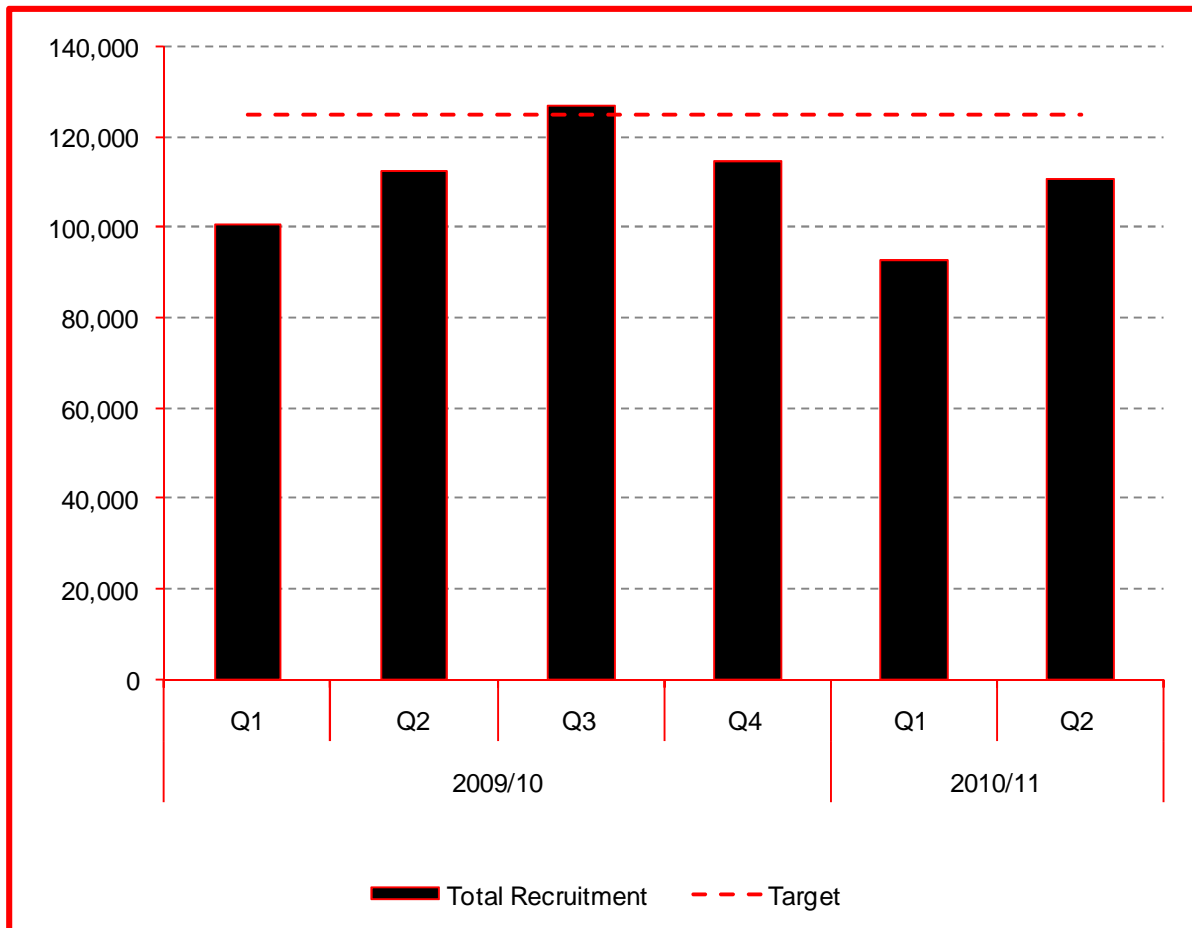
Table 2.2 Clinical Research Network High Level Objectives – summary on performance to date

Objective	Target	2009/10	2010/11			
		Quarterly average	Q1	Q2	Q3	Q4
1	125,000	113,534	92,789	110,490	-	-
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%	-	-

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



Total Clinical Research Network recruitment in this quarter was 110,490, compared to 92,789 in Quarter 1.

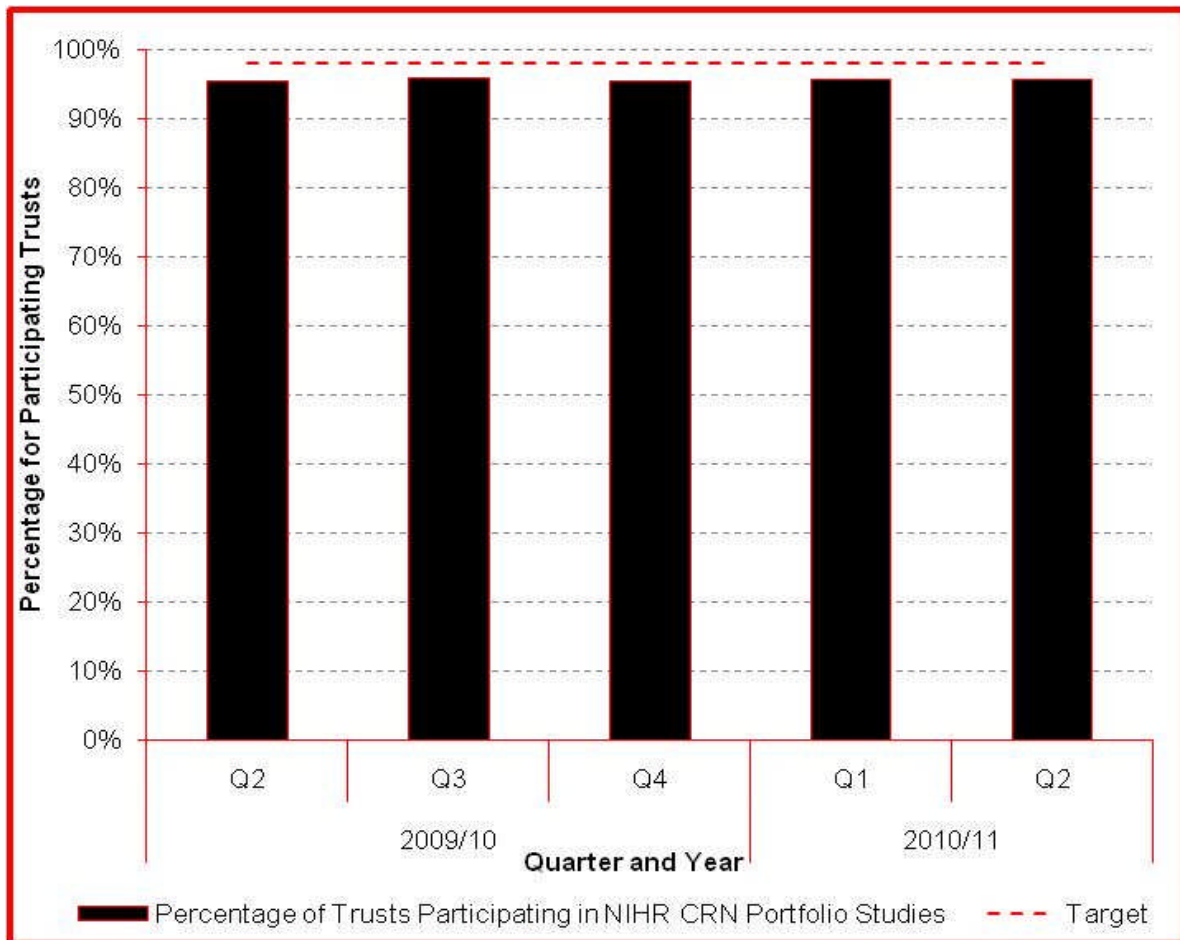
The mean average quarterly recruitment for 2010/11 is 101,639; this compares to the quarterly average of 113,534 for 2009/10.

Bearing in mind the Portfolio recruitment reporting process (noted in Section 1), the current data represent progress towards consistent attainment of the target participation level.

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



Levels of NHS Trust participation remain consistent at 96% of the 394 NHS Trusts in England reporting recruitment to NIHR Portfolio studies in this period.

Work is under way with Comprehensive Local Research Networks to identify and address the issues that currently prevent the remaining Trusts from participating.

3. CLINICAL RESEARCH NETWORK PORTFOLIO ACTIVITY

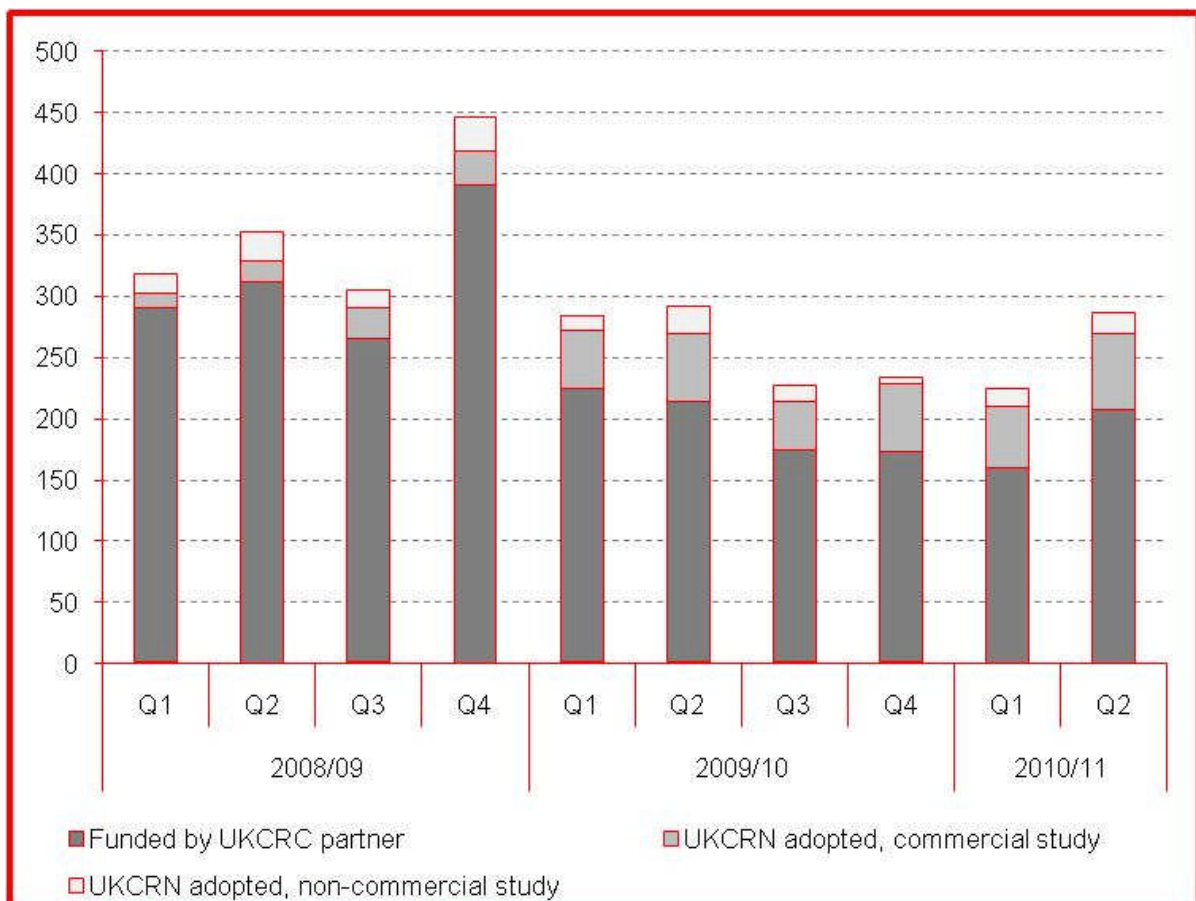
The NIHR Clinical Research Network Portfolio is a collection of high quality research studies that receive support from the NIHR Clinical Research Network in set-up and delivery.

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 on the NIHR Clinical Research Network Portfolio and those that are required to go through the non-commercial adoption process, make up the greatest proportion of studies on the NIHR Clinical Research Network Portfolio. This is a trend observed across all quarters since 2008/9. Quarter 2 of 2010/11 has seen an increase in the number of studies eligible for NIHR Clinical Research Network Support in comparison to the previous quarter. This Quarter 2 increase on Quarter 1 appears to be a recurring trend which may be a consequence of seasonal trends in calls for research funding.

Figure 3.1 also gives an indication of the demand for support from the NIHR Clinical Research Networks. It is expected that the Clinical Research Networks should have the capacity to meet this demand with a reasonable balance of on-going studies closing and new studies opening. Support for this is provided by the number of new studies eligible for Network support in Quarter 2 2010/11 being consistent with the number of studies eligible for Network support in Quarter 2 last year (ie 2009/10).

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

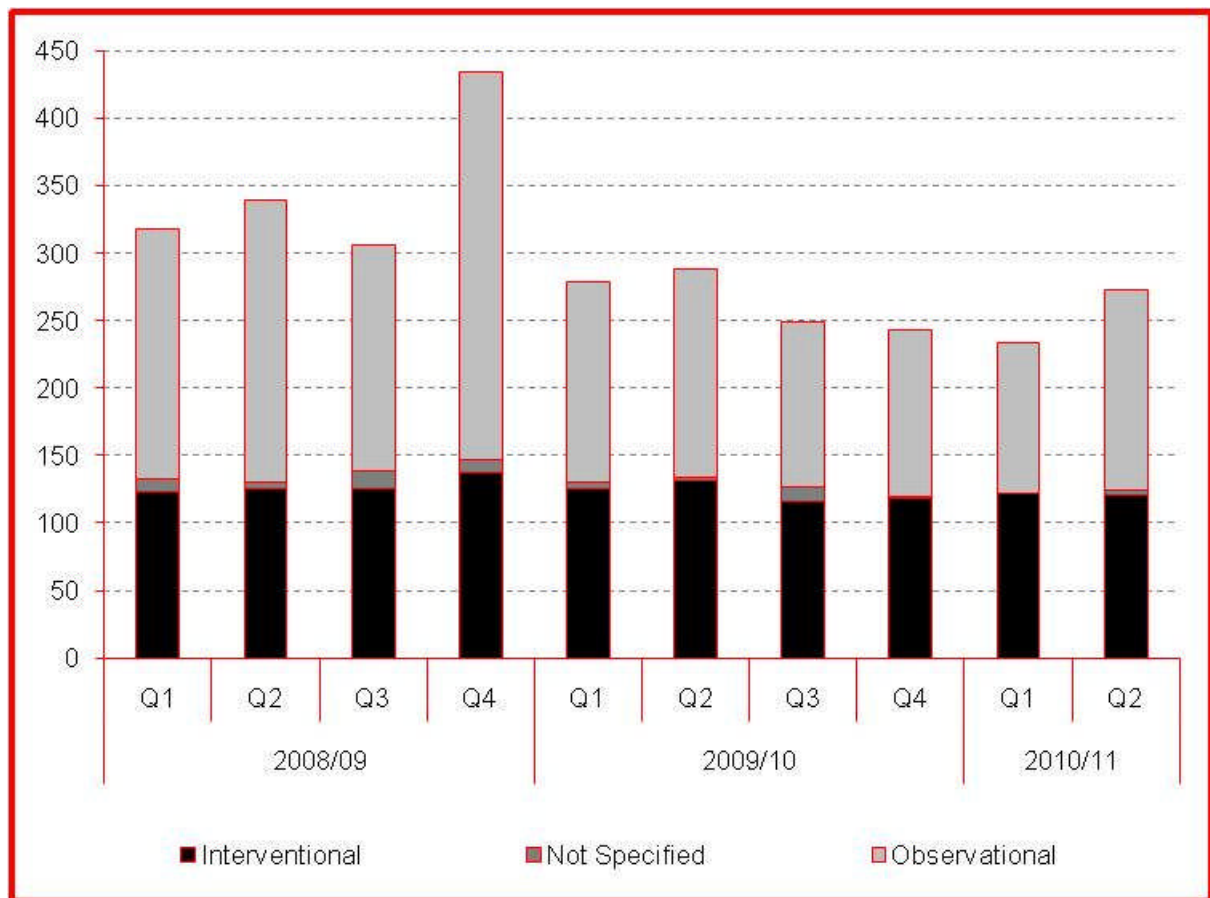


The NIHR Clinical Research Network supports a broad range of studies.

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 this quarter demonstrating that the NIHR Clinical Research Network continues to support a balanced portfolio of research studies.

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



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, ie the Topic Specific Research Networks, are to some extent able to influence this later limitation by the investment the Topic Network Coordinating Centres make in Clinical Studies Groups (or equivalent) whose purpose is to identify gaps in knowledge and develop research proposals to fill these gaps.

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 across the whole NIHR Clinical Research Network increased by 76 studies on Quarter 1 (2010/11). The number of studies attributed to each of the NIHR Clinical Research Networks is also illustrated in table 3.3 illustrating a wide range in the number of studies being “led” by each of the Networks.

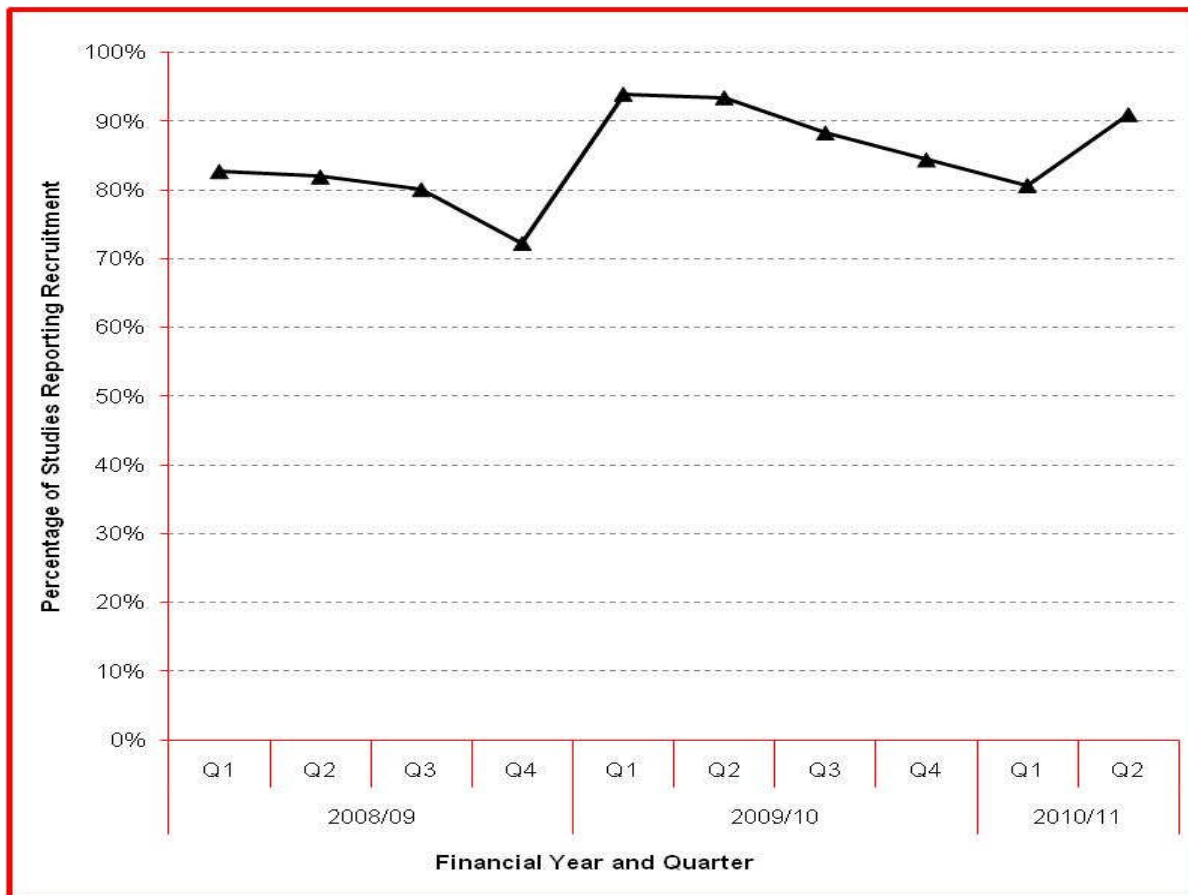
Table 3.3: The Number of Studies Open to, Reporting and Total Recruitment by Network

Network	Number of Studies Open to Recruitment during	Total Number of Studies Reporting Recruitment in	Total Recruitment
	Q2 2010/11	Q2 2010/11	Q2 2010/11
Cancer	409	397	16,703
Comprehensive	1,289	1,143	60,599
Dementias & Neurodegenerative Diseases	109	96	2,276
Diabetes	146	132	7,231
Medicines for Children	92	90	1,696
Mental Health	197	185	9,242
Primary Care	106	98	10,353
Stroke	86	72	2,390
TOTAL	2,434	2,213	110,490

The number of studies reporting recruitment data in this quarter has also increased in comparison with Quarter 1 2010/11 with an additional 311 studies reporting recruitment data. This large increase in the number of studies reporting recruitment data is likely to be attributed to the hard work undertaken by the Networks to ensure that all studies are reporting recruitment data in advance of the 2011/12 Activity Based Funding deadline of the 16 October 2010. A similar peak in reporting recruitment data was noted in Quarter 2 2009/10 as illustrated in figure 3.4. In this quarter 91% of all open studies were reporting recruitment data, a 10% increase on Quarter 1 2010/11 but a small reduction on the same quarter last year (ie Quarter 2 2009/10) where 93% of all studies were reporting recruitment data.

It is important to note that the number of studies reporting recruitment data may be an underrepresentation 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 isn't 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, 110,490 participants were recruited into NIHR Clinical Research Network Portfolio research studies this quarter (tables 3.3 and 3.5). This is an increase of 17,701 participants compared to the previous quarter (table 3.5). 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.

Table 3.5: Total Recruitment over Time by Network

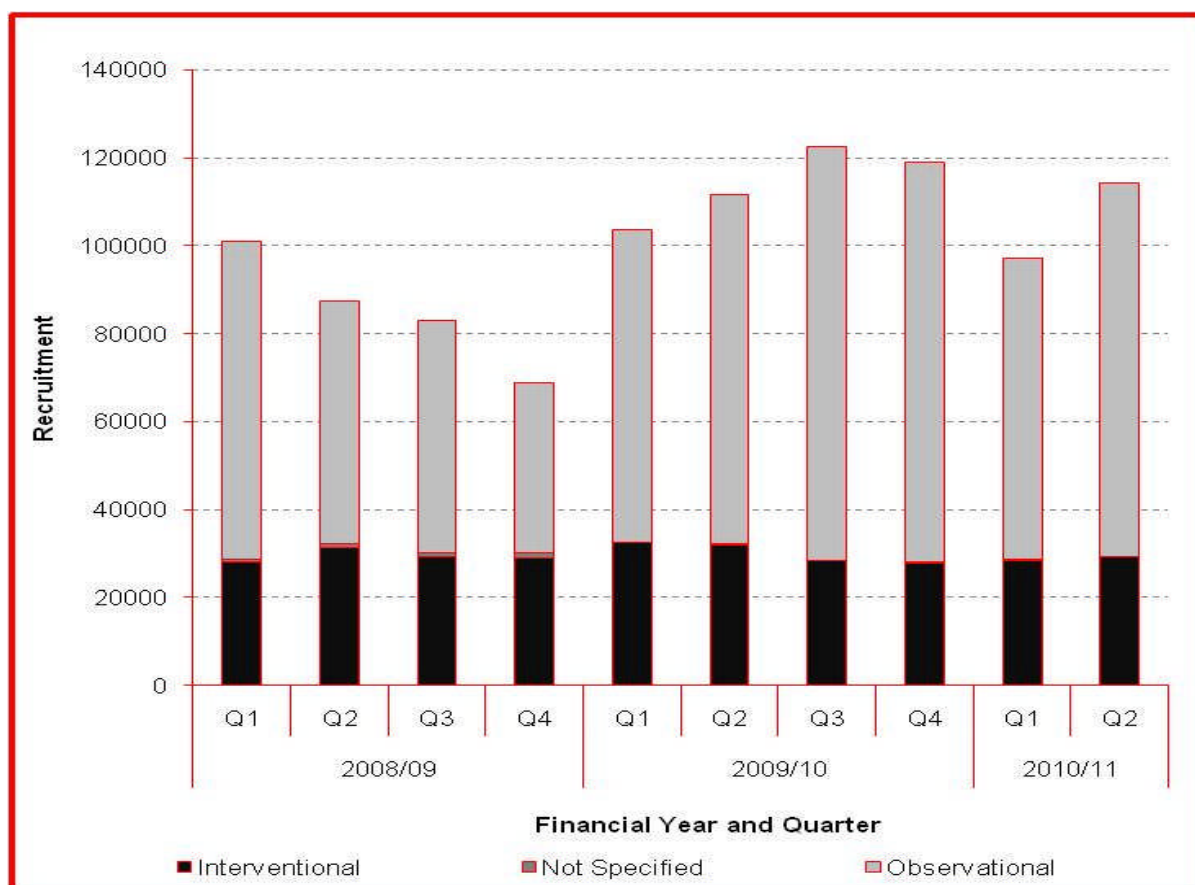
	2008/09				2009/10				2010/11	
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Cancer	19,932	19,995	18,336	12,690	10,996	12,866	15,015	15,281	17,080	16,703
Comprehensive	47,572	27,787	30,568	20,997	49,460	52,355	55,854	53,812	40,591	60,599
Dementias & Neurodegenerative Diseases	1,789	1,366	1,473	1,534	1,619	2,134	2,024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

Interestingly not all Networks experienced this increase in recruitment between Quarters 1 and 2 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 studies 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

Figure 3.6 provides a breakdown on 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. Interestingly recruitment into interventional studies is more consistent over time than that in observational studies. This may be accounted for by recruitment into a small number of very large observational studies (>10,000 recruits) 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.

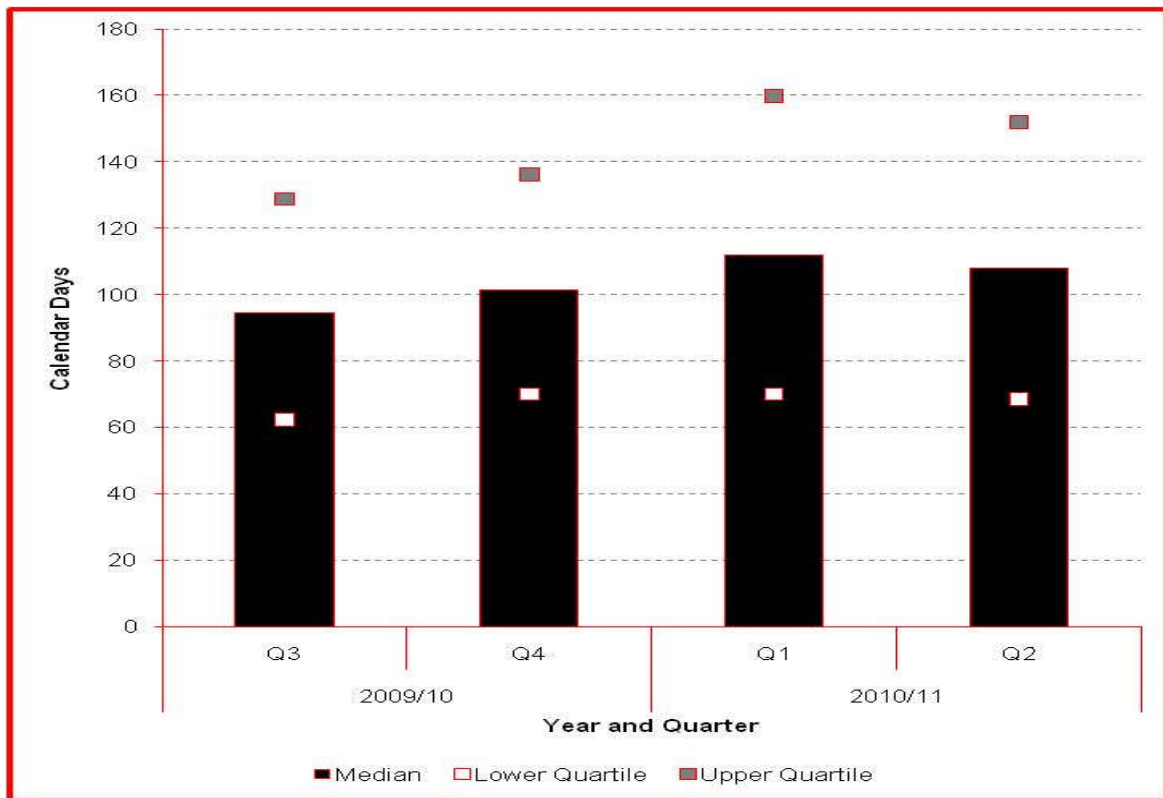
Responsibility for the various aspects of study set-up (regulatory authorities, NHS research ethics, NHS Permission) sits with a number of bodies. The Clinical Research Network provides a framework for NHS Permission, but is not in a position to control other parallel processes. Figure 4.1 shows overall 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; ie 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 rising trend during the last quarter of 2009 and the first quarter of 2010 appeared to be a reflection of the inclusion of some long-standing studies which finally completed the approvals process and for which NHS Permission was issued. The small decrease in median times, and particularly the decrease in the upper quartile figure, suggests that these long-standing studies are now beginning to be worked out of the system. If this is the case, further decreases in the median and upper quartile should be seen in subsequent quarters. Latest figures by month indicate that the downward trend is continuing. However, due to monthly variation, this cannot be confirmed until data for the next quarter is available.

This measure (figure 4.1) 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.

Fig 4.1: Metrics on Time to Achieve 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 (ie NHS Permission); therefore we cannot offer interpretative commentary on these data in respect of Clinical Research Network 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 Clinical Research Network, there are plans to review the situations in which the clock is stopped, to more accurately reflect elapsed time that is within the control of the Clinical Research Network.

The starting point for the measures, shown in figure 4.1, 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 currently included in the measures. The current CSP information systems do not currently 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 Clinical Research Network. In order to more accurately reflect the part of the process that is under the control of the Clinical Research Network, there are plans to obtain data relating to the validation of the complete application, to more accurately reflect elapsed time that is within the control of the Clinical Research Network.

Figures 4.2 and 4.3 show a breakdown of the two components of CSP, the study-wide checks (figure 4.2) and the local checks (figure 4.3). As noted above, these figures do not yet adequately reflect the time which is under the control of the Clinical Research Network. 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. There is clearly room for improvement in the figures presented here (figure 4.2), since data from individual Comprehensive Local Research Networks (not shown here) gives a variation in the median time for study-wide checks from 58 to 110 calendar days.

Data not shown here reveals that the number of studies with global checks in progress is steadily increasing. The number of studies with global checks still in progress at the end of Quarter 2 2010/11 stood at 81, whilst at the end of Quarter 1 2010/11 it was 50. This relates to all studies for which an R&D form has been submitted and global checks are underway as there is currently no target date set for completion of global checks. Although some increase is expected as more studies enter the system, the continued increase shows that the rate of completion of global checks is not matching the rate of entry of new studies into CSP.

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

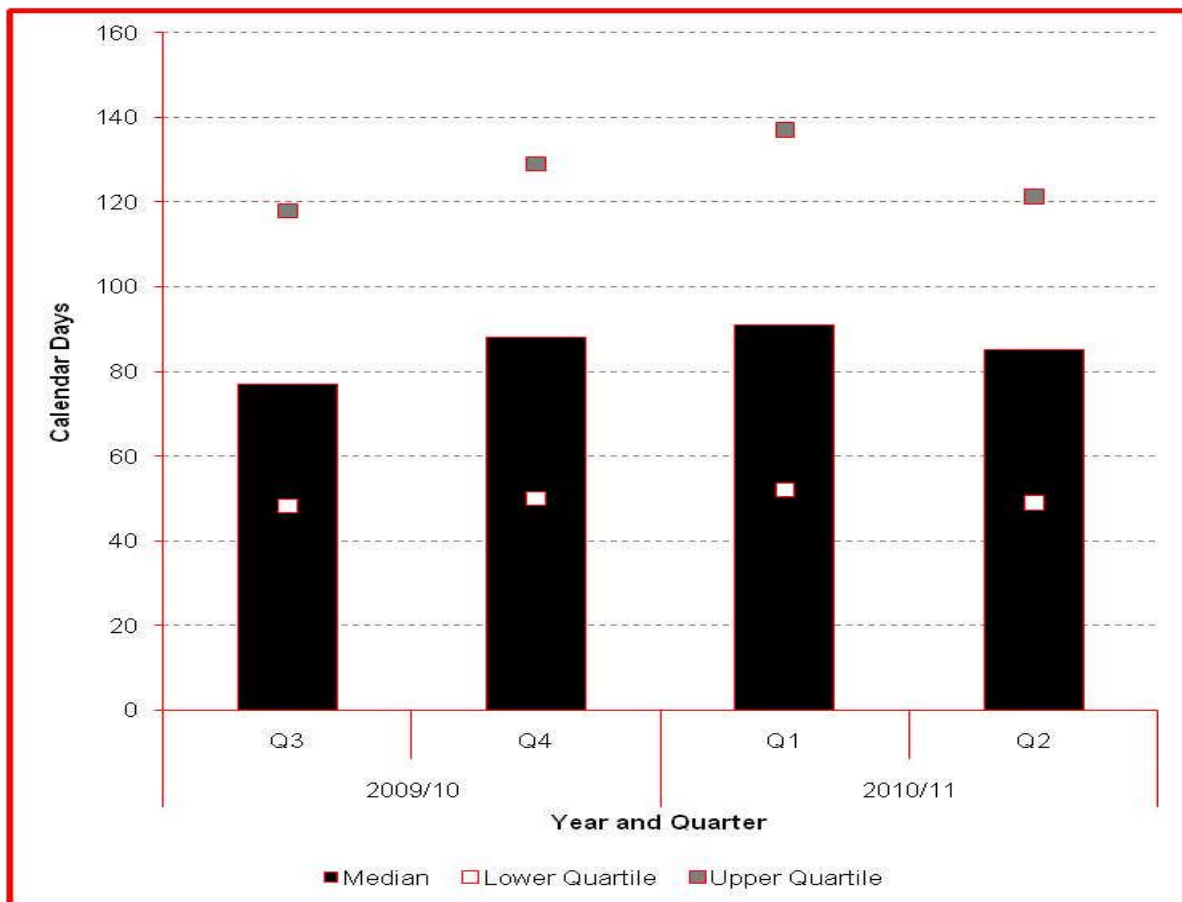


Figure 4.3 shows the time to complete local checks, by the quarter in which the local checks were completed. This is the time from SSI form validation to NHS permission. It should be noted that studies may be counted more than once as each study will have local reviews for each site. Again, there is clearly room for improvement in the figures presented here (figure 4.3), since data from individual Comprehensive Local Research Networks (not shown here) gives a variation in the median time for local checks from 34 to 100 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. Further work is being undertaken to address the issues causing this variation, as well as to address the causes of the delays in permission times.

Data not shown here reveals that the number of sites with local checks in progress is steadily increasing. The number of sites with local checks still in progress at the end of Quarter 2 2010/11 stood at 277, whilst at the end of Quarter 1 2010/11 this figure was 201. This relates to all sites for which an SSI form has been submitted and local checks are underway as there is currently no target date set for completion of local checks. Although some increase is expected as more studies enter the system and additional sites are added for each study, the continued increase shows that the rate of completion of local checks is not matching the rate of entry of new sites into CSP.

Fig 4.3: Metrics on Time to Complete Local Checks

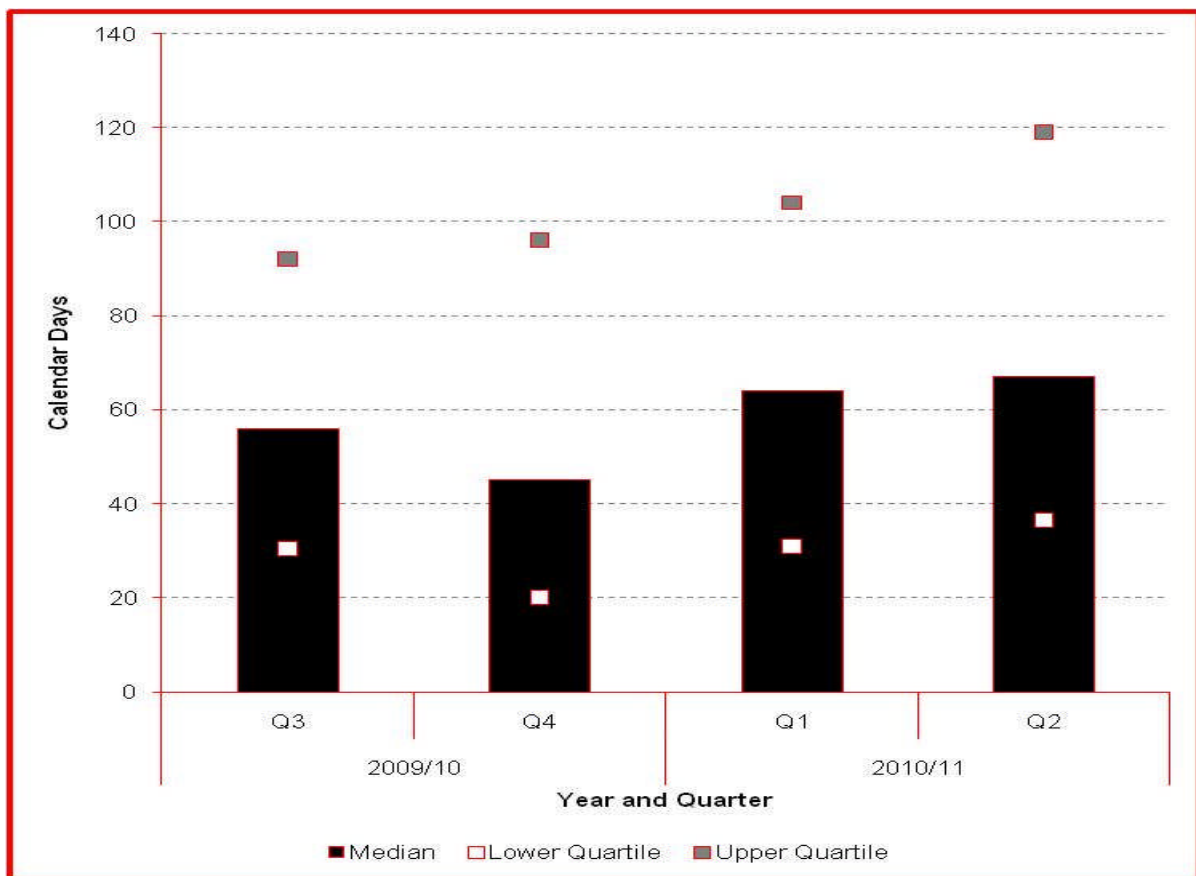
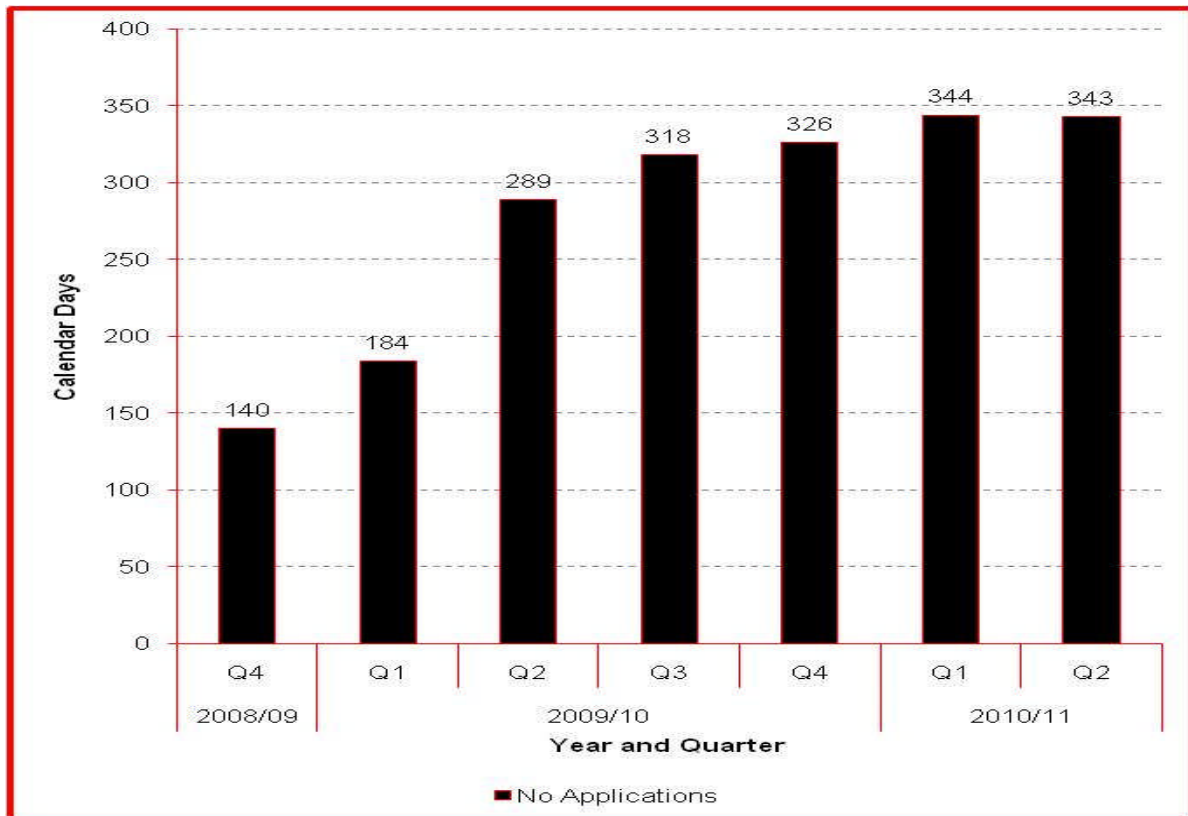


Figure 4.4 shows the number of studies accepted for processing through CSP per month. Some fluctuation month by month is expected, particularly in response to funding rounds and seasonal variations in academic activity. However, the last few quarters show increasingly stable figures for number of applications. As it is mandatory for all non-commercial studies that are eligible for the NIHR Clinical Research Network Portfolio to use CSP, this steady figure reflects the relatively stable number of eligible studies for the NIHR Clinical Research Network Portfolio shown in section 3 above.

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



The Research Passport scheme provides a streamlined system for researchers who have no contractual relationship with the NHS and who therefore need an Honorary Research Contract (HRC) to carry out research in NHS organisations. It provides a system for researchers to collect evidence of the necessary personal background checks once only to support their applications for HRCs at multiple NHS organisations, and provides a streamlined system for NHS organisations to issue HRCs.

In October 2008, the NIHR Clinical Research Network CC established a formal implementation project group to oversee the national implementation of the Research Passport scheme. The aim of the project was to achieve full implementation of the Research Passport scheme by August 2009, following the standards described in the “Research in the NHS: Human Resources [HR] Good Practice Resource Pack”.

Fig 4.5: Implementation of Research Passport and HR Good Practice Guidance

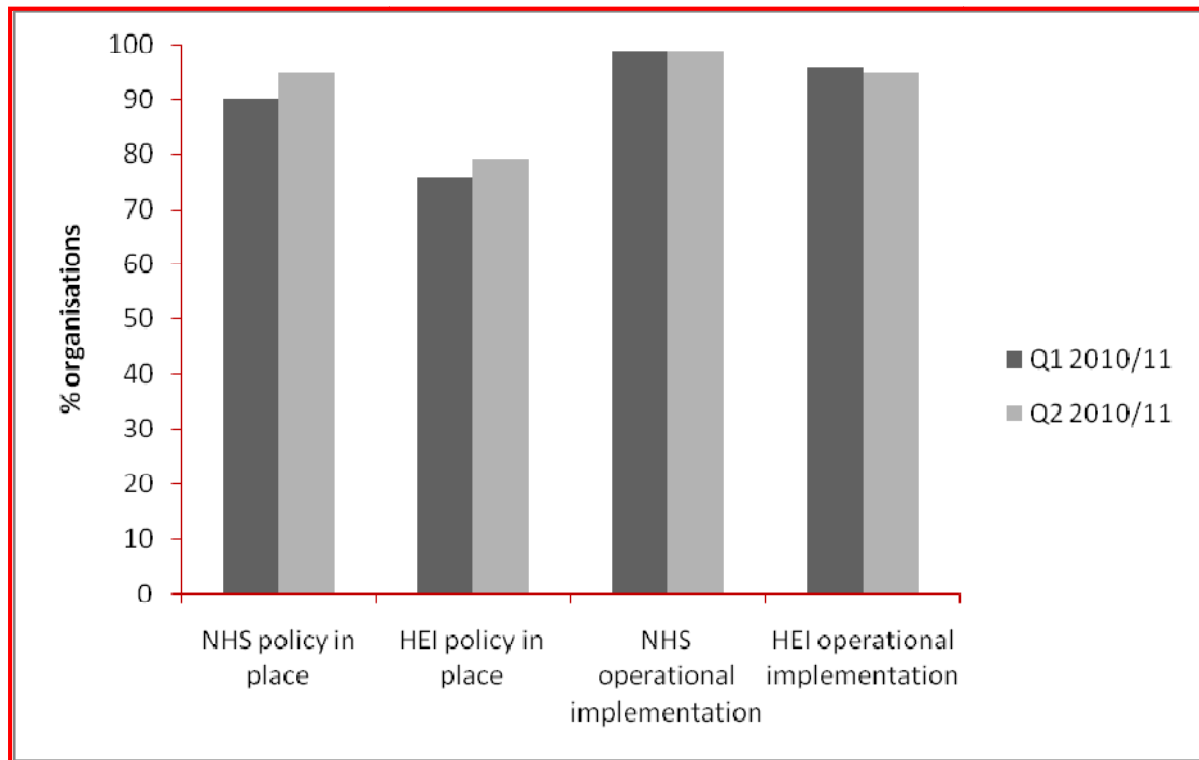


Figure 4.5 shows the progress in implementation of the Research Passport and the HR Good Practice Guidance. Organisations were monitored for the publication of a policy on HR arrangements for researchers from external organisations, and for operational implementation of the arrangements. Prior to Quarter 1 2010, implementation was monitored through a more detailed breakdown of progress.

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 decreased slightly from 9.2% in Quarter 1 2010/11 to 9% in Quarter 2 2010/11.

Table 5.1: The Number of Industry Studies by Network to date, as at Q2 2010/11

Network	Number of Adopted Industry Studies by Lead Network	Number of Adopted Industry Studies by Co-adopting Network	Total Number of Adopted Industry Studies by Network	Number of Medical Device Studies Included in Total	Number of Studies Which Have NOT Been Adopted
Cancer	151	0	151	1	17
Comprehensive	183	55	238	23	25
Dementias and Neurodegenerative Diseases	55	0	55	1	5
Diabetes	103	6	109	4	3
Medicines for Children	99	4	103	2	2
Mental Health	17	2	19	0	3
Primary Care	18	38	56	0	1
Stroke	13	1	14	0	2
TOTAL	639	106	745	31	58

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 104 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 639, compared with 535 at the end of the first quarter of 2010/11. Study numbers have increased by 19% compared to the last quarter. This is a small increase from 16% in the last quarter. The Clinical Research Network is increasingly demonstrating its value and engagement with the life-sciences industry continues to grow steadily.
- The number of co-adopted studies on the Portfolio has increased by 9% (from 97 studies to 106 studies) compared with the last quarter. This increase is less than the last quarter comparison and demonstrates the increasing 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 24 to 31 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

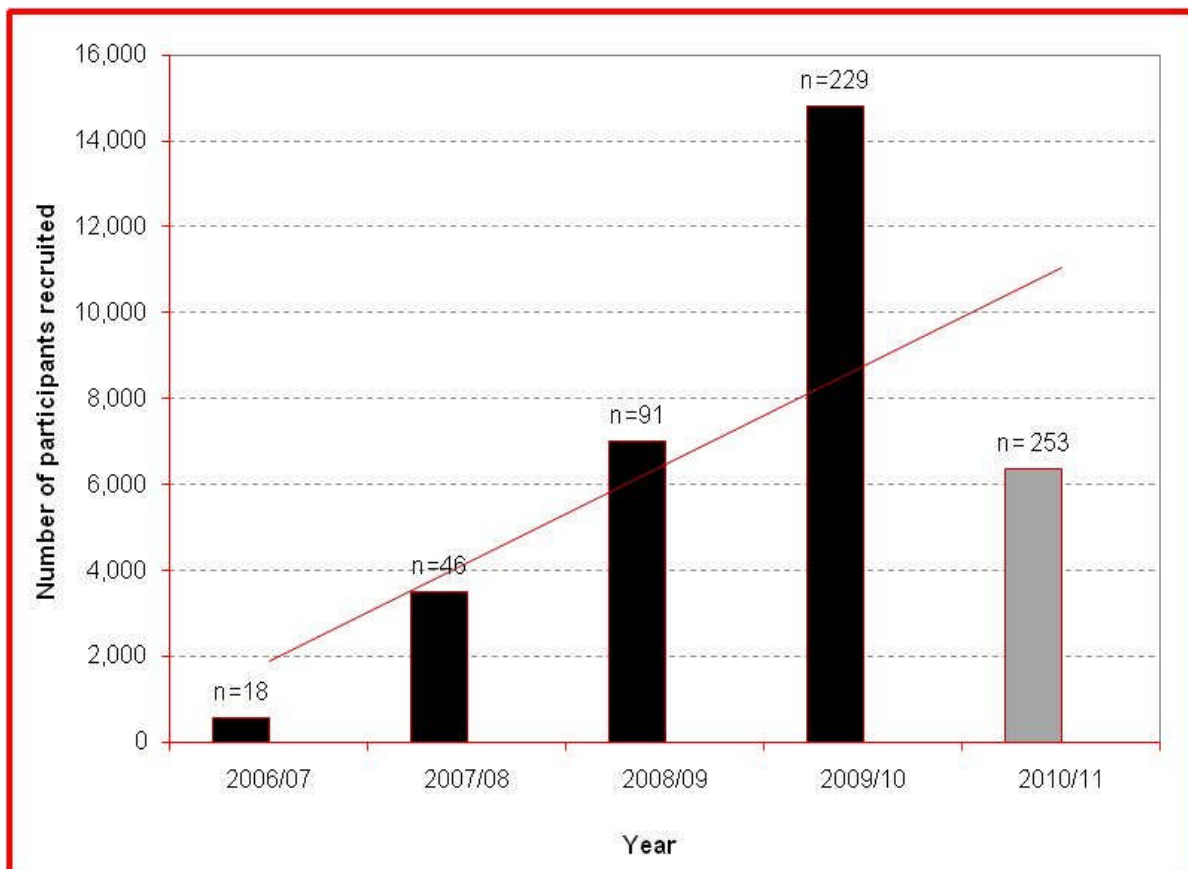
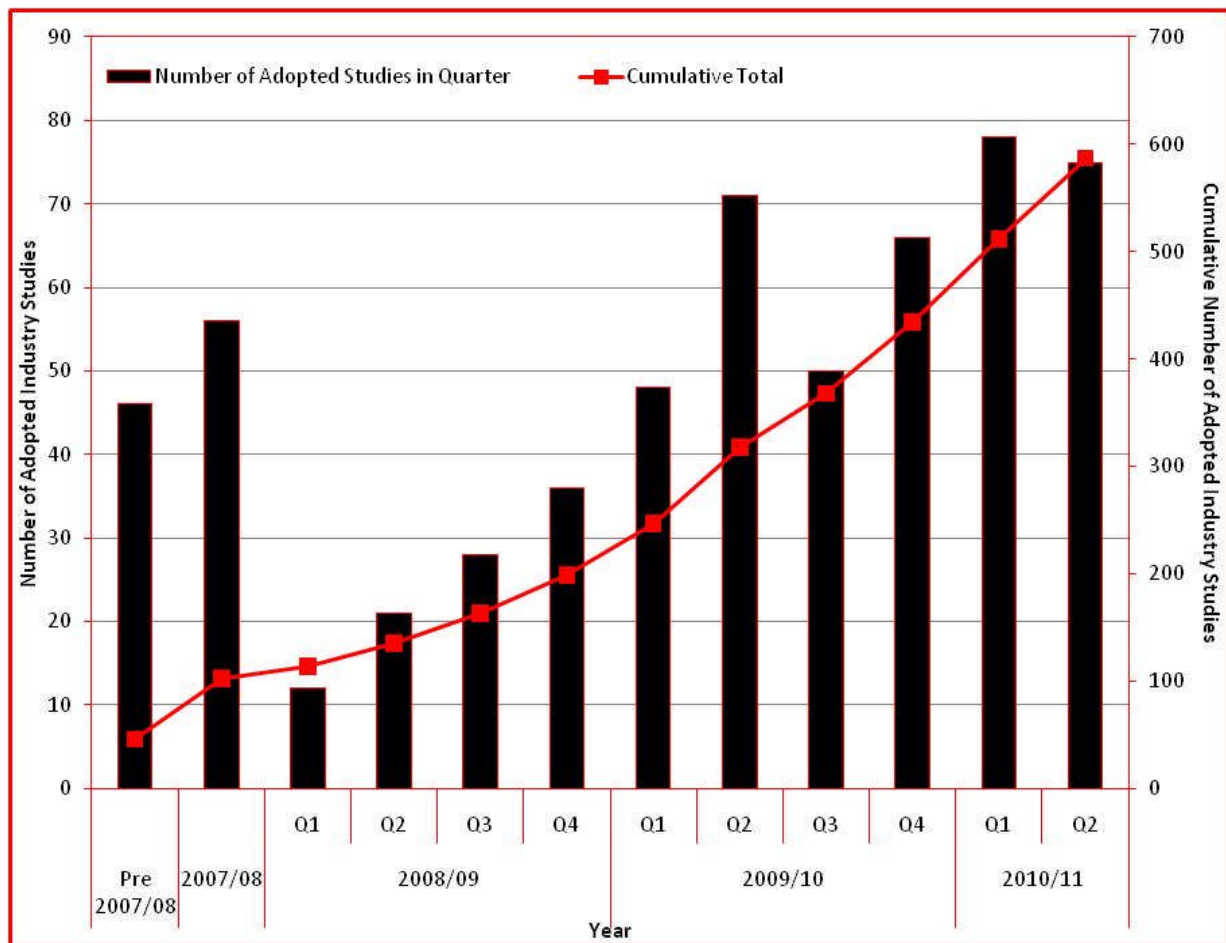


Figure 5.2 shows the level of participant recruitment into Portfolio studies funded and sponsored by the life-sciences industry. This represents an increased number of participants recruited into studies running in the UK, which are actively supported and performance managed by the Networks.

Trend information:

- 2010/11 recruitment currently stands at 6,366 for the year to date, meaning the networks are on track to exceed the trend for increased recruitment established over the last four years.
- A longitudinal Primary Care Clinical Research Network study boosted the Quarter 1 2010/11 recruitment figures.
- Cumulative recruitment has increased by 47% compared to the last quarter.
- 50 new studies have opened for recruitment since Quarter 1 2010/11. This represents an increase of 25% for Quarter 2 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 small decrease in the number of studies adopted in Quarter 2 (71 studies) as compared to Quarter 1 (78 studies) 2010/2011. This is a normal variant and not indicative of a negative trend.

Fairbairn House
71-75 Clarendon Road
Leeds LS2 9PH

Tel: 0113 343 2314
Fax: 0113 343 2300
Web: www.crncc.nihr.ac.uk
Email: crncc.info@nihr.ac.uk



National Institute for
Health Research

Clinical Research Network