Implications of the COVID-19 outbreak for clinical research at Barts Health NHS Trust and Queen Mary University of London

Guidance for our clinical investigators

Introduction

COVID-19 is a new strain of coronavirus first identified in Wuhan City, China in December 2019. You will be aware of the rapid spread of the virus which this month has been associated with deaths in the UK. Current estimates suggest the outbreak will peak in May and subside by the end of June. Barts Health NHS Trust is following national guidance to manage the outbreak, and at present we will continue our research activities as usual until further developments. However, as the situation may change rapidly, we must all make plans to ensure the safety of our patients and staff. This document deals with specific concerns relating to research activities involving patients at Barts Health NHS Trust (Barts Health) and Queen Mary University of London (Queen Mary). This guidance is subject to change at short notice and will be updated on a regular basis until the situation improves. This guidance complements that provided by the Trust and University to all patients, staff and students. Where guidance from external organisations proves inconsistent, instructions from the Trust and University should take precedence.

The National Institute for Health Research (NIHR) statement on the impact of COVID-19 can be found here. The NIHR has also published a Q&A on research impact that is being updated regularly.

General advice for research staff

- There may be a requirement for clinically trained research staff, with either substantive or honorary contracts with Barts Health and the appropriate clinical competencies, to support the provision of patient care during a serious outbreak. Appropriate activities will vary widely given the various qualifications, skills and experience of research staff. A list of all clinically trained research staff has been compiled by the JRMO and submitted to the Trust's coordinating team.

- All clinically qualified research staff working on hospital premises should acquaint themselves with guidance issued within their clinical service and discuss what their appropriate clinical activities may be on an individual basis. In some cases, this will include fit-testing for face masks and training in use of protective clothing.

- Other research staff with no clinical qualifications may wish to consider remote working at home. This should be discussed with the line manager in each research team.

- In the event of a severe outbreak, we should assume the Clinical Research Facilities at the Royal London and Whipps Cross Hospitals would be redeployed in support of the care of non-research patients. However, the care needs of patients participating in clinical research must also be addressed, in particular where research patients require ongoing treatment (see below).

- Guidance has also been issued by the Health Research Authority (HRA) and the Medicines and Healthcare Products Regulatory Agency (MHRA). We recommend that investigators seek the advice of Joint Research Management Office (JRMO) staff if they have any concerns about how to implement this guidance.

Prioritising clinical studies

- As a result of changes in public behaviour, we are already observing a reduction in patient research activities. However, as the outbreak escalates further, we may decide to reduce or suspend activities on selected research studies to minimise non-essential travel to hospitals.

- However, we deliver a very wide variety of patient research and it is not appropriate to issue blanket rules about which studies should continue and which should be suspended. In some cases, there will be an ongoing need to ensure patient treatments continue e.g. patients enrolled in chemotherapy trials. In some cases, there may be a risk of harm to patients if trial activities are suspended. There are also several studies specifically intended to improve the management of the pandemic and maximise learning for future similar outbreaks.

- For these reasons, the principal and chief investigators of all research involving patient contact at Barts Health and Queen Mary must review the circumstances of each study and consider whether it is appropriate to suspend study activities until the outbreak subsides. Such decisions must be made by clinically qualified staff on clinical criteria, in most cases this will be the principal investigator of the study concerned. Any decisions should be communicated to study sponsors and to the JRMO. The Clinical Directors for Research & Development will be able to advise on these decisions and their timing. Principal investigators may also wish to discuss the situation with study sponsors, in particular for commercial trials.

- The JRMO is in the process of compiling a list of all on-going studies and will in the next few days contact research groups and PIs to establish their status, with a view to determining those that can be safely suspended. Research groups and PIs should provide a reason why a study should not be suspended. Replies will be reviewed by the Clinical Directors for Research and Development.

- The NIHR has confirmed that, until further notice, the NIHR Clinical Research Network is pausing the site set up of any new or ongoing studies at NHS and social care sites that are not nationally prioritised COVID-19 studies.

- It is important that pharmacovigilance activities, including Serious Adverse Event (SAE) reporting, continue where relevant, to ensure the safety of other trial participants.

- In most cases, principal investigators should postpone a launch of patient recruitment to new clinical studies until after the outbreak subsides. Again, it helps to liaise with the sponsor for external studies.

- Unless there is a clear justification, we would recommend research staff do not routinely visit wards or other clinical areas where patients infected with COVID-19 are being treated. Chief and principal investigators should prioritise all patient facing research activities in light of this. Once again, the Clinical Directors for Research & Development will be available to advise on these decisions.

- It is likely that research funders will expect additional costs arising due to the pandemic to be absorbed into study budgets. Consider how telephone and online patient consultations may facilitate ongoing study activity, whilst avoiding the risks of attending a hospital. Remote working should be encouraged but staff should recognise the responsibility this places on them. Some teams are making use of this period to catch up on routine tasks such as trial file management and updating policies.

Contracting and finance

- It is possible that the temporary suspension of clinical research may make it difficult to meet contractual obligations. This is a particular concern for commercial research.

- Analysis of contracts for commercial and non-commercial research suggests that both Barts Health and Queen Mary could rely on Force Majeure clauses in research contracts in the event of temporary suspension due to COVID-19. The main litigation threats likely lie with small commercial partners.

- If a decision is taken to suspend any study activities at either Barts Health or Queen Mary, the JRMO needs to issue legal notices to other parties to this effect in order to avoid a breach of contract. Such decisions must therefore be made together with JRMO staff to ensure such notices are issued promptly.

- UKRI and NIHR have confirmed that they will take a pragmatic approach, no financial penalties will be enforced if a project is suspended and, if costs cannot be absorbed by any overall underspend on the grant, then 'small additions' may be covered (see the UKRI website here). It is anticipated that AMRC registered charities will fall in line with the main UKRI guidelines. However, the requirement remains to notify funding bodies on a project by project basis.

- Specific guidance from other funders on their approach to COVID-19 suspension can be found as follows:
    - The Welcome Trust
    - British Heart Foundation

- The requirement for clinical staff aligned to research projects to be enlisted to support NHS resource demands has also been anticipated and understood by these funding bodies.

- We should anticipate a short-term reduction in our financial activity and cash flow as a result of the above. This should ease when we return to business as usual.

EU Horizon 2020 funded projects

- The European Commission and Research Executive Agency has indicated it will adopt a flexible approach towards EU Horizon 2020 projects, which fail to meet grant agreement obligations due to the COVID-19 containment measures, and may apply the rules on Article 51 *force majeure,* or extend the duration of projects.

- Projects will be assessed on a case-by-case basis and grantees should speak to their Project Officer (via their project coordinator if not the lead organisation) if they require support. For

more information see the Europa website here and he EC Funding and Tenders Portal FAQ here. Please also see UKRO website guidance here.

- To summarise, where a project's implementation is affected by Covid-19, grant holders should first contact their EC project officer (or via the project coordinator where Queen Mary or Barts Health is not the lead organisation) and also flag this to the JRMO EU Unit for support.

- Grant holders should take all the necessary steps to limit any damage due to force majeure, for example by cancelling flight tickets or claiming the reimbursement from the cancellation insurance (if applicable).

Research into COVID-19

- A number of studies are being proposed to investigate the pandemic and individual patient treatments for respiratory failure. Some of these are pre-planned studies which have been previously funded in anticipation of a pandemic, while others are new proposals. For obvious reasons the principal investigators are working very hard to open these studies to recruitment as soon as possible.

- It is important to prioritise these projects and expedite the regulatory approvals process as much as possible. Given the exceptional circumstances, JRMO is establishing an emergency governance procedure for COVID-19 research with a dedicated team to process approvals. We hope that study approvals which would normally take many weeks can be completed in days. This new process will shortly be available on the JRMO website.
- To achieve this, selected governance procedures may be waived. Studies may be approved on the basis that outstanding tasks will be completed following approval. However, the basic professional responsibilities of all staff to protect research participants will not be relaxed. Investigators are reminded that regulations and laws around the conduct of research, and of course our duty as health professionals remain unchanged.

- Studies of COVID-19 which receive an expedited approval will automatically be subject to monitoring and audit by JRMO to ensure participant safety and to verify the quality of the research. This will not impede proposed research but will add credibility.

- The urgency to set up clinical research does not justify starting a study without ethics approval, nor re-classifying what would usually be considered research as a service evaluation.

- NHS staff are currently working in exceptionally challenging circumstances. Studies which involve our staff as participants will therefore be given the same detailed consideration as studies involving patients. Such studies must include robust procedure to ensure the care of staff participants.

- Measures to ensure the safety of investigators conducting the research must also be clearly described. This must include any relevant measures for provision and training in the use of Personal Protective Equipment (PPE). Protocols must include an assessment and justification of risk to investigators for any research procedures such as sample collection.

- If staff shortages become a problem in JRMO, it may be necessary to prioritise studies on the basis of scientific merit. The Clinical Directors of R&D will make these decisions on the basis of the likely benefit to individual patients and society.

- All staff are reminded that unless specific permission is in place, access to the Electronic Patient Record (EPR) for any given patient is confined to their direct care team. We have asked the information governance team to monitor all attempts to access the EPR of COVID-19 patients to ensure these regulations are followed. Members of direct care teams are also reminded of the need for regulatory approvals for all research using their patients' data. JRMO will be happy to advise on these procedures.

- Whilst we may not be able to address regulatory breaches in clinical research as effectively as usual during the pandemic, JRMO will ensure these are investigated in the subsequent weeks and months after the crisis has settled.

The above points are subject to regular change as the incidence develops. Please monitor the JRMO website for regular updates: www.jrmo.org.uk. JRMO staff and the Clinical Directors for Research & Development will be available to advise staff on any decisions during the outbreak.

In order to facilitate prompt communication, we ask that you channel related queries to Nick Good, Projects and Communications Manager in the JRMO - nicholas.good@nhs.net - to ensure these promptly reach the most appropriate available staff member.

JRMO
25th March 2020