Frequently Asked Questions on Data Requirements on Performance in Initiating and Delivering Clinical Research

What is being introduced and why?
The Government wishes to see a dramatic and sustained improvement in the performance of providers of NHS services in initiating and delivering clinical research. The aim is to increase the number of patients who have the opportunity to participate in research and to enhance the nation’s attractiveness as a host for research.

The Government's Plan for Growth, published in March 2011, announced the transformation of incentives at local level for efficiency in initiation and delivery of research. In May 2011, the NIHR launched the NIHR Research Support Services to facilitate consistent local research management and greatly improve performance. NHS Trusts which use these tools to agree what research they can do, assess study feasibility early and standardise procedures will be able to improve their performance. They will have access to NIHR financial support for these activities through NIHR Research Capability Funding.

For clinical trials, the NIHR publishes outcomes against benchmarks including the benchmark of 70 days or less from the time a provider of NHS services receives a valid research application to the time when that provider recruits the first patient for that study. The information can be found at http://www.nihr.ac.uk/policy-and-standards/Performance-in-initiating-and-delivering-research.htm.

In future, NIHR funding to providers of NHS services will be conditional on meeting the 70-day benchmark to recruit first patients for trials. The NIHR has made this a condition of new contracts from autumn 2011 and performance will affect funding from 2013.

We recognise that this may require some providers of NHS services to develop new systems and change ways of working, and that this will take time. We will work with providers of NHS services, feeding back on data quality and relative performance, and sharing insights on achieving the required operational changes. The aim of these provisions is to achieve a common aim of improving performance, not to catch organisations out.

For contractors new to the requirement from 2014/15, the retrospective period for which data must be submitted is reduced to a period starting on the 1st April 2014 rather than the original 12 months. This will enable providers to concentrate on the data quality of the submitted data.

What do the contract conditions cover and to whom do they apply?
The intention is that these conditions (clause 3A) will apply to all new contracts with providers of NHS services who contract with the Department of Health (DH) for NIHR funding. The complete contract can be found at http://www.nihr.ac.uk/CCF/PGfAR/CCF-PGfAR-StandardAgreement.pdf for ease of reference.

The first contracts to include the new conditions are:

- NIHR Biomedical Research Centres and Units
- NIHR Patient Safety Translational Research Centres
- NIHR Clinical Research Facilities
- NIHR Programme Grants for Applied Research
- NIHR Research for Patient Benefit
- NIHR Health Technology Co-operatives
- NIHR Collaborations for Leadership in Applied Health Research and Care
- NIHR Diagnostic Evidence Co-operatives
- NIHR Invention for Innovation (i4i)
From 2014/15 the new Local Clinical Research Network (LCRN) Hosts and their Category A\textsuperscript{1} Partner organisations will also become subject to the contract condition, by virtue of the DH contract with the LCRN Host or the LCRN Host contract with the LCRN Partner.

Providers of NHS services who hold these contracts will be expected to provide and publish data on performance in initiating and delivering clinical research.

For Performance in Initiating Clinical Research, the contractor will need to measure and publish data on the days elapsing between the time they receive a valid research application for a clinical trial and the time when the first patient is recruited to the trial, for all clinical trials the organisation hosts. This applies for all clinical trials irrespective of the funder. For Performance in Initiating Clinical Research, the Contractor shall publish the following information for every clinical trial for which it gave NHS permission in the preceding twelve months:

- The name of the trial;
- The Research Ethics Committee reference number;
- The date of receipt of a Valid Research Application;
- The date of the recruitment of first patient; and
- Where the benchmark has not been achieved for a particular clinical trial, the reason for not doing so.

These data will need to be published by the Contractor within 30 days after the end of each quarter from the 30\textsuperscript{th} July 2013 onwards.

For Performance in Delivering Clinical Research the Contractor shall publish the following information for every commercial contract clinical trial that it hosts:

- The name of the trial;
- The Research Ethics Committee reference number;
- The target number of patients it has agreed to recruit to that trial;
- The date by which it has agreed to recruit the target number of patients;
- The trial status: e.g. ongoing or finished; and
- If trial recruitment has finished, whether or not the agreed target number of patients was recruited within the agreed time.

Does the initial benchmark of 70-days only apply to contracts with providers of NHS services? Yes; the 70-day benchmark applies to providers of NHS services who are subject to the contract condition. The contractual condition does not apply to research contracts held by higher education institutions. The motivation behind the new contractual terms is to encourage improvement in the initiation and delivery of clinical research conducted in the NHS.

\textsuperscript{NEW!} Does my organisation need to submit and publish Clinical Trial Performance data? The key condition that determines whether your organisation needs to submit information is whether it is subject to a NIHR contract with clause 3a on clinical trial performance. The relevant contracts are as follows:

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<tr>
<th>BRC</th>
<th>NIHR Biomedical Research Centres</th>
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<td>NIHR Invention for Innovation</td>
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\textsuperscript{1} NIHR CRN Performance & Operating Framework 2014-15 (3.21 a): ‘Providers of NHS services with substantial levels of research activity, such that the organisation will receive a planned annual allocation of LCRN funding (“Category A Partners”)’
If your organisation does not have one of these contracts you do not need to submit / publish information.

The second condition is that the organisation provides health or care services to patients or service users and has the potential to host clinical trials through the recruitment of participants from those services. You may not always have qualifying clinical trials within a given submission period, but in the situation that you do not, you should submit a nil return for the relevant period.

The following organisations should submit a return, or if appropriate, a nil return:

- NHS Trusts
- NHS Foundation Trusts
- Care Trusts
- Ambulance Trusts
- Independent sector providers

The basis of submission is that these are research active provider organisations (by virtue of one of the above contracts) that have the potential to host clinical trials.

The following are not required to submit a return:

- Clinical Commissioning Groups (CCGs)

The basis of non-submission is that CCGs are commissioning organisations that do not of themselves provide services or host clinical trials. There is no need for these organisations to submit a nil return.

The following organisations may be subject to a LCRN Partner contract, provide services and recruit clinical trial participants, but should not currently submit a return. The NIHR Clinical Research Network (CRN) will be conducting a pilot of General Practice data collection during 2014/15 and organisations are not required to submit pending the outcome of that exercise:

- General Practices

If in doubt, please contact the NIHR-CCF Clinical Trials Performance team.

**NEW!** If I am new to the contractual requirement, when do I need to start submitting data?

CCF will be notified that you have a relevant contract, whether via a grant contract or via an LCRN Partner contract. Once they receive that notification, CCF will approach your organisation and invite you to register with the submission platform in order to be able to submit data. This will happen well in advance of the submission window opening for the relevant quarter.

**NEW!** What if my organisation uses a centralised permissions service?

...who is responsible for making submissions to the Clinical Trial Performance platform?

The trial host organisation remains responsible for performance in initiating clinical research (70-day benchmark). There are a number of models of centralisation of NHS permission in operation across a variety of geographies and networks. Regardless of the model, it is the responsibility of the host of the trial to submit the data for the performance in initiating clinical research to the Clinical Trials Performance platform hosted by the Central Commissioning Facility (CCF).

Submission must cover the entire period from Valid Research Application to First Patient Recruitment (i.e. both intervals within the 70-days: Valid Research Application to NHS Permission and NHS Permission to First Patient Recruitment). It is the responsibility of the host provider to obtain any necessary information from the centralised permissions service.
...who is responsible for a benchmark delay involving NHS permission?
It is the trial host that will be held accountable for any delay in the permissions process, subject to the normal adjustment process.

If the permission process is delayed by the NHS service undertaking relevant reviews on behalf of the host - i.e. the NHS permissions processor is the source for a delay - then in terms of the data submission “NHS Provider” remains the appropriate source of delay selection, as if the provider were processing their own permissions. This is on the basis that the permissions service is effectively an agent of the provider hosting the trial and the provider is responsible for the entire 70 day benchmark interval - from valid research application to first patient recruitment.

Even if the process of NHS permission isn’t formally sub-contracted, and may be part of a general geographical or network approach, the service that the trial host is using to provide permission should be performing effectively for them (efficient and effective performance should be the reason for establishing and using such a centralised service), and if not, the trial host needs to take action to address this, by whatever means are available to them.

Why is the initial focus on data for trial delivery of commercial contract clinical trials?
There is a perception within industry and other stakeholders, backed up by data, that recruitment to and conduct of clinical trials in the UK is slower, less reliable, and more costly than in many other countries within and outside Europe. This detracts from the undoubted strengths that do exist within the NHS for efficiently conducting high quality research. This perception discourages industry from using the NHS as a setting for undertaking research and indirectly makes the UK a less competitive location for life sciences research. It can deny patients the opportunity of participating in trials of novel interventions.

When will providers of NHS services be expected to publish the first performance data?
NIHR will start requiring quarterly returns to be submitted, by providers of NHS services in receipt of the new NIHR contracts, from the first quarter of the contractual period. The data on clinical trial initiation to be included in each return should include data for every clinical trial for which the provider has given NHS permission during the previous 12 months (for the cumulative financial year-to-date starting 1st April 2014 for those new to the requirement from 2014/15). The data on clinical trial delivery should include every commercial contract trial hosted by the provider during the previous 12 months (for the cumulative financial year-to-date starting 1st April 2014 for those new to the requirement from 2014/15). NIHR has published further guidance about the requirements for providers at http://www.nihr.ac.uk/policy-and-standards/Performance-in-initiating-and-delivering-research.htm

Providers will be expected to publish their data on their web site within 30 days after the end of the first quarter of 2013/14 (i.e. by 30 July 2013) and at the same interval after each subsequent quarter.

When will NIHR funding to providers of NHS services be affected?
Performance against the 70-day benchmark will be used to assess financial consequences following the reporting of the Quarter 2 submission in 2014/15 (covering performance on trials given permission between October 2013 and September 2014). This assessment will then determine the impact on the 2015/16 Research Capability Funding (RCF) stream, which supports NHS bodies with flexible capacity to support and develop their research.

For this first year of financial consequences, DH is taking a specific and cautious approach and only the 53 providers of NHS services who were required to submit data on trial initiation and delivery according to NIHR contract requirements at Q3 2013/14 will be subject to assessment (these organisations will have submitted returns for at least 4 quarters by quarter 2 of 2014/15).

Further details on the approach to financial consequences for performance from 2015/16 onwards will be made available in due course.

What are the financial consequences of not meeting the benchmark?
There may be legitimate reasons why it takes longer than 70 days to recruit the first patient to a trial, for example in the case of an extremely rare disease. Providers should record these reasons and include them in their data submission, enabling NIHR to take them into account when assessing performance against the 70 day benchmark.
For the first year (2014/15), DH will deliberately take a specific and cautious approach to taking forward financial consequences, recognising that many organisations have been working to improve their performance, as well as the service they provide to sponsors, and also that further clarification has been issued to enable consistent interpretation of the definition of receipt of Valid Research Application.

Following reporting of Q2 2014/15 performance, DH will be assessing the 53 providers of NHS services who were required to submit data on trial initiation and delivery according to NIHR contract requirements at Q3 2013/14 (these organisations will have submitted returns for at least 4 quarters by Q2 2014/15). For these 53 providers, DH will review performance of trials given NHS permission in the 12 months from 1 October 2014 to 30 September 2014 against the 70 day benchmark, taking into account delay reasons. The worst performers who report at least 10 trials in the 12 month period and have made little or no improvement since performance reported for Q4 2013/14 will have their proposed allocation of RCF for 2015/16 reduced by approximately 5%.

For subsequent years (2015/16 onwards) DH is minded to affect future changes to funding as a result of performance, via the RCF stream, rather than by suspending core payments on the NIHR contracts through which the reporting requirements have been introduced. Further details on the future approach to financial consequences for 2015/16 onwards will be made available in due course.

**What explanations for not meeting the benchmark will be taken into account?**

The Department will act in a reasonable and fair way, taking into consideration any factors outside the control of the provider of NHS services that have contributed to the delay. This information will also help NIHR understand better and share the factors that inhibit the successful initiation and delivery of clinical studies.

There may be legitimate reasons outside of the control of the Provider host site, for why it takes longer than 70 days to recruit the first patient to a trial, for example in the case of an extremely rare disease. Providers should record these reasons and include them in their data submission, enabling CCF to take them into account when assessing performance against the 70 day benchmark. Since Q2 of 2013/14 the reporting of the benchmark has been adjusted to take account of such circumstances.

**Does poor performance against the benchmark for one contract have implications for other contracts held by that Trust and in what way?**

For the first year of determining financial consequences of poor performance (2014/15), DH is linking an element of the RCF stream to performance in initiating clinical trials, instead of suspending core payments on the NIHR contracts through which the reporting requirements have been introduced. RCF supports NHS bodies with flexible capacity to support and develop their research.

The Department is minded to affect future changes to funding as a result of performance, via RCF, rather than by suspending core payments on the NIHR contracts through which the reporting requirements have been introduced. Further details on the approach to financial consequences determined from 2015/16 onwards will be made available in due course.

Repeated failure to perform to an acceptable standard against the NIHR benchmark may have a negative effect on future NIHR funding applications.

**Should providers of NHS services with large existing NIHR contracts be wary of signing the new contract?**

No. All those involved in undertaking clinical and applied health research have a shared interest in promoting good practice in the initiation and delivery of such research. The aim of the new contract is to help support providers of NHS services in delivering on this key aspect of research performance, not to impose financial consequences. Research active organisations with a good pattern of performance across their clinical studies should not be unduly concerned; difficulties with individual studies will sometimes occur for reasons outside the control of the organisation delivering the research. In acting reasonably and fairly, the Department will take into account the specific reasons that may arise.
What is a valid research application?
A complete research application that has been received by the NHS provider following its submission via IRAS that enables regulatory reviews by other agencies (including but not limited to Research Ethics Committee and MHRA approval) to be conducted in parallel with the work on NHS permission by the contractor.
For CSP studies, this will correspond to the valid application package for local review (i.e. the Site-Specific Information Form and associated documents, as set out in the IRAS checklist) and, for non-CSP studies, the valid application package for both study-wide and local reviews (again, as set out in the IRAS checklist).

See “Interpretation of the definition of receipt of Valid Research Application for NIHR contract metrics on trial initiation (the 70 day benchmark)” [link]

How does screening failure affect First Patient Recruitment Date?
The definition of First Patient Recruitment Date is “the date the first eligible patient consented to the study”. It is the date of consent that is the relevant date that should be recorded. It is important that the patient must have consented to the study and they must be eligible to participate. If the consent for the study is obtained post successful screening, then that is straightforward. However, in a scenario where a patient consents to both screening and participation in the study, and they then subsequently fail to pass screening, their consent date cannot be used; and an alternative eligible patient must be found as the first recruitment.

What is a clinical trial?
A clinical trial is a set of medical research procedures conducted on human participants to allow safety and adverse effects of interventions, their efficacy, or their effectiveness to be established often by comparison with alternative or placebo/sham interventions. Interventions may be drugs, diagnostics, prophylactics, surgery, devices, non-invasive therapies, screening or other healthcare procedures or technologies.
This definition does not just refer to studies which fall within the remit of the MHRA; the relevant categories of study in the Integrated Research Application System (IRAS) Project Filter Question 2 (Type of Research) on the IRAS application form are as follows:

- Clinical trial of an investigational medicinal product
- Clinical investigation or other study of a medical device
- Combined trial of an investigational medicinal product and an investigational medical device
- Other clinical trial to study a novel intervention or randomised clinical trial to compare interventions in clinical practice

What is a ‘commercial contract clinical trial’?
This is a clinical trial that is solely funded and sponsored by industry in which:

- The trial sponsor is the industrial company
- The trial is carried out with the aim of generating data for purposes such as Marketing Authorisations, safety monitoring and supportive evidence for claims
- The sponsor owns all the trial data and all Intellectual Property Rights and Know How arising directly from the trial

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2 The IRAS checklists for valid application packages for CTIMPs and Non-CTIMPs are available at: https://www.myresearchproject.org.uk/Help/Help%20Documents/CheckListHtmlFiles/NhsRdFormChecklist_Ctimp.aspx and https://www.myresearchproject.org.uk/Help/Help%20Documents/CheckListHtmlFiles/NonNhsSsiFormChecklist_Ctimp.aspx.
What if a commercial sponsor terminates a commercial contract clinical trial prior to UK sites have an opportunity to recruit patients?

The contractor would explain this as part of the information submitted to NIHR for consideration. For performance in initiating clinical research, and where the explanation is satisfactory, then the trial would be excluded from the adjusted benchmark analysis used to determine any financial consequences.

Do the requirements to publish commercial contract clinical trial data (publish in a publicly accessible part of the Contractor’s website, the name and Research Ethics Committee Reference Number of every commercial contract clinical trial that it hosts) contradict the model Clinical Trial Agreements (mCTA)?

No. The requirements do not contradict the clauses in the mCTA. The chief investigator and/or sponsor are responsible for registering, and publishing other information about, their research, in accordance with the conditions of research ethics committee approval that are specific to their study and that take account of relevant agreements.

How do the data requirements relate to the NIHR Clinical Research Network’s High Level Objectives?

The collection of NHS provider data on initiating and delivering clinical research is a separate exercise from the collection of performance data by the NIHR Clinical Research Network (CRN) against the CRN High Level Objectives. However, both exercises have overall aims of increasing the number of patients able to participate in research and enhancing the nation’s attractiveness as a host for research.

Some specific differences are:

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<tr>
<th>Performance in Initiating and Delivering</th>
<th>Clinical Research Network High Level Objectives</th>
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<tbody>
<tr>
<td>All clinical trials (regardless of funder or NIHR Portfolio status)</td>
<td>NIHR CRN Portfolio studies only</td>
</tr>
<tr>
<td>Individual Provider (host site)</td>
<td>Individual study (study wide – across all sites)</td>
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ANNEX 1

VERSION – July 2013

3A. PERFORMANCE IN INITIATING AND DELIVERING CLINICAL RESEARCH

Initiating clinical research

3A.1 The Authority wishes to see a dramatic and sustained improvement in the performance of providers of NHS services in initiating clinical research.

3A.2 The Contractor shall measure, for every clinical trial that it hosts and irrespective of the funder, the duration in days from the time when the Contractor’s designated representative(s) receives a Valid Research Application for a trial, to the time when the Contractor recruits the first patient for that trial.

3A.3 The Contractor shall publish the name and the Research Ethics Committee Reference Number of every clinical trial for which it gave NHS permission in the preceding four Quarters together with the duration specified in Condition 3A.2. The Contractor shall publish this information within Thirty (30) days of the end of each Quarter in a publicly accessible part of their website.

3A.4 The Contractor shall submit the information specified in Condition 3A.3 to the Authority in an electronic format specified by the Authority within 30 days of the end of each Quarter. For any trial where the duration specified in Condition 3A.2 exceeds an initial NIHR benchmark for trial initiation of 70 days, the Contractor shall explain the reason for the variance to the Authority.

3A.5 This Clause is intentionally left blank.

3A.6 The Authority shall publish, on the website of the National Institute for Health Research, the information on trial initiation that it has received from the Contractor as a provider of NHS services under this Contract.

3A.7 If the Contractor fails to meet the NIHR benchmark for trial initiation for two successive Quarters, and the Authority considers the Contractor’s explanations for this to be unsatisfactory, the Authority reserves the right to suspend its payment of amounts due under the payment schedule in Section 4 of the Contract (Financial Arrangements) until such time as the Contractor has demonstrated that it has met the benchmark for a Quarter. In enforcing this Condition, the Authority shall act in a reasonable and fair way taking into consideration factors that are outside the control of the Contractor.

3A.8 Repeated failure to meet the NIHR benchmark for trial initiation shall be taken into account by the Authority when considering applications from the Contractor where the Contractor seeks NIHR funding and may have a negative effect on such applications. In enforcing this Condition 3A.8, the Authority shall act in a reasonable and fair way taking into consideration factors that are outside the control of the Contractor.

Delivering more clinical research to time and target

3A.9 The Authority wishes to see a dramatic and sustained improvement in the performance of providers of NHS services (including the Contractor) in delivering clinical research to time and target and increasing the overall number of patients in trials and in so doing the Authority will initially focus on the delivery of commercial contract clinical trials.

3A.10 The Contractor shall publish in a publicly accessible part of the Contractor’s website, the name and Research Ethics Committee Reference Number of every commercial contract clinical trial that it hosts, together with:
   a. the Target Number of patients it has agreed to recruit to that trial;
   b. the time that it has agreed it would take to recruit the Target Number of patients; and
   c. whether trial recruitment by the Contractor is ongoing or finished; and
d. if trial recruitment by the Contractor has finished, whether or not the agreed Target Number of patients was recruited within The Agreed Time.

The Contractor shall publish this information within 30 days of the end of each Quarter in a publicly accessible format on their website.

3A.11 The Contractor shall submit the information specified in Condition 3A.10 to the Authority in an electronic format specified by the Authority within Thirty (30) days of the end of each Quarter.

3A.12 The Authority shall publish, on the website of the National Institute for Health Research, the information on delivering clinical research to time and target that it has received from the Contractor (as a provider of NHS services) under this Contract.

Additional support provided by the Authority

3A.13 The Authority has established a framework of good practice and standard procedures called NIHR Research Support Services. The use of NIHR Research Support Services by providers of NHS services will enable those providers to stop unnecessary duplication of regulatory reviews and improve their performance in initiating and delivering clinical research to time and target. Providers of NHS services (including the Contractor) that use NIHR Research Support Services will have access to NIHR financial support for these activities.

Definitions

“NIHR”: means National Institute for Health Research.

“Quarter”: means 1 April to 31 June, 1 July to 30 September, 1 October to 31 December, and 1 January to 31 March each year.

“Research Ethics Committee Reference Number”: means the number allocated to the study by the National Research Ethics Service

“Target Number”: means the number of patients specified in the clinical trials agreement for the trial between the commercial sponsor of the trial and the Contractor as defined in this contract.

“The Agreed Time”: means the time specified in the clinical trials agreement for the trial between the commercial sponsor of the trial and the Contractor as defined in this contract.

“Valid Research Application”: means a complete research application that has been received by the Contractor following its submission via the Integrated Research Application System (IRAS) that enables regulatory reviews by other agencies (including but not limited to Research Ethics Committee and MHRA approval) to be conducted in parallel with the work on NHS permission by the Contractor.