PC-CRTU *in Contact*
Issue 18 – Summer 2008

Editorial

Welcome to the PC-CRTU *In-Contact* newsletter for Spring 2008.
Thank you for your support so far this year.

In this issue we report on three studies that have now been published:

Dr Paul Aveyard's study (which included 901 people who wanted to stop smoking) shows that nortriptyline and NRT are both effective medications in smoking cessation. However, the effect of the combination is less than the sum of the parts and there is no evidence that combination treatment is more effective than either alone.

Professor Brendan Delaney's study into the management of dyspepsia shows that test and treat and acid suppression are equally cost effective in the initial management of dyspepsia. Empirical acid suppression is an appropriate initial strategy.

Dr Rachel Jordan's study showed that the influenza vaccination had little relative effect on overall winter respiratory admissions.

Further information about all these studies are included within the newsletter.

Ros Salter, Manager PCRN-CE
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Studies currently open to recruitment include:

- Polypill
- CKD
- BALLETS
- DESCARTE
- E-Echoes
- PET Study
- SCOOP
- Self Monitoring in Hypertension and Diabetes

New studies and studies open to recruitment

'Polypill'

The National Institute of Health Research (NIHR) has funded a series of studies to gather data which will be used to inform the design of a pilot randomised controlled trial (RCT) that will test the effectiveness and cost-effectiveness of a polypill strategy against treatment to target for levels of cholesterol and blood pressure.

Computerised searches of GP clinical systems will be carried out. This information will be used to identify patients where it is not possible to calculate their cardiovascular (CV) risk with the information available. These patients will then be invited to a CV screening appointment. A number of patients and health care professionals taking part will be invited for an interview to discuss their views on the best way to manage CV risk. Most of the work on this project will be carried out by researchers, although there will be some input needed from practices.

We will shortly begin recruiting practices for this study from within Birmingham and Solihull.

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Professor Jonathan Mant
If your practice would like to take part or would like further information, please contact:
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Birmingham And Lambeth Liver Evaluation Testing Strategies – BALLETS Study

The BALLETS study, funded by the Health Technology Assessment program, is a prospective follow-up study of patients with an abnormal routine LFT, but no clinically apparent liver disease. The study is designed to: determine the value of LFT abnormality in predicting the risk of serious treatable disease; generate, using multivariate modelling, the probabilities of serious treatable disease according to type and severity of LFT abnormality, and clinical and demographic features of patients in GP settings; discern how much initial and follow-up tests ordered by a GP, contribute to the final diagnosis; and measure the psychological effects of test results on patients.

Over the past two years, the study has recruited over 1200 patients at eleven general practices in Birmingham and Lambeth; with the majority (1060 patients) recruited at eight South Birmingham practices – Hall Green Health, Lordswood House Medical Practice, Greenridge Surgery, Yardley Wood Medical Centre, Cofton Medical Centre, Wand Medical Centre, and Shenley Green Surgery.

The two-year follow up phase has just begun at the first practices to recruit patients to the study, but with two and a half months of the recruitment phase remaining, the research team are confident that the original overall target of 1500 will be achieved.

For further information about the study, please contact:

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E-Echoes Study

Heart Failure amongst the minority ethnic communities in Birmingham: The E-ECHOES (Ethnic – Echocardiographic Heart of England Screening) Study

We are pleased to report that 18 months into the study, we have recruited 2,619 subjects. This is an excellent response from the South Asian and African-Caribbean communities.

Many thanks to all the practices for their help in achieving this and their continuing support. We continue to screen in more practices within Heart of Birmingham teaching PCT and look forward to another successful year.

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Self monitoring in hypertension and diabetes: who self monitors and why?

This study is an RCGP (Heart Research UK) funded study that aims to explore the prevalence of self monitoring in patients with hypertension and diabetes through the use of a cross sectional survey and focus groups. This study will explore self monitoring practices of blood pressure and/or glucose and identify who can benefit from self monitoring. We have already recruited two practices and collected data from 1275 patients. Having recently gained funding from the MRC/ESRC to extend the study, we are still looking for more practices from within Birmingham and Solihull to take part. If you are interested please contact:

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Echocardiographic Heart of England Screening Extension Study (ECHOES-X) and prospective BNP screening sub-study

Study to determine the incidence and progression of heart failure in the community and improve diagnostic accuracy of heart failure in primary care

Heart failure is one of many common chronic conditions managed in primary care, with over 2% of the UK's adult population affected. Despite advances in treatment, the prognosis for heart failure remains poor. Heart failure is a progressive disease, starting slowly and getting worse over time. However, it is often unrecognised and difficult to diagnose. Many clinical questions remain unanswered; for example, there is a lack of knowledge about the rate of progression of the condition, how well risk factors predict new cases, and whether a screening tool can improve the diagnostic accuracy of heart failure in primary care. Such questions will be addressed by the ECHOES-X study, which is a follow-up cohort study that is being implemented by the Cardiovascular Team.

We will be conducting a follow-up study of participants from the original ECHOES study, in which 16 general practices within the West Midlands participated approximately eight years ago. Each participant will be asked to complete quality of life and health status questionnaires and take part in full clinical assessments, with eligible patients receiving B-type natriuretic peptide testing.

The study is funded by the Department of Health NIHR School of Primary Care programme.

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The Smoking Research Group, the Personalised Extra Treatment (Pet Study), and you

P.E.T.study
Personalised Extra Treatment

The PET study, randomises smokers who want to quit to either genetic testing for a variant of OPRM1 gene or a standard paper and pencil addiction test.

These variations probably affect how avidly endorphins bind to the receptor and there is some data showing that people carrying the variant are more likely to quit if they take higher doses of nicotine replacement in a quit attempt. We have quite a lot of data that more dependent smokers find quitting harder and higher doses are more effective. These two ways of adjusting the dose are being compared as a way of examining how people react to receiving information about genes rather than as a new practical way to adjust dose of NRT.

The Smoking Research Group relies on general practices to help us with our work. We ask practices to write to patients registered as smokers and offer them help to stop through one of our trials. During the period we write to patients, one of our research nurses will run a clinic in your practice, seeing patients weekly for smoking cessation support. The length of time we are in your practice depends upon how many smokers you have. Perhaps 1 in 10 will respond to the invitation from you, and 1 in 20 will actually try to stop smoking with our support and medication we supply. We work closely with the local Stop Smoking services to ensure our service fits with theirs. All patients we see and treat are registered as patients of the NHS Stop Smoking Service.

Some practices have helped us with our work already. We are currently working with eight practices in the PET trial. However, we find we can exhaust your list of patients that smoke. Once the last letter to a smoker is written, and the last patient seen in clinic, we move on. We have tried writing a second time, usually a few months later, but found this very unproductive. So, we have exhausted the supply of willing quitters in five practices in the PET study, and as we exhaust our current list of eight, we have three more waiting on standby. However, the system we use gives us a regular supply of patients. In the PET study, we are looking to recruit 430 patients from South Birmingham PCT and we have 274 so far, thanks to the hard work of our nurses Jackie Ingram and Jennie Inglis. We are on track t o finish the study in the autumn.

And now you. We hope to be running a new trial from the autumn, of course subject to the vagaries of the funding bodies. If that comes through, would you be prepared to host us? We will of course cover your costs and also help you with the work you need to do to write to patients. Once patients respond, they respond to us and we take over the organisation.

If you are a practice based within or around the Birmingham area and would be interested in participating in one of our trials, please contact Jackie Ingram on 0121 414 3105 or j.t.ingram@bham.ac.uk. As you know, making provision for smoking cessation and keeping an up to date smoking register is part of your QOF return and this kind of work can help you in that.

Principal Investigator:
Dr Paul Aveyard

TASMINH2

TASMINH 2 – An RCT of Patient Self Management of Hypertension

TASMINH2 is a DH-funded RCT comparing self management of hypertension (self monitoring plus self titration of medication following pre-determined GP instructions) with normal care. We have now exceeded our recruitment target and have 500 patients enrolled in the study from 24 practices. The recruitment phase of the study will be completed by the end of May.

Many thanks to all of you who have been helping us with the study. The six and 12 month follow up sessions for these patients are now also well underway.

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BETS II
Birmingham Elderly Thyroid Study Follow-up

BETS II: Birmingham Elderly Thyroid Study Follow-up. Are current reference ranges appropriate for identification of thyroid dysfunction in the elderly?

BETS II, which aims to follow-up patients first screened in 2002/3, is progressing well. To date, 3352 patients have been invited to take part and 2201 (66%) have responded indicating they are willing to participate. Since the study clinics started in February of this year, 1209 patients have attended for screening of thyroid function. Screening clinics will be conducted for a further 5 months.

Final results will be available early next year and will report the incidence of overt and sub-clinical thyroid dysfunction in an elderly cohort and provide data on symptom profiles to help us to further understand the impact of sub-clinical thyroid dysfunction.

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Comparing Interventions to Lower Systolic Blood Pressure in Chronic Kidney Disease (CKD): A Cluster Randomised Trial.

The aim of this study is to identify the best way to manage CKD in primary care. Effective management of chronic kidney disease, with emphasis on strict blood pressure control, will reduce overall cardiovascular risk and slow the progression of chronic kidney disease.

This two year three armed CRT will compare the interventions most likely to be deployed to improve the quality of care in CKD. Two well established quality improvement interventions will be compared with usual practice. The two intervention arms are: provision of clinical practice guidelines compared with prompts and audit-based education. The primary outcome measure will be the control of systolic blood pressure.

The study subjects (who may be regarded as secondary participants) will be individuals with chronic kidney disease within the study practices. CKD will be defined by two or more measures of estimated glomerular filtration rate (GFR) of less than 60ml/min/1.73m2 at least three months apart.

What will happen if I take part?
We are looking for 30 practices to take part. Participating practices will be cluster randomised, at the practice level over two years, to one of three interventions detailed below:

1. **Usual practice:** - although there will be scope for local innovations/quality improvement.

2. **Distribution of clinical practice guidelines with prompts:** This is an established, low cost method. It will provide a benchmark with which the effectiveness of other Quality Improvement (QI) interventions can be compared. National clinical practice guidelines for CKD have been developed and these will be summarised and agreed by all lead nephrologists and lead primary care clinicians. This guidance will be distributed to practices with quarterly updates/reminders. In addition practices will have access to a supportive website with information about CKD, frequently asked questions (FAQs) and tools to improve CKD management.

3. **Audit-based education:** Practices will receive six monthly detailed comparative feedback about their quality CKD management. The Primary Care Data Quality project has an established method for delivering this.

Data collection: Data will be collected from participating practices at baseline (t=0), t=1 year and t=2 years as part of routine clinical practice. Patients will not require additional tests for the purposes of the study. The software being used for data extract is MIQUEST (Morbidity Information Query and Export Syntax) and a range of data will be extracted from practice computer databases including demographic, clinical. laboratory and referral data.

All data will be anonymised, extracted locally at the practice, transferred to portable media, and analysed centrally at St George's, University of London.

If your practice is interested in taking part in this study or would like further information, please contact:

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HPV
Core Messages

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Development and evaluation of a set of core human papillomavirus (HPV) messages to promote informed choice for both tests and vaccines for use in primary care and broader UK settings.

Cancer Research-UK have funded this multi-centre study. The study is a collaboration between the universities of Cardiff, Oxford and Birmingham and involves both qualitative and quantitative work. Qualitative work will involve interviewing vaccination age girls (12-13 years), their parents, school nurses and primary care practitioners. The quantitative element of the study involves seeking information from primary care and education providers (general practitioners, teachers and nurses) on their current level of involvement and education in screening /vaccination programmes, and their knowledge about HPV and UK policies.

The purpose is to:

1. Develop evidence based core HPV messages, relevant to testing and vaccination, that promote informed choice, minimise anxiety and improve disease control in primary care and broader settings
2. Ensure these messages have a timely, culturally sensitive impact on UK policies and clinical practice.

Ethical approval is being sought as at April 2008.

Sue Wilson, Professor of Clinical Epidemiology is Chief Investigator at Birmingham. The study is being led by Clare Wilkinson, Professor of Primary Care at Cardiff University.

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Funded by
Cancer Research – UK

CRC and IDA

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Funded by Cancer Research – UK

Iron deficiency anaemia and delayed diagnosis of colorectal cancer.

Funding was awarded by Cancer Research UK to carry out a feasibility study to determine the role of iron deficiency anaemia (IDA) in predicting those persons needing urgent investigation for colorectal cancer. The object of the feasibility work is to demonstrate that ethical committee and PIAG approval can be obtained for a study of routinely collected data without individual informed consent, and that record linkages can be made successfully, in order to undertake the 'full' study.

Phase 1.1: identify, from a haematology laboratory, a cohort of patients with IDA diagnosed in primary care to enable the prevalence and incidence of IDA to be estimated, care pathways to be described and the underlying diagnoses to be collated.

Phase 1.2: link primary care data with cancer registry and cancer waiting times data to enable the patients with IDA and a subsequent diagnosis of colorectal cancer to be identified, care pathways to be described and the incidence of colorectal cancer subsequent to IDA to be estimated.

Phase 1.3: develop user-group, develop and pilot user opt-out materials. Use a general practice database (THIN) to confirm power calculations, re-consider the cut-off for haemoglobin and clarify methods of handling haemoglobin in analyses. Pilot practice recruitment, recruit user group, develop and pilot opt-out materials and record linkage.

Current status: Ethical approval was given in October 2007 – subject to approval by the Patient Information and Advisory Group (PIAG). PIAG approval was secured in April 2008. We will now undertake the feasibility study in one general practice (Greenridge), one laboratory (University Hospitals Birmingham) and one cancer registry (West Midlands Cancer Intelligence Unit). Subject to satisfactory completion of the feasibility work we will seek funding to extend this to 60 general practices.

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MMP9 Wolverhampton

MMP9

This study aims to recruit patients who have had a positive FOBt and have been referred for colonoscopy to Wolverhampton Bowel Cancer Screening Unit. To date 100 patients have been recruited from a sample size of 200. It is anticipated that recruitment will be complete by July 2008.

We aim to establish whether MMP9 estimation will enable the accurate identification of the people who do not have any bowel pathology (cancer or high risk polyp) and could therefore avoid the need for colonoscopy.

This study has been funded by the NIHR School of Primary Care.

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DESCARTE – Evaluating management decisions in acute red throat

The purpose of this study is to find out which people with a sore throat get better without problems, and also the few people who get worse or suffer complications. Finding the answer to this question will be the first step to better target antibiotics in the future to those who will benefit, help avoid side effects when antibiotics are not needed, and reduce antibiotic 'resistance' in the community.

In the last 4 months, 73 new practices have agreed to take part in the study, more than doubling the number recruiting at the end of 2007. This fantastic interest and support of the study has led to a huge increase in recruitment for the West Midlands region.

We are recruiting 16 year olds and over with sore throat as their main symptom. This is a very simple study, with all data captured on a one page proforma via the website. Most GP's have been very impressed with this system, as once the proforma has been completed, a summary of the consultation is provided which can be copied into the patient's medical records. We also have paper versions if preferred.

Unusually this study can be done by any individual GP or all GP's in the practice. The study will continue at least through to the end of next winter. If you or your practice is interested, please contact:

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PRISM – Primary Care Streptococcal Management Study

This study provides the opportunity to develop and confirm a clinical rule to predict bacterial infection by comparing baseline clinical features to the results of a throat swab and compliments the DESCARTE study which will tell us about 'at risk' groups of patients.

The study is coming to the end of Phase I, and due to the commitment of the 11 practices who recruited for the study, the region has exceeded its recruitment target. Phase II which is due to be rolled out shortly, will be a Randomised Controlled Trial comparing the outcomes of different management strategies for acute red throat.

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BiPAS Study

The Birmingham prostate cancer association study BiPAS is a case-control study that aims to investigate the effect of environmental factors (such as age, diet, physical activity, ultraviolet radiation exposure, occupation and smoking), medical history, male hormones and genes on the risk of prostate cancer. An additional objective is to assess the use of the Prostate Specific Antigen (PSA) test in prostate cancer screening. All cases and hospital controls are recruited from urological clinics.

The role of the Department of Primary Care and General Practice is to recruit an additional set of controls from GP practices within South Birmingham. Four practices have volunteered to have a database search to identify suitable subjects. Half of the 160 patients needed for this study have so far attended a clinic, which has involved a blood test and completion of a questionnaire.

For further information, please contact:

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A pragmatic randomised controlled trial of the effectiveness and cost effectiveness of screening for osteoporosis in older women for prevention of fractures.

Screening of Older women for Prevention of Fractures (SCOOP)

The SCOOP study aims to assess whether a community based screening programme for osteoporosis reduces the incidence of fractures in older women in a manner that is cost-effective, and acceptable to women and GPs. It uses a simple questionnaire based on the recently introduced WHO algorithm to identify older women at increased risk of fracture and then randomise to either 'normal care' or further risk calculations using a DEXA. Those women invited for a DEXA scan may, depending on the outcome of the DEXA, be recommended to discuss fracture prevention treatment with their GPs.

The University of Birmingham is one of 7 study centres in the UK involved in this study which is an unblinded, pragmatic, randomised controlled trial lasting 87 months with a minimum of 5 years follow-up. Practice and patient recruitment is being completed in 3 phases over an eighteen month period and we hope to recruit 1,650 patients.

Inclusion criteria:

- Female
- Aged 70-85 inclusive
- Not currently prescribed medication for the prevention or treatment of osteoporosis

So far 4 practices are involved in phase 1 of the study. We are currently liaising with several practices for phase 2 and would welcome interest from practices from within Birmingham or Solihull PCT for phase 3 (due to commence autumn 2008).

Professor Jim Parle is Principal Investigator for BIrmingham

For further information about SCOOP please contact:

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Recruitment completed – under analysis

PSA and Prostate Cancer Linkage Study:

A total of 33 practices in Birmingham and Solihull were recruited to the study, and the linkage of records with the West Midlands Cancer Intelligence Unit was completed at the end of April. Many practices were surprised at how little they had to do, as our research nurse was usually able to gather the study data in less than an hour. We also had several requests for feedback, so we will provide an individual summary of results to each participating practice in due course. The two local prostate cancer support groups that we consulted last year (Sutton Coldfield and Solihull) also asked if we would return and tell them about our findings: we expect to do this later this year.

Lastly, we'd also like to thank the practices that expressed an interest, but weren't able to take part.

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Reported Studies

Clinical Reasoning in General Practice: The Development of Diagnostic Expertise

This study was completed last year and the main publication is in press in the journal of Medical Decision Making. For copies of the publication, please contact:
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A peer-reviewed, detailed report will also appear soon on the website of the Patient Safety Research Programme:
http://pcpoh.bham.ac.uk/publichealth/psrp/publications.htm

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The WARM Study

WARM BJGP June 2008

The WARM Study was a case-control study which took place in 79 general practices in the Central England area during winter of 2003-4. It was designed in response to the annual surge in winter respiratory admissions. Previous studies had suggested that social circumstances might be an important determinant so we interviewed 157 hospitalised cases and 639 controls consulting (but not hospitalised) for acute respiratory disease. The aim was to quantify the relative importance of social, medical, behavioural and organisational factors affecting risk of admission. Part of this work was published during 2007 in Vaccine (we showed that influenza vaccination had little relative effect on overall winter respiratory admissions), and the main paper will soon be published in the British Journal of General Practice.

We found that socioeconomic factors had little relative effect compared with medical and functional factors, although social isolation resulted in increased risk of admission. The most important was presence of long-term medical conditions (especially COPD (OR= 4.0 (95%CI 1.4, 11.4)), being housebound (OR 2.2 (95%CI 1.0, 4.8)), and having had two or more courses of oral steroids in the previous year (OR=2.4 (95%CI 1.3, 2.6)). This combination of factors could be used by primary medical services to identify older patients most vulnerable to winter admissions. Clinicians should ensure that COPD patients are better supported to manage their condition, and are receiving the appropriate effective interventions, such as pulmonary rehabilitation.

Again, many thanks to all the practice staff, research nurses and patients who were involved - it was a lot of hard work!

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A pragmatic randomised controlled trial of nortriptyline plus nicotine replacement versus placebo plus nicotine replacement for smoking cessation

Aveyard P et al, BMJ 336 (7655) 1223

Objective
Nortriptyline and nicotine replacement therapy (NRT) are both effective for smoking cessation. Two trials have tested the efficacy of combining them, producing contradictory results. We tested the efficacy of combination treatment in a large trial.

Design
Pragmatic randomised controlled trial.

Setting
NHS Stop Smoking Service clinics.

Participants
901 people trying to stop smoking.

Interventions
Participants chose their NRT product, including combinations of NRT and received behavioural support. Nortriptyline was started one to two weeks prior to quit day, increasing from 25mg to 75mg daily for eight weeks, reducing the dose if not tolerated.

Main outcome measures
Prolonged confirmed abstinence at six months was the primary outcome and prolonged abstinence at twelve months, medication use, side-effect severity, nicotine withdrawal symptoms and urges to smoke were secondary outcomes.

Results
72 of 445 (16.2%) on nortriptyline and 55 of 456 (12.1%) on placebo achieved six months prolonged abstinence, a relative risk (95% confidence interval) of 1.34 (0.97 to 1.86). At twelve months, the corresponding figures were 49 (11.0%) nortriptyline and 40 (8.8%) placebo, 1.26 (0.84 to 1.87). 79% of the nortriptyline group and 75% of the placebo group were taking combination treatment on quit day on a median of 75mg per day in both groups. More people took lower doses in the nortriptyline group. The nortriptyline group had markedly higher severity ratings for dry mouth and constipation, with slightly higher ratings for sweating and feeling shaky. Urges to smoke were similar on nortriptyline and placebo, but nortriptyline reduced depression and anxiety. Overall withdrawal symptom scores were not different.

Conclusions
Nortriptyline and NRT are both effective medications in smoking cessation but the effect of the combination is less than the sum of the parts and there is no evidence that combination treatment is more effective than either alone.

BMJ 2008; (29 February), doi:10.1136/bmj.39479.640486.AE

Helicobacter pylori test and treat versus proton pump inhibitor in initial management of dyspepsia in primary care: multicentre randomised controlled trial (MRC-CUBE trial)

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Abstract

Objective: To determine the cost effectiveness of Helicobacter pylori "test and treat" compared with empirical acid suppression in the initial management of patients with dyspepsia in primary care.

Design: Randomised controlled trial.

Setting: 80 general practices in the United Kingdom.

Participants: 699 patients aged 18-65 who presented to their general practitioner with epigastric pain, heartburn, or both without 'alarm symptoms' for malignancy.

Intervention: *H pylori* C^{13} urea breath test plus one week of eradication treatment if positive or proton pump inhibitor alone; subsequent management at general practitioner's discretion.

Main outcome measures: Cost effectiveness in cost per quality adjusted life year (QALY) (EQ-5D) and effect on dyspeptic symptoms at one year measured with short form Leeds dyspepsia questionnaire.

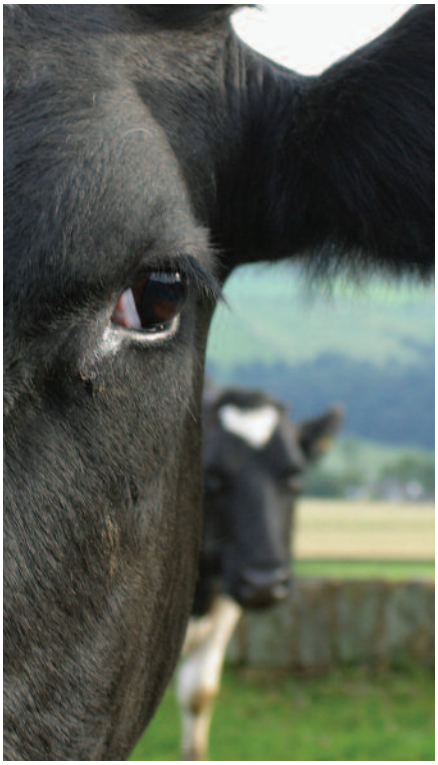
Results: 343 patients were randomised to testing for *H pylori*, and 100 were positive. The successful eradication rate was 78%. 356 patients received proton pump inhibitor for 28 days. At 12 months no significant differences existed between the two groups in QALYs, costs, or dyspeptic symptoms. Minor reductions in costly resource use over the year in the test and treat group 'paid back' the initial cost of intervention.

Conclusions: Test and treat and acid suppression are equally cost effective in the initial management of dyspepsia. Empirical acid suppression is an appropriate initial strategy. As costs are similar overall, general practitioners should discuss with patients at which point to consider *H pylori* testing.

Trial registration: Current Controlled Trials ISRCTN 7644265.

Commercial Studies

Probiotics in the Management of IBS – A Randomised Controlled Trial



The Department of Primary Care and General Practice has recently completed a commercially funded study to determine the effect of the consumption of a fermented dairy product (commonly known as yoghurt!) on digestive symptoms and quality of life in patients with Irritable Bowel Syndrome (IBS). The significant prevalence of IBS (around 10%) and the fact that many patients fail to manage symptoms with conventional medication or prefer dietary changes to relieve symptoms has generated much interest in the use of food which may have health benefits.

Probiotics have been in use since the 19th century and have frequently been suggested as moderators of gastrointestinal disease. Despite their long history and a rather large literature on the subject, the evidence base is decidedly sparse and this study used a randomised placebo controlled trial design to determine whether daily use of such products was of any benefit to patients.

Individuals with a constipation or mixed form of IBS were recruited from 13 general practices and randomised to receive either a 'placebo' or live product twice daily for a period of 12 weeks.

Participants completed daily diaries to provide data on symptoms, stool function and quality of life impact for 2 weeks prior to consumption and throughout the period of the trial. Final meetings with sponsors are currently in progress after which results will be disseminated.

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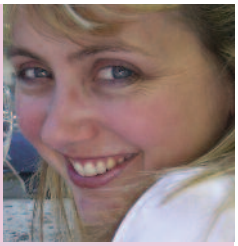
Challenge and develop your knowledge

Self Defence Day held at Birmingham University, Department of Primary Care and General Practice – A GP/Clinical Researcher's Perspective



At a departmental 'away day', held in September 2007, a number of staff from Primary Care attended a 'just for fun' self defence session, run by Dr Jon Ives. Having recently been involved in an intimidating clinical scenario, I was drawn to this session, hoping to get some idea of how to cope if the unthinkable happened. The experience was really illuminating, with the emphasis on defusing potentially dangerous situations and then practising some simple physical interventions that could be used in an emergency. However, several members of staff who attended that day felt that it had highlighted potential safety issues for research staff and so, after a risk assessment, we called in the professionals for a formal training day.

The day started with a theoretical session, in which we covered:

- the law and how it will support anyone who is genuinely acting in self-defence;
- increased personal awareness of potential risks;
- the basic psychology and physiology of fear.

As a clinician, learning about some of the physiological changes that occur at times of great stress was fascinating - the loss of fine motor control at moderately elevated heart rates, followed by the loss of complex functions at higher levels - leaving just some pretty basic movements available to the terrified victim. The main aim of the session was then to learn how to cope with that stress, take advantage of the body's response to fear, and learn to work with, and within, its limitations to maximum effect.

We all left feeling much more aware of our environment and the potential hazards therein. As far as personal safety goes none of us can be sure of how we will act given a particular set of circumstances, but I do feel more confident that if the time ever comes I will not hold back in defending myself to the utmost of my abilities. As a clinician I have regular encounters with patients, usually in NHS properties where there are colleagues nearby. However, patients take many forms and some can be extremely challenging despite all the usual safety precautions. I would recommend such a course to everyone, young and old, male or female, fit or otherwise. Although the risk of actually being attacked is relatively small, there are things you can do to make that risk even smaller.

If you are interested in this article and would like further information, please do not hesitate to contact Dr Helen Stokes-Lampard at h.j.stokeslampard@bham.ac.uk or Dr Jon Ives at j.c.ives@bham.ac.uk.

Helen Stokes-Lampard

Clinical Primary and Community Care* MSc/PG dip/PG Cert

The course is aimed at providing all primary health care professionals with skills and academic requirements for specialist clinical practice. It will also provide you with research and health service evaluation skills.

*Subject to approval

This course is suitable for experienced doctors, doctors in training, community and practice based nurses, pharmacists and any other health care professionals aimingto acquire specialised skills and qualifications in primary and community care; for example covering all dimensions required in line with NHS knowledge and skills framework or accreditation for GP/PwSI.

Course content
This modular course offers a variety of clinically based options currently including oral anticoagulation management, thrombo embolic disease prevention and treatment, cardiovascular risk management, heart failure and hypertension management. It also offers related optional modules in areas such as public health, communicable disease, health economics and ethics. Teaching is offered in blocks sessions of between 3 and 5 days.

Duration of study
MSc – 1 year full-time, 2 years part-time. Also available – postgraduate diploma, postgraduate certificate or individual modules.

Entry requirements
For the MSc, a relevant first degree or an equivalent professional qualification is required.

Learn More
Contact Ellen Murray on 0121 414 3761 or email e.t.murray@bham.ac.uk

New one day courses for continuing professional development

Atrial Fibrillation - detection and treatment
This course provides theoretical and practical knowledge of the condition of Atrial Fibrillation and an update of the management.

Thromboprophylaxis Update Day
The course aims to educate health care professionals about the risks of venous thromboembolic disease for hospital in patients highlighted in the Department of Health document and NICE guidelines and also to highlight the implications for primary care.

Prevention of Cardiovascular Disease in Primary Care
The course will provide knowledge of cardiovascular disease prevention and the most effective method of applying this knowledge to practice. Aimed at all health care professionals working in the community

Heart Failure management in primary care
The course is aimed at health professionals working in the community to develop skills in heart failure management. Areas of focus include an update of current problems and management issues and an understanding of new insights into the area of heart failure management.

Chronic Kidney Disease in Primary Care
The course aims to provide knowledge of guidelines for management of chronic renal failure since the implementation of eGFR and to highlight the implications for primary care.

An update on DVT diagnosis and management
The course gives an overview of the epidemiology of thrombosis symptoms, signs and treatment and an understanding of how to set up community based management.

For further information and registration contact
Joanne Maxwell
Tel: 0121 414 3354
Email: j.e.maxwell@bham.ac.uk
www.pcpoh.bham.ac.uk/primarycare

National Centre for Anticoagulation Training

Do you want to take part in research co-ordinated by Birmingham, Keele or Warwick Universities? If you did not reply to our letter earlier this year, here is another chance.

Reply slip

Birmingham, Keele and Warwick Primary Care Research networks are now working in conjunction with the Primary Care Research Network for Central England (PCRN-CE). If you or your practice is interested in taking part in supported, remunerated, relevant research in Primary Care, please complete and return the form below. PCRN-CE is working with the following Topic Specific Networks. Please tick if you have a **particular research interest** in any of the following:

- ☐ Cancer
- ☐ Stroke
- ☐ Medicines for Children
- ☐ Mental Health
- ☐ Primary Care
- ☐ All of the above
- ☐ Other

Please let us know if you have a particular research interest not listed above.

Name:

Practice address:

Postcode:

Please note: You will always be able to choose the level of involvement your practice would like to undertake. Only studies which have been independently peer reviewed and funded through national competition and commercial research asking relevant questions will be adopted by the PCRN-UK.

Please fax back to: 0121 414 2282

or post to: Mrs Sheila Bailey (PCRN-CE Administrator)
Department of Primary Care and General Practice
Primary Care Clinical Sciences Building
The University of Birmingham
Edgbaston
Birmingham B15 2TT

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