PC-CRTU *in Contact*

Issue 21 – Spring 2010

Editorial

Welcome to the PC-CRTU in Contact Newsletter for spring 2010.

Thank you for your support over the past six months. Our work continues to go from strength to strength. In the last twelve months, practices in the West Midlands have recruited in excess of 15,000 patients to trials and other well designed studies supported by MidReC and the Primary Care Research Network (PCRN-CE).

I am delighted to announce that the PC-CRTU's application for full NIHR registration (accreditation) as a trials unit was successful. We had been provisionally registered two years ago, so this is a most significant and welcome confirmation of the considerable investments we have made in the PC-CRTU structures and its capacity to support and deliver safe and effective trials. We can look forward to further enhanced PC-CRTU services in 2010.

From April, Dr Helen Stokes-Lampard will be taking over as clinical lead for MidReC from Professor Richard McManus. Richard will remain involved with MidReC and PC-CRTU via the Executive Committee. Helen has recently completed her NIHR funded PhD and will split her time between her Lichfield practice, MidReC and her own research which is funded by an NIHR Clinical Lectureship. Congratulations to Helen on her new appointment and we look forward to working with her over the coming years.

During the last six months there has been significant investment in research nurse time in a subset of the highest recruiting practices. In addition, we have recently appointed two GP Research Champions as part of an initiative to raise the profile of the benefits of conducting portfolio research in the region. Drs Subodh Jain and Dalvinder Ratra have been appointed and will endeavour to champion the benefits of undertaking clinical research on behalf of MidReC. They will focus on increasing the number of studies open within the Dudley area and increasing the number of patients recruited into NIHR portfolio studies. We hope, if this is successful, to be able to expand the scheme to encompass additional practices in the next twelve months. For their contact details, please refer to page 9.

We have recently consolidated our teams which include Study Management, Quality Assurance, IT/Programming, Statistics and Administrative Support into a single unit within the Primary Care Clinical Sciences Building. With this improved infrastructure we will maximise our resources, to continue providing an excellent service in order to maintain an increasing number of high quality research projects. However, our contact details remain unchanged.

As ever, we are very keen to hear from you if you are interested in participating in new studies. Thank you for your continued support.

Sarah Bathers
PC-CRTU and MidReC Deputy Director

Current studies

- DESCARTE
- PRISM
- Rapid Reduction
- DeMIST
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- PAM-PeRS Study
- OTCH
- Stroke and TIA CLAHRC

New studies

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Current studies

DESCARTE

Evaluating management decisions in acute red throat

The DESCARTE study has come to the end of recruitment. In total, 13,500 patients were successfully recruited into the study from six regions. The West Midlands region proudly recruited over 3,000 of the total patient recruitment!

The notes review on recruited patients is now completed locally. However, as the study is including data from the PRISM sore throat study, there will be no results available for the DESCARTE study until after recruitment closes for PRISM in the summer of 2010.

The aim of this study: to find out which people with sore throat get better without problems, and the few who get worse or suffer complications, will be the first step to better targeting antibiotics in the future. Whatever the results show, the success of the study in terms of recruitment alone will give us valuable information on how to recruit to future studies of this proportion.

May we extend a huge thank you to all the practices that helped us to recruit over 3,000 patients. We are extremely grateful for all your support.

Contacts:

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- **Beth Hinks (Study Administrator)**
  Tel: 0121 414 8545

PRISM

Primary Care Streptococcal Management Study

Recruitment into Phase II of the PRISM study has reached its original target ahead of schedule, but will continue to recruit until the spring of 2010.

This Randomised Controlled Trial is looking at whether using a rapid near-patient throat swab to detect bacterial infections, and obtaining a result within five minutes in the GP surgery is a good way of targeting antibiotics. This management strategy is being compared with the two other arms of the trial – using a clinical score to determine antibiotic prescription, or delaying a prescription for five days.

Thank you so much to all the practices who continue to recruit so well and for your contribution to the success of this study.

- **Razia Meer-Baloch**
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  Email: r.meerbaloch@bham.ac.uk
- **Beth Hinks (Study Administrator)**
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PAM-PeRS

(Effectiveness of exercise as a treatment for postnatal depression)

PAM-PeRS is a NIHR funded study which aims to assess the effectiveness of exercise as a treatment for postnatal depression. To date 56 practices from SBPCT and BENPCT have agreed to help us recruit new mothers for this study – a big thank you to all the practices that have agreed so far. We really appreciate your support.

This study will run for three years, so if your practice is willing to help us recruit please get in touch. The practice workload for this study is minimal. Child Health will generate lists of newly-delivered women (6-8 weeks postnatally) in your practice and ask you to screen and exclude women whom it would not be appropriate to invite to participate in the study (ie, mothers whose babies have died, dependent on drugs or alcohol and aged under 18 years). Once the practice has made exclusions, Child Health will routinely notify new mothers from your practice about this study by letter.

We will pay practices a set up fee and reimburse you for the time involved with helping us to screen new mothers. If eligible, your patients will benefit from one to one exercise consultations in their home and regular support to exercise over six months with a female physical activity advisor.

If your practice would like to take part or would like more information, please contact:

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Principal Investigator
Dr Amanda Daley

A cluster randomised controlled trial of an occupational therapy intervention for residents with stroke living in UK carehomes (OTCH)

The purpose of the OTCH trial is to look at the effects of a targeted course of occupational therapy for people with stroke living in a care home. The trial hopes to ascertain the effect of occupational therapy rehabilitation on the resident's mobility and independence in self-care activities of daily living. The trial has been funded by the National Institute for Health Research and will run for four years. The trial is supported by the Stroke Research Network, and the Primary Care Research Network.

The primary outcome will be independence in self-care activities of daily living, eg, grooming and toileting. Secondary outcomes will be mobility, mood and the cost-effectiveness of the quality of life.

In this trial, we are proposing to provide access to occupational therapy. We will endeavour to include residents, their families and user organisations throughout the trial. Following an individual assessment, the therapist will be able to work with the resident to provide training and practice activities. The therapist may also supply some equipment to help the person, such as adapted cutlery, or they may provide small adaptations to the home that could help the resident improve his/her independence and mobility. For example, the therapist may raise the height of the chair to make it easier to stand up or provide a grab rail in the bathroom. Clearly the care home staff will also need to be able to understand how to use the equipment given to residents and how to encourage practice. Therefore, staff training and education will be part of the intervention.

Half of the homes will receive the intervention and half will not, then the whole group will be compared on assessments (at baseline, 3, 6 and 12 months) that specifically measure day-to-day activity and mobility. The financial implications will also be examined.

Recruitment commenced at the start of the year and a number of care homes in Birmingham have agreed to participate. Residents are currently being invited to participate and trial staff are obtaining consent and conducting baseline assessments prior to randomisation.

For more information about OTCH, please contact:

Katie Stant (OTCH Trial Manager)
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Optimisation of the Management of Stroke and Transient Ischaemic Attack (TIA)

Part of the NIHR Collaboration for Leadership in Applied Health Research and Care (CLAHRC) for Birmingham and Black Country.

Optimal treatment of people suffering Stroke or TIA results in improved recovery and health outcomes. This study aims to identify barriers to timely and effective treatment by gathering information about symptoms and management of TIA and Stroke. Data will be collected from two Birmingham Hospitals (UHB and Heartlands), West Midlands Ambulance Service and local GP practices. Analysis of this data will allow service changes to be modelled and likely effects of these changes predicted.

We are now beginning data collection for this study and would like to invite practices from South Birmingham and BEN PCTs that refer patients with Stroke or TIA to Heartlands and/or UHB Hospitals, to participate. Workload for practices will be minimal and involves facilitating a search of records to identify patients who have had a Stroke or TIA. The study team will support practice staff to mail research invitations to those patients meeting our selection criteria.

The study invite will request permission from the patient to access and link their health records from primary and secondary care. This information, together with ambulance service records will create data on the patient pathway which will be used to identify barriers to treatment.

Results will be fed back to local care commissioners, GPs, specialists and patients in order to plan service improvements. Once interventions have been initiated we will perform repeat cycles of the investigative process to assess the impact on service improvement and patient care.

We would be very interested to hear from you if you would like to take part in this study. If you would like further details about the research please contact:

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Principal Investigator:
Professor Richard McManus

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Cut Down to Quit?

Reduction versus abrupt cessation in smokers who want to quit.

A lot of smokers find quitting smoking cold-turkey a scary prospect, and would like to have the option to reduce their smoking before going on to quit. Therefore, we carried out a new Cochrane Review, which was published last month, to challenge the conventional wisdom that the best way to quit smoking is abruptly. The studies included in the review all compared an intervention where participants were asked to quit abruptly with an intervention where participants reduced the amount they smoked before going on to quit. The main finding was that quit rates were comparable whichever method was used, suggesting that neither abrupt quitting nor reducing to quit are more successful quitting methods. We therefore conclude that smokers should be able to choose whether they quit gradually or abruptly, based on what they think will suit them best, and based on past research either method would be most beneficial when combined with behavioural support and/or nicotine replacement therapy. Unfortunately, at present the availability of behavioural support for smokers who choose to quit gradually is sparse. However, with accumulating evidence to demonstrate the success of reduction to quit we hope that this will change.

Two of the review authors (Aveyard & Lindson) are involved in running the Rapid Reduction Trial (RRT) featured in the Autumn Edition of this newsletter. Like the studies featured in the Cochrane Review the trial compares an abrupt and gradual quitting method, whilst providing participants with nicotine replacement therapy and behavioural support both pre- and post-quit, and will add substantially to the evidence in this area. The trial is already live in eleven practices across South Birmingham, Solihull, Worcestershire and Warwickshire PCTs and is still looking for practices that would be interested in helping their patients to quit smoking and getting involved in these areas. We are also expanding the trial into the new areas of Birmingham East and North, Dudley, Sandwell and Walsall PCTs and so would also be pleased to hear from practices in these areas. Interested practices need to be prepared to send out a letter to their patients registered as smokers encouraging them to join the trial. You will also need to provide the use of a room in the surgery where patients can be seen on a regular day or half day each week. Time and postage costs will be reimbursed, and a trained smoking-cessation nurse will be provided to run free clinics for your patients and provide the nicotine replacement therapy that they will use.

Help Us Help Your Patients to Quit

If you are interested in getting involved in the Rapid Reduction Trial then please contact

- **Mike Healy (Trial Manager)**
  Tel: 0121 414 6422

Full Review available at: Lindson N, Aveyard P, Hughes JR. Reduction versus abrupt cessation in smokers who want to quit. Cochrane Database of Systematic Reviews 2010, Issue 3.

The Dietary Management in Smokers Trial (DeMiST)

Tackling weight gain when giving up smoking – where are we now?

You may remember about DeMiST from previous editions. Here is a brief recap of how it began. From our Cochrane review on weight gain and smoking cessation in January 2009 we identified three different dietary approaches that each affected abstinence and weight gain differently.

We found that general healthy eating and activity advice at the time of quitting had no impact on weight and reduced 12 month abstinence rates significantly. This is rather alarming as it is closest to the current support given by NHS stop smoking advisors.

When weight management support was tailored to individuals, and personal targets were set, significantly less weight was gained at 12 months than those who had received usual support and there was no reduction in abstinence rates. This does not support the hypothesis that hunger increases cravings and relapse or the current thinking that dieting should be avoided during a quit attempt.

Thirdly we found that a very low calorie diet (VLCD) at the time of quitting not only prevented weight gain during smoking-cessation but also improved abstinence, the effects of which were still seen at 12 months. One would naturally think that a VLCD would cause great hunger, but it is possible that hunger and cravings are in fact suppressed by the ketones produced from the burning of body fat stores.

We decided to compare these three dietary strategies in a head-to-head trial to specifically test whether hunger triggers urges to smoke and whether cigarette cravings can be reduced through hunger suppressed on a very low calorie ketogenic diet.

We have begun recruiting and participants are being randomised into one of the following three groups:

1. An individual dietary plan with goal setting for healthy eating behaviour and exercise during the time of quitting.
2. A very low calorie liquid diet during the first four weeks of quitting, followed by the individual plan.
3. Usual care which is the control arm. Participants are advised to stop smoking first and deal with weight after they have quit. They are not to diet but to eat healthy snacks to avoid hunger.

If hunger does trigger urges to smoke, we would expect to see greater hunger for food and cigarette cravings in intervention 1 compared to intervention 3. If a ketogenic diet is to be effective we would expect to see less hunger and cigarette cravings in intervention 2 than either intervention 1 or 3.

So far the vast majority of those screened have been successfully recruited and randomised. However we now need to invite more people to take part. We are particularly looking for a large practice in BEN PCT to send out invitations to overweight smokers and host our provision of free stop smoking support and dietary intervention for eligible participants.

If you are interested please contact:

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Cognitive Function in Hypertension

People with untreated hypertension sometimes show poorer performance on tests of perception, memory, reasoning and attention. These problems may start to develop before diagnoses of high blood pressure. In this study, the brain activity of normotensive, borderline and hypertensive patients will be measured whilst performing standard tests of memory and attention.

One of the aims of the study is to find simple tests to help doctors decide which people are at greater risk for developing hypertension. The cohort of patients taking part will be between the ages of 20 - 50 years old.

We currently have two active practices from the Birmingham Area which are taking part; we are hoping to recruit about 100 patients and the study ends in November 2010. If you are interested in the study, please contact us for further information.

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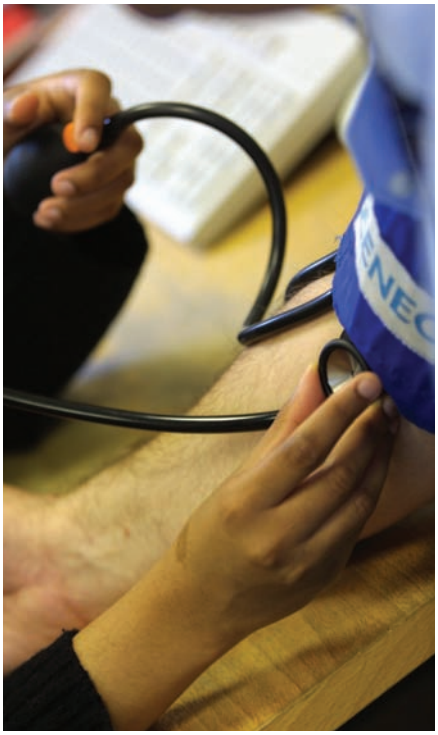

New studies

Blood pressure Monitoring in Different Ethnic Groups

The National Institute of Health Research, Research for Patient Benefit Programme (NIHR RfPB) has funded a two-year study to investigate variations amongst ethnic minorities in different measures of blood pressure. Three different methods of measurement will be used: home, office and 24-hour ambulatory in 800 participants, 200 each drawn from the White British, White Irish, South Asian and African-Caribbean populations. Recruitment will be facilitated through an initial survey phase and qualitative work which will elucidate patient views on the different measurement modalities.

It is anticipated about twenty practices will take part and the pilot phase for this study is due to commence in the next couple of weeks. We are aiming to recruit practices from the Birmingham and Black Country Area. Each practice will receive detailed reports on included patients. If you are interested in the study, please contact us for further information.

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The RESULT Study

The RESULT Study (Review of Epidemiology and Service Use in Rare Long Term Neurological Conditions) is a study that has been funded by the Department of Health, and is part of the Policy Research Programme for Long Term Neurological Conditions.

This study is looking at the services provided for people with the following rare long term neurological conditions: Huntington's disease, motor neurone disease, dominantly inherited ataxia, multiple system atrophy, progressive supranuclear palsy, post polio syndrome, and Charcot Marie Tooth disease. The National Service Framework for long term neurological conditions highlighted the need for quality standards in providing care and access to services. However, there is little accurate and reliable information about the views of service users on the services provided. Without this information it is difficult for the service providers to make improvements. Therefore, the aim of this study is to ask people with these conditions for their views and experiences of health and social care services, and identify good practice as well as any shortcomings or gaps in service provision. We will present this information to policy makers and service providers and feedback to service users and health professionals.

As part of the study we are looking to interview people from the black and minority ethnic (BME) community with these conditions to see what types of services they are receiving, and to see whether there are any barriers to care. The interview should take approximately 45 minutes to complete and can be arranged at a time and location that is convenient for the service user. A carer or friend can also be present if they want, and an interpreter can be arranged if required.

If you know of someone that is suitable for this study, or to find out more information, please contact:

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ATTENTION ALL SMOKERS!

ARTS - Attentional Bias Retraining in Smokers Attempting Smoking Cessation

Although there are effective treatments to help smokers quit for a few weeks, most return to smoking within a year. There are few successful treatments to prevent this. One reason why people start smoking again is because of triggers or cues related to smoking in the environment that remind them of smoking, such as a lighter or a packet of cigarettes. Previous research has shown that smokers have an 'attentional bias', where they tend to pay more attention to these cues related to smoking. This can cause cravings that lead people back to smoking again.

The National Institute for Health Research (NIHR) has funded a three-year study to explore whether a computer retraining programme can change the way people process smoking-related cues while they attempt to stop smoking.

Smokers who would like to quit using the NHS Stop Smoking Services will be randomised to one of two groups, where they will either complete six weekly sessions of the computer programme with or without retraining. All smokers will receive on-going behavioural support and nicotine replacement therapy. We hope to recruit 200 smokers over 15 months.

We are looking to recruit practices who are prepared to write to and invite their patients to join the study. Any costs in doing so will be covered by us. We hope to start recruiting in July 2010.

If your practice would like to take part or would like further information, please contact:

Rachna Begh (Principal Investigator)
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The Standard care versus Celecoxib Outcome Trial (SCOT Study)

Purpose of the study

The SCOT study is designed to compare the cardiovascular safety of Celecoxib (Celebrex) compared to traditional, non-selective NSAIDs. SCOT is an investigator-led study with funding provided by Pfizer, the manufacturer of Celebrex, and is aiming to recruit over 13,000 participants. SCOT will run from centres in Birmingham, Aberdeen, Dundee, Edinburgh, Glasgow, and Denmark (University of Odense).

Study procedures

The main patient recruitment criteria are men and women who are over 60, who already receive a non-selective NSAID for Chronic use (≥ 90 days or at least three filled prescriptions in the last year), and who do not have established cardiovascular or peripheral vascular disease or severe heart failure. The patients will attend a baseline clinic run by the Research Nurse, who will record baseline variables, (medical history, basic clinical including bloods and urine).

Patients who remain eligible will then be randomised to take either Celecoxib or continue with their usual NSAID. The patients will then attend for routine NHS prescriptions every month / two months, where we would ask you to report to us any SAEs. Follow up of outcomes will be performed by record-linkage to hospitalisations, Adverse Events and deaths by direct reporting by study site coordinators.

We will provide the Research Nurses who will run the baseline clinics at the surgery, and perform patient searches if required, therefore no staff resources are needed from you on a day to day basis. We expect each patient to attend the surgery 8-9 times per year for NHS prescriptions (and SAE reporting) only.

The surgery will be provided with generous remuneration for every patient completing the study, and there will be no upper limits on patient recruitment numbers.

Contact for information about the study

If you have any questions regarding the study, please feel free to contact:

Rachel Iles, Research Fellow
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Completed studies

Follow up after hysterectomy: Audit of 10 years of hospital vault cytology (vault smear) data

This audit project was completed some time ago but the road to publication has been rather delayed. However, I am pleased to report that the full paper will be published in Cytopathology this spring.

Study Objectives: To examine trends over time in the use of vaginal vault cytology tests following hysterectomy and the demographics of those women who were tested.

Methods: Retrospective analysis of routinely collected data concerning women who had a vault cytology test processed during a 10-year period (1 April 1995 - 31 March 2005), at Birmingham Women's NHS Foundation Trust.

Results: 8,457 vault cytology tests from 3,164 women (range 1-17 tests, median=2), were processed representing approximately 2% of the Department's cervical cytology workload. There was a significant reduction in annual numbers processed (Pearson correlation -0.958, $p<0.001$). Significant abnormalities were detected in 5%, with malignancy being detected in less than 0.1%. The 'unsatisfactory' cytology test rate was 10.7% overall.

There was a significant reduction in the numbers of vault cytology tests coming from the community, hospital outpatient clinics and operating theatres over time (Ð2 for linear trend=139.53, 9df, $P<0.0001$).

Tests originating from community settings had the lowest disease detection rates: no malignancies and only two severe abnormalities were detected from almost 4,000 primary care samples. Abnormal results represented only 2.8% (n=113), of which the majority (n=73) were 'borderline' results. All cancers (n=8) were detected in samples taken in gynaecology and colposcopy clinics.

Conclusions: Vault cytology test usage appears to be reducing, particularly from out-patient clinics and primary care. Community detection of disease using vault cytology is an uncommon occurrence. Further research is required to establish the true costs and benefits of vaginal vault cytology and to establish definitively whether testing is being restricted to those suggested by screening guidelines or whether there is inappropriate use of this test.

Dr Helen Stokes-Lampard
Clinical Research Fellow

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WE ARE MACMILLAN. CANCER SUPPORT

The Use of Herbal Medicines by People with Cancer

Between 7% and 48% of cancer patients report taking herbal medicines after diagnosis. Despite known interactions with conventional cancer treatments and contraindications for some herbal remedies with specific cancers, reliable information resources for patients are limited.

Identifying cancer patients' information needs and preferences is the first step in creating a suitable resource for both the public and the professionals advising them. This study is intended to inform the future development of information resources for cancer patients, survivors and healthcare professionals to make it easier for patients to mention, and for healthcare professionals to ask about, the use of herbal medications. The study comprises three phases: a systematic review of the literature on self-medication with herbal medicines among UK populations living with cancer (see abstract below); a qualitative study incorporating focus groups with cancer patients who have used herbal medicines since diagnosis; and the development and piloting of a questionnaire for a future large-scale survey to quantify and prioritise people's beliefs, needs and information preferences.

Systematic Review

Background: Little is known about the use of herbal medicines by people living with cancer in the UK. This systematic review aimed to estimate the prevalence of herbal medicine use by this group, the characteristics of users, factors motivating use, and attitudes towards herbal remedies.

Design and Methods: Fifteen electronic databases were searched. People who were research-active in the field were contacted and asked about further published or unpublished work. All studies identified as relevant to the purpose of the review were assessed. Searches were not restricted by publication type or date.

Results: Of 1288 unique references identified, 11 met the eligibility criteria. Studies were excluded where research had been conducted outside the UK; where information on herbal medicine use was not differentiated from that relating to complementary and alternative therapies more broadly, and where neither prevalence of use nor information on user characteristics was included. Prevalence estimates ranged from 3.1 to 24.9%. Most studies did not obtain information specifically on herbal medicines and only one examined the characteristics and motivations of users of herbal medicines as distinct from complementary and alternative therapies in general.

Conclusions: The high degree of heterogeneity of methodology, sample selection and characteristics, and research design resulted in a wide range of estimates of prevalence. Well-designed research is needed to define the evidence base about the herbal medicines taken by people with cancer in the UK, the reasons for use, knowledge about possible effects and potential risks, and the sources where people seek information.

Study publications

Gratus C, Wilson S, Greenfield S, Damery S, Warmington S, Grieve R, Steven N, Routledge P. The use of herbal medicines by people with cancer: a qualitative study. Study protocol. BMC Complementary and Alternative Medicine, 2009; 9:14.
Gratus C, Damery S, Wilson S, Warmington S, Routledge P, Grieve R, Steven N, Jones J, Greenfield S. The use of herbal medicines by people with cancer in the UK: A systematic review of the literature. Q J Med, 2009; 102:831-842.

If you would like further details about the research, please contact:

Dr Sarah Damery
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Telemonitoring and Self-Management in Hypertension (TASMINH2)

The TASMINH2 study finished data collection early summer 2009, and we are pleased to report that we saw 92% of participants at the 12-month follow up. We have been working hard on the data cleaning and analysis and hope to have results published by the summer. We will then send a summary report to the practices that were involved. We would like to thank all the practices that were involved in the study: Woodgate Valley Health Centre, Yardley Wood Health Centre, Riverbrook Medical Centre, Bellevue Medical Centre, Jiggins Lane Medical Centre, Woodland Road Surgery, Goodrest Croft Surgery, Ridgeacre House Surgery, Dovecote Surgery, Tudor Practice, Cloisters Medical Practice, Sherwood House Medical Practice, Greenridge Surgery, The Harlequin Surgery, Harborne Medical Practice, Manor Practice, Grove Road Surgery, Warley Medical Centre, Churchfields Surgery, Lordswood, Worcester Street Surgery, Four Oaks Medical Centre, Kingswinford Health Centre, and Shirley Medical Centre.

We are currently planning on the next trial in the TASMINH series; TASMINH3, which will investigate the benefit of self-management of hypertension in high risk cardiovascular populations. We aim to start recruiting practices in the West Midlands in early summer 2010. If you would like to find out more about this new trial then please contact:

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Prof Richard McManus
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Cancer genetic predisposition: information needs of patients irrespective of risk level

ABSTRACT

Increased insight into the information needs of people about cancer genetic predisposition could allow materials to be developed to improve decision-making for those at high risk, whilst those at lower risk could have their anxiety reduced without the need for referral to genetics services. This study aimed to identify information needs of patients concerned about a genetic predisposition to cancer, and explore how this varied according to risk perception, cancer worry, personal motivation and demographics. Stage 1 used semi-structured telephone interviews pre and post participants' genetic risk assessment. The findings informed stage two, a structured questionnaire survey of 1,112 patients, pre and post their genetic risk assessment. Participants were stratified by risk level and included those concerned about an inherited predisposition to breast, ovarian or colorectal cancer. About 512 (46%) responded with equal proportions of responders and nonresponders across the risk categories. Findings indicated that irrespective of a person's actual or perceived level of risk, cancer worry, demographic background or personal motivation; priorities in the type of information required were similar. Greatest emphasis focused on information provision about how risk was assessed. Least important was acquiring an understanding about genes and inheritance patterns. Most participants reported difficulties accessing or finding information. Peoples' information needs are consistent irrespective of their risk level and therefore generalised information packages could be developed for anyone requesting cancer genetic risk assessment. Better information is likely to assist patients' understanding and ultimately increase concordance with recommended screening and preventative measures.

Full Reference

Metcalfe A, Werrett J, Burgess L, Chapman C, Clifford C. Cancer genetic predisposition: information needs of patients irrespective of risk level. Familial Cancer (2009) 8:403–412

The moral habitus of fatherhood: A study of how men negotiate the moral demands of becoming a father

A new ESRC funded study is starting in April 2010, looking at men's experience of the transition into first time fatherhood. The project, awarded to Dr Jonathan Ives, will run for two years, from 1st April 2010 – 30th March 2012.

Academic and policy interest in fathering and fatherhood in the UK has been steadily growing over the past few decades, with fatherhood often placed high on the political agenda. Concerns about the social and economic costs of absent and unwilling fathers continue to be voiced in both the popular media and political arena. Underpinning these concerns is a belief that willing and involved fathers are beneficial to both children and society, and this has given rise to various initiatives, both local and national, to attempt to engage men in fathering, in the hope that they will become involved and active fathers.

Using an innovative combination of event diary, telephone interview, and face-to-face interview, the project seeks to undertake a qualitative exploration of mens' experiences of the transition into first time fatherhood – from the 12th week of pregnancy to eight weeks after the birth.

Focussing initially on mens' normative expectations of themselves as fathers, this project will explore the barriers and enablers that men experience as they make the transition into fatherhood, with a view to identifying ways of better supporting men during this transition. The findings of the project will be of relevance to Primary Care and Secondary Care maternity services, who are seeking to engage with men and fathers.

For further information, contact:

Dr Jonathan Ives:
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Email: j.c.ives@bham.ac.uk

WELCOME TO THE GP CHAMPIONS

The role of the GP Champions is to assist in recruiting GPs to participate in clinical research and studies that are taking place within the PC-CRTU.

Dr Subodh Jain is a longstanding GP at a surgery in Dudley and Dr Dalvinder Ratra is a freelance GP who has worked across the West Midlands.

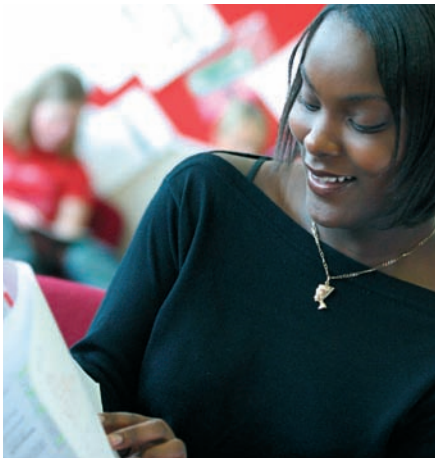
If you would like to contact either of the GP Champions to discuss research taking place, their contact details are:

Dr SK Jain – subodh.jain@dudley.nhs.uk
Dr D Ratra – d.ratra@bham.ac.uk

Courses

CPD courses available within the Department of Primary Care Clinical Sciences

The CPD team exists to try and meet the educational needs of health care professionals involved in all aspects of primary care chronic disease management. The current palate of courses has been driven by demand from our students. Details of all developments are available on www.medicine.bham.ac.uk/cpd and some information on a selection of the courses is given below.



MSc accredited courses

Anticoagulation Management in Primary Care
2010 Dates: 17–19 May, 13–15 Sept and 29 Nov – 1 Dec - £1500

The course aims to enable autonomous practice in dealing with fundamental and more complex problems of oral anticoagulation management.

Learning outcomes:

- An understanding of the theory underpinning anticoagulation management
- An understanding of the pharmacology of vitamin K antagonists and the relevant medication, side effects, antidotes, interactions and dosing
- A knowledge of the management of anticoagulation and prevention of complications on the basis of current guidelines and existing research evidence
- An understanding of the roles of the multi professional disciplinary team in managing anticoagulation safely
- An understanding of the requirements of clinical governance for anticoagulation
- Management, developing / adapting and applying audit tools with performance indicators

Cardiovascular disease prevention and management in the community
2010 Dates: 25–26 November and 16–17 December

The aim of the course is to provide knowledge of new insights into the area of cardiovascular disease prevention and management and how to apply this to practice, and a critical awareness of current problems and management issues.

It will provide skills to enable autonomous practice in dealing with more complex problems and unpredictable situations and the ability to critically evaluate current research in the field of cardiovascular disease and associated conditions. Comprising self-directed learning, contact days involving lectures, seminars, group discussion and practical placements. This course is aimed at health professionals working in the community who are required to develop their competencies to an advanced level.

Management of Heart Failure in Primary Care 2011 dates TBC

The aim of the course is to provide an understanding of heart failure and a knowledge of how to apply this to practice; a critical awareness of current management issues and new insights into the management of heart failure.

The course is in line with the approaches set out in the NICE guidelines for Heart Failure and the Quality and Outcome Framework indicators for good practice.

The course focuses on the validation of competencies for all primary care clinicians involved in heart failure care in the community. Programme includes: anatomy, physiology and function of the heart, echocardiagram, epidemiology and definition of heart failure, investigations, managing related clinical events and the role of the specialist nurse.

Hypertension Management in Primary Care 2011 dates TBC

The course was developed to assist clinicians in the management of hypertension in the community. The learning outcomes of the course include demonstrating a conceptual and systematic understanding to deal with complex issues underpinning hypertension management in primary care; evaluating critically the management of hypertension and prevention of long term complications according to current guidelines, including secondary causes, risk calculation and management during pregnancy.

CPD Courses

An update on travel and childhood vaccinations
Wednesday 12 May 2010 - £95

The aim of the course is to provide information on how to run a travel health clinic. This will comprise theory and practice behind travel health and travel vaccinations.

The learning outcomes are:

- To discuss the main infectious diseases and other health risks to travellers and to assess malaria risks and advise on prevention.
- To recognise the principles of immunisation and to identify the travel vaccines available in the UK
- To discuss the management of a travel health service in your workplace and recognise how to promote patient and practitioner safety during immunisation procedures
- To access trustworthy sources of information on travel risks, health advice and vaccines
- To identify recent changes in the UK childhood vaccination programme.

Oral Anticoagulation Management for Health Care Assistants and Assistant Practitioners
2010 dates - 29 September, 17 November - £150

The course is aimed at health care assistants and assistant practitioners working within anticoagulation clinics. This course aims to provide a basic knowledge of point of care (POC) devices including blood testing technique and quality control for oral anticoagulation management in primary care.

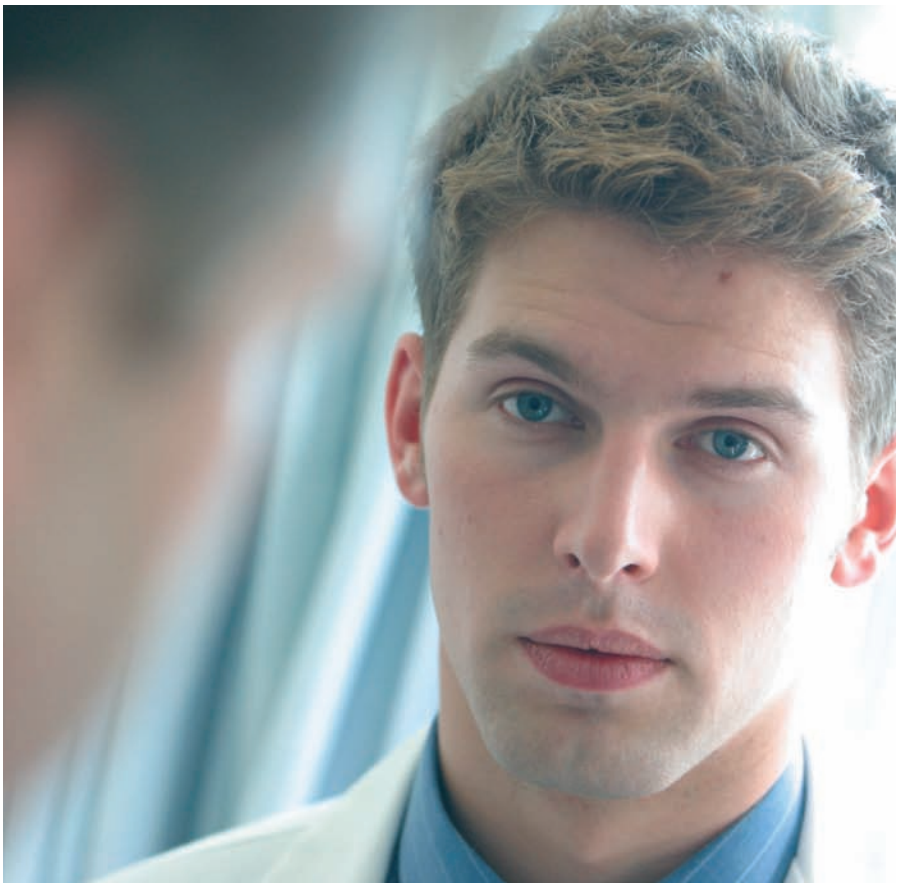
Learning objectives:

- A basic knowledge of the principles of anticoagulation therapy, indications for its use, side effects and interactions
- An understanding of the principles of point of care testing, finger prick technique and quality control
- A knowledge of health and safety issues of blood sampling in practice and liaison with laboratory services
- An understanding of the important components of a protocol for management of oral anticoagulation in primary care

Gastroenterology update day for primary care
Wednesday 3 November 2010 - £95

This course aims to provide theoretical and practical knowledge of common disorders of the digestive system; how to manage the disorders in primary care; the interface with secondary care. The course content includes:

- An update on common GI conditions including bowel cancer treatment and screening, iron deficiency, IBS, IBD, C difficile infection and abnormal liver function tests
- An understanding of when to refer bowel disorders to secondary care



Oral Anticoagulation Management update day
8 December 2010

This update is aimed at graduates of the Oral Anticoagulation MSc course and those already running anticoagulation clinics for continued professional development and to keep up to date with current issues.

Details of all CPD courses and events are available at www.medicine.bham.ac.uk/cpdcourses or from Jo Leggat - 0121 414 3354 Email – j.leggat@bham.ac.uk

Further courses later in 2010/11 will include:

- Reducing re-admission, Saving Lives: Management of DVT and PE in primary and secondary care – 28 June 2010 TBC
- An update on the management of liver disease – 6 October 2010
- Atrial Fibrillation – detection and treatment – 9 and 10 November 2010
- Fundamental prescribing science MSc – 2011 dates TBC
- COPD: An update for Primary Care – 2010 dates TBC

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

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

Name: _____ Practice code: _____

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:
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Tel: 0121 414 8843
Fax: 0121 414 2282
www.pcpoh.bham.ac.uk/primarycare/PC-CRTU/index.htm

Randomisation and General Enquiries
Tel: 0121 414 2921
Fax: 0121 414 2282
(Lines are open between 9am and 5pm, Monday to Friday)