

# MERSEY PRIMARY CARE R&D CONSORTIUM

WEBSITE: [www.merseyprimarycare.org](http://www.merseyprimarycare.org)

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## Change of Address

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## DOES RESEARCH MAKE SENSE TO YOU?



In response to some members of the Consortium practices, a research reading group has been suggested. The aim of this group is to introduce concepts in research, such as, how to critically appraise a research paper, what are the differences between qualitative and quantitative research, how to implement evidence based practice. So far, suggestions for this group have been to meet every three months. Primarily aimed at nursing and administrative staff but everyone welcome! A research paper will be selected by a practice, distributed and read before the meeting. Consortium researchers will facilitate these meetings. We need to know how much interest there is in setting up this group, how to identify research, where and when should meetings be held (in practices?).

If you have any comments, suggestions, or would like to be involved, please contact:

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## PRACTICE ROADSHOWS



The Consortium have recently organised their third set of practice roadshows, involving the combined administrative and research team. These roadshows have been designed to remind practices of the aims and objectives of the Consortium, to explain role changes that have occurred in the team, and to discuss any other matters that the practices wish.

Heart Failure

Anxiety & Depression

Sickness Certification

Telemedicine

R&D in PCG's





### **A General Practice Nurse Intervention for Heart Failure Patients**

The overall aim of the proposed study is to examine whether a general practice based nurse intervention strategy would improve the diagnosis and management of heart failure patients in the community in a cost-effective manner. Since the last Newsletter this study is making steady progress. Nurses have been identified in 8 of the Consortium practices and they are currently reviewing patient records to identify patients eligible to be enrolled in the clinics. The Cardio Thoracic Centre at Broadgreen Hospital has seconded one of their ward sisters, Mrs. Pauline Goldstein, to assist in the note screen. Pauline started her work with the Consortium at the beginning of January. Three other of the Consortiums researchers will be collecting base line data from January 2001. Concurrently Clinical Guidelines are being developed and the practices will be randomised into intervention and control practices. It is planned that the first clinics will commence in May 2001.

#### **Examining pathways to the identification of the heart failure patient: a quantitative and qualitative project.**

The aims of this study are to examine the differences in the stage of presentation and severity of illness at time of initial diagnosis based on gender and socio-economic status; to examine time from initial presentation to conformed diagnosis of left ventricular systolic dysfunction; and, to explore whether there are differences based on gender and socio - economic status. In addition the study will explore management strategies, including drug therapy and referral patterns.

Between October and December 2000, the Consortium researchers reviewed the written GP of almost 600 people who died in 1999 in Liverpool HA with Heart Failure as either primary or secondary cause of death (as recorded on the Death Certificate). Abstracts have been submitted to AUDGP and NAPCRG.

Related to the above project, is a qualitative study, using semi structured interviews with individuals, recently diagnosed with Heart Failure. Since the last Newsletter, ethical approval for this project has been given by the Liverpool Research Ethics Committee. Reciprocal agreements are currently being sought from three other Ethics Committees covering the Consortium practices.

#### **ESCAPE**

The aim of this project is to study a cohort of patients with chest pain at two A & E departments in Liverpool (Royal and Fazakerley). The cohort will be divided into 2 groups: one will receive normal care, whilst the other will go through a Rapid Assessment Chest Pain Service. The Consortium is supporting this pilot study through a £10,000 grant and a Consortium researchers time. The focus for the Consortium in this project is to explore GP's and Patient's satisfaction with such a service. A GP satisfaction questionnaire is currently being piloted in Sheffield. This questionnaire was created with the assistance of GP's within the Consortium.

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#### **Palliative Care in Heart Failure**

In this study we are seeking physicians' views on the issues involved in developing palliative care for patients with heart failure. So far, we have carried out three focus groups, comprising academic GPs, Consultants in Elderly Care and Consultants in Cardiology. We are now recruiting for the remaining groups, which will take place in February 2001. These will involve Consultants in Palliative Care and General Medicine, GPs, tertiary centre Cardiologists & Nurse Specialists.

The discussions so far have been free flowing, and have included references to services for other chronic illnesses and the roles of the various physicians and nurse specialists in this area. Formal analysis of the first transcripts will commence shortly. It is intended that the findings will inform the development of models of care for people dying with heart failure.



**Postnatal Depression***Retrospective Study*

Health Visitor caseload review 1998. This was a retrospective study of screening for postnatal depression. Health Visitors from 7 of the 9 Consortium practices reviewed their records for births in 1998. The results indicated no consistency across the practices either in the use of the Edinburgh Postnatal Depression Scale (EPDS) or other means of identifying PND, or health service response.

*Longitudinal Cohort Study*

Health Visitors from 7 of the 9 Consortium practices collected data from all mothers in their caseload who delivered in February and March 2000. The EPDS was administered at 6-8, 12-16 and 30-34 weeks post delivery. The scores were then linked to demographic data.

Health Visitors are working with the Consortium researchers to develop abstracts a patient information sheet to be given to the mothers who took part in the study.

**Doctor Patient Communication about Unexplained Physical Symptoms**

This 3 year research project funded by the MRC is currently in the second phase of data collection. The initial phase, which involved the recording and transcribing of primary care consultations between patients with unexplained physical symptoms and their general practitioners, was completed in July 2000. The transcribed data from this phase is currently being analysed using qualitative research methods. Preliminary analysis has enabled us to start developing, what we believe will be a unique and influential coding scheme, to improve our understanding of managing this potentially demanding patient group. The second phase of data collection, commenced in November 2000 is now well under way, and involves further recording of general practice consultations and completion of questionnaires by patients. This quantitative analysis of this data will commence shortly and will continue alongside the data collection. This phase will by completion; have incorporated data from all nine consortium practices. We are extremely grateful for the participation and enthusiastic support of the Consortium

**Frequent Attenders**

The Consortium is currently looking at the incidence of frequent attenders in 5 of its constituent practices. Through quantitative analysis of patient records, each practice is compiling lists of frequent attenders, stratified by sex and age.

Once this has been completed, GP's will be asked to rate these individual notes on the basis of clinical outcome. Both GP's and reception staff have been asked for their 'Top Ten Frequent Attenders' to assess differences between the two. Local analysis of frequent attenders will be performed which will then inform qualitative work with patients. Since the last Newsletter, an application for ethical approval has been submitted to Liverpool Research Ethics Committee.

**Sicknote Project**

The number of people claiming long-term sickness benefits has increased significantly in the UK in particular, and Western Europe in general, over the last 25 years. In the UK, the number of claimants of Incapacity Benefit (and its predecessor, Invalidity Benefit) increased by over 200% between 1975 and 1995. In this same period, state spending on these benefits increased four fold. In May 1998, the DSS estimated that 7% of the working population were claiming Incapacity Benefit, compared to an unemployment rate of 5%. More people were "on the sick" than "on the dole".

While the DSS has published information on the composition of the claimant group, and investigation of the causes of the increase in claimants has been undertaken, little is known about the early stages of the claim. i.e. the initial patient requests for sicknotes from the GP. The lack of routinely captured data at general practice level has been a major factor in the lack of research in this area.

The Consortium has begun to rectify this situation by commencing the construction of a database of sickness certification details across its nine constituent general practices.

The consortium has been working with the DSS in the production and piloting of carbonised MED3, MED4 and MED5 certificates. These certificates will ensure that after GP completion a copy of basic certification details is retained on a separate sheet.

These carbonised certificates are now being used at the six general practices in Liverpool and Cheshire, for an initial period of 6 months. At each practice a staff member has been recruited to collect the carbonised sheets on a weekly basis, and to input the basic certificate details into a database. Staff costs are being re-imbursed by the consortium.

Due to ethical problems, there has been some delay in commencing data collection at the three Sefton practices. However, it is anticipated that the carbonised certificate system will be introduced at these practices within the next month.



**Resource Implications of Clinical Governance in Primary Care**

This project aims to explore the impact of the implementation of clinical governance on individual practices in primary care in terms of the following:

Who is currently involved in clinical governance in primary care, and what are they doing?

To what extent do the demands made by clinical governance impact on 'normal working' in terms of staff time, resources, cost etc?

What do members of the primary health care team think about their involvement in clinical governance, and what do they feel their needs are in order to introduce/improve/sustain any changes?

What are patients' views on the services being offered by primary care?

Selected staff from study practices will be asked to complete activity diaries which will be used to provide a detailed insight into how clinical governance guidelines/directives are being interpreted and then translated into practice. They will enable examination of the resource implications of clinical governance and exploration of future time and resource needs in order to facilitate the development of clinical governance in each of the practices. The study will also involve asking patients to discuss their own experiences of primary care and to reflect on how they believe that GPs and primary care teams are and should be resourced.

In addition to the £10,000 from region to support this project, the Consortium has £5000 to study practices in collaboration with ALT Valley PCG. There will be feedback and a report for each practice, as well as a wider programme of dissemination. The Consortium is in the final stages of devising the methodology and instruments for this project and hope to begin the data collection within the next two months.

<i>Heart Failure Nurse Led Clinics:</i> North West Research and Development Royal Liverpool Universities Hospital Cardiothoracic Centre NHS Trust	£103000 £6000 £5000
<i>Palliative Care and Heart Failure:</i> South Manchester University Hospitals NHS Trust	£5000
<i>Home Telecare:</i> Department of Health Modernisation Monies	£80 000
<i>Patients Influence on Treatment Decisions when Physical Symptoms are Presented without Physical Pathology:</i> MRC Somatisation	£154 000
<i>2<sup>nd</sup> - 4<sup>th</sup> Digit Ratio as Predictor of Age at First Myocardial Infarction (MI):</i> Wellcome Trust	£62 000
<i>Resource Implications of Clinical Governance in Primary Care:</i> Liverpool Health Authority Alt Valley PCG	£10 000 £5000

**Have you got news for us? Then contact the team at....**

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