

### **NRS Researcher Support – Recruitment premium – Policy on stratification of studies**

The Recruitment Premium element of funding is allocated to Boards based on the number of individuals recorded on CPMS to eligible or adopted studies in the previous year. It is intended to encourage NHS staff to recruit participants, and incentivise and reward Boards for this activity.

While the Project element of Researcher support funding is intended to be used to fund the freeing up of clinician time to carry out research, the Recruitment Premium funding can be flexibly used to cover the other activities outlined in the NRS Funding Guidance.

In 2013 it was recognised that there were a small number of studies ongoing where payment of the full premium per-participant would skew the overall allocations. Therefore, with the agreement of the NRS Strategy Board, a lower band of Recruitment Premium funding was introduced.

In August 2016 the NRS Strategy Board agreed that for future allocations the following policy should apply:

A lower rate will be considered for studies that meet both definitions below;

a) a **high number of planned recruits over the entirety of the study**

*This should be interpreted to mean that the study has a planned recruitment 1000 or more Scottish participants.*

**And**

b) a **low level of additional activity for the NHS**

*This should be interpreted to mean that the study involves some level of interaction with staff, but that this is very small. For example, this might apply to studies which are collecting tissue/data with an associated research question, or to studies where simple procedures are taking place within a single NHS visit.*

Those studies which fall within both definitions are eligible for the lower rate of Recruitment Premium.

CMT will maintain a list of studies which will be paid the lower rate of Recruitment Premium (see table below for studies to which this has already been applied). It is important that these studies are identified in advance therefore Boards are requested to advise CMT of:

1. Any studies for which they have given management approval but have not yet commenced recruitment which may meet the criteria above, and
2. Any new studies for which they are carrying out the generic review which may meet the criteria above

CSO will then consider whether the low rate applies to the study and CMT will advise Boards accordingly.

Table of studies for which low rate of Recruitment Premium is applied

CPMS ID	Title
1358	EMBRACE
2882	Genetics of bone and joint disease
3544	The genetic analysis of multiple sclerosis
4179	CHIC (added in v7)
4961	UKAITPR
5630	PBC Genetics Study
5774	RAPID & PAGE (added in v7)
6542	BOCS (formerly FBCS)
7843	INFANT study
8090	BADBIR
9464	TOMMY trial
10387	Linking Campylobacter questionnaires to patient isolates
10487	Tissue stem cells in the human foetus
10622	CRUK Stratified Medicine Pilot
10646	Bio-Markers of systemic treatment outcomes in Psoriasis
11338	FAST
11395	INTERVAL Dental recall trials
11582	HCV Research.
11602	Scottish HPV archive
12237	DESIST
12237	Improve ICU Sedation Quality
12391	Health in Groups: A Longitudinal and Cross-National Study
12886	NHS 24 and you
14195	Improving patient experience of care study (IPEC)
14201	SCOTS (Surgical Obesity Treatment Study)
14322	High Sensitive Troponin in the Evaluation of Patients with ACS
14380	HPV Vaccination and Cervical Screening Study
14635	SOCCS S3
14921	Viking Health Study - Shetland
15032	Survey of patient's management of early cancer symptoms.
15323	TOPS
15488	Understanding human sperm physiology in fertile and subfertile men
16351	Evaluation of HPV DNA testing in primary cervical cancer screening – PAV-DG
17071	TIME
17550	USEFUL study
17592	MUNROS Project
19270	DOLORisk
20173	Stratifying risk of colorectal disease in symptomatic patients:
30964	The SAFeR Study
31060	GoDARTS-Scotland
31346	Life after prostate cancer diagnosis
31913	Epidemiology of Critical Care provision after Surgery (EpiCCS)
37113	Evaluation of Potential Negative Impacts of MUP in Sexual Health
36539	Assessing healthcare perceptions of electronic cigarettes use
36907	Evaluation of Minimum Unit Pricing of Alcohol in Emergency Departments
34315	Scottish Participation in Genomics England 100,000 Genomes Project
37144	Brain tumour diagnostic intervals
20152	Family and Population Genetic Studies in Mental Illness - STRADL
19770	Significant Ankle Ligament Injury (SALI) cohort
30572	Vascular events In Surgery patients cOhort evaluationN (VISION)
37170	Burden of RSV Disease in Children (added in v7)
32256	Perioperative Quality Improvement Programme: Patient Study
36798	BRIDGE IT (added in v7)

For the current return, CSO have agreed to exceptionally pay a recruitment premium of £10 per patient for Scottish patients recruited to the NIHR IBD Bioresource (<http://www.ibdbioresource.nihr.ac.uk/> CPMS ID 20664). Recruits are not eligible to be included in the Health Board activity returns, and will not be included in overall recruitment totals.