

The Lead Network Service

**Facilitating the set up of non-industry contract clinical
research studies**



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LEAD NETWORK SERVICE - FACILITATING THE SET UP OF CLINICAL RESEARCH STUDIES

1. Rationale

The purpose of the NIHR Clinical Research Networks is to provide high quality infrastructure to support the conduct of clinical research within the NHS. This includes access to physical infrastructure, research support personnel and services as well as directly facilitating researchers in the set up and conduct of their research studies.

Conducting multicentre studies within the NHS invokes particular challenges. The established NIHR CRN comprising the Topic Clinical Research Networks (TCRNs), the Primary Care Research Network (PCRN) and the Comprehensive Clinical Research Network (CCRN) already provide support for such studies. The development of the NIHR Coordinated System for gaining NHS Permission (CSP) provides many benefits for all studies eligible for NIHR Clinical Research Network support. However challenges remain:

- The transparency of research funding requires a clear understanding, by all stakeholders, of the different types of cost involved in undertaking a study (direct research costs, excess treatment costs, service support costs) and where this support should come from (research funding organisation, NHS Commissioners, NIHR Clinical Research Networks);
- The 25 Comprehensive Local Research Networks have different approaches to the way in which support is provided; models range from providing access to a centralised pool of research nurses, to devolving budgets to individual NHS Trusts. The different approaches between CLRNs need to be recognised and understood when setting up recruitment sites for multicentre studies;
- The TCRNs have also organised the provision of infrastructure along different models with varying degrees of centralisation and devolution to the local TCRNs;
- It is essential that the NIHR CRN comprising the Topic Clinical Research Network (TCRNs), the Primary Care Research Network (PCRN) and the Comprehensive Clinical Research Network (CCRN) work closely together so that researchers are provided with the support they require from the most appropriate source(s).

While challenges remain, it is timely to focus on optimising how existing CRN personnel can facilitate the researcher's "journey" through these new ways of working with particular reference to ensuring the timely set up of studies.

Further emphasis is also placed on the Lead Network Service in the updated Eligibility Criteria for NIHR Clinical Research Network Support (February 2011) available on the NIHR CRN website at:

http://www.crncc.nihr.ac.uk/about_us/processes/portfolio/p_eligibility

2. The Role of the Network providing the Lead Network Service

In light of the revisions in the Eligibility Criteria for NIHR Clinical Research Network Support (February 2011) the responsibility for assessing a study's need for CRN support will be made at a local level and coordinated by the Network providing the Lead Network Service. As a result the role of the Lead Network Service has been expanded to incorporate all non-commercial studies, that is, single and multicentre studies.

For each study, a network will be assigned to provide the Lead Network Service and hence take responsibility for facilitating the set up of the study on behalf of the Chief Investigator (CI). Following confirmation that a study is eligible for CRN support the Network providing the Lead Network Service will:

- coordinate the assessment of a study's need for CRN support via the business processes detailed in the Eligibility Criteria for NIHR Clinical Research Network Support (February 2011) - Implementation Guidance Document (Annex C - Assessing the need for CRN Support)
- Identify the activities within the study protocol (that is, service support activities) which will be supported by NIHR CRN
- Liaise, on behalf of the CI, with other relevant NIHR Clinical Research Networks to confirm that each of the recruiting centres will provide support for the activities identified as service support;
- Keep the CI informed of progress at the other NIHR Clinical Research Networks and help resolve any problems.

The NIHR TCRNs and PCRN Coordinating Centres and their respective LRNs already take responsibility for aiding the set up of studies and many CLRN staff are already acting in this facilitation capacity. These proposals relate specifically to the provision of infrastructure related to study set up and delivery.

The NIHR CRN Coordinating Centre will continue to play a role in “unblocking” issues with specific studies, particularly where studies involve several NIHR CRNs or where there are significant resource requirements.

3. Identifying the Network providing the Lead Network Service

For studies which fall under the remit of a TCRN or the PCRN, the Network providing the Lead Network Service is most likely to be a relevant TCRN or PCRN Local Research Network or Coordinating Centre; the TCRNs organise support using different models with varying degrees of centralised and devolved support.

For studies which fall within the remit of the CCRN, the Network providing the Lead Network Service will, in most circumstances, be the CLRN where the CI is based. This will facilitate the relationship between lead researchers and the staff at their CLRN and provide ease of access for support. There are advantages in the CI being able to deal with the same member of Network staff, and vice versa.

In some circumstances, it may be more appropriate for a CLRN which is not the host of the CI to be chosen as the Network providing the Lead Network Service. For instance, the CLRN where the study will become active first, or the study falls within the “North West Exemplar Programme” and would need to be led by a Network in the North West.

Clinical studies led by CIs located in the Devolved Nations and recruiting in England can also access the Lead Network Service. The choice of which network will provide the Lead Network Service should be made along the same principles outlined above, e.g. a TCRN or PCRN for studies which fall within the remit of these networks or a CLRN which hosts a major recruitment site for the study or a facility (such as a Clinical Trials Unit) which is involved in the coordination of the study.

4. Gaining Agreement on Network Resources

For studies being led by a TCRN or PCRN, it will be important for the Network providing the Lead Network Service to liaise closely with the relevant CLRNs in order to ascertain and coordinate support requirements. For studies which are led by the CLRN but jointly supported by another CRN, it will be important for the CLRN providing the Lead Network Service to work closely with the relevant TCRN and PCRN Coordinating Centres and their respective LRNs. This is particularly important where there is primary care involvement as the PCRN has particular expertise in costing out the service support elements involved in the primary care sector.

It is recognised that further work is required to clarify what constitutes service support, and hence can be provided by the CRNs. In the meantime, the following process is proposed: Prior to submission of the grant application, it is recommended that the Network providing the Lead Network Service is consulted about the costings, to ensure that all eligible direct research costs have been included in the application.

The Network providing the Lead Network Service will review the protocol of the study and in the light of the direct research costs which have been secured from the research funder, make a judgement on what support should appropriately be provided by the NIHR CRN and agree this with the CI. The Network providing the Lead Network Service will then circulate the CRN support requirements to the other relevant CRNs and ask for confirmation of their agreement to these.

If there are discrepancies in the interpretation of the service support requirements between the CRNs involved in the study then this should be referred to the CRN Management Team within the NIHR CRN Coordinating Centre who will then, if necessary seek advice on this from the Department of Health.

5. Implementation of this initiative

The initial guidance document developed in 2009 was the result of consultation with the 8 CRNs. The concept of the Lead Network Service received wide and strong support and there was a commitment to implement this.

Implementation was effective from June 2010.

This document has since been revised in light of the publication of the updated DH policy, Eligibility Criteria for NIHR Clinical Research Network Support (February 2011), which calls for an enhanced role of the Lead Network Service. This document provides additional information and an expanded FAQs section to further support the effective implementation of this initiative.

The Lead Network Service

Facilitating the set up of non-industry contract clinical research studies

Frequently Asked Questions

LEAD NETWORK SERVICE – FREQUENTLY ASKED QUESTIONS (FAQs)

Q1	When will the Lead Network Service be implemented?
A1	<p>All NIHR CRNs will implement the Lead Network Service from 1 June 2010, for all new multicentre studies. Revised guidance to support the implementation of the updated DH policy, Eligibility Criteria for NIHR Clinical Research Network Support, is issued for implementation from 1 April 2011 which outlines the expansion of the Lead Network Service to incorporate all non-commercial studies, that is, single and multicentre studies.</p> <p>The updated Eligibility Criteria for NIHR Clinical Research Network Support (February 2011) is available on the NIHR CRN website at: http://www.crnc.nihr.ac.uk/about_us/processes/portfolio/p_eligibility</p>

Q2	What is the Lead Network Service? How should the networks differentiate between the Lead Network Service and the role of study co-ordinator / study manager?
A2	<p>The Lead Network Service aims to provide CIs and their teams with a single (or main) point of contact when accessing the support of CRN infrastructure during the study set up stage.</p> <p>The Lead Network Service should not conflict with the role of the study co-ordinator.</p> <p>For clarity, following confirmation that a study is eligible for CRN support the Network providing the Lead Network Service will:</p> <ul style="list-style-type: none">• coordinate the assessment of a study's need for CRN support via the business processes detailed in the <i>Eligibility Criteria for NIHR Clinical Research Network Support (February 2011) - Implementation Guidance Document (Annex C - Assessing the need for CRN Support)</i>• Identify the activities within the study protocol (that is, service support activities which will be supported by NIHR CRN)• Liaise, on behalf of the CI, with other relevant NIHR Clinical Research Networks to confirm that each of the recruiting centres will provide support for the activities identified as service support;• Keep the CI informed of progress at the other NIHR Clinical Research Networks and help resolve any problems. <p>The National Cancer Research Network (NCRN) has long-standing arrangements in place for studies managed by Clinical Trials Units (CTUs). These will not change. The CTU Study Manager will continue to liaise on behalf of the CI for NCRN CTU led studies. NCRN has separate arrangements in place for non CTU led studies which will be led by the Coordinating Centre or one of their Local Research Networks.</p>

Q3	What does the Lead Network Service not include?
A3	<p>The Lead Network Service is focussed on study set up. Once the sites have been set up the role of the Network providing the Lead Network Service ends.</p> <p>The Network providing the Lead Network Service has no responsibility for performance management of studies. The performance management of the study (in terms of monitoring recruitment to time and target) is carried out by the Main Network in relation to their own sites and is not part of the Lead Network Service.</p> <p>The Network providing the Lead Network Service does need to identify the activities within the study protocol (that is, service support activities) which will be supported by NIHR CRN. However, it does not need to calculate detailed NHS support costs. These are worked up by the Comprehensive Local Research Networks (CLRNs) and topic specific Local Research Networks (LRNs) for their participating sites.</p> <p>The Lead Network Service does not include facilitating the NIHR Coordinated System for gaining NHS Permission (CSP). This is the responsibility of the Lead CLRN for CSP.</p>

Q4	When does the Lead Network Service begin and end?
A4	<p>The Lead Network Service may start as soon as a study is deemed eligible for consideration for the National Institute for Health Research (NIHR) Clinical Research Network (CRN) support (http://www.ukcrn.org.uk/index/clinical/portfolio_new.html).</p> <p>The Chief Investigator (CI) will be notified about the study's eligibility by email, via the NIHR Coordinated System for gaining NHS Permission (CSP).</p> <p>Only those studies that are deemed eligible for consideration for CRN support have access to infrastructure support via the NIHR CRN and the Lead Network Service.</p> <p>Although the Lead Network Service starts after the CI has been informed that their study is eligible for CRN support, this does not prevent CRNs from advising CIs at an earlier stage, either directly or in partnership with the NIHR Research Design Services (RDS).</p> <p>There are benefits to providing advice at the grant application stage, to ensure that CIs have realistic expectations of what NIHR CRN can provide in particular, to inform CIs that NIHR CRN is not permitted to cover shortfalls in research funding or excess treatment costs.</p> <p>Please refer to Department of Health (DH) guidance for further information: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4125280 .</p> <p>The Lead Network Service will continue until the last site has been set up. Once the sites have been set up, the facilitation role is likely to be taken over by the study co-ordinator / study manager.</p>

Q5	How is the Network providing the Lead Network Service Chosen?
A5	<p>For studies which fall under the remit of a TCRN or the PCRN, the Network providing the Lead Network Service is most likely to be a relevant TCRN or PCRN Local Research Network or Coordinating Centre. This includes devolved nations studies.</p> <p>In the case of the National Cancer Research Network (NCRN) this network has long-standing arrangements in place for studies managed by Clinical Trials Units (CTUs). These will not change. The CTU Study Manager will continue to liaise on behalf of the CI for NCRN CTU led studies. NCRN also has different arrangements in place in relation to the provision of NHS Support.</p> <p>In the case of the Stroke Research Network, this network has identified that the CLRN where the CI is based is the Network providing the Lead Network Service. The SRN LRN will support the CLRN by providing information about the patient pathway through stroke services that might have a bearing on the NHS service support required by the study. A list of SRN contacts has been attached in Appendix 4.</p> <p>The TCRNs and PCRN have all identified contacts who will confirm whether the Lead Network Service will be provided by the Coordinating Centre or a Local Research Network (Appendix 2).</p> <p>For studies which fall within the remit of the CCRN, the Network providing the Lead Network Service will, in most circumstances, be the CLRN where the CI is based.</p>

Q6	Can the Main Network and Network providing the Lead Network Service be the same?
A6	The Network named as the Main Network could also be the Network providing the Lead Network Service.

Q7	How does the selection of the Network providing the Lead Network Service relate to the Comprehensive Local Research Network (CLRN) providing Research Management and Governance (RMG) (i.e. the Lead CLRN for CSP)?
A7	<p>If the study is a Topic (Cancer, Diabetes, Dementias & Neurodegenerative Diseases, Medicines for Children, Mental Health, or Stroke) or Primary Care Clinical Research Network Study (TCRN or PCRN):</p> <p>The Lead CLRN for CSP will be determined by the location of the Lead R&D Office. This is often where the CI is based. Further information can be found at:</p> <p>http://www.crnc.nihr.ac.uk/about_us/processes/csp/csp_faq</p> <p>The NIHR Coordinated System for gaining NHS Permission Unit (CPSU) manually assigns the Lead CLRN for CSP.</p> <p>For questions about NIHR CSP, or how to access NIHR CSP through IRAS, please contact the NIHR CSP Helpdesk</p> <p>http://www.crnc.nihr.ac.uk/about_us/processes/csp/contact</p>

	<p>If the study is a Comprehensive Clinical Research Network (CCRN) study:</p> <p>The Network providing the Lead Network Service automatically defaults to the CLRN in the locality where the Chief Investigator (CI) is based. The Lead CLRN for CSP is the CLRN where the Lead R&D Office is based. As such, both services are usually provided by the same CLRN.</p> <p>If a CLRN has a high number of studies in set up at any one time and is unable to provide the Lead Network Service for additional studies they may need to access additional resources in the CRN.</p> <p>For devolved nation's studies, the CSPU will look at study documentation to identify potential sites and also review network activity levels in order to allocate the Lead CLRN for CSP to a CLRN with both an involvement in the study and capacity to carry out the service. In these cases, the Lead Network Service will be provided by the same CLRN.</p>
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Q8	When should the Network providing the Lead Network Service contact the Chief Investigator?
A8	<p>The Network providing the Lead Network Service is required to contact the CI about the coordination and assessment of the study's need for NIHR CRN support.</p> <p>If the CI does not already have a pre-existing relationship with the Network providing the Lead Network Service prior to the study being deemed eligible for consideration for NIHR CRN support, it is recommended that the Network providing the Lead Network Service make contact with them at the earliest opportunity once the notification has been issued via CSP to confirm that the study is eligible.</p> <p>The CI is notified about the study's eligibility by email, via the NIHR Coordinated System for gaining NHS Permission (CSP). Where the CI is already known and starts making contact with CRN staff once notification has been received and prior to the Network providing the Lead Network Service making contact, CRN staff should let the CI know that contact will be made shortly from the relevant person providing the Lead Network Service.</p>

Q9	How will the implementation of the Lead Network Service be resourced in areas where there is a high number of Chief Investigators (CIs) initiating multi-centre studies?
A9	<p>The Lead Network Service should be implemented within existing resources.</p> <p>Should a network be unable to provide the Lead Network Service then alternative arrangements will need to be made to support study set up. For example, the network may devolve the Lead Network Service to another NIHR Clinical Research Network if agreement is reached by the relevant CRNs. The CRN that has devolved the responsibility is accountable for initiating contact with the other NIHR CRNs involved in the study to discuss and agree which network will provide the Lead Network Service for that study.</p> <p>It is recognised that some CLRNs are "CI-rich" whereas others have a predominance of Principal Investigators recruiting into studies being coordinated outside of their</p>

	<p>CLRN. Where the CLRN in which the CI is based does not have the resources to take on the role of “Lead CLRN” then another CLRN could be chosen to fulfil this role. This choice will be made through discussions between the CLRN where the CI is based, and the CI would normally be a CLRN where one of the major recruitment sites is based. One option would be for a “CI-rich” CLRN to twin with a neighbouring less research active CLRN so that work could be passed between them in case of need and expertise in dealing with certain kinds of projects disseminated. These types of arrangements would therefore distribute the resources required across CLRNs to facilitate the set up studies and also ensure that some CLRNs do not become “deskilled”.</p>
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Q10	What are the National Institute for Health Research (NIHR) Clinical Research Networks (CRNs) required to provide for eligible studies in terms of NHS Service Support?
A10	<p>All NIHR CRN studies should be provided with appropriate NHS Service Support in line with DH guidance (ARCO). Please refer to Department of Health (DH) website for further information: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4125280.</p>

Q11	The Lead Network Service does not include facilitating the NIHR Coordinated System for gaining NHS Permission (CSP). How should the Lead Network and Lead Comprehensive Local Research Network (CLRNs) for CSP interact?
A11	<p>The Network providing the Lead Network Service will identify a named contact to undertake the coordination and assessment of a study’s need for CRN support. It is recommended that all communications with the CI are carried out via this person, and/or keeping this person in the loop.</p> <p>The contact providing the Lead Network Service needs to make contact with the Lead CLRNs for CSP to agree how to keep each other informed.</p> <p>If the CCRNs are providing the Lead Network Service the named contact for the Network providing the Lead Network Service is likely to be from the same CLRN as the CSP team. If the Topic or PCRNs are providing the Lead Network Service, the RM&G Lead should make contact with the named contact point from the Network providing the Lead Network Service.</p> <p>The Lead Network Service should not prevent the Lead CLRNs for CSP from carrying out their business as usual (for example, contacting NHS sites and PIs directly as required).</p>

Q12	How do Clinical Trials Units (CTUs) fit in to the Lead Network Service?
A12	<p>If a CTU is leading on a multi-centre study the Lead Network should ensure that they engage with the CTU at a very early stage. This ensures that there is mutual understanding and local agreement about communication pathways and how facilitation of study set up will be supported by the networks.</p> <p>The National Cancer Research Network (NCRN) has long-standing arrangements in place for studies managed by Clinical Trials Units (CTUs) and there are no plans to change these at this time.</p>

Q13	Will the National Institute for Health Research Clinical Research Network Coordinating Centre (NIHR CRN CC) be providing training for Chief Investigators (CIs) about the Lead Network Service?
A13	We do not anticipate that training will be provided for CIs. Separate guidance for CIs will be published on our website in due course.

Q14	How do we ensure that the Lead Network Service does not add another layer of bureaucracy for Chief Investigators (CIs)? What communications pathways need to be put in place?
A14	<p>Each CRN has been tasked with identifying points of contact for CIs (see Appendix 2). These contacts will be published on the NIHR CRN website. Details should also be made available on local websites.</p> <p>Currently CIs have to contact multiple networks to set up a multicentre study. Having one point of contact simplifies the process for CIs.</p> <p>Guidance for CIs will be published on our website in the near future.</p>

Q15	What is the default position when the CI is based in an area with no TCRN coverage?
A15	<p>To ensure that the TCRNs remain in the loop and to allow them to determine whether they are able to facilitate the set up of the study, CIs and CLRNs are advised to make contact with the first point of contact identified in Appendix 2, even if there is no TCRN coverage in the CI's local area. The contact should be able to liaise with the networks involved to determine and agree who the main point of contact will be for the study.</p> <p>SRN is the exception to the rule, as they have proposed that the CI's local CLRN provides the Lead Network Service for all multicentre stroke studies.</p>

If you have any further questions about the Lead Network Service not covered in this guidance, please email Amber O'Malley ([Amber O'Malley@nihr.ac.uk](mailto:Amber.O'Malley@nihr.ac.uk))

APPENDICES

Appendix 1: Glossary of Key Terms

CRN	Clinical Research Network
TCRN	Topic Specific Clinical Research Network
PCRN	Primary Care Research Network
CCRN	Comprehensive Clinical Research Network
CRN Support	Research infrastructure support provided by the clinical research networks, this includes research nurses, data managers and NHS Support costs such as support for radiology, pathology and pharmacy.
NHS Service Support Cost	The cost incurred by an NHS Trust as a result of their involvement in a research study. NHS Support costs are defined in the DH policy document Attributing Revenue Costs of externally-funded non-commercial research in the NHS (ARCO).
Lead Network Service	The Lead Network Service provides coordinated support for the set up of non-commercial studies. The Network providing the Lead Network Service could be a CLRN, a Network Coordinating Centre or Local Research Network depending upon the network's operational plans. In cases where the Network providing the Lead Network Service is the Coordinating Centre (e.g. DeNDRoN or PCRN) the Lead network and Main network may be one and the same.
Lead CLRN for CSP	The Lead CLRN for CSP is the CLRN carrying out the RM&G function across all study sites (i.e. global checks). The Lead CLRN for CSP is the CLRN where the Lead R&D Office is based.
Main Network	The Main Network is the network providing the majority of the support for the study / doing the majority of the work. The Main Network has overall responsibility for performance management of the study.
Supporting Network	A study may have one or more Supporting Networks. These networks will have an active role in supporting the study, but to a lesser degree than the Main Network.

Appendix 2: Lead Network Service: Named Points of Contact from the 8 CRNs

Study adopted by	First point of contact	Main point of contact for CIs throughout study set up
Dementias and Neurodegenerative Diseases Research Network (DeNDRoN)	DeNDRoN CC Lesley Hall, Non-Commercial Portfolio Manager Tel: 020 7905 2946 Email Lesley.hall@dendron.org.uk	Non-Commercial Portfolio Manager
Diabetes Research Network (DRN)	DRN CC Suki Balendra Tel: 0207 594 1798 Email: s.balendra@imperial.ac.uk	To be agreed on a study by study basis. The Study Delivery Manager will liaise with the CIs local LRN to determine whether they or the CLRN will take the lead.
Medicines for Children Research Network (MCRN)	MCRN CC Dr Sabah Attar, MCRN Portfolio Manager Tel: 0151 282 4718 Fax: 0151 282 4719 Email: sabah.attar@mcrn.org.uk	To be decided on a study by study basis. This is likely to be a named individual at the MCRN CC / CI's local MCRN LRN / CTU as appropriate.
Mental Health Research Network (MHRN)	MHRN CC Miss Belinda Williams, MHRN Research Manager (non-commercial) Email: belinda.williams@kcl.ac.uk Tel. 020 7848 0698	To be decided on a study by study basis.
National Cancer Research Network (NCRN) Clinical Trials Unit (CTU) led studies	CTU	CTU
NCRN non-CTU led studies	NCRN CC Liz Gardner, NCRN Portfolio Manager Tel: 0113 343 8942 Email: l.gardner@ncrn.org.uk	To be decided on a study by study basis.
Primary Care Research Network (PCRN)	PCRN CC Natalie Billington PCRN Portfolio Delivery Manager Email: natalie.billington@nhr.ac.uk Tel. 020 3328 6711	For studies to be delivered within one LRN then the contact will be the manager for that LRN. For studies requiring sites in more than one LRN the main contact will continue to be the PCRN Portfolio Delivery Manager.
Stroke Research Network (SRN)	CI's local CLRN (The CI's local SRN LRN Manager will support the Lead CLRN by providing information as required about the Study/Patient Pathway when considering elements of service support the study will require from the networks. (For a list of contacts please see Appendix 4).	

Appendix 3: CLRN Contacts

Network name	Contact
Birmingham & Black Country	Dr Kirsty Hunter RM&G Operational Manager Kirsty.Hunter@uhb.nhs.uk 0121 204 1941
Central and East London	Robert Carver r.carver@qmul.ac.uk 0207 882 8815
Cheshire & Merseyside	Karen Lomax Lead RM&G Manager Karen.lomax@rlbuht.nhs.uk 0151 331 5126
County Durham & Tees Valley	Lorraine Atkinson Senior Manager lorraine.atkinson@stees.nhs.uk 01642 282519
Cumbria & Lancashire	John Wardle Lead RM&G Manager John.wardle@lthtr.nhs.uk 01772 524941
	Jillian Martin RM&G Manager jillian.martin@lthtr.nhs.uk 01772 524941
Essex & Hertfordshire	Rob Toplis EH CLRN RMG Hub researchsupport@btuh.nhs.uk 0845 155 3111 x8872
Greater Manchester	Jane Pearson Lead RM&G Manager jane.pearson@manchester.ac.uk 078314906436 or 0161 291 5878
Hampshire & Isle of Wight	Rebecca McKay Lead RM&G Manager rebecca.mckay@suht.swest.nhs.uk 023 8079 5020 or 07920 782 195
	Emily Horsfall Lead Network Facilitator emily.horsfall@suht.swest.nhs.uk 023 8079 5020
Kent & Medway	Hazel Crawford RM&G Coordinator hazel.crawford@nhs.net 01622 227361
Leicestershire, Northamptonshire & Rutland	Roz Sorrie Lead RM&G Manager roz.sorrie@uhl-tr.nhs.uk 0790 832 5471 or 0116 258 6267
London (NW)	Imran Malik Lead RM&G Manager Imran.Malik@nwlh.nhs.uk 0208 869 6781
London (South)	Clare Gillott Lead RM&G Manager Clare.gillott@gstt.nhs.uk Tel: 0207 188 7188 ext 51221
Norfolk & Suffolk	Natalie Barber Acting Lead RM&G Manager natalie.barber@nuh.nhs.uk 01603 286616 (x 2616)
North & East Yorkshire, Northern Lincolnshire	Nina Dunham Lead RM&G Manager Nina.Dunham@nhs.net Tel: - (01482) 476685 (Hull Office) (01904) 721103 (York Office) Mobile - 07904320394
Northumberland Tyne & Wear	Justine Smith Lead RM&G Manager justine.smith@nuth.nhs.uk 0191 241 8841

Peninsula	Pauline McGlone Lead RM&G Manager Pauline.mcglone@rcht.cornwall.nhs.uk 01872 255164
South Yorkshire	Phillipa Collins Lead RM&G Manager philippa.collins@nhs.net 0114 222 8380
Surrey & Sussex	Lindsay Marchant Lead RM&G Manager lindsay.marchant@wsht.nhs.uk 07500 994395 or 01903 285 222 ext 3272
Thames Valley	Mark Dolman Lead RM&G Manager Mark.dolman@orh.nhs.uk Tel: 01865 226635
Trent	Sheila O'Malley Lead RM&G Manager Shelia.o'malley@nuh.nhs.uk 0115 924 9924 x62047 or 07771 794801
West Anglia	Dr. Marijcke Veltman Senior Manager marijcke.veltman@addenbrookes.nhs.uk 01223 256347
	Mary Bailie Research Facilitator Manager mary.bailie@addenbrookes.nhs.uk 01223 349 286
West Midlands (North)	Trevor Allen Lead RM&G Manager trevor.allen@northstaffs.nhs.uk 0845 602 6772 ext 1841 07515 190071
	Pamela Devall CLRN Research Manager pamela.devall@wolvespct.nhs.uk 01902 441842
West Midlands (South)	Katie Williams Assistant Project Manager. katie.williams@uhcw.nhs.uk 02476 964942
West Yorkshire	Tomasz Kurdziel Lead RM&G Manager t.kurdziel@wyclrn.org.uk 07827879641 or 0113 384 5702
Western	Martine Cross Lead RM&G Manager martine.cross@nhs.net 0113 3421371 or 07920 813094
	Helen Morris Lead Network Facilitator helen.morris3@uhbristol.nhs.uk

Appendix 4: SRN Contacts

SRN LRN	CLRN
NORTH EAST Mrs Penny Williams penny.williams2@nhs.net 0191 569 9089	County Durham & Tees Valley
	Northumberland & Tyne and Wear
NORTH WEST Dr Judy Ford judy.ford@nhs.net 0161 206 1684	Cheshire & Merseyside
	Cumbria & Lancashire
	Greater Manchester
WEST MIDLANDS Dr Kate Wilde kathryn.wilde@northstaffs.nhs.uk 01782 427 455	West Midlands North
	West Midlands South
	Birmingham & The Black Country
YORKSHIRE Mr Stephen Lock stephen.lock@nhs.net 01274 383 423	West Yorkshire
	North and East Yorkshire & North Lincolnshire
SOUTH EAST Mrs Gillian Murphy Gillian.Murphy@stgeorges.nhs.uk 0208 725 4474	Surrey and Sussex
	South London
	Kent and Medway
	Hampshire & Isle of Wight
TRENT Dr Donna Richardson dr16@le.ac.uk 01162 584 082	South Yorkshire
	Trent
	Leicestershire, Northamptonshire & Rutland
	Norfolk & Suffolk
	West Anglia (North)
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