PC-CRTU

In Contact

SPRING 2013

Are you Research Ready?

Important changes to MidReC

Studies in your area

Thinking of undertaking some research in your practice?

The RCGP can help with its Research Ready online governance tool.

What is it?

- Research Ready is a streamlined web-based self-assessment tool designed to ensure that practices engaged in research, to whatever extent, are aware of their responsibilities and have the ability to carry these out, as well as ensuring patient safety and professional protection.
- Research Ready is aimed at all practices taking part in research and those that wish to become involved in research studies.
- Practices will be asked to complete a self-assessment form based on five Core Competencies and provide information on their practice demographics and research interests.

Does it cost anything?

- Yes – One-off charge of £150 for a three-year period of accreditation. Practices accredited before October 2011 will be required to pay when they renew their accreditation.
- Funding for this charge can be offset against any income the practice receives from its research activities.
- £50 discount available on RCGP Practice Accreditation (a scheme to assist with CQC registration) to Research Ready accredited practices.

Why be assessed under this scheme?

The Research Ready Scheme:

- Enables practices to reflect on their ability and capacity to conduct high quality research.
- Helps practices ensure they meet with the minimum requirements of the Research Governance Framework.
- Provides a means for chief investigators, study teams, MHRA inspection teams or inspectors and Research Management and Governance staff to be satisfied that any practice accredited to Research Ready level is up-to-date and compliant with the standards.
- Provides a 'feel-good' factor that the practice is at the leading edge of primary care research!
- Can be used as evidence for the research domain in your appraisal.
- Practices will also be provided with information about local research opportunities.

What does it involve?

- Every practice in the UK is invited to undertake the Research Ready self-accreditation.
- The practice identifies a Research Lead, who must be a clinician, to manage the assessment, however they do not need to be a member of the RCGP.
- The practice is issued with a username and password to work through the assessment with staff in the practice who are, or might be, involved in research.
- RCGP can provide virtual support for practices interested in Research Ready self-accreditation.
- Local NIHR PCRN network staff can provide practical and local support by coming out to guide and talk you through the process.

Interested?

Please contact the following for further information on how to take part or visit **www.rcgp.org.uk/researchready**

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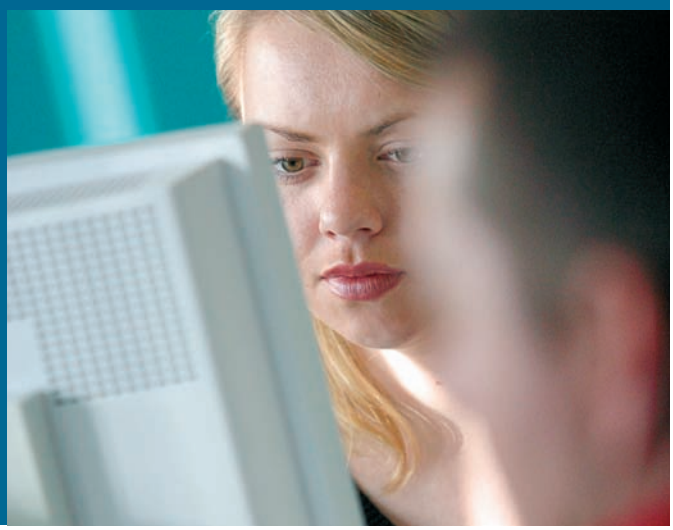

Welcome

Welcome to the spring 2013 issue of PC-CRTU In Contact.

I took over as Director of the Clinical Trials Unit last October and thought I would take this opportunity to introduce myself to you all through the pages of In Contact and explain a little about myself.

For those of you who are not familiar with my background I worked for ten years as Professor of Obstetrics and Gynaecology in Leeds and led the Yorkshire Foetal Medicine Training Programme. I then spent over five years in the Department of Health. Since 2004 I have been Professor of Clinical Epidemiology at the University of Birmingham and additionally hold the position of Vice-Dean for Applied Health Research.

I direct the NIHR Collaboration for Leadership in Applied Health Research and Care for Birmingham and the Black Country (CLAHRC-BBC); the Health Economic Workstream in the EPSRC Multidisciplinary Assessment of Technology Centre for Healthcare (MATCH); a NICE External Assessment Centre and am Co-Investigator on many other research grants. I have an extensive research portfolio in Clinical Trials, Decision Analysis and Bayesian Statistics. Most recently I have developed a portfolio of projects evaluating service delivery interventions.

My greatest interest is in research methodology and Health Economics where my particular expertise lies in 'supply side' evaluations of new technology at the idea and design stages. I chair the MRC/NIHR Methodology Advisory Panel and the DH Multiple Sclerosis Risk Sharing Scheme and I am a NIHR Senior Investigator.

I look forward to working with you in designing ground breaking protocols, winning funding and executing trials to a meticulous standard. Please contact the research team directly to register your interest.

Professor Richard Lilford
PC-CRTU Director

Important update on Midlands Research Practices Consortium (MidReC)

As you may know, since 1985 research within primary care has been actively undertaken within the Birmingham and Black Country area through the Midlands Research Practices Consortium (MidReC).

In 2007 MidReC formed a partnership with the Primary Care Research Network Central England (PCRN-CE), to build on an already established track record in supporting the involvement of GPs and other community based professionals in research. MidReC has mainly supported our departmental studies and due to the increasing importance of Primary Care Research Networks to deliver on national and international studies, we made the decision to dissolve MidReC as an entity on 17th April 2013.

PCRN-CE will continue to provide infrastructure and support for local practices to get involved in research, for example by providing training to practices on the research protocol and more importantly, providing locally-based practical assistance for GP practices to be able to recruit patients to specific research projects.

We would like to thank Birmingham and Black Country Practices for your ongoing support and input and look forward to working with you on future studies to increase the evidence base within primary care.

If there are any questions please do not hesitate to get in contact with us on 0121 414 8843 or pccrtu@contacts.bham.ac.uk

Dr Paramjit Gill
Clinical Lead, Birmingham Spoke,
Primary Care Research Network Central England

Contents

New studies

ALICAT

A feasibility study to inform the design of a randomised controlled trial to identify the most clinically and cost-effective length of Anticoagulation with Low molecular weight heparin In the treatment of Cancer Associated Thrombosis.

Venous thromboembolism (VTE) is a term to describe blood clots in the legs, known as a deep vein thrombus (DVT), or in the lung, known as a pulmonary embolus (PE). It is a common condition, which causes many symptoms and at its most serious may lead to sudden collapse and death. It is particularly common in cancer patients and its treatment requires three to six months of an anticoagulant (Warfarin), but this is a potentially risky treatment in cancer patients because it may increase the risk of bleeding and VTE recurs in a fifth of patients.

Low molecular weight heparin (LMWH) is better than warfarin at treating VTE in cancer patients, decreasing the chance of VTE coming back by half. Although given as an injection once a day, studies have shown it is acceptable to patients and, for some, preferable to warfarin.

It is recommended that patients take LMWH for six months only. However, if someone still has a cancer after six months of treatment with LMWH, there is still a chance that the VTE could come back because the cancer, which is causing the blood clots, has not gone away.

In this clinical trial, we would like to compare the effect of continuing with LMWH for an extra six months with the effects of not continuing LMWH. Because this has not been done before, we need to determine if it would be feasible to carry out a full clinical trial with these patients by assessing whether we would be able to recruit enough patients and whether people would be interested in taking part in the study.

We are looking to start recruiting practices from South Birmingham now.

Learn more
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AURAS-AF

Anticoagulants in atrial fibrillation: GPs wanted for new study of electronic reminders. In 2013, a new study will investigate whether electronic reminders can increase the use of anticoagulants in atrial fibrillation (AF). Researchers are looking for general practices interested in taking part in the study. Practices must be users of the EMIS-Web system.

The AURAS-AF study (AUtomated Risk Assessment for Stroke in Atrial Fibrillation) will find out if electronic reminders in patient records can help increase the number of high-risk AF patients started on anticoagulants. The plan is to recruit 46 practices nationally. Half the practices will have electronic reminders prompting GPs to consider anticoagulants in AF patients for whom they are recommended. The other half will continue with the usual processes of care. The researchers will find out how many are started on treatment.

Anticoagulation in high risk AF patients has long been known to help prevent strokes, but half of these patients don't get the anticoagulants they need. Interest in anticoagulation in AF has increased with the inclusion of AF in the 2012 QOF indicators and licensing of new anticoagulants. If successful, the reminders could help achieve the QOF targets for use of anticoagulants in high risk AF patients.

The research is led by Oxford University in collaboration with Nottingham and Birmingham Universities. The researchers would like to hear from practices that use EMIS-Web software and would like to take part in the study. We can provide further details of what is involved and what reimbursement practices will receive.

Learn more
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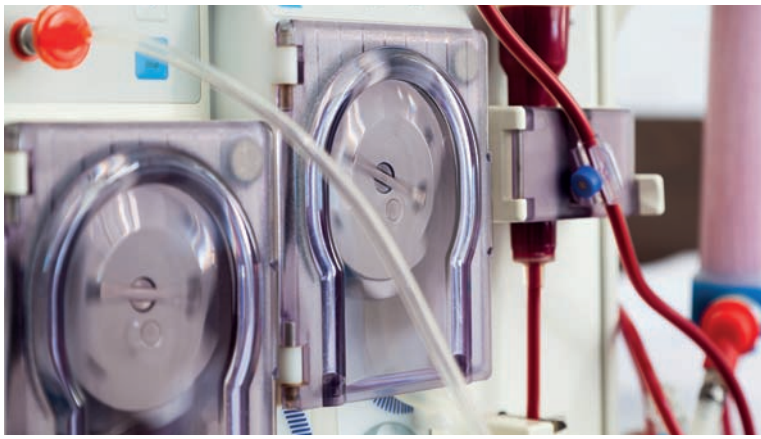

BARACK-D

Benefits of Aldosterone Receptor Antagonism in Chronic Kidney Disease (BARACK-D) Trial.

About one in ten people are living with reduced kidney function because mild chronic kidney disease (CKD) is common and kidney function declines with age. Around 1.3% of those affected progress to severe kidney disease requiring dialysis or transplantation, but CKD also puts people at high risk of cardiovascular disease, in particular stroke, heart failure and sudden death due to abnormal heart rhythms. There has been little research done in this area but we know that even people with very mild CKD have premature stiffening and reduced function of their heart and major arteries. We have recently shown that in 112 people with mild CKD from a specialist hospital kidney clinic, a tablet commonly used to treat raised blood pressure or as a water tablet, improves their heart function and decreases stiffness in the blood vessels. There is evidence that this type of drug can also delay the worsening of kidney function in CKD.

We will now test these important findings in people with mild CKD recruited from GP practices, identified by the results of routine blood tests. We will test this type of treatment compared to a placebo in a randomised double blind trial. We will examine whether the treatment reduces the occurrence of serious cardiovascular events or death and whether the tablets are safe in this group, and also whether the treatments improve, or stop the worsening of, kidney function, and whether there are measurable effects on cardiovascular disease markers. Safety is important as these drugs can occasionally cause side effects such as a raised potassium level and worsening of kidney function. If the trial shows this treatment is feasible, safe and has the expected beneficial effects, the results will have an important impact on the future treatment of many people.

We are looking to start recruiting practices across Birmingham and the Black Country now.

Learn more

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CANDID

CANcer DIagnosis Decision rules

What is the CANDID TRIAL?

This research is about finding what symptoms and examinations are best for predicting lung and bowel cancer. It is funded by the National Institute for Health Research (NIHR) National School of Primary Care Research (NSPCR). 20,000 people with lung and bowel symptoms will be asked to take part in this research, half with lung and half with colorectal symptoms. This is a multi-centre study and will be coordinated from the University of Southampton by a team led by Professor Paul Little.

We are looking to start recruiting practices across Birmingham and the Black Country now.

What is involved for Practices?

Practices will identify potential participants in two ways:

1. Opportunistically by the GP during consultation taking approximately 20 minutes, followed by a notes review of about 15 minutes duration
2. Mail out letters of invitation from a search of the practice database taking approximately 1 and half hours

GPs will be asked to:

- Ask eligible patients to give informed consent
- Collect clinical information using a standardised internet-based form
- Ask patients to complete a web-based questionnaire at home (or provide paper copy and SAE if preferable)
- Ask willing patients to provide blood or saliva samples (including for genetic analysis)
- Fax the consent form to the research team

Two years after recruitment we will also ask participating practices to perform a notes review of the patients consented.

Learn more

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Current studies

3C Cough Complications Cohort Study

Thank you to all our currently signed up practices and clinicians in Birmingham and the Black Country (BBC) for helping to recruit over 900 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 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.

In September 2012 we offered practices who were not previously recruiting very many patients, or at all, with an incentive. 12 of the signed up practices took part in this scheme and most managed to recruit either 10 or 20 patients (fixed remuneration fee) over a 2 month set period with a view to continue. The accelerated boost scheme proved to be successful and was reoffered to other practices in a similar situation from January 2013 of which 10 others have joined. These practices now continue to recruit patients and are remunerated at the normal rate.

We are encouraging practices already signed up to the study to continue to recruit patients up until 30th April 2013 but the study is no longer signing up any new practices.

If you are interested to read up more on this study please contact us or visit the study website: www.primarycare.ox.ac.uk/3C

Learn more

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A Study Promoting the Influenza Response in the Elderly (ASPIRE)

The flu vaccination, offered to all over-65 year olds, is surprisingly ineffective in a lot of people. 60% of elderly individuals fail to achieve a protective immune response. This fact, coupled with the recent emergence of new influenza strains increasing the risk of a new pandemic, emphasises the need for improved vaccination efficacy.

A prominent reason why elderly people have weakened immune systems, and therefore fail to respond adequately to the flu vaccine, is that chronic viral infections accumulate throughout life. Our immune systems display 'frailty' because they are diverting a lot of resources towards fighting these viruses instead of new infections. One such virus type is cytomegalovirus (CMV), a herpesvirus carried by the majority of the UK population that can never be cleared from the host.

This study, funded by the Medical Research Council, is a randomised clinical trial to investigate whether suppressing the CMV load in the body will allow elderly peoples' immune systems to achieve an enhanced protective response to flu vaccination. The antiviral Valaciclovir will be used to reduce the virus titre. The study is designed in two stages: Phase I is a single blind trial to establish the optimum dose of Valaciclovir to reduce CMV infection and allow the immune system to recover; Phase II will measure this antiviral dose against a placebo in its ability to increase the response to seasonal flu vaccination.

We are currently recruiting for Phase I from primary care health centres across Birmingham and the Black Country. Healthy people aged over 65 are screened for eligibility, randomised to a drug dosage, and then attend monthly appointments for 6 months (and follow-ups at 9 and 12 months). Blood and urine samples are taken at these appointments to monitor patient safety and collect outcome data. Recruitment for Phase II of the trial will begin in due course once results have been analysed.

This study is led by Professor Paul Moss (School of Cancer Sciences, University of Birmingham) and Professor Richard McManus (Department of Primary Health Care Sciences, University of Oxford). If you are interested in participating in Phase I or II of the trial, or would like further information, please contact the trial coordinator:

Learn more

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Research Coordinator
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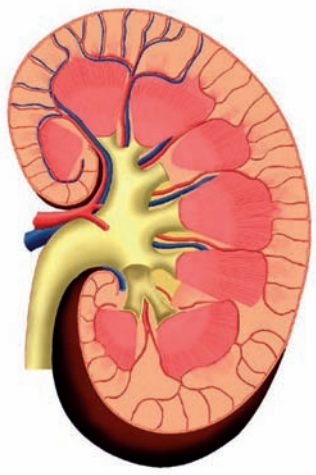
Spironolactone to Prevent Cardiovascular Events in Early State Chronic Kidney Disease: *A pilot Trial*

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 PC-CRTU 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. 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 research team that is led by Consultant Nephrologist, Dr Charles Ferro and Dr Paramjit Gill 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.

Learn more

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GARFIELD
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 1000 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; and in the UK, GARFIELD is currently active in 110 practices in England, Wales, Northern Ireland and Scotland.

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

Learn more

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

Current studies
continued

ColoRectal Early Diagnosis: Information Based Local Evaluation (CREDIBLE)

We are trying to find the best way to help GPs identify patients with symptoms of colorectal cancer at an early stage. Software (MSDi's Clinical Manager software/GPADs) produces a report of patients who have symptoms associated with colorectal cancer.

Not all patients flagged up will need to be referred for colorectal investigation so a clinician (either our research nurse or one of the practice team) checks the medical records of patients who have been flagged up and removes any inappropriate ones from a potential list to be reviewed.

We look for:
- evidence that the patient has already been referred
- evidence that the symptoms are due to other causes
- evidence of contra-indications

The GP then invites suitable patients for a check up and/or further referral.

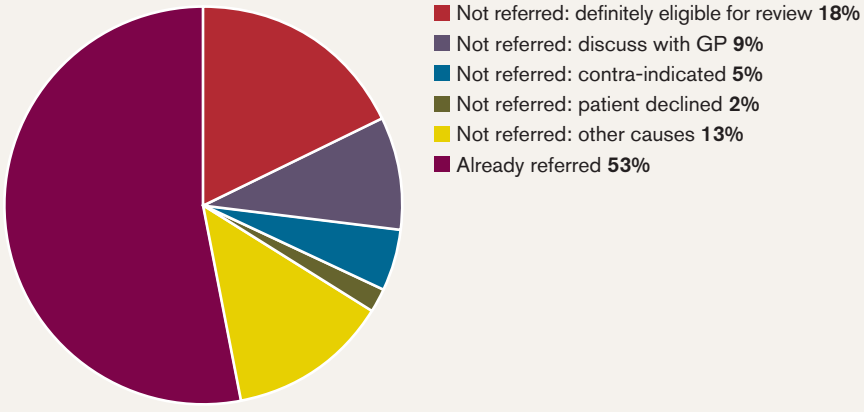
The project officially started on 1 July 2011, Elaine Kidney (e.kidney@bham.ac.uk 0121 414 3164) leads the process of implementing the software and ensuring that it functions correctly. George Dowswell (g.dowswell@bham.ac.uk 0121 414 9069) leads on the interviews with clinicians and patients on their experience of the process.

Successes...
We have identified our first patient with bowel cancer who hadn't already been referred – a 61 year old female invited for further investigation, seen by the GP and sent for urgent referral and identified with an adenocarcinoma and referred for surgery. We have also identified a patient in the 'to discuss with GP' category who was referred for endoscopy and found to have a stomach cancer.

Electronic sweeps	Number
Number of practices	14
Total patients' records checked electronically	95,511
Total patients flagged up	757
Patients in study age (60–79) flagged up	488

Of 488 patients identified as eligible on the initial sweep, around half (53%) had already been referred for further investigation.

Percentage of patients with symptoms not already referred



The CREDIBLE search tool has just been incorporated into Birmingham practices' GPADs software and we are hoping to trial the programme in a few practices using GPADS .

Learn more
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Helicobacter Eradication Aspirin Trial

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

Principal Investigator Birmingham Region
Professor Richard Hobbs

Locations
~400 GP practices in Birmingham and Black Country, Worcestershire, Coventry and Warwickshire, Shropshire, Staffordshire, Herefordshire, Stoke, Telford and Wrekin, Wolverhampton, Nottingham, Durham, Southampton, 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.

Intervention and clinic
Suitable patients will be identified by their surgery, using an automated search, and then asked to attend an appointment with a University Research Nurse or Practice Nurse (relevant training will be provided) to consent to the trial and take a H. pylori breath test. Those with a positive result will be randomised to receive a one week course of either eradication treatment or placebo, supplied by the trial centre. 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 by the trial centre.

Learn more
If you would like to find out more, please contact the research facilitators:

Lucy Hughes
Tel: 0121 415 8740
Email: l.v.hughes@bham.ac.uk

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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 are 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 some practices in Birmingham working with us to identify the Controls via a simple search and mail shot and so far we helped to recruit over 40 controls! If your practice would also like to get involved please contact the following for further information.

Learn more
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Research Facilitator
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Current studies
continued

The Preloading Trial

Help your patients to quit smoking

Don't miss this opportunity to help more smokers in your practice quit. The University of Birmingham are recruiting smokers to take part in 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 4 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 6 month follow-up. To collect follow-up data the research team will also need to see those participants claiming to be abstinent at 6 month and 12 month follow-up, at their practice.

Therefore 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.

Learn more

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

Carmen Wood
Trial Administrator
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REFER

The 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

Study background

Heart failure has a major impact on patients and treatment costs are high, consuming almost 2% of total NHS expenditure. Diagnosis is particularly challenging because individual symptoms and signs are generally weak predictors of heart failure. A simple clinical decision rule (CDR) could aid clinical decision-making, reduce variation in practice and prevent unnecessary echocardiograms.

Aims

This study aims to validate the performance of a CDR, a natriuretic peptide assay, or their combination, for diagnosing heart failure in primary care and determine if the CDR can be used in routine clinical practice to establish referral for echocardiography in patients presenting with symptoms suggestive of heart failure.

Setting and patient population

Thirty practices in Birmingham are participating and GPs enrol consecutive primary care patients presenting with new and recent onset symptoms suggestive of heart failure (ie, new onset symptoms of breathlessness, lethargy or ankle oedema of over 48 hours duration).

Increasing patient recruitment

We need to increase patient recruitment rates at some of our current practices. We ask that participating GPs continue raising awareness of the REFER study when a suitable patient consults with symptoms suggestive of heart failure and encouraging more patients to participate.

Learn more

If you would like additional information please feel free to contact

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Primary Care Clinical Sciences
Tel: 0121 414 8584
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In follow up

RECEPTS

Are you confident that your reception staff would know how to handle a call from a patient with suspected symptoms of stroke?

NOW RECRUITING

RECEPTS study (Receptionist rECognition and rEferral of Patients wiTh Stroke)
We are inviting practices to participate in a study to understand how GP reception staff recognise and respond to patients with stroke symptoms. We will use this information to design a Receptionist Stroke Symptom Protocol which all members of the practice are happy with. If successful this will be rolled out to practices nationally. The study involves:

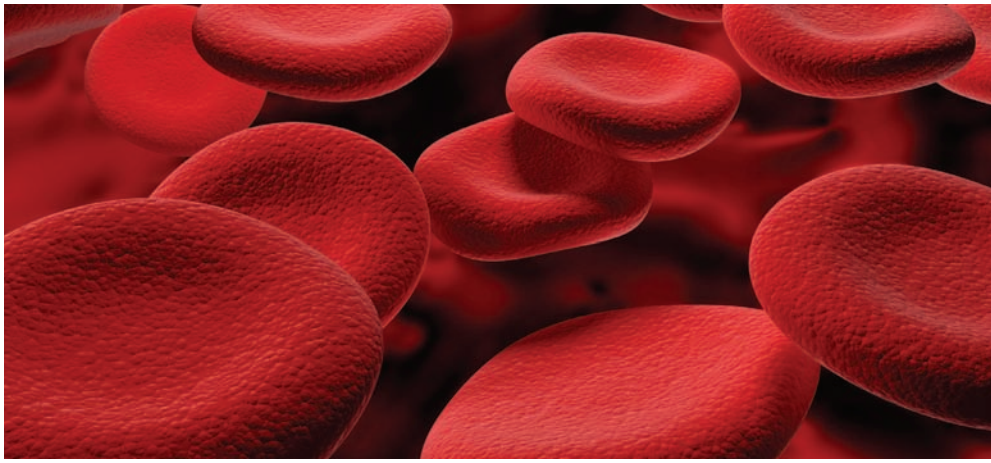
- Short questionnaire for GP receptionists
- Interviews and focus groups with GP receptionists and other practice staff
- Unannounced simulated patient telephone calls

Example of an unannounced simulated patient telephone call scenario:

Learn more

If your practice would like to be involved or you would like more information on the RECEPTS study please contact:

Janet Jones
Project Officer
Tel: 0121 414 8901
Email: j.jones.5@bham.ac.uk



FACE TIA

(Functional, Cognitive and Emotional Outcomes after TIA) a prospective controlled cohort study to inform future rehabilitative interventions.

FACE TIA is funded by the Stroke Association and is a prospective, controlled cohort study of functional, cognitive and emotional outcomes after Transient Ischemic Attack (TIA). A combination of postal questionnaires and the Birmingham Cognitive Screen (BCoS) are used to assess the long term impact of TIA on patient's mood, quality of life and return to usual activities/social life.

FACE TIA has met its original planned target of 1600 and recruitment has now closed. Follow up will continue until December 2013.

We wish to thank the participating GP Practices in Birmingham and the Black Country, West Midlands North and West Midlands South for their valuable contribution to the study.

Learn more

For further information about this research please contact:

Sheriden Bevan
FACE TIA Study Co-ordinator
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PRIMIT

The PRIMIT study (A Primary Care Website Intervention Study to Modify Influenza Like Illness and Respiratory Infection Transmission) has now completed its final stage of recruitment.

Over 300 practices were involved nationwide and the PRIMIT study team would like to take this opportunity to thank all the practices involved.

Locally we recruited over 1335 patients into this study over the 2 year period that the study was recruiting.

The final stage for the study comprises of a notes review of the participating patients and we will be contacting all practices involved to commence this final stage of the study. Your assistance in completing this by our deadline of June 2013 will be greatly appreciated.

Please do not hesitate to contact us should you have any further queries.

Learn more

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PRIMIT Trial Coordinator
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NHS
National Institute for Health Research

Research Design Service
West Midlands

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

CPD within Primary Care
University of Birmingham

The CPD team exists to try to meet the educational needs of health care professionals involved in primary care chronic disease management. The team includes GP's, practice nurses and other health care professionals and as such we understand primary care educational requirements. We provide a wide range of CPD courses driven by demand from our students and continue to expand the subject area each year.

This is our current list of courses:

PGT MSc

Anticoagulation management in primary care

10–12 July, 16–18 September or 2–4 Dec 2013
10 or 20 MSc credits

3 day course, aims to ensure safe practice managing with both fundamental and more complex problems of oral anticoagulation management.

Learning objectives:

- An understanding of the theory underpinning anticoagulation management
- An understanding of the pharmacology of vitamin K antagonists and other new anticoagulants, 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 requirements of clinical governance for anticoagulation management developing/adapting and applying audit tools with performance indicators

Mental Health Care in the Community

14–16 October and
25–28 November 2013
20 MSc credits

A seven day module aimed at GPs and other primary care mental health workers who have an interest in developing a specialist interest in mental health care in the community. The course can be taken as a whole or as individual CPD days.

Programme will run as seven distinct themed courses:

- **Days 1 and 2**
  Common mental health problems – Anxiety; phobias; unipolar depression and wellbeing
- **Days 3 and 4**
  Serious mental disorders – Psychosis; bipolar disorder and schizophrenia and related disorders plus recovery and social inclusion aspects
- **Day 5**
  Children and young people – Common behavioural and conduct disorders in young people and children
- **Day 6**
  More specialised areas of mental health – Insomnia; maternal mental health; secure environments – prison and commissioning
- **Day 7**
  Older adults' mental health including dementia

Management of Heart Failure in primary care

27–30 January 2014

Management of Hypertension in primary care

10–13 February 2014

CPD Courses

New for 2013

A guide to managing osteoporosis in primary care

4 June 2013

This CPD course aims to provide everything you need to know about osteoporosis and fragility fractures in one afternoon and how your CCG can reduce emergency admission for hip fractures.

Learning objectives:

- Recognition of the causes of fragility fractures
- Knowledge of NICE guidelines for fragility
- Understand the treatment for osteoporosis
- An overview of how to manage fragility in primary care

Lecturers include:

- **Dr Alun Cooper**, Clinical Lead for Crawley Fracture Liaison Service
- **Dr Neil Gittoes**, Hon Senior Lecturer, University of Birmingham and Consultant Endocrinologist, UHB

Managing Endocrine Disorders in primary care

25 June 2013

This one day course aims to provide an evidence-based approach to the management of common endocrine diseases in the community. It provides a unique opportunity for lively interactive discussion between primary care physicians and experts on a wide range of endocrine disorders.

Learning objectives:

- An understanding of how to interpret abnormal biochemical and endocrine test results, when to investigate further and when to consider referral
- An overview of recent national and international guidance regarding the management of thyrotoxicosis, thyroid nodules, subclinical thyroid disease and thyroid disorders in pregnancy.
- The identification of sight threatening thyroid eye disease
- How to manage various hormone replacement therapies in the community
- An understanding of the management of obesity in primary care
- The community management of adrenal gland disorders
- Practical advice regarding the diagnosis and treatment of polycystic ovary syndrome

Lecturers to include:

- **Professor Paul Stewart**, Professor and Dean of Medicine, University of Birmingham
- **Professor Jayne Franklyn, William Withering**, Professor of Medicine, University of Birmingham
- **Professor Hisham Mehanna**, Chair of Head and Neck Surgery, University of Birmingham
- **Professor Wiebke Arlt**, Professor of Medicine

Oral Anticoagulation Management for Health Care Assistants and Assistant Practitioners

26 June or 9 October 2013

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 and protocol development.

Learning objectives include:

- 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
- An understanding of the important components of a protocol for management of oral anticoagulation in primary care

An Introduction to Oral Anticoagulation Management

5 June, 9 Sept or 18 Nov 2013

A 1 day CPD course for practice nurses which aims to provide an overview of the management of oral anticoagulation.

Learning objectives include:

- Principles of anticoagulation therapy, indications for use, side effects and interactions
- Principles of point of care, INR testing and quality assurance
- Professional guidelines for management of oral anticoagulation, audit procedures and protocol development

Lecturers include:

- **Professor David Fitzmaurice**, GP and Professor of Primary Care, University of Birmingham
- **Mrs Dianne Kitchen**, Biomedical scientist, UK NEQAS for Blood Coagulation
- **Dr Ellen Murray**, Senior Lecturer in Primary Care, University of Birmingham
- **Dr Will Lester**, Consultant Haematologist, University Hospitals Birmingham

Management of DVT and Pulmonary Embolism within primary care

10–11 June 2013

The course aims to provide expertise on the diagnosis and management of DVT within a primary care setting and to inform on major developments around VTE prevention for patients admitted to hospital.

Learning objectives include:

- 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

Lecturers include:

- **Dr Will Lester**, Consultant Haematologist, University Hospital Birmingham
- **Professor David Fitzmaurice**, Professor of Primary Care, University of Birmingham

Patient self-monitoring of oral anticoagulation: how to make it safe and cost effective

23 September 2013

A one day course which aims to provide an educational framework for health care professionals requiring the tools for training patients in self-testing or management of oral anticoagulation.

Learning outcomes:

Knowledge of how to train patients in

- Understanding the theoretical and practical competencies involved in blood coagulation testing
- Understanding how to utilise a POC device
- Understanding how to manage anticoagulation and dosage adjustment, documenting INR results and quality control procedures

Anticoagulation Management Update Day

2 October 2013

Holiday Inn, Birmingham City Centre

This course is aimed at graduates of the modular course and those already running anticoagulation clinics. It will provide an informal environment with lectures on topics of current interest and interactive group work. There will also be an opportunity to relate clinical experiences encountered within an anticoagulation clinic for discussion, advice and support.

Diagnosis and Management of Headache Disorders in primary care

15 November 2013

This one day course aims to provide an evidence based approach to the challenges of diagnosis and management of headaches. It provides a unique opportunity to interact with the experts on a wide range of causes of headache.

Learning outcomes:

- An understanding of the diagnosis and treatment of migraine, tension-type headache and medication overuse
- How to investigate and when to refer headache disorders
- An understanding of how to recognise rarer headache disorders and knowledge of how they are treated

Liver disease in primary care

28–29 November 2013

A two day mini conference organised in conjunction with Dr Phil Newsome, Hon Consultant Hepatologist, Queen Elizabeth Hospital Birmingham and other national leaders in Liver disease care.

The course aims to provide theoretical and practical knowledge of liver disease and their management 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

Lecturers include:

- **Dr Phil Newsome**
- **Professor Graham Foster**, Professor of Hepatology, BARTS and The London School of Medicine and Dentistry
- **Professor James Neuberger**, Associate Medical Director of NHS Blood and transplant, Queen Elizabeth Hospital, Birmingham

Learn more

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

Keep *In Contact*

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 NIHR 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 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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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 414 8532