



R&D CONSORTIUM

Royal College of General Practitioners (RCGP)

In recent years, there has been a move towards assessment of organisational and clinical practice to reflect the quality of general practice and primary care. Research is an essential component of a quality framework for health and social care, but research itself can involve risk in relation to the appropriate and effective use of resources and on occasion, the safety and well being of the research participants. The proper governance of health related research is therefore essential to ensure the highest scientific, ethical and financial standards. Primary Care Research Team Assessment, represents good practice in the involvement of patients in research, the maintenance of their confidentiality and informed consent.

The Consortium is giving all of it's practices the opportunity to apply for this accreditation. It will offer valuable resources in terms of time, support and finance in applying for this.

The closing date for the fee reduction applications: Friday 20th December 2002.

See page 3 for further details.

Welcome

We hope you find this edition of our newsletter interesting. Please get in touch with any suggestions for future articles as well as contributions.

See back for further contact details.

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Thank You

The Consortium would like to thank all of the practices for the time, effort, support and enthusiasm they have put in to the research projects.

We hope this will continue into the future.



Patients needed for study....

REWARD AVAILABLE!

The living and working with sickness study needs YOUR help – and what's more, the practice which makes the MOST referrals into this study could win a FANTASTIC TIN OF LUXURY BISCUITS....all you need to do is refer eligible patients who are requesting a repeat sick note to – SUZANNE LITHGOW asap.

(see folder in practice for details)

Role Changes!

From September 2002, there are two role changes within the Consortium:

Ms Paula Hodgson, Qualitative Researcher, will be taking a position of Lecturer in Medical Sociology, University of Liverpool.

Dr Siobhan McQuillan, GP Researcher will be reducing her hours with the Consortium to two days per week due to a partnership in Westmoreland General Practice.

The Consortium would like to thank them for all of their time, support and commitment.

Primary Care Research Team Assessment (PCRTA)

Speaker: Rachel Morley, Project Officer.

Presentation & discussion took place on 11th September 2002

For feedback, please look on page 3



Sickness Certification - PhD Studentship

Qualitative

This project is looking at the different factors that lead to chronic sickness and consequent certification from the workplace. Informants will be invited to take part in an interview to explore their perceptions of their illness experience and the barriers they perceive to return to work. All 9 Consortium practices have agreed to be involved in this project and ethical approval has been received from Liverpool and South Cheshire Ethics Committees. Data collection has already begun in South Cheshire, and recruitment from the remaining practices will begin in September.

Resource Implications of Clinical Governance in Primary Care

Five Liverpool practices are taking part in this project exploring the resource implications of clinical governance. The project is multidisciplinary and involves up to eight participants in each practice. Participants are requested to complete a log of clinical governance activity, followed up by semi-structured interviews. To date 24 activity logs have been returned and 10 interviews have taken place. Each practice will receive a report in addition to funding for a feedback session. This project also aims to explore patients' experiences of primary health care. The first to focus groups with patients took place in June and the second was held on September 23rd. Results from this research will be shared with all participants and reports given to each Liverpool PCT.

General Practice Nurse Led Intervention Study for Heart Failure Patients

This RCT to examine whether a general practice nurse intervention strategy will improve the diagnosis and management of heart failure patients in the community and is ongoing. A total of 239 patients (120 in four control practices, 119 in the four intervention practices) consented to take part in the study. Eighty patients, forty from each arm of the trial, were visited in their homes and completed two quality of life questionnaires, in January and February 2002, and this will be repeated in Jan/Feb 2003. The nurse-led heart failure clinics commenced in Feb/March 2002 and most patients have been seen by September 2002. The clinics have been well received by both the nurses delivering them and the patients visiting. The project team are currently visiting all the eight practices involved on a three monthly basis for data collection. The clinics will run until Feb/March 2003.

Development of Sickness Certification Database

Stage 1, data collection (using carbonised certificates) has been completed in all 9 consortium practices. The central database currently holds details relating to over 13,000 sickness certificates issued to nearly 7,000 patients. Preliminary analysis of the data has been conducted, and some interesting trends have been discovered. Some basic feedback of results has been sent to each participating practice. The next stage of the study plans to investigate how GP based factors may have influenced nature and duration of certified sickness.

Brownlow Group Practice Interactive Website

Evaluation of an E-Healthcare System

This is a two phase project, approved by Liverpool Ethics committee in July 2002.

The aim is to evaluate an innovative primary healthcare website. We seek to investigate the impact of information technology on both the healthcare system and patients. A current assumption is that patients are empowered by this technology to access and control their own health data via public data networks such as the internet. This new technology aims to help the practice to deliver quality healthcare and facilitate workload management. This research seeks to determine the potential uses of such a service e.g. its accessibility, usability and limitations. In addition to impact on practice resources, we plan to assess the patient perspective on using the system and the development of a user friendly website. This includes alpha testing the interactive website to refine its usability and scope, and explore further potential development. Phase 1 is complete and Phase 2 commenced the first week in September.

For further information please contact Hani Makki on: H.Makki@postgrad.umist.ac.uk.

Frequent Attenders

Frequent attenders in primary care can take up a great deal of time and resources of practices. The aims of this study are to look at the rates of frequent attenders in five of the Consortium practices, to compare administration staff and GP's 'top 10' frequent attenders with the actual frequent attenders, and to interview a sample of frequent attenders to explore their expectations of primary care and their continued presentations in primary care. Currently interviews are ongoing and the results from the different elements of this project will be completed by December 2002.



Non Cardiac Chest Pain

This project is a recent addition to the research activity of the Consortium and is being developed with colleagues in Clinical Psychology and Cardiology. Individuals who suffer with non-cardiac chest pain, along with frequent attenders and patients with unexplained physical symptoms are problematic for primary health care teams. Conversely, individuals who continue to experience anxiety and uncertainty over the 'inability' of medicine to provide a firm diagnosis for their symptoms can develop depression and poor quality of life. The research is expected to continue to contribute to primary care through an improved understanding of how non cardiac chest pain is diagnosed. An initial project will develop a screening tool that will diagnose non cardiac chest pain patients.

ACTRIGHT

(Acute Chest Triage Rapid Intervention Guided by Hospitalisation, Home of Telecare)

The RCT is now underway at Aintree University Hospitals NHS Trust. To date, fifteen patients have been recruited. There are plans to extend the study to the Royal Liverpool University Hospital NHS Trust.

Additionally, this trial now has a qualitative research components aimed at examining implementation issues with particular emphasis on users' perspectives.

ACTRIGHT

Continued...

A discussion of the trial protocol has just been published and the reference is: Mair FS, Angus R, Haycox A, Boland A, May C, Capewell S, Roberts C, Bundred P, Bonnar S. A randomised controlled trial of home telecare. *Journal of Telemedicine* 2002;8(2):58-61.

Training

The Consortium's performance measures for training includes encouraging Consortium researchers and practice staff to complete higher degrees including MD's, PhD's and/or for specific research related modules within them. Through providing support to practice in terms of finance and/or resources, we hope to increase research awareness and encourage members of the primary health care teams to become actively involved in research.

Due to restricted amount of training funds the Consortium have implemented in-house training which is open to all Primary Health Care Team members either on a one to one basis or in group workshops.

Please contact us for further details (see back page for contact numbers)



Job Vacancy

Part-time Qualitative Researcher Associate post within Mersey Primary Care Research & Development Consortium based at University of Liverpool.

For further details, please contact Gabbie Marr on: 0151 79 4 4552 or email: gmarr@liverpool.ac.uk.

RCGP - Royal college of General Practitioners

PCRTA - Primary Care Research Team Assessment

PCRTA is a quality initiative which focuses on the research capability of individual practices and their teams. The standards and criteria have been developed through consultation with key figures in the field of primary care and through a pilot project. Two levels of award exist as it is recognised that practices are involved in primary care research in different ways:

Collaborator Research Practice: For those practices who mainly collaborate in research projects, but who may have initiated small research studies funded from within the practice.

Investigator Led Research Practice: For practices who mainly collaborate in research projects and who have been successful in applying for funding from external organisations.

Practice bases research teams wishing to undertake PCRTA are asked to gather written evidence to demonstrate how they meet the standards and criteria. A multidisciplinary team of assessors will be appointed to appraise the written evidence and to visit the practice. The assessment team will then provide feedback focussing on those aspects of research activity which impressed them. The assessment team will also provide advice and guidance for further improvements.

If your Practice is interested, please contact Susan Beaton on: 0151 794 5613 / 4552 or email: s.c.beaton@liverpool.ac.uk.



Consortium Objectives:

Mersey Primary Care R&D Consortium ('the Consortium') came into existence in April 1999, following a successful application for funding from Budget 1 of the NHS R&D Levy. The Consortium has been created to generate high quality R&D activity, relevant to the needs of primary care. Our objectives are as follows:-

- 1. Increase external funding** - The Consortium will continue to seek high quality external peer reviewed research funding across its 3 new activity areas, from established funding bodies including MRC and ESRC, the NHS R&D HTA programme, and EU Framework 6. During 2003-4, we will also work closely with the newly established PCTs on Merseyside, to help them develop their R&D funding objectives.
- 2. Develop research capacity within primary care on a multi-disciplinary basis** -The Consortium will build on a series of seminars held in the first and second year of its activities. Several members of PHCTs have been supported to complete research related higher degree modules. In addition, members of the core research team will continue to provide advice & support at all stages of the research process.
- 3. Expand consumer involvement** - As a primary care research organisation, the Consortium is ideally situated to formulate research questions that reflect the concerns of patients and consumers, and to develop novel research methodologies. The inclusion of patients and consumers in primary care research is challenging and time consuming, but the potential benefits for the Consortium and for consumers is well worth the effort.
- 4. Encourage appropriate and relevant dissemination** -The Consortium will continue to disseminate its findings locally, nationally and internationally. These mechanisms allow updates on consortium activities to reach a wide audience including members of the PHCTs, the general public, patient groups and PCTs. National and international dissemination is encouraged principally through oral & poster presentations at academic and clinical conferences.
- 5. Increase partnerships & networking** -The Consortium will continue to foster effective collaborations with cognate R&D organisations. We will build and strengthen our relationship with the University of Liverpool as a Research Sponsor. Plans will also be established this year for the consortium to play a major role in developing the research agenda of local PCTs. Thus raising the standards of R&D-hence more effective care of patients.



THE SOCIETY FOR ACCEDEMIC PRIMARY CARE

The 32nd Annual Scientific meeting of the society for Academic Primary Care:

Wednesday 16 to Friday 18 July 2003

Venue: Manchester International Convention Centre

A multidisciplinary conference for researchers and teachers in primary care. SAPC courses will be held on:

Tuesday 15 July 2003.

More information will be available on the website:

www.sapc.ac.uk

in November 2002.



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