PC-CRTU

In Contact

SPRING 2012

Studies in your area

PIC sites: What are they?

Lighten Up: the results

What is a PIC?

Participant Identification Centre

Any organisation from which clinicians or clinical units '**refer**' potential participants to a research team based in another organisation (NHS or non-NHS) for assessment and possible recruitment to a study. PICs are therefore only responsible for the identification of potential participants.

The PIC retains responsibility for the healthcare of the patient outside the research, but the research site takes on the duty of care for them in relation to the research study.

For example…

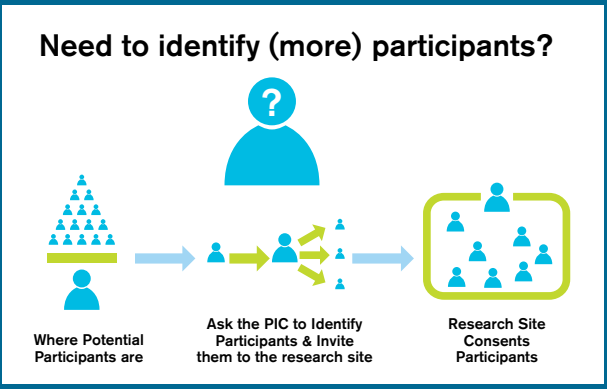
- A GP may identify potential participants, provide patients with information about a study and seek consent to pass on the patients' contact details to the research team.
- The patients are then followed up by the research team and consent is subsequently obtained by the research team: the GP practice is therefore not a research site, it is a *Participant Identification Centre*.

NHS Responsibility

NHS organisations responsible for PICs must be '***made aware***' of their role in identifying and referring potential participants, and must give agreement for this referral.

The NHS organisation responsible for PICs will review requests to refer patients to studies. This will include reviewing any resource implications and other governance issues eg, data protection.

A PIC cannot start referring patients until the review is complete and the organisation responsible for the PIC has agreed to act as a PIC in the form of an **Agreement Letter**.



Nursing

Jackie Ingram

Nurse Team Lead

I am the Nurse Team Lead in the Primary Care Clinical Research and Trials Unit. I provide overall managerial responsibility for the clinical research nurses within the facilitation team and I am also responsible for the professional development for the research nurses in Primary Care Clinical Sciences.

After qualifying I started my nursing career in a relief pool of nurses covering medical and surgical wards and specialist units at The Queen Elizabeth Hospital, Birmingham before moving into oncology, followed by 12 months as an acting haemophilia sister. I left this post to take up my first research post in rheumatology, a short term contract that ran out when I left on maternity leave. On returning to work I decided to take up a permanent night post to be able to combine work and home life with minimal disruption to motherhood. Immediately before joining the University of Birmingham in 1998 I had ten years' experience managing an Acute Emergency Medical Unit at night. This, combined with a brief six-month period as a Practice Nurse, gave me a very broad clinical knowledge base that later proved beneficial when my career led me into Primary Care Research.

Early 1998 I realised I needed a new challenge and, reflecting on my career pathway so far, Clinical Research was the direction I chose and have never regretted. It was later that year that I moved to the University of Birmingham and I am currently in my 14th year of employment in the academic environment.

Prior to my current role I worked as a Research Nurse in Rheumatology; a Research Sister, both in Autoimmune Thyroid Disease in the Department of Medicine and in Cardiology in Public Health; and as a Trial Manager within the UK Centre of Tobacco Control Studies.

Twelve years as a research nurse with clinical trials management gave me the ideal background to take up my current role, enabling me to offer operational and clinical leadership and direction to our research nurses and other members of the teams. I am also responsible for project managing the Host Nurse scheme, whereby research nurses are placed in GP practices to assist and encourage participation in NIHR portfolio studies. Currently I oversee six Host Practices and am optimistic that funding will come through to be able to extend this scheme to other interested practices. I have responsibility for research training for this nursing team, liaising between study teams and the practice staff, organising new contracts and encouraging study uptake. I ensure that the highest standard of care is delivered to research participants by this team so the rights, safety and wellbeing of trial participants are maintained whilst also ensuring scientific quality of the studies. My nurses and I are also a resource that study teams can use for help with study feasibility, protocol design and advice on patient information sheets.

I have just started collaborating with BBC CLRN to initiate a new scheme to bring more research to the Primary Care/Secondary Care Interface. I am also an active member of a steering group trying to identify support and professional development opportunities for research nurses and I contribute to the Local Clinical Leads meetings held locally for Nurse Lead support and development.

My involvement in front-line research has resulted in a number of publications.

Welcome

Welcome to the spring edition of PC-CRTU In Contact.

Time seems to have flown by since our last issue, with studies a-plenty to keep us busy, as you will see from the reports in this issue. Current studies are investigating processes and therapies in a range of key areas – such as cancer, COPD and cardiovascular disease – while new studies will be looking at interventions related to obesity, CKD and immunity. With many practising GPs and nurses working on studies within the department, our primary (and secondary) care research aims to contribute to knowledge and methodology, helping GPs and health professionals to provide the best proven treatments for patients.

The call of research has drawn back one of our team, Dr Helen Stokes-Lampard, who will be stepping down from her role as Deputy Director (Clinical) at the PC-CRTU in the summer. As well as further developing studies, Helen's financial acumen will be well utilised in undertaking the busy role of Treasurer of the Royal College of General Practitioners from September. We would like to thank Helen for all her valuable input over the past years and wish her well in both these endeavours. Stepping into Helen's shoes (in a figurative, rather than a literal, sense) will be a GP well-known to many of you through his work on the E-Echoes study – Dr Paramjit Gill. We welcome Paramjit and look forward to working with him in the future.

Despite the continuing confusion around NHS reforms, we believe that research will remain an essential priority – helping to develop interventions, therapies and drugs that benefit patient care. We hope that your practice will join us, taking part in one or more of the studies listed in this issue. Please contact the research team directly to register your interest – as always, participation is completely voluntary and practice costs are reimbursed via research funding bodies.

Best wishes,
Sarah Bathers
Deputy Director (Management)
PC-CRTU

Contents

New Studies

Calling Research Active GPs

Recruiting patients to RCTs in primary care – the clinician's perspective

We are looking for GPs who have taken part in recruiting patients to at least one randomised controlled trial (RCT). Participants will take part in a study using an exciting new methodology to gain an insight into the decision making around recruiting patients to RCTs. Participants who complete the study will receive a £20 Amazon gift voucher for participation (no more than 30 minutes).

A study using Q

When evaluating the effectiveness of healthcare interventions, randomised controlled trials (RCTs) are seen as the gold standard of research design. It is important that RCTs recruit their target number of participants in order to avoid being underpowered, particularly as a lack of statistical power may lead to the reporting of clinically important effects as statistically non-significant. Statistically non-significant findings can increase the risk that potentially effective interventions may be abandoned before their true value is established, or that there will be a delay in demonstrating their value while more trials are carried out. For example, a study in the USA calculated that there were as many as 10,000 unnecessary deaths due to delays in recruitment to an RCT of streptokinase in acute myocardial infarction. Many RCTs are abandoned or do not produce unequivocal evidence due to recruitment difficulties, which also means that the resources spent for setting up the RCT have not been put to their best use.

The NIHR Clinical Research Network measures its effectiveness against a set of high level objectives, one of which concerns recruiting to target (both time and numbers of participants).

'In order for clinical research to be meaningful, researchers need to be able to complete their study within an acceptable timescale. They also need to be able to meet recruitment targets – the number of patients or other participants required to make the study feasible.'
National Institute for Health Research Clinical Research Network (NIHR CRN)

Past studies that have investigated clinicians' attitudes to recruitment have focused on barriers to recruiting in studies that have failed to recruit well. Of equal, if not greater, importance is investigating how clinicians who recruit well do so. This study uses a novel methodology to examine GPs' perspectives from a new viewpoint.

What is Q methodology?

Q methodology is a mixed (quantitative and qualitative) small sample research method that was originally developed in psychology to study subjectivity. Q methodology involves a ranking of statements, rather than rating agreement with individual statements. This is because, in reality, people tend to think about issues in relation to other issues, rather than in isolation. Q methodology also distances the researcher, hopefully allowing participants to express their own perspectives without being unduly influenced by the researcher's motives. Q methodology is a less formal approach than using in-depth interviews or focus groups.

What would taking part in the study involve?

You will be read a statement about the study aims, and will then be given a set of statements printed on cards linked to the study aims. You will then be asked to rank the cards using a specially shaped grid, from 'most agree' to 'least agree'. Participation in the study will take no longer than 30 minutes. The Q sort will take place at a location and time most convenient to you.

Contact

If you are interested in participating in this study, or require any further information, please contact:
Ben Fletcher, NIHR Research Network Fellow
Tel: 0121 414 4395
Email: b.r.fletcher@bham.ac.uk

Helicobacter Eradication Aspirin Trial

Helicobacter eradication to prevent ulcer bleeding in aspirin users: a large simple randomised controlled trial.

Principal Investigator: Prof Chris Hawkey (University of Nottingham)

Locations: ~400 GP practices in Nottingham, Durham, Southampton, Birmingham and Oxford

Enrolment Period: 2012 – 2014

Participants: Men and women aged 60+, infected with H. pylori, who are using aspirin <326mg daily

Other Information: This trial has been preceded by a successful pilot study, funded by the MRC. Practices will be reimbursed for their time.

Use of aspirin for cardiovascular prophylaxis is widespread and increasing. The main hazard is ulcer bleeding. This is usually associated with *H. pylori* infection. It is important to determine whether this can be reduced or prevented by *H. pylori* eradication. The trial hypothesis is that aspirin does not itself cause peptic ulcers, but that it promotes bleeding of ulcers caused by *H. pylori*. Given the scale of aspirin use, its continuing increase and its contribution to ulcer bleeding, how to deal with this problem is arguably the most important question with regard to current iatrogenic medicine.

Suitable patients will be identified by their GPs, and then asked to attend an appointment with a Research Nurse to consent to the trial and take an *H. pylori* breath test. Those with a positive result will be randomised to receive a one-week course of either eradication treatment or placebo. No follow-up visits for the patients are required, but any hospital admissions for ulcer bleeding will be recorded over a period of 2-3 years.

Further Information: If you would like to find out more, please contact the Trial Manager for your region,
Rachel Iles
Tel: 0121 414 2691
Email: r.iles@bham.ac.uk

BWeL

Brief intervention for **We**ight **L**oss

…calling all GPs to assist with a trial of very brief interventions to help their patients lose weight.

We are inviting you to participate in BWeL, a randomised controlled trial to test the effectiveness of a 30-second opportunistic intervention given by GPs to support weight loss in obese adults. Over the next year, we will recruit 1824 patients from 60 GP practices across the UK.

Why is this trial important?

Twenty-five per cent of the UK's adult population is obese: however, losing even 5kg reduces the incidence of diabetes and other cardiovascular disease. The QOF asks you to develop a register of people who are obese, but you do not have to take any action. Recent evidence shows that commercial weight loss organisations available to NHS patients on prescription can lead to clinically significant weight loss (see report on Lighten Up, p9).

Your involvement as a GP

In the intervention group, you would explain that weight loss is more successful with the support of an organisation such as Weight Watchers, and that you can refer your patient now if s/he would like. In the control group, you would encourage weight loss because of the benefits to health. In both cases, the intervention is opportunistic, meaning it is 'while you are here'-type advice. If you feel patients require more than 30 seconds, you can offer them another appointment to discuss their concerns in more detail: we will provide you with appropriate training for this. (We envisage that each GP would be involved for about six sessions.)

What are the benefits of participating in BWeL?

- We hope that the intervention will help some of your patients lose weight. Your patients will get 12 free sessions with a commercial weight loss provider (Rosemary Conley, Slimming World, or Weight Watchers).
- We will measure the height and weight of all patients attending your practice during recruitment, as well as collect other sociodemographic data, eg, ethnicity, language spoken. We will provide you with this to update patients' medical records.
- We will cover your costs for taking part in the trial, including your time and the use of a consultation room to weigh patients.
- The training can go on your CPD record and will be implemented and reflected upon for double points.
- The QOF process recently proposed giving support interventions like the one we want to test but it was postponed. This trial will tell us whether or not this kind of very brief intervention helps people. It is important to base the QOF on good evidence.

If your practice is interested in taking part, please contact:
Amanda Lewis
Principal Investigator
Tel: 0121 414 4405
Email: a.lewis.1@bham.ac.uk

New studies
continued

Are you confident that your Reception Staff would know how to handle a call from a patient with suspected symptoms of Stroke?

Introducing the RECEPTS study: Receptionist rECognition and rEferral of Patients wiTh Stroke (RECEPTS)

We will soon be inviting practices to participate in a study to understand how GP reception staff recognise and respond to patients with stroke symptoms. With this information we intend to design a receptionist stroke symptom protocol which all members of the GP practice are confident with. If successful this will be rolled out to practices nationally. If you are interested in helping the study as a pilot practice or would like further information on how to be involved please contact:

Dr Ruth Mellor
Tel: 0121 414 8578
Email: r.mellor@bham.ac.uk.

The Preloading Trial
Help your patients to quit smoking

Don't miss this opportunity to help more smokers in your practice to quit. The University of Birmingham will soon begin recruitment on an NIHR HTA-funded trial of nicotine patch preloading, and we are looking for interested GP practices to get involved by writing to smokers at their practice and offering them our support to quit.

Although participants who use the NHS Stop Smoking Service are four times more likely to quit than those that quit alone, the majority will still return to smoking. Therefore we need to find new, effective treatments to help people to quit. Nicotine preloading is the use of nicotine patches by smokers before quitting, whilst smoking as usual. There are a number of reasons why this may help someone to give up smoking, including the following:

1) It may help to break the association between smoking and reward, making quitters less likely to relapse;
2) If people feel less pleasure whilst smoking with the patch on then this may make them feel more confident that they can quit;
3) Consuming nicotine through using patches and smoking (although not harmful) may result in some unpleasant sensations, such as nausea. This could lead to an association between smoking and negative feelings, making the smoker less likely to want to smoke;
4) Using the patch before quit day could get the participant used to using the medication, so that they are more likely to use it successfully post-quit day.

We carried out a meta-analysis to investigate whether nicotine preloading is advantageous, however this was largely inconclusive, with some studies finding a large positive effect and some not. Therefore we concluded that more research is needed to investigate the treatment.

The Preloading Trial is a large multi-centre trial, recruiting through centres in the West Midlands, Nottingham, Bristol and London. We need GP practices to write to smokers registered with them to see if they would like to take part. Eligible participants will then be randomised, either to receive four weeks of nicotine patch preloading, or not. The research team will need to see participants for two weeks at their practice before referring them to their local NHS Stop Smoking Service (which could be a service already operating in the practice) for standard support.

Our primary outcome measure is the participant's smoking status at six-month follow-up. To collect follow-up data the research team will also need to see those participants claiming to be abstinent at six-month and 12-month follow-up, at their practice.

Practices taking part will be required to write to their list of registered smokers to invite them to the study and provide a room for use by our researchers one day (or morning/afternoon) a week. All of your costs in taking part will be covered, and the study could help your patients to give up smoking.

If you are based in the West Midlands and would like to be involved then please contact:

Carmen Wood
Trial Administrator
Tel: 0121 415 8019
Email: c.wood@bham.ac.uk

OR

Dr Nicola Lindson
Trial Manager
Tel: 0121 414 2657
Email: n.l.lindson@bham.ac.uk

STOP-CKD

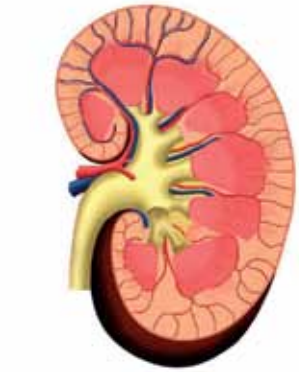
Spironolactone to Prevent Cardiovascular Events in Early Stage Chronic Kidney Disease: A Pilot Trial (STOP-CKD): Call for collaborating practices.

STOP-CKD is a double-blind placebo-controlled randomised pilot study. We are looking for practices to collaborate with us to examine the effect of spironolactone in Chronic Kidney disease (CKD) patients on arterial stiffness, an important predictor of cardiovascular disease. If successful this would be important, as CKD at least doubles the risk of cardiovascular disease. Increased arterial stiffness is shown to be a crucial change in CKD and is strongly associated with cardiovascular mortality and morbidity, and this risk factor and left ventricular (LV) hypertrophy are present in CKD patients independent of good blood pressure control. We have already shown in secondary care that spironolactone therapy in early CKD patients safely and effectively reduces LV mass and arterial stiffness.

As early CKD is common and most patients never attend a renal clinic, we wish to assess whether spironolactone reduces arterial stiffness in CKD stage 3 patients recruited in primary care and assess the safety of this drug: for example the rates of hyperkalaemia and deteriorating renal function. In addition we will also evaluate patients' and healthcare professionals' attitudes towards such treatment as a prelude to a much larger trial with clinical end points (cardiovascular events). This is a collaborative study between the Primary Care Clinical Sciences at the University of Birmingham and the Department of Nephrology at the Queen Elizabeth Hospital. As spironolactone is off-patent and therefore of no interest to the pharmaceutical industry, we have gained funding for our study from the National Institute of Health Research (the NHS Research Funders).

We aim to recruit 240 non-diabetic patients aged over 18, with CKD stage 3, from around ten practices. Patients will be randomised to receive either spironolactone 25mg once daily or inactive placebo and will be in the trial for 11 months. The patients will have regular monitoring of blood pressure, serum potassium, kidney function and proteinuria. All monitoring will be carried out by our study, led by Consultant Nephrologist, Dr Charles Ferro and Professor Richard McManus, a local general practitioner, supported by two clinical nephrology registrars, Dr Khai Ng and Dr Poorva Jain, and a primary care research nurse. Participating practices will have the opportunity to have practice-based renal workshops.

We are now recruiting practices within the South Birmingham area to participate in this important study. If any practice is interested and would like any information about the study, or would like to take part, please contact the team via email on k.p.ng@bham.ac.uk, or by telephone 0121 414 5643 or by post addressed to **Dr Poorva Jain**, Primary Care Clinical Sciences, The Learning Centre, University of Birmingham B15 2TT.



TIMEVAX

Time of Day and Vaccination Study

The Time of Day and Vaccination Study is a cluster-randomised trial which investigates whether the immune response to the annual influenza vaccination is influenced by the time of day the vaccination is given.

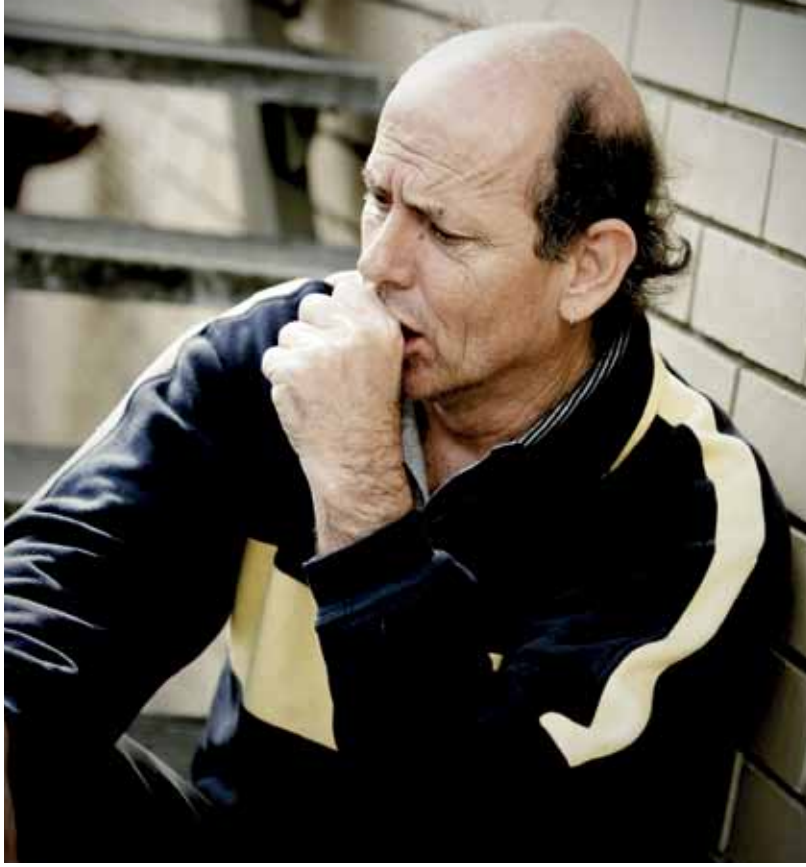
A previous observational study suggests that the time of day someone receives an influenza vaccination affects the antibody response: men responded better to vaccination in the morning, compared to the afternoon, whereas the pattern for women appeared the other way around. This study investigates whether simply manipulating the timing of an influenza vaccination could positively affect antibody responses within an older (65+) population. We will also examine whether any psychosocial factors, such as psychological stress or physical activity status, or markers of immune function, such as cytokines or cortisol, predict the antibody response to influenza vaccination.

Practices will be randomised to the time of day their patients receive the influenza vaccine: either between 9-11am or 3-5pm. Workload is minimal and the study is designed to work around standard care: practices would need to identify eligible patients and send postal invites to those matching inclusion criteria in early September 2012. Nurses would need to take a blood sample prior to the influenza vaccine and at four weeks post-vaccination and give patients a questionnaire to fill out and return to us via freepost in their own time.

All paperwork, blood collection supplies and training are provided by us and following the clinic, bloods are picked up from the surgery. Depending on the timing of the flu clinics, help with blood taking may also be available. The surgery will also receive reimbursement depending on the set-up costs and number of patients recruited.

We are looking to recruit around 400 participants and would like to invite practices within South Birmingham PCT to participate for the 2012-2013 influenza season. If you would like your practice to take part in this study, please contact:

Joanna Long
Research Fellow
Tel: 0121 414 7238
Email: j.e.long.1@bham.ac.uk



Current studies

BLISS
Birmingham Lung Improvement Studies

Birmingham Lung Improvement Studies (BLISS)

In response to the increasing burden of both diagnosed and undiagnosed COPD in primary care, and the need to identify, study and manage disease earlier (as highlighted in the new COPD Outcomes Strategy), the University of Birmingham has been awarded a five-year National Institute for Health Research (NIHR) funded award, under the NIHR's Programme Grants for Applied Research programme.

It consists of three studies:

1 The Birmingham COPD Cohort Study – aiming to study prognosis in >2000 patients and create a primary-care based prognostic index;
2 A Randomised Controlled Trial of Targeted Case Finding for COPD versus Routine Practice in Primary Care (TargetCOPD); and
3 An occupational study to examine the effect of COPD on work (COPE).

We will also be exploring the feasibility and potential benefits of offering formal occupational health assessments to those with poor work performance.

Patient recruitment started in April 2012 and we are currently recruiting up to 56 GP practices in the West Midlands area to take part. Practices will be remunerated for being involved, with the added value of receiving quality diagnostic spirometry and other disease-based information on their COPD patients, which will feed into QOF reporting requirements.

Thank you to all those practices who have expressed an interest in taking part in the BLISS programme so far: if any other practices would like any information about the study, or would like to take part, please contact the team on bliss@contacts.bham.ac.uk

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ARTS

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 currently no 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 now 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 five weekly sessions of the computer programme with retraining or without retraining. All smokers will receive ongoing behavioural support and nicotine replacement therapy. We hope to recruit 200 smokers over 15 months.

We are looking to recruit more practices within Heart of Birmingham, Birmingham East and North and Sandwell PCTs who are prepared to write to, and invite, their patients to join the study. Any costs in doing so will be covered by us.

If your practice would like to take part or would like further information, please contact:
Kathleen Waldron
Study Administrator
Tel: 0121 414 7895
Email: k.waldron@bham.ac.uk

Promoting the Influenza Response in the Elderly

Flu is a major health concern and although flu vaccination is given every year to people over the age of 65 years, a lot of people make a poor immune response to the vaccine.

One reason why older people can develop problems with their immune system is that they carry chronic viral infections such as cytomegalovirus (CMV). The immune system has to work hard to control these infections 'diverting' them away from new infections such as flu. ASPIRE is an MRC-funded study to explore the use of an anti-viral drug to dampen down CMV, allowing the immune system to recover. We expect that the efficiency of the immune response will improve, with a stronger response to flu vaccination.

We are looking to recruit practices within South Birmingham who are prepared to invite their patients to join the study. Any costs in doing so will be covered by us. We hope to start recruiting in May 2012. Please contact:

Dr Odette Chagoury
Trial Coordinator
Tel: 0121 414 9116
Email: o.l.chagoury@bham.ac.uk

3C Cough Complications Cohort Study

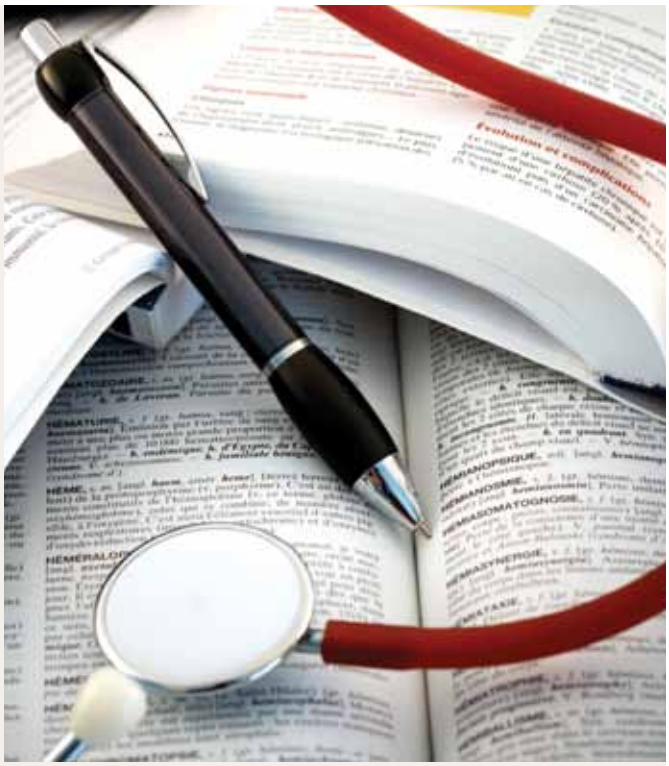
Thank you to all our signed up practices and clinicians in Birmingham and the Black Country (BBC) for helping us to recruit over 400 patients so far!

The 3C cough study is an observational cohort study being undertaken by the University of Oxford, designed to provide evidence to predict which patients presenting with acute or worsened cough suggestive of a lower respiratory tract infection (LRTI) are at high risk of adverse outcome, particularly pneumonia. The target is to recruit 30,000 patients across the UK by spring 2013. The reason for the large sample size is because the adverse outcome is rare: therefore, we anticipate only 75 cases of subsequent proven pneumonia.

The main analysis will estimate the predictability of adverse outcome at first presentation, and the extent to which this outcome is moderated by identified cause and treatment (ie, antibiotics). The results should allow the development of a simple clinical prediction rule to help GPs restrict prescribing to those patients who are most likely to benefit from antibiotics.

Adults aged 16 years and above, and children aged three months and above are currently being recruited.

Patients will be given some written information about the study by clinicians at their consultation and consented into the study. Clinicians will ask patients about their signs and symptoms and use a simple online proforma to record these and some baseline observations.
A consultation summary will appear at the end of the proforma which can be copied and pasted onto the practice's clinical system. Patients will receive a questionnaire through the post after four weeks to complete and return, and their medical notes will be reviewed after two months.



The study has been designed to enable practitioners to recruit patients within their standard consultation time: it can therefore be easily managed within normal surgery times.

If you are interested in this study please contact us or visit the study website: www.primarycare.ox.ac.uk/3C

Sabina Yasin
Research Facilitator
Tel: 0121 414 8072
Email: s.yasin@bham.ac.uk

Tina Sexty
Administrator
Tel: 0121 415 8730
Email: t.sexty@bham.ac.uk

Current studies
continued

Computerised searching of patient records for suspected colorectal cancer gets underway in Sandwell

The CREDIBLE study (ColoRectal Early Diagnosis: Information Based Local Evaluation) has been successfully piloted in three Sandwell practices and is now looking to recruit more practices

The study uses a software tool produced by MSDi to identify bowel cancer symptoms in patients. The software sweeps patient records on a monthly basis to flag up patients meeting NICE referral criteria for suspected bowel cancer. Medical records are then checked to see if these patients are already under investigation, or have contra-indications to further investigation, or another explanation for the symptoms. If not, the GP can invite the patient in for a bowel-disease check-up or refer for further investigation.

Lead researcher, Dr Tom Marshall, said: 'We see development of electronic software to sweep patient records as having a huge potential for earlier diagnosis of disease, but researchers have to work with practices to make sure it is practical and feasible. So we are also talking to practices and patients about the pros and cons of this approach and how we might improve further.'

The first time the software is run, it flags up a backlog of potentially eligible patients. Checking the patients' medical records takes some time (about 15 minutes per patient) so we are seeking additional service support funding from the Primary Care Research Network to help with reviewing the backlog.

On subsequent monthly sweeps of records we expect only one or two new eligible patients to be identified per GP list, but numbers may vary between practices.

Currently we can only work with practices which have software systems compatible with MSDi but we hope to expand soon. TPP (SystmOne producer) is to produce a software compatibility patch to allow the MSDi CREDIBLE tool to work with SystmOne. Health Intelligence is developing its CDRIntell software to incorporate the CREDIBLE tool.

If you would like us to work with you in your practice, please contact
Marie Crook, Trial Coordinator
Tel: 0121 414 6270
Email: m.e.crook@bham.ac.uk

Preliminary results:
From three GP practices of around 26,000 patients, we identified 110 patients aged 60-79 meeting NICE referral criteria, plus 57 outside this age range. Of 64 medical records reviewed, 26 required medical review and 38 did not. Of those 38 which did not, 23 had either been reviewed and investigated or were under observation, and some of these also had other diagnoses. Seven already had a diagnosis of cancer (one had rectal cancer), four were unsuitable because of multiple co-morbidities and four had other explanations for their diagnoses. Patient groups and practices are supportive of this approach.

ExACT
Extended anticoagulation treatment for VTE: a randomised trial

Background to trial: Venous thromboembolism (VTE) is common, with an incidence of approximately one per 1,000 per annum. It is associated with significant mortality and morbidity, including post-thrombotic syndrome (PTS). The annual recurrence rate following a first VTE is approximately ten per cent per annum, irrespective of the duration of warfarin therapy.

This suggests that some patients should continue warfarin long-term. However, currently we are unable to identify this population.

Aim of trial: To investigate whether extending treatment with warfarin beyond 3-6 months, for patients with a first unprovoked proximal DVT or PE reduces the recurrence rate.

We need your help! We are recruiting patients, aged over 18, with a first unprovoked VTE from both primary care and secondary care anticoagulation clinics.

- We need approx 300 more patients for this study.
- We will contact your practice if one of your patients is identified in an anticoagulation clinic as being suitable.
- Please can we ask for your cooperation in providing information for the study if requested?

Trial Intervention: Patients receive brief information about the study and are given a postcard to return to the research team if willing to take part. Patients are randomised to either continue or discontinue warfarin and will be followed up every six months for two years. We will be looking at D-dimer levels (a product present in the blood after a blood clot), the development of PTS and associated quality of life. We are also looking at the cost-effectiveness of continuing warfarin treatment for these patients.

If you are interested in getting more involved or require further information then please contact:
Jayne Tullett
Research Fellow
Tel: 0121 415 8092
Email: J.M.Tullett@bham.ac.uk

ExPeKT: An exploration of current knowledge and barriers to Venous Thromboembolism prevention

Epidemiological studies have established that VTE is a major public health problem. VTE occurs frequently. It is a significant cause of death and serious illness among a range of patients and can be acquired in hospital as well as in the community.

Heparin is an established, effective and safe therapy for the prevention of VTE and new approaches to VTE prevention and treatment are anticipated. However, a lack of awareness of the threat to health posed by VTE persists.

Poor public awareness is evident, with knowledge limited to media attention to risks associated with long-haul flights. Similarly, many people believe that VTE is an older person's illness. However, statistics have revealed that, of the 25,000 preventable deaths each year, VTE claimed the lives of 1075 people under the age of 40, 256 people aged 21-30, and 60 teenagers and children during the period 2005-2008.

Little is known about the role of primary care in thromboprophylaxis or the information high-risk patients receive prior to hospital admission or after discharge. The majority of VTE episodes occur days or weeks after a patient has left hospital. Primary health care professionals initially responsible for patient care often remain unaware that a patient has experienced an event.

Surveys have been sent to GP practices across South Birmingham and Oxfordshire. We seek the opinion of GPs, practice and district nurses to help us understand the existing knowledge and perceived role of primary care in thromboprophylaxis. Current responses show that approximately half of GP practices would be happy to take on the role of VTE risk management and half believe that it is the responsibility of secondary care. What is your view? We invite you to have your say and urge you to return your survey if you have not already done so. If you have not received a survey or would like additional copies for your practice please contact:

Sian Harrison, Research Officer
Tel: 01865 289358
Email: sian.harrison@phc.ox.ac.uk

If you would like to arrange an interview please contact:

Lorraine McFarland, Research Fellow
Tel: 0121 414 7482
Email: l.a.mcfarland@bham.ac.uk

An Epidemiological Investigation of Motor Neurone Disease

This study is addressing environmental factors that are contributing to disease in individuals with Motor Neurone Disease (MND) with a view to enhance understanding of disease mechanism and improve treatment. Professor Karen Morrison's team at University Hospital Birmingham is recruiting patients with MND from outpatient clinics to then match the patients with Controls (no MND) from general practice, for age, gender, ethnicity and geographical region. We currently have a few practices in Birmingham on board working with us to identify the Controls, if your practice would also like to get involved please contact the following for further information.

Sabina Yasin
Research Facilitator
Tel: 0121 414 8072
Email: s.yasin@bham.ac.uk

Current studies
continued

FACE TIA (Functional, Cognitive and Emotional Outcomes after TIA)

A prospective controlled cohort study to inform future rehabilitative interventions.

The FACE TIA study is a prospective, controlled cohort study of functional cognitive and emotional outcomes after Transient Ischaemic Attack (TIA). The study is funded by the NIHR National School for Primary Care Research and the West Midlands Strategic Health Authority, with ongoing support from the Stroke Research Network. A combination of postal questionnaires and the Birmingham cognitive screen (BCoS) is used to assess the long-term impact of TIA on patient's mood, quality of life and return to usual activities/social life.

Recruitment of participants began in September 2010 and has been extremely successful, with 775 out of 1,500 participants recruited to date. The study is now actively recruiting from 15 TIA clinics in the West Midlands, six in Thames, five in Yorkshire and two in the South West. We are also actively recruiting from GP practices in Central England to provide controls who are matched to TIA patients by age, gender and geographical location (deprivation score and urban/rural classification).

GP Practices Wanted!

We are looking for GP Practices to recruit participants to the Control arm of the study. Workload for Practices is minimal and consists of a one-off search of the patient register to identify eligible patients and the sending of postal invites to selected patients. The FACE TIA research team may also periodically require a room at the practice to conduct the cognitive screen. Each Practice will receive service support costs for study-related workload and resource use.

If you would like to take part in this study, or would like more information about the research, please contact a member of the study team.

Jenny O'Donnell
FACE TIA Study Coordinator
Tel: 0121 414 5465
Email: J.E.ODonnell@bham.ac.uk

Grace Turner
FACE TIA Study Coordinator
Tel: 0121 414 5463
Email: G.Turner.1@bham.ac.uk

Sheriden Bevan
FACE TIA Trial Administrator
Tel: 0121 414 8593
Email: s.bevan@bham.ac.uk

Global Anticoagulant Registry in the FIELD

GARFIELD (Global Anticoagulant Registry in the FIELD) is an observational, multicentre, international registry of newly-diagnosed atrial fibrillation (AF) patients with at least one additional risk factor for stroke.

The purpose is to evaluate the management and outcomes of patients with newly-diagnosed non-valvular AF at risk of stroke. The registry aims to enrol 55,000 patients at more than 1,000 sites in 50 countries. Enrolment will take place in five independent, sequential cohorts and patients will be followed up for two years. Enrolment to the second cohort is ongoing: in the UK GARFIELD is currently active in 90 practices in England, Wales and Northern Ireland.

Thank you to all the practices participating in GARFIELD. If you would like further information about the study please contact:

Patricia Apenteng
Email: p.n.k.apenteng@bham.ac.uk

Physical Activity and Healthy Ageing (PAHA) Study

PAHA is a cross-sectional cohort study assessing the relationship between physical activity levels, loss of bodily functions, chronic diseases and wellbeing in elderly individuals aged 60–80 years old.

Physical activity levels in the UK decrease progressively after the age of 45. Adoption of a sedentary lifestyle is an important cause of loss of muscle mass and function and leads to a high risk of falls and fractures. It also leads to increases in prevalence of obesity, metabolic syndrome and cardiovascular disease and may contribute to loss of immune function and cognitive function. The mean number of years in later life that men and women spend suffering from chronic disabling diseases today has increased to ten years and is still rising.

The novel scientific contribution of PAHA is that it will measure the range of adopted physical activities in the elderly population of Birmingham and investigate how steep the relationship is with loss of bodily functions. This information will then be used to generate a rigorous evidence-based advice on physical activity requirements.

Patients are assessed in the Wellcome Trust Clinical Research Facility for measures including DEXA, peak muscle power, functional mobility, 3D-Echocardiography, arterial stiffness, carotid-intima thickness, cerebral blood flow, cardiovascular response to exercise, immune function and cognitive function. The outcome is related to physical activity levels measured with accelerometers over seven days.
As recruitment is behind schedule, we are looking for more practices to help us with the recruitment of healthy elderly patients. Your workload will be minimal and consists of a single search of your database to identify patients matching our eligibility criteria and sending them a postal invite. Any costs in doing so will be covered by us.

A big thank you to the 15 practices that have kindly recruited the first 130 patients. We need help in recruiting another 300 patients! If you would like to take part in the study or would like more information please contact a member of the study team.

David Bartlett
PAHA Research Student
Tel: 07776 190 749
Email: dbb984@bham.ac.uk

Clare McNulty
PAHA Research Student
Tel: 07776 193 581
Email: clm674@bham.ac.uk

Principal Investigator:
Prof Anton Wagenmakers
Email: a.wagenmakers@bham.ac.uk

OTCH

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

Care home and participant recruitment into the NIHR HTA-funded OTCH trial has now closed, having exceeded our recruitment target and recruited 1055 participants. Follow up assessments are being completed at three, six and 12 months and a number of participants have now completed the trial after their 12-month assessment.

Occupational therapists have completed their work in the intervention homes and are now delivering a training workshop to homes randomised to the control arm that have completed the trial. Researchers are liaising with participants' GPs to confirm their stroke or TIA diagnosis and collect information relating to their current prescribed medications. Researchers may be in touch with your practice for confirmation soon.

We would like to thank everyone involved in the OTCH trial for their help and contributions to date and for their continued support during the follow-up period.

For more information about OTCH, please contact:

Katie Stant
OTCH Trial Manager
Tel: 0121 414 6510
Email: k.e.stant@bham.ac.uk

Current studies
continued

PRIMIT

A primary care trial of a website-based infection control intervention to modify influenza-like illness and respiratory tract infection transmission.

Can anything be done to stop RTI (Respiratory Tract Infection) and Flu (including pandemics) spreading within families? This study aims to get us nearer to answering the above question. The topic is important not only because of the normal winter pressures but also considering the ongoing risk of another flu pandemic.

An online intervention that provides people with tailored hygiene advice to lower transmission of colds and flu in their household has been designed. The study is a randomised clinical trial of this website. The primary aim of the study is to minimise contracting and spreading of respiratory viruses, including flu, within homes. We intend to recruit 15,000 plus patients across England over two winters.

Patients will be recruited to login to the website by letter and they will be consented and randomised online. Patients will be allocated to intervention or control groups. The intervention group will access four different website sessions of tailored advice and complete a brief baseline and four, monthly online questionnaires. The control group gets no access to the website sessions; however they will still complete a brief baseline questionnaire and four, monthly online questionnaires.

PRIMIT
Protect yourself and others against cold and flu

Service Support costs are available.

Please note, there is a minimum commitment to contact 1000 patients.

There is also the opportunity to take part in an optional viral sub-study and interview.

The practice involvement is minimal, the practice will help to generate a list of 2000 or more patients (depending on list size) aged 18 or over. The details are then passed on to a secure mailing company that will carry out all the mailing, printing, compiling and posting. A Practice Nurse may be needed for one or two group meetings to explain the study or take nasal swabs if needed. The Practice reception will be asked to hand out free bottles of hand gel on request to participants. After a patient completes the study, a notes review will be carried out on their medical notes.

The study has now completed recruitment for the season 2011/2012. A big thank you to all the GP practices that took part in helping us to recruit 690 patients in total. Recruitment for 2012/2013 will begin in October 2012 and we will therefore be looking to get practices onboard by July 2012. We will be mailing out invitations to patients between September 2012 and early January 2013 with the view to assessing patients' notes from May to September. The research team is available to assist with all aspects of the study.

PRIMIT is funded by the MRC (Medical Research Council) and will be carried out in all BBC PCTs.

For any queries about PRIMIT please contact:
Deborah Popoola
Trial Coordinator
Telephone: 0121 414 4839
Email: primit@contacts.bham.ac.uk
Fax: 0121 414 3050

REFER (REFer for EchocaRdiogram) Study

A Prospective Validation of a Clinical Decision Rule, NT-proBNP, or their combination, in the Diagnosis of Heart Failure in Primary Care.

Heart failure is a common, serious and disabling condition, and diagnostic uncertainty further complicates the picture. We have developed a new tool to try and predict more accurately who needs urgent referral.

The study involves very little work for GP practices. We provide research assessment clinics where our Research Nurse and Echocardiography Technician see patients within seven days of referral. Our Research Nurse administers symptoms, medications and quality of life questionnaires and takes blood for NT-proBNP and creatinine testing. A BSE accredited Echocardiography Technician performs an echocardiogram and an ECG. All test results are provided to GPs within 24 hours.

We are recruiting patients aged 55 or over, with new onset symptoms of breathlessness, lethargy or ankle oedema of over 48 hours duration, with no obvious recurrent, acute or self-limiting cause. We would like to thank all participating practices for their continued support. However, we are still looking for practices interested in participating.

For further information about the REFER study, please contact:
Dr Lynda Tait
Research Fellow
Tel: 0121 414 8584
Email: l.tait.1@bham.ac.uk

Rachel Iles
Research Fellow
Tel: 0121 414 2692
Email: r.iles@bham.ac.uk

RAPID TIA
Rapid Primary care initiation of drug treatment for TIA

A pilot randomised controlled trial to assess if early initiation of secondary preventative drugs in addition to aspirin should be given by primary care physicians to patients they see with suspected TIA or minor stroke at the time of referral to a specialist.

People who have a Transient Ischaemic Attack (TIA) or minor stroke are at a high risk of a recurrent stroke, particularly in the first week after the event. Simple clinical features (the 'ABCD2' score, based on age, blood pressure, clinical features, diabetes and duration) can identify people at particularly high risk in the first seven days. NICE recommends that people at the highest risk of stroke are seen by a specialist within 24 hours of symptom onset and people of lower risk are seen within seven days. Whilst awaiting specialist treatment, NICE recommends 300mg aspirin daily is prescribed, but no other secondary preventative treatment is recommended prior to confirmation of diagnosis.

Many patients with TIA suffer a stroke before they are seen by a specialist, and it is likely that some of these strokes are preventable by earlier initiation of secondary prevention by the first doctor that sees the patient. Recent data suggests that very early initiation of secondary prevention drugs could reduce 90-day stroke recurrence rates from ten per cent to two per cent, which is equivalent to preventing 8,000 strokes per year and saving millions in care costs each year.

The aim of RAPID TIA is to determine the feasibility of a randomised controlled trial and cost effectiveness analysis to evaluate: Should primary care physicians initiate secondary preventative measures in addition to aspirin in people they see with suspected TIA or minor stroke at the time of referral to a specialist?

Patients presenting to primary care physicians with symptoms suggestive of TIA or minor stroke will be recruited into the study by the GP and randomised into the intervention arm or control arm. Patients in the intervention arm will be prescribed Dipyridamole MR 200mg, Simvastatin 40mg and a blood pressure lowering medication of the clinician's choice, as well as aspirin 300mg as per NICE guidelines. Patients in the control arm will receive aspirin 300mg as per NICE guidelines. Patients will then be referred to a specialist clinic as per NICE guidelines.

The extra time to recruit patients into the study is minimal (10-15 minutes) and patients presenting with symptoms suggestive of TIA will be very infrequent, with on average five patients per practice in a year. We are looking for GP practices in the South Birmingham area that refer patients with suspected TIA or minor stroke to Queen Elizabeth Hospital to participate in the study. We are also looking for GP practices in the Walsall area that refer patients to Walsall Manor Hospital.

If you are interested in taking part in the study please contact:
Rachel Deller
Project Officer
Tel: 0121 414 2777
Email: r.deller@bham.ac.uk

Completed Studies

GPs:

Do you know the best way to help your obese patients to lose weight?

According to the Lighten Up trial, you should send them to Weight Watchers, Slimming World or Rosemary Conley, rather than your Practice Nurse.

Lighten Up was a randomised controlled trial, conducted in South Birmingham Primary Care Trust, which compared the effectiveness of different 12-week commercial and primary care-led weight loss programmes, with a minimal intervention control.

In total, 740 obese patients were randomly allocated to attend, for free, one of seven intervention groups: 1) Weight Watchers; 2) Rosemary Conley; 3) Slimming World; 4) general practice one-to-one care; 5) pharmacy one-to-one care; 6) an NHS group – Size Down; and 7) choice of any of these; or a minimal intervention control, that provided 12 free entrances to a leisure centre. (For trial protocol, see: Jolly, Daley, Adab et al. [2010]).

What were the key findings of Lighten Up? (For full report, see: Jolly, Lewis, Beach et al. [2011]).

- At the end of the 12-week programme, participants who attended Weight Watchers, Rosemary Conley and Slimming World lost significantly more weight than those in the minimum intervention control group. In contrast, participants who attended a primary care group (GP care, pharmacy care and NHS Size Down), led by specially trained practice nurses and pharmacists, were no more successful than the minimal intervention control.
- At the end of the 12-week programme, participants in the three commercial weight management groups achieved significantly greater weight loss than those in the primary care-led groups. There was a mean difference of 2.3 (1.3 to 3.4) kg.
- After one year, follow-up data showed that only participants who attended Weight Watchers achieved a statistically significant greater weight loss (2.5 kg [0.8 to 4.2 95% confidence interval]) compared to the minimal intervention control.
- After one year, the mean weight loss for participants in the three commercial weight loss groups was 2.5 kg and 0.8 kg for those in the primary care-led groups.
- Participants who were randomised to the 'choice' group did not have better outcomes than those who were randomly allocated a group.
- The primary care-led weight management programmes were the most expensive to provide.

Take Away Message:
'A 12-week group-based dedicated programme of weight management can't result in clinically useful amounts of weight loss that are sustained at one year. Commercially provided weight management services are more effective and cheaper than primary care-based services led by specially trained staff, which are ineffective'.

Publications:
Jolly, Daley, Adab et al. (2010). A randomised controlled trial to compare a range of commercial or primary care led weight reduction programmes with a minimal intervention control for weight loss in obesity: the Lighten Up trial. BMC Public Health, 10, 439). *BMC Public Health*. 2010; 10: 439. doi:10.1186/1471-2458-10-439
Jolly, Lewis, Beach et al. (2011). Comparison of range of commercial or primary care led weight reduction programmes with minimal intervention control for weight loss in obesity: Lighten Up randomised controlled trial. *BMJ*, 343:d6500. doi:10.1136/bmj.d6500.

See page 5 for news about a new obesity trial:
BWeL – Brief intervention for weight loss, will test the effectiveness of a 30-second opportunistic intervention given by GPs to support weight loss in obese adults.

Self monitoring of blood pressure in hypertension: A UK primary care survey.

This research study funded by the Royal College of General Practitioners Scientific Foundation Board, involved a survey aimed to determine the prevalence of self-monitoring blood pressure amongst people with hypertension registered within four GP practices in the West Midlands. Of the 955 people who replied (53 per cent), 293 (31 per cent) reported that they self-monitored blood pressure. Nearly 60 per cent (198 of 331) self-monitored at least monthly. Diabetic patients monitoring their blood glucose were five times more likely than those not monitoring to monitor their blood pressure. Self-monitoring is less common in the UK than internationally, but is practised by enough people to warrant greater integration into clinical practice. The results of this short prevalence survey study led by Sabrina Baral-Grant have been published recently in the *International Journal of Hypertension*.

We would like to thank the practice managers, staff and patients of the following GP practices: Karis Medical Centre, Fazeley Surgery, Cotterills Lane Surgery and Kingsbury Road Surgery for their support and participation in our study.
For further information regarding the study please contact:
Sabrina Baral-Grant
Tel: 0121 414 8901
Email: s.grant.1@bham.ac.uk

NHS
National Institute for Health Research

West Midlands
Research Design Service

What is the RDS?
The RDS exists to provide help to people preparing research proposals for submission to peer-reviewed funding competitions for applied health or social care research. The RDS essentially consists of a team of methodologists based in universities and the NHS across the West Midlands, able to advise and provide practical support when you are developing your grant application. As the RDS is funded by the NIHR for this purpose, such help is provided free of charge.

Who can use the RDS?
The RDS will provide advice to NHS researchers, and others working in partnership with the NHS, who are developing research proposals for submission to national, peer-reviewed funding competitions.

For more information on West Midlands RDS please contact Melanie Guthrie on 0121 414 8533 or rdscentre@contacts.bham.ac.uk
www.rds-wm.nihr.ac.uk

How can the RDS help me?
The RDS can advise on all aspects of preparing grant applications,

- Formulating research questions
- Building an appropriate research team
- Involving patients and carers
- Designing a study
- Appropriate methodologies for quantitative research, eg, statistical issues, health economics
- Appropriate methodologies for qualitative research, eg, sampling, analytical strategies
- Identifying suitable funding sources
- Regulatory issues
- Writing lay summaries
- Identifying the resources required for a successful project

Advice and support is best provided face-to-face. RDS staff will be happy to meet with you at a convenient time and place to discuss your research. It is preferable to contact us at an early stage to discuss your ideas.

THE UNIVERSITY OF WARWICK
UNIVERSITY OF BIRMINGHAM
KEELE UNIVERSITY

Courses

CPD courses available within Primary Care Clinical Sciences

The CPD team exists to try to 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 at www.anticoagulation.org.uk and information on a selection of the courses is given below.

MSc accredited courses

Anticoagulation management in primary care
18–20 June; 17–19 September 2012 or 3–5 December 2012
£1500

This three-day course aims to enable autonomous practice in dealing with fundamental and more complex problems of oral anticoagulation management.

The programme is to include:
How warfarin works and the INR; anticoagulation guidelines; anticoagulant near-patient testing; quality control; CDSS/NPT workshops; case scenarios; litigation issues; stroke prevention and atrial fibrillation; patient self-management; protocol development and accountability; warfarin drug interaction; management of VTE; a typical primary care clinic; audit parameters and primary care management.

Faculty to include:
Prof David Fitzmaurice
Dr Will Lester

Mental Health Care in the Community
14–16 May 2012
£150 per day

Monday 14 May
Old age mental health
To include: demographics of ageing in the 21st Century, cognitive impairment, dementia and care for carers.

Tuesday 15 May
Psychological trauma populations
To include: how to recognise conditions such as post traumatic stress disorder and medical negligence.

Wednesday 16 May
Managing different cultural and social needs in mental health
To include: social policy in psychiatry, migration and mood disorders.

Faculty
Prof Femi Oyebode
Professor of Psychiatry and Head of Clinical Teaching Academy, National Centre for Mental Health, University of Birmingham
Dr Derek Farrell
Lecturer in Mental Health and Chartered Psychologist, University of Birmingham

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Management of Gynaecology in the Community
4–6 July 2012
£750

This module is aimed at general practitioners and practice nurses working in the community required to develop competencies in the management of gynaecological disorders to an advanced level.

Learning outcomes
- Demonstrate systematic understanding of the theory and demonstrate ability to deal with complex issues underpinning gynaecological disease, prevention and management in the community.
- Demonstrate knowledge of the aetiology, pathophysiology and presentation of gynaecological disorders and the diagnosis and classification of gynaecological disorders.
- Evaluate critically the management of gynaecological disease and prevention of long-term complications according to current guidelines.
- Explain the roles of the multidisciplinary team in gynaecological disease care to improve health outcomes (as recommended in relevant national policy documents).
- Manage gynaecological disorders in the community safely and effectively using the practical competencies acquired.
- Demonstrate an understanding of the requirements of clinical governance for gynaecological conditions, their management, developing audit tools and performance indicators to ensure services are being delivered to an acceptable standard.

CPD Courses

Oral Anticoagulation Management for Health Care Assistants and Assistant Practitioners

9 May, 18 July or 14 Nov 2012

This one-day course is aimed at health care assistants and assistant practitioners working within anticoagulation clinics. The 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.

Faculty to include:
Prof David Fitzmaurice
Dr Ellen Murray

Quality Outcomes Framework: The experts' opinion

10 May 2012
£120

This course is aimed at GPs, practice managers and practice nurses and will provide an interesting mixture of facts to help improve patient care through QOF and insights into the wider world of QOF.

For the 'Queries Clinic' we would encourage you to bring along any QOF-related query from your practice for discussion.

All delegates will receive a data stick containing the latest QOF guidance, relevant research papers and other documentation to help improve patient care through QOF.

Faculty to include:
Prof Helen Lester
GP and QOF academic lead,
University of Birmingham
Rachel Foskett-Tharby
Research Fellow, University of Birmingham

Anticoagulation in Practice 2012 conference

17–18 May 2012
£125 per day / £200 both days

GPs, practice nurses, biomedical scientists, pharmacists and patients are all invited to attend Anticoagulation in Practice 2012 at the Wolfson Centre, the Medical School, University of Birmingham.

Our 2012 programme has been designed to present the latest developments in haemostasis and thrombosis with a focus on the introduction of new anticoagulants.

Further details are available on the website at www.birmingham.ac.uk/aip-2012

Effective commissioning within the changing organisation of the NHS

15 June 2012
£150

This course aims to provide a taster session for those new to commissioning with an overview of the commissioning cycle and key elements in it.

Learning Objectives
- To set the context for commissioning in the light of the current reforms.
- To explore how to assess the health needs of the wider population.
- To understand the requirements for engaging with the public and developing effective methods to enact this.
- To examine ways of prioritising to meet the QIPP agenda/Nicholson Challenge of reducing resources in the NHS.
- To develop a clearer understanding of the quality framework which commissioners will need to adopt.
- To engage with the potential of partnership working with the Local Authority.

Reducing re-admission and saving lives. Management of PE and DVT

13 July or 26 Nov 2012

The course aims to provide knowledge on the diagnosis and management of DVT within a primary care setting, to inform on major developments around VTE prevention for patients admitted to hospital, and to discuss why it is relevant in primary care.

Learning objectives to include knowledge of the following:
- Aetiology and epidemiology of thrombosis.
- Symptoms and signs of DVT.
- Guidelines for treatment of thrombosis.
- How to set up community management of DVT.
- Major problem of VTE risk for patients admitted to hospital.
- NICE guidelines for VTE prophylaxis and what can be done in primary care.

Oral Anticoagulation Management Update Day

12 September 2012

Please enquire for further details

An Introduction to Oral Anticoagulation Management

8 October 2012
£150

Please enquire for further details

Liver disease in primary care

25–26 October 2012

A two-day mini conference organised in conjunction with Dr Phil Newsome, Senior lecturer in Hepatology, University of Birmingham and Honorary Consultant Hepatologist, QE hospital Birmingham.

The course aims to provide theoretical and practical knowledge of liver diseases and how to manage them in primary care.

Learning objectives include:
- An understanding of how to interpret liver function tests, when to investigate and when to consider referral.
- How to identify the patients with chronic liver disease.
- The community management of alcohol use disorders.
- Developments in non alcoholic fatty liver disease.
- Screening and community management of viral hepatitis.
- Gall bladder disease – who to suspect and when to refer.
- Vaccination and drugs in patients with liver disease.
- An update on liver transplantation.

Faculty includes:
Dr Phil Newsome
Prof Martin Lombard
Prof Peter Hayes
Prof James Neuberger

Details of all modules and CPD courses are available at www.anticoagulation.org.uk or from **Amy Partleton**, telephone 0121 414 2677, email a.partleton@bham.ac.uk

Keep *In Contact*

Primary Care Clinical Research & Trials Unit
Networks
CTU
Primary Care
PC-CRTU

Interested in taking part in research? We'd like to hear from you.

- You will always be able to choose your practice's level of involvement.
- You will be remunerated for practice time spent on research.

Contact details:

Name:

Job title:

Practice address:

Postcode:

Practice code:

Email:

Your email address will only be used to send you details of studies being undertaken by the Primary Care Clinical Research & Trials Unit, Primary Care Research Network and Primary Care Clinical Sciences Department.

The Primary Care Clinical Research and Trials Unit (PC-CRTU) works in conjunction with the Primary Care Network for Central England (PCRN-CE), part of the UK Primary Care Research Network. Only studies which have been independently peer-reviewed and funded through national competition; and commercial research asking relevant questions will be adopted onto the PCRN-UK Portfolio of studies.

You can:

Fax back this form to **0121 414 2282** or
Email the details above to pccrtu@contacts.bham.ac.uk or
Phone us on **0121 414 8843** for further information.

Alternatively, send the completed form to our postal address, as detailed below.

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Primary Care Clinical Sciences Building
Edgbaston, Birmingham B15 2TT

Visit our website
www.birmingham.ac.uk/pc-crtu

General Enquiries
Tel: 0121 414 8843
Fax: 0121 414 2282

Randomisation Service
We now offer a telephone randomisation service for studies. Contact us for further details on 0121 415 8671

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