COVENTRY, WARWICKSHIRE, WORCESTERSHIRE, HEREFORDSHIRE PRIMARY CARE RESEARCH UPDATE

PARTICIPATE

VOLUME NO 18 SUMMER 2015

NHS National Institute for Health Research

Clinical Research Network West Midlands

WARWICK MEDICAL SCHOOL

Supported by the University of Warwick

A New Look for Participate

Welcome to the new-look Participate, with its fresh design that expresses the close integration that primary care research delivery now has with the wider NHS NIHR Clinical Research Network activity in the West Midlands.

Regular readers will be pleased to know that Participate will continue to carry information about new research studies opening to recruitment in West Midlands South, opportunities to engage with current projects, results of previous research, and information about local research activity and feasibility studies.

In addition, the new look Participate will feature more regional news of local interest and opportunities to access training courses.

In this edition, we feature articles on:

- The new HRA approval process required for research to commence in the NHS, which is currently being rolled out. It comprises a review by a Research Ethics Committee and an assessment of regulatory compliance and related matters. This will remove the need for NHS permission to be issued by each participating organisation and will replace the local R&D approval process. Further details can be found on page 8
- Whether allopurinol 600mg daily versus no treatment added to usual therapy in patients aged 60 years and over with ischaemic heart disease improves cardiovascular outcomes (page 3)
- Join dementia research - a new nationwide online and telephone service that makes it easier for people to register their interest in volunteering for dementia research studies. (page 4)
- Facet-joint injections for people with persistent non-specific low back pain (page 3)
- The relationship between the organisation of primary (health and social) care services and the care experience of frail older people with multiple, complex needs (page 10)

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

POINTS OF INTEREST

- New Study – ALL HEART
- Current Study – TIME
- CRN – HRA Approval
- Local News - Supporting Cancer Patients, Survivors and their Families

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Delivering research to make patients, and the NHS, better

10 Facts about the PARAMEDIC2 Trial

PARAMEDIC2 The Adrenaline Trial

1 Cardiac Arrest

A **"cardiac arrest"** is when the heart suddenly stops beating and the patient is unconscious.

2 Re-starting the Heart

"Resuscitation" also known as CPR (Cardio-pulmonary resuscitation) is an attempt to restart the heart with the ultimate goal of saving the person's life so that they go home and resume their usual day to day activities

3 Treatments we know work

Treatment for cardiac arrest is URGENT

Research has shown that **early chest compressions and defibrillation** (electric shocks) save lives.

4 Treatments we don't know work

Sometimes drugs, such as adrenaline, are given as part of the resuscitation. It has never been proven whether adrenaline is helpful or harmful.

5 1 in 10 people

(who suffer a cardiac arrest out of hospital)

survive to go home

6 Improving care

Clinical trials are part of everyday healthcare in the NHS and help us to work out which treatments work and which do not.

7 Out of nine research studies testing the effect of adrenaline on survival:

- 1 showed an increase in survival
- 4 showed no effect on survival
- 4 showed fewer people survived after being given adrenaline

However this is still not enough evidence to know if adrenaline is helpful or harmful and a large clinical trial is needed.

8 PARAMEDIC2 Trial

It is essential that we find out if adrenaline is helpful or harmful when used during resuscitation.

The National Institute for Health Research is funding The University of Warwick Medical School to carry out a large clinical trial to answer this question. This means that if you were to have a cardiac arrest, you may receive adrenaline as part of your treatment or you may not. You will receive all treatments that are proven to work.

9 Patient & Public Consultation

has helped and advised us on many aspects of the trial design, including development of this poster.

10 If you don't want to be involved contact the trial team.

Team Contacts:

E paramedictrial@warwick.ac.uk
W www2.warwick.ac.uk/PARAMEDIC2
T 024 761 51164

Warwick Clinical Trials Unit, Gibbet Hill Road, University of Warwick, Coventry, CV4 7AL

Organiser: Warwick Medical School

Funder: NHS National Institute for Health Research

Research Partners: London Ambulance Service NHS Trust; North East Ambulance Service NHS Foundation Trust; Welsh Ambulance Service NHS Trust; University of Surrey; South Central Ambulance Service NHS Foundation Trust; West Midlands Ambulance Service NHS Foundation Trust

V1.0 - 12.5.15

ALL HEART (Allopurinol and cardiovascular outcomes in patients with ischaemic heart disease) is a major multi-centre trial of allopurinol 600mg daily versus no treatment added to usual therapy in patients aged 60 years and over with ischaemic heart disease. The aim is to establish whether allopurinol improves cardiovascular outcomes in this population.

Suitable patients are identified in primary care by their GPs; those that respond favourably attend an appointment with a research nurse. Patients will be randomised to either allopurinol or no drug to be given in addition to their usual medications. Allopurinol will be started at 100mg daily for two weeks, then titrated to 300mg daily for two weeks, then titrated to 600mg daily if tolerated. Patients will then be followed up for a period of around four years to count the number of heart attacks, strokes and cardiovascular deaths that occur.

Participating practices will receive a fee for completing the database search, in addition to per patient payments.

Recruitment will start soon in the West Midlands! Would your practice be interested in helping us with this important study?

So far, more than 200 practices are taking part in the East Midlands and Scotland. The Trial Manager is Jen Dumbleton, and her contact details are as follows: jennifer.dumbleton@nottingham.ac.uk, 0115 823 1053.

Further details can also be found on the trial website: http://allheartstudy.org/

Facet-Joint Injections for People with Persistent Non-Specific Low Back Pain (FIS)

Facet injection study – a randomised feasibility study

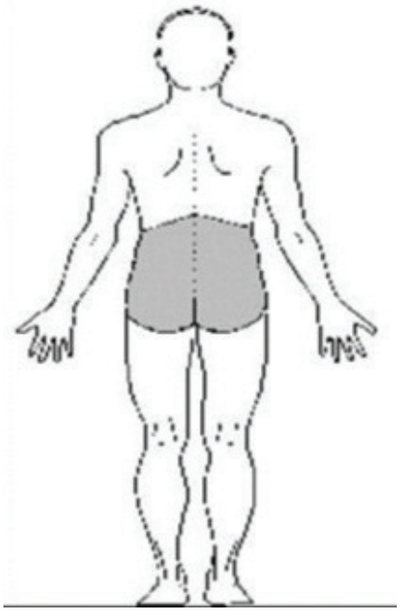
The role of injections of therapeutic substances into the back as treatment for low back pain is unclear. Whilst facet joint injections are widely used current guidelines do not support this practice. There is a need for robust clinical and cost-effectiveness evidence to determine if they should be included in guidelines.

Prof. Martin Underwood at the University of Warwick is leading a team that are exploring this in an NIHR HTA funded feasibility study. Patients referred to secondary care with persistent non-specific low back pain will be screened and invited to take part in the study. Those who meet the eligibility criteria will be invited to a one hour assessment with a physiotherapist to confirm diagnosis of facet joint pain and collection of baseline data. All participants (n=150) will be offered a bespoke package of physical and behavioural rehabilitation. Those randomised into the intervention arm (n=75) will, in addition, receive facet joint injections with local anaesthetic and steroids. Primary outcome data will be collected using daily and then weekly text messaging service for a pain score on a 0-10 scale. Questionnaire follow up will be at 3, 6, and 12 months.

The study is taking place across five sites:

- University Hospital Coventry and Warwickshire,
- Warwick Hospital,
- Kingsmill Hospital - Mansfield,
- Kidderminster treatment centre
- James Cook Hospital - Middlesbrough
- Four of the five sites are now open for recruitment.

This project was funded by the National Institute for Health Research Health Technology Assessment Programme (project number 11/31/01)



The shaded area represents the place where potentially eligible patients have low back pain.

WARWICK CLINICAL TRIALS UNIT

University Hospitals Coventry and Warwickshire NHS Trust

For further information, please contact the study manager phone: 02476 574653 or email: FIS@warwick.ac.uk

New Studies

Join dementia research

Helping to connect volunteers to research studies

Support your patients, their carers and the public in signing up to 'Join dementia research'

What is 'join dementia research'?

'Join dementia research' (www.joindementiaresearch.nihr.ac.uk) is a new nationwide online and telephone service that makes it easier for people to register their interest in volunteering for dementia research studies. The service is a collaboration between the National Institute for Health Research (NIHR), Alzheimer's Research UK, Alzheimer's Society and Alzheimer Scotland, and has been funded by the Department of Health.

Why is the service important?

Dementia affects over 850,000 people in the UK, but currently less than 5% of people with dementia take part in research. There are numerous questions about the cause, diagnosis, treatments, and best care for which there are no clear answers yet. Research into dementia will help find these answers.

A new national poll has shown that almost two thirds of the general public (62%) would be willing to take part in dementia research, but more than four out of five people (81%) wouldn't know how to volunteer. 'Join dementia research' is a simple way to register your interest in national studies.

Who can get involved?

Anyone, with or without dementia, can register as a volunteer or sign-up for someone else, providing that you have their consent. You must be over 18 years old.

How can people get involved?

There are three ways of registering for the service:

1. Visiting www.joindementiaresearch.nihr.ac.uk
2. Contacting one of the charities' helplines: Alzheimer's Research UK: 0300 111 5 111 and Alzheimer's Society: 0300 222 1122
3. Completing a postal application form. You can order materials at weborder.formara.co.uk/jdr

What is so special about the service?

You can see which studies your information matches to, and can also express an interest in finding out more about studies. However, there is absolutely no obligation to take part in any of the studies. Current research studies range from clinical trials of new treatments to surveys identifying what works in improving the quality of life of people with dementia.

How can you help?

There are seven easy ways you can help:

1. **Find out** what dementia research is taking place in the trust, and how the trust supports the work.
2. **Order and display** free materials: Handing out materials, application forms and displaying posters. You can order materials at weborder.formara.co.uk/jdr.
3. Encourage people to sign up themselves online or **talk about the service** to anyone they know who has dementia or is caring for someone with dementia.
4. **Providing regular updates** in newsletters. You can also register for our monthly e-mail alerts.
5. **Follow and promote** our social media channels (@beatdementia and facebook.com/joindementiaresearch).
6. **Contribute to case studies** and share any local dementia news items with us at comms.jdr@nihr.ac.uk.
7. **Sign yourself up to the service** as many of the studies are looking for healthy volunteers.

TASMINH4: Telemonitoring And/or Self-Monitoring IN Hypertension

What is the TASMINH4 trial?

This research is a patient randomised controlled trial to evaluate the management of hypertension in primary care using self monitored blood pressure values, with or without tele-monitoring, compared to that using clinic monitored blood pressure. It will also consider the effect of self-monitoring and tele-monitoring on adherence, side effects, quality of life, adverse events and costs. This study is being run by the Universities of Birmingham and Oxford underpinning key work from previous blood pressure surveys and TASMINH trials (TASMINH, TASMINH2, TASMIN-SR).

WE ARE LOOKING TO RECRUIT APPROXIMATELY 150 PRACTICES NATIONALLY UNTIL DECEMBER 2015

What is involved for Practices?

- Practices will identify potential participants (patients with coded hypertension with a BP ≥140 (systolic) and/or 90 (diastolic) mmHg)
- Room hire for holding baseline and follow-up clinics (6 and 12 months)
- Mail study invitation letters to trial participants

Full training will be provided

Practices undertaking this study will be eligible to receive payment via service support costs to cover the time spent recruiting patients.

NUFFIELD DEPARTMENT OF PRIMARY CARE HEALTH SCIENCES — UNIVERSITY OF BIRMINGHAM

Learn More: If your practice would like to take part or would like more information please contact: Mrs Siobhan Milner, Project Officer phone: 0121 414 2954, fax: 0121 414 8616, email: s.l.milner@bham.ac.uk

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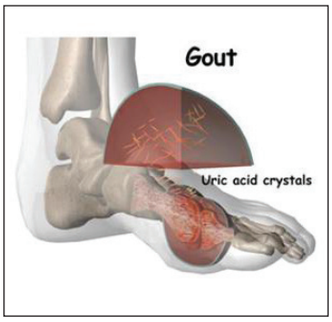
FAST

FAST (Febuxostat versus Allopurinol Streamlined Trial) is a major multicentre clinical trial evaluating long term cardiovascular safety of febuxostat in comparison with allopurinol in patients with chronic symptomatic hyperuricaemia (gout). This is a very simple study, with a very low workload for participating practices.



So far, more than 50 practices in the West Midlands are taking part, and patient recruitment has commenced. Thank you so much to those of you who are on board, and we look forward to expanding this exciting trial to any other practices who may be interested.

Would your practice be interested in helping us with this important study?

Participating practices will receive a £500 fee for completing the database search, in addition to £5 per month per patient for the duration of the trial. All medication will be prescribed by the trial sponsor, and so there will be no prescribing costs to GP practices.

The Trial Manager is Jen Dumbleton, and her contact details are as follows, email: jennifer.dumbleton@nottingham.ac.uk, phone: 0115 823 1053. Further details can also be found on the trial website: www.fast-study.co.uk.

BARACK-D

Benefits of Aldosterone Receptor Antagonism in Chronic Kidney Disease Trial

Objectives: To determine whether the addition of an aldosterone receptor antagonist (ARA) in patients with moderate Chronic Kidney Disease (CKD):

- reduces death
- reduces onset, or progression of, cardiovascular disease
- improves measures of vascular resistance
- improves left ventricular function
- reduces decline in renal function

Background: Better treatment options providing protection from vascular events or delaying progression of CKD are urgently needed. There are limited therapeutic options to reduce overall cardiovascular risk in CKD. Accumulating data suggest ARAs may offer cardio-protection and delay renal impairment in some patients.

BARACK D is the only current large prospective randomised open blinded endpoint trial (PROBE) focussing on this theme.

Recruitment: Both practice and patient recruitment are well underway with approximately 300 practices are being recruited nationally. Patients identified by their GPs with a diagnosis of CKD Stage 3b or low 3a will be invited to take part, with approximately 10-15 per practice enrolling.

Participation: For the 36 month follow-up, patients will be randomised to either:

a) treatment plus standard care
b) standard care alone

ARA for ckd – the "renal aspirin"?

For further information, please contact Dr Ben Thompson, senior trial manager, phone: 01865 289296, BARACK@phc.ox.ac.uk

Current Studies

CANDID

CANcer DIagnosis Decision rules

The good news is that the CANDID study will continue recruiting for a further 12 months until 30th September 2016.

This study is looking at which symptoms, signs and examinations are best for predicting lung and bowel cancer.

In total 20,000 people with lung and bowel symptoms will be asked to take part in this research, half with lung and half with bowel symptoms. This is a multi-centre study across eight academic sites led and coordinated from the University of Southampton by a team led by Professor Paul Little and funded by the NIHR NSPCR.

Local progress

Across the West Midlands region, 347 patients have now been recruited. 69 practices are taking part in the study, of which 36 are actively recruiting. Thank you to all who have participated for your continued support. Within West Midlands South, 23 practices have so far recruited 380 patients to the study – a magnificent effort.

If you would like more information, please contact Jenny Lee, research facilitator, email jennifer.lee@warwick.ac.uk

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TIME STUDY

Antihypertensive Study

Recruiting Well Across the UK

TIME (Treatment In Morning vs Evening) is looking at patients taking once a day blood pressure medication, aiming to establish whether night time dosing is better (or worse) than morning time treatment in preventing heart attacks, strokes, and deaths related to diseases of the heart and circulation.

The study is being undertaken by a team based at the University of Dundee led by Professor Tom MacDonald and is backed by a British Heart Foundation research grant. The TIME study is currently recruiting patients across the UK following a successful pilot which has been ongoing since 2011.

GP practice recruitment

An initial mailing in 2014 to GP practices has been followed up by the research networks in all UK countries, and local approvals are being granted to allow interested practices to be registered as Patient Identification Centres (PICs) to invite suitable patients.

A Docmail account is available to mail patients, reducing costs and administration time for practices. The West Midlands is the lead region for the study in England. Other regions have now also started recruiting with new practices continuing to register their interest.

Involvement of hospital clinics

Patient recruitment from hospital clinics is also possible; there has been considerable interest from hospital trusts across the UK and several have already been set up as PICs to be able to invite their patients.

Progress

Recruitment to the study is going well with over 5,000 people already randomised. It is hoped that recruitment can be completed by the end of 2015 followed by an estimated 3.5 year follow-up period.
If showing that the time of day patients take their blood pressure medication can have an effect on events such as strokes and heart attacks, this would provide enormous health benefits. Even getting a modest effect within our study could imply an incredible benefit to the population at large.

Who is eligible?

Recruitment to the study is open to anyone in the UK who takes tablets for blood pressure once daily. The aim is to recruit 10,000 participants of as varied demographics as possible and study them over a period of five years. Patients are being invited via GP surgeries and hospitals and by their responding directly to advertising or social media.

Participants are randomly allocated to either take anti-hypertensive medication at night or in the morning, and the study is conducted online with patients registering and consenting through the study website and being followed up by email.

Participants need to have regular access to the internet, as this study is done entirely through a secure website and all contact is by email.

Although this excludes a certain proportion of patients, for practical and financial reasons it would be difficult to do a study of this size in the conventional way. Previous studies that have used this method, found it to yield high quality and cost-effective data.

Patients register for the study at www.timestudy.co.uk, where they can read more detailed information. Consent for the study is completed by the patient online and they then input study data.

Anyone who is interested to find out more about this can contact the co-ordinating centre in Dundee at TIME-study@dundee.ac.uk

Primrose

Management of cardiovascular risk for people with severe mental illnesses: A cluster randomised controlled trial in primary care

What is the PRIMROSE Study?

The aim of the PRIMROSE study is to test the clinical and cost effectiveness of a primary care led behavioural intervention to reduce cardiovascular disease (CVD) risk in patients with severe mental illnesses. The primary outcome of interest is total cholesterol and secondary outcomes include lipids, HBA1c, blood pressure, BMI, smoking, diet, physical activity, alcohol use and adherence to treatments.

The study is important because people with severe mental illnesses (SMI) are at an increased risk of CVD and are more likely to die from the disease than the general population.

The study is being run by researchers at University College London, Southampton University, Imperial College London, Kings College London and the McPin Foundation in partnership with Camden and Islington NHS Foundation Trust.

We have recruited 193 patients and 74 GP practices across England. We aim to recruit a further six GP practices to the study by the end of July 2015 and 6-10 patients within each practice by December 2015.

What does the study involve for GP Practices?

- Carrying out a search for eligible patients
- Sending out study invitation letters to all eligible patients
- Sending out invitations to patients with SMI to attend a physical health screening appointment
- Carrying out CVD risk screening including a blood test for total cholesterol, total cholesterol/HDL ratio and HbA1c, blood pressure, smoking status, BMI, diabetes and hypertension status

In addition, if your practice is randomly selected to deliver the PRIMROSE intervention:

- Attendance at two training sessions by one practice nurse or healthcare assistant (HCA) with some experience of delivering health behaviour advice;
- Intensive case management of CVD risk factors in patients with SMI by the practice nurse/HCA over a six month period.

Practices undertaking this study will be eligible to receive payment via service support costs to cover the time spent identifying and screening for eligible patients. PRIMROSE intervention GP practices will receive further payment to cover the practice nurse/HCA time to deliver the intervention.

If your practice would like to take part or would like more information please contact: Alexandra Burton, Programme Manager: phone: 0207 679 9031 Email: a.burton@ucl.ac.uk

For further information please see our website: www.ucl.ac.uk/primrose or follow PRIMROSE on Twitter: @UCLPrimrose

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Helicobacter Eradication Aspirin Trial

Helicobacter eradication to prevent ulcer bleeding in aspirin users: a large simple randomised controlled trial

UNIVERSITY OF BIRMINGHAM HEAT

Principal Investigator Birmingham Region: Prof Richard Hobbs

Locations: ~400 GP practices in Birmingham and Black Country, Worcestershire, Coventry and Warwickshire, Shropshire, Staffordshire, Herefordshire, Stoke, Telford and Wrekin, Wolverhampton, Sussex & Surrey, Nottingham, Durham, Southampton, and Oxford.

Enrolment Period: 2012 – June 2016

Participants: Men and women aged 60+, infected with H. pylori, who are using aspirin <326mg daily

Other Information: This trial has been preceded by a successful pilot study, funded by the MRC. Practices will be reimbursed for their time.

Use of aspirin for cardiovascular prophylaxis is widespread and increasing. The main hazard is ulcer bleeding. This is usually associated with H. pylori infection. It is important to determine whether this can be reduced or prevented by H. pylori eradication. The trial hypothesis is that aspirin does not itself cause peptic ulcers, but that it promotes bleeding of ulcers caused by H. pylori. Given the scale of aspirin use, its continuing increase and its contribution to ulcer bleeding, how to deal with this problem is arguably the most important question with regard to current iatrogenic medicine.

Intervention and Clinic: Suitable patients will be identified by their surgery, using an automated search, and then asked to attend an appointment with a University Research Nurse or Practice Nurse (relevant training will be provided) to consent to the trial and take a H. pylori breath test. Those with a positive result will be randomised to receive a one week course of either eradication treatment or placebo, supplied by the trial centre. No follow-up visits for the patients are required, but any hospital admissions for ulcer bleeding will be recorded over a period of 2-3 years by the trial centre.

Further Information: If you would like to find out more, please contact theTrial Manager for your region, Rachel Iles (r.iles@bham.ac.uk 0121 414 2691).

NIHR GCP Training

This free course can be used as an introduction or refresher. It needs to be requested at least 24hrs in advance and you should expect the course to take you between two and four hours. The e-learning module includes Primary and Secondary Care pathways. Separate sections focusing on research in a paediatric setting and with adults who may lack capacity are also available to complete either as part of the GCP module or stand-alone to complement generic courses.

One day Introduction to GCP Workshop

18 Sept	Shrewsbury	30 Oct	Birmingham
21 Sept	E. Birmingham	17 Nov	Wolverhampton
29 Sept	Wolverhampton	Nov TBC	Birmingham (primary care focus)
6 Oct	Stoke	14 Dec	Birmingham
15 Oct	Birmingham		

NB. All introductory course materials are available to participants prior to attending the workshop. Slides are available to view online or download and print. Detailed course books are no longer provided.

Half day GCP Refresher Workshop

If you are due an update in 2015 please book ahead so that we can ensure that sufficient courses are available

NHS
National Institute for Health Research
Clinical Research Network West Midlands

1 Sept	Wolverhampton a.m.	4 Nov	Nuneaton a.m.
15 Sep	Solihull a.m.	27 Nov	Birmingham a.m. & p.m.
21 Sept	E Birmingham a.m. & p.m.	4 Dec	Oswestry a.m. & p.m.
19 Oct	Birmingham a.m.	10 Dec	Coventry a.m.
21 Oct	Wolverhampton a.m.	11 Dec	Birmingham a.m. & p.m.
26 Oct	Hereford a.m.		

Booking for all taught and online GCP courses is via the NIHR Learning Management System (LMS). Create an account or log in at: http://www.crn.nihr.ac.uk/learning-development/good-clinical-practice/

Delivering research to make patients, and the NHS, better

NHS
Health Research Authority

What is HRA Approval?

HRA Approval is the new approval that will be required for research to commence in the NHS in England. It is a new process that comprises a review by a Research Ethics Committee as well as an assessment of regulatory compliance and related matters undertaken by dedicated HRA staff.

When HRA Approval is fully rolled out, it will remove the need for NHS permission to be issued by each participating organisation and will replace the local R&D approval process. HRA Approval will support and complement local processes relating to assessing, arranging and confirming local capacity and capability to undertake the study. When HRA Approval is in place and local capacity and capability confirmed, sites will be able to confirm with the sponsor their readiness to recruit and the study will start at the site. The new system will simplify the approvals process for research, making it easier for research studies to be set up.

When will it happen?

The phased roll out of HRA Approval began on 11 May 2015 and commenced for primary care studies on 10th August 2015. Further details of the exact process will follow to GPs involved in research studies and the HRA have developed an information sheet that may be helpful and can be found using the link: http://www.hra.nhs.uk/documents/2015/06/2015-06-28-hra-approval-information-general-practice.pdf

"Image courtesy of Stuart Miles at FreeDigitalPhotos.net"

NIHR CRN funded staff will continue to support the set-up of CRN portfolio studies within primary care and will work with local research delivery teams and support departments to facilitate local capacity and capability decision making.

For further information please see the HRA website http://www.hra.nhs.uk/ or contact Pam Devall on Rwh-tr.crnwmpc@nhs.net

CRN: West Midlands Primary Care

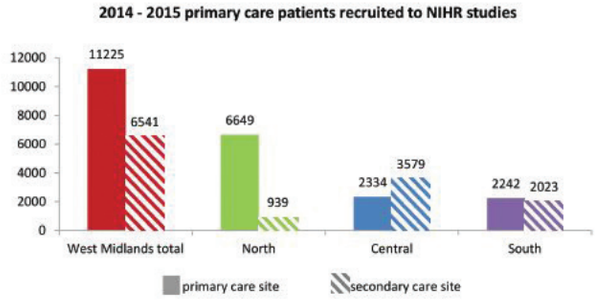
General practice involvement in NIHR studies 2014-15

During 2014-15 48% of general practices across the West Midlands region recruited over 11,000 patients to NIHR studies. It is only through this practice commitment and dedication that patient recruitment has been so successful.

Throughout the year, despite all the difficulties seen in the NHS, GP practices have been willing to be involved in studies on top of their normal workload. Working collaboratively, the network and regional CCGs have supported practices to undertake and embed research into the day to day operation of general practice. 454 practices contributed from 22 West Midlands CCGs and helped the network exceed the NIHR target by over 13% for the number of research active sites. (Graph 1)

Recruitment to NIHR studies has remained high across the region, securing the network team in 3rd position in the national NIHR primary care recruitment league table.

Practices across the region contributed to 155 individual studies from all disease areas, such as COPD, osteoarthritis, diabetes, CKD, cancer and stroke, to name but a few. Over 205 practices acted as Patient Identification Centres (PICs) supporting recruitment to 56 individual secondary care sites, resulting in an additional patient recruitment of 6,541 participants (Graph 2)



With 2015-16 well on the way we are already 21% above our annual recruitment target. We hope that we can continue to stay ahead of target, build on last year's successes and be able to offer even more patients and enthusiastic clinicians the opportunity to be involved in world class research that will help to prevent diseases through innovative and cutting edge research.

We would like to say a huge thanks to those practices that have contributed to this achievement.

Tracy Whitehurst -
West Midlands Region,Primary Care Research Manager

For any practices that may be interested in supporting NIHR studies and to continue with this success this year, please contact your local network office on • **West Midlands North - phone 01782 534713**
• **West Midlands Central - phone 0800 085 4229 • West Midlands South - phone 02476 575767**

Funded by CANCER RESEARCH UK

UNIVERSITY OF OXFORD
NUFFIELD DEPARTMENT OF PRIMARY CARE HEALTH SCIENCES

A CRN Supported Questionnaire – Can You Help?

National Survey of GP Cancer Test Access

Oxford University is surveying GP access to tests for cancer investigation across NHS England as part of a Cancer Research UK funded study. We aim to understand how test access varies between CCGs.

The survey should take you no longer than 10 minutes, and includes questions about your practice, the tests you can request, and access to specialist advice.

If you have any questions or queries about the survey, please email: brian.nicholson@phc.ox.ac.uk Dr Brian Nicholson, MRCG, Cancer Research UK Clinical Research Fellow, Nuffield Department of Primary Care Health Sciences, New Radcliffe House, Radcliffe Observatory Quarter, Woodstock Road, Oxford, OX2 6GG

To complete the survey please follow: https://www.surveymonkey.com/s/testaccesssurveyEngland

Study Results

Integration and Continuity in Primary Care

A patient-centred analysis of how organisation constrains care coordination

The aim of our NIHR-funded project was to explore the relationship between the organisation of primary (health and social) care services and the care experience of frail older people with multiple, complex needs. We chose five areas in England where care was organised differently, one of which was in the West Midlands. In each area we spoke to older people (66 in total) who had multiple chronic conditions and were receiving services from two or more providers. We also looked at their medical records in the GP surgery and spoke to those responsible for providing their health and social care.

Our patients (average age 78) were typically frail. Many had experienced deteriorating health in the last year and mobility was a particular problem. Despite the range of mechanisms introduced to try and overcome organisational barriers they, and their service providers, reported remarkably similar problems.

Patients valued continuity, particularly contact with a regular GP – but this was not easy, nor was it often possible to discuss all their health-related concerns, obtain regular review or follow-up on discharge. Care plans were very limited, transfer of information imperfect (discrepant IT systems were still evident and many practitioners continued to rely heavily on paper records) and, faced with multiple care coordinators, many felt they themselves had the best overview of their care. It also remained difficult to be seen in the community and patients often understated problems such as pain, impaired mobility and fear of falling, meaning that many had problems accessing help, particularly attending repeat appointments.

Organisations were responding to these challenges in broadly similar ways. We found an increasing number of special initiatives, dedicated posts and multi-disciplinary care teams focusing on frail older people. In all five of our study sites, formally managed care networks had been established to improve care across organisational boundaries. These were typically aimed at admission avoidance and facilitated discharge, together with better long-term condition management. These were good at working flexibly (e.g. adding in new services for small care groups in the short term) but often limited by: incomplete information, referral and financial flows across organisational boundaries; capacity mismatches; and conflicting financial incentives and managerial targets.

Caseloads were also becoming increasingly stratified. All our community health services identified case managers for patients with complex, long-term conditions. Yet, despite their complex co-morbidities, few of our patients had access to this support or indeed a designated care co-coordinator.

Differences between our case study sites

often appeared to reflect variations between GP practices rather than system-level differences. For example, levels of community support, onward referral, home visits and care co-ordination by GPs tended to be higher in practices that either still operated patient lists or where the patient was predominantly seeing the same doctor. This suggested continuity of contact may produce higher quality of care, enabling a more complete assessment of need and more wide-ranging support. In contrast, differences in ownership affected the range of services to which patients had direct access; GPs' managerial responsibilities (relevant to care coordination because of their impact on GP workload); and the scope for doctors to develop special interests.

Our research team comprised:

Rod Sheaff, [1] Joyce Halliday, [1] John Øvretveit, [2] Richard Byng, [3] Mark Exworthy, [4] Stephen Peckham, [5] Sheena Asthana[1]

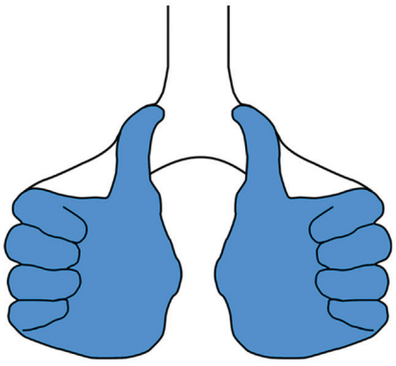
1 Plymouth University
2 Karolinska Institutet Stockholm
3 Plymouth University Peninsula Schools of Medicine and Dentistry
4 University of Birmingham
5 University of Kent

Our research was funded by the National Institute for Health Research - Service Delivery & Organisation Programme (Project Reference Number 09/1801/1063)

RESEARCH WITH PLYMOUTH UNIVERSITY

If you want to find out more our full report will soon be available in the Health Services and Delivery Research Journal: http://www.journalslibrary.nihr.ac.uk/hsdr Or contact the Project Lead Rod Sheaff: Rod.sheaff@plymouth.ac.uk (01752) 586652

PSM COPD



UNIVERSITY OF BIRMINGHAM

PSM COPD

Patient **S**elf-**M**anagement in primary care patients with **C**hronic **O**bstructive **P**ulmonary **D**isease **(PSM-COPD)**

The PSM-COPD trial is a NIHR funded study that aims to assess the effectiveness of a telephone based self-management intervention as a treatment for patients with COPD who have mild dyspnoea compared to usual care.

Eligible patients were randomised to receive the telephone based self-management care (delivered by a study research nurse) or usual care. The telephone consultations covered the areas of: smoking cessation advice, encouragement to become physically active; support for medication adherence; and action planning.

All patients' interventions are now complete and the study is now in follow up, due to be completed Jan 2016.

West Midlands South: 20 practices participated and 280 patients consented

We would like to thank all those practices involved for their support:

Abbottswood Medical Centre	**Northumberland House Surgery**
Churchfields Surgery	**Salters Medical Practice**
Corbett Medical Practice	**Spring Gardens Group Medical Practice**
Davenal House Surgery	**St Johns House Surgery**
DeMontfort Medical Centre	**St Martins Gate Surgery**
Elbury Moor Medical Centre	**Thorneloe Lodge Surgery**
Haresfield Surgery	**Upton Surgery**
Marches Surgery	**Whiteacres Medical Centre**
New Court Surgery	**Winyates Health Centre**
New Road Surgery - Bromsgrove	

Clinical Research Network Symposiums 2015: Feedback from Events

The annual symposiums, which are organised by your local research facilitator and attended by staff from GP practices within your area, provide an opportunity to:

- network with other research active practices,
- hear results from previous studies
- have a brief overview of forthcoming studies

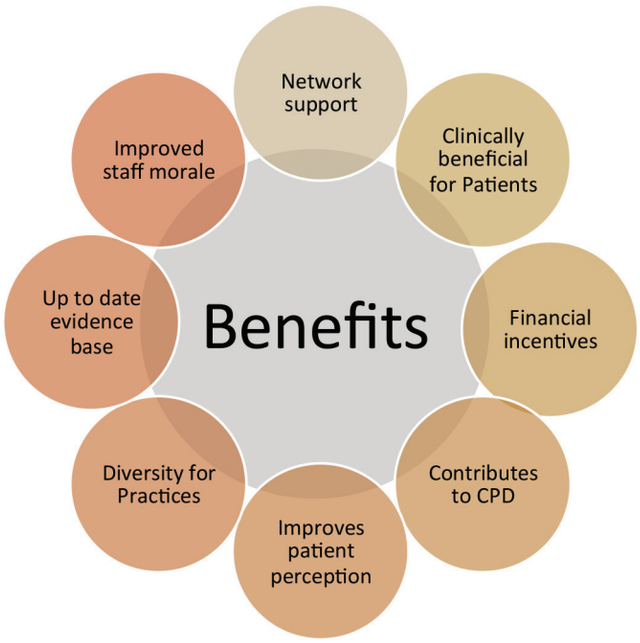
They also offer a chance to staff within practices not currently research active, to interact and discuss the benefits of participation with colleagues already experienced in the delivery of local research studies.

This year, six local symposiums took place, attracting a total of 97 delegates.

Group discussion included feedback on the benefits of research participation - see diagram on the right.

New to Research?

We would be very interested in hearing from practices who would like to know a little more about how the Clinical Research Network can support research in practice.



If you would like more information, please contact your local research facilitator:
South Warwickshire: Becky Harrison, email: r.l.harrison@warwick.ac.uk
Herefordshire and Coventry: Jenny Lee, email Jennifer.lee@warwick.ac.uk
Worcestershire and North Warwickshire: Aman Johal, email: Amanpreet.johal@warwick.ac.uk

Research Design Service (RDS)

If you would like any further information, please contact us on rds@warwick.ac.uk or via www.rds-wm.nihr.ac.uk

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:

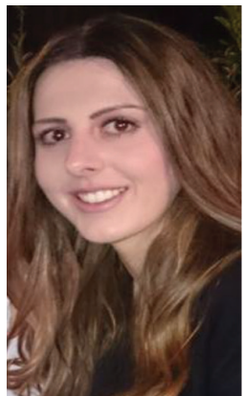
- Formulating research questions
- Building an appropriate research team
- Involving patients and the public
- Designing a Study
- Appropriate methodologies for quantitative and qualitative research
- Identifying suitable funding sources
- Regulatory issues
- Writing lay summaries
- Identifying the resources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

Supporting Cancer Patients, Survivors and their Families

The Cross Cutting Interest group in Cancer is based at Coventry University and undertakes work focusing on the psychological, social and practical issues facing adult and paediatric cancer patients, survivors and their families. The group also researches the provision of care and services provided to cancer patients and their families.

Improving outcomes following breast reconstruction

Breast cancer is the most common cancer among women with approximately 50,000 new cases each year in the UK. Mastectomy is the recommended treatment for one third of women and is associated with a range of physical, social and psychological challenges. Following mastectomy some women choose to undergo breast reconstruction surgery. Review work conducted by Hannah Matthews (a doctoral research in the Centre for Technology Enabled Health Research at Coventry University) found strong evidence that interventions after reconstructive surgery reduce anxiety and depression and improve body image, quality of life, self-esteem and sexual functioning. Hannah is now starting work to identify which patients do well after breast reconstruction surgery and why they have better outcomes. This will help us to support future patients and prepare them for surgery and recovery. Hannah will be using ultra sound imaging and questionnaires to explore how women cope in the year following their surgery



For further information please contact Hannah Matthews matthe94@uni.coventry.ac.uk

workplan

Supporting cancer patients in returning to work

Each year, over 100,000 people of working age receive a cancer diagnosis in the UK. Evidence currently suggests that those who have survived cancer are more likely not to work, or to leave work at an earlier age than those who haven't been diagnosed. Our own work has shown how varied the return to work process and the need for support is for people who have been diagnosed with different types of cancer. The WorkPlan intervention targets psychological factors to improve the working lives of cancer survivors. We are currently evaluating this intervention pack to see if it is able to improve work-related outcomes among cancer survivors.

For further information please contact Pernille Woods pernille.woods@coventry.ac.uk or Lauren Schumacher lauren.schmacher@coventry.ac.uk

A blood test for cancer screening

Since 2012 the Early Cancer Detection Consortium has grown to include 39 partner organisations including Universities, NHS Trusts and commercial partners, with the aim to identify, validate and implement a new blood test from a single blood sample for the detection of multiple types of early cancer.

The Consortium is truly multidisciplinary and includes pathologists, health economists, radiologists, cancer clinicians, epidemiologists, nurses, engineers, statisticians, GPs and a psychologist. Research so far has included two systematic reviews, a draft economic model and an expert Delphi exercise, supported through funding from Cancer Research UK. The next important phase of research is to test analytical validity, clinical validity and assess acceptability to patients and GPs. The programme is led by Professor Ian Cree, supported by Becky Whiteman at the Centre for Technology Enabled Health Research. We also have two wonderful patient representatives as members of the Consortium, who always ask the really difficult questions…

For more information please contact becky.whiteman@coventry.ac.uk

ecdc
early cancer detection consortium

For further information about the Cross Cutting Interest group in Cancer please contact:
Prof Beth Grunfeld, Centre for Technology Enabled Health Research Coventry University
beth.grunfeld@coventry.ac.uk

Health **C**hecks: A **R**andomised **I**ntervention using **C**ricket to improve the **K**nowledge of underlying health behaviour. An **E**valuation **T**rial **(CRICKET)**

In 2009 the NHS introduced Health Checks, a "risk assessment, risk reduction and risk management programme". Its aims are to identify and treat the leading causes of preventable deaths (heart disease, diabetes, kidney disease, and stroke) by inviting everyone aged between 40 and 74, not diagnosed with one of these conditions to have a health check every 5 years. Economic modelling suggested the programme would result in savings to the NHS of £57 million per year after four years and £176 million per year after fifteen years.

What prevents people visiting their GP?

Qualitative research has highlighted lack of appointments outside of working hours, and the inconvenience of appointment locations as drivers of non-attendance.

Quantitative research suggest that people of black African/Caribbean and South Asian ethnicities are half as likely to attend a health check as people of white ethnicities. Barriers for accessing health care in these populations are complex and include factors such as language, culture, education, socio-economic deprivation as well as differences in health behaviours and perceptions towards health.

Steps to engagement

Cricket is a likely fruitful venue to offer health checks to middle aged men, particularly those of South Asian ethnicities. Cricket is the second most popular sport globally and a major passion in South Asia. India, Pakistan, Sri Lanka and Bangladesh all boast well-known international cricket teams, which have a global following, including in the UK, and locating NHS health checks at cricket matches may increase South Asians' uptake of them.

'Boundaries for Life'

A voluntary initiative founded by the principal investigator of this study (Boundaries for Life) has been providing free health checks at a number of high profile grounds across England and Wales since 2010. The initiative is backed by a number of major cricketing venues such as The Oval, Edgbaston, Headingly, and Old Trafford. We have analysed detailed data from over 300 members of the public who have attended the health checks at cricket venues across the UK in the 2014/15-cricket season.

81% rated the service as excellent and the remaining 19% rated it as very good or good (n=254). 99% stated that they would recommend the checks to their family and friends. The overwhelmingly positive feedback from users led to the formation of the research question of whether offering health checks at cricket grounds could help increase the uptake of NHS health checks.

Why use cricket matches?

Cricket has a number of distinct advantages as a model through which to offer health checks and provided personalized consultations to South Asian males as opposed to other venues:

1) The variable format of the game, which can range from a few hours to five days during a test match means that participants can receive a 15-minute health check without missing much of the match. Feedback from users (n=254) found that 99% were satisfied with the length of the time the checks took in relation to their ability to enjoy the sport.

2) The timing of matches at weekends and evenings, during the day-night matches, offers opportunities for health checks when GP practices are closed and without having to take time off work. 57% of those who had used the service stated that they had had opted to have a health check due to the convenience of the location and 38% because of convenience of time.

3) Unlike other popular sports in the UK, cricket has a strong following amongst South Asian fans due to the strength of cricketing nations in this region. These countries are poorly represented in other mainstream sports such as football, rugby and tennis, making cricket a perfect sport to target these populations.

4) Attending health checks at a sporting event may also be used as an opportunity to encourage fans to engage with sports and take up sports through active participation. Given that 61% of those taking up health checks had high BMIs, targeted interventions could be developed between primary care and the cricket grounds to improve physical activity through active engagement.

Can you help?

We will explore whether the offer of attending a cricket match, either for a health check or an incentive for having a health check at the GP, is an effective method to increase the uptake of NHS health checks by conducting a randomized controlled trial of health checks uptake. We are keen to engage the view of GP practices as well as local commissioning services to take this study forward. Please contact us on the details provided below if you would like any further information on this study.

Trivedy C[1], Stinton C[2], Schmidtke K[3],

1 Warwick Medical School, Centre for Applied Health Research and Delivery (CAHRD)
2 Warwick Medical School, Population and Evidence & Technology, Health Sciences
3 Warwick Business School

Dr Chet Trivedy, CRICKET study lead, email: c.trivedy@warwick.ac.uk

CHESS
Chronic Headache Education and Self-management Study

NHS National Institute for Health Research

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 (CHESS) 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, and led by Professor Martin Underwood at the Clinical Trials Unit, University of Warwick.

The first phase of the programme is a feasibility study and will start recruitment in September 2015. We aim to recruit 170 participants aged ≥18 years with chronic headaches from 6-10 practices in Coventry and Warwickshire.

What will it involve for participants?

- Participants will be asked to complete a headache symptom diary (electronically or paper version) of headache frequency, duration and severity, weekly for 3 months
- Questionnaires will be sent at baseline, two weeks and three months
- Participants will complete a brief telephone interview with a nurse to support classification of the three common chronic headache disorders; migraine, tension type and medication overuse
- A sub-sample of participants will be asked to pilot a new group self-management intervention for the management of common chronic headache disorders
- A sub-sample of participants will be asked to take part in interviews about their experience living with chronic headaches

What will it involve for GP practices?

- Identification and screening of eligible patients
- Mail-out of study invitation letters
- 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 Rachel Potter r.potter@warwick.ac.uk , phone: 02476 528204

News from our Practices: Achievements Over and Above

Well Done! Our thanks and congratulations go the following:

STUDY RECRUITMENT

FAST

Four Fold Asthma

The joint monthly award for highest number of participants recruited in April 2015 goes **Castle Medical Centre**, in West Midlands (South) who also randomised six participants. Congratulations to Claire Talbot and Dr David Rapley – Thank you, well done; gift and certificate were richly deserved.

Welcome!

NEW TO RESEARCH – WELCOME ON BOARD

Congratulations go to these practices in South Warwickshire for joining us in research:

- Lapworth Surgery
- Kineton Surgery
- Waterside Medical Centre
- Avonside Surgery

RESEARCH RESPONSIVENESS

Trinity Court

Only recently become research active, this practice has taken on five studies: FAST GOUT, HEAT, TASMINH 4, TIME, GCA

Bennfield Surgery

Again, only recently become research active but this practice has also taken on five studies - FAST GOUT, HEAT, CANDID, TIME, GCA

THE UNIVERSITY OF WARWICK

WARWICK MEDICAL SCHOOL

Masters and Continuing Professional Development

Health Research

Postgraduate Study: Certificate/Diploma/Masters (MSc)

Warwick Medical School's postgraduate level courses have been developed in response to changes in continuing professional development and are ideal for busy healthcare professionals who require the flexibility to study at a pace and level that suits their needs.

The Health Research programme provides training for those intending to go on to a career that includes health-related research. This includes those wanting to undertake high quality research as part of their professional practice in healthcare and those aiming for a PhD.

The programme is carefully structured, developed and delivered by experts in their field of research, often drawing on individual research experience. It covers research methods, statistics and broader research skills. You will learn to systematically review research literature, critically evaluate evidence, develop research questions and apply a range of research approaches and skills relevant to research in health sciences. If you choose to complete the full Masters qualification, you will conduct an independent piece of research on a health topic of your choice with the support of an experienced dissertation supervisor.

Offering an extensive module list

- UReCA: Understanding Research and Critical Appraisal in Healthcare
- Epidemiology and Statistics
- Sociology of Health, Health Policy, and the Social Determinants of Health
- Qualitative and Comparative Research Methods in Health
- International Health Policy
- Design, Analysis and Interpretation of Epidemiological Research
- Mixed Methods for Health Research

The course provides participants with invaluable skills and ensures they leave the programme with the confidence and knowledge needed to progress a career in health research.

> "The course has been challenging but thoroughly worthwhile... The staff and lecturers have been brilliant... I am looking forward to my second year."
>
> Catherine Richmond, Research Associate

For further information please contact:

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www.warwick.ac.uk/wms