

# NIHR CRN East Midlands

## Urgent Public Health Research Delivery Plan

v.2.0 October 2018

## **Executive summary**

An urgent public health issue, such as a new influenza pandemic could emerge at any time. Any pandemic could have the potential to cause widespread illness, large numbers of deaths and huge societal disruption, concentrated over a period of just a few weeks.

This plan concentrates on the impact a public health emergency could have on the CRN East Midlands business, specifically the delivery of Portfolio research studies and the actions necessary to mitigate that impact.

As far as possible, the CRN East Midlands will focus on delivering ongoing research studies as normal, whilst also expediting urgent public health studies that are currently sleeping, waiting for a pandemic to be announced. It is likely that the number of people able and willing to participate in research will be severely reduced. Staffing numbers will also be reduced. Communication will be a key component throughout the pandemic, both to internal and external stakeholders.

## Urgent Public Health Research Delivery Plan

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1.5		Karen Pearson	06/2015
1.6	Updated staff changes	Karen Pearson	09/2015
2.0	Updated staff changes and changes to business processes	Karen Pearson & Carl Sheppard	10/2018

This plan should be read in conjunction with our Partner Organisation's emergency planning documents. It will be circulated to all partner organisations to aid in their planning.

<b>Organisation Name</b>	<b>Trust Senior R&amp;D Representative</b>	<b>Date of Receipt</b>
Chesterfield Royal Hospital NHS Foundation Trust	Sue Glenn	
Derbyshire Community Health Services NHS Trust	Rubina Reza (Interim)	
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Northampton General Hospital NHS Trust	Michelle Spinks	
Northamptonshire Healthcare NHS Foundation Trust	Sue Palmer-Hill	
Nottingham University Hospitals NHS Trust	Maria Koufali	
Nottinghamshire Healthcare NHS Foundation Trust	Shirley Mitchell	
Sherwood Forest Hospitals NHS Foundation Trust	Alison Steel	
United Lincolnshire Hospitals NHS Trust	Tanweer Ahmed	
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## 1. Introduction

This document covers the impact of a potential human pandemic on the set-up and delivery of NIHR Portfolio research in the CRN East Midlands area. Many of the principles contained within this plan could also be applied to other public health emergencies.

This plan is intended to complement each Partner Organisation's (POs) policy and procedures for the management of a pandemic outbreak.

### Definition of a pandemic

A pandemic is the worldwide spread of a disease, with outbreaks or epidemics occurring in many countries, and in most regions of the world. An influenza pandemic is likely to occur when the influenza virus undergoes a major change, and a new influenza virus emerges, which is markedly different to recently circulating strains, and to which people are not immune. A pandemic will occur if the new virus:

- infects people
- spreads from person to person
- causes illness in a high proportion of the people infected
- spreads widely

No-one knows when a pandemic will occur and once one arrives it is likely to spread throughout the country in a matter of weeks. It may come in two or more waves, several months apart. Each wave may last for two to three months.

There are currently no genetic markers that will predict the pathogenicity or spread in the human population. Until the virus emerges and has affected a large number of people, it is not possible to determine many of the features of the disease that will be important in assessing severity and impact. There is no known evidence of a link between transmissibility and severity. It is possible that a virus could be both highly transmissible and cause severe symptoms.

Planning for a pandemic presents great challenges, because it is impossible to predict its characteristics in advance, for example, whether it will be mild or severe, and whether it will have the most impact on the young, the elderly, or any other groups.

### Aims

The aims of this contingency plan are to:

- Provide accurate, timely and authoritative advice and information to staff
- Reduce the impact of a pandemic on CRN East Midlands
- Minimise the disruption to the delivery of NIHR research studies across CRN East Midlands
- Expedite the approval of urgent pandemic studies through the Study Support Service process (commercial and non-commercial)
- Manage the impact of staff sickness and caring responsibilities during a pandemic

In the event of an urgent public health outbreak (e.g. a pandemic) it will be imperative that the NIHR Clinical Research Networks are able to respond quickly to initiate, deliver and report on research studies related to the pandemic/outbreak.

The Network has a nominated Urgent Public Health Champion, Dr Martin Wiselka, Consultant in Infectious Diseases, University Hospitals Leicester NHS Trust. **Please see Appendix 1: Role Outline, Urgent Public Health Champion.**

The Clinical Research Network’s urgent public health risk process will be activated at the request of the Department of Health and Social Care. A number of studies have already been identified and granted the relevant research approvals in advance of an outbreak. These studies which have already gained NHS Permission/HRA approval and Portfolio status will “sleep” on the Portfolio until an urgent Health Outbreak is declared (study status can be suspended in set up or open depending on the study). **Please see Appendix 2: NIHR CRN East Midlands “Sleeping Studies”**

### Urgent Public Health Advisory Team for CRN East Midlands

Dr Martin Wiselka	Urgent Public Health Champion	<a href="mailto:martin.wiselka@uhl-tr.nhs.uk">martin.wiselka@uhl-tr.nhs.uk</a>	0116 258 6135 07743 688112
Prof. David Rowbotham	Clinical Director	<a href="mailto:david.rowbotham@nihr.ac.uk">david.rowbotham@nihr.ac.uk</a>	0116 258 6185
Prof. Stephen Ryder	Co-Clinical Director	<a href="mailto:stephen.ryder@nihr.ac.uk">stephen.ryder@nihr.ac.uk</a>	0116 258 6185
Elizabeth Moss	Chief Operating Officer	<a href="mailto:elizabeth.moss@nihr.ac.uk">elizabeth.moss@nihr.ac.uk</a>	0116 258 7651 / 6185 07921 545537
Kathryn Fairbrother	Deputy Chief Operating Officer	<a href="mailto:kathryn.fairbrother@nihr.ac.uk">kathryn.fairbrother@nihr.ac.uk</a>	0116 258 5009

### Staff Absence

The major risk to CRN East Midlands is significant and ongoing staff absence, both within the centrally based teams and across research delivery teams within NHS Trusts. Staff may be absent from work if:

- they are ill because of the pandemic
- they need to care for children or other family members
- they have medical problems
- employers have asked staff to work from home
- transport problems make it impossible for staff to travel to work
- Host organisations are utilising staff in a clinical and/or service delivery capacity

Staff absence is likely to follow the pandemic profile. In a widespread and severe pandemic, affecting 50% of the population, between 15-20% of staff may be absent on any given day. These levels would likely remain constant for up to three weeks and then decline. Teams where staff work in close proximity are likely to suffer from higher absence rates. In a widespread and severe pandemic, 30-35% of staff in smaller teams may be absent on any given day. Additional staff absences will result from the other factors described above, particularly the need to care for family members.

In a major pandemic all services are likely to be affected. Fuel shortages may make it difficult to staff to travel to work, and public transport provision will also be reduced.

## **2. Expedited Procedures and Contingency Plans for the Rapid Set Up of Research**

To ensure that there are business continuity processes, the CRN East Midlands will work with Partner Organisations and other stakeholders to ensure essential business processes can be maintained including covering major staff absence, and prioritisation of business activities.

Specifically within primary care this would mean working with independent contractors and potentially local authorities to understand and agree business continuity from a research delivery perspective: to include, but not limited to impact of staff absences on research delivery at any given site, mobilisation of alternative staff, and depending on severity of the pandemic, availability of patient cohort within any given practices to recruit swiftly into studies. Consider joint working with local health resilience forums and NHS England to consider alternative space where patients/community may be held, i.e. school hall, community leisure centres etc. which may provide a suitable and appropriate place for patient/participant recruitment to take place.

### **Study Support Service (SSS) Team**

It is important to ensure continued provision of the Study Support Service during a potential pandemic outbreak. The key priority area will be ensuring that studies around the pandemic are prioritised and set-up is expedited paying particular attention to capacity and facilities to deliver.

If necessary, priority will be given to studies open to recruitment and those of an observational nature over new Site Initiation/Site Selection Visits with the exception of where the study is a new pandemic study

It must be made clear to research teams that the priority is to ensure that patients enrolled in CTIMPs with regular dosing or scanning visits are able to attend as usual. This may mean delays in the set-up and recruitment for other studies.

### ***Providing continuity of service***

CRN East Midlands works in partnership with our Partner organisations and stakeholders in the processing of setting up studies.

Services can be extended from the CRN East Midlands network office during an outbreak if staffing within a particular Partner organisation is affected. The Study Support Service provides consistency in its application across all healthcare sectors, so it is possible to redeploy staff



regardless of their employing organisation, ensuring that cross cover can be provided when necessary.

### ***Expediting Pandemic Studies***

In line with the national procedure CRN East Midlands will prioritise supporting the set up of any pandemic-related study for which it is the network acting in the capacity of Lead Network supporting the Chief Investigator. A set of NIHR CRN Urgent Public Health Research documents are available through the LCRN Guidance Suite, which is published by the CRN Coordinating Centre. The regular review of studies that are in hibernation will be undertaken in consultation with the CIs and Study Teams to enable timely set-up and delivery.

An up to date list of hibernating studies, along with any advance information on participating sites is maintained on the CRN East Midlands Shared Drive located on the Google HUB. The path is: **CRN East Midlands > Business Intelligence > Data > Public Health Plan (Hibernating Studies)**. Documentation for these studies are available via the LPMS (edge).

### **SSS Team Delegation:**

1.	Daniel Kumar	SSS Lead	<a href="mailto:daniel.kumar@nhr.ac.uk">daniel.kumar@nhr.ac.uk</a>	0115 9249924 ext 70649
2.	Roz Sorrie-Rae	SSS Operations Manager	<a href="mailto:roz.sorrie-rae@nhr.ac.uk">roz.sorrie-rae@nhr.ac.uk</a>	0116 204 7854 / 07812 268553
3.	Bryony Berridge	SSS Manager	<a href="mailto:bryony.berridge@nhr.ac.uk">bryony.berridge@nhr.ac.uk</a>	0116 204 7854
4.	Chris Siewierski	SSS Manager	<a href="mailto:chris.siewierski@nhr.ac.uk">chris.siewierski@nhr.ac.uk</a>	07824 457331
5.	Kiran Mistry	SSS Manager	<a href="mailto:kiran.mistry@nhr.ac.uk">kiran.mistry@nhr.ac.uk</a>	07960 875039
6.	Catherine Ashman-Lee	SSS Manager	<a href="mailto:catherine.ashman-lee@nhr.ac.uk">catherine.ashman-lee@nhr.ac.uk</a>	0116 258 7538

### ***Studies requiring service support costs***

Applications for service support costs should be made by the usual route to the Network and marked with the following identifier: Subject Header For action Request SSCs Pandemic Study IRAS ID XX. Applicants must ensure they are available to respond to any queries, to ensure that decisions are not delayed.

Requests for Service support / infrastructure where organisations are planning to be participating sites for hibernating studies should be made well in advance, and reconfirmed on an annual basis by the participating organisations with the Network.

Decisions will be made by at least **two** of the team:

	<b>Name</b>	<b>Title</b>	<b>Email</b>
1	Kathryn Fairbrother	Deputy Chief Operating Officer	<a href="mailto:kathryn.fairbrother@nhr.ac.uk">kathryn.fairbrother@nhr.ac.uk</a>
2	Daniel Kumar	Industry Delivery Manager	<a href="mailto:daniel.kumar@nhr.ac.uk">daniel.kumar@nhr.ac.uk</a>
3	Roz Sorrie-Rae	SSS Operations Manager	<a href="mailto:roz.sorrie-rae@nhr.ac.uk">roz.sorrie-rae@nhr.ac.uk</a>
4	Kiran Mistry	SSS Manager (Acute)	<a href="mailto:kiran.mistry@nhr.ac.uk">kiran.mistry@nhr.ac.uk</a>
5	Catherine Ashman-Lee	SSS Manager (Primary Care)	<a href="mailto:catherine.ashman-lee@nhr.ac.uk">catherine.ashman-lee@nhr.ac.uk</a>
6	Chris Siewierski	SSS Manager (Mental Health & Community)	<a href="mailto:chris.siewierski@nhr.ac.uk">chris.siewierski@nhr.ac.uk</a>
7	Bryony Berridge	SSS Manager	<a href="mailto:bryony.berridge@nhr.ac.uk">bryony.berridge@nhr.ac.uk</a>

### ***Expediting Pandemic Studies***

There are no major changes from the standard feasibility and set-up processes for commercial studies, except that the turnaround time is much shorter. The Coordinating Centre will lead an expedited process and advice on appropriate timelines for individual studies.

The need for rapid turnaround will be clearly communicated to research teams and departments. Teams should be made aware of the need to carefully consider their capacity to take on pandemic studies at a time of greater clinical pressures.

### **Research Delivery support**

#### ***Research Support Team (RST)***

Requests for support from the CRN East Midlands Research Support Team for pandemic studies should be made via the formal application process with details of the requirement being provided to ensure a rapid response.

#### ***Redeployment of Trust-based research nurses to clinical areas***

If a pandemic causes sufficient staff absence that there is a shortage of clinical staff to provide essential care for patients, all Trust staff, both clinical and non-clinical, will be required to provide cover as required to maintain essential services.

Decisions about the redeployment of Trust-based staff will be made by their line managers and the R&D/I Department, in line with requirements of the clinical service. Provision must be made for those patients who are enrolled on research studies with regular dosing or scanning visits.

Staff should be provided with appropriate training for the duties they are asked to undertake, and allowed to return to their research duties as soon as possible.

### ***Cross cover across research teams***

There should be sufficient flexibility within nursing teams to provide cross cover for studies in the event of staff absence. The management of ongoing research studies should be a priority, particularly where research visits are time critical.

### ***Redeployment of CRN East Midlands Core Team staff to clinical areas***

If the pandemic reaches maximum severity, any suitably qualified member of staff, including the CRN East Midlands Core Team could be asked to provide support within clinical areas.

### ***Workers at direct risk***

Pregnant women and staff with compromised immune systems should be considered for work duties away from direct patient care for the duration of the pandemic. This must be agreed by the line manager and staff member, with Occupational Health involvement as appropriate and in line with local policies and procedures.

A pandemic vaccine i.e. influenza, should be available four to six months after the pandemic emerges. Front-line health workers, which should include research nurses and other delivery staff, will be prioritised for vaccination.

### ***Suspension of open studies***

Recruitment to some open studies may need to be put on hold due to lack of nursing or clinical support service staffing. Priority will be given to CTIMPs with time-critical dosing or scanning visits and new pandemic studies. Decisions on the suspension of open studies must be taken by the Principal Investigator at the site in discussion with the Sponsor and the R&D Department.

Decisions about the suspension of studies may be very difficult and must be taken in an open and transparent way. Study suspension must be quickly and clearly communicated to participants.

## **CRN East Midlands Central Teams**

### ***Sickness Absence***

Staff should report sickness absence following UHL or the Employing Organisation's policy, contacting their line manager by telephone. It should be clear to staff who they can contact if their line manager is also off sick, in broad terms it would be the next available manager. In the event the Urgent Public Health Research Delivery Plan is activated, each line manager (or if they are absent, the next available manager) will update the 'Business Continuity Staff Dashboard' in accordance with the process defined in CRN EM Business Continuity Plan.

Line managers should be flexible in managing ongoing workload around sickness absence. Regular Managers' & Team Meetings should take place throughout a pandemic outbreak to manage the ongoing situation.

### **Office Closure**

The aim of the CRN East Midlands Core Team during a pandemic will be to:

- ensure rapid feasibility and set-up of pandemic studies
- provide cross-cover to maintain business as usual
- provide support and advice to Trust-based research staff

If there is significant sickness absence, a decision may be made to close one or both of the central offices located at the LRI and QMC. It should be made clear by line managers which members of staff are expected to be able to work from a different site or at home, maintaining contact by email and phone.

Daily updates will be provided by line managers until the office(s) can be reopened.

The following members of staff are empowered to make a decision on the closure and re-opening of the CRN East Midlands Offices:

1.	Prof. David Rowbotham	Clinical Director	<a href="mailto:david.rowbotham@nihr.ac.uk">david.rowbotham@nihr.ac.uk</a>	0116 258 6185
2.	Prof. Stephen Ryder	Co-Clinical Director	<a href="mailto:stephen.ryder@nihr.ac.uk">stephen.ryder@nihr.ac.uk</a>	0116 258 6185
3.	Elizabeth Moss	Chief Operating Officer	<a href="mailto:elizabeth.moss@nihr.ac.uk">elizabeth.moss@nihr.ac.uk</a>	0116 258 7651
4.	Kathryn Fairbrother	Deputy Chief Operating Officer	<a href="mailto:kathryn.fairbrother@nihr.ac.uk">kathryn.fairbrother@nihr.ac.uk</a>	0116 258 5009

Personal contact details for all core team members are held in their personal files in the CRN East Midlands offices and should be kept up to date. A master list of personal contact numbers is held by the admin team, Chief Operating Officer and Deputy Chief Operating Officer in case of emergency.

### **CRN East Midlands managers and deputies**

Title	Named Person	Deputy 1	Deputy 2
Clinical Director	Prof. David Rowbotham	Elizabeth Moss	Kathryn Fairbrother
Co-Clinical Director	Prof. Stephen Ryder	Prof. David Rowbotham	Elizabeth Moss

Chief Operating Officer	Elizabeth Moss	Kathryn Fairbrother	Karen Pearson
Deputy Chief Operating Officer	Kathryn Fairbrother	Elizabeth Moss	Karen Pearson
SSS Operations Manager	Roz Sorrie-Rae	Dan Kumar	Kiran Mistry
Head of Communications	Steven Clapperton	Goizeder Aspe Juaristi	Kathryn Fairbrother
Division 6 Clinical Research Lead	Dr Matthew Diggle	Karen Pearson	Prof Chris Brightling
Division 6 Manager	Karen Pearson	Elizabeth Moss	Katherine Gilmour
Industry Manager	Daniel Kumar	Kathryn Fairbrother	Karen Pearson
Finance Lead	Martin Maynes	Elizabeth Moss	Kathryn Fairbrother

If line managers are off sick, staff should either refer to the most senior manager in their team or, if they are also unavailable, to any other manager.

### 3. Communications

During a pandemic outbreak, communication will be a key component, both to internal and external stakeholders.

The CRN network supported workforce will be notified of this strategy via appropriate management structures locally and plans established to enable staff to engage in supporting delivery of urgent public health studies if the need arises. It will be emphasised that there may be a need for cross partner organisational working.

Efforts will be made early to engage with public health directorates within local authorities to ensure the cross organisational working.

A key contact list will be agreed and maintained by the CRN East Midlands in collaboration with R&D departments. This will identify individuals within each Partner Organisation who have a working knowledge of urgent public health studies currently with NIHR Portfolio and understand their role in the effective delivery of these studies locally.

A network working group\* will be established to meet in the case of an urgent public health outbreak. This group will also review the plan and list of studies on an annual basis. Members will be:

- Urgent Health Care Champion
- Division 6 Clinical Research Lead
- Clinical Director/Co-Clinical Director, CRN East Midlands
- Chief Operating Officer/Deputy Chief Operating Officer, CRN East Midlands
- Research Delivery Managers Division 3, 5 and 6

- Communication Manager, CRN East Midlands
- Representative, University Hospitals Leicester NHS Trust
- Representative, Nottingham University Hospitals NHS Trust
- Representative, Derbyshire Healthcare NHS Foundation Trust
- Representative, Primary Care - (CRL and /or SL)
- SG lead of relevant SG if outbreak occurs
- Representative from Study Support Service

\*Possible suggestions

#### **4. Collaboration and integration**

The communication section outlines the lines of communication that will be implemented in an emergency – being led by the NHS response as a whole and determining what resource would be needed to support urgent work and adapting our resource in accordance with our priorities.

This emergency plan will be integrated into other local plans e.g. other Partner Organisations and with the higher level DH, NHS England and NIHR plans. Thus the plan is not set in stone, it may have to be adapted according to the scale and duration of the emergency. It will also need to be implemented in line with other different types of emergency plans.

#### **5. Awareness of studies and co-enrolment**

It is important that there is an awareness of the urgent public health studies currently with Portfolio status with sites in the area amongst Partner Organisations, Specialty Groups, network staff, the relevant research communities and Specialty Group members. **See Appendix 2: NIHR CRN East Midlands “Sleeping Studies”**

## **Appendix 1: Role Outline - Urgent Public Health Champion**

### **Background**

The National Institute for Health Research (NIHR) CRN is preparing systems for rapid set-up of research into, and investigation of, unexpected and severe infections that have the potential to cause disease widely amongst the UK population. The most likely occurrence is a severe acute respiratory infection (SARI) such as MERS (Middle East Respiratory Syndrome), but the Network can equally respond to other potentially severe outbreaks such as the recent epidemics of botulism amongst intravenous drug users. Contract support is available via the LCRN Contract Support documents, on urgent public health<sup>1</sup>. Each LCRN should ensure they have an active clinical investigator to be the network's urgent public health champion.

The champion:

- should have experience of recruitment of patients to NIHR CRN Portfolio studies.
- must be willing and able to coordinate recruitment of patients from a range of medical settings to urgent public health studies.
- should ensure they link with other relevant Specialties within the Network including: Infection; Respiratory Disorders; Injuries and Emergencies; Critical Care; Primary Care and Children.

### **Responsibilities**

1. The champion will:

- support the development and on-going review of the LCRN Urgent Public Health Plan by providing clinical leadership and oversight.
- support activities associated with the development of the LCRN Urgent Public Health Plan including training needs, discussions with local Trusts, raising awareness amongst local researchers.
- respond to national calls for sites to recruit patients to nationally coordinated urgent public health studies. Such studies will likely be organised rapidly in response to an emerging epidemic or pandemic. In the event that cases of the disease in question emerge amongst patients at all relevant local medical units under the umbrella of the LCRN, the champion will be required to work with the LCRN on feasibility and preparation of local capacity.
- act as a key link between the national CRN Coordinating Centre, LCRN, research teams and Specialty members feeding back challenges and developing solution.

2. In the event of an urgent public health outbreak where there an associated nationally coordinated research programme, the champion will familiarise him/herself with emerging investigational protocols coordinated through the LCRN and support activities associated with rapid set up and delivery.

Travel and reasonable expenses will be provided by the LCRN in which the champion is based.

<sup>1</sup> See Contract support documents RD/010 NIHR CRN UPHR: Set up, RD/011 NIHR CRN UPHR: Initiation, RD/012 NIHR CRN UPHR: Delivery and RD/013 NIHR CRN UPHR: Reporting - linked to Section 5 Research Delivery of the Performance and Operating Framework 2018/19

## Appendix 2: NIHR CRN East Midlands Sleeping Studies

Study Title	Funder (& reference if applicable)	UK CRN ID	Partner Organisation	Principal Investigator	Main supporting SG	Joint Supporting SG
The PAINTED study: PAndemic INfluenza Triage in the Emergency Department <b>Lead Network:</b> Yorkshire and Humber	NIHR-NETSCC Ref (11/46/07)	12725	Nottingham University Hospitals NHS Trust	Dr Frank Coffey	Injuries and Emergencies	Children
			Sherwood Forest Hospitals NHS Foundation Trust	Dr Richard Clarkson		
			Northampton General Hospital NHS Trust	Dr Tristan Dyer		
UKOSS: Pandemic Influenza in Pregnancy :Maternal and perinatal outcomes of pandemic influenza In Pregnancy <b>Lead Network:</b> Thames Valley and South Midlands	NIHR-NETSCC Ref (11/46/12)	14162			Reproductive Health	Infectious Diseases
FLU-CATs : Evaluation and refinement of pandemic influenza community assessment tools. <b>Lead Network:</b> North West Coast	NIHR-NETSCC Ref (11/46/22)	12827			Primary Care	
MCRN 062(NA1113678) An open-label, multi-centre, single arm study to evaluate the safety, tolerability and pharmacokinetics of intravenous zanamivir in the treatment of hospitalised adult, adolescent and paediatric subjects with confirmed influenza infection. <b>Lead Network:</b> North Thames	GSK	7444		Claire Westrope	Children	Critical Care
ISARIC/ WHO Severe Acute Respiratory Infection Biological Sampling Study. <b>Lead Network:</b> Greater Manchester	Wellcome Trust	14152	Kettering General Hospital NHS Foundation Trust	Dr Phil Watt	Infectious Diseases	Children, Critical Care
			United Lincolnshire Hospitals NHS Trust	Dr Gary Wilbourn		
			Derby Hospitals NHS Foundation Trust	Dr Craig Morris		
			Nottingham University Hospitals NHS Trust	Dr Dan Harvey		



			Sherwood Forest Hospitals NHS Foundation Trust	Dr Nabeel Ali		
			Chesterfield Royal Hospital NHS Foundation Trust	Dr Nick Spittle		
Adjuvant Steroids in Adults with Pandemic Influenza :Early low dose steroids for adults admitted to hospital with influenza-like illness during a pandemic: a randomised placebo controlled trial <b>Lead Network:</b> Yorkshire and Humber	NIHR-NETSCC Ref (11/46/14)	15138	Derby Hospitals NHS Foundation Trust	Dr Tom Bewick	Infectious Diseases	
			Sherwood Forest Hospitals NHS Foundation Trust	Dr Mark Roberts		
			Nottingham University Hospitals NHS Trust	Dr Frank Coffey		
			Chesterfield Royal Hospital NHS Foundation Trust	Dr Anthony Darby		

### Appendix 3: Contact list of key R&D personnel in Partner Organisations and other stakeholders

Name	Partner Organisation	Telephone	Email
Sue Glenn	Chesterfield Royal Hospital NHSFT	01246 513632	<a href="mailto:Sue.glenn@nhs.net">Sue.glenn@nhs.net</a>
Rubina Reza (Interim)	Derbyshire Community Health Services NHST	01246 515670	<a href="mailto:Rubina.reza@derbyshcft.nhs.uk">Rubina.reza@derbyshcft.nhs.uk</a>
Rubina Reza	Derbyshire Healthcare NHSFT	01332 623700 ext. 33439	<a href="mailto:Rubina.reza@derbyshcft.nhs.uk">Rubina.reza@derbyshcft.nhs.uk</a>
Anne Spaight	East Midlands Ambulance Service NHST	01522 832610	<a href="mailto:Anne.spaight@emas.nhs.uk">Anne.spaight@emas.nhs.uk</a>
Gwyn McCreanor	Kettering General Hospital NHSFT	01536 492695	<a href="mailto:Gwyn.mccreanor@kgh.nhs.uk">Gwyn.mccreanor@kgh.nhs.uk</a>
David Clarke	Leicestershire Partnership NHST	0116 2957641	<a href="mailto:David.clarke@leicspart.nhs.uk">David.clarke@leicspart.nhs.uk</a>
Debbie Jeffrey	Lincolnshire Community Health Services NHST	01522 502025 / 01522 308808	<a href="mailto:Debbie.jeffrey@lincs-chs.nhs.uk">Debbie.jeffrey@lincs-chs.nhs.uk</a>
Dianne Tetley	Lincolnshire Partnership NHSFT	01529 416255	<a href="mailto:Dianne.tetley@lpft.nhs.uk">Dianne.tetley@lpft.nhs.uk</a>
Michelle Spinks	Northampton General Hospital NHST	01604 523731	<a href="mailto:Michelle.spinks@ngh.nhs.uk">Michelle.spinks@ngh.nhs.uk</a>
Sue Palmer-Hill	Northamptonshire Healthcare NHSFT	07827 319379	<a href="mailto:Sue.palmer-hill@nhft.nhs.uk">Sue.palmer-hill@nhft.nhs.uk</a>
Maria Koufali	Nottingham University Hospitals NHST	0115 9249924 ext. 70676	<a href="mailto:Maria.Koufali@nuh.nhs.uk">Maria.Koufali@nuh.nhs.uk</a>
Shirley Mitchell	Nottinghamshire Healthcare NHSFT	0115 9691300 ext. 11903	<a href="mailto:Shirley.mitchell@nottshc.nhs.uk">Shirley.mitchell@nottshc.nhs.uk</a>
Alison Steel	Sherwood Forest Hospitals NHSFT	01623 622515 ext. 3313	<a href="mailto:Alison.steel@sfn-tr.nhs.uk">Alison.steel@sfn-tr.nhs.uk</a>
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