



# Primary Care Research Network East Midlands and South Yorkshire

Putting research at the heart of primary care

Welcome to the latest edition of our quarterly newsletter

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**W**e are here because we think health research matters. We are aware of course that you, the reader, are juggling a large number of competing interests, only one of which will be your ongoing research commitment. For some of you, this newsletter may be your first contact with PCRN EMSY.

Unique Selling Points (USPs) are intended to set an organisation apart from its competitors; they should also be concise and honest. We also felt that in the hectic and diverse world that is primary care, having a good USP would help everyone to understand what we do.

Our USP started life on a training course in June 2009 and reached maturity in July. Finding a single sentence to describe succinctly your organisation that all members of the organisation are happy with – and which is memorable – is surprisingly hard. We think we have succeeded; see if you agree.

**To benefit you and your patients, we provide comprehensive primary care research support**

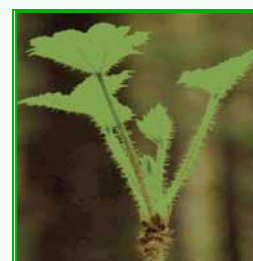
Patient involvement

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**Growing Patient Participation Campaign**

Launched in June, Growing Patient Participation is a joint initiative between the College of General Practitioners, the British Medical Association, the NHS Alliance and National Association for Patient Participation.

A £20,000 fund has been launched by the campaign, to support initiatives undertaken by Patient Participation Groups. See [www.growingppgs.com](http://www.growingppgs.com) for more information.



## Swine flu and PCRN EMSY

Andrew Wilson, Clinical Lead

The swine flu pandemic has presented threats and opportunities to the network. We were concerned that the clinical workload generated by the pandemic, as well as staff absences because of illness, could mean that some practices would have to slow down or postpone their research activities.

To date, this has not occurred as much as we had feared at the start of the pandemic, and there is evidence that the extra workload is lessening; in the East Midlands, the rate of GP consultations for flu-like illness in the first week of August was 46 per 100,000, compared with 64 in the previous week.

In part, this is due to the activities of the National Pandemic Flu Service, which from August 6<sup>th</sup> to 12<sup>th</sup> dealt with 12,000 calls from the East Midlands and issued 6,000 courses of antivirals.



However, the situation could worsen later in the year as the incidence is predicted to rise, and primary care will also be involved in the vaccination effort. The network will liaise with practices and researchers to provide early warning of possible delays in recruitment due to the pandemic, so that practices do not feel pressurised and, if necessary, researchers can plan to seek extensions to their studies.

The pandemic also offers opportunities for research in primary care, including studies of the virus itself, clinical studies of the effectiveness and side effects of antivirals and immunisation, and psychosocial studies of how risk is perceived in the population and the role of the media.

For example, research in South Yorkshire has found that only 11 per cent (95 per cent confidence interval 7 per cent to 17 per cent) of people with flu symptoms were positive for A/H1N1, and that up to 20 per cent of people treated with oseltamivir do not complete the course because of side effects ([www.bmj.com/cgi/content/full/339/aug11\\_1/b3249](http://www.bmj.com/cgi/content/full/339/aug11_1/b3249)).

We expect to be able to offer practices a number of such studies in the next few months. These are being fast-tracked through the national adoption procedures and will include a study on viral shedding as well as drug surveillance studies.

## What research means to me – a personal view from the practices

Dr Azhar Zafar, Danes Camp  
Surgery, Northampton



Research helps you to practise more effectively. All GPs use research evidence and I was always curious about how research is generated and how the findings are interpreted.

After spending many years in hospital medicine, I decided to join general practice in 2004. I was looking for further training in research when my supervisor at a hospital in Grimsby helped me to go on a post-graduate Health Research certificate course run by Leeds University. On completion of this course, I wanted to have hands-on experience in research, and I started to explore various venues. I came across a flyer from the PCRN EMSY and got contact details for Janice Strand, a research co-ordinator. I approached her for help, and she offered to have an initial meeting to explore how we could work in partnership.

After our initial meeting, she explained to me the role of the PCRN and the kind of help they can offer. On her advice, I used the Royal College of General Practitioners' self-certification model to start our journey towards being an accredited Research Ready practice. We needed to fulfil basic core competency requirements for declaring the practice Research Ready. Further details can be found at the RCGP's website, [www.rcgp.org.uk](http://www.rcgp.org.uk).

After fulfilling the criteria to become a Research Ready practice, we invited our local PCT research governance manager to visit our practice. With her help and the ongoing help of PCRN EMSY, Danes Camp Surgery began its journey in research in 2007.

Initially we started with PCRN portfolio studies. The portfolio consists of academic studies, and commercial studies are beginning to feature as well. All the studies are aimed at patient benefit, and have all necessary approvals in place. After gaining experience in basic research methods such as patient recruitment, we moved on to take part in our first commercial drug trial in 2008. It is more complicated to get involved in commercial studies than taking part in PCRN portfolio studies where most of the work is done by PCRN.

My suggestion for interested practices is to start with PCRN studies and then look at how you can develop a portfolio of academic and commercial studies at your practice. How deeply you wish to be involved is your choice – you could do just one study to see how it goes, or you could do several studies.

If you need any help or further information on becoming involved in research, please email me on [az51@le.ac.uk](mailto:az51@le.ac.uk) or [azhar.zafar@gp-k83610.nhs.uk](mailto:azhar.zafar@gp-k83610.nhs.uk).



## Debbie Jeffrey, practice nurse, Lincoln



As a practice nurse based at a busy GP surgery in Lincoln, I have always been committed to keeping my skills and knowledge up to date, both for the benefit of my patients and for my own continual professional development.

My practice manager suggested I meet with Judy Smith, the head of research at NHS Lincolnshire, who was looking to recruit a willing practice nurse to help with promoting research in primary care.

Up until this point in my 20 years of nursing, I had never been directly involved with research. I saw this as an opportunity to be involved in the research process and also to learn more about the subject. The practice and patients would benefit, as any research that may improve patient care and treatment has to be a plus.

There are learning opportunities to be gained from the various projects available and study days, courses and conferences to enhance any skills that may need learning or updating.

### Worthwhile and interesting

My role involves exploring and selecting suitable research studies that are available from an approved portfolio. The idea is that I discuss suitable research projects with our GPs and practice manager and select ones that are beneficial to the surgery and our patients. I am also encouraged to select research that I am interested in and where I know we as a practice will be able to provide the necessary data required. It is very important that I have the support of the doctors and practice manager as occasionally their assistance may be needed.

The amount of work involved with the different projects varies from simple database searches and telephone interviews, to contacting patients within the client group and inviting them to take part on behalf of the research group. The research group then sends the information about the project with mail merge letters, pre-paid envelopes etc for me to send to the selected patients.

Occasionally, that is where my input ends, but with some studies, patients are asked to attend for blood pressure, height and weight measurements and blood tests. Patients may contact me at the surgery to verify any details they are unsure of. If I cannot help them there is always a specific helpline that they can contact for advice.

Projects vary in the amount of time and effort needed and there is always support from the research team based at Cross O'Cliff Court and the PCRN in Nottingham. I find it a very worthwhile and interesting area to be involved in.





The Keeping  
Children Safe at  
Home from  
Accidents study



The University of  
Nottingham

### A multi-centre case-control study to investigate why children under five have accidents in their home

Falls, poisoning and thermal injuries are the most common injuries resulting in hospital admission and Emergency Department (ED) use in children aged 0-4 years. Each year, more than 241,000 under-fives attend EDs in the UK and more than 22,000 are admitted to hospital in England following a fall, poisoning or thermal injury. The cost of these ED attendances alone exceeds £17 million per year. It is estimated that 90 per cent of severe injuries in this age group are potentially preventable.

Funded by a £2 million, five-year NIHR Programme grant, this case-control study aims to identify parental practices (eg use of stair gates, teaching young children safety rules) that are effective in protecting young children against falls, poisonings and thermal injuries.

Over a four-year period, a total of 950 cases will be recruited from the ED and wards at Queens Medical Centre. Cases will be children under five with a fall, poisoning or scald injury whose parents agree to participate. We will recruit controls (children who have not had an injury) from the GP of the case child, and they will be matched by age and gender. Over the same period, we will recruit 3,794 controls – four controls for every case. If a child from your practice attends ED, we will contact you to ask for help in recruiting controls. This will provide the study team with essential data to help them develop effective and cost-effective interventions to help reduce injuries in the home.

This study is soon opening and is supported by PCRN EMSY. Funding is available to pay practice staff costs incurred in helping with the study. However, we cannot anticipate which practices we will need to approach as this will depend on the cases that are recruited to the study. To find out more, please get in touch with the hub co-ordinator for your region.



MASCOT is a double-blind multicentre randomised controlled trial comparing whether control of asthma symptoms can be improved by adding in a long-acting beta<sub>2</sub> agonist (salmeterol) or a leukotriene receptor antagonist (montelukast) in six- to 14-year-olds with asthma uncontrolled on low-dose inhaled corticosteroids.

Practices are reimbursed £250, plus an additional £25 for each patient registered.

### **IBS-D Study**

A new study in Nottinghamshire looking at Ondansetron as a treatment for Irritable Bowel Syndrome with Diarrhoea predominance is set to roll out this month. The aim is to determine whether treating IBS-D with Ondansetron improves patient symptoms. This will be done using a double blind cross-over study of Ondansetron vs placebo.

### **PATCH – Prophylactic treatment for reoccurring cellulitis of the leg**

PATCH study is going well but we still need more practices to run database searches for patients with cellulitis. The study aims to find out if taking a daily antibiotic will prevent another attack of cellulitis. Mailings are prepared by the co-ordinating centre and service support costs are offered.

### **SOMNIA – Supported self-management of insomnia**

This study is looking for patients who experience insomnia and have a chronic disease. The study will look at how a self-help group compares with a no-treatment group. The self-help group will be provided with six consecutive weeks' worth of booklets on sleep management; these patients will also have access to a phone helpline provided by an 'Expert Patient' trained in sleep management.

**For more information about how your practice could become involved, please contact Miranda Lane, Research Development Officer (Trent), on 01623 673315 or [miranda.lane@nottspct.nhs.uk](mailto:miranda.lane@nottspct.nhs.uk)**

## **Guideline Adherence to Enhance Care (GUIDANCE UK)**

GUIDANCE (UK) is part of an international study involving eight European countries – Belgium, France, Germany, Ireland, Italy, the Netherlands, Sweden and England/Wales. It is a cross-sectional study aiming to assess the quality of care of Type 2 diabetes in clinical practice compared to the recommendations given in national guidelines.

General practitioners, hospital physicians and people with Type 2 diabetes will be recruited to participate in this study, and will complete a survey. In addition, participating patients will be asked to give permission for retrospective record review. We are aiming to recruit 1,000 patients in the UK, from two local hospital sites, as well as from selected general practices from local PCTs. All collected data will be forwarded to the national co-ordinator in Germany for entry and analysis.

We have a wide range of other studies available across the East Midlands and South Yorkshire. To find out more, please visit our website – [www.pcrn-emsy.org.uk](http://www.pcrn-emsy.org.uk) – or contact one of our research co-ordinators. Contact details are on the back page.

### Have your say

“ Thank you so much for all of your outstanding hard work. The assistance of PCRN EMSY has been fundamental to the success of the project, and we hope to do it again soon. ”

**Sarah Pearse, Royal College of Paediatrics and Child Health  
Researcher, Urgent Care Services study**

We welcome your feedback and suggestions. Email [sally.tipper@emsy.nhs.uk](mailto:sally.tipper@emsy.nhs.uk) and let us know what you'd like to see featured in future newsletters and on our website, and look out for the next edition of our newsletter in December.

### Do you want to take part in research?

Since the beginning of the year, a total of 150 practices across the network have agreed to take part in at least one of our studies. If you want to join them, please contact one of our research co-ordinators for a discussion or to arrange a practice visit.

### What are the advantages of registering with the network?

- Access to funding for training and backfill
- Incentive Scheme for General Practices funded by the LNR CLRN
- Access to UKCRN training

**Getting in Touch  
Co-ordinating Centre**

Louise Woodward – Network Manager	Judith Martin – Office Manager
Andrew Wilson – Clinical Lead	Sandeep Chohan – Data/Finance Manager
Sally Tipper – Portfolio & Communications Officer	

6<sup>th</sup> floor, St John's House, 30 East Street, Leicester LE1 6NB  
E: [judith.martin@emsy.nhs.uk](mailto:judith.martin@emsy.nhs.uk) T: 0116 295 4080 F: 0116 295 4177

**Local Hub Research Co-ordinators**

Leics, Northants and Rutland	Trent	South Yorkshire
Janice Strand	Nathalie Bailey-Flitter	Michelle Horspool
E: <a href="mailto:janice.strand@emsy.nhs.uk">janice.strand@emsy.nhs.uk</a>	E: <a href="mailto:nathalie.bailey-flitter@nottspct.nhs.uk">nathalie.bailey-flitter@nottspct.nhs.uk</a>	E: <a href="mailto:michelle.horspool@shsc.nhs.uk">michelle.horspool@shsc.nhs.uk</a>
T: 0116 295 1589	T: 01623 673317	T: 0114 271 8804
M: 07825 316269	M: 07825 316291	M: 07814 867370