

# A trial comparing short course antibiotics and standard course antibiotics for the treatment of sepsis

<b>Submission date</b> 07/11/2023	<b>Recruitment status</b> Recruiting	<input type="checkbox"/> Prospectively registered
		<input type="checkbox"/> Protocol
<b>Registration date</b> 12/12/2023	<b>Overall study status</b> Ongoing	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
<b>Last Edited</b> 13/04/2026	<b>Condition category</b> Infections and Infestations	<input type="checkbox"/> Individual participant data
		<input checked="" type="checkbox"/> Record updated in last year

## Plain English summary of protocol

### Background and study aims

Sepsis is a life-threatening condition due to a severe infection. It is a common reason for patients to require “life-support”. Sepsis is a leading cause of death worldwide.

Antibiotics are a major part of the treatment of sepsis, but antibiotics also carry significant risks. The overuse of antibiotics promotes the emergence of “superbugs”, can also be toxic to organs such as the liver and can occasionally be responsible for life-threatening bowel infections.

Striking the right balance of using antibiotics appropriately, while avoiding their potential harm, is a challenge. Antibiotics are initiated rapidly for sepsis because of the severity of illness but once started, the exact duration needed to treat an infection adequately is unknown. Determining a duration of antibiotics that effectively treats sepsis, but is not unnecessarily prolonged, could have a big impact on antibiotic use overall.

We aim to determine whether short-duration antibiotic treatment is as good as routine practice, which is usually a longer duration of antibiotics, for critically ill patients with sepsis.

We will carry out a clinical trial including adult patients with sepsis who are admitted to a critical care unit. We will randomly allocate patients to receive a short fixed-course of antibiotics (5 days) or usual care (this is typically a 9-day course). This trial will only specify the duration of antibiotics, and the clinical team will know what duration the patient is getting. The choice or combination of antibiotics will be decided by the clinical team. All patients will have antibiotics managed according to standard antibiotic stewardship practice. The only difference between the two trial groups is that the short-duration group will have 5 days of antibiotics.

We will determine whether short-course antibiotic treatment is as effective as routine practice by assessing clinical outcomes for patients when they are in hospital and at 90-day follow-up.

### Who can participate?

The SHORTER trial will recruit adults patients (aged 18 or over) who are being treated in a critical care setting for suspected or confirmed sepsis.

### What does the study involve?

Antibiotics are essential in treating sepsis. But we also know that there are side effects of being treated with antibiotics, especially in people being treated in an intensive care setting. These include developing more infections, some of these might not respond to antibiotic treatment, and side effects in the body especially the kidneys. Commonly antibiotics are given for 7 or more days to treat sepsis. In the SHORTER trial we want to know whether we can safely and effectively treat sepsis with a shorter 5-day course of antibiotics and what effect this would have on patients.

Participants hospital stay will not change at all. Participants will be selected at random, by a computer, to take part in the intervention arm or control arm of the trial. If taking part in the intervention arm participants will have a short 5 day course of antibiotics to treat their sepsis, if taking part on the control arm participants will have the length of their antibiotics chosen by their hospital team, typically this will be 7 or more days of antibiotics.

Participants will take part in the trial for up to 90 days (approximately 3 months). Up to 90 days data will be collected from participants' medical records. At 90 days participants will be contacted and asked to complete some trial questionnaires.

### What are the potential benefits and risks of participating?

Participants may experience some potential benefits but it is also possible that they do not have any direct benefit. Though, participation could influence the treatment patients with sepsis receive in the future.

The main risk is if antibiotics are stopped before the infection is treated fully. Hospital teams will monitor participants' health closely, as they would normally, to ensure that they are not put at risk. If participants need to continue receiving antibiotics for longer, then they will be given these without hesitation. Participant safety always comes first. If this does happen data will still be used for the trial.

### Where is the study run from?

The Newcastle upon Tyne Hospitals NHS Foundation Trust (UK)

### When is the study starting and how long is it expected to run for?

February 2023 to May 2028

### Who is funding the study?

National Institute for Health and Care Research (NIHR) (UK).

### Who is the main contact?

SHORTER.Trial@newcastle.ac.uk

## Contact information

### Type(s)

Scientific

### Contact name

Ms Zoe Walmsley

**ORCID ID**

<https://orcid.org/0000-0002-1253-6668>

**Contact details**

Newcastle Clinical Trials Unit, Newcastle University, 1-4 Claremont Terrace  
Newcastle upon Tyne  
United Kingdom  
NE2 4AE  
+44 191 208 3819  
SHORTER.Trial@newcastle.ac.uk

**Type(s)**

Scientific

**Contact name**

Mr Phil Mawson

**ORCID ID**

<https://orcid.org/0000-0002-2056-5047>

**Contact details**

Newcastle Clinical Trials Unit, Newcastle University, 1-4 Claremont Terrace  
Newcastle-upon-Tyne  
United Kingdom  
NE2 4AE  
+44 191 208 2422  
SHORTER.Trial@newcastle.ac.uk

## Additional identifiers

**Integrated Research Application System (IRAS)**

317788

**Central Portfolio Management System (CPMS)**

57052

**National Institute for Health and Care Research (NIHR)**

134101

## Study information

**Scientific Title**

A randomised controlled trial of SHORT duration antibiotic thERapy for critically ill patients with sepsis

**Acronym**

SHORTER

**Study objectives**

Current study objectives as of 06/11/2025:

1. To determine whether short duration antibiotic therapy is as good as standard care in treating sepsis in terms of mortality and whether it reduces overall antibiotic exposure.
  2. To assess the effect of short duration antibiotic therapy on:
    - 2.1. Suspected clinically relevant antibiotic-associated adverse events
    - 2.2. Length of critical care unit stay
    - 2.3. Length of hospital-stay
    - 2.4. Rate of further/recurrence of infections
    - 2.5. Readmission to critical care or hospital
  3. Health Economic analysis:
    - 3.1. Is short course antibiotic therapy cost effective compared to usual care at 90 days post intervention?
    - 3.2. Is short course antibiotic therapy cost effective compared to usual care over the patient's lifetime?
  4. Process Evaluation:
    - 4.1. To understand the implementation of the trial protocol and willingness of clinicians to follow a fixed short-duration intervention.
- 

#### Previous study objectives:

1. To determine whether short duration antibiotic therapy is as good as standard care in treating sepsis in terms of mortality and whether it reduces overall antibiotic exposure
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3. Health Economic analysis:
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  - 3.2. Is short course antibiotic therapy cost effective compared to usual care over the patient's lifetime
4. Process Evaluation:
  - 4.1. To understand the implementation of the trial protocol and willingness of clinicians to follow a fixed short-duration intervention

#### **Ethics approval required**

Ethics approval required

#### **Ethics approval(s)**

1. approved 12/09/2023, Wales REC 4 (Health and Care Research Wales Support and Delivery Centre, Castlebridge 4, 15-19 Cowbridge Road East, Cardiff, CF11 9AB, United Kingdom; +44 2922 940989; Wales.REC4@wales.nhs.uk), ref: 23/WA/0197

2. approved 01/05/2024, Scotland A Research Ethics Committee (2nd Floor, Waverley Gate 2-4 Waterloo Place, Edinburgh, EH1 3EG, United Kingdom; +44 781 460 9032; sesres@nhslothian.scot.nhs.uk), ref: 24/SS/0013

#### **Study design**

Interventional randomized controlled trial

## Primary study design

Interventional

## Study type(s)

Treatment

## Health condition(s) or problem(s) studied

Sepsis

## Interventions

Current interventions as of 06/11/2025:

Patients will be randomised to one of two arms; the intervention arm and the comparator arm. Participants randomised to the intervention arm will have the duration of antibiotics adjusted to a 5-day course. This duration commences from the initiation of antibiotics. This short course of antibiotics relates only to the initial course of antibiotics and to its duration. The choice of antibiotics will be according to the clinical team.

Duration of antibiotics in the comparator arm will be according to best practice and guidelines as per standard care. All other aspects of care between the two trial groups will be according to best practice, including antibiotic adjustments according to test results and antibiotic stewardship multi-disciplinary team involvement.

Participant follow up will extend to 90-days. Outcome data will be collected from clinical records and routinely collected electronic data including Intensive Care audit bodies such as Intensive Care National Audit & Research Centre (ICNARC). The majority of outcome data will be collected before participants are discharged from hospital. Participants will be asked to complete questionnaires for health economic analysis (quality of life, time and travel) at 90 days. Participants will be contacted by telephone or post if discharged by this point.

In summary, patients will be screened for eligibility and have antibiotic duration for sepsis adjusted if randomised to the intervention arm. All other aspects of routine care will be unchanged. Participants will be followed up for 90 days following randomisation. The majority of outcome data will be collected from clinical records or routine electronic data sources. Participants will be asked to complete questionnaires at 90-day follow up for health economic analysis.

## Process Evaluation:

We will utilise mixed methods, using purposive sampled qualitative data together with quantitative data from the trial. Data will be collected during the following stages of the trial:

1. Pre-trial: We will assess the current practice of antibiotic use with a baseline questionnaire sent to all sites.
2. During the internal pilot: In a purposive sample of 10 sites (max of 40 participants) we will administer the Normalisation Measure Development survey instrument (NoMAD-23 item) and conduct interviews with clinical staff to determine the acceptability of the trial protocol.
3. During the main study: We will conduct semi-structured interviews (either face-to-face or remotely via tele/video conferencing) with clinical staff from approximately 10 sites (max of 40 participants) to assess the implementation and acceptability of the intervention and clinical decisions affecting fidelity to the trial protocol. We will also conduct non-participant

observations to understand the decision-making process related to antibiotic use.

4. Final site visits: We will conduct semi-structured interviews (either face-to-face or via tele/video conferencing) with staff (max of 40 participants) in purposively selected 10 sites involved in the intervention delivery to reflect on the use of the trial protocol, including perceived barriers, enablers, and work processes affecting antibiotic prescribing practice.

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Previous interventions as of 22/04/2024:

Patients will be randomised to one of two arms; the intervention arm and the comparator arm. Participants randomised to the intervention arm, will have the duration of antibiotics adjusted to a 5-day course. This duration commences from the initiation of antibiotics. This short course of antibiotics relates only to the initial course of antibiotics and to its duration. The choice of antibiotics will be according to the clinical team.

Duration of antibiotics in the comparator arm will be according to best practice and guidelines as per standard care. All other aspects of care between the two trial groups will be according to best practice, including antibiotic adjustments according to test results and antibiotic stewardship multi-disciplinary team involvement.

Participant follow up will extend to 90-days. Outcome data will be collected from clinical records and routinely collected electronic data including Intensive Care audit bodies such as Intensive Care National Audit & Research Centre (ICNARC). The majority of outcome data will be collected before participants are discharged from hospital. Participants will be asked to complete questionnaires for health economic analysis (quality of life, time and travel) at 90 days. Participants will be contacted by telephone if discharged by this point.

In summary, patients will be screened for eligibility and have antibiotic duration for sepsis adjusted if randomised to the intervention arm. All other aspects of routine care will be unchanged. Participants will be followed up for 90 days following randomisation. The majority of outcome data will be collected from clinical records or routine electronic data sources. Participants will be asked to complete questionnaires at 90-day follow up for health economic analysis.

#### Process Evaluation:

We will utilise mixed methods, using purposive sampled qualitative data together with quantitative data from the trial. Data will be collected during the following stages of the trial:

1. Pre-trial: We will assess the current practice of antibiotic use with a baseline questionnaire sent to all 50 sites.
2. During the internal pilot: In a purposive sample of 10 sites (max of 40 participants) we will administer the Normalisation Measure Development survey instrument (NoMAD-23 item) and conduct interviews with clinical staff to determine the acceptability of the trial protocol.
3. During the main study: We will conduct semi-structured interviews (either face-to-face or remotely via tele/video conferencing) with clinical staff from approximately 10 sites (max of 40 participants) to assess the implementation and acceptability of the intervention and clinical decisions affecting fidelity to the trial protocol. We will also conduct non-participant observations to understand the decision-making process related to antibiotic use.
4. Final site visits: We will conduct semi-structured interviews (either face-to-face or via tele/video conferencing) with staff (max of 40 participants) in purposively selected 10 sites involved in the intervention delivery to reflect on the use of the trial protocol, including perceived barriers, enablers, and work processes affecting antibiotic prescribing practice.

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Duration of antibiotics in the comparator arm will be according to best practice and guidelines as per standard care. All other aspects of care between the two trial groups will be according to best practice, including antibiotic adjustments according to test results and antibiotic stewardship multi-disciplinary team involvement.

Participant follow up will extend to 90-days. Outcome data will be collected from clinical records and routinely collected electronic data including the Hospital Episode Statistics (HES), Office for National Statistics (ONS) and Intensive Care audit bodies such as Intensive Care National Audit & Research Centre (ICNARC). The majority of outcome data will be collected before participants are discharged from hospital. Participants will be asked to complete questionnaires for health economic analysis (quality of life, time and travel) at 90 days. Participants will be contacted by telephone if discharged by this point.

In summary, patients will be screened for eligibility and have antibiotic duration for sepsis adjusted if randomised to the intervention arm. All other aspects of routine care will be unchanged. Participants will be followed up for 90 days following randomisation. The majority of outcome data will be collected from clinical records or routine electronic data sources. Participants will be asked to complete questionnaires at 90-day follow up for health economic analysis.

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## Intervention Type

Drug

**Phase**

Not Applicable

**Drug/device/biological/vaccine name(s)**

Antibiotics

**Primary outcome(s)**

Measured using patient records:

1. 28-day all-cause mortality (non-inferiority safety outcome)
2. Total antibiotic treatment days measured at 28 days (superiority clinical effectiveness outcome)

**Key secondary outcome(s)**

Current secondary outcome measures as of 06/11/2025:

1. All-cause mortality measured at 90 days
2. Suspected clinically relevant antibiotic-associated adverse events during index hospital admission occurring from randomisation up to hospital discharge
3. Length (number of days) of critical care unit stay for the initial index episode of sepsis measured up to 90 days
4. Length (number of days) of hospital stay measured up to 90 days
5. Number of further/recurrence of infections requiring additional antibiotic courses following the index sepsis episode, measured up to 28 days
6. Occurrence of readmission to critical care or hospital during the 90 day follow up period
7. Incremental cost per death avoided at 90 days measured using mortality data and the Health Resource Usage & Time and Travel Questionnaire
8. Incremental cost per Quality Adjusted Life Year (QALY) gained at 90 days measured using the EQ-5D-5L questionnaire
9. Cost-effectiveness acceptability curves (CEACs) to assess the probability of the intervention being considered cost-effective at different willingness-to-pay (WTP) thresholds for a gained QALY at 90 days measured using the EQ-5D-5L and Health Resource Usage & Time and Travel Questionnaires
10. Average healthcare costs per participant over 90 days for each area of resource use measured using the Health Resource Usage & Time and Travel Questionnaire
11. Utility scores derived from responses to the EQ-5D-5L questionnaire at 90 days
12. Average QALYs per participant at 90 days measured using the EQ-5D-5L questionnaire
13. Incremental cost per QALY gained over the patient's lifetime measured using the EQ-5D-5L questionnaire
14. Cost-effectiveness acceptability curves (CEACs) to assess the probability of the intervention being considered cost-effective at different willingness-to-pay (WTP) thresholds for a gained QALY over the participants lifetime measured using the EQ-5D-5L and Health Resource Usage & Time and Travel Questionnaires

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4. Length (number of days) of hospital stay measured up to 90 days

5. Number of further/recurrence of infections requiring additional antibiotic courses following the index sepsis episode, measured up to 28 days

6. Occurrence of readmission to critical care or hospital during the 90 day follow up period

7. Incremental cost per death avoided at 90 days measured using mortality data and the Health Resource Usage & Time and Travel Questionnaire

8. Incremental cost per Quality Adjusted Life Year (QALY) gained at 90 days measured using the EQ-5D-5L questionnaire

9. Cost-effectiveness acceptability curves (CEACs) to assess the probability of the intervention being considered cost-effective at different willingness-to-pay (WTP) thresholds for a gained QALY at 90 days measured using the EQ-5D-5L and Health Resource Usage & Time and Travel Questionnaires

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## **Completion date**

31/05/2028

## **Eligibility**

### **Key inclusion criteria**

Current key inclusion criteria as of 06/11/2025:

1. Adult patients, aged  $\geq 18$  years, treated within a critical care setting (ICU or HDU) for suspected or confirmed sepsis due to either community- or hospital-acquired infections.
2. Evidence of new or worsening acute organ dysfunction resulting from suspected or confirmed infection (e.g. the treatment or monitoring of an organ dysfunction).
3. Antibiotics initiated for suspected or confirmed sepsis, patient is still receiving antibiotics at randomisation, and is able to be randomised within 4 days of the initiation of this course of antibiotics.

Process evaluation:

Clinical staff involved in everyday prescribing and/or managing of antibiotics within critical care.

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3. Antibiotics initiated for suspected or confirmed sepsis and able to be randomised within 4 days of the initiation of this course of antibiotics

Process evaluation:

Clinical staff involved in everyday prescribing and/or managing of antibiotics within critical care.

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Mixed

**Lower age limit**

18 years

**Upper age limit**

110 years

**Sex**

All

**Total final enrolment**

0

**Key exclusion criteria**

Current key exclusion criteria as of 06/11/2025:

1. Comorbidity with immunosuppression (e.g. Chemotherapy, maintenance steroids equivalent to > 10mg/day of prednisolone, post-transplantation).
2. Blood neutrophil count less than  $0.5 \times 10^9/L$  secondary to a pre-existing comorbidity.
3. Infection source where usual practice involves more than 14 days of antibiotics (e.g. undrainable abscess, endocarditis, Staphylococcus aureus bacteraemia, osteomyelitis).
4. Receiving end-of-life care.
5. Life-sustaining treatment expected to be withdrawn within the next 24 hours.
6. The clinician responsible for the patient's care is unable to adhere to the intervention.
7. Concomitant enrolment in another interventional trial, except where a co-enrolment agreement with SHORTER exists.

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4. Receiving end-of-life care

5. Life-sustaining treatment expected to be withdrawn within the next 24 hours.
6. The clinician responsible for the patient's care is unable to adhere to the intervention.

The following participant exclusion criteria was added on 03/03/2025:

7. Concomitant enrolment in another interventional trial, except where a co-enrolment agreement with SHORTER exists (a list of interventional trials approved for co-enrolment can be found on the trial website: <https://www.shortertrial.com/>).

**Date of first enrolment**

30/11/2023

**Date of final enrolment**

30/06/2027

## **Locations**

**Countries of recruitment**

United Kingdom

England

Northern Ireland

Scotland

Wales

**Study participating centre**

**The Whittington Hospital**

Highgate Hill

London

England

N19 5NF

**Study participating centre**

**Kings College Hospital**

Mapother House

De Crespigny Park

Denmark Hill

London

England

SE5 8AB

**Study participating centre**

**Princess Royal University Hospital**  
Farnborough Common  
Orpington  
England  
BR6 8ND

**Study participating centre**  
**Ipswich Hospital**  
Heath Road  
Ipswich  
England  
IP4 5PD

**Study participating centre**  
**Freeman Hospital**  
Freeman Road  
High Heaton  
Newcastle upon Tyne  
England  
NE7 7DN

**Study participating centre**  
**Royal Victoria Infirmary**  
Queen Victoria Road  
Newcastle upon Tyne  
England  
NE1 4LP

**Study participating centre**  
**Royal Papworth Hospital**  
Papworth Road  
Cambridge Biomedical Campus  
Cambridge  
England  
CB2 0AY

**Study participating centre**  
**Sunderland Royal Hospital**  
Kayll Road

Sunderland  
England  
SR4 7TP

**Study participating centre**  
**Northumbria Specialist Emergency Care Hospital**  
Northumbria Way  
Cramlington  
England  
NE23 6NZ

**Study participating centre**  
**Milton Keynes General Hospital**  
Milton Keynes Hospital  
Standing Way  
Eaglestone  
Milton Keynes  
England  
MK6 5LD

**Study participating centre**  
**Queens Hospital**  
Rom Valley Way  
Romford  
England  
RM7 0AG

**Study participating centre**  
**Northampton General Hospital**  
Cliftonville  
Northampton  
England  
NN1 5BD

**Study participating centre**  
**Rotherham General Hospital**  
Moorgate Road  
Rotherham  
England  
S60 2UD

**Study participating centre**  
**William Harvey Hospital (ashford)**  
Kennington Road  
Willesborough  
Ashford  
England  
TN24 0LZ

**Study participating centre**  
**Salisbury District Hospital**  
Salisbury District Hospital  
Odstock Road  
Salisbury  
England  
SP2 8BJ

**Study participating centre**  
**Royal Cornwall Hospital (treliske)**  
Treliske  
Truro  
England  
TR1 3LJ

**Study participating centre**  
**SMCS at St Georges Hospital**  
St Georges Hospital  
Blackshaw Road  
London  
England  
SW17 0QT

**Study participating centre**  
**Musgrove Park Hospital**  
Musgrove Park  
Taunton  
England  
TA1 5DA

**Study participating centre**

**Pinderfields Hospital**

Aberford Road  
Wakefield  
England  
WF1 4DG

**Study participating centre****Yeovil District Hospital**

Higher Kingston  
Yeovil  
England  
BA21 4AT

**Study participating centre****Northwick Park Hospital**

Watford Road  
Harrow  
England  
HA1 3UJ

**Study participating centre****Royal United Hospital**

Combe Park  
Bath  
England  
BA1 3NG

**Study participating centre****Glan Clwd Hospital**

Ysbyty Glan Clwydd  
Bodelwyddan  
Rhyl  
Wales  
LL18 5UJ

**Study participating centre****University Hospital of North Durham**

North Road  
Durham  
England  
DH1 5TW

**Study participating centre**

**Queen Elizabeth Hospital**

Sheriff Hill

Gateshead

England

NE9 6SX

**Study participating centre**

**The Royal Oldham Hospital**

Rochdale Road

Oldham

England

OL1 2JH

**Study participating centre**

**Royal Infirmary of Edinburgh at Little France**

51 Little France Crescent

Old Dalkeith Road

Edinburgh

Lothian

Scotland

EH16 4SA

**Study participating centre**

**St John's Hospital**

Howden Road West

Howden

Livingston

West Lothian

Edinburgh

Scotland

EH54 6PP

**Study participating centre**

**Western General Hospital**

Crewe Road South

Edinburgh

Lothian

Scotland

EH4 2XU

**Study participating centre**

**Ulster Hospital**

Upper Newtownards Rd  
Dundonald  
Belfast  
Northern Ireland  
BT16 1RH

**Study participating centre**

**Royal Shrewsbury Hospital**

Mytton Oak Road  
Shrewsbury  
England  
SY3 8XQ

**Study participating centre**

**Princess Royal Hospital**

Sussex Mri Centre  
Lewes Road  
Haywards Heath  
England  
RH16 4EX

**Study participating centre**

**Glasgow Royal Infirmary**

84 Castle Street  
Glasgow  
Scotland  
G4 0SF

**Study participating centre**

**Wythenshawe Hospital**

Southmoor Road  
Wythenshawe  
Manchester  
England  
M23 9LT

**Study participating centre**

**Addenbrookes**

Addenbrookes Hospital  
Hills Road  
Cambridge  
England  
CB2 0QQ

**Study participating centre****Manchester Royal Infirmary**

Oxford Road  
Manchester  
England  
M13 9WL

**Study participating centre****North Manchester General Hospital**

Delaunays Road  
Crumpsall  
Manchester  
England  
M8 5RB

**Study participating centre****The Princess Alexandra Hospital**

Hamstel Road  
Harlow  
England  
CM20 1QX

**Study participating centre****Antrim Area Hospital**

45 Bush Rd  
Antrim  
Northern Ireland  
BT41 2RL

**Study participating centre****City and Sandwell Hospital**

Dudley Road

Birmingham  
England  
B18 7QH

**Study participating centre**  
**Royal Stoke University Hospital**  
Newcastle Road  
Stoke-on-trent  
England  
ST4 6QG

**Study participating centre**  
**Aintree University Hospital**  
Lower Lane  
Liverpool  
England  
L9 7AL

**Study participating centre**  
**Good Hope Hospital**  
Rectory Road  
Sutton Coldfield  
England  
B75 7RR

**Study participating centre**  
**Heartlands Hospital**  
Bordesley Green East  
Bordesley Green  
Birmingham  
England  
B9 5SS

**Study participating centre**  
**Royal Liverpool University Hospital**  
Prescot Street  
Liverpool  
England  
L7 8XP

**Study participating centre**  
**Warwick Hospital**  
Lakin Road  
Warwick  
England  
CV34 5BW

**Study participating centre**  
**Wexham Park Hospital**  
Wexham Street  
Wexham  
Slough  
England  
SL2 4HL

**Study participating centre**  
**Bradford Royal Infirmary**  
Chesnut House  
Duckworth Lane  
Bradford  
England  
BD9 6RJ

**Study participating centre**  
**Queens Hospital**  
Belvedere Road  
Burton-on-trent  
England  
DE13 0RB

**Study participating centre**  
**Altnagelvin Area Hospital**  
Glenshane Road  
Londonderry  
Northern Ireland  
BT47 6SB

**Sponsor information**

## Organisation

Newcastle upon Tyne Hospitals NHS Foundation Trust

## ROR

<https://ror.org/05p40t847>

## Funder(s)

### Funder type

Government

### Funder Name

NIHR Evaluation, Trials and Studies Co-ordinating Centre (NETSCC)

## Results and Publications

### Individual participant data (IPD) sharing plan

Data from this trial will be available to the scientific community subject to request and appropriate ethical approval. Requests for data should be directed to the Chief Investigator and Newcastle Clinical Trials Unit.

### IPD sharing plan summary

Available on request

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Study website</a>	Study website	11/11/2025	11/11/2025	No	Yes