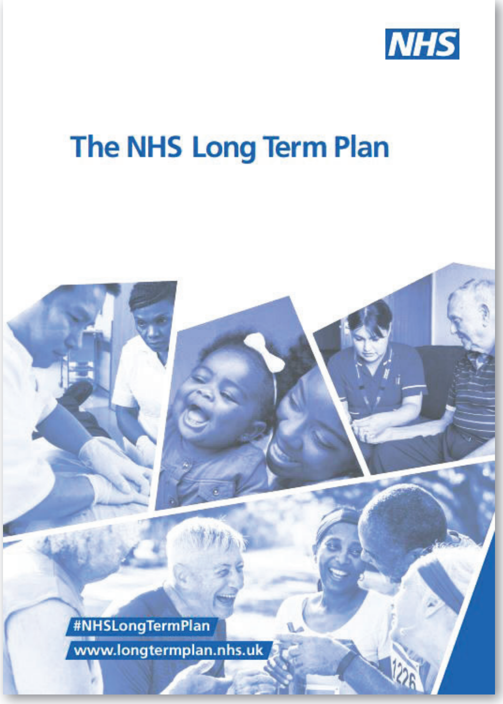
NIHR | Clinical Research Network
West Midlands

Autumn 2019 Edition No. 6

PARTICIPATE

Primary Care Networks (PCNs)



NHS

The NHS Long Term Plan

#NHSLongTermPlan
www.longtermplan.nhs.uk

One of the objectives in the NHS Long Term Plan is to increase the number of patients registering to participate in research across the NHS to one million by 2023/24. It states that research is essential to improving patient wellbeing, and emphasises how research engagement will drive quality improvement, professional development and also generate income for the practice.

The Clinical Research Network (CRN) in the West Midlands provides a well-established infrastructure for supporting the delivery of research within Primary Care across the region, with an excellent track record for facilitating GP practices to participate in research. Over the last ten years we have developed close working relationships with a considerable number of practices, and, with the recent introduction of PCNs, we are keen to both maintain existing relationships and also to embrace the opportunities presented by this new model for widening participation in research. The CRN is well placed to assist PCNs to develop a research strategy for GP practices and, in the longer term, to embed research in everyday practice which will both benefit patient care, and provide a robust income stream.

If you would like further information or would welcome an informal discussion, please contact either sue.elwell@nihr.ac.uk, Research Manager, or david.shukla@nihr.ac.uk, Clinical Research Specialty Lead for Primary Care.

In this edition we feature articles on:

- The ATTACK Trial, looking at whether the addition of low-dose aspirin to usual care reduces the risk of major vascular events in people with chronic kidney disease who do not have pre-existing cardiovascular disease, see page 2.
- IQVIA MRES (Medical Research Extraction Scheme) which specialises in clinical research, clinical trials and providing analytical solutions to healthcare and life sciences organisations. In the UK, they have collected and supported the research use of non-identified patient data for over 20 years, see page 4.

If you would like to contribute to Participate or for further information, please contact Jenny Oskiera, email jenny.oskiera@nihr.ac.uk

- **Study - SupportBack2**
- **Study - Increasing Physical Activity in Older People with Joint Pain**
- **Patient Research Ambassador**

Contents

Supporting Self-Management of Low Back Pain

SupportBack 2

Image by Wolfgang Claussen from Pixabay

Low back pain (LBP) is one of the most common and costly problems seen in GP surgeries. Internet interventions may provide a new and efficient way of supporting and encouraging patients to become more active in self-management of LBP.

The aim of this study is to determine if an internet intervention called SupportBack, provided both with and without guidance from a physiotherapist over the telephone, is effective in reducing LBP-related disability when compared to usual primary care alone.

806 Primary Care patients with current LBP will be recruited through their GP practices for a Randomised Controlled Trial comparing three groups:

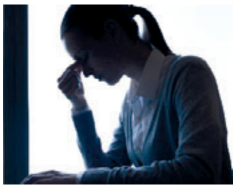
1. Usual care
2. Usual care + internet intervention
3. Usual care + internet intervention + telephone Physiotherapist support

SupportBack provides advice and reassurance, and encourages physical activity over a six-week period. Tailored online materials support gradual goal setting, facilitate monitoring of back-related activities and provide personalised feedback. Telephone physiotherapist support will address concerns, provide reassurance and encourage uptake and compliance with activity goals.

Participants will be followed up at six weeks, three, six and 12 months. Questionnaires will explore how LBP is affecting their daily activities, their level of pain intensity and other LBP-related issues. A GP medical records review will be performed at 12 months which will record health care service use. LBP related costs will be calculated. In-depth qualitative interviews will be conducted with up to 30 trial participants across the three groups to explore their experiences of SupportBack and the care they have received over the trial period.

If you would like further information, please contact your local research facilitator, details on back page

Knowledge, Attitudes and Practice of GPs and Practice Nurses in the West Midlands Regarding Female Genital Mutilation and Cutting: (FGM/C West Midlands)



We are inviting GPs and practice nurses in the West Midlands to take part in the FGM/C West Midlands study, run by the Research Institute for Primary Care and Health Sciences, Keele University in collaboration with Clinical Research Network West Midlands.

In brief, being part of this study will involve completing a **very short** online survey related to your knowledge, attitudes and practice regarding FGM/C.

You can access the survey and participant information sheet, explaining the study in more detail and how you can take part, via this link: https://form.jotformeu.com/90553645158361

** The survey will take no more than five minutes to complete **

Thank you for considering taking part in the FGM/C West Midlands study.

Recruitment status: 1 September - 30 November 2019
Sponsor: Keele University
Funder: National Institute for Health Research (NIHR) Research Professorship

If you would like to know more about this study, or have any questions and wish to speak to the researcher(s), please contact Dr Tom Shepherd via t.a.shepherd1@keele.ac.uk or 01782 734824

ATTACK (Aspirin To Target Arterial Events In Chronic Kidney Disease)

ATTACK is a pragmatic multicentre open-label randomised controlled trial to determine whether the addition of low-dose aspirin to usual care reduces the risk of major vascular events in people with chronic kidney disease who do not have pre-existing cardiovascular disease. This is a very simple study, with a very low workload for participating practices.

This study, run by the same researchers as those managing the HEAT, FAST GOUT and ALL HEART Primary Care studies, is running across the West Midlands, with over 130 patients recruited to date. Participating practices would receive service support costs to cover their time to help with this important study, and support would be provided.

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

The Trial Manager is Jen Dumbleton, email: jennifer.dumbleton@nottingham.ac.uk, phone: 0115 823 1053

Increasing Physical activity in Older People with joint Pain

Study background

Physical activity levels in older people with chronic musculoskeletal pain are low. Lower activity levels are associated with increased pain and disability. Walking is a straightforward way of increasing physical activity, which is accessible, inexpensive and low impact.

iPOPP is a three-arm randomised controlled trial which aims to test whether a brief behavioural intervention (iPOPP) increases average step count compared to usual primary care or receiving a pedometer and activity diary in the post in adults aged 65 years and over with chronic musculoskeletal pain.

We are looking for approximately 57 practices to take part in the study. We need a practice population size of 400,000 within the West Midlands in order to recruit a total of 1085 patients. Each practice will provide approximately 20 participants.

What will be asked of practices?

- Allow access to CRN staff to conduct a practice list search for potentially eligible patients
- GP to screen patient list for ineligible patients, CRN to complete Docmail invites for suitable patients
- Provide clinic time and space for a Health Care Assistant (HCA) to deliver the walking intervention to patients (n=6, based on a list size of 7,000), which includes 2 x 30 minute appointments, the latter of which may be a telephone consultation

Option 1 – Practice Health Care Assistant

Allow the practice HCA to attend two full days training at Keele University. Practices will be paid for practice HCA consultation time and for allowing the HCA to attend the training. If you are signed up to the CRN RSI scheme, this study will be paid at Grade Two, £700.

Option 2 – HCA provided by the study team

If you are signed up to the CRN RSI Scheme, this study will be paid at Grade One, £300.

What are the benefits of participating?

For patients this trial offers the opportunity to get involved in research and potentially receive a programme of support to increase physical activity levels. For practices this trial offers the opportunity to participate in research which can be reported as part of appraisal and revalidation and give their patients the chance to be involved in research.

Participant identification began in spring 2019. If your practice is interested in taking part, or would like further information, please contact Lucy Andrew, CRN Research Facilitator, details on back page, or Kate Fisher, iPOPP Trial Manager on 01782 734882 or k.l.fisher@keele.ac.uk

Improving Antibiotic Prescribing for Children with Ear Discharge

We are recruiting!

Researchers at the Universities of Bristol and Southampton are looking for GPs and nurse practitioners nationwide to help recruit 399 children to a study comparing antibiotic treatments for Acute Otitis Media with discharge (AOMd).

Read all about it...

It is believed that nearly all children with AOM or AOMd in the UK are treated with oral antibiotics. It may be that alternative treatments such as an antibiotic eardrop or delayed oral antibiotics could be at least as effective as immediate oral antibiotics for children with AOMd. With your help we will recruit children aged ≥12 months to <16 years over a recruitment period of 22 months (starting in July 2019). To help you recruit, we are using a cutting-edge, secure electronic platform that automatically integrates with GP electronic medical records to help you through the process and avoid duplicate data entry.

We need to recruit 72 children by the end of this year. Please get in contact if you think your practice would be interested in supporting the first national trial of its kind, email rest-study@bristol.ac.uk

The National Centre for Mental Health

Aims: To improve diagnosis, treatment and support for the millions of people affected by mental ill-health every year; tackle stigma.

How is this done? Engagement with services and their users, the third sector and the wider public to increase understanding of mental illness, and by supporting and undertaking mental health research.

How can you help? Mental health problems can affect anyone regardless of age, gender, race or social background. But together we can make a difference.

Current focus: Bipolar Disorder; Schizophrenia and Psychosis; Postpartum Psychosis; PTSD; Schizoaffective Disorder

What is involved?

- 30- 60 minute assessment at the participant's home or a nearby clinic
- Personal information and background, family history, physical and mental health diagnoses, medication history and lifestyle questions
- DNA sample- blood/saliva
- Questionnaire left with participant

Enhancing The Health Of NHS Staff

Absenteeism and presenteeism costs the NHS approximately £2.4 billion per year and is associated with worse patient outcomes. The main causes of NHS staff absenteeism are musculoskeletal complaints and mental ill-health. Lifestyle factors such as smoking, obesity and low levels of exercise leading to poor cardiovascular health are also important factors.

eTHOS is a multicentre, randomised controlled pilot trial of an employee health screening clinic for NHS staff. The aim of this NIHR funded trial is to evaluate the effectiveness and cost-effectiveness of a complex intervention in reducing absenteeism and presenteeism in NHS staff, comparing a hospital-based staff health screening and referral clinic with usual care.

This pilot trial is due to start in autumn 2019. We aim to recruit 480 participants across 3 NHS Hospital Trusts in the West Midlands and Herefordshire.

What will it involve for participants?

- Participants will provide written consent and complete on-line questionnaires at baseline, 26 and 52 weeks
- Participants randomised to either
  a. attend the staff health clinic and receive assessment for their musculoskeletal, mental and cardiovascular health (or lifestyle advice for those <40 years)
  b. usual care – they would not attend the staff health clinic but would see their GP if they had any health concerns

What will it involve for GP practices?

- We will inform you if any of your patients consent to participate
- We will notify you of any test results and potential actions that you may wish to consider
- We may invite you to tell us about your experience of receiving information from the trial and the acceptability of the process

If you would like to find out more please contact the trial team on 0121 414 8137 or ethos@trials.bham.ac.uk

IQVIA MRES (Medical Research Extraction Scheme)

IMS Health & Quintiles are now IQVIA™

The Clinical Research Network West Midlands is pleased to announce that we are working with IQVIA to support practices to sign up to the Medical Research Extraction Scheme.

About

IQVIA specialises in clinical research, clinical trials and analytical solutions to healthcare and life sciences organisations. In the UK, they have collected and supported the research use of non-identified patient data for over 20 years. They have partnered with EMIS Health to offer your practice the opportunity to contribute non-identified data to the research and patient insights programme.

How to join

Joining is a one-time, straightforward process, after which non-identified data is regularly collected automatically from EMIS Web with no impact on day-to day activities.

Benefits for your practice

Your practice would benefit from a quarterly payment of six pence per patient (based on NHS list size).

Data

The data available for research will not include any identifying information on healthcare professionals or patients. IQVIA uses a wide variety of privacy-enhancing technologies and safeguards to protect individual privacy while providing insights that can help drive health policy changes leading to improved outcomes for patients.
For more details, visit:
https://www.iqvia.com/locations/uk-and-ireland/medical-research-data

These insights include approved scientific research studies for many uses such as epidemiology, drug safety and risk management, public health research, drug utilisation studies, outcomes research and health economics research. You can access the complete IQVIA bibliography at http://www.rwebibliography.com

Approvals

The use of IQVIA™ Medical Research Data extracted from the GP software systems for the purpose of medical research and of supplying the data to external researchers for scientifically approved studies under Data Sharing Agreements has been approved by the NHS Health Research Authority (NHS Research Ethics Committee ref 18/LO/0441).

If you want to know more about the IQVIA data collection programme and take part in the journey to improve patient outcomes, please contact CRN MRES Lead, Saif Uddin, email: saif.uddin@nihr.ac.uk

Digital Access Now (DAN) Survey

By Carol Bryce

The Unit of Academic Primary Care at Warwick University developed a survey which was administered with help from the Clinical Research Nurses in the West Midlands. The aim of the survey was to determine how general practice patients are interacting with internet and online sources for accessing general practice services and information, and analyse how this varies according to patient characteristics and health status.

Between February and June 2019 we sent out 14,694 surveys to patients aged 18+, randomly sampled from 43 general practices across the West Midlands. Participants could reply to the paper survey or complete the survey online. Most (85.6%) returned the paper survey and 13.5% replied online. We received 2,789 surveys which is a 19% response rate. Looking at the characteristics of the group who responded, just over half (57%) were female, 44% were aged 65 or older and 89% were white.

Internet use was common with around two thirds using it every day or almost every day and a further 12% at least once a week. Of the sample 11% stated they did not have access to the internet. When asked how they accessed the internet again two thirds use a mobile phone or smartphone, just over half a laptop or netbook, half a tablet and over a third a desktop computer (respondents were asked to include all they used).

We are currently doing the detailed analysis on the patient awareness and use of internet and online sources for accessing general practice services. Early indications show awareness of general practice websites is high, over 80%, however less than half of respondents have used their practice website. Awareness and use of online and internet sources for general practice services was in line with the numbers who had used their practice website. Just over half of patients are aware that their practices offer online booking for appointments with just over a quarter saying they had used the service. Half of respondents were aware that their practice offered an online service for ordering repeat prescriptions with just under a third having used it. These data will be analysed further looking at any demographic differences that emerge.

We plan to have the final analyses completed by the end of September and an academic paper published in the autumn.

Singing for the Brain

As part of Join Dementia Research (JDR) awareness raising, Research Nurses Claire and Jon attended Singing for the Brain, in Hereford.

Singing for the Brain uses music and singing to help improve wellbeing and confidence for people living with dementia and their carers.

Claire and Jon brought the JDR kiosk with them and had four patients/carers register interest out of approximately 20 people in attendance (a mixture of patients and carers). They even flexed their vocal chords joining in with singing Irish themed songs!

This has proved to be a great way to raise awareness through focussing on a specific population.

Dr Dominic Horne, GP Research Champion

Dr Horne works with the CRN in West Midlands south as GP Research Champion for Herefordshire, helping to promote research within a Primary Care setting.

Congratulations to Dominic on being awarded Fellowship of the Royal College of General Practitioners.

Citation: Dr Horne is a GP in Herefordshire and Clinical Vice-Chair of Herefordshire CCG. He is a member of Midland Faculty Board, Honorary Senior Lecturer at the University of Worcester and works with NICE and the Clinical Research Network. He is committed to patient safety, public involvement and reducing health inequalities.

Care Companion: Helping People with Caring Responsibilities to Cope More Effectively

Family and other unpaid carers are crucial to supporting the growing population of older people that are living outside residential care with complex health and social care needs and increasing dependency. Accessible, flexible, and responsive support is needed to promote carers' coping and resilience, which in turn helps to maintain the health, well-being, and independence of the cared-for person. The burden associated with caring often affects carers' well-being. At times this can lead to emotional and physical exhaustion, together with preventable deterioration in the cared for person and unplanned admissions to hospital.

Carers in Coventry and Warwickshire now have access to a unique, freely available, online resource that is aimed at providing a helping hand: Care Companion. This has been developed to guide carers towards the vital information needed on looking after a friend or relative, and to help them cope with the day to day challenges that may occur. It has been developed with funding from Coventry and Rugby CCG, South Warwickshire CCG and Warwickshire County Council. It addresses the emotional, social, day-to-day organisational and other demands of caring, and was developed with substantial input from a panel of carers, who have informed and influenced every aspect of its design. A background paper on the development of Care Companion: Dale J et al Coproduction of a Theory-Based Digital Resource for Unpaid Carers (The Care Companion): Mixed-Methods Study. JMIR Aging 2018;1(1):e1. DOI: 10.2196/aging.9025

A key feature of Care Companion is that it gives access to information and support that is up to date and tailored to the individual circumstances of each carer – for example, the profile of the person who they are caring for and the conditions that they have, the area in which they live, their social situation and interests. It also helps the carer to keep track of appointments and advice that they have received or of thoughts about the cared for person which they want to share when they next see a nurse or doctor. It complements existing services and resources, and is intended for everyday use, at whatever time that it is needed.

Professor Jeremy Dale and a team of researchers at the Unit of Academic Primary Care are undertaking a systematic evaluation of the take-up and use of Care Companion, including how it is used and the effects that it has. The study is being funded by the Social Care funding stream of NIHR Research for Patient Benefit. Our aim is to encourage several hundred people across Coventry and Warwickshire to start using Care Companion on a regular basis. To do this, we are offering general practices, outpatient clinics, community teams, voluntary groups, etc. guidance and training to start promoting Care Companion to carers who link with their services.

If you would like an introduction to Care Companion, leaflets, a slide for the waiting room TV screen, a volunteer to help carers to register – please let us know by contacting Nicky Thomas at nicky.c.thomas@warwick.ac.uk

The Online Booking Experience (OBoE) Study

The OBoE Study (Online Booking Experience study) is a new collaborative project, between universities of Warwick and Exeter, examining experiences of online booking for GP appointments.

Access to GP appointments is a major concern for both members of the public and GPs. Online booking is viewed as one way to alleviate pressures, by providing choice and convenient access for patients. In this vein, the UK government have promoted online services, and plan further investment in this area. A new NHS App, which allows users to book online, is now available. Digital access to appointment booking has featured in the 'NHS Long Term Plan' (2019) and the new GP contract stipulated that 25% of appointments should be available for booking by July 2019. A lack of research about online booking means that any developments are based upon assumed benefits, with potential barriers that may become overlooked.

Current evidence from the General Practice Patient Survey (GPPS) show that current use is relatively low (15%) and there are limited understandings as to why.

The OBoE study – which runs until October 2020 – will fill this research gap. Data from the most recent GPPS surveys will be analysed to examine levels of online booking use and awareness, in relation to respondents' background demographics. These results will be combined with the findings from a series of interviews exploring patients' experiences in relation to online booking. Findings will be shared with policy-makers, GPs, the public and researchers, and potentially improve access to GP appointments and patients' experiences.

OBoE Online Booking Experience study

Eat Well, Feel Well, Stay Well: STREAM

Screen and treat for malnutrition

An intervention developed for use by healthcare professions who work in Primary Care to identify older people (75 and over), who live in their own homes and who may be at risk of malnutrition, based on diagnostic criteria. The effect of this intervention, as compared with usual care, will be assessed to see what impact it has had on the participants' quality of life and on their level of infections over 18 months.

The aim is to recruit 1,110 at nutritional risk participants from 110 practices nationwide. These participants will complete a baseline questionnaire and, if they are from an intervention practice and meet the diagnostic criteria, will have a face-to-face screening appointment at the practice. Questionnaires will be sent at six, 12 and 18 months, and all the at nutritional risk participants will be invited to attend a face-to-face follow up with a research nurse at 18 months. In addition, a random sample of 450 participants that are not at nutritional risk at baseline, will be followed up at 18 months.

Practice involvement

- Database search and mail out
- Randomisation into either:
  1) Intervention practices (Eat well, feel well, stay well intervention plus targeted oral nutritional supplement for a minority of individuals according to the protocol)
  2) Usual care practices
- Intervention practices – a Practice Nurse or Health Care Assistant (GCP trained) will see participants for an initial face-to-face appointment and follow the care pathway developed for this trial. Further brief follow-ups may be required depending on the patient's needs/nutritional risk
- Notes review at 18 months
- Optional interview with researcher about experiences in the study

Reimbursement

Payment will be service support and research costs of £134.70 for database search and mail out, plus additional reimbursement for participant recruitment.

Planned start recruitment date:
September 2019 for ten months.

If you would like further information, please contact your local research facilitator, details on the back page

---

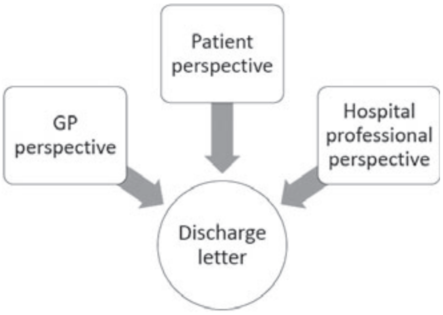
Discharge Communications

By Katie Weetman, Doctoral Researcher, Warwick Medical School

Discharge letters are important for transferring information from the hospital to the GP. Patients are sometimes copied into letters, but this is not standardised. Hence, many patients do not receive such letters, but the reasons and consequences remain unclear.

Discharge letters meeting the inclusion criteria (adult patient with capacity where the discharge does not solely relate to mental health) were selected by GPs and graded according to letter quality. 53 GPs from 18 practices in Coventry, Warwickshire and Herefordshire selected, graded and commented on 489 discharge letters; these were examined using content analysis.

Patients to whom the sample letters related were interviewed (N=50) and this interview data was analysed using corpus linguistics.



Hospital professionals who wrote the sample discharge letters were surveyed and the data (N=46) was analysed using descriptive statistics. The studies were triangulated to build "quartet" cases which aligned the letters with the viewpoints of the relating patients, GPs and hospital professionals.

Despite guidelines, patients receive letters inconsistently and quality issues remain. Findings suggest standardisation of discharge letters is required.

Key findings:

- Patient understanding is greater than clinicians perceive
- Clinician attitudes are a key barrier to policy uptake
- Harm outcomes more commonly manifested in contexts where patients had not received letters rather than when they had

Patients receiving letters was associated with beneficial outcomes such as reduced anxiety. Improvement suggestions were: giving patients a choice about receiving letters, including features associated with successful letters (e.g. medication changes), and letter adaptions to increase patient comprehensibility (e.g. no acronyms).

This research, based in general practice in our region, has made recommendations for improving discharge letters. Training and support for professionals on letter writing could improve uptake of policies and quality of letters.

Eleanor Hoverd, Research Nurse

We are delighted to be able to share the good news that Eleanor was successful in her application for a Health Education England (HEE)/NIHR Pre-doctoral Clinical Academic Fellowship which started on 1 September for two years. Fortunately, she will still be working with us two or three days each week.

Congratulations Eleanor on a fantastic achievement.

Traumatic Brain Injury Study

Background

Traumatic Brain Injury is a widespread public health concern worldwide. Most TBIs are mild (i.e. concussion) and typically resolve on their own, but for 30% of people affected, symptoms last for weeks or months after their injury.

Research questions

What care services are available for people with persisting symptoms after TBI? What is the role of the GP in the care pathways?

What is the research project?

We would like to interview GPs to explore their views on caring for patients with persistent symptoms after TBI. Data will be collated with those from interviews with a range of healthcare professionals involved in the care of people with post-concussive syndrome to create a blueprint of care pathways for this patient group.

Interested?
Contact Inès Kander at
i.kander@warwick.ac.uk
or go to bit.ly/WarwickTBI
for more information.

Practice Praise

Firstly, we would like to offer our grateful thanks and appreciation to all the practices that recruited to studies during the financial year 2018-19, and special thanks to our top ten recruiters:

- Spring Gardens Group Medical Practice
- Rother House Medical Centre
- The Grange Medical Centre
- Winyates Health Centre
- The Atherstone Surgery
- Sherbourne Medical Centre
- The Marches Surgery
- Westside Medical Centre
- St Stephens Surgery
- Corbett Medical Practice

Congratulations to **Spring Gardens Medical Group**, which was the joint top recruiter nationally to Summit D with an excellent 27 patients signed up.

Welcome to our new host practice

Welcome to **Priory Gate Practice**, our new host practice, which has hit the ground running, participating in ATTACK, NCMH and TANDEM. They have been very welcoming and are very enthusiastic in offering research opportunities to their patients.

New to research

Central Surgery joined our research community in April and has already delivered two studies: SupportBack 2 and DAN They are currently our top recruiter to SupportBack 2.

Elgar House, new to research, has expressed enthusiasm in recruitment.

Wyre Forest Health Partnership (six practices), are also new to research; they have embraced their involvement with research, with two practices from the group engaged in SupportBack 2, and a third practice, **Bewdley Medical Centre** coming on board soon.

Welcome back

We would like to welcome back **Demontfort Medical Centre**, returning to participate in research.

SupportBack 2

Seventeen practices have had at least two searches and mail outs to patients, and have been excellent in their commitment to this study:

- Albany House Surgery
- Budbrooke Medical Centre
- Central Surgery
- Chase Meadow Health Centre
- Golden Valley Practice
- Haresfield House Surgery
- Manor Court Surgery
- Meon Medical Centre
- Spa Medical Practice
- Spring Gardens Group Medical Practice
- Pool Medical Centre
- Salters Medical Practice
- Stourport Health Centre
- Westside Medical Centre
- Whiteacres Medical Centre
- Winyates Health Centre
- York House Medical Centre

Fundamentals of Clinical Research Delivery

By Jon Davies, Research Nurse, CRN West Midlands (CRN WM) and Good Clinical Practice (GCP) Facilitator

Last year the National Institute of Health Research (NIHR) released a new training course called "Fundamentals of Clinical Research Delivery", which members of the CRN Primary Care GCP Facilitator Working Group have recently amended to make more relevant to Primary Care.

Fundamentals training is intended for members of staff who will not have freedom to act in a research study.

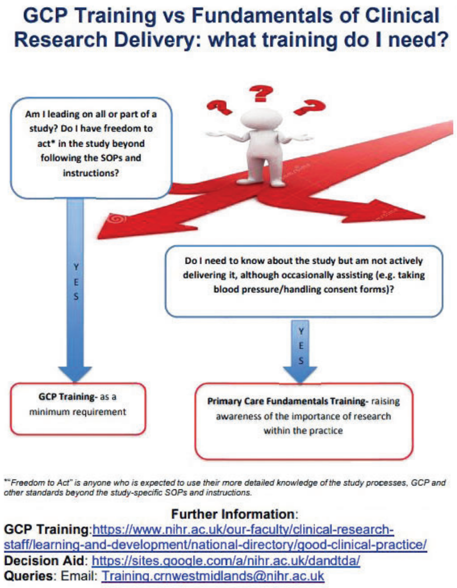
In other words, it is for staff who will only be peripherally involved or occasionally assisting in a study, e.g. Health Care Assistants or Practice Nurses (PNs) who are performing routine clinical procedures for research purposes and, as such, do not need full study or GCP training. Primary Care Fundamentals is an approximately two-hour course delivered in-house, and certificates are provided.

Fundamentals does not replace full GCP training for staff who will have freedom to act in a research study, e.g. lead study GPs or PNs, and this will depend on the type of study as directed by the study Sponsor.

Fundamentals has further been amended in primary care as a research awareness course to make it more relevant to non-clinical practice staff who work in research active practices, e.g. receptionists, administrators etc. This course takes one hour, is delivered in-house, and certificates are provided.

The Primary Care research courses provided by the CRN WM are as follows:

- Full Primary Care GCP training (either in-house or online)
- GCP Refresher (in-house or online)
- NIHR Fundamentals for Primary Care training (in-house only)
- Primary Care Research Awareness Training (in-house only)
- Informed Consent training (in-house)



GCP Training vs Fundamentals of Clinical Research Delivery: what training do I need?

Am I leading on all or part of a study? Do I have freedom to act* in the study beyond following the SOPs and instructions?

YES

GCP Training- as a minimum requirement

Do I need to know about the study but am not actively delivering it, although occasionally assisting (e.g. taking blood pressure/handling consent forms)?

YES

Primary Care Fundamentals Training- raising awareness of the importance of research within the practice

*"Freedom to Act" is anyone who is expected to use their more detailed knowledge of the study processes, GCP and other standards beyond the study-specific SOPs and instructions.

Further Information:

GCP Training:https://www.nihr.ac.uk/our-faculty/clinical-research-staff/learning-and-development/national-directory/good-clinical-practice/

Decision Aid: https://sites.google.com/a/nihr.ac.uk/dandtda/

Queries: Email: Training.crnwestmidlands@nihr.ac.uk

If you wish to find out more please ask your local research facilitator or research nurse who should be able to assist you, details on back page, contact the CRN Workforce Development team or Jon Davies direct on jonathan.davies@nihr.ac.uk

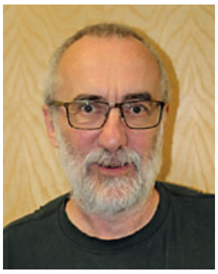
Join Dementia Research (JDR) Event at Holmcroft Library

By Geoff Robson, Patient Research Ambassador

On 5 June, a JDR event was held at the Holmcroft Library in Stafford. In preparation, posters were displayed at the library, in local retail outlets and at two local GP surgeries among others, and a radio interview was held with Stafford FM. The event was led by Jackie Smart (Research Facilitator) assisted by Geoff Robson (Patient Research Ambassador – pictured).

Although they talked to a few people in the Library, and gave out forms to them, the overall response was disappointing and frustrating with no one attending who had seen the posters or heard the interview. It remains a challenge to raise public perception of the JDR initiative, even though this forms part of the government's 2020 Dementia Strategy.

Welcome to John Bentley, Patient Research Ambassador



John writes: "I have been working with the Clinical Research Network for a couple of months. I chose to get involved because I am a firm believer in the NHS, where I worked for 37 years. In addition, I had experience as a carer for my mother in law until her death, and latterly as a patient.

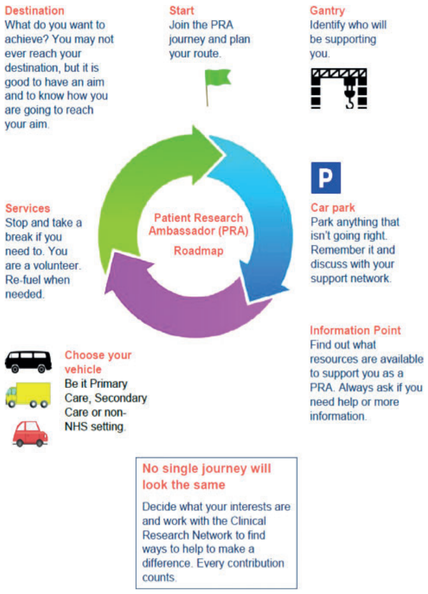
"God bless the NHS: it certainly came to my aid when I tried to kick heaven's door in. Following a brain haemorrhage and a stroke, I am now partially sighted, but my life was saved by the interventions devised through research and development. I am not blind to the failings of the system, or delivery, and any opportunity I can see to make a difference by improving care for others is well worth grasping. I am confident that there will be opportunities to have my say, share my experience, and use my brain.

"NHS and social care staff do a sterling job under increasingly difficult circumstances. Anything we can do to encourage, develop creative solutions, and share good practice must be of benefit to all."

Patient Research Ambassadors (PRAs)

Why it is vital to have more PRA representation in Primary Care:

- To engage with GP practices
- To raise awareness of health research in general practice
- To engage with marginalised groups
- To engage with study teams
- To co-produce research
- To identify areas for research that are relevant and important to patients
- To increase visibility of research within general practice
- To reduce health inequalities through innovation and opportunity to be involved



Destination
What do you want to achieve? You may not ever reach your destination, but it is good to have an aim and to know how you are going to reach your aim.

Start
Join the PRA journey and plan your route.

Gantry
Identify who will be supporting you.

Services
Stop and take a break if you need to. You are a volunteer. Re-fuel when needed.

Patient Research Ambassador (PRA)
Roadmap

Car park
Park anything that isn't going right. Remember it and discuss with your support network.

Choose your vehicle
Be it Primary Care, Secondary Care or non-NHS setting.

Information Point
Find out what resources are available to support you as a PRA. Always ask if you need help or more information.

No single journey will look the same
Decide what your interests are and work with the Clinical Research Network to find ways to help to make a difference. Every contribution counts.

Are you a patient who is interested in being more involved? Are you a health professional who has dealt with a motived and engaged patient who might be interested in helping the CRN with their patient engagement?

For further information, please contact Eleanor Hoverd, research nurse, email: eleanor.hoverd@nihr.ac.uk

JDR at Waverley House

By Claire Brown, CRN Research Nurse

Staff at Waverley House

As part of the CRN's ongoing mission to promote Join Dementia Research (JDR) in the West Midlands, we recently started a new collaboration with Waverley House, a care home in Leominster owned by Shaw Healthcare, which provides specialist nursing care for people with dementia and residential care for over 65s. The Deputy Manager, Samantha Turner, is passionate about improving the lives of people with dementia and is keen to support JDR promotion in Herefordshire.

We discussed a range of ideas about how Waverley could help to publicise JDR and decided firstly to motivate staff with the knowledge needed to confidently signpost service users to JDR. Samantha and I showed the JDR promotional video and promoted the NIHR JDR learning tool at their monthly staff team meeting, discussing the importance of equal access for all to participation in dementia research and the role they can play.

To promote JDR to residents, relatives and visitors to the home, Samantha has set up a display in the main entrance, with posters, leaflets and registration forms and kiosk, allowing people passing through to register their interest. Additionally, the promotional video is on their welcome area screen, and social media platforms. It is planned to discuss JDR at the next residents' meeting and at relatives' meetings.

Looking to the Future

The response to JDR from Samantha and her team has been overwhelmingly positive, and has opened up many further opportunities; they have also signed up to Enabling Research in Care Homes and are keen to participate in future research. We await registration figures, but are hoping to see a steady rise in signups as the promotion continues.

Moving forward, we are in discussions with Shaw Healthcare, with over 90 care homes, about how they can help with promoting JDR nationally. They have already begun distributing the JDR videos, and with Waverley leading by example, it is hoped that other homes within the organisation will soon follow suit.

Samantha says, "Claire and I trained together many years ago and went off on different career paths, but I always knew we would join together again, and what better way than through this exciting collaboration. I am touched that Claire thought to contact us at The Waverley and I am so glad she did. It has sparked a new area of interest for me personally and professionally, and I am now in the process of becoming a Join Dementia Research Professional Champion. Here at The Waverley, we provide person-centred nursing, residential and day care for those suffering with Dementia, and therefore really understand and appreciate how important dementia research is in order to increase knowledge and improve future care and treatment.

"There are many ways that I feel I/we can help to promote JDR at the Waverley. We have many external visitors to the home, including Healthcare Professionals from different organisations, some who have already taken an interest and asked for Claire's details and they feel they can help. I am more than happy to help promote the service not only to our residents, staff and visitors, but also more widely through SHAW Healthcare, and within the local community that both Claire and I grew up in."

Euroaspire V/Aspire-3-Prevent Survey

The Euroaspire V/Aspire-3-Prevent Survey of Cardiovascular Disease Prevention and Diabetes has recruited a total of 558 participants. Data was collected in the West Midlands, East Midlands, Yorkshire, London, Kent and Sussex, South West Peninsula and Oxfordshire.

Congratulations to all involved, and special thanks to CRN West Midlands, with a total of 345 recruited.

In undertaking this research we describe the status of primary prevention in relation to the standards set in national guidelines. This valuable knowledge reveals gaps in the care we provide for patients with hypertension, dyslipidaemia and diabetes in terms of their lifestyle, risk factor management and use of cardio-protective medications. With this knowledge practitioners can make more focussed efforts to improve care and reduce the risk of having a heart attack or stroke; this work should lead to improvements in care and ultimately save lives.

Trust	Recruitment Site	Recruits
NHS Shropshire CCG	Cambrian Medical Practice	54
NHS Shropshire CCG	The Caxton Surgery	40
NHS Stafford and Surrounds CCG	Stafford Health and Wellbeing	35
NHS South Worcestershire CCG	Spring Gardens Group Medical Practice	32
NHS Shropshire CCG	Plas Ffynnon Medical Centre	28
NHS Herefordshire CCG	The Mortimer Medical Practice	27
NHS Birmingham and Solihull CCG	Hall Green Health	24
UHCW NHS Trust	University Hospitals Coventry & Warwickshire NHS Trust	22
NHS South Warwickshire CCG	Castle Medical Centre	20
NHS Birmingham and Solihull CCG	Kingsfield Medical Centre	19
NHS Redditch and Bromsgrove CCG	New Road Surgery Bromsgrove	13
NHS Birmingham South and Central CCG	River Brook Medical Centre	11
NHS Birmingham and Solihull CCG	The Wand Medical Centre	8
NHS Dudley CCG	Eve Hill Medical Practice	7
NHS Birmingham and Solihull CCG	River Brook Medical Centre	5
Total		**345**

Our congratulations and thanks go to all the practices involved for their hard work on recruitment, and to everyone in the CRN who has supported them.

Agnieszka Adamska, Royal Brompton Hospital Campus,
Imperial College London, email: a.adamska@imperial.ac.uk
Tel. 0044 (0)20 759 43400

AF Garfield
global anticoagulant registry in the field

Aim

The relationship between outcomes and time after diagnosis for patients with non-valvular atrial fibrillation (NVAF) is poorly defined, especially beyond the first year.

Methods and results

GARFIELD-AF is an ongoing, global observational study of adults with newly diagnosed NVAF. Two-year outcomes of 17,162 patients prospectively enrolled in GARFIELD-AF were analysed in light of baseline characteristics, risk profiles for stroke/systemic embolism (SE), and antithrombotic therapy. The mean (standard deviation) age was 69.8 (11.4) years, 43.8% were women, and the mean CHA2DS2-VASc score was 3.3 (1.6); 60.8% of patients were prescribed anticoagulant therapy with/without antiplatelet (AP) therapy, 27.4% AP monotherapy, and 11.8% no antithrombotic therapy. At two-year follow-up, all-cause mortality, stroke/SE, and major bleeding had occurred at a rate (95% confidence interval) of 3.83 (3.62; 4.05), 1.25 (1.13; 1.38), and 0.70 (0.62; 0.81) per 100 person-years, respectively. Rates for all three major events were highest during the first four months. Congestive heart failure, acute coronary syndromes, sudden/unwitnessed death, malignancy, respiratory failure, and infection/sepsis accounted for 65% of all known causes of death and strokes for <10%. Anticoagulant treatment was associated with a 35% lower risk of death.

Conclusion

The most frequent of the three major outcome measures was death, whose most common causes are not known to be significantly influenced by anticoagulation. This suggests that a more comprehensive approach to the management of NVAF may be needed to improve outcome. This could include, in addition to anticoagulation, interventions targeting modifiable, cause-specific risk factors for death.

Publication: https://academic.oup.com/eurheartj/article/37/38/2882/2336152?searchresult=1

Contacts

West Midlands Central

(Birmingham and the Black Country)

Sue Elwell Research Manager	sue.elwell@nihr.ac.uk 02476 575854
Sophie Bench Senior Research Facilitator	sophie.bench@nihr.ac.uk 0121 414 8584
Sheila Bailey Research Facilitator	sheila.bailey@nihr.ac.uk 0121 414 7956
Alastair Mobley Research Facilitator	alastair.mobley@nihr.ac.uk 0121 4143168
Beth Hinks Research Facilitator	elizabeth.hinks@nihr.ac.uk 0121 414 8545
Lucy Hughes Research Facilitator	lucy.hughes@nihr.ac.uk 0121 415 8740
Marie Crook Research Facilitator	marie.crook@nihr.ac.uk 0121 414 6270
Anu Krishna Research Facilitator	anuradha.krishna@nihr.ac.uk 0121 414 6643
Saif Uddin Research Facilitator	saif.uddin@nihr.ac.uk 0121 414 8614

West Midlands North

(Staffordshire, Stoke and Telford)

Becky Parker Research Manager	becky.parker@nihr.ac.uk 01782 734754
Jessica Graysmark Primary Care Project Lead	jessica.graysmark@nihr.ac.uk 01952 255062
Jenny Turner Senior Research Facilitator	jenny.turner@nihr.ac.uk 01782 734730
Mark Evans Research Facilitator	mark.evans@nihr.ac.uk 01782 733923
Natalie Burgess Research Facilitator	natalie.burgess@nihr.ac.uk 01782 734964
Sam Hunt Research Facilitator	samantha.hunt@nihr.ac.uk 01782 734892
Jenny Simm Research Facilitator	jenny.simm@nihr.ac.uk 01952 255062
Lucy Andrew Research Facilitator	lucy.andrew@nihr.ac.uk 01952 255062
Gerri Mulcahy Research Facilitator	gerri.mulcahy@nihr.ac.uk 01782 733963
Charlotte Hulme Research Facilitator	charlotte.hulme@nihr.ac.uk 01952 255062

West Midlands South

(Coventry, Herefordshire, Warwickshire and Worcestershire)

Sue Elwell Research Manager	sue.elwell@nihr.ac.uk 02476 575854
Becky Harrison Senior Research Facilitator	becky.harrison@nihr.ac.uk 02476 575853
Aman Johal-Mann Research Facilitator	aman.johal@nihr.ac.uk 02476 574127
Sue Wright Research Facilitator	sue.wright@nihr.ac.uk 02476 575919
Sylvia Turner Research Facilitator	sylvia.turner@nihr.ac.uk 02476 524 430

Changes to the Research Sites Initiative Scheme

After running its current format for several years, the Research Sites Initiative (RSI) scheme is now being reviewed. With the changing primary care landscape, with practices merging and new Primary Care Networks emerging, we need to ensure that any future scheme is fit for purpose and can work with all GP practices, whatever the list size.

The requirements for signing up to the scheme have changed with the introduction of the new guidelines on Good Clinical Practice training and the ongoing review of the Research Ready accreditation scheme. With these changes in mind the CRN is looking to refine the RSI scheme payments to put the emphasis on taking part in studies rather than the other basic requirements.

Our proposal is to make the initial payment on a per patient accessed basis, linked to list size, with an additional per study payment that continues to reflect the difficulty of the study and the practice work involved, but at a higher rate than currently.

Overall, we expect practices to see a similar level of funding for a similar level of activity.

In January 2020, we will be inviting practices to be part of the RSI scheme; for many practices research is part of core business and they sign up to the scheme each year, but we are always keen to hear from new practices who would like to learn more about research, the benefits to their patients and the practice and more information about the initiative scheme we run.