RCP consultant survival kit

Piers Clifford
How to set up a successful research programme
Decide what you need

- Dedicated, preferably protected, consultant time in job plan
- Appropriate patient population - local, willing and well phenotyped
- Method for identifying them
- Research nurse.
- Cooperative department.
- Infrastructure
Use national resources

• NIHR
• AHSN
• Speak to local commercial partners
What is the NIHR?

The **National Institute for Health Research (NIHR)** is funded through the Department of Health to improve the health and wealth of the nation through research. It is a large, multi-faceted and nationally distributed organisation.
Structure of NIHR

Linking patients, the public, universities, hospitals, researchers and research projects
NIHR CRN

The **NIHR Clinical Research Network (CRN)** is the research delivery arm of the National Health Service (NHS), supporting a portfolio of over 5,000 clinical research studies.

The CRN funds research support posts in the NHS, and provides training, so that researchers have access to experienced “front-line” staff.

The CRN provides funding to meet the costs of using facilities such as scanners and x-rays that are needed in the course of the study, so that research activity adds value to patient care.

The CRN also provides practical help in identifying and recruiting patients onto Portfolio studies, so that researchers can be confident of completing the study on time, and on target.
Local networks and R and I

• Local network supports researchers by giving advice on upcoming trials and helping with expressions of interest.
• They provide activity based funding to Trust R and I
• They hold network events for public, life science industry and researchers
Develop a mixed portfolio

• Try to do NIHR portfolio trials- both commercial and non-commercial
• If not portfolio concentrate on commercial but ask why not registered
• Registries v controlled trials
• Investigator led trials
Expression of interest

• This is crucial
• Get research department advice
• Don’t over-estimate recruitment
• Use departmental databases to verify figures
• Make sure timelines are realistic
Site visit

• Assemble all relevant individuals
• Show off departmental assets
• Show what you have achieved before
• Show how you will recruit
• Don’t over-estimate
Align clinical services to research delivery

• ACS treatment (Grace score, copeptin, PICS0, intracoronary biomarkers, Rose and Oddysey) and follow up clinic (Dalcor)

• Rehab service to collect data post stenting (e-Ultimaster, Mascot and Biomime)

• AF clinics or links with anticoagulant clinic (ETNA AF/VTE, Prefer AF, Gloria, Pioneer AF, Re DUAL)

• Heart failure clinics with database for HfREF and HfPEF

• Hypertension clinics
Recruiting

- Use unit meeting to publicise trials
- Ideally whole department will help but each trial will have one clinical area which should be main focus
- The PI needs to focus on this step.
- Understand the protocol- withdrawing patients is embarrassing
Retaining

– Hire a good research nurse - organised, friendly, helpful, available.
– Make job interesting
– Offer incentives
– Ensure stable funding stream
# Research activity at Wycombe

<table>
<thead>
<tr>
<th>Local Project Reference</th>
<th>Project Title</th>
<th>Project Site Status</th>
<th>Planned recruitment end date</th>
<th>Project Site Target Recruitment</th>
<th>Project Site Total Recruitment</th>
<th>% target</th>
</tr>
</thead>
<tbody>
<tr>
<td>RXQ/528</td>
<td>CCRN 1044 (Acute Coronary Syndrome) Odyssey</td>
<td>In followup</td>
<td>17/10/2015</td>
<td>10</td>
<td>15</td>
<td>150</td>
</tr>
<tr>
<td>RXQ/527</td>
<td>CCRN 1070 (Stroke AF) Gloria</td>
<td>In followup</td>
<td>31/03/2020</td>
<td>50</td>
<td>87</td>
<td>174</td>
</tr>
<tr>
<td>RXQ/499</td>
<td>Global Symplicity Registry</td>
<td>Open</td>
<td>05/10/2021</td>
<td>10</td>
<td>17</td>
<td>170</td>
</tr>
<tr>
<td>RXQ/530</td>
<td>PPCM</td>
<td>Open</td>
<td>08/04/2016</td>
<td>5</td>
<td>2</td>
<td>40</td>
</tr>
<tr>
<td>RXQ/529</td>
<td>Renal Denervation in diabetic patients</td>
<td>Open</td>
<td>01/07/2015</td>
<td>10</td>
<td>2</td>
<td>20</td>
</tr>
<tr>
<td>RXQ/524</td>
<td>ROPAC</td>
<td>Open</td>
<td>01/12/2017</td>
<td>5</td>
<td>7</td>
<td>140</td>
</tr>
<tr>
<td>RXQ/611</td>
<td>3769 CARD PICSO in ACS</td>
<td>Open</td>
<td>15/09/2015</td>
<td>60</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>RXQ/610</td>
<td>CCRN 2238 (Heart failure)</td>
<td>In followup</td>
<td>01/12/2015</td>
<td>5</td>
<td>6</td>
<td>120</td>
</tr>
<tr>
<td>RXQ/615</td>
<td>e-ULTIMASTER</td>
<td>Open</td>
<td>01/02/2018</td>
<td>30</td>
<td>120</td>
<td>400</td>
</tr>
<tr>
<td>RXQ/488</td>
<td>Intercoronary biomarkers of Infarct size in STEMI</td>
<td>Open</td>
<td>?</td>
<td>60</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>RXQ/619</td>
<td>Re-Dual PCI</td>
<td>In followup</td>
<td>30/08/2016</td>
<td>10</td>
<td>11</td>
<td>110</td>
</tr>
<tr>
<td>RXQ/657</td>
<td>Everest Stress Echo trial</td>
<td>Open</td>
<td>01/01/2017</td>
<td>34</td>
<td>50</td>
<td>147.1</td>
</tr>
<tr>
<td>RXQ/658</td>
<td>Rose ACS</td>
<td>Open</td>
<td>30/09/2018</td>
<td>30</td>
<td>31</td>
<td>103.3</td>
</tr>
<tr>
<td>RXQ/671</td>
<td>Themis</td>
<td>In followup</td>
<td>01/06/2016</td>
<td>5</td>
<td>5</td>
<td>100</td>
</tr>
<tr>
<td>RXQ/680</td>
<td>Orion</td>
<td>In followup</td>
<td>31/05/2016</td>
<td>6</td>
<td>6</td>
<td>100</td>
</tr>
<tr>
<td>RXQ/537</td>
<td>DARE - diabetic database</td>
<td>Open</td>
<td>14/06/2017</td>
<td>400</td>
<td>163</td>
<td>41</td>
</tr>
<tr>
<td>RXQ/707</td>
<td>Paragon</td>
<td>In followup</td>
<td>11/08/2016</td>
<td>4</td>
<td>2</td>
<td>50</td>
</tr>
<tr>
<td>RXQ/706</td>
<td>Dal-cor</td>
<td>Open</td>
<td>01/08/2018</td>
<td>6</td>
<td>3</td>
<td>50</td>
</tr>
<tr>
<td>17226</td>
<td>Hope</td>
<td>Open</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RXQ/693</td>
<td>Copeptin</td>
<td>Open</td>
<td>31/12/2016</td>
<td>900</td>
<td>900</td>
<td>100</td>
</tr>
<tr>
<td>RXQ/693</td>
<td>Care 4 today heart failure</td>
<td>Open</td>
<td>31/12/2017</td>
<td>350</td>
<td>50</td>
<td>14</td>
</tr>
<tr>
<td>RXQ 726</td>
<td>Ariadne</td>
<td>Open</td>
<td>30/08/2018</td>
<td>20</td>
<td>7</td>
<td>35</td>
</tr>
<tr>
<td>RXQ 669</td>
<td>ETNA-VTE</td>
<td>Open</td>
<td>31/10/2018</td>
<td>4</td>
<td>3</td>
<td>75</td>
</tr>
<tr>
<td>RXQ/729</td>
<td>ETNA-AF</td>
<td>Open</td>
<td>31/10/2018</td>
<td>20</td>
<td>16</td>
<td>80</td>
</tr>
<tr>
<td>RXQ/599</td>
<td>Prolongation in preferin AF 2</td>
<td>Open</td>
<td>31/12/2017</td>
<td>10</td>
<td>12</td>
<td>120.0</td>
</tr>
<tr>
<td>RXQ/698</td>
<td>Iron Man</td>
<td>Open</td>
<td>2020</td>
<td>10</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>RXQ/748</td>
<td>GALACTIC-HF</td>
<td>Open</td>
<td>15</td>
<td>0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>RXQ/738</td>
<td>UK-GRIS</td>
<td>Open</td>
<td>31/2/19</td>
<td>150</td>
<td>25</td>
<td>16.7</td>
</tr>
<tr>
<td>RXQ/680</td>
<td>Orion 3</td>
<td>Open</td>
<td></td>
<td>4</td>
<td>2</td>
<td>50</td>
</tr>
</tbody>
</table>
Commercial portfolio

<table>
<thead>
<tr>
<th>Division &amp; Specialty</th>
<th>Local Network</th>
<th>Trusts (12)</th>
<th>Studies (59)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thames Valley and South Midlands</td>
<td>TVSM</td>
<td>-</td>
<td>59, 3,004</td>
</tr>
</tbody>
</table>

- Recruitment: 3,004
- Main Division - Specialty
- Local Network > Trust > Site
- Study Type

- Trust:
  - BUCKINGHAMSHIRE HEALTHCA...
  - OXFORD UNIVERSITY HOSPITA...
  - Non-NHS Activity in Thame...
  - NHS CHILTERN CCG
  - LUTON PCT
  - ROYAL BERKSHIRE NHS FOUND...
  - MILTON KEYNES UNIVERSITY ...
  - BERKSHIRE EAST PCT
  - NHS WOKINGHAM CCG
  - NHS BRACKNELL AND ASCOT C...
  - NHS AYLESBURY VALE CCG
  - NHS OXFORDSHIRE CCG
Non Commercial portfolio