

### Primary Care research growth in NHS Lanarkshire

Raymond Hamill, Senior R&D Manager for NHS Lanarkshire is grateful that the ongoing support provided by the NRS Primary Care Network has helped the health board to establish a growing portfolio of studies that recruit wholly, or in part, via General Practice. He writes: “The supportive relationship established when recruiting more than 1,000 patients to the ECLS Study has continued with the HEAT (helicobacter eradication) Trial and the All-Heart (allopurinol / IHD) study, both of which are recruiting well in NHS Lanarkshire. We liaised closely with the network team and the sponsor for HEAT in order to resolve IT issues that enabled study data to be sent directly to the sponsor from participating GPs”.

“We collaborate with an increasing number of GP practices, and view research involving Primary Care colleagues, and recruitment to eligible studies via Primary Care, as an important area of growth for NHS Lanarkshire. In furtherance of that aim, we have recently established our first research active GP site as part of the NRS Primary Care Network RSI (Research Site Initiative) scheme; we are hopeful that this will open up another avenue for developing our Primary Care research portfolio”.

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### NRS Primary Care Network administrator

Jen Currie joins us in the Dundee office and any communication regarding practice payments will come from her. The BACS payment reference, as always, is ‘University of Dundee’. A warm welcome to Jen in her new role.

### NHS Lothian Research Site Initiative (RSI)

Research Site Initiative (RSI) schemes have been very successful in England at increasing capacity to deliver recruitment and research in GP practices over the last 10 years. The NHS Lothian Research Initiative Scheme (RSI) has just completed its second year. Four practices participated. Together they took part in 33 studies (214% of required; range 100-250%) and 2217 patients were offered the opportunity to participate in research studies covering a range of mental and physical health topics including dementia, elderly frailty, COPD, diabetes, asthma, cardiovascular, menstruation and hypertension. Practice staff felt they benefited from the scheme with a better understanding of the principles, mechanisms and standards of research.

## NRS Primary Care Network: Research update

The **NRS Primary Care Network** is involved in studies with varying recruitment priorities. Below are examples of recent ways in which the network has been utilised in order to facilitate recruitment.

### Recruitment complete for two large projects



The NRS Primary Care network has been heavily involved in recruitment of patients with COPD to the TWICS study, an excellent example of successful collaboration between primary and secondary care. We now have the final TWICS recruitment figures for Scotland as a whole and for primary care; 399 patients were recruited with 70% of these being recruited via the NRS Primary Care Network.

Professor Graham Devereux, consultant respiratory physician and CI of TWICS, has stated that NRS Primary Care Network support was the key factor in the successful recruitment to TWICS, and that the success of TWICS was an important element in the study team being successful in their application for funding for a second nationwide COPD RCT, due to start recruiting in 2018.



The NRS Primary Care Network has been collaborating with the Allopurinol and Cardiovascular Outcomes in Patients with Ischaemic Heart Disease (ALL-HEART) study team to facilitate recruitment in Scotland through primary care. The study reached its target of 5215 randomised patients in September 2017. The ALL-HEART clinical trial is a multi-centre PROBE trial within the primary care setting. The aim is to establish whether allopurinol improves cardiovascular outcomes in this population. The study started recruiting in February 2014 and has over 480 GP sites across 10 NHS Board areas in Scotland and 10 NHS Clinical Research Network in England. The total number of patients randomised into the study in Scotland is 2338.

### 'Hard to reach' groups appreciate research opportunities: SGENE



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SGENE: Eye Movements and Mood Study. Researchers at the University of Aberdeen are investigating patterns of eye movement in patients with mild-moderate depression. They are trying to gain an understanding into why some people develop periods of low mood and others don't. Researchers have reported that patients have found the research experience enjoyable, interesting and worthwhile. They have been really pleased that their GP surgery has opted to participate in research on depression and to be invited to take part. One participant commented: "I can't think of a better way to spend a Monday morning!"

This national study is identifying distinct patterns of eye movement in patients with schizophrenia, bipolar disorder and major recurrent depression. The majority of patients with low mood are only identifiable through the GP Primary Care service. The NRS Primary Care Research Network is an excellent resource to help the researchers reach this cohort of patients.

## NRS Primary Care Network Scientific Meeting Report

As mentioned in the June newsletter, the NRS Primary Care Network has been developing work '**researching recruitment**'. As part of this, the network hosted their scientific meeting in May with the focus on '**balancing efficient and ethical recruitment in primary care research**'.

Attendees were invited from a range of backgrounds; Members of research ethics committees, public or patient reps, researchers, research network staff, NRS staff and GPs.

Part of the day involved setting priorities for recruitment research, and topics included: telephone reminders, layered study information (including use of a summary PIS), persuasive invitation letters and financial incentives. These methods are sometimes used by researchers recruiting in primary care but there is a lack of evidence as to whether any of these methods are either effective (have an impact on recruitment rates) or are acceptable (both for clinicians and for patients).

It was felt that priority should be given to researching both the effectiveness and acceptability of the use of **telephone reminders** in primary care research with 31% of attendees prioritising this. The effectiveness, if evidence suggested it increased patient recruitment, would need to be balanced with the extra costs involved, ease of access to telephone numbers and any potential problems arising if patients were unhappy to be contacted in this way. There was much discussion regarding the acceptability of telephone reminders, where they should be made from, who should make the call, what the general content should be (solely a check if someone had received the invitation, or an invitation to ask questions?), whether any patient groups would be more or less appropriate to receive telephone reminders and what the process should be (e.g. should someone always be informed by letter that they will be receiving a telephone reminder, and given the chance to opt out?).

A quarter of attendees would like to see research done into the impact of **using a short PIS along with the GP invite** (with the full PIS only being given to initially interested potential participants). Related to this, 19% felt research was required on the **use of layered information** in primary care research (i.e. the study information given is appropriate for what is being asked at the time, e.g. basic information when encouraging initial contact, full PIS before consenting).

**Persuasive letters** (using psychological theory) were also a topic attendees (16%) wished to see further research on. It was felt it was important to establish whether psychologically informed invitations had an impact on participant recruitment. In addition, further investigation would be helpful to establish what is acceptable to both patients and clinicians with regard to persuasive communications as attendees felt that balance was required, especially as the invitation letter was coming from the GP and therefore they cannot be seen to be directly endorsing the research.

The NRS Primary Care Network will look at these priorities and how they can be researched in the primary care context. We will continue to work with research teams to include embedded research studies in some of the research the network supports.

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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