NIHR | Clinical Research Network West Midlands

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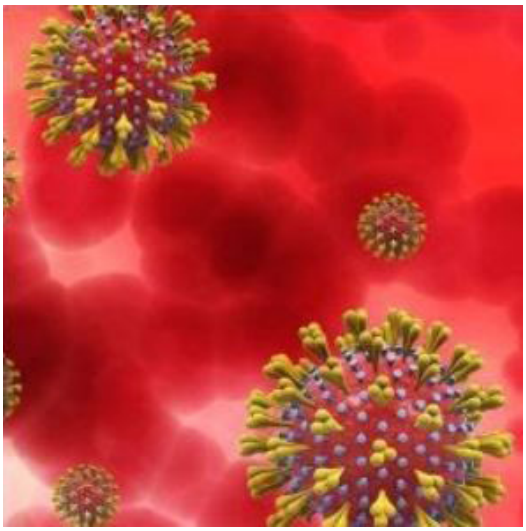
PARTICIPATE

Research in a Time of Uncertainty



Research in Primary care is playing a crucial role in the effort to bring the COVID-19 pandemic under control. With many UK researchers at the forefront of research into COVID, opportunities for our primary care workforce to be involved have increased. Despite the mounting pressures on an already stretched workforce and sweeping changes that have occurred in primary care, we have been able to work with our practices and continue to enable recruitment to our urgent public health studies.

Many practices were greenlighted to the PRINCPLE trial, [further information on page 15] investigating potential primary care treatments for patients with COVID who were well enough to be treated in the community, in the hope that swifter recovery would help them avoid hospital admission.

We are very grateful to all our research active practices and their staff for their fantastic effort in supporting research into COVID, be that in promoting opportunities for patients to be involved in COVID vaccine trials, recruiting to the PRINCIPLE trial or any of our other studies.

Sign up to research databases such as Clinical Practice Research Datalink (CPRD) and the Royal College of General Practitioners (RCGP) Research Surveillance Centre (RSC) has increased and subsequently data from primary care is being used to monitor virus levels across the country.

Many CRN staff have moved into practices, offering their services to practices where they have worked previously, some have been deployed into frontline roles within the health service, and others are working with researchers on the COVID vaccine studies.

Despite the enormous strain, we have had interest from new practices and GPs, and we have even set up research studies in 'red centres' or 'hot hubs' that have enthusiastically greeted our staff in support of studies.

We still need as many practices as possible, to help support research into COVID as well as other conditions, and we welcome the opportunity to work with new practices. If you would like to join us in this initiative, please contact david.shukla@nihr.ac.uk or your local research facilitator, details on back page.

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

- Study – IMPPP
- Study – eTHOS: Enhancing the Health of NHS Staff
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Contents

Electronic Risk Assessment for Cancer - ERICA

Covid-19 has had a huge impact on health care services around the world. A recent Lancet Oncology paper has estimated that by 2025 there may be ~3,500 excess cancer related deaths from just four cancer sites – with other sources estimating somewhere between 7,000 and 35,000 for all cancers.

The ERICA study is a large randomised controlled trial assessing the clinical and cost effectiveness of six electronic risk assessment tools (eRATs) for bladder, kidney, lung, colorectal, ovarian and oesophago-gastric cancers in general practice.

This trial offers the opportunity for intervention practices to access these electronic risk tools. Both intervention and control practices will make a critical contribution to the evaluation of the eRATs.

We are recruiting 530 English practices to compare the effect of eRATs (vs usual care) on: cancer staging at time of diagnosis, cost to the NHS, patient experience of care, and service delivery.

We hope to see a 4-5% increase in the proportion of early stage cancers diagnosed if the intervention is successful. This equates to saving 6,000 lives per year.

Trial details:

- The trial runs for two years
- The eRATs are cloud-based software available for EMIS, Vision and SystmOne practices
- A pop-up appears when a patient aged 40+ has recorded symptoms/ test results with a 2+% risk of one of the six cancers
- A symptom checker allows for recording additional clinical events, leading to the recalculation of a new risk score
- GPs decide the next appropriate course of action themselves
- We estimate one to two pop-ups per GP per week

The main trial outcome is provided by National Cancer Registration and Analysis Service. Practices may choose to take part in nested studies involving giving feedback on the eRATs.

Participating practices receive £470.55 if randomised to the intervention arm and £204.40 in the control arm.

Principal Investigator: Professor Willie Hamilton, CBE.

For more information please contact us: Tel: 01392 726555 Email: erica@exeter.ac.uk Trial website: ERICA trial Twitter: @EricaTrial Watch our introduction videos here: http://erica-hub.co.uk/ You can review the local document pack here: https://www.theericatrial.co.uk/gp-resources/

The IMPPP study - Improving Medicines use in People with Polypharmacy in Primary Care

IMPPP is a large randomised clinical trial looking at how practice pharmacists and GPs, with the help of a new computer tool, can work together to improve the use of medicines in patients who are prescribed multiple medications in primary care.

What does the study involve?

The trial will operate in 54 GP sites across Bristol and the West Midlands. Each practice will recruit 50 patients over a six-month period, and the participants will be followed up for a further six months. Each participating practice will identify 260 eligible patients to be invited at the start of the study. Once patients have been invited to participate in the study, the practices will be randomised to either the intervention or control group. Practices in the control group will be asked to continue their usual care.

For practices allocated to the intervention arm, the trial will involve GPs and practice pharmacists working together to deliver a structured polypharmacy medication review (see diagram above). Reviews will be conducted in batches over a six-month period. The study will fund additional time required for a practice pharmacist to undertake reviews.

Where a practice does not have a pharmacist, one will be provided to undertake the reviews.

Practices will be provided with an IT tool which will support the case-finding, study administration and monitoring, and delivery of the polypharmacy medication review.

Practices will receive training for GPs and pharmacists, regular feedback and financial incentives for each full review completed. Funding will also be provided to cover the cost of reviews, initial trial set-up and clinical training.

For further information or if you are interested please contact Jenny Simm - Research Facilitator, contact details on back page. Prof. Carolyn Chew-Graham – Co-Investigator (Keele University), email: c.a.chew-graham@keele.ac.uk phone: 01782 734717. Dr Deborah McCahon – Trial Manager, email: deborah.mccahon@bristol.ac.uk

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.

Enhancing The Health Of NHS Staff 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 later this year. We aim to recruit 480 participants across three 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 attend the staff health clinic and receive assessment for their musculoskeletal, mental and cardiovascular health (or lifestyle advice for those <40 years) or 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, notify you of any test results and potential actions that you may wish to consider, and 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

Attack

Aspirin To Target Arterial Events in Chronic Kidney Disease

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 2,500 patients recruited to date. Recruitment for the study was paused in March 2020 due to the ongoing COVID-19 pandemic, but the study team have adapted the study to make it fully COVID-secure: consent consultations will now be virtual, with no requirement for patients to visit your GP practice in order to take part.

Please look out for correspondence from your local CRN contact for ATTACK regarding the restart date for this important national study.

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

OPTEL: a Qualitative Study

Telephone first is a new way for a patient to make an appointment with a doctor at their surgery. With telephone first when you telephone to make an appointment the receptionist gets a doctor to call you back that day.

The doctor then either deals with your problem over the telephone or asks you to come in and see them. It has become popular. Many GP practices were starting to use this, and since the onset of COVID-19 this number has substantially increased. At the moment we do not know much about how well telephone first works. Some people think it helps to deal with lots of demand for appointments. Others think it makes it easier to get an appointment with a doctor. So far not many people have researched the effect it might have on patients.

Older people are the group of adults who are most likely to need to make an appointment with a doctor. They often have multiple health conditions and needs, making them an important group to investigate. We will recruit eight general practices that are using telephone first. We will find patients and/or their carers in these general practices who are aged 65 or older. The study objectives are to:

- Explore the experiences and perceptions of older people and where relevant their carers, in using the telephone first approach, using semi-structured interviews
- Explore the experiences and perceptions of general practice staff in delivering telephone first to older people and their carers, using focus groups
- Analyse data, synthesising data from the semi-structured interviews and focus groups together to outline ways of responding to the needs of older people and their carers when using a telephone first approach
- Hold a stakeholder workshop to contextualise the findings and develop a series of summary sheets for different stakeholder groups

Funded by: NIHR Research for Research Benefit. Principle Investigator: Helen Atherton

Research team members: Professor Jeremy Dale, Dr Carol Bryce, Dr Jo Fleming, Dr Jenny Newbold (RAND Europe Community Interest Company), Mrs Gillian Grason Smith, (Lay Co-applicant). Study duration: 12 months from 1st August 2020 – 31st July 2021.

Preventing Stroke, Premature Death and Cognitive Decline in a Broader Community of Patients with Atrial Fibrillation using Healthcare Data for Pragmatic Research: DaRe2THINK

healthcare DAta for pragmatic clinical REsearch
DaRe2THINK

New study coming soon (expected start date January 2021) for EMIS practices that are part of the Clinical Practice Data Research Datalink (CPRD) network of practices.

The DaRe2THINK trial is looking to recruit patients with Atrial Fibrillation (AF) who have a CHA2DSVASc score < 2 and are not taking anticoagulants. Data will be extracted from the GP records using Clinical Practice Research Datalink (CPRD), thereby reducing any burdensome GP follow up or note review.

Patients with AF have a higher risk of stroke and suffer from frequent hospital admissions and poor quality of life. They also have a much higher risk of cognitive decline and dementia due to silent 'micro-strokes' that gradually damage the brain over time. Direct Oral Anticoagulants (DOACs) substantially reduce the risk of stroke in patients with AF but are usually only given to older patients or those with multiple risk factors after stroke risk has been assessed using the CHA2DSVASc assessment tool. This may be too late to prevent dementia, and leaves those younger than 65 years, and some patients aged 65-75 years (i.e. those with a CHA2DSVASc <2) without treatment that could prevent these devastating complications.

DaRe2THINK will use a novel approach that is entirely based at GP surgeries. Using CPRD, we will screen and enrol lower risk patients with AF into the clinical trial. Each patient will be randomly assigned to either continuing their current treatment or to start a DOAC. Through CPRD's ability to extract health data from GP practice systems, patients will be followed up automatically, without needing to revisit their GP or attend hospital visits. Follow up will last for five years to look at the difference in those who suffer from strokes, thromboembolic events, myocardial infarction, cognitive decline and vascular dementia.

This method provides a new and efficient approach to clinical trials that can improve the health and well-being of those treated by the NHS, whilst reducing the time needed from staff and patients. DaRe2THINK will allow us to develop and improve this new clinical trial system so that future NHS-based research can continue to benefit those patients in need.

If you are an EMIS practice already part of the CPRD network, you will receive an invitation to join the study in due course, but if you wish to partake in the study as an early adopter, please contact the Trial Manager.

If you are an EMIS practice that is not currently part of the CPRD practice network, please see the CPRD website www.cprd.com/generalpractitioner to find information about joining.

Understanding SARS-CoV-2 infection, immunity and its duration in care home staff and residents in the UK: VIVALDI STUDY

SARS-CoV-2 (COVID-19) has caused a large number of deaths worldwide and rapidly changed how people live their lives by restricting social contact and daily activities. Early evidence pointed to the disproportionate impact of COVID-19 on the elderly, ethnic minorities and people with co-morbidities.

Care home residents are at particular risk, due to the combination of age, comorbidity and frequent exposure to infection, through contact with care home staff or other residents.

In England an estimated 45,000 care home residents live in approximately 9,000 care homes. Accurate estimates of the burden of SARS-CoV infection in care home residents and staff and the proportion of cases without symptoms are lacking because of limited testing for infection (antibody and antigen tests), and surveillance systems for infection in care homes. We also have limited insight into how infection transmits in the care home, both between staff and residents, and between care homes and other settings (community, hospitals).

The Department of Health & Social Care is currently rolling out infection testing to all care home staff and residents. This will provide accurate data on the prevalence of infection across all care homes and insights into the types of care homes that are most likely to develop outbreaks. But this large-scale approach is not well-suited to assessing how outbreaks progress over time, or duration of immunity – information that is essential to inform the approach to testing in care homes for current and future pandemic waves.

These questions can be answered most efficiently through a large prospective cohort study of care home staff and residents with repeat testing for infection (antigen and antibody) and detailed follow-up. This study is one of the largest undertaken in care homes and will inform planning and the national public health response to COVID-19.

For more information, please contact your local research facilitator, contact details on back page.

Cancer: Life Affirming Survivorship Support in Primary Care RENEWED Online Study

The study aim is to evaluate an internet-based intervention (Renewed) to help support lifestyle changes and improve psychological wellbeing for breast, colon and prostate cancer survivors to improve quality of life.

We have now completed recruitment with 2,594 participants randomised to the study across 498 practices, with 34 practices from the West Midlands CRN region completing the study.

Thank you for your support and contribution to reaching this target.

Notes reviews now need to please be completed for all participants in the study for the 12-month period following randomisation. We are in the process of sending each practice a list of participants requiring notes review. These are completed online via an iSurvey link (you can request a paper copy of the form if preferred). Notes reviews are just for the 12 months post study entry period. Practices will be reimbursed £20 per notes review for their time.

Thank you to the 17 practices have already completed their Notes reviews. We hope that all practices will be able to complete these within the next three months and if there are any queries, then please do not hesitate to contact the study team.
A 90% or higher completion rate is required for the study and we are currently at a 60% return rate so hope to increase this over the coming months.

We will also be in contact with practices in due course to advise on study closure and archiving.

For further information, please contact your local research facilitator, details on back page or contact the Programme Manager, Jane Barnett on renewed2@soton.ac.uk 023 8059 1752

GPs' Attitudes, Beliefs and Behaviours Regarding Exercise for Chronic Knee Pain

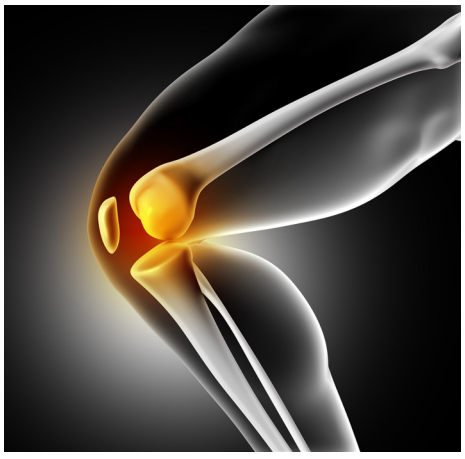
The aim of this study was to investigate general practitioners' (GPs) attitudes, beliefs and behaviours regarding the use of exercise for patients with chronic knee pain (CKP) attributable to osteoarthritis. 5,000 GPs, randomly selected, were mailed a cross-sectional questionnaire survey.

GPs' attitudes and beliefs were investigated using attitude statements, and reported behaviours were identified using vignette-based questions. GPs were invited to report barriers experienced when initiating exercise with patients with CKP.

835 (17%) GPs responded. Overall, GPs were positive about general exercise for CKP. 729 (87%) reported using exercise, of which, 538 (74%) reported that they would use both general and local (lower limb) exercises. However, only 92 (11% of all responding) GPs reported initiating exercise in ways aligning with best-evidence recommendations. 815 (98%) GPs reported barriers in using exercise for patients with CKP, most commonly insufficient time in consultations (n=419; 51%) and insufficient expertise (n=337; 41%).

While GPs' attitudes and beliefs regarding exercise for CKP were generally positive, initiation of exercise was often poorly aligned with current recommendations, and barriers and uncertainties were reported. GPs' use of exercise may be improved by addressing the key barriers of time and expertise, by developing a pragmatic approach that supports GPs to initiate individualised exercise, and/or by other professionals taking on this role.

Publication: http://dx.doi.org/10.1136/bmjopen-2016-014999



Towards an understanding of the burdens of medication management affecting older people: the MEMORABLE realist synthesis

An NIHR funded study provides new insight for clinicians such as GPs and pharmacists to help them manage their patients' medication more effectively.

With the over-70s and people with existing medical conditions being encouraged to shield or self-isolate in lockdown as much as possible, there are concerns many could be avoiding seeking help from GPs and pharmacies in managing multiple medications, known as polypharmacy.

The new research from Aston University, in collaboration with the universities of Oxford, Sheffield, Bradford and Wollongong and the NHS, has been published in the journal BMC Geriatrics.

The team behind the MEMORABLE (MEdication Management in Older people: Realist Approaches Based on Literature and Evaluation) study, led by Dr Ian Maidment, reviewed existing academic literature and carried out 50 in-depth interviews with older people, their family carers and health and care practitioners.

The researchers identified five key burdens faced by older people and their family carers. These included ambiguity, where the purpose of medicines was not explained clearly, through to fragmentation from having to deal with lots of different health and care practitioners and 'exclusion' when older people and family carers were not involved in care decisions.

In response, the team proposed a five-stage framework for clinicians to help older people and family carers manage medication more effectively. It places greater emphasis on the need for regular reviews of the medications older people are taking involving patients and their carers – something that isn't always done routinely at present.

Dr Ian Maidment, from Aston University's School of Life and Health Sciences, said:

"The reality is that many older people are taking what amounts to a shopping list of different medicines. They may all be necessary, but older people and their family carers have told us what a huge burden it can be to remember how and when to take them all. And that was in ordinary times without the added pressures of lockdown.

"What we're hoping to show with this study is that practitioners need to be aware that the burden and risk with medication is often hidden. There needs to be a simpler way of identifying

people who are struggling and more emphasis on fitting managing medication into older people's day-to-day lives. When prescribing new drugs, GPs will often consider things like side effects, but they equally need to think about how someone will actually manage taking them."

Jo Rycroft-Malone, NIHR Programme Director and Chair of the Health Services and Delivery Research (HS&DR) Programme said:

"This research provides important, usable insight into the issues facing older people when it comes to managing their medication. The proposed five step approach will be very useful to practitioners when working with patients and their carers particularly at a time when people may be more concerned about asking for help."

This study was funded by the NIHR Health Services & Delivery Research programme.

JDR Text Messaging Pilot in West Midlands

Five GP Practices in East Staffordshire have taken part in a pilot to send a text message promoting JDR to their patients. This was sent to 25,122 patients in total. Anyone over the age of 18 without a data dissent code was sent the text message with the wording:

(Name of GP Practice) supports an NHS service for anybody over the age of 18 to help beat dementia. We welcome registrations to this service from patients with or without a diagnosis for dementia or if you are a carer. For more information please visit www.joindementiaresearch.nihr.ac.uk

The practices also promoted JDR on their Facebook pages and websites.

There have been 51 new sign ups which is an increase from a previous total of two prior to this exercise, which averages out at around ten per practice (although some of the practices had higher populations).

The JDR working group are now considering rolling out to other practices.

We would like to extend our thanks for their involvement to:

- Northgate Surgery
- The Tutbury Practice
- Trent Meadows Medical Centre
- Wetmore Road Surgery
- Winshill Medical Centre

Stakeholder Perceptions of Preventive Approaches to Rheumatoid Arthritis: Qualitative study of Healthcare Professionals' Perspectives on Predictive and Preventive Strategies

We would like to invite you to take part in an interview study about strategies to predict the development of rheumatoid arthritis (RA) and treatments to reduce the risk of developing RA.

In the future it is possible that increasing numbers of people will be offered tests to predict their likelihood of developing RA. It may also be possible to treat people to reduce their risk of RA. The purpose of the study is to understand your thoughts regarding these strategies, what factors you think may influence their use and the potential for integrating them into clinical practice.

If you agree to take part in the study, you will be invited to take part in a one to one interview which will last around 30-60 minutes. Interviews can be done either face to face or on the telephone.

During the interview, we will ask you to complete a short background questionnaire. We will then present you with two short scenarios describing individuals who present with some concerns about their health. After this, you will be asked some questions based on these scenarios as well as questions relating to predicting and preventing the development of RA.

If you would like further information, please contact Imogen Wells on IXW703@student.bham.ac.uk

Snacktivity: to Promote Physical Activity and Reduce Future Risk of Disease

Loughborough University, in partnership with the Universities of Birmingham, Leicester, Edinburgh, and Birmingham Community Healthcare Foundation NHS Trust, has been awarded £2.2 million from the NIHR Programme Grants for Applied Research Board to develop a new approach to promoting physical activity in the population called Snacktivity. The programme of research involves five work packages, and this third work package is building on from previous activities.

What is Snacktivity?

Guidance states that over a week, adults should achieve at least 150-minutes of at least moderate-vigorous intensity physical activity, and this is typically promoted as five sessions of at least 30 mins of physical activity per week. Achieving this guidance however means the public need to make large changes to their lives and very few people currently achieve this guidance.

Rather than focusing on encouraging 150-mins per week of physical activity (~30-mins per day), Snacktivity focuses on promoting small, but frequent, doses or snacks of regular activity throughout the day. A physical activity snack typically lasts between two and five mins, e.g., walk-talk conversations, walking coffee breaks and using stairs not the lift.

Snacktivity may help the public to develop confidence to try to become regularly active as small changes are easier to do. But currently it is not known whether the Snacktivity approach is acceptable, effective, or easier to sustain over time. The Snacktivity approach may also be particularly appropriate for specific populations such as the elderly, pregnant women, and people with chronic diseases, who may be reluctant to engage in physical activity. This programme grant will explore these questions with the public.

How will the Snacktivity study work?

Participants will be randomised to receive current guidance about physical activity or the Snacktivity intervention. The Snacktivity intervention is designed to be delivered by health care professionals and only takes five minutes to deliver within consultations. It will use a mobile phone App (called the SnackApp) synchronised with a physical activity tracker (FitBit) to help patients to self-monitor their Snacktivity throughout the day. It will also offer prompts and feedback on how much Snacktivity they are doing.

What will the study involve for GP practices?

This study is due to start in January 2021 for 12 months. We would need practices to agree to Nurses and Health Care Assistants to promote the Snacktivity intervention within consultations. Each practice would recruit up to ten patients over two-three months. As the study is very simple it only involves one hour of training for Nurses/Health Care Assistants.

We are looking to recruit practices who have not taken part in the earlier Snacktivity studies. The CRN will provide support with patient searches and invitation mailings.

Practice re-imbursement

Practices will receive research and service support costs in line with usual rates. In addition, for those practices that are part of the Research Site Initiative Scheme, they will be entitled to an additional RSI payment.

snacktivity

If your practice interested in taking part and is located within the West Midlands Central region, or would just like to find out more about this study, please contact Sheila Bailey, local Research Facilitator, contact details on back page.

Colour COPD – Sputum colour charts to guide antibiotic self-treatment of acute exacerbation of COPD

Colour COPD is a pragmatic, multicentre, randomised controlled trial to determine whether the addition of a sputum colour chart to the existing self-management plan provided to patients with COPD improves their use of antibiotics and steroids and reduces the number of exacerbations they experience in a 12-month period. This is a very simple study, with a very low workload for participating practices. This study will be running across the West Midlands and Greater Manchester areas with recruitment planned to start in November 2020 and will remain open for around two years. We are looking for 80 GP practices in total across the regions. Participating practices would receive service support costs to cover their time to help with this important study, and support from the Clinical Research Network and trial team will be provided.

The trial team can be contacted on: Email: ColourCOPD@trials.bham.ac.uk Phone: 0121 414 8137.

Co-Researchers Wanted for a COPD Study

We are researchers from the University of Birmingham looking for people with lived experiences of chronic obstructive pulmonary disease (COPD) to be representatives as co-researchers on the Colour COPD project.

The sputum colour chart is a printed chart that allows patients to compare the colour of any sputum they produce with the chart to decide whether they have an infection that requires treatment with antibiotics.

As part of the study, we will carry out interviews with patients and health care professionals about their attitudes to and practices around antibiotic prescription and use and self-management of COPD. We want to recruit four co-researchers from a diverse range of backgrounds to be involved in the analysis of anonymized qualitative transcripts (a typed copy of a recorded interview) through interactive workshops.

The patient voice remains central in our analysis of the acceptability and implementation of the intervention. Involvement of participants in the analysis stages has not been well documented and this study plans to involve participants as co-researchers through a participatory method of working together, engaging in dialogue, and offering feedback through the data analysis stages of the project. The co-researchers will be actively involved at the start of analysis and will assist in developing and co-producing themes from the data. Training will be provided to all co-researchers.

For more information about this, please contact Sunita Channa via e-mail on s.d.channa@bham.ac.uk

Online and Telephone Access to General Practice Services and the Potential for Widening Inequalities: a Cross Sectional Patient Survey

Background

Improving access to primary healthcare in the United Kingdom has focused on the use of digital and communications technologies but little is known about how awareness of and use varies between different patient groups.

Aim

To determine how patients are interacting with telephone and online sources for accessing general practice services and information, and to analyse how this varies according to patient characteristics and health status.

Design and setting

A cross sectional self-administered survey of adult patients in general practices across the West Midlands, UK.

Method

Descriptive statistics to show participants' awareness of and interaction with online health materials and digital GP access. Multivariable logistic regression models were used to model the relationships between demographic and health characteristics and awareness and use of online services and alternatives to face to face consultations (e.g. telephone).

Results

2789 patients (response rate 19.0%) from 43 general practices participated. 60.8% (1651/2715) of participants were aware of online services and 30.3% (811/2674) reported having used one. Daily internet usage and frequently visiting the GP showed the strongest associations with knowledge and use of online services.

Conclusion

We have shown that there is the potential for inequitable awareness and use of telephone and online services in general practice populations. Given that their use has greatly increased due to the Covid 19 pandemic we need to understand clearly who is using them and who is excluded so that the entire general practice population has access to appropriate services.

The Role of Faecal Calprotectin Testing in Referral Decisions

Why and who do GPs test? To what extent does a test result influence a GP's management decision? And what are requirements to improve uptake of tests into primary care?

Research undertaken at Warwick Medical School explored the influences of faecal calprotectin testing on GPs' referral decisions. Faecal calprotectin (FC) is an inflammatory marker of the gastrointestinal tract. It aids the differential diagnosis of inflammatory bowel disease and irritable bowel syndrome to reduce unnecessary referrals to gastroenterology. But this view assumes that GPs use tests only as diagnostic aids. Our study was motivated by the finding that GPs refer over half of patients with a negative FC test result (no sign of gut inflammation). We interviewed 19 GPs in the West Midlands south area about their views on influences on referral decisions and on the role of FC testing in primary care to try and understand this phenomenon.

Our study found that referral decisions are complex, individual and situational. Many factors influence referral decisions. We summarised them as:

- the clinical uncertainty
- the doctor-patient interaction
- GP factors and
- the health care system

The influences are interrelated and carry different weight in individual referral decisions. According to the GPs, the referral decision does not follow a pathway but resembles a jigsaw puzzle of information towards the patient's clinical picture which is never fully complete. GPs make referral decisions with and without testing. If a test is indicated the result provides extra information towards the

assessment which may result in the referral of the patient. GPs look to FC testing for diagnostic certainty but also for reassurance. This is to support the decision of whether to manage the patient in primary care or to refer. FC testing provides confidence that nothing has been missed and that guidance has been followed. GPs discussed patient age and symptoms as eligibility criteria for testing. These are stipulated in local and national guidance providing little insight into who GPs actually test. The severity of presenting symptoms determines whether the test is used as a baseline or second line test and whether FC testing is considered appropriate as part of the patient assessment.

Making a test available to GPs is not sufficient for its uptake into clinical practice. GPs said that they find information and education on test use useful. Furthermore, GPs need the opportunity to test which is not always given for rare conditions. With opportunity GPs' confidence and familiarity with the test is building. Formalisation of the test into pathways and guidelines, and its practicality and reliability further encourage test use.

However, a test result is not considered in isolation. GPs regard it within a wealth of information from patient history and examinations. The weight of a test result in a management decision depends on a multitude of factors. These include the reason for testing, the test result, prior belief, available guidelines and patient expectations. Depending on those factors testing may be supportive or unsupportive of the referral decision, or it may have no impact on the referral decision at all. This is when we see referral of FC negative patients due to preferences or uncertainties that FC testing cannot address. Whether these referrals are inappropriate depends on the perspective of those who judge the referral. For a diagnostic test to be effective it has to:

- influence the individual GP's beliefs and attitudes
- support the doctor-patient relationship
- provide confidence in the management decision and
- have a referral pathway to trusted services available

Conclusion

We concluded that we need a whole systems approach for the development and evaluation of tests. This includes an understanding of how a test is going to be used in clinical practice, its impact on referral decisions, patient outcomes and associated costs.

Karoline Freeman | Research Fellow WMS | k.freeman@warwick.ac.uk

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Care Companion Study

Recruiting via General Practices in Coventry, Rugby and Warwickshire, starting January 2021; taking expressions of interest now.

Care Companion is a unique online individually tailored resource, designed for informal carers who look after family and friends with long term or life limiting conditions. It has been developed by a team from Warwick Medical School together with a panel of carers to help individuals with caring responsibilities cope with ever-changing physical, emotional and social care needs.

With support from the NHS and local authorities in Coventry and Warwickshire, Care Companion has been available to local residents for over a year. It is funded by the NIHR Research for Patient Benefit (RfPB) Programme, and aims to understand:

- how Care Companion is used by those involved in caring
- how it affects carer wellbeing
- whether it represents value-for-money to the NHS and Social Care

With support from local GP practices and the CRN, the study team are looking to recruit 200 carers across 12 GP practices from January 2021-June 2021. Carers, identified by their general practice, will be invited to join the study and register with Care Companion online.

Over a six-month period, carers will be asked to complete two sets of questionnaires assessing their well-being and quality of life and invited to participate in an interview about their experience of Care Companion, and what improvements might be made.

To express your interest in taking part in the study, please contact Aman Johal-Mann, contact details on back page. For further information regarding the study please contact Julia Roscoe, Research Associate Unit of Academic Primary Care, University of Warwick, email J.Roscoe@warwick.ac.uk phone 02476 151885.The Care Companion online tool can be viewed at www.carecompanion.org.uk

GP Perspectives on Hospital Discharge Letters: An Interview and Focus Group Study

Katharine Weetman[1*], Jeremy Dale[1], Rachel Spencer[1], Emma Scott[1], Stephanie Schnurr[2]

[1]Unit of Academic Primary Care, University of Warwick, Warwick Medical School, Coventry, UK; [2]Centre for Applied Linguistics, University of Warwick, Coventry, UK

Written discharge communication following inpatient or outpatient clinic discharge is essential for communicating information to the GP, but GPs' opinions on discharge communication are seldom sought. Patients are sometimes copied into this communication, but the reasons for this variation, and the resultant effects, remain unclear.

The aim of the study was to explore GP perspectives on how discharge letters can be improved in order to enhance patient outcomes. The study used narrative interviews with 26 GPs from 13 GP practices within the West Midlands, England. Interviews were transcribed and data were analysed using corpus linguistics techniques.

Results

Elements pivotal to a successful letter were: diagnosis, appropriate follow- up plan, medication changes and reasons, clinical summary, investigations and/or procedures and outcomes, and what information has been given to the patient. GPs supported patients receiving discharge letters and expounded a number of benefits of this practice for example, increased patient autonomy. Nevertheless, GPs felt that if patients are to receive direct discharge letter copies, modifications such as use of lay language and avoidance of acronyms may be required to increase patient understanding.

Conclusion

GPs reported that discharge letters frequently lacked content items they assessed to be important; GPs highlighted that this can have subsequent ramifications on resources and patient experiences. Templates should be devised that put discharge letter elements assessed to be important by GPs to the forefront. Future research needs to consider other perspectives on letter content, particularly those of patients.

For further information, please see: https://bjgpopen.org/content/4/2/bjgpopen20X101031

Online Booking Experience Study

Access to general practice is a major public concern, with patients often complaining about difficulty making appointments. Online booking services offer the option of booking a GP appointment 24/7 using the internet, via a website or app. The Government has been keen to promote such services and many GP practices offer online booking. However, this was paused in most practices during recent months due to Covid-19 lockdown restrictions. National survey data shows that only a relatively small minority of patients have used online booking, and instead the majority book their appointments on the phone. Until now, research to inform policy about online booking services in general practice has been lacking.

The OBoE Study (Online Booking Experience Study) is a collaboration between the Universities of Warwick and Exeter, funded by the NIHR Research for Patient Benefit Programme. The study compares the characteristics of patients according to their use of online booking, examines how this is related to their experience of care and explores what patients think about online booking in general practice, in order to identify potential ways of appropriately guiding patient-focused implementation and use of online booking. This implementation is ever more relevant in a world where people are becoming more practised at using online services, out of necessity due to restrictions.

We have carried out secondary analysis of the General Practice Patient Survey (a large national survey sent to 2.2 million adult patients per year). During which we examined levels of awareness and use of online booking, as well as the characteristics of those who are, and are not, using online booking. We have also analysed associations between levels of online booking use and experience in relation to quality, accessibility and future intentions.

In the second stage of the study, we conducted a series of 43 semi-structured qualitative telephone interviews to explore patients' experiences of booking appointments, why patients do and do not use online booking services in general practice, and their experience in relation to quality, accessibility and future intentions. We are presently in the final stages of the study, consulting key stakeholders and preparing the study findings for publication.

If you would like to find out more about the study, or enquire about our stakeholder events, please contact Abi Eccles a.eccles@warwick.ac.uk

Eat Well, Feel Well, Stay Well: STREAM

Screen and treat for malnutrition

An intervention developed for use by healthcare professionals 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 screening appointment via phone.

Postal questionnaires will be at six, 12 and 18 months, and all the at nutritional risk participants will be followed 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:
- Intervention practices (Eat well, feel well, stay well intervention (dietary advice and support) plus targeted oral nutritional supplement for a minority of individuals according to the protocol)
    - Usual Care practices
    - Intervention practices – a practice nurse or health care assistant will speak to participants at an initial 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

Recruitment status: December 2019 – October 2021
Sponsor: University of Southampton
Funder: NIHR Programme Grants for Applied Research

If you would like further information, please e-mail stream@warwick.ac.uk or call 07385083375

Pharmacy based GP video consultation and diagnostic system: an independent evaluation of which patients use it, how they use it and what is their experience. A Mixed Methods Approach.

Alternatives to traditional face-to-face consultations are becoming increasingly prevalent and popular, and can provide a solution to some capacity and access issues faced by patients seeing their GP. Additionally, the current pandemic has reinforced the need to utilise alternative methods of conducting GP consultations.

This study uses both quantitative and qualitative methods to explore the patterns of use, and the experience of patients using a pharmacy based GP video consultation service, aided by diagnostic equipment. It also aims to explore the experiences of GP using the pharmacy based consultation system to deliver consultations, using semi-structured interviews.

To date, anonymised routinely collected data from consultations with approximately 8,500 patients, using the pharmacy based GP video consultation service (all patients that used the service during the six month study period) has been extracted and analysed.

Preliminary analysis shows that the mean age of patients using the service was 36.5 years old. Satisfaction in using the service varied significantly by region of the UK- with satisfaction rates being highest in Wales, and lowest in Northern Ireland (Figure 1). Patients that had used the service more than once during the study period, had significantly higher levels of satisfaction with the service, than those using it once.

Interviews have been conducted with ten GPs that deliver consultations using the pharmacy based GP video consultations with diagnostic equipment. Preliminary findings suggest that challenges that GPs faced whilst delivering the service include problems encountered by patients unfamiliar with technology, and the limitations of physical examinations as a result of providing remote consultations. The main benefits of GP video consultations reported by GPs included the flexibility of working it offers GPs, and the benefits it offers in relation to career development.

The next step for this research is to recruit and interview approximately 25 patients that have used the service during the study period. Interviews will explore in detail why patients opted to use a private video based GP consultation as opposed to face-to-face methods, how satisfied they were with the consultation and to gain an understanding of the patient experience in using such a service.

It is anticipated that this research will provide useful information about which patients use pharmacy based GP video consultations, what conditions patients commonly use the service for and what their experience of using the service is. It will also provide valuable information about both challenges and advantages of using such a system, particularly relevant and informative when face-to-face consultations are not practical or appropriate.

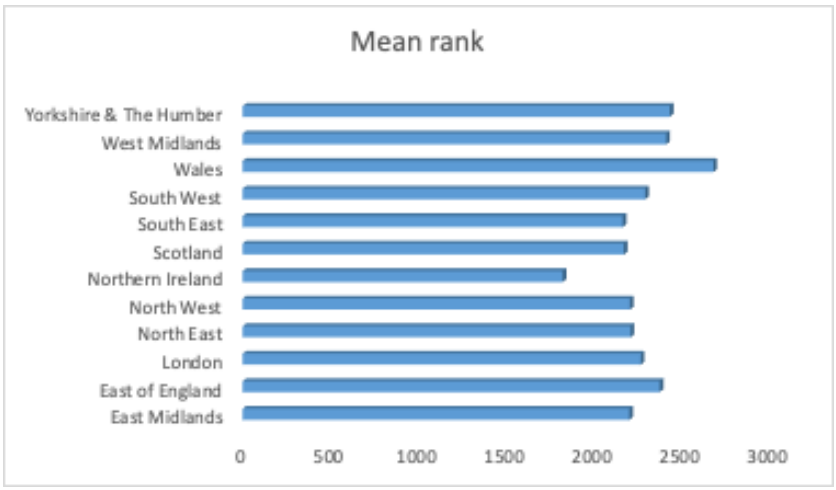

Figure 1: Satisfaction score by region

Welcome to Katherine Allen, Research Nurse

I started my nursing career on coronary care at UHCW but wanting a broader experience of nursing I soon took up agency nursing and took trips overseas to volunteer in developing countries. After a year of some very rewarding experiences, the opportunity came along for me to move to Saudi Arabia which was the beginning of a seven year adventure nursing in both a hospital and privately for a family.

Eventually, it was time to return home to start a family. After having a whirlwind year setting up a home, settling back into life in the UK and being a new mum to our son Sam, I was both excited and anxious about returning to the UK nursing field. Feeling like it was the perfect time for a change, I hoped to find a specialist role which could offer me new experiences and a renewed passion for my profession. After a lot of reading about the research nurses' role and reflecting on past experiences that have taught me the value of research, I knew it was the job I wanted to be in.

Despite it being a particularly challenging start, with the many COVID limitations in place, I'm blessed to have been supported by excellent management and an inspiring team, and I feel very proud to now be part of the NIHR.

If you would like to contact Katherine, please email katherine.allen@nihr.ac.uk

Congratulations to Dr Mughal

A new study led by Dr Faraz Mughal from Keele University's School of Medicine aims to develop an acceptable and feasible intervention for GPs in order to support young people who self-harm. Dr Mughal has been awarded a prestigious National Institute for Health Research (NIHR) Doctoral Fellowship with funding of over £450,000 to develop the intervention for GPs to use when treating young people who self-harm. The intervention is envisaged to be a treatment protocol which targets psychosocial factors and including training for GPs.

There are currently no effective interventions for GPs to use with young people who self-harm, and levels of self-harm in young people are rising. There are also concerns that self-harm may rise during and after the Covid-19 pandemic, especially amongst high risk groups, such as young people.

As part of the COPING study - a CO-produced Psychosocial INtervention delivered by GPs for young people who self-harm - Dr Mughal will work closely with young people who self-harm to support the development of the COPING intervention for GPs. The research also aims to improve GP confidence and skills and inform NHS services and self-harm clinical guidelines and practice.

Dr Mughal is a GP and practice research lead for the CRN Research Site Initiative at Coventry Road Practice, Birmingham, and an NIHR School for Primary Care Research GP Career Progression Fellow at Keele's School of Medicine. The NIHR Doctoral Fellowship programme aims to support individuals on a trajectory to become future health research leaders through a robust research study and training and development.

Dr Mughal said: "I am delighted that the COPING study has been recognised as important especially at a time when young people's mental health is a priority, and am grateful to NIHR for funding the study and supporting my development. I want to thank the NIHR West Midlands CRN for their support in developing my application and I look forward to closely working with them to deliver this study.

"We know around one in four young people (aged 16-25) have previously self-harmed and that GPs see young people who self-harm the most often in the NHS. Self-harm is the strongest risk factor for suicide and Covid-19 has resulted in significant challenges to young people's mental health with self-harm a growing concern in the NHS.

"I aim to develop, with young people who self-harm and GPs, a feasible and acceptable intervention for GPs to use with young people who self-harm and test the intervention in general practice. This work, funded by NIHR, will hopefully inform a future randomised controlled trial to assess how effective the COPING intervention is in NHS general practice."

Nursing Times Awards 2020 Infection Prevention and Control

Winner: Taurus Healthcare, Super green clinic for shielding patients in Herefordshire

In a year when infection prevention and control were at the forefront of everyone's mind there was stiff competition in this category, ranging through settings as diverse as universities, mental health, community nursing and clinics for shielding patients, we are pleased to congratulate the worthy winner, the super green clinic in Herefordshire.

The Super Green team were shortlisted along with 8 other teams and were selected as the winners by a panel of 5 judges, the award presented by Naga Muchetty at the virtual ceremony.

Staff in the photo (left to right): Gaynor Gibson, Julie Jenkins, Tina Halling, Deborah Suer, Lauren Parry, Kath Earl, Claire Brown, Caroline Gribben, Catherine Lamport, Diane Roberts

Herefordshire responded to Covid19 with its five primary care networks working with Taurus Healthcare, Herefordshire's GP

Federation, to adapt GP services to meet the needs of patients who had been identified at medical risk and asked to shield. A GP, who was himself a shielded patient, recognised these patients would need nursing care. The Primary Care Networks, with Taurus Healthcare, planned a super green clinic for the county's 3,000+ patients. A suitable site was deep cleaned and stocked and nurses/healthcare assistants and volunteers were chosen to staff the clinic. The nurse led clinic aimed to provide nursing care accessible to all shielded patients in the clinic or at home.

PRINCIPLE TRIAL

Covid-19 affects the lives of everyone in the UK, people over 50 are at higher risk of developing more severe illness and complications. Most Covid-19 studies have focused on hospitalised patients; this study is aimed at people in the community experiencing Covid-19 symptoms or likely to cause Covid-19. The aim is to find an effective treatment evaluating commonly used medicines to prevent people becoming unwell, speed recovery, and reduce the need for hospitalised care.

The study is trialling several medicines with well know safety profiles and comparing these with usual care, known as a "platform trial".

This allows for new treatments to be used or halted quickly, e.g. Hydroxychloroquine was halted in May and replaced by Azithromycin, Doxycycline was added in July and a further treatment arm was added on the 27th November, budesonide turbohaler, an inhaled corticosteroid.

Those over 50 with co-morbidities and those over 65 with or without co-morbidities can join the trial if they experience Covid-19 symptoms or have a positive test for Covid-19 within 14 days of joining the trial. Medication (if in the intervention arm) is sent to participants' homes. The 2000th participant was randomised the week beginning the 20th November (target is 3000) from over 950 sites across the UK.

PRINCIPLE
Platform Randomised trial of INterventions against COVID-19 In older peoPLE

As the incidence is continuing to rise GP practices already signed up to the trial can continue to promote the study: https://www.principletrial.org/health-professionals/primary-care . The PRINCIPLE trial is no longer accepting new GP sites for set up as the trial is open to all patients directly: https://www.principletrial.org/participants/how-to-join-the-trial

Sponsor: University of Oxford

Funder: UK Research & Innovation, Department of Health and Social Care through the NIHR (Government rapid research response fund).

For more information visit: https://www.principletrial.org/ or contact Becky Parker, CRN Study Lead/Research Manager or Sue Wright, CRN Research Facilitator. Contact details on the back page.

NIHR | Clinical Research Network West Midlands

- Calling shielding patients from GP practices to offer support
- Offering administrative help to local practices and other care organisations
- Recovery Trial - supporting study delivery in secondary care
- Opportunities to reflect and improve ways of working
- Nightingale - supporting the set up of the NEC field hospital
- Amber & Green Practice Hubs - working clinically within these settings
- Vital training delivered in innovative ways
- Involvement in plasma extraction for vital COVID-19 research
- RAPTOR - COVID-19 research in Primary Care
- Using video communication to meet with colleagues
- Sewing scrubs for frontline workers
- PRINCIPLE Trial - working across Primary Care and wider NHS settings
- Assisting Acute NHS Trusts
- Nurse support in GP Practices and out in the community
- Delivering medication to vulnerable patients
- Engaging with new practices to offer support
- Mental Health Trusts - providing clinical support in the community
- ISARIC - supporting our secondary care colleagues with data collection
- Collaboration with the wider West Midlands CRN team

Primary Care During The Pandemic

During unprecedented times, everyone is doing their bit to support the battle against COVID-19.
Above are just some examples of the work the Clinical Research Network West Midlands Primary Care team has been doing.

Practice Praise

We extend our grateful thanks to the following surgeries for their expressions of interest in the RAPTOR study, which is an urgent public health study which required them to see potentially active Covid patients:

- Forrest Medica Centre
- The Marches Surgery
- Ombersley Medical Centre

Thank you

Bewdley Medical Centre, part of the Wyre Forest Health Partnership who are fairly new to research but have undertaken Principle and OPTEL.

Spring Gardens Group Medical Practice, for hosting VIRUS WATCH, and for their accommodating attitude to research. They are pursuing commercial vaccine research and are always keen to participate in studies.

RAPTOR
RAPID COMMUNITY TESTING FOR COVID-19 C19

PRINCIPLE
Platform Randomised trial of INterventions against COVID-19 In older peoPLE

COPCOV – the Chloroquine/ Hydroxychloroquine Prevention of Coronavirus Disease (COVID- 19) in the Healthcare Setting

A randomised, placebo-controlled prophylaxis study - a clinical trial to find out if taking a daily tablet of a long-established antimalarial drug can protect people involved in health care from catching COVID-19. This is an international study running at centres throughout the UK, one of which is University Hospitals Coventry and Warwickshire NHS Trust.

Although it is running out of hospital anyone involved in health care is eligible to take part including people who work in community care settings. Anyone working in a nursing or care home, a community hospital, any form of private care provider, a GP surgery, dental surgery or opticians could take part including cleaners, office staff, catering staff etc. please see the poster for more information about the study including how to take part.

If you would like more information about the study, or to register to take part, visit https://www.copcov.org/participant.html.

NHS Patients Across the West Midlands Contribute to Practice-Changing COVID-19 Study

West Midlands COVID-19 research participants have contributed to improving outcomes for severely ill patients.

Patients, NHS trusts and local research teams across the region have taken part in new global research which shows that corticosteroids can significantly improve outcomes for severely ill patients with COVID-19.

Research papers published in the Journal of the American Medical Association today reinforce evidence that these inexpensive and widely available drugs improve outcomes for the most critically ill patients with the disease. One paper suggests the risk of death can be reduced by up to 20%.

The papers include findings from the National Institute for Health Research (NIHR) supported REMAP-CAP study, which is being conducted across 15 countries around the world and led in the UK from the NIHR Imperial Biomedical Research Centre.

Working closely together to help deliver rapid recruitment, NHS trusts and the NIHR's Clinical Research Network (NIHR CRN), and research institutes from the devolved nations helped recruit 71% of all global study participants from right across the UK. Local participants to this vital, practice-changing study are at nine NHS hospitals across the region, which have recruited 46 of the participants.

The results from the REMAP-CAP trial show a high probability that among critically ill patients with COVID-19, treatment with a seven-day course of hydrocortisone improved outcomes such as survival and more rapid recovery, compared with no hydrocortisone treatment.

An additional paper, co-ordinated by the World Health Organisation (WHO) and led by researchers at the University of Bristol and the NIHR's Bristol Biomedical Research Centre, provides a meta-analysis (evidence summary) of global steroid use across seven randomised controlled trials (RCTs) in 12 countries spanning five continents.

It also included data drawn from REMAP-CAP and the NIHR-funded RECOVERY trial, which has already shown that the steroid dexamethasone can be successfully used in treatment of moderate to severe Covid-19. It concludes that corticosteroids can reduce the risk of death in the most ill patients by up to 20%.

Professor Jeremy Kirk, Clinical Director of the NIHR Clinical Research Network West Midlands says: 'This result provides another vital step forward in increasing survival for critically ill people with COVID-19. The breakthroughs we have made so far are testament to our NHS teams' unwavering determination to help patients, who are always central to our clinical focus.

'There are still more questions to be answered in relation to this virus, but with the efforts of our country's unique NIHR community, along with those who participate in research, we're in the best possible position to succeed.'

NHS chief executive, Sir Simon Stevens said: "One of the distinctive benefits of having our NHS is that we've been able to mobilise quickly and at scale to help researchers test and develop proven coronavirus treatments. Just as we did with dexamethasone, the NHS will now take immediate action to ensure that patients who could benefit from treatment with hydrocortisone do so, adding a further weapon in the armoury in the worldwide fight against Covid-19."

Genetic Links to Anxiety & Depression

The GLAD study is a project set up to explore risk factors in individuals who have experienced depression and/or anxiety, including those with a diagnosis of bipolar disorder, OCD or related disorders, at any time in their lives.

It aims to better understand depression and anxiety in order to find and develop more effective treatments. The GLAD study is also part of the NIHR BioResource, which is a library of information about people's health aiming to support research in both physical and mental health.

Are you:

- Aged 16+
- Living in the UK
- Experiencing clinical levels of depression and/or anxiety, or have experienced these in the past

Participating

To take part in GLAD, potential recruits follow an easy to use sign up path:

1. Register on www.gladstudy.org.uk and read the information sheet
2. Provide consent using the online form
3. Complete an online questionnaire to check eligibility
4. Send a saliva DNA sample using the freepost envelope which will be provided.

Participants are free to withdraw from the study at any stage.

For more information please visit www.gladstudy.org.uk/faqs, email gladstudy@kcl.ac.uk, phone 0800 634 4504 or ask your local research facilitator, details on back page.

Together, a more Powerful Voice

Anne – Chair, West Midlands Patient Research Forum

While I still sometimes like to think that I can change things through my own endeavours, I have learned and am continuing to learn that, to drive real change we are stronger together; we need each other. As a Research Champion of some six years' experience across the West Midlands region, I have been involved as a Co-applicant, Advisory Board member and a partner in a range of trial committees but my real passion was to see research opportunities on offer at my own surgery.

I made contact with Eleanor Hoverd, a Research Nurse and Patient Public Involvement Engagement (PPIE) Lead for the Clinical Research Network West Midlands (CRN WM) Primary Care team, through my involvement in local networks. Eleanor was driving support, engagement and involvement within Primary Care and health research; I alerted her to my desire to engage my surgery in research opportunities (all the more important at that point as they were about to enter into a Healthcare Partnership supporting 50,000 + patients). This was originally a matter of courtesy, but I knew Eleanor would be willing and able to support my efforts with advice, resources and the input of other research champions when needed.

I then explored a backup route. As a member of my local and newly formed Clinical Commissioning Group (CCG) Patient and Public Forum, I shared my thoughts with the group administrator, who passed my name to the CCG Clinical Research Lead for Primary Care with a view to meeting. Progress now, a real possibility perhaps.

They do sometimes say that timing is all and so this proved to be.

Whilst Eleanor provided me with a process to engage my GP practice, and a script and introductory letter, activities within the CCG were happening along similar lines. The Head of Primary Care Transformation at the CCG was leading on developing a strategy for non-research active GP practices in the local area to become more involved and active. After an initial meeting to share our experiences and ideas, the three of us met to flesh out more detailed activities within our own networks, with a view to adding these to the overarching strategy. It was a unique opportunity and an exciting example of co-production, especially when CRN WM became involved in supplying materials and patient stories. From this point we were included in stakeholder correspondence and meetings in the strategy which included a Local Incentive Scheme for the target audience i.e. non-research active GP practices.

As this evolved locally, and my surgery became alert to the scheme, I was invited to meet the r esearch lead doctor for our Partnership to explore how we could further strengthen research opportunities locally.

And then… COVID-19 took control of our lives…

However, a number of GP practices, including my own, are currently involved in the Oxford Clinical Trials Unit PRINCIPLE study, which is great news. Whilst the original research plan took unexpected and far-reaching twists and turns, the partnership between strategic and 'on the ground' activities has great benefits and creates a platform for further dialogue and action.

Eleanor – Research Nurse and Patient & Public Involvement and Engagement (PPIE) Lead, CRN West Midlands Primary Care

Together, a more powerful voice

Working with Anne has been a great way of maximising both of our roles, resulting in a positive outcome for the benefit of patients and the public. Providing the right support to enable our NIHR Public Research Champions to make initial engagements, gives them the capability to work in partnership with us as health professionals, allowing them the opportunity to use their patient voice to create impact where it counts. Our NIHR Public Research Champions are committed to raising awareness and improving opportunities for all patients and the public to take part, but it also requires enthusiasm from us as health professionals, to add our weight to the patients' voice. We can be there to ensure our Research Champions are well equipped to deliver what we set out to do.

West Midlands NIHR Public Research Champion Forum

As PPIE Lead for the CRN WM Primary Care team I attended Patient Research Champion meetings to hear more about the issues that are important to Research Champions, to gain an insight into these, and to offer support and an out-stretched hand to work together in making health research more accessible and available to all citizens. We are

fortunate to have a large forum in the West Midlands with over 100 NIHR Public Research Champions, and a dedicated PPIE Lead who facilitates and guides the group, with Anne chairing. This provides the right infrastructure for sharing ideas, connections and has a real sense of equality of power between health professionals and patients and the public. I feel this offers the perfect platform for building relationships with our Research Champions, which is vital for establishing trust.

Effectively working together

As I am based in Primary Care in the West Midlands, Anne approached me to see if I could provide some support and input from a PPIE perspective into the development of a research Local Incentive Scheme for Birmingham and Solihull CCG. The scheme was being developed with the CRN WM, it aimed at encouraging those GP practices that were not currently offering research opportunities to their patients to do so with our support. Practices would start by becoming research ready and then moving to become research active. There were many people contributing to this strategy from both the CCG and CRN, but Anne successfully engaged with the Head of Primary Care Transformation to ensure there was patient and public involvement incorporated into the strategy. We met to discuss what could be added to the strategy to ensure there was a patient voice behind it. I think the key ingredients that made this engagement work were:

- motivation from all three parties
- good communication, ensuring Anne had access to helpful tools and resources to feel comfortable in creating such a partnership
- the opportunity being available

The incentive scheme was approved and demonstrates a good example of how working together with our Research Champions can lead to making new connections and positive outcomes, aiming to build a research culture throughout our entire NHS.

If you would like further information, please contact the CRN WM PPIE lead, Eleanor Hoverd, email: Eleanor.hoverd@nihr.ac.uk

Community Outreach: Creating an Online Space about Health Research on a University Webpage

Higher Educational Institutes have a crucial role to play in improving participation in health research, fostering involvement and engagement with the public and sharing results of findings from health research studies. Enabling an environment that makes research results available to the public provides opportunities for involvement in shaping research priorities which leads to transparency and more effective use of research funding, wasting less public money.

Openness and transparency have become a major focus with campaigns such as ALL TRIALS and the launch of the Health Research Authority's Make it Public strategy in July 2020, driving forward the ambition for all findings to be shared, whether positive or negative.

Creating an online community space within the Unit of Academic Primary Care (UAPC) webpage at Warwick Medical School aims to create a resource for members of the public to find out about opportunities for participating, getting involved and engaging with local health research. This qualitative research project will involve a small stakeholder group of NIHR (Public) Research Champions who will contribute to the development of the webpage.

NIHR (Public) Research Champions, are members of the public who raise awareness about health research. Once developed, think-aloud and follow-up individual interviews will be conducted virtually via Microsoft Teams, with further NIHR (Public) Research Champions invited to explore the content remotely, developing understanding about how usable and acceptable the resource is. Following the interviews, subsequent recommendations to improve the webpage will be made. The number of hits to the online space, as well as specific hits to links, articles, and videos can also be measured, which will help in evaluating its success.

Stakeholder meetings were held during October with think aloud interviews from the end of November through to December 2020.

For further details about this study, please contact: Lead Investigator Eleanor Hoverd (NIHR predoctoral clinical academic fellow) e.j.hoverd@warwick.ac.uk

Supported by Health Education England and the National Institute for Health Research (HEE/ NIHR ICA Programme HEE/NIHR Pre-doctoral Clinical Academic Fellowships

Participant in Research Experience Survey (PRES) 2020/21

Have you taken part in health research in the West Midlands?

If you have, please complete our Participant in Research Experience Survey (PRES), which is now open. PRES is a set of questions to gain an insight into the participant experience of taking part in research. It will help us to identify positive participant experiences and highlight areas where improvement is required, to ensure research participants have the best possible experience of taking part.

Please remember to add the Study ID and Study Name and type 'Primary Care' in the Site ID box.

To complete the survey use the link or scan the QR code https://forms.gle/dKE29jX4dEJDy9mL7

All the information you provide will remain anonymous, stored securely and only be used for research purposes

For further information about this survey please contact Dr Moe Shaikh mohammed.shaikh@nihr.ac.uk

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West Midlands North
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Your Research Design Service journey

The Research Design Service West Midlands (RDS WM) is here to support you to develop research applications to the NIHR and other national funders of applied health and social care research including Research Councils and Charities. If you have a research idea, we can offer free advice and support to develop your idea into a competitive funding application, including advice on designing a research study and refining the research question, help you to build your team and advise you on research methods (qualitative and quantitative). Whether you are looking for a suitable funding stream or if you are one click away from submitting your funding application, we are here to support you.

Primary Care is represented at the RDS WM Advisory and Strategy Board by Dr David Shukla – a GP in Dudley. He is advising us on developing our services to provide increasing support to the primary care setting. We have introduced a virtual 'introduction to the RDS session' for practices where one of our advisors will describe in more detail the support we can offer -.giving you and your team an opportunity to ask direct questions about how we can help you to develop a successful funding application.

Funding panels now look at how you have involved members of the public in developing your proposal and how you intend to involve them in your research study. We have a team of Public Involvement experts who can support you with this at all stages of your application, you can apply for funds to support public involvement in your application; attend workshops on PPI and arrange a review of your application by a panel of patients, carers and service users.

Visit our website: https://www.rds-wm.nihr.ac.uk/
or contact us direc at rds@contacts.bham.ac.uk

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