Salisbury
NHS Foundation Trust

Research Annual Report 2019/20

Abbreviations

CCF	Central Commissioning Facility
CRN	Clinical Research Network
ETC	Excess Treatment Cost
HLO	High Level Objective
HRA	Health Research Authority
NHS	National Health Service
NIHR	National Institute of Health Research
ODP	Open Data Platform
PI	Principal Investigator
RTT	Recruitment to Time and Target

Purpose

To provide Clinical Governance Committee and the Board with assurance regarding Trust compliance with the Trust Key Performance Indicators for research for 2019/20.

Executive Summary

Table 1: Targets 2019/20 – Overview of progress

	Objective	Target	Target met by Trust[1]?	National performance
HLO1	Increase the number of participants recruited into NIHR portfolio studies	Set by CRN – 1507 participants	**1118 74%**	
		7755 weighted points	**5086 66%**	
HLO2a	Increase the proportion of studies in the NIHR portfolio delivering to recruitment target and time – commercial contract studies	80%	**n/a**	**70%**
HLO2b	Increase the proportion of studies in the NIHR portfolio delivering to recruitment target and time – non-commercial studies	80%	**87%**	**87%**
HLO9a	Reduce the time taken for study set-up - site selected to date first patient recruited – commercial studies	Median time <80 days	**119**	**74 days**
HLO9b	Reduce the time taken for study set-up - site selected to date first patient recruited – non-commercial studies	Median time <60 days	**77**	**57 days**

[1] Green = over 80% achieving target; amber= between 60-80%; red = less than 60%acheiving target

Introduction

Health and care research changes lives. It is through research that we develop better treatments, as well as improve diagnosis, prevention, care and quality of life for everyone. Clinical research also has wider benefits. Research active Trusts have better health outcomes for those participating in clinical trials when compared with patients receiving standard care. There is a positive association between:

- research activity and reduced mortality[2]
- survival and participation in interventional clinical studies for all patients with Colorectal cancer[3]
- the engagement of individuals and healthcare organisations in research and improvements in healthcare performance[4]
- research activity and patient confidence in staff, and patients are better informed about their condition and medication[5]

Clinical research also makes a significant contribution to the health and the wealth of the nation in the UK[6]. Research is important to patients[7] [8] and healthcare professionals[9] [10].

NHS England has a statutory responsibility to promote research[11] [12]. The NHS Constitution for England (2015) has a commitment to "*promotion, conduct and use of research to improve the current and future health and care of the population' and to ensure that patients are made aware of research that is of relevance to them*".

The National Institute for Health Research (NIHR)[13] is funded by the Department of Health to "*deliver research to make patients, and the NHS, better*". There are 15 NIHR Clinical Research Network (CRNs) across England, each delivering research across 30 clinical specialties. The NIHR only supports research that is demonstrably of the highest quality and is eligible for the NIHR Portfolio ('the Portfolio'). The Trust is part of the CRN:Wessex, and receives infrastructure funding from CRN:Wessex to support the rapid set-up and smooth running of NIHR portfolio studies.

Information included in this report

This report describes the progress made with the NIHR High Level Objectives (HLO) which covers the following:

HLO 1:	Increase the number of participants recruited into NIHR portfolio studies
HLO2a:	Increase the proportion of studies in the NIHR portfolio delivering to recruitment target and time – commercial contract studies
HLO2b:	Increase the proportion of studies in the NIHR portfolio delivering to recruitment target and time – non-commercial studies
HLO9a:	Reduce the time taken for study set-up - site selected to date first patient recruited – commercial studies
HLO9a:	Reduce the time taken for study set-up - site selected to date first patient recruited – non-commercial studies

A summary is shown in Table 1.

This report covers the Trust's research activities in the period 01 April 2019 – 31 March 2020. The information contained in the report represents the most complete information available at the time of writing. It is important to note that data on studies and patient recruitment are uploaded to the NIHR CRN Open Data Platform (ODP) by the Chief Investigator (or their delegate) on an ongoing basis. The year end cut off for submission was on 27 April 2019. Investigators are encouraged to upload data promptly, so that

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[2] *https://pubmed.ncbi.nlm.nih.gov/29438805/*
[3] https://pubmed.ncbi.nlm.nih.gov/27797935/
[4] https://pubmed.ncbi.nlm.nih.gov/26656023/
[5] https://onlinelibrary.wiley.com/doi/10.1111/jep.13118
[6] https://www.nihr.ac.uk/documents/partners-and industry/NIHR_Impact_and_Value_report_ACCESSIBLE_VERSION.pdf
[7] NHS England (2013a) Cancer Patient Experience Survey 2013.
[8] NIHR CRN consumer poll, 2014
[9] https://www.nursingtimes.net/news/research-and-innovation/exclusive-nursing-must-overcome-barriers-to-vital-research/7015738.article
[10] Research for all https://www.rcplondon.ac.uk/projects/outputs/research-all
[11] NHS Constitution (2015)
[12] Health and Social Care Act (2012).
[13] NIHR website (www.nihr.ac.uk).

data reporting is accurate. However, to ensure maximum data capture, this data upload can occur months after the end of a financial year. For this reason, data reports for the same financial year may change over the course of the reporting year. The data reported in this report were downloaded from the ODP on 27 April 2019.

Summary details for individual studies (searching for ID number or short title) may be found at: https://public-odp.nihr.ac.uk/QvAJAXZfc/opendoc.htm?document=CRNCC_Users%2FFind%20A%20Clinical%20Research%20Study.qvw&host=QVS%40crn-prod-odp-pu&anonymous=true&sheet=SH01&bookmark=Document\BM02&select=LB01,=StudyID=35622

Objective HLO1: Increase the number of participants recruited into NIHR portfolio studies

The NHS Operating Framework states that NHS Trusts are expected to "work with the NIHR CRN locally" to contribute to "the national ambition is to double the number of patients taking part in clinical trials and other well designed research studies within five years". The Trust Research Strategy endorses this ambition.

The Trust is set a recruitment target each year by CRN:Wessex. The target at the beginning of 2019/20 was 1507 participants, with a weighted recruitment of 7755.

Annual performance commentary

- Figure 1 shows 1118 study participants were recruited into 80 NIHR CRN Portfolio studies during 2019/20 (full breakdown of the NIHR snapshot of Trust recruitment on 27 April 2019 is shown at Appendix A), 74% of the recruitment target set . The complexity weighting in 2019/20 was 5086 (Figure 2), 66% of the target set. The complexity weighting informed the core funding allocation from CRN:Wessex. The Trust received the maximum cut in funding for 2019/20;
- 2019/20 was an extremely challenging year for Trust recruitment. Figure 1 shows that recruitment into observational and large scale studies was similar to 2018/19, but there was a marked decrease in recruitment into interventional studies. A large number of the Trust interventional studies closed to recruitment during 2019/20, but there were very few replacement interventional studies available. In addition, any of the interventional studies that closed to recruitment continue to be supported by the Trust have long term follow-up of study participants, which continue to be supported by the Trust (without contributing towards the HLOs). In addition the COVID-19 pandemic and accompanying lockdown meant that many research studies were suspended (either nationally by the Study sponsor, or by the Trust in line with changes to clinical services). This obviously impacted on the Trust's ability to recruit study participants, but, does not account for whole of the shortfall.
- The top recruiting study was a genetics study, 'Molecular pathogenesis of chronic myeloproliferative neoplasms' with 202 recruits during 2019/20. The study is led by led by Prof Nick Cross, and aims to identify and assess the significance of novel molecular changes responsible for establishment and progression of atypical chronic myeloproliferative neoplasms and related conditions.
- A breakdown of recruitment/ specialty is shown at Figure 3. Reproductive Health & Childbirth was the highest recruiting specialty in 2019/20, followed by genetics and cardiology. The Trust recruited into 28 of the 30 national specialties. When adjusted for complexity, reproductive health and childbirth also had the highest weighted recruitment (Figure 4).
- The Trust recruited participants into 80 studies during 2019/20 (Figure 5). The Trust offers more studies than any other Small Acute Trust in the country, and is in the top 15% of Trusts nationally. These studies were led locally by 41 Principal Investigators. The Trust slipped a place (to 5th) in the Small Acute Trust ranking for the number of study participants recruited (Figure 6); The top 2 recruiting Small Acute Trusts (Milton Keynes University NHS Foundation Trust; George Eliot Hospital NHS Trust) both have some extremely high recruiting studies which recruit only to their local area (New-born Cross Sectional Study – 2182 for Milton Keynes; Oral & Dental Health Study - 1005 recruits for George Eliot);
- The Trust secured renewed funding for both 2 CRN Research Fellows in Ophthalmology (SFT & Southampton) and Urology (SFT only).

Figure 1: Trust recruitment per year

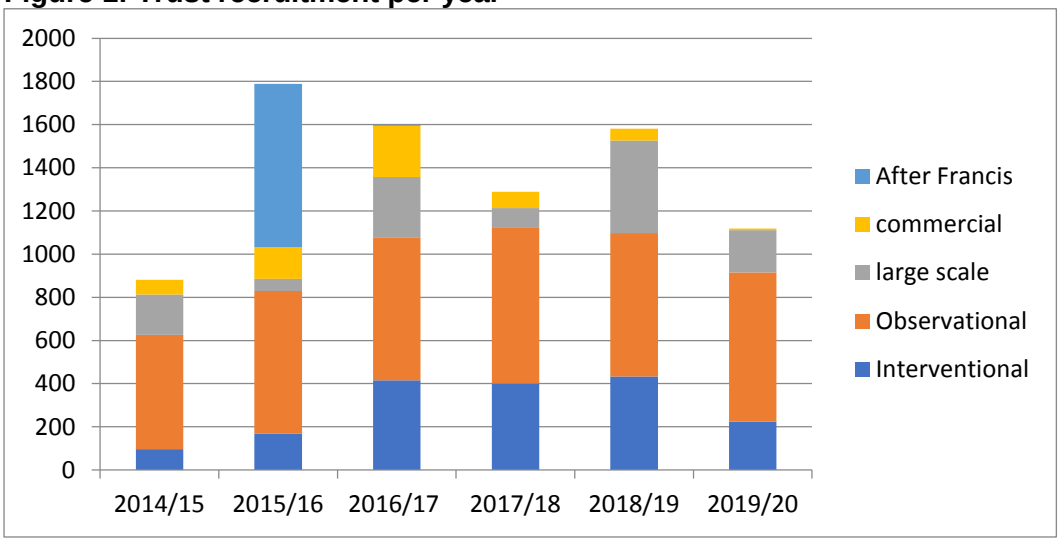


Figure 2: Trust weighted recruitment per year

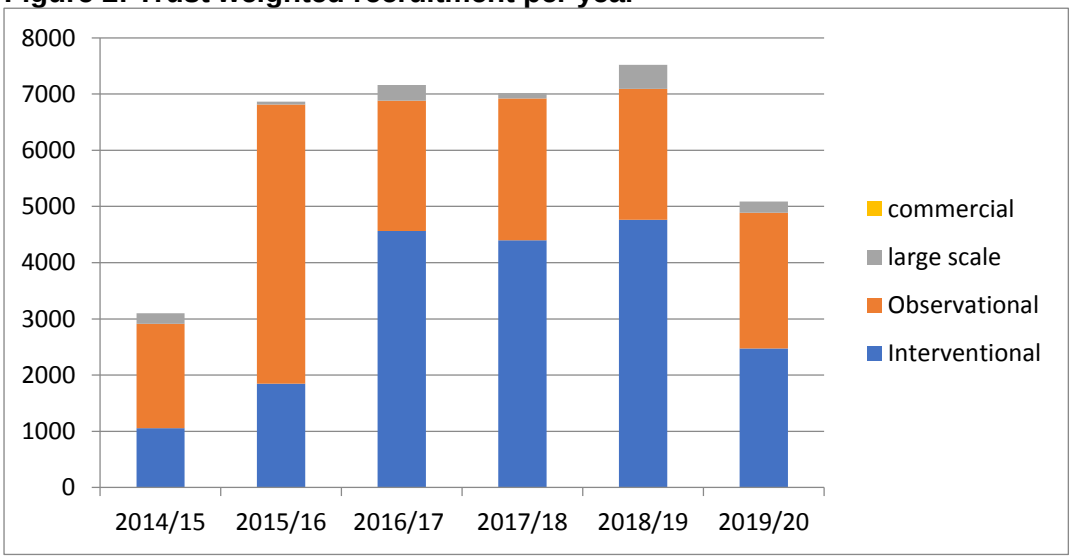


Figure 3: Breakdown of recruitment by lead specialty 2019/20

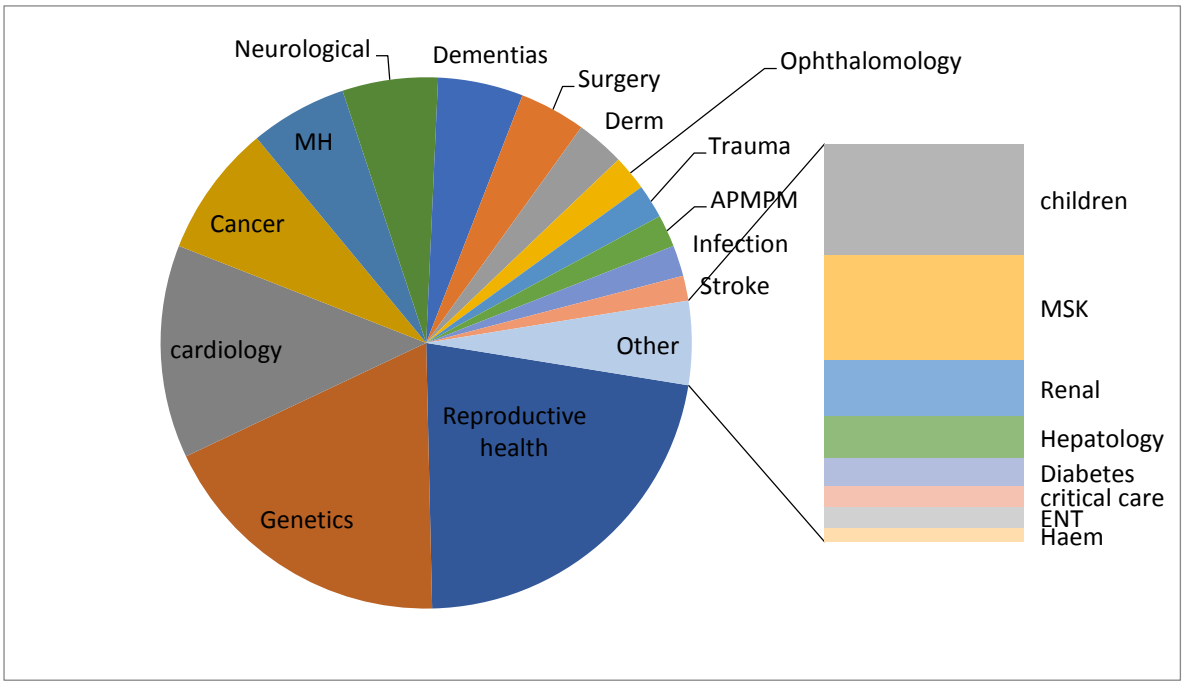


Figure 4: Breakdown of weighted recruitment by lead specialty 2019/20

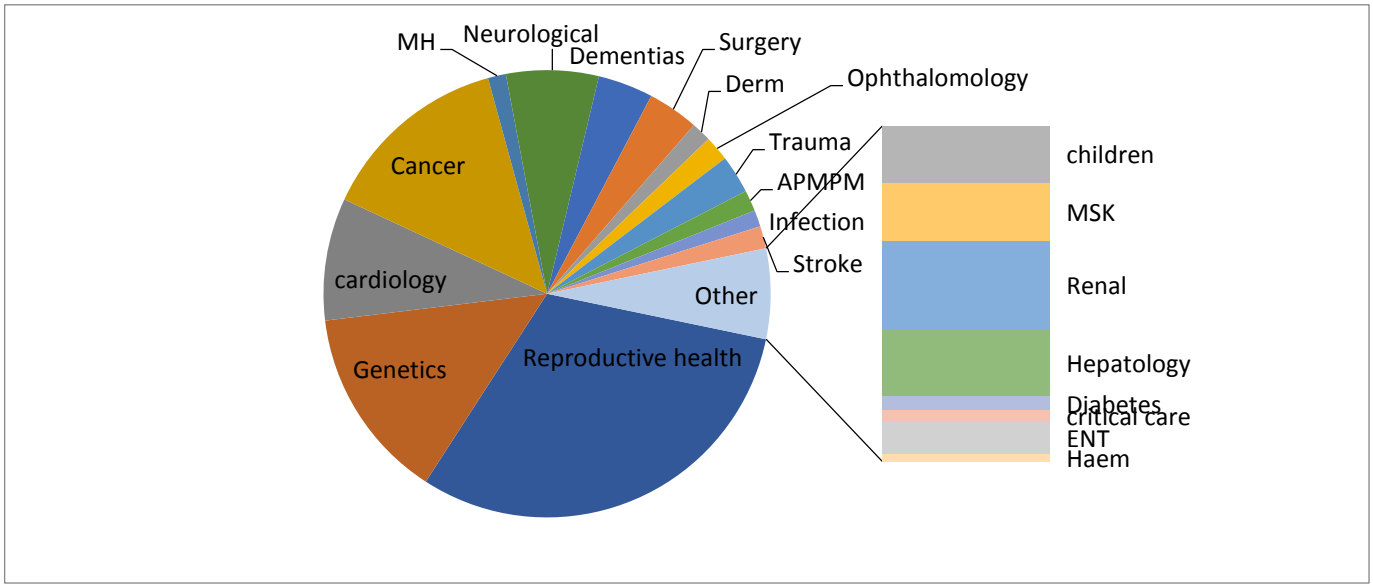


Figure 5: Ranking of small acute Trusts number of studies 2019/20

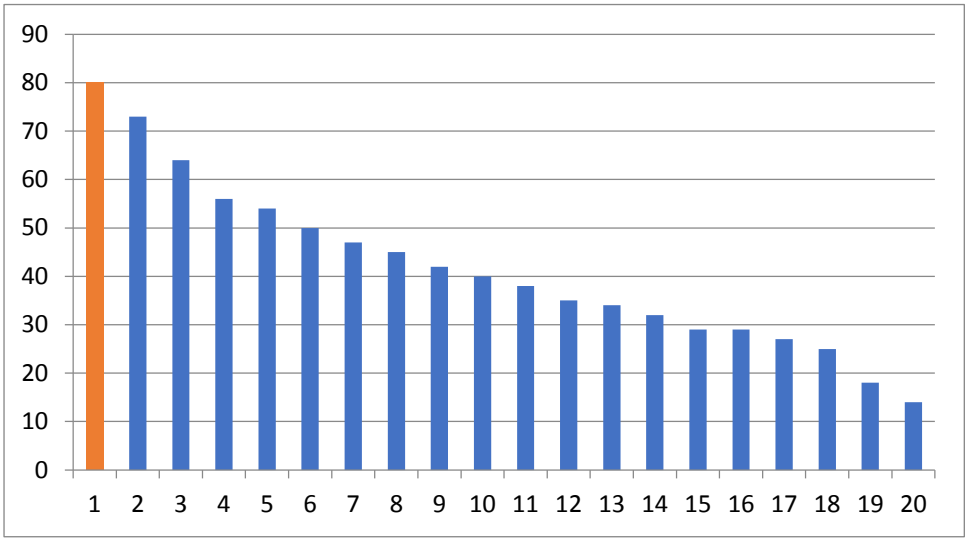
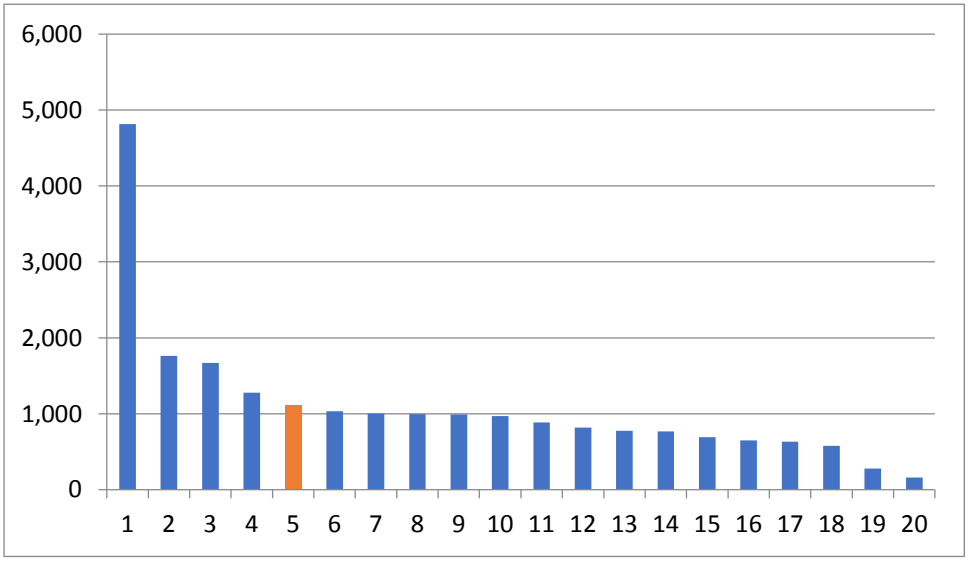


Figure 6: Ranking of small acute Trust recruitment 2019/20



HLO2a&2b: Increase the proportion of studies in the NIHR CRN Portfolio delivering to recruitment time and target: Commercial studies & non-commercial studies

Description of issue and rationale for prioritising

NIHR funding to providers of NHS services is now conditional on meeting a series of benchmarks, including the ability of Trusts to recruit the number of Trust study participants declared on the research application for NHS 'permission to proceed' in the agreed timescale (recruitment to time and target [RTT]). The Trust is performance managed by both the NIHR Central Commissioning Facility (NIHR CCF) and CRN:Wessex for commercial RTT.

Annual performance commentary

- Priority did not apply to any NIHR CRN commercial contract Portfolio studies during 2019/20 (see Table 2). The Trust did not receive a CRN:Wessex Commercial Performance Premium for 20/21.
- Priority applied to 42 NIHR CRN non-commercial Portfolio studies that closed to recruitment during 2019/20 (see Table 2). 36 of the 42 studies (87%) that closed during 2019/20 recruited to time and target, exceeds both the NIHR target of 80%, and the Trust performance for 20178/18 (81%). The majority of studies that failed to recruit to time and target missed the recruitment target because of overly optimistic target setting at the outset.
- A performance premium for non-commercial RTT was also included in the infrastructure funding for 2020/21. The payment was calculated using a retrospective model informed by both the number of studies recruiting to time and target, and the overall % for 01 Oct 2018 – 31 Mar 2020. The Trust secured a performance premium of £21,842.

Table 2: RTT for NIHR CRN non-commercial Portfolio studies during 2019/20.

Directorate	PI	Short title	Specialty	Closure date	Total recruitment	Recruitment Target	Site Pass RTT
CS&FS	Jim Baird	OPTI PREM	Children	10/11/2019	5	1	Y
CS&FS	Seb Gray	Petechiae In Children (PIC) Study	Children	30/09/2019	23	20	Y
CS&FS	Chris Anderson	ADDRESS C-Peptide	Diabetes	16/11/2019	2	1	Y
Medicine	Lorna Wilkinson	CLECC	Ageing	31/12/2019	103	64	Y
Medicine	Jonathan Cullis	FLAIR	Cancer	30/01/2020	9	6	Y
Medicine	Catherine Reed	HORIZONS	Cancer	30/06/2019	58	56	Y
Medicine	Jonathan Cullis	MCL Biobank Observational Study	Cancer	31/10/2019	4	3	Y
Medicine	Jonathan Cullis	MEASURES	Cancer	12/04/2019	18	5	Y
Medicine	Graham Branagan	NICE FIT	Cancer	31/12/2019	308	20	Y
Medicine	Jonathan Cullis	Non-Hodgkin's Lymphoma in Young Adults	Cancer	30/06/2019	1	1	Y
Medicine	Manas Sinha	Atrial Fibrillation III (AF III) Registry	Cardiovascular Disease	29/07/2019	30	12	Y
Medicine	Tim Wells	REVIVED-BCIS2	Cardiovascular Disease	19/03/2020	2	5	N
Medicine	Tim Wells	UKGRIS	Cardiovascular Disease	31/12/2019	91	46	Y
Medicine	Diran Padiachy	The Parkinson's Pain Study	Dementias &Neurodegeneration	28/08/2019	9	1	Y
Medicine	Juliette Loehry	PRED 4	Gastroenterology	31/12/2019	5	4	Y
Medicine	Jonathan Cullis	Consent and Confidentiality in Genetic Medicine	Genetics	31/03/2020	0	1	N
Medicine	Jonathan Cullis	The PEP-WARF Study	Haematology	26/02/2020	6	5	Y
Medicine	Aqeel Jamil	The UK-AIH Cohort	Hepatology	31/03/2020	15	10	Y
Medicine	Effie Grand	EASI-SWITCH v1.0	Infection	27/11/2019	9	10	N
Medicine	Toby Black	Determinants of prognosis in stroke	Stroke	16/08/2019	159	150	Y
Medicine	Toby Black	Prediction of stroke outcome using brain imaging machine-learning	Stroke	10/01/2020	29	10	Y
Medicine	Sarah Diment	The TIRED-UK Study	Trauma and Emergency Care	14/07/2019	8	1	Y
MSK	Ginettee Phippen	CLEFT-Q Fieldtest	Children	31/03/2020	44	30	Y
MSK	Mansoor Khan	FACE-Q KIDS PROM Study	Children	31/03/2020	4	2	Y
MSK	Ginettee Phippen	Speech processing in children born with cleft palate	Children	31/05/2019	6	1	Y
MSK	Aisling Coy	A study of dose reduction of biologic drugs in axial spondyloarthritis	Musculoskeletal Disorders	13/08/2019	0	1	N
MSK	Sarah Fryer	Pressure ulcer prevention after spinal cord injury	Neurological Disorders	31/03/2020	15	10	Y
MSK	Srindhar Rao	DRAFFT 2	Trauma and Emergency Care	05/04/2019	23	19	Y
Surgery	Lyn Fenner	CASAP	APMPM	29/02/2020	12	10	Y
Surgery	Graham Branagan	IMPRESS Trial	Cancer	31/08/2019	37	15	Y
Surgery	Graham Branagan	SERENADE	Cancer	20/08/2019	54	36	Y
Surgery	Graham Branagan	TRACC	Cancer	05/12/2019	45	24	Y
Surgery	Phil Donnison	POETICS 2	Critical Care	31/05/2019	10	20	N
Surgery	Simon Dennis	NAIROS	Ear, Nose and Throat	31/01/2020	17	12	Y
Surgery	Naeem Haq	A molecular genetics study of primary open angle glaucoma	Ophthalmology	09/08/2019	8	5	Y
Surgery	Sue Elliot	EuPatch	Ophthalmology	31/03/2020	2	1	Y
Surgery	Rashi Arora	Nationwide survey of prosthetic eye users	Ophthalmology	26/04/2019	4	1	Y
Surgery	Rashi Arora	STAR	Ophthalmology	31/12/2019	6	1	Y
Surgery	Rashi Arora	The CFI Study	Ophthalmology	30/06/2019	16	5	Y
Surgery	Amanda Bond	FROGS	Surgery	01/07/2019	35	1	Y
Surgery	Graham Branagan	Hartmann's procedure versus intersphincteric APE	Surgery	01/06/2019	5	5	Y
Surgery	Graham Branagan	PPAC2	Surgery	21/02/2020	0	2	N

HLO9a & 9b: Reduce the time taken for study set-up - site selected to date first patient recruited – commercial and non-commercial studies

Description of issue and rationale for prioritising

The Health Research Agency (HRA) conducts the research governance checks for all research projects on behalf of all host organisations. Following site selection, and submission of the local research paperwork, the Trust 'assesses, arranges and confirms' capacity to support the research project. Following 'confirmation of capacity', the Trust then screens, approaches and consents eligible participants. The NIHR target for site set up for commercial studies is a median time of less than 80 days, and the target for non-commercial studies is a median time of less than 67 days.

Annual performance commentary

- The Trust set up 1 commercial study during 2019/20 (Table 3). This study, DERBY, took 119 days from site selection to recruit the first study participant. This is below the both the target (median of less than 80 days) and the national performance (median of 74 days). DERBY is a complicated, double masked study, and take longer to set up in the Trust. Furthermore, an annual recruitment target 5 per year means that we would expect to recruit the first study participant every 73 days once we were fully set up and ready to approach eligible participants.
- Table 3 also shows that the Trust set up 27 non-commercial studies with a median time of 77 days. This is also below the both the target (median of less than 60 days) and the national performance (median of 57 days).
- In many cases, the reason for not consenting the first study participant within 57 days was beyond our control. For example, the majority of Trust studies have a low recruitment target (e.g. an annual target of less than 6) and would not reasonably expect to recruit the first study participant within the first few months. All of the studies (commercial and non-commercial) that failed to recruit the first study participant within the target date has an estimated annual target of less than 6. For these studies, it is important that we are actively screening patients within 30 days, so that we can approach and recruit study participants as appropriate.
- The reasons for delays to confirming capacity are varied. In some cases, the reasons are outside of the Trust's control (e.g. waiting for national approval of an amendment); others are within the Trust's control (e.g. staffing issues). The Trust continues to review (and revise, where appropriate) out internal processes to try and identify these issues at the feasibility stage (i.e. before formal submission);
- The majority of studies were suspended at the onset of the COVID-19 pandemic. Studies that had not recruited the first study participant by the beginning of March were unable to do so.
- Quarterly reports were uploaded to the NIHR and published on the Trust website in accordance with our contractual requirements. Please note the reports for 2019/20 exclude observational studies. The data published on the Trust website therefore differs from the data included in this report (which includes all studies).

Targets for 2020/21

The NIHR HLOs are temporarily suspended due to the COVID-19 pandemic. At the time of writing, the key objectives for the NIHR CRN for 2020/21 are to enable the rapid set up and delivery of the Covid-19 Urgent Public Health studies, including antibody and vaccine studies, and to support health and care organisations as they begin to restart paused research. The Trust will focus on:

- setting up and delivering the COVID-19 UPH studies, including supporting the network wide vaccine studies, and
- risk-assessing and restarting the non-COVID-19 portfolio of studies as and when the relevant clinical services restart.

Reports for 2020/21 will focus on recruitment into COVID-19 UPH studies, COVID-19 non-UPH studies and the non-COVID-19 portfolio of studies, and the format updated as the national reporting evolves.

Table 4: The time (calendar days) taken to recruit the first study participant

Directorate	NIHR Portfolio Study ID	Project Short title	Main Speciality	Project site date site selected	Project site date site confirmed	First site patient recruited (org)	Project site date site confirmed to first patient (days)	Principal Investigator	Project site estimated annual target
COMMERCIAL									
Surgery	39165	Derby	Ophthalmology	12/07/2019	08/10/2019	03/03/2020	119	Arora, Dr Rashi	5
NON COMMERCIAL									
CS&FS	40501	BPiPP study	Reproductive Health and Childbirth	28/05/2019	14/06/2019	18/07/2019	34	Rand, Mrs Abby	30
CS&FS	39901	TTTS Registry	Reproductive Health and Childbirth	22/05/2019	14/06/2019	25/07/2019	41	Rand, Mrs Abby	1
CS&FS	42129	Multi-sited, mainstreaming of the term Snuby® to all types of births	Reproductive Health and Childbirth	03/01/2020	07/01/2020	15/01/2020	8	Dalley, Jacquelyn	24
CS&FS	33964	Injectables	Diabetes	28/11/2019	17/01/2020		110	Diment, Sarah	0
Medicine	36300	ARGO	Cancer	10/04/2019	17/05/2019	11/10/2019	146	Milnthorpe, James	1
Medicine	40836	OPTIMAS Trial	Stroke	17/07/2019	16/08/2019	10/09/2019	25	Black, Dr Toby	5
Medicine	39255	CALIBRE Study	Hepatology	30/07/2019	09/09/2019	09/10/2019	30	Jamil, Dr Aqeel	8
Medicine	30540	GenOMICC	Critical Care	13/11/2019	07/02/2020	24/04/2020	77	Donnison, Dr Phil	0
Medicine	17506	Move Wales v1	Neurological disorders	22/01/2020	25/02/2020		71	Anthony, Alpha	5
Medicine	45409	CERA Study	Trauma and Emergency Care	25/03/2020	25/03/2020	21/05/2020	57	Diment, Sarah	0
Quality	41938	The TIRED-UK Study	Trauma and Emergency Care	28/06/2019	01/07/2019	05/07/2019	4	Diment, Sarah	1
Quality	44205	CLIMB	Mental Health	27/01/2020	19/02/2020		77	Anthony, Alpha	1
Surgery	41515	SCIENCE	Trauma and Emergency Care	27/06/2019	01/08/2019	15/10/2019	75	Jacobs, Mr Neal	0
Surgery	40368	PEACHY	APMPM	17/07/2019	09/08/2019		271	Fenner, Lynn	0
Surgery	33029	PLUM	Dermatology	18/07/2019	27/08/2019	22/01/2020	148	Mellor, Dr Serap	2
Surgery	41168	CASAP	APMPM	25/09/2019	08/10/2019	05/11/2019	28	Fenner, Lynn	10
Surgery	40430	SOLARIO	Surgery	10/10/2019	04/11/2019	18/11/2019	14	Jacobs, Mr Neal	0
Surgery	40221	The PITSTOP Study	Surgery	25/09/2019	04/11/2019	18/11/2019	14	Branagan, Mr Graham	20
Surgery	41480	GTSCOPE	Ophthalmology	18/09/2019	11/11/2019		177	Arora, Dr Rashi	1
Surgery	43744	Treatment of Hidradenitis Suppurativa Evaluation Study	Dermatology	09/10/2019	22/11/2019		166	Khan, Mansoor	6
Surgery	37105	CLEAR SYNERGY (OASIS 9)	Cardiovascular Disease	25/11/2019	26/11/2019	14/02/2020	80	Wells, Dr Tim	5
Surgery	42941	SeaSHeL	Ear, Nose and Throat	09/10/2019	26/11/2019		162	Kumaresan, Kala	0
Surgery	35187	PPAC2	Surgery	29/10/2019	11/12/2019		147	Branagan, Mr Graham	2
Surgery	43740	WAX	Trauma and Emergency Care	03/12/2019	03/01/2020	17/02/2020	45	Jacobs, Mr Neal	19
Surgery	39018	MET-REPAIR v1.0	APMPM	08/11/2019	08/01/2020	31/01/2020	23	Holmwood, Dr Xantha	50
Surgery	39024	MET-REPAIR-FRAILTY v1.0	APMPM	08/11/2019	08/01/2020	31/01/2020	23	Holmwood, Dr Xantha	50
Surgery	41490	The Pre-Bra Feasibility Study	Surgery	13/12/2019	17/01/2020		110	Slade-Sharman, Miss Diana	1

Appendix A: Recruitment figures for Salisbury NHS Foundation Trust 2019/20

Directorate	Managing Specialty	CPMS Study ID	Short Name	Design Type	Recruit-ment	weighted complexity points	Principal Investigator
CS&FS	APMPM	41168	CASAP	Observational	12	42	Fenner, Lynn
CS&FS	Children	32910	Speech processing in children born with cleft palate (1)	Observational	1	3.5	Ginettee Phippen
CS&FS	Diabetes	9689	DRN 552 (ADDRESS-2)	Observational	4	14	Serap Mellor
CS&FS	Genetics	9615	Molecular pathogenesis of chronic myeloproliferative neoplasms	Observational	202	707	Nick Cross
CS&FS	Neurological Disorders	37410	REGAIN	Observational	2	7	Jim Baird
CS&FS	Reproductive Health & Childbirth	40501	BPiPP study	Observational	81	283.5	Abby Rand
CS&FS	Reproductive Health & Childbirth	36323	CPIT III	Interventional	35	385	Abby Rand
CS&FS	Reproductive Health & Childbirth	39901	TTTS Registry	Observational	4	14	Abby Rand
CS&FS	Reproductive Health & Childbirth	42129	Multi-sited, mainstreaming of the term Snuby® to all types of births	Interventional	26	286	Jaquelyn Dalley
CS&FS	Reproductive Health & Childbirth	36723	The 'Big Baby Trial'	Both	22	242	Jo Baden-Fuller
CS&FS	Reproductive Health & Childbirth	36043	The FUTURE Study	Both	11	121	Melissa Davies
CS&FS	Surgery	38596	FROGS	Observational	8	28	Amanda bond
CS&FS	Surgery	40221	PITSTOP	Observational	4	14	Graham Branagan
CS&FS	Trauma & Emergency Care	19795	A study to refine the CAR burns scales	Observational	7	24.5	Mark Brewins
Medicine	Cancer	18432	PLATFORM	Interventional	2	22	Alaaeldin Shablack
Medicine	Cancer	31610	HORIZONS	Observational	2	7	Catherine Reed
Medicine	Cancer	18157	TREATT	Interventional	4	44	Effie Grand
Medicine	Cancer	18067	Add-Aspirin	Interventional	12	132	Graham Branagan
Medicine	Cancer	36300	ARGO	Interventional	1	11	James Milnthorpe
Medicine	Cancer	15938	AML18	Interventional	1	11	Jonathan Cullis
Medicine	Cancer	19626	ENRICH	Interventional	1	11	Jonathan Cullis
Medicine	Cancer	10357	LI-1	Interventional	4	44	Jonathan Cullis
Medicine	Cancer	17628	MaPLe	Observational	4	14	Jonathan Cullis
Medicine	Cancer	31076	Mature Lymphoid Malignancies Observational Study	Observational	3	10.5	Jonathan Cullis
Medicine	Cancer	17767	MCL Biobank Observational Study	Observational	1	3.5	Jonathan Cullis
Medicine	Cardiovascular Disease	40868	Atrial Fibrillation III (AF III) Registry	Observational	30	105	Manas Sinha
Medicine	Cardiovascular Disease	37105	CLEAR SYNERGY	Both	1	11	Tim Wells
Medicine	Cardiovascular Disease	42423	NSTEMI v1.0	Observational	8	28	Tim Wells
Medicine	Cardiovascular Disease	38382	ORION-4	Observational	86	86	Tim Wells
Medicine	Cardiovascular Disease	32356	UKGRIS	Interventional	18	198	Tim Wells
Medicine	Cardiovascular Disease	31982	IRONMAN	Interventional	2	22	Tom Jackson
Medicine	Children	4016	DRN100 (TrialNet)	Observational	6	21	Chris Anderson
Medicine	Critical Care	38641	POETICS 2	Observational	3	10.5	Phil Donnison
Medicine	Dementias & Neurodegeneration	20383	Vision in Parkinson's Disease	Observational	2	7	Alpha Anthony
Medicine	Dementias & Neurodegeneration	30993	Skin metabolites in Parkinson's disease	Observational	56	196	Dirian Paniachy
Medicine	Genetics	15941	NIHR BioResource - Rare Diseases	Observational	3	3	Jonathan Cullis
Medicine	Haematology	14145	UK Childhood ITP Registry	Observational	2	7	Sarah Diment
Medicine	Hepatology	39255	CALIBRE Study	Interventional	6	66	Jamil Aqeel
Medicine	Infection	20228	EASI-SWITCH v1.0	Interventional	4	44	Effie Grand
Medicine	Infection	35405	PrEP Impact Trial	Observational	17	17	Georgina Morris
Medicine	Neurological Disorders	35622	Neuro LTC Study Version 1.0	Observational	48	168	Alpha Anthony
Medicine	Stroke	30705	Determinants of prognosis in stroke	Observational	6	21	Toby Black
Medicine	Stroke	40836	OPTIMAS Trial	Interventional	3	33	Toby Black
Medicine	Stroke	32752	Prediction of stroke outcome using brain imaging machine-learning	Observational	8	28	Toby Black
Medicine	Trauma & Emergency Care	41938	The TIRED-UK Study	Observational	8	28	Sarah Diment

MSK	Children	16436	Identification of factors associated with speech disorder-cleft palate	Observational	4	14	Ginette Phippen
MSK	Children	39349	Petechiae In Children (PIC) Study	Observational	5	17.5	Seb Gray
MSK	Dermatology	8090	BADBIR	Observational	17	17	Serap Mellor
MSK	Dermatology	10646	BSTOP	Observational	12	42	Serap Mellor
MSK	Dermatology	33029	PLUM	Observational	4	14	Serap Mellor
MSK	Musculoskeletal Disorders	37199	START:REACTS	Interventional	2	22	Ahmed Elmorsy
MSK	Musculoskeletal Disorders	31501	The ACL SNNAP Trial	Interventional	1	11	Leonidas Vachtsevanos
MSK	Musculoskeletal Disorders	14059	PREVeNT RA	Observational	7	24.5	Richard Smith
MSK	Musculoskeletal Disorders	39576	Baricitinib therapy for Rheumatoid Arthritis	COMMERCIAL	5	0	Zoe Cole
MSK	Neurological Disorders	40870	Upper-body interval training in persons with chronic paraplegia	Interventional	2	22	Aisling Coy
MSK	Neurological Disorders	39514	Pressure ulcer prevention after spinal cord injury	Both	13	143	Sarah Fryer
MSK	Reproductive Health & Childbirth	14362	The Cleft Collective Cohort Studies	Observational	68	238	Ginette Phippen
MSK	Surgery	40430	SOLARIO	Interventional	4	44	Neal Jacobs
MSK	Trauma & Emergency Care	43740	WAX	Interventional	6	66	Neal Jacobs
MSK	Trauma & Emergency Care	37822	PROFHER2 Trial	Interventional	1	11	Srindhar Rao Sampalli
MSK	Trauma & Emergency Care	41515	SCIENCE	Interventional	1	11	Srindhar Rao Sampalli
Quality	Mental Health	44205	CLIMB	Observational	66	66	Alpha Anthony
Surgery	APMPM	39018	MET-REPAIR v1.0	Observational	5	17.5	Xantha Holmwood
Surgery	APMPM	39024	MET-REPAIR-FRAILTY v1.0	Observational	5	17.5	Xantha Holmwood
Surgery	Cancer	10622	CR UK Stratified Medicine Pilot study	Observational	7	7	Catherine Thompson
Surgery	Cancer	17006	IMPRESS Trial	Interventional	6	66	Graham Branagan
Surgery	Cancer	17059	SERENADE	Both	6	66	Graham Branagan
Surgery	Cancer	35640	The COMET Trial	Interventional	5	55	Graham Branagan
Surgery	Cancer	20443	TRACC	Observational	19	66.5	Graham Branagan
Surgery	Cancer	20576	TRIGGER Trial	Interventional	2	22	Graham Branagan
Surgery	Cancer	12255	OPTIMA	Interventional	7	77	Jenny Bradbury
Surgery	Cancer	19069	ROSCO	Interventional	3	33	Jenny Bradbury
Surgery	Ear, Nose & Throat	35368	NAIROS	Both	3	33	Simon Dennis
Surgery	Ophthalmology	39165	Derby	COMMERCIAL	2	0	Rashi Arora
Surgery	Ophthalmology	37988	EPIC	Observational	4	14	Rashi Arora
Surgery	Ophthalmology	18040	STAR	Interventional	2	22	Rashi Arora
Surgery	Ophthalmology	34996	The CFI Study	Observational	16	56	Rashi Arora
Surgery	Renal Disorders	30454	PUrE	Interventional	8	88	James Brewin
Surgery	Surgery	20148	Hartmann's procedure versus intersphincteric APE	Observational	1	3.5	Graham Branagan
Surgery	Surgery	35821	The CIPHER study	Observational	28	98	Graham Branagan
					1,118	5086	