COVENTRY, WARWICKSHIRE, WORCESTERSHIRE, HEREFORDSHIRE PRIMARY CARE RESEARCH UPDATE

PARTICIPATE

NHS National Institute for Health Research
Clinical Research Network West Midlands

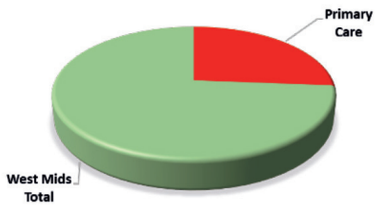
VOLUME NO 20 SPRING 2016

WARWICK
WARWICK MEDICAL SCHOOL

Supported by the University of Warwick

2015-16 – a year of success

West Midlands Clinical Research Network has been very successful over the last year, and stands top of the league for recruiting patients to NIHR portfolio studies. 9.87% of the patient recruitment to studies in England occurred in the West Midlands, and in total this amounted to 55,586 patients taking part in studies in our region.



Primary care has played a key part in achieving this, recruiting 36% of patients in the West Midlands. This is reflected in the commitment and work of all those involved in participating in research whether as practices, practice staff or research teams. Locally, we have had some outstanding examples of practices enthusiastically participating and recruiting to studies. Of the many that could be listed, five that were particularly noteworthy are:

Trinity Court Surgery, Stratford upon Avon - 136 patients recruited:	TIME HEAT FAST GOUT	74 38 11	TASMINH 4 Giant Cell Arteritis	8 4
Atherstone Surgery, Warwickshire - 133 patients recruited:	CANDID Garfield	31 9	Five industry studies	93
Shipston on Stour Medical Centre, Warwickshire - 127 patients recruited:	HEAT TIME	61 60	CANDID UK Aneurysm	5 1
Sherbourne Medical Centre, Leamington Spa - 98 patients recruited:	CANDID TIME	42 15	FAST GOUT Six industry studies	4 37
The New Dispensary, Warwick - 88 patients recruited:	CANDID TIME HEAT	37 37 8	UK Aneurysm 4 FOLD ASTHMA Giant Cell Arteritis	2 2 2

CANDID - CANcer DIagnosis Decision rules.
FAST GOUT Febuxostat versus Allopurinol Streamlined Trial.
4 Fold Asthma - clinical & cost effectiveness of temp. quadrupling the dose of inhaled steroid.
GARFIELD - Global Anticoagulant Register in the Field.
Helicobacter Eradication vs Aspirin Toxicity (HEAT).
TASMINH4: tele-monitoring and/or self-monitoring in hypertension.
TIME - Comparing evening dosing of usual antihypertensive therapy with conventional morning dose.
The Impact of Giant Cell Arteritis (GCA) Study.
The United Kingdom Aneurysm Growth Study.

In this edition we feature articles on:

- REACT (Relatives Education And Coping Toolkit), an online peer-supported toolkit for relatives of people with psychosis or bipolar disorder (page 3)
- Diabetes: Exploring culturally competent primary care diabetes services (page 11)
- FAST (Febuxostat versus Allopurinol Streamlined Trial), evaluating long term cardiovascular safety of febuxostat v. allopurinol in patients with chronic symptomatic hyperuricaemia (page 4)
- IFeed: Coventry University is leading the development of a new online and mobile resource for parents which will support them to make confident infant feeding choices (page 13)

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 – REACT
- Current Study – CANDID
- Study Update – Million Women
- Local Research – IFeed

CONTENTS

NIHR at 10 improving the health and wealth of the nation through research

Delivering research to make patients, and the NHS, better

New Studies

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 has started in the West Midlands! Would your practice be interested in helping us with this important study?

Many thanks to the practices who have already signed up, and to Wolverhampton Road Surgery, who recruited the first patients to the trial in the West Midlands.

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/.

Brains In Transition (BrIT)
Linear and non-linear brain changes over the transition to psychosis

Study aims

- Better understand the brain changes that occur during the transition from the at-risk mental state to the development of a psychotic episode
- Establish to what extent these changes in brain patterns and clinical presentation can be used to improve early detection of individuals at greatest risk

Overall the study could lead to better targeting of therapeutic interventions aimed at preventing or at least ameliorating the onset of psychotic disorders such as schizophrenia.

We are looking for volunteers (16-35 years old) to take part in an imaging study about *brain changes associated with mental health* at the University of Birmingham

What does the research involve?

- Brain imaging (MRI) sessions
- Interviews and questionnaires about your service user's mental health and history
- We would like to see participants at least twice over a 12 month period
- Assessments will take approximately 2-4 hours
- Participants will receive £20 every time they take part

We are able to share results from assessments with the care-coordinators. Hopefully this will assist teams in the assessment of their service users.

For further information, please call or text us on: 07934 996 686 or 0121 414 4937 or email: brit@contacts.bham.ac.uk

UNIVERSITY OF BIRMINGHAM

Birmingham and Solihull NHS
Mental Health NHS Foundation Trust

REACT

Relatives Education and Coping Toolkit

Do you work with relatives of people with psychosis or bipolar disorder?

Do you think they would benefit from support and information in the form of an online toolkit?

Do you think they would like to take part in on online research study?

REACT (Relatives Education And Coping Toolkit) is an online peer-supported toolkit for relatives of people with psychosis or bipolar disorder which contains lots of information to help relatives, ideas of strategies to manage common problems, and stories from other relatives about their experiences.

The aim of this study is to test the effectiveness of **REACT** for reducing relatives' distress and explore the costs involved in delivering this intervention.

What does this study involve?

Participants will be asked some questions online about their experiences as a relative of someone with psychosis or bipolar disorder. They will be randomly allocated by computer to receive either the REACT online intervention including access to a Resource Directory plus any treatment they might currently be having OR the Resource Directory plus any treatment they might currently be having. After 12 and 24 weeks participants will be asked the same questions online about their experiences as a relative of someone with psychosis or bipolar disorder.

Who is eligible?

Participants must be aged 16 years old or over, have access to the internet, and be able to understand written and verbal English (we don't currently have translated versions of the site available). Participants must not be currently taking part in another research study evaluating an intervention for relatives.

For more information or to register your interest for the study please visit www.reacttoolkit.co.uk or contact the REACT Team on react@lancaster.ac.uk

Lancashire Care NHS Foundation Trust

THE SPECTRUM CENTRE

Lancaster University

Current Studies

CANDID

CANcer Diagnosis Decision rules

Continued thanks to those practices recruiting to the CANDID study which is set to continue until the 30th September 2016.

Congratulations to our top ten recruiting practices to date this year:

- The New Dispensary Surgery
- Hazelwood Group Practice
- Spring Gardens
- Sherbourne Medical Centre
- Mortimer Medical Practice
- Corbett Medical Practice
- Atherstone Surgery
- Priory Gate Medical Centre
- Jubilee Health Centre
- Bedworth Health Centre

Welcome to the new practices who have recently joined the study:

- The Marches
- Bulkington Road Surgery

We hope to be in touch shortly with those practices yet to recruit to this study to offer further support in recruiting patient number one and beyond. A range of promotional material for this study is available – waiting room posters and leaflets and also a screen message. Please let us know if these would be helpful.

For those practices yet to recruit to CANDID please consider installation of the CANDID pop up onto the clinical system which acts as a reminder of the study should a potentially eligible patient present in surgery.

Our CANDID co-ordinating centre is now via the study team at Southampton University and the new contact details for any queries is as below:

Sue Broomfield – Study Manager

Karen Middleton – Research Administrator

University of Southampton, Aldermoor Health Centre, Aldermoor Close, Southampton SO16 5ST
Telephone 023 8024 1081 Email: candid@soton.ac.uk

For more details, local queries or recruitment updates on this study: Jennifer.lee@warwick.ac.uk or telephone 024 76 575919

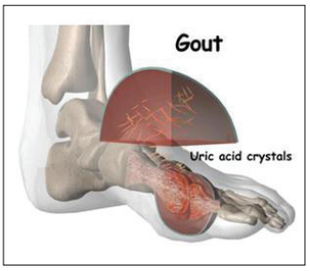
FAST

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 75 practices in the West Midlands are taking part, and patient recruitment has commenced, with over 4,000 patients taking part nationally. 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: 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.

UNIVERSITY OF BIRMINGHAM HEAT

Helicobacter Eradication Aspirin Trial

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

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 the Trial Manager for your region, Rachel Iles (r.iles@bham.ac.uk 0121 414 2691)

TIME STUDY
Antihypertensive Study

TIME: still recruiting in the UK

TIME (Treatment In Morning vs Evening) is recruiting patients who take 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 other sites

Patient recruitment from hospital clinics is 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. Pharmacies may also act as PIC centres.

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

Progress

Recruitment to the study is going well with over 12,000 people already randomised. It is anticipated that recruitment will continue until mid-2016.

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 20,000 participants of varied demographics and study them over a period of up to five years. Patients are being invited via GP surgeries, hospitals, and pharmacies. Patients may also respond directly to advertising or social media.

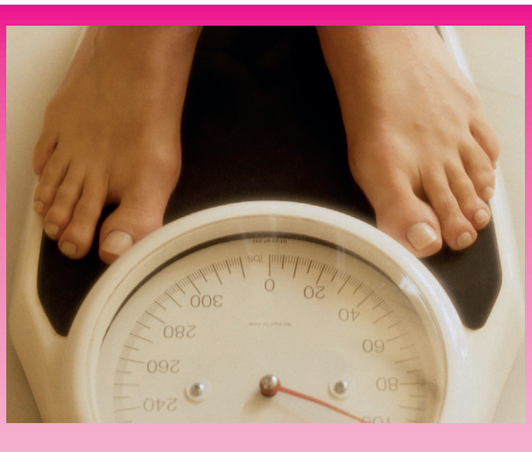
Participants are randomly allocated to take anti-hypertensive medication either at night or in the morning, and the study is conducted online with patients registering and consenting through the study website and being followed up by email.

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.

Study Results & Practice Achievements



The Million Women Study

It is nearly 20 years since recruiting UK women to participate in the Million Women Study began. With continued funding from the Medical Research Council and Cancer Research UK, the study is providing answers to many questions relating to women's health. The study team are most grateful to all participants and collaborators for their continued support.

Information provided by the MWS participants has been instrumental in research to help clarify some of the uncertainties about risk factors for cancers and vascular disease in women, and to provide novel insights into potential causes of these diseases. Summaries of all published studies are available on the study website (www.millionwomenstudy.org).

Hormone replacement therapy (HRT), oral contraceptives, and cancers of the ovary and the endometrium

MWS investigators combined efforts with other scientists in a global collaboration. HRT use increases the risk of ovarian cancer, with use for five years from around age 50 associated with about one extra ovarian cancer per 1,000 users. In contrast, oral contraceptive use gives long term protection against endometrial cancer, and oral contraceptives may have prevented 200,000 cases worldwide in the last ten years alone.

Beral V, et al. Lancet 2015;385:1835; Allen N, et al. Lancet Oncol 2015;16:1061

Risk factors for 'rare' cancers

Our investigations into less common cancers suggest that oestrogen-only HRT use is associated with increased risks of brain tumours, but the risks are small (two extra cases per 10,000 users over five years). We also identified factors associated with increased risk of anal cancer, including smoking, and a history of cervical precancer.

Benson VS, et al. Int J Cancer 2015;136:2369; Coffey K, et al. Br J Cancer 2015;112:1568.

Determinants of heart disease and stroke

Physical activity is known to be beneficial to health. At moderate levels, it was associated with lower risks of heart disease and stroke; but among women who were already active, increasing its frequency does not seem to confer further reduction in risks. It has also been thought that participation in social activities may prevent heart disease. In the MWS, those who participated in social activities were more likely to be non-smokers, physically active, and have better self-rated health, which largely explained why they had a lower risk of heart disease than those who do not engage in social activities.

Armstrong ME, et al. Circulation 2015;131:721; Floud S, et al. Eur J Prev Cardiol 2015 (E-pub).

Risk factors for dementia

A new area of research for the study is dementia. With such a large, long term study it is hoped to add to what is known about lifestyle risk factors.

Blood samples and genetic studies

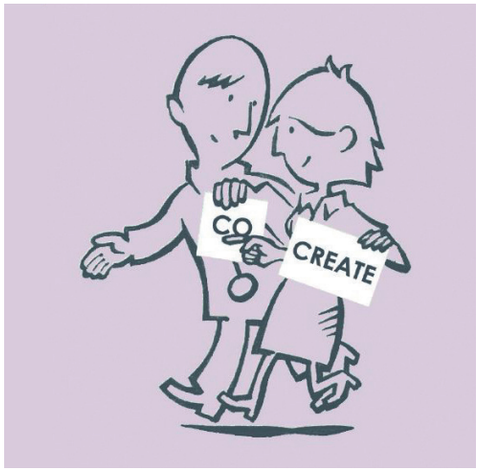
Collection of blood samples for some women in the study, for genetic studies of breast cancer and of vascular disease continues.

For further information,
please contact: Lynden Guiver lynden.guiver@ceu.ox.ac.uk.
Study website: www.millionwomenstudy.org

Funded by
CANCER RESEARCH UK
NHS
MRC Medical Research Council
HSE Health & Safety Executive

Study Results & Practice Achievements

Co-Creating Health Programme



The Co-creating Health (CCH) Programme was launched by The Health Foundation. Its overall aim was to

> ***"demonstrate that increased self-management by patients with long-term conditions, appropriately supported, leads to improved health outcomes"***

The programme was designed to transform the patient-clinician interaction through the integration of three support programmes. Together, these programmes were intended to be a fully integrated programme, which would improve clinicians' skills in shared decision-making and communication, enhance the self-management ability of people with long term conditions, and improve the effectiveness of health service organisations and their delivery to facilitate a more active role for patients in managing their health and care.

CCH focused on four long-term conditions:

- COPD
- depression
- diabetes
- musculoskeletal pain

Coventry and Warwickshire Partnership Trust, University Hospitals Coventry and Warwickshire NHS Trust, NHS Warwickshire PCT and NHS Coventry PCT were involved in collecting data. The results showed that patients who attended a tailored, group-based self-management programme improved their quality of life and self-management of their condition. Clinicians increased their confidence to adopt a broad range of self-management practices to support their patients through shared agenda setting, and setting and following up on person-centred goals.

A final evaluation report is available to download http://www.health.org.uk/publication/co-creating-health-evaluation-first-phase. Several papers have been published from this study. Please contact Professor Andy Turner for more details about the study. a.turner@coventry.ac.uk

News from our Practices: Achievements Over and Above

Well Done! Our thanks and congratulations go the following:

NEW TO RESEARCH – WELCOME ON BOARD

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

- **Forrest Medical Centre in Coventry**

Welcome!

STUDY RECRUITMENT

Thanks go to:

Priory Gate Medical Centre, for their enthusiasm and commitment in participating in a range of studies this year

Westside Medical Centre for our first recruits to the CHESS study

CHESS
Chronic Headache Education and Self-management Study

Thanks also to the following practices for overachieving and going that "extra mile" in their commitment to research this year:

- **Bennfield Surgery**
- **Trinity Court Surgery**
- **Alcester Health Centre**

Research Awareness Mornings:
Westside Medical Centre and Bennfield Surgery

In September and October 2015, the local CRN primary care team held two research awareness mornings at Westside Medical Centre and Bennfield Surgery in Rugby to engage with patients and the public about clinical research studies.

Westside Medical Centre

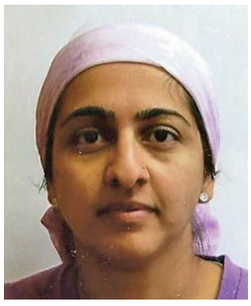
Westside Medical Centre became a host practice in 2014, delivering a wide range of clinical research studies. CRN research nurse, Susan Zhao, works closely with lead research GP Dr Mark Lindsey and Sam Cooper research co-ordinator to support the practice team in clinical research studies that both benefit patients, and support existing clinical priorities.

On Wednesday September 30th, during a research awareness morning, there was an opportunity to speak to patients and the public about clinical trials and studies, increasing awareness of research in general, and in particular the studies taking place within their own practice. Most people involved expressed an interest in research and several left their details so they could be sent further information on specific studies.

Bennfield Surgery

Bennfield Surgery is new to research. Dr Suparna Behura, research lead GP, has supported them in becoming researchactive.

On Wednesday 7th October, a research awareness morning was held to engage with local people about studies taking place locally. Members of the local CRN primary care team introduced a number of current studies and received feedback from participants.



Our New GP Research Champion, Dr Farhana Lockhat

I recently joined the WMS CRN team as GP Research Champion for Warwickshire North CCG. Now a GP principle at Manor Court Surgery in Nuneaton for almost 10 years, prior to moving into general practice, I was a Clinical Research Fellow in Obstetrics and Gynaecology at Leicester University for 3 years, and I have first-hand experience of the trials and tribulations of implementing clinical research projects.

At Manor Court we have been participating and engaging with research in conjunction with the CRN (formerly PCRN), for several years and more recently have been part of the Research Incentive Scheme. It is the experience of combining the demands of being a core GP with facilitating and contributing to research within primary care, that has led me to take on this role, with the hope I can promote the benefits and feasibility of engaging in research to fellow colleagues not yet involved with the CRN, and support those already engaged.

I firmly believe Primary care is an ideal platform for research and an underused resource when compared to secondary care. Long term the hope is those within primary care will partake in research as part of the daily routine, with the common aim of improving clinical outcomes and healthcare delivery. I look forward to developing my role and championing the cause of research within general practice.

Contact details: f.lockhat@warwick.ac.uk

In Conversation with...
Dr Richard Woof and practice nurse Irene Qasim at The Corbett Medical Practice

We went to visit staff at Corbett Medical Practice, who have recruited extremely well to TASMINH4, in particular Dr Richard Woof and Irene Qasim, their practice nurse, who was the only PN in our area trained to recruit to this study. They saw the most patients and randomised the most in our area. We wanted to explore their views on recruitment and what has made them so successful recruiting to this and other studies, e.g. CANDID and Fast Asthma.

Over a cup of tea in practice manager Kirsty's office, Dr Woof and Irene Qasim expressed their commitment to research and were happy to share their experiences of recruitment within a primary care setting. The initial impetus towards engagement in research came from Dr Woof, who strongly believes that

"day to day practice depends on good research, and that everyone should play their part"

Embedding research needs a high level of commitment and cooperative support between GPs, practice nurses and practice manager. Additional funding via the RSI scheme, in addition to study service support costs, makes research more 'doable'. Whether speaking as GP or as practice nurse, there was a remarkable synergy in reaction to, and close agreement over, the benefits of research.

CRN assistance

Receiving notification of studies via the CRN was a guarantee that the research would be of high quality and comply with all requirements. Mentoring and training on a nurse to nurse basis was greatly valued, particular thanks went to Jon Davies, CRN research nurse, for his superb support.

"always someone to touch base with in CRN"

Such guidance, together with the familiarity that comes only with experience, have boosted confidence in carrying out more complex studies, such as CANDID, and enabled Irene to mentor other practice nurses in turn.

Although the prime mover in research was the long term benefit to patients, the structure and particularly the finance provided by the CRN research sites initiative (RSI) scheme were valued, Dr Woof expressed the hope that this would continue.

What patients think

Irene emphasised the two-way communication with patients, who felt free to contact her; patients felt 'special' and built stronger relationships with all practice nurses and Dr Woof had noticed how much participating in research rewards the patient who feels they are 'giving something back.'

Why do it?

As well as GCP training and Research Ready accreditation, taking part in research helps with CQC visits and reports, assists with GP recruitment and retention, and it is also

"nice to do something different in the day"

On a personal note, both Richard and Irene agreed that research gives them variety and satisfies the inner scientist, by adding diversity in their daily role.

For further information please contact the CRN research facilitator for Worcestershire, Aman Johal email: amanpreet.johal@warwick.ac.uk, phone: 02476 574127

Notes from a Newbie to Research in General Practice

By Dr Suparna Behura, Bennfield Surgery

I became involved in research after joining Bennfield Surgery in Rugby. The initial drive was an opportunity by the CCG to get involved in research - great for the portfolio – and, I must say, the thought of the financial rewards for the practice.

My journey into research activity

This started when the CCG sent out feelers asking for interested practices to take part in research and, after I was able to encourage my GP partners to engage, the very expert and organised team of research leads from NIHR West Midlands moved matters swiftly on. They advised me to do the Good Clinical Practice (GCP) online module from the NIHR. This enlightened me on non Clinical Trials of an Investigational Medicinal Product (non-CTIMPs) and CTIMPs, other fundamentals of research, and was surprisingly straightforward.

I was already aware that primary care research was not complicated: no subjects to be chosen, no initial project paper, no ethics approval. Study projects have ethical approval and are already finalised by investigators who are glad to have GP involvement to evaluate patients' suitability and then to monitor them appropriately. The only aspect that daunted me was whether I would be able to commit sufficient time, being a full time GP with the additional responsibility of being the practice diabetes lead.

Our patients' reaction to research

Our patients have reacted with great enthusiasm and have been happy to join in research, fully aware that a magical new treatment would not be available but yet ready to participate to help the researchers to answer vital questions which might improve care. Some were slightly overawed by the questions asked and the time commitment but others loved the additional focus on their condition.

Next steps

After a year in which we participated in TIME, GCA, HEAT, FAST GOUT, TASMINH4 and CANDID studies, we are now a Research Ready practice. The help from CRN research nurse Susan Zhao and her excellent team has been invaluable...

...and yes I was able to give time to this activity without reducing any of my other commitments in general practice.

...and yes there is paperwork to go through but much less than the average Docman.

I believe that given the interest and the will to become involved, anyone can become a primary care researcher. Plenty of enthusiasm, a little planning, space to store research files, and a clinical room for the research nurse to use to see patients, are the main ingredients for achieving this satisfying and worthwhile activity.

Exploring Culturally Competent Primary Care Diabetes Services: A Single-City Survey

Research led by Dr Peter Zeh, Clinical Research Fellow Warwick Medical School, consisted of a survey of all Coventry GP surgeries.

Existing evidence shows that BME people are more likely to develop diabetes, especially Type 2, than the rest of the population. Nationally, BME people from an Afro-Caribbean and south Asian background are three and six times more likely to develop Type 2 diabetes compared to white British people, and at an earlier age.

Coventry should be the global model for diabetes care for ethnic minorities

The review suggests that Coventry is the most ethnically diverse city, of its size, in the developed world. As a result, the researchers believe that Coventry should be the exemplar for other similar cities when commissioning diabetes care for ethnic minorities in the future.

Analysis revealed that seven of the eight previously identified cultural barriers to effective diabetes care and management found in the developed world were present in Coventry.

These include: differences in ethnicity between patient and health care provider, language barriers, and low levels of health literacy which led to lack of knowledge of diabetes. Food was also highlighted as a cultural barrier with some patients, especially those from south Asia having a cultural tradition of eating high fat, low fibre food.

Dr Zeh said:

"For the first time we have pinpointed the number of BME patients who have diabetes and it is disproportionate with the population of the city. Only one in 10 of the city is of an ethnic minority but of the diabetic population it is one in three. Diabetes can be debilitating and even fatal and this study can be used to tackle this problem amongst the city's BME population."

Dr Dinesh Reddy, a GP at Stoney Stanton Medical Centre, said:

"There can be language barriers in treating some BME diabetes patients however I use link workers and interpreters to overcome barriers and understand issues such as reasons given for resistance to taking medications."

However despite evidence of these 'barriers' more than half (56%) of GPs surveyed were found to be 'highly culturally capable' at providing diabetes services for patients from black or ethnic minority (BME) backgrounds.

For further details please contact Nicola Jones, Communications Manager, University of Warwick 07920531221 or N.Jones.1@warwick.ac.uk

Save the Date

Royal College of General Practitioners
MIDLAND FACULTY

WARWICK
WARWICK MEDICAL SCHOOL

SAVE THE DATE

Royal College of General Practitioners and University of Warwick Annual Education, Research & Innovation Symposium

Re-energising General Practice – a bright new future

16 June 2016

9.30am - 4.30pm

Warwick Medical School, The University of Warwick, Coventry, CV4 7AL

A must attend event for students, GP registrars and qualified GPs. A chance to find out more about how to energise your career by getting involved in education, research and innovation.

Your chance to take part

This interactive day will provide many opportunities for you to get involved.

Poster presentations and elevator pitches: an invitation to present and discuss your own work with your colleagues (including audits, education, research or innovation projects).

Workshops on developing your career

Pitch your Dangerous Ideas to our panel: have you got an innovative idea that needs to be heard?

Details of abstract submission to follow shortly

There are 3 RCGP prizes of £100 for:

- Best Poster Prize
- David Morgan Presentation Prize
- Donald Crombie GP Audit Project Poster

And two additional prizes

- Best student poster
- Best Innovation

There will be a full programme of high profile speakers including Associate Professor Dan Lasserson, Winner of the Guardian Healthcare Innovation Award.

The Helen Lester Lecture will be given by Dr Helen Stokes-Lampard

Booking: details to follow shortly

Prices for the day, including lunch and refreshments are:

£50.00 (RCGP non-member) £45.00 (RCGP member)

£35.00 AiT £10 Students

Abstract & conference enquiries to: J.Reeve.1@warwick.ac.uk

Warwick Pain & Insomnia Study

NHS
National Institute for Health Research
Clinical Research Network West Midlands

Warwick Pain and Insomnia Study

The Warwick Pain and Insomnia study is a feasibility study which aims to trial a new psychological treatment, targeted at patients suffering from chronic pain and insomnia, seeking treatment in primary care.

Chronic pain patients often also have severe problems sleeping, which can amplify their pain and increase their distress and disability. These patients do request treatment for their insomnia, but such treatment is never a main focus in pain management programmes. In primary care drugs remain first-line treatments for pain-related insomnia despite limited evidence of their long-term effectiveness and safety.

Hybrid cognitive-behavioural therapy (Hybrid CBT) is a new approach to tackling pain-related insomnia. It addresses pain and sleep simultaneously, exploiting factors underpinning the persistence of both problems. Delivered as a brief but intensive treatment in secondary care, Hybrid CBT was effective in not only improving sleep and reducing pain interference, but also counteracting fatigue and depression. The improvements were also clinically meaningful, however, it is not yet known if the patient benefits could be translated to primary care.

This study therefore aims to test the feasibility of delivering this promising intervention in a primary-care setting. The results of the study will inform the planning and implementation of a definitive randomised controlled trial (RCT) evaluating the clinical- and cost-effectiveness of the Hybrid CBT in primary care.

Recruitment and inclusion criteria

We will be recruiting patients from participating GP practices using the following methods:

- Invitation packs sent out to patients identified as being eligible through electronic database searches
- Recruitment posters with contact details in GP waiting rooms
- GPs to give out invitation packs to eligible patients

Patients will be identified using the following inclusion criteria:

- English -speaking
- Aged between 18-65
- Pain of at least a moderate severity, for at least 6 months
- Currently experiencing problems with this pain even if being treated
- Suffering from clinical insomnia
- Currently experiencing problems with sleep even if being treated with sleep medications

Research Partners

We are excited and grateful to announce the names of the three GP surgeries who will be working with the Warwick Pain and Insomnia study, and helping with patient recruitment:

- Alcester Health Centre
- Henley Green Medical Centre
- Chancery Lane Surgery

We would also like to thank the CRN West Midlands for making this possible; specifically Jenny Lee who has been helping us to liaise with GP practices for this project.

The Warwick Pain and Insomnia study is being funded by the National Institute for Health Research-Research for Patient Benefit Programme. This is a collaborative study supported by the Warwick Medical School's Clinical Trials Unit, directed by Professor Martin Underwood.

For further information please visit the study website: http://www2.warwick.ac.uk/fac/sci/psych/research/lifespan/sleeplab/projects/warwickpainandinsomnia

Calling Those Interested in Infant Feeding

The UNICEF Baby Friendly Initiative recommend that all parents are encouraged to build positive relationships with their infants. As part of this, breastfeeding and skin to skin contact should be encouraged and supported for all. When required, parents should be given the information they need to bottle feed safely and responsively in order to minimise health risks and maximise parent-infant bonding.

Research shows that many pregnant women and parents are looking online for information about pregnancy, parenting and infant feeding. The resources they find vary widely in accuracy and many parents find it difficult to scan through the wealth of information and decide upon reliable sources, which can result in increased anxiety.

Coventry University is leading the development of a new online and mobile resource 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.

The research team is conducting a needs analysis to determine the content, functionality and design of the resource. It is essential that the team can hear from a range of health professionals as well as parents about the kinds of information that the resource should provide.

Centre for Technology Enabled Health Research

Coventry University

If you would like to have your say in the development of the intervention please contact Dr Naomi Bartle at the Centre for Technology Enabled Health Research on 02477655497 or 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)

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

Thinking Differently About the Work we do

An update from Warwick Primary Care

Thanks to all who got in touch following our last article in Participate. Since then, we have been talking with you about how our plans at **Warwick Primary Care** might help you in your day to day work. So in this article, we thought we'd focus on two areas of our work – both of which tackle the mismatch between the work demanded of us, and the resources we have to deliver it. Our **WORKFORC**E and **WORKLOAD** themes take a new look at what we're doing in general practice and primary care – and start to design and test innovative solutions.

Workforce, led by Professor Jeremy Dale

This includes work to understand the experiences of local GPs at all career stages – the pressures on them and the difficulties they face, but also the future alternatives. Our Career Intentions survey received much attention when it was published BMC Family Practice. The findings mirrored widely recognised problems with morale and workload but also highlighted, for example, that having a portfolio career may be protective against plans to retire early. The findings fit with local plans, supported by Health Education West Midlands, to develop innovative portfolio posts that attract and retain people into local General Practice. Jeremy has been leading work to evaluate just such a local initiative which offered post CCT training in acute and interface care to early career GPs. That report will be published soon, but highlights the added value of having generalist/GP trained physicians in an acute care team. It is hoped that the work will be replicated locally as well as in other regions.

Workload, led by Assistant Professor Helen Atherton

This research focuses on alternatives to the face to face consultation in general practice and, in particular, the use of text based communication such as email. Recommendations from the recent Primary Care Workforce Commission report included the need to consider making greater use of email consultations. But these models of practice are as yet underexplored and tested - they lack an evidence base.

Dale J et al. BMC Family Practice (2015);16:140 http://bmcfampract.biomedcentral.com/articles/10.1186/s12875-015-0363-1

The future of Primary Care. Creating Teams for Tomorrow. 2015 https://hee.nhs.uk/sites/default/files/documents/The%20Future%20of%20Primary%20Care%20report.pdf

In the coming year Helen and colleagues will be reporting the findings of a study providing recommendations on how alternatives to the face to face consultation could be implemented in practice. She will also be testing out a new email consultation service in a general practice trial to be delivered locally This study will look at how the email service affects the way we work, whether and how it impacts on workload, and what it means for the doctor-patient relationship.

We look forward to sharing the results of all of this with you. We propose to use this work, and our conversations with you, to help develop a new package of postgraduate educational activities that support you in translating new ways of thinking in to new actions on the ground.

You can find out more on our webpage: http://www2.warwick.ac.uk/fac/med/about/centres/wpc/ and/or by contacting Joanne (j.reeve.1@warwick.ac.uk).

In the next edition, we'll tell you about the work we're doing to revitalise the expertise of the generalist.

WARWICK

WARWICK MEDICAL SCHOOL

CRN: WM Research Academy

For all training enquiries, please contact
TrainingCRNWM_generic@uhb.nhs.uk

NHS
National Institute for Health Research
Clinical Research Network West Midlands

INTRODUCTION TO VALID INFORMED CONSENT			
DATE	**EVENT**	**TIME**	**LOCATION**
3/5/16	An Introduction to the Valid Informed Consent Process	**09.30-12.30**	CRN: West Midlands Offices, Unit 9, 1st Floor, Frank Foley Way, Greyfriars Business Park, Stafford ST16 2ST
6/5/16	Principles of Valid Informed Consent	**09.30-11.30**	Board Room, CRN: WM Offices, West Wing, Birmingham Research Park, Vincent Dr, B15 2SQ
8/9/16	Principles of Valid Informed Consent	**09.30-11.30**	Ann Gibson Committee Room, City Hospital, Dudley Rd, Birmingham B18
6/12/16	Principles of Valid Informed Consent	**10.00-12.00**	Seminar Room, NIHR/Wellcome Trust CRF, old Queen Elizabeth Hospital, Birmingham B15 2TH

BUSINESS DELIVERY			
DATE	**EVENT**	**TIME**	**LOCATION**
11/5/16	Site File Management & Delegation of Duties	**09.30-11.30**	Seminar Room, NIHR/Wellcome Trust CRF, old Queen Elizabeth Hospital, Birmingham B15 2TH
11/5/16	Introduction to Clinical Research	**09.00-16.30**	Board Room, CRN: WM Offices, West Wing, Birmingham Research Park, Vincent Dr, B15 2SQ
7/7/16	Site File Management & Delegation of Duties	**14.00-16.00**	Education Centre, Birmingham Children's Hospital, Steelhouse Lane, Birmingham B4 6NH
13/9/16	Site File Management & Delegation of Duties	**09.30-11.30**	Seminar Room, MIDRU, Birmingham Heartlands Hospital, Bordesley Green East, Birmingham B9 5SS
5/10/16	Introduction to Medical Terminology for Research Staff	**14.00-16.00**	Ann Gibson Committee Room, City Hospital, Dudley Road, Birmingham B18
12/10/16	Introduction to Clinical Research	**09.00-16.30**	Board Room, CRN: WM Offices, West Wing, Birmingham Research Park, Vincent Dr, B15 2SQ
10/11/16	Site File Management & Delegation of Duties	**09.30-11.30**	Seminar Room, NIHR/Wellcome Trust CRF, old Queen Elizabeth Hospital, Birmingham B15 2TH

STUDY SUPPORT SERVICES			
DATE	**EVENT**	**TIME**	**LOCATION**
19/4/16	Making IRAS work for your research amendments	**10.00-11.30**	Board Room, CRN: WM Offices, West Wing, Birmingham Research Park, Vincent Dr, B15 2SQ
16/5/16	Cost Attribution Training	**10.00-12.00**	Board Room, CRN: WM Offices, West Wing, Birmingham Research Park, Vincent Dr, B15 2SQ
17/5/16	An Introduction to IRAS and Research Management in the NHS	**09.30-11.30**	Board Room, CRN: WM Offices, West Wing, Birmingham Research Park, Vincent Dr, B15 2SQ
5/7/16	Making IRAS work for your research amendments	**10.00-11.30**	Board Room, CRN: WM Offices, West Wing, Birmingham Research Park, Vincent Dr, B15 2SQ
11/7/16	Cost Attribution Training	**10.00-12.00**	Board Room, CRN: WM Offices, West Wing, Birmingham Research Park, Vincent Dr, B15 2SQ

For all the news from around the CRN West Midlands, please visit our website: https://www.crn.nihr.ac.uk/west-midlands/

Delivering clinical research to make patients, and the NHS, better

Join us on Facebook and Twitter

As part of our strategy to increase research awareness amongst the public, the NIHR Clinical Research Network West Midlands now has a social media presence. We are asking all of our colleagues, if possible, to please ***follow*** and ***like*** us on Twitter and Facebook.

The addresses are:

Twitter: @CRN_WMid

Facebook: www.facebook.com/CRNWMid

NIHR at 10 improving the health and wealth of the nation through research

THE UNIVERSITY OF WARWICK

WARWICK MEDICAL SCHOOL

Diabetes

Diabetes Education

Postgraduate Study: Certificate/Diploma/Masters (MSc)

Warwick Medical School (WMS) has established diabetes as one of its key specialisms in research and teaching. If you choose to study a diabetes course at WMS, you will benefit from first class teaching from experts working in the field at the forefront of the subject, as well as education linked to our cutting edge research. Our programmes are dedicated to healthcare professionals who specialise in diabetes and aim to equip you with the skills and knowledge needed to provide high quality care for your patients and leave us with enhanced career prospects in a competitive job market.

Who the courses are for

Our diabetes courses are designed for GPs, hospital doctors, specialist nurses and other health professionals across a whole spectrum of disciplines and experience. WMS pays particular attention to the professional development needs of our students and our programmes are organised into flexible, modular structures so as to provide an education pathway that can be taken over a number of years to suit individual requirements and to take account of professional commitments.

Benefits

- Designed for healthcare professionals across a wide spectrum of disciplines and experience
- Flexible, modular learning developed to support individuals and professional commitments
- Enhancing your career prospects in a competitive job market
- Taught by leading experts working at the forefront of the subject
- The needs and concerns of people with diabetes, and the family and those who care for them are paramount, and shape the course philosophy

Masters Programmes: Award/Certificate/Diploma/Masters (MSc)

You can complete these programmes in one year as a full-time student, or on a part-time basis over a period of two to five years. Based on modular learning, you have the opportunity to progress from Award to Certificate to Diploma to a full Masters degree.

Diabetes: The programme can help to support nurses to fulfil the Integrated Career and Competency Framework for Diabetes Nursing established between professional bodies representing nurses who work in diabetes care.

Diabetes Paediatrics: This programme is dedicated to healthcare professionals working with children and adolescents with diabetes. It aims to equip you with the skills and knowledge needed to provide high quality care for your young patients and support for their parents or carers.

For further information please contact:

T: +44 (0)24 765 72958
E: cpdenquiries@warwick.ac.uk

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www.warwick.ac.uk/wms