NHS
National Institute for Health Research

UK Feasibility and Adoption Form

Please read "UK Feasibility and Adoption Guidance Information" before completing this form.

SECTION 1 – CONTACT DETAILS

Chief Investigator (CI)
Name: **Position:**

Address (including post code):

Telephone: **Email:**
Lead organisation:

Study Coordinator
Name: **Position:**

Address (including post code):

Telephone: **Email:**
Lead organisation:

SECTION 2 – NETWORK INFORMATION

Please indicate which MHRN(s) you wish to run your study on
England ☐ Scotland ☐ Wales ☐ Northern Ireland ☐

Which MHRN will lead the study coordination?

Please indicate if you have applied to or are currently hosted by another UKCRN Network (list all)

Comprehensive Clinical Research Network – please specify which CLRNs

Did the study originate from one of the MHRN Clinical Research Groups? If so please specify which group:

SECTION 3 - STUDY INFORMATION

Full study title:

Acronym:

Active Status
Set-up ☐ Open ☐ Follow-up ☐ Complete☐

UK Mental Health Research Network
SMHRN Scottish Mental Health Research Network
MHRN Cymru

Geographical scope
UK multi-centre ☐ International multi-centre ☐ Single centre ☐

Primary Objectives:

Secondary Objectives:

Abstract:

Primary study design: Interventional ☐ Observational ☐ Both ☐

Observational studies Please select

Interventional studies Please select

Interventional detail (if appropriate)
Please select

Main diagnosis: Please select
Other (please specify):
Secondary diagnosis (please specify):

Inclusion criteria

Exclusion criteria

Phase: Please select
Age limits:

SECTION 4 – SITE INFORMATION

Study setting
Primary ☐ Secondary ☐ Tertiary ☐ Social ☐

Characteristics of care settings for recruitment – please indicate all that apply

Acute teaching hospital	☐	Acute NHS Trust	☐
NHS Primary Care Trust	☐	Local Health Board (Wales)	☐
NHS Trust providing mental healthcare	☐	GP Practice	☐
NHS Health Boards (Scotland)	☐	HPSS Trusts (NI)	☐
NHS Care Trusts	☐	Social Care Organisations	☐
Prisons	☐	Independent Hospital	☐
Educational establishment	☐	Independent research unit	☐

Other (please state):

Please provide details of all site locations (MHRNs of England, Scotland, Wales and Northern Ireland & non MHRN) giving the name of the site and local investigator if applicable.

Is the study open to new centres/sites? Yes ☐ No ☐

If yes do you want the MHRN to locate additional sites? Yes ☐ No ☐

SECTION 5 - FUNDING AND SPONSORSHIP

Funding awarded Yes ☐ No ☐

If no please state date decision expected:

Please complete the following as appropriate.
Funder
Name:
Grant code:
Outline application date:
Full application date:
Grant award date:
Grant start date:
Grant end date:

Amount of funding:

Service support costs/Support for Science funding required? Yes ☐ No ☐
If yes, have costs been agreed? Yes ☐ No ☐
Amount?

Are excess treatment costs required? Yes ☐ No ☐
If yes, have costs been agreed? Yes ☐ No ☐
Amount?

Please provide any additional information:

Are there any project costs that will not be covered by the funding body or through a service support or excess treatment costs agreement?
Yes ☐ No ☐

If yes, please provide details:

Does the study receive any commercial funding or support? Yes ☐ No ☐

If yes please provide details of support provided:

Name of study sponsor(s):

SECTION 6 – RECRUITMENT & FOLLOW-UP

Sample size
Overall:
UK:
Description of sample size:

Planned start date for recruitment:

Actual start date (open studies):

Planned end date for recruitment:

Estimated recruitment in Year 1:

Estimated annual recruitment in subsequent years:

If recruitment targets vary between centres/sites please provide details:

Studies that are already open please provide details of recruitment to date and any shortfall along with reasons for the shortfall

Length of follow up (months):

Studies that are open or in follow-up please provide details of the follow-up target and follow-up achieved; provide reasons for any shortfall:

SECTION 7 - STATISTICS AND DATA MANAGEMENT

Statistician responsible for the study design:
Statistician responsible for study analysis:

Does your study intend to use the MHRN PsyGrid Data Entry System (DES)? Yes ☐ No ☐
NB PsyGrid DES is available to studies running primarily in England.

If no, please provide details of the data entry system you intend to use:

SECTION 8 – STUDY MANAGEMENT

Please indicate if your project intends to have the following
TRIALS ONLY

Trial Steering Committee	Yes ☐	No ☐
Trial Management Group	Yes ☐	No ☐
Data Monitoring & Ethics Committee	Yes ☐	No ☐

OTHER STUDIES

Steering Committee	Yes ☐	No ☐
Management Group	Yes ☐	No ☐

Please provide details of any special expertise required for the study plus the academic disciplines involved:

Who will identify the potential participants?

Who will take informed consent from study participants?

SECTION 9 – ETHICS

Has MREC approval been awarded? Yes ☐ No ☐

If no has approval been applied for? Yes ☐ No ☐

If yes please provide:

- **the MREC number for the study:**
- **the date of MREC approval:**

SECTION 10 – CARER INVOLVEMENT (INFORMAL)

Degrees of Carer involvement

Please categorise carer involvement by ticking all relevant boxes.

Consultation (where carers are consulted with no sharing of power in decision making) ☐

Collaboration (which involves an active on-going partnership of carers in the research process): researcher initiated ☐ jointly initiated ☐ carer initiated ☐

Control (where carers design, undertake and disseminate results of a research project) ☐

Stages of Carer Involvement

Please describe how you have involved carers and how you plan to involve carers in the following areas.

Study development:

Conduct of the study:

Dissemination of study findings:

SECTION 10 – SERVICE USER INVOLVEMENT

Degrees of Service User involvement
Please categorise service user involvement by ticking all relevant boxes:

Consultation (where consumers are consulted with no sharing of power in decision making) ☐

Collaboration (which involves an active on-going partnership of consumers in the research process): researcher initiated ☐ jointly initiated ☐ service user initiated ☐

Control (where consumers design, undertake and disseminate results of a research project) ☐

Stages of Service User Involvement
Please describe how you have involved service users and how you plan to involve service users in the following areas.

Study development:

Conduct of the study:

Dissemination of study findings:

SECTION 11 – CLINICIAN INVOLVEMENT

Please describe how clinicians or other service providers have been involved in developing or assessing the feasibility of this study:

SECTION 12 - UK MHRN INVOLVEMENT

Please state why you want to run the project on the MHRN:

Please state as fully as possible what assistance you require from the Networks:

DATE FORM COMPLETED:

The information provided in this form will be used to assess and advise on feasibility of the study to run on the MHRN. In addition, we would wish to use this information to publicise studies externally (newsletters, flyers etc) to aid study completion on time and to target. Please indicate if you are happy for the MHRN Networks to use the information in this way: Yes ☐ No☐

All projects hosted by the English and Scottish Networks become part of the UKCRN Portfolio database. Studies must agree to register with the UKCRN and complete the information; updating and amending throughout the course of the study. Accrual information must be uploaded to UKCRN by the study team on a monthly basis. Please indicate by checking the box that you agree to provide this information: Yes ☐ No ☐