

# PARTICIPATE

## One million people have taken part in primary care clinical research

In February it was announced that over one million people have actively participated in research studies run in primary care following the inception of the NIHR Clinical Research Network, an enormous achievement for all of those who have been involved. The primary care specialty supports, or is involved in, research relating to all 29 network specialties such as diabetes, respiratory and mental health, last year supporting over one quarter of the recruitment to the NIHR Clinical Research Network Portfolio.

Following on from the excellent recruitment last year in the West Midlands, with well over 20,000 people recruited into primary care research, CRN West Midlands' Clinical Director Professor Jeremy Kirk commented:

*'It is a fantastic reflection of the commitment of GPs and other Primary Care researchers that more than 175,000 patients in our region have been given the opportunity to take part in high quality studies through their GP practices, contributing to this one million total.'*

*'We are proud of our contribution, here in the West Midlands area, with 43% of our local GP Practices involved in research.'*

In this edition of Participate, we report on examples of how research teams, practices and the CRN primary care specialty team are currently working together to address important challenges facing primary care and enabling participation in research at a local level in the GP surgery where the majority of common conditions present and are managed. We feature articles on:

- Success: a dental survey for GPs (page 3)
- A language sensing study for dementia diagnosis and monitoring, using computational methods to create a method for detecting changes in linguistic ability (page 4)
- The GP workforce crisis in England (page 10)
- One patient's experience of primary care research through the CANDID study (page 9)

If you would like to contribute to Participate or for further information please contact Jenny Oskiera email [j.oskiera@warwick.ac.uk](mailto:j.oskiera@warwick.ac.uk)



## POINTS OF INTEREST

- STUDY - SUCCESS
- LOCAL NEWS - WELCOME TO SUE WRIGHT
- LOCAL RESEARCH - IFEEED
- CRN - 100% OF NHS TRUSTS ARE RESEARCH ACTIVE

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**COVENTRY, WARWICKSHIRE, WORCESTERSHIRE,  
HEREFORDSHIRE PRIMARY CARE RESEARCH UPDATE**



## CLOUDY



WITH A CHANCE OF  
**P A I N**

### Cloudy with a Chance of Pain –

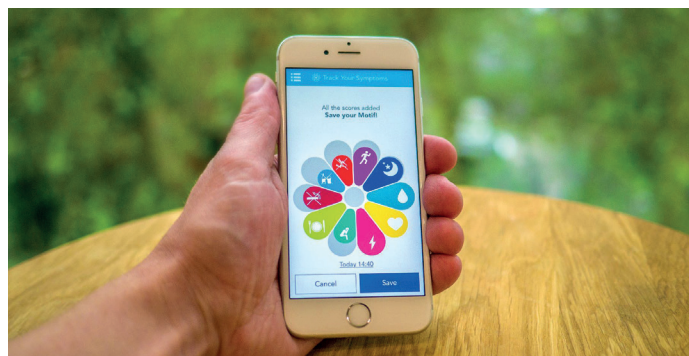
*Have you ever heard somebody say they know that it's going to rain because their joints hurt?*

Cloudy with a Chance of Pain is a national smartphone study developed by researchers at the University of Manchester that is exploring the mysterious relationship between weather and pain.

The study launched in January 2016 and has recruited 13,256 people with chronic pain from across the UK to track their symptoms each day using a downloadable smartphone app. At the same time participants' mobile phone GPS collects information about the weather they are experiencing at that time.

The Cloudy study is one of the first of an emerging wave of mHealth studies that are transforming participation in health research. Mobile devices, such as smartphones and wearable tech, allow real-time data to be gathered from a large number of geographically-dispersed participants outside of a clinical setting. This has obvious benefits for making research participation more appealing and accessible to people who might not usually engage in clinical research.

Whilst recruitment to Cloudy is now closed, involvement in the project is still possible via the **Citizen Science Experiment**. To help to solve the research question, the project team has made a large portion of the data collected available online in the form of interactive weather-symptom landscapes. Now anybody can



be part of the research process by helping to spot patterns and submitting their hypotheses to the research team for closer scrutiny.

Data collection for Cloudy will run until 20th April 2017, at which point analysis of the over 4.5 million pieces of data collected over the last year will begin. Results are expected to be published spring 2018, so do watch this space.

## I-WOTCH – Improving the Wellbeing of people with Opioid Treated CHronic Pain



### Newly funded I-WOTCH study on opioid withdrawal for chronic pain

**Strong opioids are increasingly being prescribed for chronic non-malignant pain including expensive transdermal preparations. However there is limited data supporting the effectiveness of long term use with adverse effects often outweighing the benefits of long term opioid treatment for pain. The National Institute of Health Research (NIHR) has funded a new multi-centre randomised controlled trial: I-WOTCH (Improving the Wellbeing of people with Opioid Treated CHronic pain).**

The study will test the effectiveness and cost effectiveness of a multi-component self-management intervention targeting **withdrawal of strong opioids** in comparison to best usual care (the control intervention) for people living with chronic non-malignant pain. The intervention will include a group educational programme based on cognitive behavioural principles plus 1-1 support with a trained I-WOTCH nurse.

We will be recruiting eligible participants from primary care by initially searching and screening of GP lists from those GP practices that are recruited to the study. Eligible patients who provide consent will be randomised and then followed up at base line, 4, 8 and 12 months. Our primary outcome measure is activities of daily living and main secondary outcome measure is opioid use. Other secondary outcomes include pain, sleep, quality of life and resource use.

**We will also be recruiting nurses, and training them to deliver the I-WOTCH intervention with lay facilitators.**

**The study commenced September 1st 2016.**

**Funding Acknowledgement:** This project was funded by the National Institute for Health Research HTA (project number 14/224/04)

If your GP practice is interested in the study or you would like further information please contact either your local research facilitator Becky Harrison, email: [r.l.harrison@warwick.ac.uk](mailto:r.l.harrison@warwick.ac.uk) phone: 02476 575 853 or the chief investigator, Dr Harbinder Sandhu, Associate Professor, Warwick Clinical Trials Unit, Warwick Medical School, University of Warwick, email: [harbinder.k.sandhu@warwick.ac.uk](mailto:harbinder.k.sandhu@warwick.ac.uk) phone: 02476 574939

## TAPS: Treatment of Aches and Pains Trial

### The study

- The **STarT Back trial** showed that stratified care, based on matching treatment to prognosis (low, medium, or high risk of ongoing problems), was clinically and cost effective
- **TAPS is a flagship clinical trial** to test if this approach also works for people with neck, shoulder, knee and multi-site pain (and back pain)
- Practices will be randomised to deliver one of two approaches for patients presenting with musculoskeletal pain (MSK), either **stratified care** or **usual care**



### What does it mean for your practice?

- Agree to be randomised to the control or intervention arms of the trial
- Deliver the trial interventions
- For intervention arm practices - for patients with MSK pain, use of a brief template to assess prognosis & inform treatment decisions
- For control arm practices - for patients with MSK pain, use of a brief template to record levels of pain intensity
- Attend study related meetings
- For intervention arm practices - one 1-hour set-up meeting, and two 2-hour training workshops
- For control arm practices - one 1-hour set-up meeting
- Provide feedback on delivering the intervention (in intervention practices)

### What are the benefits for your practice?

- Fully funded: reimbursements tied to level of involvement
- Revalidation activities: participating in research and training
- Involvement in developing and testing new ways of working

This research is funded by the NIHR Programme Grants for Applied Research programme (Grant reference number: RP-PG-1211-20010). The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health.



primary  
care  
centre



Keele  
University



If you are interested in finding out more, please contact your local research facilitator Becky Harrison, email: [r.l.harrison@warwick.ac.uk](mailto:r.l.harrison@warwick.ac.uk) phone 02476 575 853 or the TAPS Trial Manager Stephanie Tooth phone: 01782 734835 email: [s.j.tooth@keele.ac.uk](mailto:s.j.tooth@keele.ac.uk)



UNIVERSITY OF  
BIRMINGHAM

## SUCCESS:

## Screening Underlying Chronic Conditions in dEntal Surgery Settings

### Background

A large proportion of the population has regular contact with dentists (~60% of the population will see a dentist at least annually for a routine assessment) and many people frequently visit local pharmacies. These patients may not necessarily see a general medical practitioner (GP) routinely for non-acute concerns or at such regular intervals. This may therefore represent an opportunity to provide targeted screening services for general health conditions to those people who may not otherwise have access to such screening programmes elsewhere. In the first instance the conditions we are interested in screening are those with an association to periodontitis (advanced gum disease) such as diabetes / hypertension/ chronic kidney disease/ COPD.

We have undertaken a survey of the general public (1,371 participants) and existing patients in community pharmacy and dentistry (1,570 patients) to establish attendance patterns with each healthcare professional, and opinions about this potential additional service at the various sites. These opinions have been supportive and positive.

### What is involved

We have also developed a short online survey which we hope will be completed by healthcare professionals (GPs / pharmacists / dentists). This should take no more than a few minutes to complete (survey available at: <http://j.mp/24ZpLRG>) and eligibility for completion of the questionnaire is current registration as a GP, dentist or pharmacist in the UK.

For further information please contact your local research manager Sue Elwell, email: [s.elwell@warwick.ac.uk](mailto:s.elwell@warwick.ac.uk) phone 02476 575 854 or [z.yonel@bham.ac.uk](mailto:z.yonel@bham.ac.uk)

## Language Sensing Study for Dementia Diagnosis and Monitoring

The rate and accuracy of dementia diagnosis varies greatly. According to ARUK figures from 2016 only 59% of people currently living with dementia receive a formal diagnosis. Current methods for diagnosis are expensive and intrusive, including brain scans and expensive spinal fluid tests. It is important to seek cost-effective non-invasive methods to support timely and accurate diagnosis.

To assist dementia diagnosis and monitoring, we aim to use computational methods to create a method for detecting changes in linguistic ability that is cost effective and can be embedded in user-friendly mobile technology in the future.

We propose to develop new approaches for tracking cognitive decline based on the analysis of longitudinal spoken and written language, collected using a tablet application that encourages users to reminisce in speech and writing. We plan to develop automated computational methods for measuring topic transition, syntactic and semantic coherence, emotional fluctuation as well as social interaction based on language data by participants with dementia and healthy controls. We can then use the patterns of change over time as predictors for presence or progression of dementia. A tablet application for

recording conversations and written thoughts based on images from the past has already been developed at the University of Warwick, in collaboration with a University spin-out company, Clinvivo. Recruitment of participants with dementia and age matched controls is expected to take place early in Spring 2017 and the first round of data collection is expected to start shortly after.



**CLINVIVO**  
Data Capture for Health Services Research



**Queen Mary**  
University of London



CONNECTING THE  
GENERATIONS

## HOME-BP

(Home & Online Management  
& Evaluation of Blood Pressure trial)



UNIVERSITY OF  
**Southampton**

### Study Aims

Blood pressure is a key risk factor for cardiovascular disease, the largest cause of morbidity and mortality worldwide. Increasingly widespread access to the internet and mobile phones means that digital interventions are accessible to the majority of patients at any time when they need it. The web-based HOME-BP programme has been developed to help patients in management of high blood pressure, incorporating previously identified effective intervention components (self-monitoring, pre-planned medication titrations and behavioural support). The programme also encourages patients to self-monitor and to choose healthy lifestyle modifications.

This trial will assess whether use of the HOME-BP programme for self-monitoring and self-management of uncontrolled hypertension of patients on medication results in greater control of systolic blood pressure over one year, in comparison to usual care.

We are looking to recruit patients who have access to the internet and will be able to use and comprehend the website. Patients should have uncontrolled hypertension (mean BP reading of >140 or >90 mmHg) and should be receiving medication for hypertension control.

**Recruitment period: May 2016 – June 2017**

**Recruitment target: 236 patients**

The HOME-BP study is recruiting practices for the main trial following a successful pilot study which reached its target in January 2016.

### What does the trial involve for the practice?

Suitable patients (identified by electronic searches) will be asked to make an appointment with the practice nurse who will screen them for eligibility. Through the study the nurse will also conduct optional support appointments and can send motivating messages through the website. Participants will complete the baseline questionnaires online and will be automatically randomised into self-monitoring or usual care groups. Participants in both groups will book an appointment with the prescriber (a GP) for a medication review.

Participants in the self-monitoring group will enter their blood pressure readings for a week each month on the website. The prescriber will be informed of patients' readings through the intervention and will be responsible for actioning emails regarding medication change. Six and 12 month follow up assessments will be conducted by an independent study nurse.

### USER FRIENDLY WEBSITE AND NO PAPER CRFs SIMPLE SCREENING & PATIENT REGISTRATION, OPTIONAL PHONE REMINDERS

If you would like to be a participating practice for the HOME-BP study, then please contact your local research facilitator, Aman Johal, email: [amanpreet.johal@warwick.ac.uk](mailto:amanpreet.johal@warwick.ac.uk), phone 02476 574127, local research nurse Pauline Darbyshire, email: [p.darbyshire@warwick.ac.uk](mailto:p.darbyshire@warwick.ac.uk), phone 07867 468 557 or contact the study team email: [homepb@phc.ox.ac.uk](mailto:homepb@phc.ox.ac.uk), phone 01865 617760.

## CANcer Diagnosis Decision rules

This multi-centre study will continue beyond March to September 2017 and practices can continue to recruit. We would like to express our gratitude to participating practices which have recruited to this long term study. Nationally, as of March 2017, some 19,680 patients are included in this study. The CRN West Midlands region have contributed 12% of this figure. To reach the target of 20,000 patients the study team now requires more lung symptom patients than colon.

**CANDID**  
CANcer Diagnosis Decision rules

As a reminder, the role of the recruiting clinician at participating practices is to identify potential patients who present with symptoms highlighted below:

- >35 years presenting with symptoms lasting for three weeks that could be associated with lung cancer – either focal chest symptoms (haemoptysis, dyspnoea, thoracic pain, cough) or systemic symptoms lasting for three weeks with no other localising symptoms (e.g. loss of appetite, loss of weight, fatigue)
- >35 years presenting with lower gastrointestinal symptoms that could be associated with colorectal cancer. This includes any of the following symptoms: rectal bleeding, bowel symptoms (change in bowel habit, tenesmus, urgency, incomplete emptying, nocturnal symptoms) systemic

symptoms (weight loss, anorexia, fatigue) lower abdominal pain. Patients who have been included in the national screening programme may also be referred to the study

If the patient is happy to hear more and give their signed permission to be contacted, our research nurses arrange a mutually convenient appointment at the practice to take consent and go through the study recruitment process. Ongoing treatment of the patient does not change, and there is no need for future appointments in connection with this study.

### THANK YOU TO OUR TOP RECRUITERS

A number of practices require special thanks for their high recruitment on a regular basis throughout the duration of the study. In the financial year 2016/2017, our top recruiters were:

Atherstone	47
Sherbourne	43
Bennfield	16
The New Dispensary	15
Mortimer Medical Practice	13
Corbett Medical Centre	13
Cubbington	13
Spring Gardens Medical Centre	12
Sky Blue Medical Centre	11

For further information, please contact your local research facilitator, Jenny Lee, email: [jennifer.lee@warwick.ac.uk](mailto:jennifer.lee@warwick.ac.uk), phone: 07920 531 253



Chronic headache, a headache occurring on 15 or more days per month for at least three months, is a common problem affecting around one in 30 of the population, and is a major cause of pain and disability. There is however currently very little information on the use of non-drug treatments or how to support people to manage their chronic headaches more effectively.

## Chronic Headache Education and Self-management Study (CHES)

is a five year programme of work leading to a multi-centre, randomised controlled trial evaluating a self-management support programme for people living with chronic headaches. The programme is funded by the National Institute for Health Research (RP-PG-1212-20018), and led by Professor Martin Underwood at the Clinical Trials Unit, University of Warwick. The feasibility study took place throughout 2016 and consented 131 participants from fourteen GP practices in the West Midlands.

The main randomised study will start recruitment in March 2017.

We aim to recruit 689 participants from across the West Midlands and North London, with 344 from the West Midlands, aged  $\geq 18$  years with chronic headaches, from approximately 40 practices.

### What will it involve for participants?

- Participants will be asked to provide written consent and complete postal questionnaires at baseline, four months, eight months and 12 months
- Participants will be asked to complete an electronic diary of headache frequency, duration and severity (smartphone app or paper version available) weekly for up to six months and monthly until the end of the study at 12 months
- Participants will complete a telephone interview with a research nurse to classify their headache type. The study team will write to the participants and GP to inform of the outcome of the classification and provide written advice on the headache type
- Participants randomised to either:
  - a. Usual GP care plus a group headache education and self-management support programme
  - b. Usual GP care plus relaxation CD
- Participants randomised to the self-management programme will be asked to complete a paper headache diary for up to

eight weeks and attend a two day self-management course run at a venue close to the practice. This will be followed with a one-to-one consultations with the nurse and up to eight weeks of telephone support

- Participants randomised to usual GP care plus relaxation CD will receive standard treatment plus a relaxation CD
- A subsample of participants will be invited to complete a process evaluation interview with a member of the research team to learn about their experience of taking part in the study

### What will it involve for GP practices?

- Identification and screening of eligible patients
- Mail-out of study invitation letters (via Docmail)
- Access to patient records for data collection of consultations, health service activity, and medication use related to headaches

If your practice is interested in taking part, or you would like to find out more please contact your local research facilitator Sue Wright, email: [s.wright.3@warwick.ac.uk](mailto:s.wright.3@warwick.ac.uk), phone 02476 575919

## NIHR League table reveals 100% of NHS trusts are research active

The 2015/16 National Institute for Health Research (NIHR) Clinical Research Network (CRN) NHS Research Activity League Table shows all NHS trusts in England are delivering clinical research, providing thousands more patients with access to better treatments and care.

Professor Jeremy Kirk, Clinical Director for the Clinical Research Network West Midlands, said:

*“Studies have shown that Trusts which are research-active have improved overall outcomes for all patients. The Trust is to be congratulated on its efforts to make research widely available to its patients in mental health, a much needed and priority area for the Network.”*

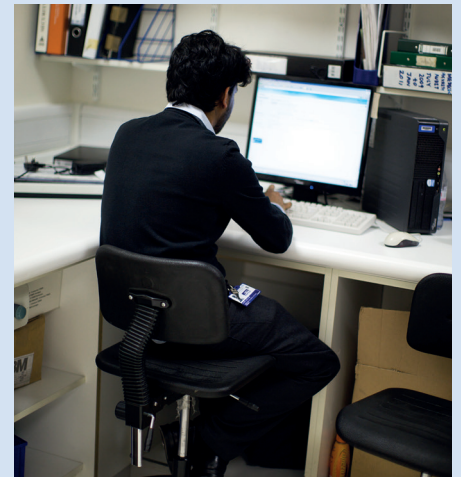
The NIHR Research Activity League Table can be viewed from [www.nihr.ac.uk/nihrleaguetable](http://www.nihr.ac.uk/nihrleaguetable) and provides a picture of how much clinical research is happening, where, in what types of trusts, and involving how many patients. Promoting, conducting and using clinical research to improve treatments for patients is part of the NHS England Constitution.

Commenting on the league table results, Chris Whitty, Chief Scientific Adviser for the Department of Health said:

*“The support and infrastructure provided by the National Institute for Health Research has year on year helped increase the number of research opportunities offered within the NHS. Commercial partnerships supported by the Clinical Research Network continue to play a key role in bringing world-class research studies to the UK, benefiting our health service and ensuring new treatments are available to patients as quickly as possible.”*

Nicola Blackwood, Public Health and Innovation M.Sinister, said:

*“It is very encouraging to see continued growth in research activity in our health service. The National Institute for Health Research (NIHR) is*



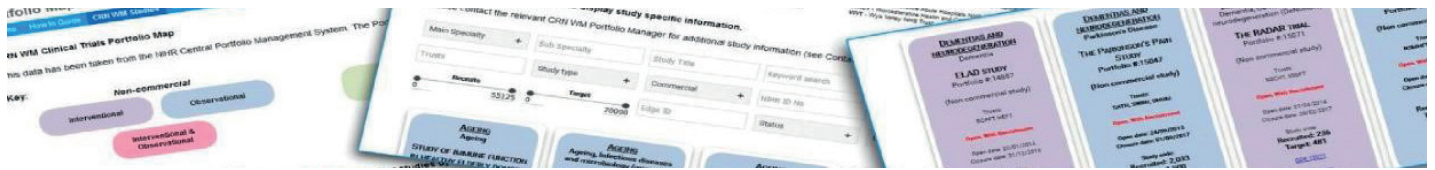
*the UK’s largest health research funder and one of the largest in the world.*

*“Our ambition is to build on the country’s unique relationship between patients, the NHS, researchers and the life sciences industry to develop new treatments for patients.*

*“The NIHR Research Activity League Table recognises those NHS trusts that have worked incredibly hard to support this vision and bring new research opportunities to their patients.”*

Trust Name	Number of studies recruiting 2014/15	Number of studies recruiting 2015/16	% change	Participants in studies 2014/15	Participants in studies 2015/16	% change
<a href="#">NHS BIRMINGHAM CROSSCITY CCG</a>	32	23	-28.10%	692	605	-12.60%
<a href="#">NHS BIRMINGHAM SOUTH AND CENTRAL CCG</a>	35	21	-40.00%	595	307	-48.40%
<a href="#">NHS CANNOCK CHASE CCG</a>	8	7	-12.50%	529	584	10.40%
<a href="#">NHS COVENTRY AND RUGBY CCG</a>	17	16	-5.90%	397	588	48.10%
<a href="#">NHS DUDLEY CCG</a>	15	10	-33.30%	295	229	-22.40%
<a href="#">NHS EAST STAFFORDSHIRE CCG</a>	9	10	11.10%	544	1322	143.00%
<a href="#">NHS HEREFORDSHIRE CCG</a>	11	11	0.00%	162	178	9.90%
<a href="#">NHS NORTH STAFFORDSHIRE CCG</a>	21	23	9.50%	370	1687	355.90%
<a href="#">NHS REDDITCH AND BROMSGROVE CCG</a>	12	12	0.00%	239	258	7.90%
<a href="#">NHS SANDWELL AND WEST BIRMINGHAM CCG</a>	23	20	-13.00%	306	280	-8.50%
<a href="#">NHS SHROPSHIRE CCG</a>	21	19	-9.50%	1455	4191	188.00%
<a href="#">NHS SOLIHULL CCG</a>	14	9	-35.70%	340	234	-31.20%
<a href="#">NHS SOUTH EAST STAFFORDSHIRE AND SEISDON PENINSULA CCG</a>	11	10	-9.10%	545	1267	132.50%
<a href="#">NHS SOUTH WARWICKSHIRE CCG</a>	22	24	9.10%	585	1073	83.40%
<a href="#">NHS SOUTH WORCESTERSHIRE CCG</a>	17	16	-5.90%	467	585	25.30%
<a href="#">NHS STAFFORD AND SURROUNDS CCG</a>	11	13	18.20%	227	3089	1260.80%
<a href="#">NHS STOKE ON TRENT CCG</a>	16	17	6.30%	944	2896	206.80%
<a href="#">NHS TELFORD AND WREKIN CCG</a>	12	9	-25.00%	817	110	-86.50%
<a href="#">NHS WALSALL CCG</a>	13	12	-7.70%	97	154	58.80%
<a href="#">NHS WARWICKSHIRE NORTH CCG</a>	15	19	26.70%	348	345	-0.90%
<a href="#">NHS WOLVERHAMPTON CCG</a>	19	15	-21.10%	1212	815	-32.80%
<a href="#">NHS WYRE FOREST CCG</a>	4	6	50.00%	34	91	167.60%

## The Clinical Research Network West Midlands (CRN WM) is pleased to announce that its Clinical Trials Portfolio Maps Hub site is now available



The portfolio maps have been developed to inform researchers and healthcare professionals about the high quality research being conducted in the region.

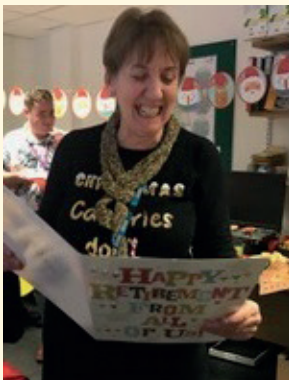
The portfolio maps hub site has pages which allow the user to review the local network portfolio and search for national portfolio studies. A 'How To' guide is included to help navigate the system according to the user's needs. Users are also able to provide feedback on the system and suggest ideas for future developments.

### The site aims to:

- Act as a central hub for accessing clinical trials information relating primarily to the West Midlands

- Provide a visual aid with the ability to filter research studies by main specialty, sub specialty, study title, keyword search, study identification number, hospital trust, study type and study status
- Support the monitoring and management of research studies to help ensure there is a balanced portfolio
- Support local trusts to aid patient referrals into research studies
- Encourage collaboration and the sharing of best practice between researchers
- Provide accessibility of the portfolio across all formats of technology

Please contact Ami Salter, Portfolio Manager ([ami.salter@nhs.net](mailto:ami.salter@nhs.net)) for access to the CRN WM Portfolio Maps Hub site



## Farewell to Jenny Lee

After more years working in the NHS than she might care to admit, Jenny Lee stepped down at the end of December 2016 to enjoy a well-deserved retirement. Her cheerfulness, good humour and ever present smile will be much missed in the office, and throughout the

GP practices in Herefordshire and Coventry where she has been a familiar and welcome face. We wish her well in 'retirement', looking after her grandchildren.

## Welcome Back!

### to Jenny Lee

However, we are pleased to announce that Jenny will be re-joining us two days per week on a special projects basis, initially tasked to ensure that all practices in our area are Research Ready and to assist individuals with Good Clinical Practice training (GCP).



If your practice is not Research Ready, you would like help with GCP, or if you would like further information, please contact Jenny Lee on [Jennifer.lee@warwick.ac.uk](mailto:Jennifer.lee@warwick.ac.uk)

## Welcome!

### to Sue Wright, research facilitator



My name is Sue Wright and I joined the CRN West Midlands Primary Care team in January. After an initial research career working for the Department of Transport on the design of traffic signs and symbols I moved into the NHS and worked in health promotion in Kidderminster and Wyre Forest. I then moved back into research but this time health related research. I worked at the Birmingham Dental Hospital, the Medical Research Council Institute of Hearing Research (Nottingham), a primary care study at the University of Warwick, and recently at the University of Birmingham. This was a feasibility study to determine if a full scale RCT could be undertaken on pressure garment therapy for the treatment of burns injuries. In between research contracts I trained in public health and worked in the West Midlands Public Health Observatory and with Public Health England specialising in health impact assessment.

This is a new role for me and I am delighted to be working in the CRN West Midlands and in a warm and supportive team. I am looking forward to working with practices in Worcestershire and Herefordshire and helping to facilitate research in primary care.

Sue can be contacted on email: [s.wright.3@warwick.ac.uk](mailto:s.wright.3@warwick.ac.uk) phone: 02476 575 919

# Congratulations!

## NEWS FROM OUR PRACTICES: ACHIEVEMENTS OVER AND ABOVE

### STUDY RECRUITMENT

*Our congratulations go to:*

- **Trinity Court** for achieving the highest number of All Heart patients in the West Midlands so far, and particularly for the invaluable contribution from Dr Buckley
- **Winyates** and Dr Hetherington for managing to randomise five patients into BARACK-D after running a second search which has yielded an extra three patients so far - the only practice to randomise patients in the West Midlands South
- **Bennfield** has recruited 19 patients for CANDID study with more booked. They have achieved double the target
- **Sky Blue Medical Group** and **Forrest Medical Centre** for joining the CANDID study and recruiting well
- **St Stephens Surgery** - Dr Joshi and his team for a last minute surge in recruits to CANDID
- **Rugby Town Medical Practice** and **Beech Tree Medical Practice** who have both signed up to run the HEAT study



### PROMOTING RESEARCH

- **Mortimer Medical Practice** who continue to work on many different studies enabling patients in rural Herefordshire to participate
- **Spring Gardens Medical Group** for going above and beyond with research and always undertaking research studies that are asked of them. Dr Jones and Mike Arnold work fiercely to aid in the recruitment of patients into research studies
- A special mention to **Churchfields Surgery**, and their practice nurse **Michelle Wheate** who has just completed almost 80 follow-ups for VIDAL
- **Copewood Medical Centre** are now both Research Ready and GCP trained and are energetic in looking for further studies. They have already undertaken Time, Heat, Fast Gout, and proactively go through Participate to find studies

### NEW TO RESEARCH

- **Budbrooke Medical Centre**, who are new to research and new to the research incentive scheme, have already committed to three studies and welcomed local CRN staff to PPG meetings

**A big thanks to all of the surgeries who have continued with research during times of stress, staff shortages, pressure on appointment times, the winter season in general; it is very much appreciated that you continue to support our work**



# CANDID

CANcer Diagnosis Decision rules

## A Patient's Story: My CANDID Experience

by Dietmar: Coventry City Football Legend

As told to Eleanor Hoverd, research nurse

Research tells us that men are less likely than women to access NHS services; sometimes this means they may already have advanced cancer symptoms before they visit their GP.

The majority of patients who come to their doctor with lung e.g. cough, or bowel symptoms e.g. loose stool, do not have anything seriously wrong. However, a very few people are at risk of cancer. This study aims to help doctors diagnose cancer quickly so that potential high risk patients are detected sooner and unnecessary examinations are minimised for those patients that are low risk. This research is about finding what symptoms and examinations are best for predicting lung and bowel cancer.

### Did you know anything about research before taking part?

Nothing at all, the advantages of taking part in research were pointed out to me by my doctor when I visited him for my constant coughing for over three weeks.

### Why did you consult your doctor?

My cough came on suddenly, I thought I was going to get a cold so wasn't too concerned, although it did get progressively worse and then I happened to see an article in a national newspaper advising anyone not to ignore a persistent cough that has lasted more than three weeks, but to see their GP and get checked out.

As an ex-professional footballer, I am accustomed to having very regular medical attention and check-ups so the thought of seeing my GP held no fears.

*"I would advise all young and old men not to be afraid... go and get checked out... thinking it will be alright and will go away could be fatal."*

Sadly, three people very close to me thought the problem would go away, and I lost all three, including my wife, Maureen, who was only 51 when she passed away with leukaemia. She was constantly tired and lacking energy but thought it was because she was working hard and that it would be OK soon. I insisted she seek help and took her to see her GP. She received excellent attention from the NHS, a first class organisation; she had blood tests and x-rays that confirmed she had leukaemia, and her therapy started immediately. Three months later she passed away.

### Why I joined the study

From my experience, there were no downsides to participation in research. As anticipated, I was tested, x-rayed and was generally well looked-after; I also had the advantage that I would find out more about my body and learn more about my condition. Fortunately, my outcome was good.

*"I would most certainly recommend it... it makes you feel good to know and understand..."*

I would certainly be prepared to take part in another study: the more you know about yourself the better, such knowledge could be very important. Participation in research is something that I would wholeheartedly recommend to family and friends. My own health is important to me, I always try to make sure I keep myself fit by doing exercises, swimming, healthy eating and keeping my weight down.

*"Health research means so much to me, it shows how much the NHS is trying to help by making us aware of the importance of keeping healthy and fit [and by] giving us good advice."*



## The general practitioner workforce crisis in England: a qualitative study of how appraisal and revalidation are contributing to intentions to leave practice

Jeremy Dale, Rachel Potter, Katherine Owen and Jonathan Leach

### Background

The general practice (GP) workforce in England is in crisis, with declining morale and job satisfaction, increasing early retirement and declining interest in training to become a GP. We recently reported on factors that are influencing this, with appraisal and revalidation emerging as an unexpected finding; 28.6% of GPs stating an intention to leave general practice within the next 5 years included this as 'very important' or 'important' to their decision. In this study we undertook a secondary analysis to identify how the experience of appraisal and revalidation might be influencing intentions to leave general practice.



### Methods

Qualitative analysis of free text comments made by GPs in a survey of career intentions. All comments that included mention of appraisal or revalidation were extracted. Emergent themes were identified and a coding framework devised.

### Results

Forty-two participants made comments that related to appraisal and revalidation. Compared to all 1192 participants who completed the main survey, they were older (76.2% compared to 46.2% aged 50 years and older), with more years' general practice experience (80.0% compared to 48.0% with >20 years' experience) and more likely to state an intention to retire within 5 years (72.2% compared to 41.9%).

Key themes were appraisal and revalidation as:

- a bureaucratic, inflexible exercise that added to an already pressured workload
- an activity that has little educational value, relevance to professional development or quality of care
- an issue that contributes to low morale, work-related distress and intentions to leave general practice



Revalidation was depicted as a cumbersome tick-box exercise that had little to do with quality of care or protecting patients. There were no comments that countered these negative views.

*"I must be one of the few GPs who support this [GP appraisal] in principle, I understand why it is necessary. But does the process have to be such an incredible meal! The time required to assemble the evidence is absurd and highly demotivating" (age 50–59, female, principal).*

*"I have no problem with the principle of revalidation but find the whole process to be time consuming, gets in the way of my day to day GP work" (age 50–59, male, principal)*

*"Appraisal good in theory and has benefits, but I reckon I've spent a week's work on it this year" (age 50–59, male, principal).*

### Conclusions

While the representativeness of these comments to the experience of GPs as a whole cannot be judged, it is likely that they reflect the concerns of GPs whose experience of appraisal and revalidation is influencing their intention to leave general practice. Through its impact on GP morale and burnout, the current appraisal and revalidation system in England appears to be contributing to the workforce crisis. The findings indicate that the appraisal system may be in urgent need of re-design to increase its relevance to individual GPs' experience and seniority, clinical activities being undertaken and professional development needs.



## Calling those Interested in Infant Feeding

Researchers are looking for GPs, health visitors and midwives with an interest in supporting safe infant feeding. Coventry University is leading the development of a new online and mobile resource called ifeed for parents which will support them to make confident infant feeding choices, and support them with sustained breastfeeding and/or safe and responsive bottle feeding. It is essential that ifeed is designed to meet the needs of both parents and health professionals so your opinion is highly valued.

The ifeed research team would like to say a big thank you to all the GPs that offered their time and participated in the first round of telephone interviews. We received some great feedback in relation to the content of the resource as well as guidance on how best to engage mothers as well as fathers and other caregivers. The interviews also reinforced a key focus of ifeed, which is to address the importance of bonding with infants for brain development.

Ifeed is now under development and will be available as both a webpage and as a mobile phone application designed for parents, caregivers/ supporters as well as health professionals. The initial pages seen by the user will focus on parent-infant bonding via infant feeding. The prototype website will then allow users to receive personalised information and behaviour change techniques targeted to their role, current situation and feelings around infant feeding, including both breastfeeding and bottle feeding.

The next phase of the study planned for summer this year will involve the completion of a brief online questionnaire and/or telephone interviews to further assess the usability and acceptability of the complete prototype.

If you would like to contribute to the development of the intervention please contact Dr Naomi Bartle at the Centre for Technology Enabled Health Research on 02477 655 497 or [naomi.bartle@coventry.ac.uk](mailto:naomi.bartle@coventry.ac.uk)

The ifeed study is funded by the Medical Research Council Public Health Intervention Development Scheme (MRC PHIND).

## Research Design Service (RDS)

**Do you have a good research idea that you'd like to develop further into a grant application? The RDS can help by providing methodological expertise and advice on all aspects of research design.**

The RDS exists to provide help and advice to NHS researchers and others working in partnership with the NHS in preparing research proposals for submission to peer reviewed funding competitions. As the RDS is funded by the NIHR such help is provided free of charge

**Here are some of the ways we can help:**

- Formulating research questions
- Building an appropriate research team
- Involving patients and the public
- Designing a Study
- Appropriate methodologies for quantitative and qualitative research
- Identifying suitable funding sources
- Regulatory issues
- Writing lay summaries
- Identifying the resources required for a successful project

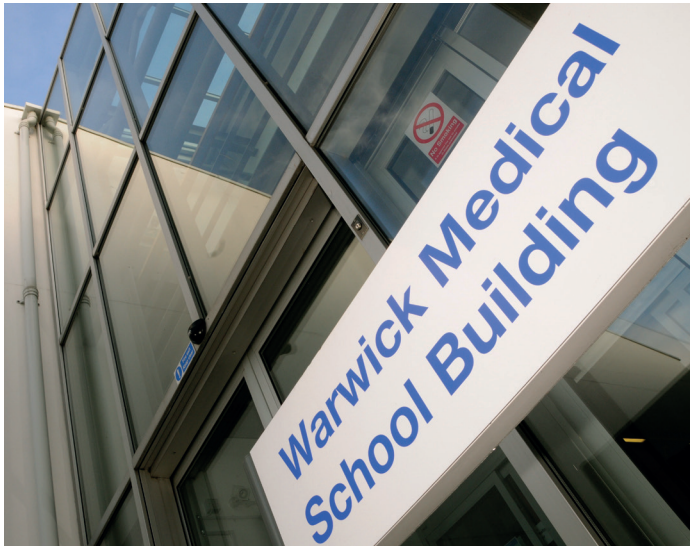


If you would like any further information, please contact us on [rds@warwick.ac.uk](mailto:rds@warwick.ac.uk) or via [www.rds-wm.nihr.ac.uk](http://www.rds-wm.nihr.ac.uk)

## Essentials in Primary Care Masterclasses

An update from Warwick Primary Care

The new *Essentials in Primary Care* course launched in December 2016 with a Masterclass focussing on *Tackling Problematic Polypharmacy* led by Dr Joanne Reeve, an academic GP whose research aims to enhance the role of the expert generalist and develop new ways to support GPs in managing the complex problems which present in everyday clinical practice. Problematic polypharmacy is one of the key issues to which she applies this research.



Problematic polypharmacy describes the prescription of multiple medicines inappropriately or where the intended benefit of the medicines is not realised. There are a growing number of resources to help GPs step outside the tramlines of guideline practice and reconnect with the core principles of general practice – providing whole-person, patient-centred medical care. Doctors, however, highlight concerns over safety as a key barrier to changing their prescribing practice and Dr Mark Suján, an expert in patient safety and assessing the safety of interventions, was on hand throughout the day to support discussions about these concerns and how to manage them.

At all stages, attendees were encouraged to challenge their current thinking and explore new ways of practising. New concepts and useful resources were presented with a very strong applied focus. Everyone agreed that the day offered practical ideas for doing things differently and would help their everyday practice.

The attendees were a mixture of early career and well-established GPs from across the West Midlands. Some have

registered for the full series of masterclasses with the aim of achieving their Post-Graduate Award; others were seizing the opportunity to undertake high-quality CPD focussing on an important topic in current clinical practice. The remaining Masterclasses for this year will run in late spring and early summer (see box). There is still time to register if you want to join them – sessions are designed for anyone working in primary care, not just GPs.

The Masterclass series provides an opportunity for primary healthcare professionals to develop and enhance knowledge, critically consider new ideas and research, and consider how they apply to challenges within your own workplace. Each day will include a mixture of lectures, seminars and group work, with an option to draw on your own academic or work experience. Whether you choose to sign up for a stand-alone Masterclass or register for the full series, these sessions will allow you to enhance your skills and develop an in-depth understanding of each topic.

### Essentials on Primary Care – Masterclasses 2016-17

- Rethinking a core tool of primary care practice – the consultation (**16th March**)
- How person-centred is our current primary mental health care (**27th April**)
- Improving palliative care in the primary care setting (**25th May**)
- **Overdiagnosis:** balancing the needs of individuals with the wider population (**8th June**)

More information about the individual Masterclasses is available on the website: <http://www2.warwick.ac.uk/fac/med/study/cpd/cpd/epc>, or if you are interested in the Postgraduate Award, visit [http://www2.warwick.ac.uk/fac/med/study/cpd/module\\_index/md988](http://www2.warwick.ac.uk/fac/med/study/cpd/module_index/md988)

## Variations in GP Decisions to Investigate Suspected Lung Cancer

Jessica Sheringham et al (2016) *BMJ Quality & Safety*

### Study Aim:

This study explored the influence of clinical and socio-demographic factors on GPs' decisions to initiate further investigation in patients presenting with symptoms suggestive of lung cancer.

### Methods:

227 GPs from across England made management decisions online for six 'patients' in simulated consultations. Each consultation used an actor to portray a 'patient' presenting with two symptoms suggestive of lung cancer; one symptom was volunteered by the patient, the other was only disclosed if the GP asked. For low risk 'patients' further investigation was not indicated, in medium risk 'patients' it may have been appropriate and in high risk 'patients' further investigation was definitely indicated. Socio-demographic characteristics varied systematically across different levels of cancer risk presented in the consultations.



### Findings:

GPs decided to investigate lung cancer in 74% (1000/1348) of cases and was more likely when GPs asked about other symptoms which were not initially volunteered. GPs, however, omitted to seek this information in 42% cases. Decision to investigate did not vary with cancer risk. GPs were less likely to investigate older than younger 'patients' and black than white 'patients'.

### Conclusion:

GPs were no more likely to investigate high risk than lower risk cases. 'Patients' presenting with the same symptoms were not investigated equally. Insufficient data gathering could be responsible for missed opportunities in diagnosis.

The full report is available in *BMJ Quality & Safety*: <http://dx.doi.org/10.1136/bmjqs-2016-005679>



## 46th Annual Scientific Meeting

of the Society for Academic Primary Care

12th – 14th July 2017 University of Warwick

Warwick Primary Care are proud to be working together with Coventry and Rugby CCG, and our local primary care community, to pioneer change.

We are excited by this opportunity to invite you to join a celebration of the impact of, and potential for, academic primary care in driving improvements.

**NB: Early bird bookings close on 6th May, after which registration prices will rise.**

For further information, please contact Helen McGowan, [h.mcgowan@warwick.ac.uk](mailto:h.mcgowan@warwick.ac.uk)



## Brief intervention for Weight Loss (BWeL)

### Background

Obesity is a common cause of non-communicable disease. Guidelines recommend that physicians screen and offer brief advice to motivate weight loss through referral to behavioural weight loss programmes. However, physicians rarely intervene and no trials have been done on the subject. We did this trial to establish whether physician brief intervention is acceptable and effective for reducing bodyweight in patients with obesity.

### Methods

In this parallel, two-arm, randomised trial, patients who consulted 137 primary care physicians in England were screened for obesity. Individuals could be enrolled if they were aged at least 18 years, had a body-mass index of at least 30 kg/m<sup>2</sup> (or at least 25 kg/m<sup>2</sup> if of Asian ethnicity), and had a raised body fat percentage. At the end of the consultation, the physician randomly assigned participants (1:1) to one of two 30 s interventions. Randomisation was done via pre-prepared randomisation cards labelled with a code representing the allocation, which were placed in opaque sealed envelopes and given to physicians to open at the time of treatment assignment. In the active intervention, the physician offered referral to a weight management group (12 sessions of 1 h each, once per week) and, if the referral was accepted, the physician ensured the patient made an appointment and offered follow-up. In the control intervention, the physician advised the patient that their health would benefit from weight loss. The primary outcome was weight change at 12 months in the intention-to-treat population, which was assessed blinded to treatment allocation. We also assessed asked patients' about their feelings on discussing their weight when they have visited their general practitioner for other reasons. Given the nature of the intervention, we did not anticipate any adverse events in the usual sense, so safety outcomes were not assessed. This trial is registered with the ISRCTN Registry, number ISRCTN26563137.

### Findings

Between June 4, 2013, and Dec 23, 2014, we screened 8403 patients, of whom 2728 (32%) were obese. Of these obese patients, 2256 (83%) agreed to participate and 1882 were eligible, enrolled, and included in the intention-to-treat analysis, with 940 individuals in the support group and 942 individuals in the advice group. 722 (77%) individuals assigned to the support intervention agreed to attend the weight management group and 379 (40%) of these individuals attended, compared with 82 (9%) participants who were



Image courtesy of Apolonia ID-100166062 at FreeDigitalPhotos.net

allocated the advice intervention. In the entire study population, mean weight change at 12 months was 2.43 kg with the support intervention and 1.04 kg with the advice intervention, giving an adjusted difference of 1.43 kg (95% CI 0.89–1.97). The reactions of the patients to the general practitioners' brief interventions did not differ significantly between the study groups in terms of appropriateness (adjusted odds ratio 0.89, 95% CI 0.75–1.07,  $p=0.21$ ) or helpfulness (1.05, 0.89–1.26,  $p=0.54$ ); overall, four (<1%) patients thought their intervention was inappropriate and unhelpful and 1530 (81%) patients thought it was appropriate and helpful.

### Interpretation

A behaviourally-informed, very brief, physician-delivered opportunistic intervention is acceptable to patients and an effective way to reduce population mean weight.

### Funding

The UK National Prevention Research Initiative.



## Prospective Register Of patients undergoing repeated Office and Ambulatory Blood Pressure Monitoring (PROOF-ABPM)

The diagnosis and management of hypertension depends on accurate measurement of blood pressure in order to target treatment appropriately and avoid unnecessary healthcare costs. Traditionally, blood pressure measurement takes place in the doctor's clinic in a general practice or hospital setting. However, it has long been recognised that taking an average of multiple readings across a 24 hour period (known as ambulatory blood pressure) estimates true mean blood pressure more accurately. Measuring ambulatory blood pressure is time consuming and expensive and so it is often avoided in routine clinical practice unless considered absolutely necessary.

The aim of the MRC funded **PROOF-ABPM** study was to gather information about people's blood pressure measured in routine clinical practice and use this to establish which patients would benefit most from undergoing 24 hour ambulatory blood pressure monitoring. Patients were eligible for the study if they:

- were aged 18 years or older at study entry
- had been referred by their doctor for routine ambulatory blood pressure monitoring
- The study ran from May 2015 up to the end of January 2017. Over 900 patients have been recruited, including 356 from primary care. The top recruiting practices were:
- We would like to give a very big thank you to all those who participated in, and help with the PROOF-ABPM study. Without the hard work and support of practices in the West Midland, we would never have been able to recruit so successfully to the study. Data from participants are now being analysed and we expect to have study results available in the Summer of 2017.

	PRACTICE	TOTAL RECRUITED
1.	Eve Hill Medical Centre	126
2.	Hall Green Health	55
3.	Spring Gardens Surgery	46
4.	Eden Court Medical Centre	38
5.	The Corbett Medical Practice	34
6.	Woodgate Valley Health Centre	31
7.	Downsfield Medical Centre	17
8.	River Brook Medical Centre	4
9.	Maypole Health Centre	2
10.	St Stephens Practice	1

## Our Commitment to Feedback on Study Results

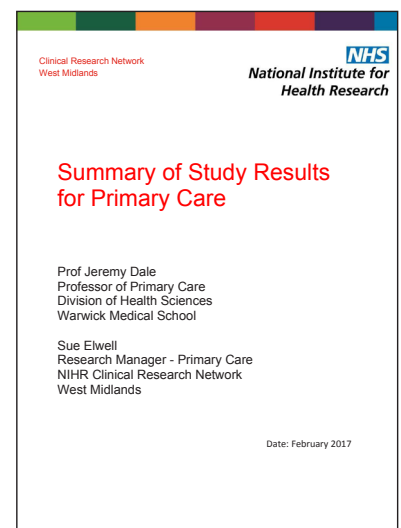
Over the past decade, more than 200 practices within the area covered by the CRN West Midlands South, i.e. Coventry, Warwickshire, Worcestershire and Herefordshire, have been active in recruiting to at least one research study taking place within a primary care setting. To date there have been more than 13,000 local patients included in research studies, a magnificent achievement.

### The topics covered by these studies includes:

- Management of lower back pain
- Smoking cessation initiatives
- Blood pressure control
- Self-monitoring in diabetes control
- Targeted identification and treatment of COPD
- Diagnosis and treatment of UTIs in children

This research generated a number of high profile publications, and has contributed to important changes in the way patients are treated in primary care.

As part of our commitment to research and to thank all the practices and CCGs who have assisted us, we are providing a short digest of publications resulting from some studies that involved local patients, which has been sent to local CCG leads and is available to all interested parties by email PDF on request, on to download via CCG Study Report





## ***RCGP Midland Faculty Annual Education, Research and Innovation Symposium 2017***

# **‘Learn, Inspire, Innovate!’**

***Thursday 18th May 2017 9am — 4.15pm***

***The University of Warwick, Westwood Teaching Centre, CV4 7AL***

***A must attend event for students, GP Registrars and GPs. An interactive day, packed full of inspiring ideas — a great opportunity to network and learn from each other.***

### ***Keynote speakers include:***

- **Dr Julian Treadwell** (Vice-Chair of the RCGP Standing Group on Overdiagnosis )
- **Professor Robert McKinley** (Professor of Education in General Practice, Keele University)
- **Professor Paul Wallace** (National Primary Care Director for the NIHR CRN )

### ***What people said in 2016...***

***“Excellent high-profile, keynote-speakers. The event was very relaxed and friendly.” “Hugely enjoyable...looking forward to next year!”***

***“Good to see medical students presenting alongside academics.”***

***“Very inspiring!”***

***Book on-line at [www.warwick.ac.uk/rcgp2017](http://www.warwick.ac.uk/rcgp2017)***

***HEWM sponsored places available for AiT***

***Conference enquiries to [h.mcgowan@warwick.ac.uk](mailto:h.mcgowan@warwick.ac.uk)***