

New NRS Primary Care Network manager Ellen Drost



We are very pleased to announce that our former SE Node Research Co-ordinator **Ellen Drost** took over in August as our new network manager when **Alison Hinds** left after 10 years in post. Ellen has a wealth of research experience built up over the last 30 years at the University of Edinburgh as well as an in-depth knowledge of the NRS Primary Care Network. We look forward to further developing the network under her direction.

New East Node member of staff



Catriona Loots joined the East Node (Tayside, Forth Valley and Fife) as Research Officer in September 2018. She has spent over 14 years working in the NHS in various posts and latterly for 10 years at NHS Health Scotland (NHS HS) working as a Learning and Workforce Development Adviser across a range of Health Behaviour Change topics. She has an MSc in Health Promotion and Health Education (University of Edinburgh) and an MSc in Applied Social Research (University of Stirling). She has also worked for the University of Edinburgh as a tutor on the Undergraduate Degree in Medicine, Education and Research with NHS Education for Scotland, the University of Stirling as a lecturer, and the Scottish Further Education Unit. We wish Catriona well in her new position.

Bruce Guthrie moves to Edinburgh University



Bruce Guthrie is the NRS Primary Care Network 'Clinical Research Champion'. This month Bruce left Dundee University after 15 years to take on a new role as Professor of Primary Care Medicine at Edinburgh University. Bruce has been a valued colleague who, as Professor of Primary Care Medicine in the School of Medicine, Dundee and as Honorary Consultant in NHS Fife and a General Practitioner in Cardenden in Fife, has played a major role in applied research into quality and safety in healthcare. He will continue to support the network in his new location, and we wish him every success in his new role.

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NRS Primary Care Network: Research update

Below are recent ways in which the network has been utilised in order to facilitate recruitment.

Several UK-wide studies publish final results and produce recommendations for clinical practice



The network facilitated the recruitment of patients who use intermittent self-catheterisation from GP practices across Lothian, Greater Glasgow and Clyde and Grampian NHS boards. Fifty four practices took part in Scotland with 205 patients being invited. The study was looking at whether taking a once daily dose of antibiotic to prevent repeated urinary infections is worthwhile in people who use intermittent catheterisation to empty their bladder. They found a 48% reduction in UTI frequency after treatment with prophylaxis, and prophylaxis was well tolerated, however, increased resistance of urinary bacteria is a concern.

Access the full article here: [https://doi.org/10.1016/S1473-3099\(18\)30279-2](https://doi.org/10.1016/S1473-3099(18)30279-2)



CoSMoS, a UK-wide study looking at the factors affecting the continuation of clean intermittent catheterization (CIC) in people with MS (PwMS), has published findings. Recruitment via the primary care network occurred in 83 GP practices across Scotland with 86 eligible patients being invited to take part in this three-part mixed method study. The researchers concluded that although CIC may benefit many PwMS, continuation is dependent on the individual's perception of improvement in symptoms versus the burden of use.

Access the full article here: <http://journals.sagepub.com/doi/10.1177/1352458518768722>

ASCEND, a UK-wide study run by Oxford University which followed patients with Diabetes over an average of 7.4 years was supported by network staff in Grampian and Highland where 1509 patients were invited to take part from 17 practices. They were looking at the balance of benefits and hazards of Aspirin use for the prevention of first cardiovascular events in patients with diabetes. They found that Aspirin prevented serious vascular events in patients with diabetes who did not already have cardiovascular disease, but it caused almost as many major bleeds and there was no effect on cancers.

Access the full article here: <https://www.nejm.org/doi/10.1056/NEJMoa1804988>

East Node network staff support local Tayside Glucose meter study

This study explored whether using a glucose meter and keeping a food and exercise diary would be of benefit as an intervention for people identified as being at high risk of type 2 diabetes. The Network facilitated the recruitment of patients with impaired glucose regulation (IGR). 60 patients were identified across 7 practices in Tayside with the target of 20 (32%) participants being recruited. The study found several participants were interested in analysing their own results and they found it a useful tool to act as a prompt or reminder. However, for this practice to enhance people's understanding of the effects of different foods and drink on the body, the researchers found that there needs to be more specific and explicit guidance as to how the meter could be used in an experimental or exploratory way. In-depth results from this study will be submitted as a paper to *Diabetic Medicine*.

NRS Primary Care Network: Research update continued.

Below are recent ways in which the network has been utilised in order to facilitate recruitment.



As reported back in 2017, the network supported this large-scale study looking at whether low-dose theophylline reduced the risk of exacerbation in patients with chronic obstructive pulmonary disease (COPD) when added to inhaled corticosteroids. Findings were published in October 2018, showing that the addition of low-dose theophylline did not significantly reduce the mean number of exacerbations compared with placebo over a 1-year period and therefore the use of low-dose theophylline as adjunctive therapy to inhaled corticosteroids for prevention of COPD exacerbations is not supported.

Access the article here: <https://jamanetwork.com/journals/jama/fullarticle/2707459>.



Primary Care Network colleagues in the West of Scotland supported the TRUST study to recruit patients with subclinical hypothyroidism to this randomised placebo-controlled trial. Reporting in the NEJM back in 2017, findings demonstrated that levothyroxine gave no benefits for older people with subclinical hypothyroidism and that this intervention should not be routinely prescribed to older people with this condition.

Access the article here: <https://www.nejm.org/doi/pdf/10.1056/NEJMoa1603825>



The NRS Primary Care Network facilitated the recruitment of practice staff to this study which aimed to explore the priority that primary care practices attach to asthma self-management, to describe their existing asthma management routines, and to generate innovative implementation strategies. The findings also informed the successful application for a programme grant.

Access the article here:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5515882/pdf/41533_2017_Article_41.pdf

PCAM

Practice recruitment and some patient data handling was provided by network staff. The aim of the study was to examine: (i) the Patient Centered Assessment Method (PCAM), in primary care settings in Scotland; (ii) the impact of the PCAM on referral patterns and its perceived value; and (iii) the PCAM's perceived applicability for use in a complex patient population.

The researchers found that the PCAM represented a feasible approach for assessing patient needs with consideration to the social dimensions of health, and allowed practitioners to refer patients to a broader range of services to address patient complexity.

Access the article here:

<https://europepmc.org/backend/ptpmcrender.fcgi?accid=PMC5636039&blobtype=pdf>

The **NRS Primary Care Network** was established in 2002 to co-ordinate national research activity in primary care. We are funded by the Chief Scientist Office (CSO) with the overall aim of increasing the amount of research relevant to patient care which is undertaken in a primary care setting. This involves network staff facilitating high-quality research studies, both academic and commercial across the full range of physical and mental health areas. The network contact information is below.

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