



# PC-CRTU *in Contact*

The network of research active practices continues to grow. We now have 303 practices (from 32 in 1999) and MidReC is the second largest primary care network in the UK, second only to the MRC Framework. The success is due to a collaboration of:

- I A strong academic base at the University of Birmingham who continue to win competitive grants
- I A dedicated PC-CRTU Team
- I **But most of all to you as researchers and recruiters.** Without practices to host the research and practitioners who 'go the extra mile' we could not have come this far.

Everything that practitioners contribute to research in their practice – no matter how small, makes a difference when we can multiply it by 303. Our primary care diversity across the West Midlands and beyond, as well as our generalisability, gives MidReC (your Network) its strength and means that the results of your research will be applicable to clinical practice. Three of our major studies are coming to an end but the academic department programme leads (the majority of whom are GP's) have all had projects short-listed for funding in the last few weeks.

Thank you

## Research Management and Governance in Primary and Community Care

Last year the Department of Health published the 'Research Governance Framework', setting out the responsibilities of funders, researchers, practitioners and NHS organisations in ensuring that all research conducted with NHS patients, including general practitioners' patients, is conducted to the highest standards.

These are not difficult standards, but they do mean that all research has to have independent peer review, ethical approval, indemnity, regular review and approval by the local NHS Trust. This applies equally to GPs, who would need to seek approval for

any 'personal' or pharmaceutical industry sponsored research involving their patients and the type of large externally funded projects that are externally funded projects that are done through MidReC. Ours already meet the criteria, but still need to be registered with the PCT consortium.

In Birmingham, we have formed a consortium between the four 'Birmingham' PCTs, Solihull and MidReC. South Birmingham PCT have inherited the old community trust R&D office as well as the R&D portfolio of the dental hospital and will act as the 'lead' PCT to deliver the 'management' for research governance across the consortium.

A management group, consisting of the five PCT R&D Directors, the Director of MidReC, and the Research Managers is chaired by the R&D Director of South Birmingham PCT. The management

group is responsible jointly to the five PCT Boards, via the Chief Executives, and to the board of the Primary Care Research Trust for Birmingham and MidReC. The MidReC office and the South Birmingham PCT R&D office are working on joint systems to ensure that registration and monitoring takes place.

An advisory group represents the different professional groups in the consortium.

All MidReC projects will be registered via the PC-CRTU office, but any other research involving NHS patients and taking place in primary care needs to be registered with, and approved by the PCT consortium before it can start.

For further details contact Karen Hampshire (R&D Manager South Birmingham PCT) 0121 442 3500.

Dr Brendan Delaney (R&D Director HOB)

## Practice Forums

The forums provide a great opportunity for Practice Nurses or Managers to get together to discuss issues around MidReC research, feedback hints to the researchers and keep up to date with new studies. Anyone can come along to the meetings which are usually two hours in the afternoon and take place at the University. MidReC will of course, re-imburse for your time out of practice.

The Practice Nurse Forum continues to meet to develop their research into 'practice' nurse's perceptions of their role and future development. For further information please contact Sue Shortland (0121) 373 1078.

The Practice Managers are also well developed in their research proposal looking at the quality of secondary care discharge summaries. For further information please contact Lynette Houghton (0121) 422 3111.

# Ongoing Studies

## SAFE – Screening for Atrial Fibrillation in the Elderly



**The SAFE study aims to identify the most cost effective method of screening for atrial fibrillation in patients aged 65 and over.**

Twelve months of opportunistic screening in twenty-five intervention practices have been completed. All but two practices have also finished systematic screening and the completion of screening in these is imminent. As the final quality of life questionnaires are currently being sent out to patients and final note searching and data collection is ongoing, data analysis will be underway very soon. We will be sending

out batches of ECGs to participating practices for interpretation within the next month – more details to follow.

The study remains on target and has generally run smoothly for the duration of the project. Once again, we thank the staff in participating practices for their continued hard work, especially to the practice nurses who have run ECG clinics. The study aims to report later this year, and more details will be available in the next PC-CRTU newsletter!

**Sue Jowett - 0121 414 2677**



## BETS – Birmingham Elderly Thyroid Study

**Birmingham Elderly Thyroid Study is recruiting patients aged 65 and over to take part in a prevalence screening study. Patients who have attended the screen may then be invited to take part in further follow up studies.**

The aim of BETS is to examine the effects of subclinical thyroid disease in an elderly population. BETS first started seeing patients in December 2002. BETS patients are now being seen at seven practices across the West Midlands region. An eighth Practice will start recruiting patients from April 2003.

To date a total of 400 patients have attended screening appointments. The screening appointment requires patients to have a blood test for TFTs, an ECG and to complete some cognitive function tests.

Both practice nurses and research nurses are involved in seeing patients for BETS. Practices interested in taking part in BETS can choose to run the study with their own staff or research staff.

We would like to thank all the practices taking part for their hard work in helping to get the study up and running.

**Lesley Roberts 0121 414 3356**



## SMART – Patient Self-Management of Anticoagulation Therapy

**The aim of SMART is to determine the clinical and cost effectiveness of patient self-management (PSM) of oral anticoagulation in comparison with standard care.**

127 intervention patients are currently self-managing their Warfarin. The nine-month assessment clinics for these intervention patients have recently finished.

The trial has a further three months before the final assessment clinics commence. Approximately 40% of the patients in the intervention arm have requested to continue self-managing of their Warfarin when the study is finished. In order to do this the patients will need to obtain a written agreement from their GP or local haematology clinic for supervision of their self-management. We will then supply patients with near patient testing equipment. We have prepared guidelines for GPs, which outline procedures for self-management of Warfarin based on the recommendations written by Dr David Fitzmaurice and Professor Sam Machin.<sup>1</sup>

The Data Monitoring Committee is meeting in mid March to assess the interim data.

<sup>1</sup>Fitzmaurice DA, Machin SJ. Recommendations for patients undertaking self-management or oral anticoagulation. *BMJ* 2001; 323: 985-989.

**Ellen Murray – 0121 414 3761**

# Ongoing Studies continued



## CUBE (C13 Urea Breath test and Eradication)

### MRC-CUBE Study

**CUBE is a two-year multi-centre randomised controlled trial of C13 urea breath testing and H. pylori eradication for dyspepsia in primary care compared with PPI's alone.**

The CUBE study started in early January. After a slow start patient recruitment is gaining momentum and to date over fifty patients have been recruited from the three centres involved in the trial – Birmingham, Leeds and Nottingham. Patients originally testing positive for H. pylori infection are starting to be recalled to their GP practices for retesting following eradication therapy.

**If you are interested in finding out more about the study please contact Beth Hinks, Trial Administrator on 0121 414 8545**

## PROCEED – Professionals Responding to Cancer and Ethnic Diversity

**The aim of the PROCEED project is to research and develop training for health professionals who care for people affected by cancer from diverse communities.**

We will shortly be running focus groups to explore experiences and identify training needs. We hope to involve GPs, community and practice nurses, interpreters, bilingual

advocates and other practitioners who provide cancer care and services.

The main objective of the project is to produce a training resource which can be used with a range of health professionals.

**If you are interested in finding out more, please contact Jackie Beavan on 0121 414 3330**

## BAFTA – Birmingham Atrial Fibrillation Treatment of the Aged Study



**There are currently 168 practices running study clinics in the West Midlands, Gloucestershire, Oxfordshire and Cheshire.**

To date these practices have sent us close to 5,500 ECGs, conducted almost 700 randomisation clinic appointments and entered 326 patients (26% of our target of 1240 patients) in the study. Whilst a

tremendous amount of work has already taken place, BAFTA is still expanding, and many more practices are interested in taking part in the study. Many thanks to the staff in participating practices for their continuing hard work.

**Kate Fletcher – 0121 414 8091**

# Completed Recruiting – Analysis Underway



## TASMINH – Target and Self Monitoring in Hypertension Study

**This study aims to establish whether blood pressure control in primary care can be improved by the use of patient held BP targets with self monitoring of BP and what will be the impact of this intervention on costs, patient anxiety and health behaviour.**

The TASMINH study is entering the last phase of follow-up clinics and these should be finished by Easter. So far we have had a good response with over 90% of patients returning after one year. Results should become available later on in the year and will be publicised at this time. Thank you again to all of the study practices.

**Richard McManus - 0121 414 2658**

## ClASs – Chlamydia Screening Study

**ClASs (A study to evaluate the most cost effective way to screen for Chlamydia trachomatis genital tract infection and to reduce its prevalence and associated burden of disease).**

At present we are analysing the results of this study, and hope to report back in the next issue of the newsletter.

**Andrea Morcom – 0121 414 8071**



## Pathways Project

**The Pathways Project aims to identify user and professional perspectives about primary care for people with serious mental illness (SMI).**

To identify routine methods to enhance the quality of primary care for people with SMI.

**Helen Sorohan – 0121 414 8585**

To develop primary care based quality indicators for people with SMI.

At present we are analysing the results of this study, and hope to report back in the next issue of the newsletter.

# Training Opportunities

## Research Methods

### Do you want to find out more about research?

We are currently in the process of putting together a programme, which will be open to any primary care practitioner within the West Midlands who wishes to find out more about research. We are planning to run three half-day sessions in the autumn, and the proposed dates are:

- Thursday, 25 September 2003**  
**Qualitative Research Methods**
- Thursday 16 October 2003**  
**Quantitative Research Methods**
- November session – date to be confirmed**  
**Interpreting the Results**

**Places are free to any primary care practitioner, but will be limited, and offered on a first come first served basis. If you would like to find out more, please contact: Sue Clifford or Sheila Bailey on (0121) 414 2845**

# National Cancer Research Institute (NCRI) Primary Care Clinical Studies Development Group (PCCSDG)

The first meeting of the PCCSDG was held in London on 12 February. This Clinical Studies Group has been funded by the NCRI to lead the development, in a co-ordinated way, of primary care focussed cancer research.

## Background

Many patients with cancer first present to their GP. Diagnosis of cancer in primary care is a complex and difficult task. There is currently considerable interest in improving the diagnosis, screening and referral practices in primary care. Furthermore, primary care is involved in all stages of the 'cancer journey' from the first time a patient reports a symptom, through diagnosis, treatment and cure or death. The co-ordination of patient interaction with the many different elements of healthcare systems and managing the significant co-morbidity are roles that fall on primary care.

## What does the PCCSDG offer cancer and primary care research?

It is always easier to start with what it does not offer – a ring-fenced source of funding.

## What it does have is:

Access to the National Cancer Research Network (NCRN) infrastructure. An opportunity to develop a small number of 'demonstration projects' within the NCRN framework. The potential to interact more effectively with other sectors of cancer research, including secondary care researchers, the Clinical Trials Units, the site-specific Clinical Studies Groups, the national Translational Cancer Research Network etc.

It is widely accepted that there is a need to increase the volume of primary care based cancer research and the PCCSDG is being asked to identify concrete proposals for new, primary care focussed research.

## Who is on the PCCSDG?

Clinical Studies Development Group is chaired by David Weller (University of Edinburgh) and currently has about twenty members. The membership comprises a variety of people who have an interest in primary care focussed cancer research and includes people from Universities, networks, PCTs, Department of Health, Trials Units and secondary care.

## What opportunities does this offer networks?

The focus of the PCCSDG will be to develop and promote high quality, multi-centre, primary care focussed trials. Within the next four weeks or so, we will be trying to identify a small number of potential trials that can be worked up, supported through the process of securing funding, and run with the support of the NCRN infrastructure. The ongoing role of the PCCSDG will be to identify those high quality studies that should be prioritised and support them in the same manner.

## Recruiting for Next Year

### The WARM Study

**The WARM Study is an important research project funded by the British Lung Foundation, involving older people aged 65 or over who consult their GP with chest infections in the winter, the study aims to reduce admissions to hospital in the future.**

Recruitment to the WARM Study has now closed for this winter, although our practices are currently searching back through their records to identify any patients missed by the late start or for any other reasons. In total, fifty-eight practices have been involved, with the identification of over 600 patients (sixty admitted to hospital), and we would like to thank everyone for their participation and help this year, for the many faxes, and the overall good will to the WARM Study team. The

methodology has proven to be very effective, although we will be asking practices for any ideas to improve the procedures for them. Unfortunately for us, this year has not been a typical year for respiratory consultations, in fact everyone will be well aware of the virtual absence of influenza in the community. This means that in order for us to answer the research questions, we will need to recruit many more patients next winter. We will be asking our current practices if they would be able to take part next year, and also very keen to sign up new practices. The study procedures have been shown to be straightforward and take relatively little time – hopefully this will encourage you to take part!

If your practice is interested in this research for November next year, please contact Kate or Rachel in the WARM Study Office on 0121 415 8183

## Local Conference

(see flyer enclosed with newsletter)

As part of our commitment to train practitioners in research evidence based medicine, if you would like to attend the FBPCS Primary Care Clinical Update Conference to be held at the ICC, Birmingham, 25-26 June 2003, the Research Support Facility will subsidise any MidReC primary care practitioner up to 50% of the cost of the registration fee.

**If you would like to take advantage of this offer, please contact: Sue Clifford/Sheila Bailey on (0121) 414 2845**



THE UNIVERSITY  
OF BIRMINGHAM

### PC-CRTU CONTACTS

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