Welcome to the Integrated Research Application System

IRAS Project Filter

The integrated dataset required for your project will be created from the answers you give to the following questions. The system will generate only those questions and sections which (a) apply to your study type and (b) are required by the bodies reviewing your study. Please ensure you answer all the questions before proceeding with your applications.

Please complete the questions in order. If you change the response to a question, please select 'Save' and review all the questions as your change may have affected subsequent questions.

Please enter a short title for this project (maximum 70 characters)
Identification of Novel Psychoactive Substances (IONA) - (Scotland)

1. Is your project research?

(●) Yes ( ) No

2. Select one category from the list below:

( ) Clinical trial of an investigational medicinal product

( ) Clinical investigation or other study of a medical device

( ) Combined trial of an investigational medicinal product and an investigational medical device

( ) Other clinical trial to study a novel intervention or randomised clinical trial to compare interventions in clinical practice

( ) Basic science study involving procedures with human participants

( ) Study administering questionnaires/interviews for quantitative analysis, or using mixed quantitative/qualitative methodology

( ) Study involving qualitative methods only

(●) Study limited to working with human tissue samples (or other human biological samples) and data (specific project only)

( ) Study limited to working with data (specific project only)

( ) Research tissue bank

( ) Research database

If your work does not fit any of these categories, select the option below:

( ) Other study

2a. Please answer the following question(s):

a) Will you be taking new samples primarily for research purposes (i.e. not surplus or existing stored samples), including any removal of organs or tissue from the deceased?	(●) Yes	( ) No
b) Will you be using surplus tissue or existing stored samples identifiable to the researcher?	(●) Yes	( ) No
c) Will you be using only surplus tissue or existing stored samples not identifiable to the researcher?	(●) Yes	( ) No
d) Will you be processing identifiable data at any stage of the research (including in the identification of participants)?	(●) Yes	( ) No

3. In which countries of the UK will the research sites be located?*(Tick all that apply)*

- [x] England
- [x] Scotland
- [x] Wales
- [ ] Northern Ireland

3a. In which country of the UK will the lead NHS R&D office be located:

- (•) England
- ( ) Scotland
- ( ) Wales
- ( ) Northern Ireland
- ( ) This study does not involve the NHS

4. Which applications do you require?

IMPORTANT: If your project is taking place in the NHS and is led from England select 'IRAS Form'. If your project is led from Northern Ireland, Scotland or Wales select 'NHS/HSC Research and Development Offices' and/or relevant Research Ethics Committee applications, as appropriate.

- [ ] IRAS Form
- [x] NHS/HSC Research and Development offices
- [ ] Social Care Research Ethics Committee
- [x] Research Ethics Committee
- [ ] Confidentiality Advisory Group (CAG)
- [ ] Her Majesty's Prison and Probation Service (HMPPS)

For NHS/HSC R&D Offices in Northern Ireland, Scotland and Wales the CI must create NHS/HSC Site Specific Information forms, for each site, in addition to the study wide forms, and transfer them to the PIs or local collaborators.

For participating NHS organisations in England different arrangements apply for the provision of site specific information. Refer to IRAS Help for more information.

5. Will any research sites in this study be NHS organisations?

(•) Yes ( ) No

5a. Do you want your NHS R&D application(s) to be processed through the NIHR Coordinated System for gaining NHS Permission?

(•) Yes ( ) No

If yes, you must complete and submit the NIHR CSP Application Form immediately after completing this project filter, before proceeding with completing and submitting other applications.

6. Do you plan to include any participants who are children?

(•) Yes ( ) No

7. Do you plan at any stage of the project to undertake intrusive research involving adults lacking capacity to consent for themselves?

◉ Yes ○ No

Answer Yes if you plan to recruit living participants aged 16 or over who lack capacity, or to retain them in the study following loss of capacity. Intrusive research means any research with the living requiring consent in law. This includes use of identifiable tissue samples or personal information, except where application is being made to the Confidentiality Advisory Group to set aside the common law duty of confidentiality in England and Wales. Please consult the guidance notes for further information on the legal frameworks for research involving adults lacking capacity in the UK.

8. Do you plan to include any participants who are prisoners or young offenders in the custody of HM Prison Service or who are offenders supervised by the probation service in England or Wales?

◉ Yes ○ No

9. Is the study or any part of it being undertaken as an educational project?

○ Yes ◉ No

10. Will this research be financially supported by the United States Department of Health and Human Services or any of its divisions, agencies or programs?

○ Yes ◉ No

11. Will identifiable patient data be accessed outside the care team without prior consent at any stage of the project (including identification of potential participants)?

○ Yes ◉ No

NOTICE OF SUBSTANTIAL AMENDMENT

Please use this form to notify the main REC of substantial amendments to all research other than clinical trials of investigational medicinal products (CTIMPs).
The form should be completed by the Chief Investigator using language comprehensible to a lay person.

Details of Chief Investigator:

	Title	Forename/Initials	Surname
	Prof	Simon	Thomas
Work Address	Medical Toxicology Centre		
	Newcastle University		
	Newcastle		
PostCode	NE2 4HH		
Email	simon.thomas@ncl.ac.uk		
Telephone	01912606180		
Fax	01912820288		

For guidance on this section of the form refer to the guidance

Full title of study:	Identification and characterization of the clinical toxicology of novel psychoactive substances (NPS) by laboratory analysis of biological samples from recreational drug users (Scotland).
Lead sponsor:	The Newcastle upon Tyne Hospitals NHS Foundation Trust
Name of REC:	Scotland A
REC reference number:	15/SS/0047

Additional reference number(s):

Ref.Number Description	Reference Number
England and Wales REC reference	15.NE.0023
England and Wales IRAS number	168706

Name of lead R&D office:	The Newcastle upon Tyne Hospitals NHS Foundation Trust
Date study commenced:	9th November 2015
Protocol reference (if applicable), current version and date:	Version 4, 16th April 2018
Amendment number and date:	Amendment 3, 16th April 2018

Type of amendment

(a) Amendment to information previously given in IRAS

◉ Yes ○ No

If yes, please refer to relevant sections of IRAS in the "summary of changes" below.

(b) Amendment to the protocol

◉ Yes ○ No

If yes, please submit either the revised protocol with a new version number and date, highlighting changes in bold, or a document listing the changes and giving both the previous and revised text.

Protocol, Version 4, 16th April 2018

(c) Amendment to the information sheet(s) and consent form(s) for participants, or to any other supporting documentation for the study

◉ Yes ○ No

If yes, please submit all revised documents with new version numbers and dates, highlighting new text in bold.

Participant information sheet and consent form- nearest relative/guardian or welfare attorney (V4.0, 16th April 2018, page 4)

Cover letter (person previously included when they did not have capacity, Scotland, V1, 16th April 2018)

Is this a modified version of an amendment previously notified and not approved?

○ Yes ◉ No

Summary of changes

Briefly summarise the main changes proposed in this amendment. Explain the purpose of the changes and their significance for the study.
If this is a modified amendment, please explain how the modifications address the concerns raised previously by the ethics committee.
If the amendment significantly alters the research design or methodology, or could otherwise affect the scientific value of the study, supporting scientific information should be given (or enclosed separately). Indicate whether or not additional scientific critique has been obtained.

BACKGROUND

The IONA study is collecting blood, urine and oral fluid samples from people presenting to UK hospitals with severe toxicity suspected to be related to use of novel psychoactive substances (sometimes previously called 'legal highs'). Sample analysis is being performed to identify the substances involved and to link these with clinical features of toxicity experienced by the participant. The study currently involves 22 study sites in England and Wales (5 further sites in set-up phase) and 2 sites in Scotland. Because the study can involve adults with incapacity, separate ethical approval was required in England and Wales (15/NE/0023) and Scotland (15/SS/047).

This is a request for substantial amendments to be made to the study consisting of

(i) adjusting the end date to allow one further year of recruitment
(ii) reducing the overall recruitment target for Scotland
(iii) Clarifying arrangements for patients entered into the study on the advice of a person with relevant powers who leave hospital before their own consent can be confirmed or withdrawn.
(iv) Clarifying study entry criteria

SUBSTANTIAL AMENDMENTS REQUESTED

1. Adjustment of the end date

Additional funding has been obtained from the NIHR to allow the study to be extended by one year. We are therefore seeking approval for the end date to be adjusted from 31st March 2019 (as specified in IRAS A69-1)to 31st March 2020. This will allow a longer period of monitoring of this public health issue and allow samples from an increased number of participants to be analysed (see below).

The protocol (V4, 16th April 2018) has been updated with this revised end date (page 4 of the clean version)

2. Adjustment of recruitment targets.

The current ethical approval is for recruitment in England and Wales is 400 participants and for Scotland 200 participants, giving a grand total of 600 (IRAS A69-1). The 1 year study extension allows this grand total to be increased to 750. Recruitment of study sites and of participants has been stronger than expected in England and Wales (Current total 359), while in Scotland fewer study sites have agreed to take part than anticipated and as a result numbers of Scottish participants have been smaller (Current total 91). We are therefore seeking approval to rebalance the numbers of subjects recruited so that 570 will be recruited in England and Wales and 180 in Scotland. Please also note that this is an observational study, the success of which is not dependent on recruiting a specific number of patients.

These revised recruitment targets are reflected in the updated schedule of events (Protocol V4, 16th April 2018, pages 33-34 of the clean version)

3. Arrangements for participants included on the advice of a person with relevant powers

The IONA study ethical approval allows people who meet entry criteria and who lack capacity to be entered into the study on the advice of a personal or professional consultee (England and Wales) or person with relevant powers (Scotland). Should capacity later be regained, the study is explained to participants who also consider the participant information sheet and can decide to confirm consent, withdraw consent but allow data collected so far to be used, or withdraw consent altogether, in which case data and samples taken are destroyed. For some participants, however, it has not been possible to obtain a decision from the participant because they have left hospital before they can be approached by research staff. When this happens, all reasonable efforts are made to contact the participant and approval is in place so that the participant's views can be taken by telephone. In several cases, however, it has not been possible to contact the participant in spite of the best efforts of the research team.

We would therefore seek approval to be allowed to use the data from participants included on the advice of a person with relevant powers who have not responded to reasonable efforts to contact them. These would include approach by letter followed by at least 2 telephone calls (if a number has been provided).

We believe this is ethically justifiable as (a) the original inclusion of the participant was with the agreement of a person with relevant powers, (b) participants have been given as much opportunity as feasible to withdraw consent should they wish to do that and (c) the data provided to the research centre is linked-anonymised. We have considered alternatives of (a) assuming withdrawal of consent under these circumstances, but this would result in loss of valuable data and this may not reflect the wishes of the participant were these to be known (b) destroying the link between the participants research data (clinical details and sample analytical results) and their identity under these circumstances so that for these participants their involvement would be fully anonymised. While this would be better from a research point of view than destroying the data altogether, we would prefer not to do this as we would lose the opportunity to obtain additional information about participants where there might be exposure to a substance of particular interest/importance. The advice of the REC on this would be very helpful.

We have also provided guidance that a person with relevant powers could be approached if capacity is not regained within 12 h. We would like to reduce that interval to 6 h. This increases the numbers of patients whose relatives or welfare attorneys could be approached by research teams during normal working hours.

Our proposals are detailed in the Protocol (Protocol V4, 16th April 2018, page 31 of the clean version) and in participant information sheet and consent form- nearest relative/guardian or welfare attorney (V4.0, 16th April 2018, page 4) and in the cover letter (person previously included when they did not have capacity, Scotland, V1, 16th April 2018).

4. Changes to participant entry criteria (IRAS A17-1 and A17-2)

We would like to make some minor changes to the protocol to clarify the inclusion and exclusion criteria, as follows.

Previous text

Inclusion criteria
• Patient with suspected novel psychoactive substance exposure
• Patient with severe or unexpected opioid toxicity1
• Presence of severe acute toxicity (See text)

• Patient consent (immediate or retrospective)

Exclusion criteria
• Refusal of consent
• Absence of severe toxicity
• Children and young people <16 y
• Samples collected for investigation of suspected non-accidental injury

New text

Inclusion criteria

• Patient with suspected novel psychoactive substance exposure
OR
Patient with severe or unexpected toxicity from non-pharmaceutical opioid misuse1
AND
• Presence of severe acute toxicity (See text)*
AND
• Patient consent (immediate or retrospective)

Exclusion criteria
• Refusal of consent
• No clinical suspicion of novel psychoactive substance or non-pharmaceutical opioid exposure
• Absence of severe toxicity
• Children and young people <16 y
• Samples collected for investigation of suspected non-accidental injury

These changes are detailed in the Protocol (V4, 16th April 2018, page 26 of the clean version).

5. Administrative changes to the protocol

Information on currently participating research sites and research teams has been updated. (Protocol, Pages 2-4 of the clean version)

Associated documents

The following documents have been updated to cover changes proposed in this application for a substantial amendment:

• Protocol, (V4, 16th April 2018)
• Participant information sheet and consent form- nearest relative/guardian or welfare attorney (V4.0, 16th April 2018, page 4)
• Cover letter (person previously included when they did not have capacity, Scotland, V1.0, 16th April 2018)

Any other relevant information

Applicants may indicate any specific issues relating to the amendment, on which the opinion of a reviewing body is sought.

The ethical issue on which we would most value advice is about the use of data and samples from participants included on the advice of a person with relevant powers, where it has not been possible to obtain their own consent when capacity is regained (See '3. Arrangements for participants included on the advice of a person with relevant powers' above, for further explanation.

List of enclosed documents

Document	*Version*	*Date*
Protocol	4	16/04/2018
Participant information sheet and consent form- nearest relative/guardian or welfare attorney	4.0	16/04/2018

• Cover letter (person previously included when they did not have capacity)	1.0	16/04/2018

Declaration by Chief Investigator

1. *I confirm that the information in this form is accurate to the best of my knowledge and I take full responsibility for it.*
2. *I consider that it would be reasonable for the proposed amendment to be implemented.*

This section was signed electronically by Prof Simon Thomas on 13/04/2018 15:55.

Job Title/Post:	Consultant
Organisation:	Newcastle Hospitals NHS FT
Email:	simon.thomas@ncl.ac.uk

Declaration by the sponsor's representative

I confirm the sponsor's support for this substantial amendment.

This section was signed electronically by Mr Aaron Jackson on 26/04/2018 15:52.

Job Title/Post:	RM&G Manager
Organisation:	The Newcastle upon Tyne Hospitals NHS Foundation Trust
Email:	trust.R&D@nuth.nhs.uk