

SSPC



The Scottish School of Primary Care

Annual Report

2005/06

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Who We Are



The Scottish School of Primary Care

SSPC Team

Ms Helena Chesser	Acting Head
Dr Lucy McCloughan	Research Capacity Manager
Ms Heather Coupar	Education Co-ordinator
Mrs Tanya Lamont	Events & Programmes Co-ordinator
Dr Linda Leighton-Beck	SSPC Capability Manager
Ms Garrity Hill	Business Support Co-ordinator
Ms Ines Teles	Projects Administrator

Programme Directors and Leads

Dr Neil Campbell	Director, Cancer Programme
Professor Bruce Guthrie	Director, Organisation of Care Programme
Dr Kate O'Donnell	Capability Lead
Professor Blair H Smith	Director, Epidemiology Programme
Mr Steve Turner	Director, Learning Disabilities Programme
Dr Margaret Watson	Capacity Lead

The Scottish School of Primary Care is also advised by a **Strategy Group**, chaired by Mr Martin Hill.

Foreword

By **Helena Chesser**
Acting Head, SSPC

Finding a Common Purpose in Research

*P*rimarily care is at the forefront of the NHS in Scotland. Galvanised by the Kerr Report ¹ and Delivering for Health ² in 2005, primary care professionals are working to cement the foundations of Community Health Partnerships and putting much energy into the proposed shift of the balance of care towards primary care.

Primary care research is also refocusing some of its energies towards exploring new ways of working. In 2005, some of the project work supported by the Scottish School of Primary Care was directly concerned with the new General Medical Services (GMS) contract, the impact of Managed Clinical Networks and proposals for new roles for nurses in the community.

The School has however chosen to continue supporting a wide range of research in the last year or so. Its Programme Directors have diverse backgrounds and expertise; their

successes in developing large collaborative research partnerships are indicative of the talent which exists in primary care research in Scotland.

Under the leadership of Professor Blair Smith, the Scottish Family Health Study, which is part the £4.4 million Generation Scotland collaboration, has begun recruiting 50,000 Scottish people to help identify genes associated with prevalent diseases.

The PICT project led by Dr Neil Campbell attracted a major Cancer Research UK grant worth over £500,000 to study the potential for primary care to tackle social inequalities in colorectal cancer.

Professor Bruce Guthrie's own research work has included GMS, SPICE data and emergency admission collaborative studies, which are attracting £600,000 worth of funding over a period of three years.

The School has also supported work in Mental Health and Learning Disabilities with dentists and other healthcare professionals.

Widening the Access to Research

SPPIRe (the Scottish Practices and Professionals Involved in Research network) expanded in 2005 by increasing its level of participation from a handful of projects in 2004 to 42 projects in 2006.

The development of a business case was further successful in broadening the SPPIRe base through the funding of two new part-time research officers who will be employed to oversee direct patient recruitment to projects. This is a welcome addition to the SPPIRe regional teams.

“SSPC Programme Directors have diverse backgrounds and expertise; their successes in developing large collaborative research partnerships are indicative of the talent that exists in primary care research in Scotland.”

Working with our UK and international Colleagues

2005 has been marked by increasing interest in UK-based research with the establishment of disease specific networks under the auspices the UK Clinical Research Network. SSPC has been keen to dovetail its own network activities to the broader UK picture, believing that

SPPIRe is well placed to feature amongst UK-wide research networks.

Educational Activities

There were three inter-related strands of activities taking place in relation to capability-building in primary care research:

- supporting and linking other organisations involved in research education
- examination of potential student base and review of current Masters level courses
- direct provision and development of modules

Through committee and other partnership activities, the School has been closely associated with the academic career agenda as it recognises the need to disseminate information between organisations, which are engaged in delivering the professional development of NHS staff. By reviewing its own courses and bringing together the policy, education and health services sectors, the School has been able to inform the proposals for new GP training, Agenda for Change and NMAHP education strategies.

Brisbane Initiative

SSPC participated in the development of this international research leadership programme, which aims to foster and develop future leaders in primary care research. The

programme provides the participating universities and participants with the opportunity to further develop leadership skills, form collaborations on projects and produce joint publications. Applications were invited in early 2006: three Scottish applicants were successful out of a potential 10 places!

SSPC's Review

The year 2005-2006 followed the School's Quinquennial review, denoting a period of refocusing to implement the review recommendations and reflect on policy and service reforms. As a virtual organisation, the School has however remained a low-profile point of contact, choosing instead to facilitate research through collaborations and involvement by the public, healthcare professionals, researchers, educators and policy-makers.

¹ Scottish Executive Health Department *National Framework Final Report. Building a Health Service Fit for the Future (The 'Kerr Report')*, 2005.

² Scottish Executive Health Department *Delivering for Health*, 2 November 2005.

SSPC Website

The SSPC website contains information on all of our ongoing activities, such as events, research projects, and courses. The site is updated regularly.

<http://www.nes.scot.nhs.uk/SSPC>

Financial Report

By **Garrity Hill**

Business Support Co-ordinator, SSPC

	05/06 Budget	05/06 Actual
Salary Costs	£209,151	£181,210
Staff Travel & Subsistence	12,148	12,904
Office Costs	15,983	21,721
Rent	13,666	11,492
not spent*		23,946
Total SSPC	£250,948	£227,327

* £27,941 underspent occurs in the salary line and is the result of the School's lack of a full-time Director in 2005-2006.

Figure 1 - 05/06 Budget

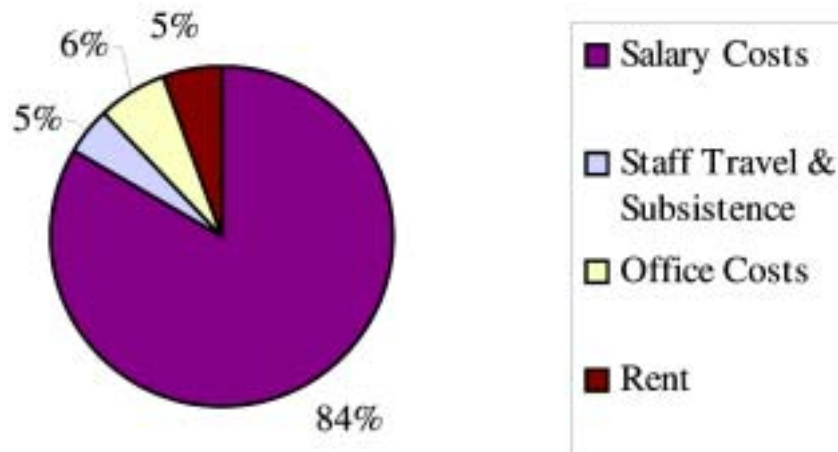


Figure 1 shows how the annual budget was proportionally distributed in April 2005.

Figure 2 - 05/06 Actual

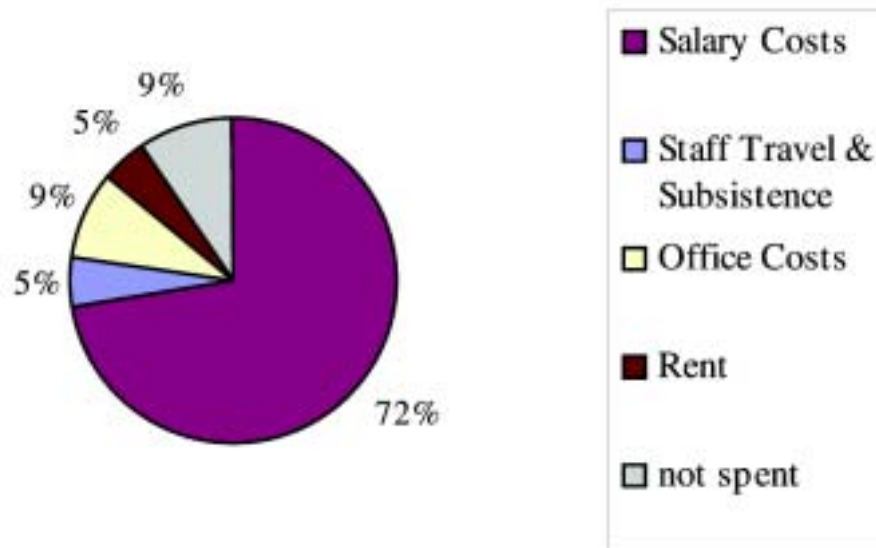


Figure 2 shows how the actual budget was proportionally spent, including the 9% of the budget that was unspent by March 2006.

SPPIRe: Scottish Practices and Professionals Involved in Research

By Lucy McCloughan
Research Capacity Manager, SSPC

Introduction

SPPiRe is the Scottish primary care research network which was set up in 2002. Split into 4 regional nodes (East, West, South East and North), its aim is to recruit practices, professionals and patients into high quality studies of relevance to primary care.

Membership

Willingness to engage in research is demonstrated by our ever increasing membership despite the demands of the new GP contract and Agenda for

Change. Current membership is shown in Table x opposite.

Projects

Such healthy levels of membership are required so that our SPPIRe node co-ordinators can get ready access to primary care for a wide range of high quality studies. This year, we have had thirty nine studies using SPPIRe for recruitment, the variety of which demonstrates the scale of topics in primary care and the different professionals carrying it out. These have included:

- an RCT to identify the effects of patient-centred asthma

To access SPPIRe see:

<http://www.nes.scot.nhs.uk/SSPC/SPPIRe/>

Table x: SPPIRe Membership April 2006

Node	East	North	South East	West	TOTAL
General Practitioners	200	144	158	514	1016
Community Nurses	198	3	12	58	271
Pharmacists	14	56	4	-	74
Allied Health Professionals	32	9	19	-	50
Groups (i.e. medical practices, teams of nurses etc.)	195	102	168	259	724

education for GPs and practice nurses (Cleland, Aberdeen University)

- Increasing the potential of mobile phone technology to promote better lung health (Pinnock, Edinburgh University)
- A feasibility study of parental targeted video recording social communication in early childhood (Wilson, Glasgow University)
- Home Based Physiotherapy for Late Stage Stroke (Baer, Queen Margaret University College, Edinburgh)
- A multicentre factorial trial of the early administration of steroids and / or antivirals for Bell's Palsy (Sullivan, Dundee University).

Infrastructure

To support SPPIRe's increasing activity, we were successful in winning additional funding from the Chief Scientist Office in November 2005 to allow three of the four regional nodes to

employ additional staff. These new research officers will be appointed in June 2006 and will assist with studies more directly at the practice level, i.e. by assisting with the identification and recruitment of patients into studies. This additional resource will reduce the burden of research on primary care professionals, but will also put SPPIRe on an equal playing field with our colleagues in the emerging Primary Care Research Network for England (PCRN-e). SPPIRe's infrastructure has also been strengthened by the addition of NHS Dumfries and Galloway who agreed to join in Autumn 2005, securing the network's total coverage of Mainland Scotland.

People

This year SPPIRe welcomed two new node co-ordinators, June McGill in Glasgow and Amanda Cardy in Aberdeen. Our thanks go to the previous incumbents, Colin Cowan and Susan Campbell, and to Dr Karen Bell for providing Lucy McCloughan's maternity cover until May 2005. Finally we would

like to acknowledge the late Dr Stuart Wood who was instrumental in the success of SPPIRe in the West of Scotland.

Primary Care Research Network. Lucy has also co-authored a paper to promote the set up of a national practice based research network in Australia (see Dissemination below).

Dissemination

SPPIRe has been widely disseminated throughout Scotland and the UK during 2005-2006 via workshops, posters and plenary sessions at academic and NHS conferences. The nursing community was specifically targeted in a paper published by three SPPIRe collaborators (see Dissemination below). Interest in SPPIRe has not been confined to the UK. Lucy McCloughan gave two plenaries on SPPIRe at a national workshop at the Centre for Studies in Primary Care in Kingston, Ontario in March 2006 to initiate a Canadian

SPPIRe Dissemination:

Campbell S, **McCloughan L** and Watson M. Primary care nursing research and the Scottish School of Primary Care. *Br J Community Nurs.* 2005 Oct;10(10):466-8.

Mackay D, **McCloughan L**, Cardy A, **Coupar H**, Fulton C, McGill J and Pitkethly M (2005). Seeing SPPIRe from the Platform: The representativeness of general practices in a primary care research network. Peer reviewed poster at the UK Federation of Primary Care Research Organisations Conference, Bristol November 2005.

Zwar N, Weller D, **McCloughan L** and Traynor V. Supporting Research in Primary Care: are practice-based research networks the missing link? *Medical Journal of Australia General Practice Edition*, in Press.

A Year in the Life of a SPPIRe Co-ordinator

By **Marie Pitkethly**
SPPIRe East Node Co-ordinator

I have been the SPPIRe Co-ordinator for the East Node since its inception in 2002, combining this with co-ordination of EastRen, the primary care research network for Tayside and Fife. A lot of work had been undertaken in the previous five years to facilitate joint working between the two Health Board areas for the benefit of primary care research, and this, together with continued good relations, allows the East node to operate effectively as a single area. 2005-2006 has been an exciting year with an increase in the use of SPPIRe by researchers, both nationally and locally, and an increase in strategic work at a national level.

The SPPIRe team has seen a number of changes, but the regular meetings at various venues around the country have allowed us to gel as a team, and the work on the database and the Standard Operating Procedures is ensuring consistency between the nodes. At the meetings decisions are taken on studies to support, but a lot of work goes on in the background with exchanges of e-mails to highlight

potential problems with studies, and possible solutions, and meetings with researchers to suggest the best way of interfacing with primary care. It is extremely satisfying to be able to use the experience of previous studies to help maximise the recruitment to new studies, and to prevent the same mistakes being made time and time again. Ways of making recruitment into primary care studies don't depend on rocket science, but do require a knowledge of the primary care environment often missing from the team of investigators.

The whole SPPIRe team was delighted that their achievements were recognised by an increase in funding from the Chief Scientist's Office. The East and North node collaborated on a bid for half of the new post of research officer and were delighted to be given the opportunity to try this new way of working in the east. Recruitment is underway, and we have some studies lined up keen to take advantage of this new resource. By next year, hopefully we will be reporting on the runaway success of this initiative!

Lead for Research Capacity

By **Mags Watson**
Research Capacity Lead

I am the “Lead for Research Capacity”, and as such, I work closely with Dr Lucy McCloughan, who is the Research Capacity Manager. The main activity for developing research capacity in primary care involves the development and ongoing operation of SPPIRe (Scottish Practices and Professionals Involved in Research), which is the Scottish primary care research network. I provide an external, academic research input to the development of SPPIRe. As a registered pharmacist, I also ensure that we maintain a multidisciplinary approach to SPPIRe and the SSPC in general.

My involvement with SPPIRe includes participation in regular meetings with the four node co-ordinators, which involve an update of current and planned research activity, as well as identifying and addressing problems. Of particular importance in the past 12 months, was representation of SPPIRe at meetings to develop a funding

application for a Scottish Mental Health Research Network. Both Lucy and I attended these meetings to ensure that primary care research in general, and SPPIRe in particular, was represented, discussed and included within the proposal.

I am also involved in developing Standard Operating Procedures (SOPs) to ensure that we provide a standardised, uniform service across the four nodes. I am currently developing an SOP relating to the dissemination of results from studies that SPPIRe has hosted. In addition, I attend the Scottish School of Primary Care Programme Directors’ meetings, which are held every quarter. SPPIRe can and has been used to support the different research programmes, and we aim to continue and develop this function in future.

SPPIRe is a dynamic, multidisciplinary network, and it is important to ensure that we continually develop its potential in line with

requirements for primary care researchers. One of my main tasks is to ensure that primary care health professionals and researchers are aware of SPPIRe and how it may benefit their research. This involves preparing articles for publication in professional journals, such as the *Pharmaceutical Journal* (which goes to all registered pharmacists in Great Britain), as well as the *British Journal of Community Nursing*, which published “Primary Care Nursing Research and the Scottish School of Primary Care” in 2005. Future articles are planned for other professional journals, to ensure that we have comprehensive coverage of all practitioners for whom SPPIRe is relevant.

In addition to the “ambassadorial” part of my role with SPPIRe, I also liaise with Lucy to discuss and develop the network in response to developments such as the primary care research networks in England, to ensure that we are compatible with these networks so that they can work in parallel with one another.

SSPC Events Timeline

2005-2006

5-7 June 2005, Dundee **Idea to Proposal course:** **First Residential Session**

This bi-annual course aims to enable participants to produce a funding application. It is designed for primary care professionals from all disciplines. Accredited with 15 SCOTCAT points validated by the University of Dundee.

15 June 2005, Edinburgh

Scottish Dental PBRN Symposium

This annual event, organised in collaboration with Scottish Dental PBRN, attracts up to 80 delegates from the dental community. This year's conference was themed 'Prevention in Primary Care' and featured research presentations on smoking cessation, oral hygiene advice, prevention in pre-school children, wisdom teeth extractions and perspectives from industry (see p.16 for article by Tanya Lamont).

29-31 August 2005, Dundee **Idea to Proposal course:** **Second Residential Session**

7-8 April 2005, Glasgow **SSPC/WOSRAD Annual** **Conference**

SSPC's annual spring conference attracts general practitioners, NHS managers, nurses, R&D managers, researchers, lecturers, dentists and social care managers interested in primary care research. This year's conference included presentations on SSPC and West of Scotland R&D Research Programmes. It also provided the opportunity for researchers to present their work in the parallel sessions.

9 June 2005, Glasgow **Platform Event**

This event featured presentations by a great number of the research team involved in the work of this complex data management project. The day provided particular space to novice researchers for whom Platform provided an essential career opportunity as expected of the project in terms of capacity-building objectives. We heard about working in single general practice, QOF implications, analysis of data for heart disease amongst other topics.

10-11 November 2005, Edinburgh

Epidemiology & Organisation of Care Event

This conference focused on studies from SSPC Research Programmes Epidemiology and Organisation & Evaluation of Care. The event was held in collaboration with The Society for Academic Primary Care (SAPC) and was supported by the Royal Statistical Society Primary Care Group. Delegates with a special interest in this type of research from Scotland, England and Ireland attended. This will be held again on the 16th & 17th of November 2006 in Edinburgh (see p.28 for article by Blair Smith).

16 March 2006, Glasgow

Review of Nursing in the Community Event

This event, which SSPC organised on behalf of the Scottish Executive Health Department, explored emerging themes from 'Delivering for Health' and The Kerr Report. Delegates attended workshops where they discussed opportunities for the delivery of modern health care (see p.26 for article by Alison Jarvis).

21 February 2006, Edinburgh

Research Priorities Consultation event

This one-day workshop brought together researchers and representatives of the communities served by SSPC to focus on a new research agenda for the School. Professional interests and current research projects were debated as were the constraints and parameters in which primary care research is developing in 2006. The day provided key lessons for participants and the School's core management team.

Oral Health Risk Assessment of Adults with Learning Disabilities

By **Tanya Lamont**

Events & Programmes Co-ordinator, SSPC

*P*eople with learning disabilities have poor oral health. Available evidence points to dental disease being up to seven times more frequent amongst this patient group than in the general population.¹

The Scottish School of Primary Care and the Scottish Dental Practice Based Research Network (Scottish Dental PBRN) commenced a study in September 2005 investigating the current practice of oral health risk assessment for adults with learning disabilities in Scotland and the perceptions of service providers regarding the best practice in assessing this patient group. For the purpose of this study, risk assessment is defined as a systematic, standardised, written assessment of the factors likely to affect an individual's oral health.

The proposal springs from conclusions of working groups at *The Oral Health of Adults with Learning*

Disabilities: Exploring Current Issues and Identifying Research Priorities Seminar, where risk assessment was identified as a top research priority.

Steve Turner from the Dental Health Services Research Unit in Dundee is the lead investigator of the study and is supported by a Steering Group of specialised dental practitioners located throughout Scotland. The study is funded by EastRen and has the support of Ray Watkins, Chief Dental Officer.

In October-December 2005, following Research and Development and Ethics Approval, Clinical Dental Directors and Social Work Directors in each of the 15 Health Board areas were contacted to request written material (proforma, guidance notes, policy documents) pertaining to oral health risk assessment for people with learning disabilities. Some Health Board areas indicated that no oral risk assessment documentation was designed for or used with people with learning

disabilities in the Community Dental Service. Some explained that a more generic approach was adopted to assessment and there were no specific policies or protocols. Seven Health Board areas, however, kindly supplied referral, screening or assessment forms to the study team.

In April 2006 the second stage of the study commenced with a mailing of a questionnaire to Community Dentists, selected GDPs, Carers and Voluntary Organisations to establish their views on the value and content of a risk assessment tool. The results of this study are expected by August 2006 and it is hoped that the study will lead to a proposal to develop a comprehensive risk assessment protocol, which will then be tested in a number of Health Boards Areas. Use of such a risk assessment tool over time may be expected to result in more uniform and accurate clinical decision-making, improved oral health, reduction in the need for invasive treatment and lower health-care costs.

1. Scott A, March L and Stokes M-L (1998) 'A Survey of oral health in a population of adults with developmental disabilities: Comparison with a national oral health survey of the general population' *Australian Dental Journal*, 43(4): 257-261.

The study aims to answer the following questions:

- What is the nature and scope of risk assessment arrangements currently in use in Scotland?
- What is the level of agreement on the value of a common oral health risk assessment tool for people with Learning Disabilities?
- What elements of format and content are perceived to be necessary or valuable elements in risk assessment?

Consumer Involvement in Research

By **Lisa McCann**, Research Assistant, University of Stirling, and **Garrity Hill**, Business Support Co-ordinator, SSPC

*T*he 'Web Based Resource for Public Involvement in Research' project was initiated to develop a web-based information resource to provide all those interested in the research process with tools to maximise the involvement of the public in all stages of the process. A detailed internet search was conducted to identify relevant and appropriate websites, which were then subsequently reviewed and critiqued, until a definite 'short list' was identified. All the sites within this short list were then rated between A and D, where A were the strongest sites and D were the weaker sites. Some members of the School's Consumer Reference

“...SSPC proposes to create the right environment in Scottish primary care, so that research is undertaken *with* patients, the public, clients or citizens rather than *to, about, or for* them.” - *from the SSPC Consumer Involvement in Research web pages*

Group provided feedback and contributions to the information collated, which helped for the actual design and layout of the website to be formulated.

The website was then designed and all information uploaded by the

Consumer Involvement in Research web pages:

[http://www.nes.scot.nhs.uk/sspc/
consumer_involvement_in_research](http://www.nes.scot.nhs.uk/sspc/consumer_involvement_in_research)

end of the contract period, ready for the second meeting of the Consumer Reference Group in August 2005. Feedback was provided by all members of the group at this meeting, which led to the suggestion that the website could also contain information on Frequently Asked Questions and Case Studies. Lisa McCann was subsequently employed for a number of days at a later date to do these additional items and include them in the website.

The website was officially launched at the Scottish School of Primary Care Annual Conference 2006, where a poster was displayed and brochures were distributed to advertise the pages.

The Consumer Reference Group

The SSPC's Consumer Reference Group provides guidance on issues such as recruiting NHS users and involving them in all stages of the research proc-

ess. The Group includes users, researchers, voluntary organisations and NHS practitioners.

Web-based Resource for Public Involvement in Research

In March 2006, SSPC launched the Web-based Resource for Public Involvement in Research. The web pages have been designed by NHS users and researchers to provide help, information and advice for members of the public and researchers alike. Content of these web pages is by no means an exhaustive collection of websites in the public involvement area, but we hope it will continue to grow and develop with the feedback of its users.

The public relevant and researcher relevant pages were reviewed, and categorised according to their relevance to the topic of Consumer Involvement in Research.

The Academic Papers of Relevance

Consumer Reference Group Members

Ms Helena Chesser
Ms Lisa Curtice

Mrs Denise Hogarth
Ms Lucy Johnston
Dr Marilyn Kendall
Mr Gordon McCorkingdale
Mrs Maureen McElroy
Mrs Cynthia Mendelsohn
Mr John Smith
Mr Steve Turner

SSPC
Director, Scottish Consortium
for Learning Disability
Consumer Member
Independent Researcher
Research Fellow, Edinburgh
Consumer Member
Lead Researcher
Consumer Member
Consumer Member
Senior Researcher, Dundee
Dental Health Services
Research Unit

page is a resource for researchers which includes published papers and articles that are relevant to the Consumer Involvement in Research theme.

The Ethics information page is a vital area for those people who are not experienced in Psychological, Health, Sociological, or Community Care Research, as standards and ethics can differ quite considerably between disciplines.

The Payment Information page provides a list of numbers and agencies, along with links to their websites, that can be contacted to advise on each individual case and situation.

A number of Case Studies were identified and included to give both users and researchers the opportunity to consult previous research studies in the area to help aid understanding/develop interests in consumer involvement in research processes and methodologies.

We hope that these pages will prove to be useful both for members of the public interested in getting involved in research as well as for researchers who require consumer input for their projects.

Consumer Involvement FAQs

Answers to the following FAQs are found in the SSPC web-based Consumer Involvement in Research Resource:

FAQs for Researchers

- Why should I involve users in research?
- Who should I involve in my research?
- How do I involve users?
- How would I contact the right people? Where would I find them?
- What information should I give people when approaching those who are interested in becoming involved?
- Will I pay users for their involvement?
- What do I need to know before making payments to consumer members?

FAQs for Consumers

- I am a member of the public interested in research. How do I get involved?
- What part of research could I get involved with? What could I do?
- Will I get paid?
- What's in it for me? Why should I get involved in research?
- What's in it for researchers or the NHS? Why would they want to involve me?
- Do I have the right skills and experience to get involved?

Making Integration Work: Building the Evidence-Base

By **Guro Huby**, Reader, Centre for Integrated Health Care Research, University of Edinburgh, and **Heather Coupar**, Education Co-ordinator, SSPC

*C*loser and joint working between health and social services is a key component of our future Scottish health and social care system.

There is a vast array of information available to help this process, both in terms of routine service data and literature on organisational development and ‘Quality Improvement’. However, there is little evidence on how to use information effectively to develop co-ordinated or integrated services within specific local settings.

Making Integration Work is an innovative Continuous Professional Development programme for managers of health and social services. It builds on findings from the Scottish School of Primary Care’s R & D initiative “Research-Based Development of Scottish Primary Care”. The findings from this work suggested that routine service data about the activities and

outcomes of integrated services is an underused resource in the planning of services. Individual services may collect data, but the information is not always appropriate for service planning, nor is it necessarily used and shared in ways that contribute to planning and strategic development of the health and social care system as a whole. However, with a small amount of input, staff can be supported in making better use of this information. We also found that the service managers are key in ensuring that the information is used effectively, as they are a link between individual services and the wider organisation(s) within which they are placed.

Making Integration Work aims to build both individual and organisational capacity for integrated service planning through a) improved use of local and national routine service data, b) simple evaluation techniques, and c) the adaptation of principles of change management and Quality

For further information please contact:

Guro Huby

Telephone: 0131 651 1425

Email: guro.huby@ed.ac.uk

Heather Coupar

Telephone: 0131 651 4016

Email: heather.coupar@nes.scot.nhs.uk

Improvement to the challenges of joint working.

Throughout the course of the programme participants will focus on a particular project concerning the development of service(s) appropriate to local circumstances, which fit into the larger organisational picture. During the programme they will be supported to apply their newly acquired skills to develop this project.

The programme is designed to promote 'joint working' and draws on evidence and resources in both health and social care. Participants will have the opportunity to apply learning to everyday practice together with like-minded colleagues in a stimulating learning environment.

A Service-User Centred Approach

Throughout, students will be encouraged to understand health and social care systems from a service user perspective. This will be achieved by

mapping the system in terms of service user pathways and understanding what organisational barriers need to be addressed in order to facilitate a smooth and seamless journey through a complete health and social care system.

Contributing to the Evidence-base: Health Foundation Support

Besides generous support from NES, the Health Foundation is funding a literature review on organisational change in the health service and an evaluation of the programme. This will enable the programme to contribute to the evidence-base on using information to support organisational development. Involvement of the Health Foundation means that further research and development opportunities will come from Making Integration Work.

An innovative combination of evidence-based capacity building and development

Whilst there is a lot of literature about models and tools of service development, there are few empirical studies which help us understand what approaches work where, in what circumstances and why. The programme has been designed on the basis of evidence from private industry, which suggests that staff's own "implicit" knowledge about their organisation and how it works is a key ingredient of organisational change. This "implicit" information has to be set against objective and codified information, such as routine service statistics, for people to challenge their assumptions, see old problems in a new

light and come up with innovative solutions – be it development of new industrial products or different ways for health and social services to work together on a particular issue.

During the programme, students will be supported to draw on their own, service users' and colleagues' 'implicit' knowledge and to combine this with appropriate routine service information, in order to identify issues to be addressed, how to address them, with whom to work to get results and how to monitor progress against goals. The programme will be evaluated to see ways in which this approach will lead to organisational change. The evaluation will, in turn, contribute to the evidence-base for effective development of future joint working or integrated services.

Fact File

- The programme aims to build capacity within health and social service(s).
- The programme is designed for managers of integrated health and social service(s).
- The course is accredited with 45 SCOTCAT points which are directly transferable to the Scottish MSc in Primary Care.
- The programme runs over one year with a 3-day introductory residential session and three one-day follow-up seminars.
- We have a full cohort for this year's programme and there is a waiting list for the 2007-2008 programme.

Developing Complex Interventions in Primary Care Oncology

By Neil Campbell

Reader in General Practice, University of Aberdeen

*D*espite the high level of specialisation in cancer care, primary care's already substantial role in cancer diagnosis and treatment is set to increase, as the number of patients diagnosed with, surviving, and living with cancer continues to rise, and more of the routine treatment is moved to local settings.¹ Primary care has particular roles in early recognition and diagnosis of cancer and co-ordination of comprehensive care during specialist treatment and follow up. Both of these activities are complex and there is little

robust evidence to support current practice or new interventions.

This paucity of evidence is something that several primary care research groups in Scotland are

“Most Cancers, even those for which there is established screening are diagnosed on the basis of symptoms or signs presenting in primary care.”

attempting to tackle. Achieving early diagnosis is particularly challenging. A considerable research effort at the Department of General Practice in Edinburgh has

focussed on colorectal cancer screening, but has also revealed the high prevalence of bowel symptoms. Most cancers, even those for which there is established screening, are diagnosed on the basis of symptoms or signs presenting to primary care. A

systematic review, led by Una Macleod at the University of Glasgow Department of General Practice and Primary Care, identified the factors associated with patient and primary care delay in diagnosis, and work continues, particularly at the Aberdeen and Glasgow departments, to increase our understanding of these delays, with the aim of developing and evaluating interventions which reduce the time between symptom onset and diagnosis.

Once a diagnosis of cancer is established, specialist cancer treatment should be accompanied by management of co-morbidities, psychosocial care, and appropriate follow up. The best way to provide this care is far from clear, but we are now beginning to develop an evidence base. Peter Murchie, in Aberdeen, has developed a programme of integrated care for the follow up of melanoma and is currently completing its evaluation. The PICT programme, funded by Cancer Research UK and involving several departments in Scotland, commenced this year and is building evidence on primary care management of colorectal cancer, with a particular emphasis on tackling social inequalities.

Much work remains to be done before we in primary care can enjoy the same evidence framework for cancer management that we have for our other major killer, cardiovascular disease - but the primary care oncology research community in Scotland remains at the forefront of efforts to reach this goal.

1. National Framework for Service Change in the NHS in Scotland: Building a Health Service Fit for the Future (the Kerr Report) <http://www.show.scot.nhs.uk/sehd/nationalframework/>

Review of Nursing in the Community

By **Alison Jarvis**
Project Officer, Scottish Executive

*T*he Scottish Executive's Review of Nursing in the Community in Scotland has now entered its final stage with the final report available at the end of July 2006. The Review is designed to identify current good practice and inform the shape of future nursing services in the community, ensuring that these are flexible and responsive and meet the needs of individuals, carers and communities.

The Scottish School of Primary Care commissioned a literature review to establish an evidence-base for current good practice. This was designed to identify the role of community nurses in contributing to the core themes identified from Delivering for Health. A team of researchers from Napier University and Queen Margaret University College in Edinburgh undertook an extensive review and identified a total of 3881

Useful Websites

Review of Nursing in the Community homepage:

<http://www.scotland.gov.uk/topics/health/care/communitynursing/homepage>

A summary of the findings from the literature review:

<http://www.scotland.gov.uk/Topics/Health/care/communitynursing/reviewevidencebased>

papers which were screened and 154 titles quality assessed for robustness of research.

The steering group for the review is being led by the Chief Nursing Officer, Paul Martin. On March 16th, 2006, SSPC organised a national conference in Glasgow to bring together interested parties and explore how nurses working in the community can contribute to

achieving the goals set out in Delivering for Health.

The event was very over subscribed, but over 200 people attended on a snowy day to hear Paul Martin's opening address, putting the Review into context. John Atkinson gave a stimulating and challenging address highlighting

the frequently invisible skills of nurses working in the community, which are essential for maintaining and improving the health of individuals and communities. The project officers outlined the key themes from their work undertaken which has found much to celebrate in nursing in the community in Scotland.

Participants of the Review process have described nurses' breadth of

knowledge and skills as a rich blend that enables them to undertake holistic assessments of patients and communities, and to creatively problem-solve with individuals and families. However, the review also found there are elements of community nurses' practice that do not necessarily require the above blend of knowledge and skills; there are inherent risks of

inappropriate duplication of nursing inputs into individual, family and community services and that the levels of assessment, clinical decision-making and clinical management nurses could be employing are sometimes neither recognised nor utilised.

A new practice framework

and service model are now being developed to ensure that Scotland has a community service fit for purpose to meet the demands of the 21st Century.

The goal is to design a modern community nursing service that:

- helps keep patients at home rather than being admitted to hospital
- helps to get patients discharged from hospital quicker
- benefits people with long-term conditions
- helps people stay well & get better quicker if they become ill

Generation Scotland

By **Blair H. Smith**

Director, Epidemiology Programme

Genetic epidemiology is currently the subject of great interest worldwide, for two main reasons:

1. The human genome has been mapped, and around 30,000 genes identified.
2. Laboratory techniques have become rapid and cheap enough to process very large numbers of DNA samples for analysis.

This means that traditional epidemiological tools can be applied to large population samples to explore the distribution of genes and genetic factors in the community, and their role in health and illness. Large studies are either underway or planned in a number of countries, and Scotland is at the forefront with Generation Scotland (GS).

“Generation Scotland is a multi-disciplinary, multi-institutional collaboration involving the four Scottish clinical medical schools and NHS Scotland. The **Scottish School of Primary Care is at the heart of GS.”**

GS is a multi-disciplinary, multi-institutional collaboration involving the four Scottish clinical medical schools and NHS Scotland. The Scottish School of Primary Care is at the heart of GS.

Supported by CSO, SFC and Scottish Enterprise, GS is now conducting a major study, the **Scottish Family Health Study (SFHS)**. This aims, over the next five years, to recruit up to 50,000 people across Scotland, in

For further information, see:

<http://www.generationscotland.org>

family groups, to provide a resource for the study of genetics and health. Recruitment will be primarily through primary care, involving NHS GP practices and University Departments of General Practice and Primary Care.

Since the 1st of June 2005, I have coordinated the study on behalf of the SSPC, leading from the development of detailed study materials, protocols and procedures, to the appointment of academic, nursing and administrative staff. Working closely with SPPIRe, we are now recruiting families in Glasgow (led by Bridie Fitzpatrick) and Tayside (led by Cathy Jackson), building up the pace and scale of this activity daily.

Participants are volunteers, with at least one close relative also participating. They attend one of our research clinics, complete a medical and lifestyle questionnaire, have a series of physical and cognitive function measures, and provide a blood sample from which DNA is extracted and stored. They are asked to consent to the use of this material and information for future health-related research, and also to invite as many of their relatives as possible to do the same.

SFHS has several aspects which make it unique, and which will give Scotland a competitive edge over other countries where genetic epidemiology is being pursued. These include:

- The family-based nature of SFHS. This will provide the

power to identify the genes associated with specific illnesses and health-related traits.

- The ability to link study data, confidentially, with previous and on-going routine NHS data. This will effectively transform a cross-sectional study into an indefinite longitudinal study, with the ability to relate previous and current data to important health outcomes.
- A strong focus on mental illness and cognitive function. This will provide valuable information on these important health states, which will not be replicable by any other resource currently available.
- A parallel Public Consultation Study, led by Gill Haddow in Edinburgh. This aims to seek the views of actual and potential participants, about the nature, conduct and outcomes of the study, with a view to shaping these concurrently. The intention is to generate a study of Scottish people informed by Scottish people. This is already happening.

Studies such as the UK Biobank are designed to study genetic factors that are known to be associated with diseases. There are, though, still relatively few of these. The SFHS has been established as a “gene discovery”

study, i.e. its main aim is to identify genes and genetic factors that are associated with illnesses, diseases, risk factors for diseases, and response or non-response to treatments. Exemplar studies are planned and funded on cardiovascular disease, depression and osteoporosis, as well as pharmacogenetic studies. The results of these, and of other future studies using the resource will potentially inform the prevention and management of many major conditions, and could contribute to the development of “personalised medicine” where assessment of risk, and decisions about prescribing are based on genetic tests and the new knowledge generated. It also includes a greater understanding of humans and their diseases (and their health), and may lead to a re-classification of diseases based on molecular, rather than clinical factors. This is an exciting time for medical research and for primary care.¹ It is important that SSPC contributes fully.

1. Smith BH, Sheikh A, Watt GMC, Campbell H. Genetic epidemiology and primary care. *British Journal of General Practice* 2006 **56** 214 – 221.

MSc in Primary Care

By **Linda Leighton-Beck**
Capability Manager, SSPC

*T*he Scottish MSc in Primary Care provides a unique multi-disciplinary postgraduate education for NHS professionals, equipping them with the skills and critical thinking required to develop service and improve patient care. The current Masters has now been successfully delivered across Scotland for six years with 34 graduates benefiting from its programmes. The past six years have seen considerable change in the NHS, most recently

reflected in the report of Professor David Kerr. To ensure 'fitness for purpose', the Management Board is instituting a full review of the programme. The Board kick started the process with an all-Scotland 'blue skies' workshop in February. This will be followed by more sustained consideration by the Board of the scope and nature of the skills which primary care requires in the next five years and beyond to deliver on the challenging policy agenda set by the Scottish Executive.

MSc Management Board Members

Dr Shona Cameron
Ms Heather Coupar
Dr Scott Cunningham
Dr Jon Dowell
Mrs Ruth Edwards
Dr Elaine Haycock-Stuart
Mrs Lesley Hewitt
Mr Alan Kay
Mrs Christine Kilgour
Dr Linda Leighton-Beck (seconded May 2006)
Ms Dolly McCann
Dr Sandra McGregor
Dr Alan McLaughan
Dr Lucy McLoughan (up to May 2006)
Dr George Shirriffs

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The Robert Gordon University
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Tayside Centre for General Practice
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