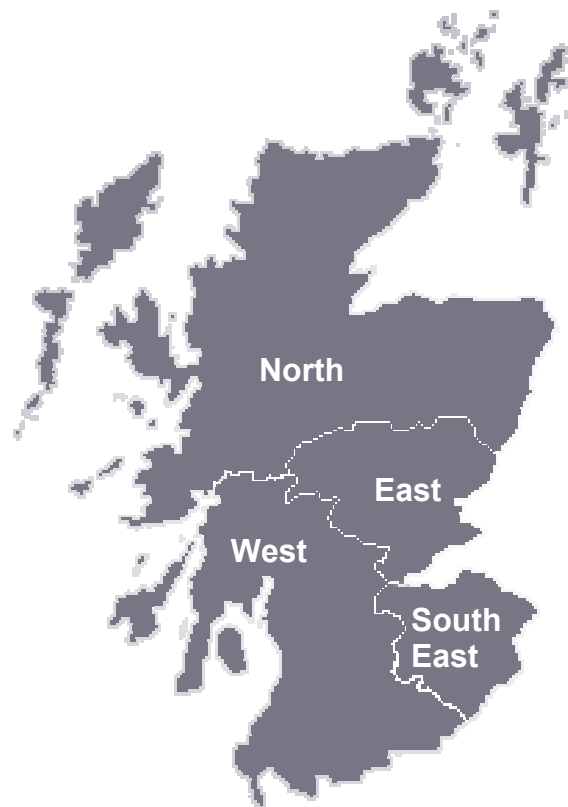


# SPPIRe: Scottish Practices and Professionals Involved in Research



## **3<sup>rd</sup> Annual Report April 2006**

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## **1. INTRODUCTION**

Scottish Practices and Professionals Involved in Research (SPPIRe) was established in 2002 as a framework to co-ordinate national research activity in primary care. The framework is funded by the Chief Scientist Office, centrally managed by the Scottish School of Primary Care and operationally managed at a regional level by the four nodes based in the North, East, South East and West of Scotland. During SPPIRe's third year of operation, it has consolidated itself as a key resource for primary care research, facilitating recruitments into thirty nine, high quality studies of relevance to primary care, and again exceeding membership targets for both general practitioners and community nurses. SPPIRe has also embraced the opportunities presented by the UK Clinical Research Network (UKCRN) by reorienting its structure and processes so that it can fully collaborate with the emerging networks. This report summarises these key achievements during 2005-2006 including the organisation and management of SPPIRe, the project portfolio, financial statement and future plans.

## **2. STRUCTURE OF SPPIRE**

### **2.1 The SPPIRe co-ordinating office at SSPC**

The central co-ordination of SPPIRe is carried out by the Scottish School of Primary Care (SSPC). The strategic role of SPPIRe in the development of national primary care research activity is overseen by SSPC's Capacity and Capability Manager (Lucy McCloughan) and the Director of SSPC (undertaken by Prof. Tom Fahey as interim research director until December 2005). SSPC as a virtual school uses external programme leaders to promote its work. The Programme Leader for capacity building is Dr Margaret Watson Clinical Research Fellow at the University of Aberdeen) who has supported SPPIRe nationally, particularly in relation to promoting membership to primary care practitioners and the services that SPPIRe can offer to researchers. SPPIRe is project-managed by SSPC's Research Capacity Manager and co-ordinated by SPPIRe's Education Co-ordinator (Heather Coupar). This is supplemented by administrative and business support from other SSPC staff members.

### **Box 1. Summary of Central Office key responsibilities during the third year**

- Development of a business plan to ensure sustainable funding of the initiative;
- Development of pan-SPPIRe standard operating procedures;
- Refinement of the SPPIRe application procedure and database;
- Training two new node co-ordinators;
- Receiving and processing new applications from researchers interested in recruiting SPPIRe practices and professionals into high quality research studies of relevance to primary care;
- Negotiating with primary care NHS research managers to standardise support costs across Scotland;
- Promotion of SPPIRe at national and international fora;
- Collaboration with other bodies in the development of PCRN(in full)–e Primary Care Research Network for England and the topic specific UKCRNs.

## 2.2 The SPPIRe nodes

The work of the SPPIRe nodes is covered by Service Level Agreements between NES NHS Education for Scotland (as the budget holders), and the lead NHS PCO Primary Care Organisation (or Higher Education Institutions where appropriate), hosting each SPPIRe node. The coverage of each node, the organisation in receipt of SPPIRe funds and the lead organisation in each node area are given in Table 1.

**Table 1. Organisational make-up of SPPIRe nodes**

Node	Node Co-ordinator	Board areas covered	Recipient of SPPIRe funds	Lead organisation (where SPPIRe co-ordinator is based)
North	Amanda Cardy	Grampian, Highland	NHS Grampian	The Department of General Practice and Primary Care, Aberdeen University
East	Marie Pitkethly	Tayside, Fife	NHS Tayside	Tayside Centre for General Practice, Dundee University
West	June McGill	Divisions in WoSRaD* + Greater Glasgow PCO	University of Glasgow	The Department of General Practice and Primary Care, Glasgow University.
South East	Colette Fulton	Lothian, W. Lothian & Borders	NHS Lothian	NHS Lothian Primary Care Division Research Office

Each of the SPPIRe nodes is staffed by a node co-ordinator, who is line-managed locally. Each SPPIRe node co-ordinator is supported by local research expertise, usually in the form of a steering group. The responsibilities of each node are outlined in Box 2 below.

### Box 2. Summary of key SPPIRe node responsibilities

- Encouraging practitioners and practices to sign up to the SPPIRe database and populating the database regionally;
- Recruitment of practices and professionals for national (i.e. in more than one SPPIRe node) and local (within one SPPIRe node) externally funded studies of relevance to primary care;
- Troubleshooting where recruitment of practices or professionals is problematic;
- Reviewing project applications for SPPIRe bi-monthly meetings;
- Promotion of SPPIRe at regional and national fora;
- Ensuring that SfS funds are available for each SPPIRe project;
- Developing SPPIRe standard operating procedures.

\* NHS Lanarkshire, NHS Ayrshire & Arran, NHS Argyll & Clyde (until April 2006), NHS Forth Valley

### **2.3 The SPPIRe external reference group (SERG)**

The SPPIRe external reference group was established in 2004 to monitor SPPIRe in relation to its aims set out in the contract with CSO, and with Service Level Agreements with the nodes. The two meetings of the group in 2005 – 2006 focussed on SPPIRe’s involvement with follow up studies, developing an evaluation tool, engagement with the UK Clinical Research Collaboration, and development of the new SPPIRe Post 2006 Business Plan. Since being set up in 2004, the SERG has provided a very useful input to SPPIRe in providing broad strategic guidance from a multiprofessional perspective. However, following a review of the SPPIRe organisational structure as part of the revised business case (discussed in more detail in item 8 below), it has been decided to replace the SERG with an executive group using senior level stakeholders (i.e. those with line management responsibility for the node co-ordinators) from the four nodes of SPPIRe. Many of those serving on the SERG (including the consumer representatives) will be eligible to serve on the new body.

## **3 SPPIRe PROCESS DEVELOPMENTS**

SPPIRe has engaged in a number of process developments during 2005-2006 to ensure that the organisation is continually improved for the benefit of researchers and members as well as being ready to articulate with the emerging PCRN -e. These developments are summarised briefly below.

### **3.1 SPPIRe Application Process**

The SPPIRe application process has been completely revised so that applicants no longer have to complete a 5 page application form. Instead, a new 1- page form has been developed to gather contact details and specific questions about SPPIRe practices required. All other study-related data are now gleaned from COREC and NHS Research and Development application forms which SPPIRe staff have been trained to gather and transfer directly to the SPPIRe database. These new 1-page forms are now downloadable directly from the SPPIRe website.

### **3.2 Standardisation of support costs across Scotland.**

Currently different NHS research offices are using different rates for reimbursing the involvement of primary care professionals involved in research. This has resulted in major additional administrative demand for researchers, R&D Managers as well as SPPIRe co-ordinators when estimating the support costs for studies which span more than one NHS area. With Scotland being promoted as a “single research site” in order to attract large scale trials, this became an increasing problem during 2005-2006 and could become a barrier to such research in the future. In an attempt to pre-empt this, SPPIRe staff have successfully lobbied NHS Research and Development Managers to work towards harmonised support costs for different NHS and independent contractor staff who are paid for their involvement in primary care projects. SPPIRe has now been tasked with recommending the costing structure to

be ratified by the NHS Research Managers via MRAD (The R&D Managers Group responsible for promoting harmonisation of procedures across Scotland).

### **3.3 The SPPIRe database**

SPPIRe staff have collaborated with staff at the MRC GPRF Medical Research Council General Practice Research Framework and The Royal College of General Practitioners to ensure that the SPPIRe database can be redeveloped in such a way that it can articulate with similar databases being developed for the PCRN –e in England, and similar structures in Northern Ireland.

### **3.4 Collaboration with other networks and initiatives.**

With the anticipated change to research networking across the UK, SPPIRe has developed a number of collaborative links with other UK CRN partners during 2005-2006, including support for the bids for the Scottish Diabetes network and the Scottish Mental Health Research Network. SPPIRe has developed much closer links with the MRC GPRF in identifying how each can contribute to the new PCRN-e. This has included sharing strategies for costing mechanisms, data collection procedures, standard operating procedures as well as information sharing about potential collaborative research studies. SPPIRe has also been part of the Genetics in Health care Initiative (GHI) the SHEFC funded Scottish Collaboration of Triallists (SCoT) as well as proposals for a Scottish Integrated Clinical Research Facilities backbone and a Translational Medicine Research Institute.

### **3.5 Standard Operating Procedures.**

The work carried out for the post 2006 business review revealed that while standard operating procedures had been developed for work carried out nationally, SPPIRe nodes were working to slightly different operating procedures for local projects. It was therefore felt necessary to develop and agree standard operating procedures that all SPPIRe nodes would work to. These are planned for all areas of SPPIRe's operation, and the following have been completed: Full SPPIRe approval for local projects, Conditional SPPIRe approval for local projects, recruitment of practices into studies and liaison with local research managers.

### **3.6 Development of an evaluation form**

An evaluation form, for use by researchers has been developed in collaboration with research and evaluation staff at NHS Education for Scotland. This was developed following a suggestion from the SPPIRe External Reference Group to get formal feedback from the researchers that we support.

### **3.7 SPPIRe publicity materials**

New SPPIRe publicity materials have been designed and externally produced for both researchers and SPPIRe members during 2005-2006.

## 4. CURRENT STATUS OF SPPIRe

### 4.1 SPPIRe membership

The following shows SPPIRe membership for each of the SPPIRe nodes. Table 2 shows SPPIRe membership (number of practices/ groups and individuals) and Table 3 shows the breakdown of individual membership by profession.

**Table 2. Number of practices/ groups and individuals**

Node	East	North	South East	West	TOTAL
Individual membership	683	233	229	582	1727
Group membership	195	102	168	259	724

**Table 3. Breakdown of individual membership by profession**

Node	East	North	South East	West	TOTAL	SPPIRe targets
General Practitioners	200	144	158	514	1016	236 (430%)
Community nurses	198	3	12	58	271	192 (141%)
Pharmacists	14	56	4	-	74	120 (61%)
Allied Health Professionals	32	9	19	-	50	93 (53%)
Dentists	37	-	1	10	47	-
Professions Complementary to Dentistry	11	-	-	-	11	-
Other nurses	8	-	1	-	20	-
Practice staff	45	12	7	-	64	-
Academics	42	2	18	-	62	-
Research staff	53	1	2	-	56	-
Clinical psychologists	21	5	3	-	29	-
Social service staff	1	1	1	-	3	-
Other	11	-	3	-	14	-

The recruitment figures for both general practitioners and community nurses exceeds the targets set. Those for pharmacists and AHPs have not yet been reached. However, experience has shown that recruitment to SPPIRe often follows a request to become involved in a relevant study. While several pharmacy and AHP studies are utilising SPPIRe at the local level, we have yet to receive full applications for studies in these domains at a national level. However, a key feature of SPPIRe is the dynamic nature of the membership. It should be noted that members are not required to limit themselves to a set of research interests and potential members have only been approached by the nodes when there has been a project that would

be of professional relevance. Hence the whole population of practitioners is potentially available to each research team for each new project.

## 4.2 Projects registered with SPPIRe

SPPIRe facilitates both “National” projects (those which recruit from more than one SPPIRe node) and “Local” projects which recruit from one node. We currently have nine live national projects registered with SPPIRe, six of which have recruited practices through SPPIRe during 2005-2006, exceeding the upper boundary of our project recruitment target. All live national projects are summarised in Table 4 below.

**Table 4 SPPIRe national projects as of 2005-2006**

Project	Chief Investigator	Funding	agreed SPPIRe input
The BIG Trial: a randomised controlled trial to evaluate the clinical and cost effectiveness of breastfeeding support groups in improving breastfeeding initiation, duration and satisfaction	Dr. Pat Hoddinott Aberdeen University	£209,603 Chief Scientist Office	Assistance with the recruitment and retention of 14 LHCCs.
The detection and management of postnatal depression: Qualitative discussion groups and interviews	Prof. Beth Alder, Napier University	£128,848 Quality Improvement Scotland	Identify and recruit 24 health professionals and identify practices to recruit 24 recent mothers. <b>Recruiting 2005-2006</b>
Disability in the Community: the role of chronic pain and illness-related cognitions	Prof. Marie Johnson, Aberdeen University	£14,894 Chief Scientist Office	Recruitment, retention and facilitation of reimbursement for 6 practices in Aberdeen, Glasgow and Edinburgh; assistance with patient and GP recruitment materials. <b>Recruiting 2005-2006</b>
Bell's Palsy: early AcycLovir and/ or PrenisoLone in Scotland. A multicentre factorial trial of the early administration of steroids and / or antivirals for Bell's Palsy	Prof. Frank Sullivan, Dundee University	£ 658,347 Department of Health Technology Assessment Board	Recruitment and facilitation of reimbursement for practices throughout Scotland to ensure target of 720 patients is reached. <b>Recruiting 2005-2006</b>
Developing services to meet the end of life needs of South Asian Sikh and Muslim patients and their families in Scotland	Prof. Aziz Sheikh, Edinburgh University	£117,495 Chief Scientist Office	Recruitment and facilitation of reimbursement for practices in Edinburgh and Glasgow to recruit 30 patients. <b>Recruiting 2005-2006</b>
The Scottish Family Health Study (Generation Scotland)	Prof. Andrew Morris, Dundee University	£4,384,001 Scottish Executive Health Dept.	Recruitment, retention and facilitation of reimbursement for 10 practices in Dundee and Glasgow.
Effects of patient-centred asthma education for GPs and practice nurses: evaluating the impact of	Dr. Jen Cleland, Aberdeen University	£172,163 Asthma UK	Recruitment, retention and facilitation of reimbursement for 16 practices in Aberdeen and Glasgow. Assistance with patient

training in self regulation skills on patient outcomes: a randomised controlled trial			and GP recruitment materials. <b>Recruiting 2005-2006</b>
The UK Biobank- A study of genes, environment and health	Prof. Rory Collins, Oxford University	£6,150,000 * MRC/ Wellcome Trust/ DH/ CSO	Recruitment and retention of three practices for the integrated pilot study and an unspecified number for the main study.
Non face to face consultations in primary care: professionals' experiences, interests and concerns	Dr. Karen Fairhurst, Edinburgh University	£113,922 Chief Scientist Office	Recruitment, retention and facilitation of reimbursement for 6 practices throughout Scotland. <b>Recruiting 2005-2006</b>

#### 4.2.3 Local projects with full SPPIRe approval.

In addition to the recruitment carried out for national projects, all nodes also facilitate recruitment into local projects. These are studies funded by eligible funders which require samples achievable within one node area. There are currently 33 such projects which are summarised in **Appendix 1**.

#### 4.2.4 New Projects with conditional SPPIRe approval

SPPIRe has also given conditional approval to a five further studies which are as yet, unfunded or which are funded but not yet received full approval. These are summarised in Table 5 below.

**Table 5 Projects with Conditional Approval**

Project	Chief Investigator	Funding	agreed SPPIRe input
A breath of fresh air: improving care and services for patients living and dying with chronic obstructive pulmonary disease, and their carers	Dr Hilary Pinnock, Edinburgh University	CSO	Recruitment of nine practices from three nodes
Adaptation of the QIS Best Practice Statement "The Management of Chronic Pain in Adults" for a pharmacist delivered primary care intervention for patients with chronic pain.	Prof Christine Bond, Aberdeen University	CSO	To recruit patients and GPs from 50 practices across Scotland
Does dietary fibre intake improve the quality of life and reduce obesity in peri/post-menopausal women?	Dr. Emad Al-Dujaili, Queen Margaret University College	CSO	Recruitment of 5 general practices in the Edinburgh area
Scale and Polish and Oral Health Outcomes Study	Dr. Jan Clarkson Dundee University	MRC	Recruitment of up to 45 General dental practices across Scotland
Investigating the potential and limitations of telephone consultations in delivering accessible, quality and safe patient-centred primary care: the views of patients, clinicians and administrative staff.	Dr Brian McKinstry, Edinburgh University	CSO Funding awarded £108513	Recruitment of 10 practices from 2 nodes for focus groups, recruitment of 15 practices for questionnaires.

## 6. DISSEMINATION

Dissemination undertaken by all members of SPPIRe staff has focussed this year on potential members (i.e. primary care practitioners), potential researchers and potential network collaborators, covering a broad geographical and multi professional audience. To achieve this, presentations on SPPIRe have been made to the following national and international audiences:

- Scottish School of Primary Care Conference, Glasgow. April 2005,
- NHS Research Day, Edinburgh, May 2005
- MRC General Practice Research Framework Scottish Conference, Edinburgh. June 2005.
- Scottish Executive Health Department: Catching the Wave Conference, Glasgow, October 2005.
- UK Federation of Primary Care Research Organisations Conference, Bristol November 2005.
- Developing a Canada-Wide Practice Based Research Network Conference, Centre for Studies in Primary Care, Queens University, Kingston Canada, March 2006.

SPPIRe local co-ordinators have also made presentations on SPPIRe to the following multi professional groups at a regional level:

- Stirling University Department of Psychology;
- Forth Valley General Practitioner Subcommittee;
- Dundee Protected Learning Time Mental Health Day;
- Tayside Centre for General Practice Teachers and Trainers Conference;
- Fife Research Day;
- Fife Clinical Psychology Research Group;
- Clinical Addictions Research Group Fife;
- St John's Hospital, Livingston clinical staff;
- Edinburgh Community Physiotherapy Service;
- Asthma Research Group Meeting, Gartnavel Hospital.

A paper on SPPIRe has been published in the British Journal of Community Nursing (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). A further article has been submitted to the Medical Journal of Australia promoting practice based research networks (Zwar, N., Weller, D., McCloughan, L. and Traynor, V. (2006) Supporting Research in Primary Care: are practice-based research networks the missing link? Medical Journal Of Australia General Practice Edition).

SPPIRe also has dedicated web pages within SSPC's website. ([www.show.scot.nhs.uk/sspc/sppire](http://www.show.scot.nhs.uk/sspc/sppire)) where members and researchers can download application forms and access meeting deadlines, and where guidance leaflets for both researchers and members can be downloaded.

## 7. BUDGET

SPPIRe received an income of £125000 from CSO in April 2004. Most of this funding (98%) was distributed to the four regional nodes participating in SPPIRe; the funding allocation was based on the same calculations adopted for last year's allocation formula, which takes into account population size as well as the need to allocate sufficient funds per region for an effective regional office to operate. A measure of equity is reflected in three of the nodes being awarded £26 618 each, whilst the West node received £42604 to reflect the larger population size covered.

**Table 6 Summary of SPPIRe Income and Expenditure in 2005– 2006**

Item	Income from CSO (£)	Expenditure (£)	Additional local funding	Balance (£)
West Node	42 604	35785.38	0	6818.62
East Node	26 618	35080	8462.00	0
South East Node	26 618	27825.00	1207.14	0
North Node	26 618	32419.56	5801.70	0
SSPC	2 542	2542	0.00	0
<b>Total</b>	<b>125000</b>	<b>125445.80</b>	<b>15470.84</b>	<b>6818.62</b>

The West node is currently underspent due to being without any node co-ordination staff between January and August 2006 and have therefore had reduced costs for salaries as well as associated costs such as administration and travel.

SPPIRe continues to benefit from the financial commitment of a number of different institutions to make the framework succeed. Most nodes have secured additional resources from employing NHS organisations and HEIs to cover the costs of the senior staff line-managing SPPIRe staff as well as to provide administrative support, accommodation and other infrastructure costs. Other nodes have received additional funding from NHS Trusts to increase staff time for node co-ordination so that full time (1.0 WTE) co-ordinators could be appointed.

SSPC expenditure has been concerned with meetings costs, travel expenses and IT infrastructure. The staffing required for management and database co-ordination of SPPIRe is currently being provided *gratis* by SSPC.

## 8. FUTURE PLANS

During its third full year of operation SPPIRe has proven to be an important addition to the research culture as demonstrated by the meeting of recruitment targets for the current SPPIRe projects. The continuing shift of health care to primary care services in Scotland, and the evidence needed to support it, means that Scotland needs a strong infrastructure to support primary care research more than ever before, particularly if it is to be a part of the larger PRCN and UK CRN. As such SPPIRe plans to

- Expand its work beyond the existing recruitment of practices and professionals. This will involve employing dedicated SPPIRe research officers, who would work within practices and primary care teams to facilitate the recruitment of *patients* into studies. As such, the additional funding successfully applied for by SPPIRe to fund this activity from CSO has been subject to a bidding process whereby nodes could bid for a part share of the available funding. Fifty percent of the funding was awarded to a joint bid between the North and East nodes to host a 0.5 WTE research officer, and the remainder has been awarded to the West Node to host another 0.5 WTE research officer. All of the relevant nodes and SPPIRe central co-ordination are currently co-writing the job descriptions for these posts.
- Revise its organisational structure of SPPIRe, with greater regional input to decisions made at a national level by developing an executive management group consisting of the key senior staff in each node. It is anticipated that this will increase in the accountability and responsibility of regional stakeholders in the strategic direction of SPPIRe.

These developments will be carried out in the context of major changes for SPPIRe co-ordinating centre, the Scottish School of Primary Care (SSPC). SSPC will be moving from its current host, NHS Education for Scotland, to an as yet undecided academic host, and recruiting a new Director in the Autumn of 2006. The outcome of both developments are expected to be favourable for SPPIRe.

**Appendix 1. Details of “Local Projects” which were facilitated through SPPIRe during 2005-2006.**

<b>Node</b>	<b>Project working title</b>	<b>Chief Investigator &amp; Institution</b>	<b>Funder and amount</b>
West	A pilot study to establish the feasibility of parental targeted video recording for studies of social communication in early childhood.	Phil Wilson, Glasgow University	CSO, £19,911.00
West	Randomised controlled trial to evaluate the effect of statins on asthma control of patients with chronic asthma.	Neill Thomson, Gartnavel General Hospital	National Asthma Campaign, £99,530.00
West	A 28 day, Randomised, Double-blind, Active Comparator, Controlled Study to assess the effects of Rosigilitazone, Inhaled Corticosteroid, Theophylline and Theophylline Plus Inhaled Corticosteroid on Inflammation and Pulmonary function in Asthmatic Smokers	Neill Thomson  Gartnavel General Hospital	GlaxoSmithKline & Chest, Heart & Stroke Scotland £300,00.00
West	Randomised controlled trial to evaluate the effect of domestic mechanical heat recovery ventilation on asthma control of patients allergic to the house dust mite	Neill Thomson  Gartnavel General Hospital	CSO £205,913.00
West	Air Travel and Venous Thromboembolism. A case control study in General Practice.	Peter MacCallum  MRC GPRF	British Heart Foundation £186,036.00
West	An evaluation of the effectiveness of structured CBT self-help materials delivered by a self-help support worker within primary care	Chris Williams  Glasgow University	CSO £110,850.00
South East	Varicose Vein Study	Prof Fowkes Edinburgh University	CSO £166,627
South East	Biomarkers of oxidative stress and inflammation in COPD	Prof W MacNee, Edinburgh University	NIH £460,000
South East	Home Based Physiotherapy for Late Stage Stroke	Gill Baer, QMUC	CSO £19,970
South East	DAMASK knee trial	Maureen Gillan, Aberdeen University	MRC £600,000
South East	Increasing the potential of mobile phone technology to promote better lung health	Hilary Pinnock Edinburgh University	British Lung Foundation £30,000
South East	Achieving earlier diagnosis of symptomatic colorectal cancer in general practices	David Weller Edinburgh	UK, Department of Health

		University	£24,933
South East	HPV study	Heather Cubie, NHS Lothian	CSO, £12,323
South East	Home BP study	Brian McKinstry, Edinburgh University	CSO, £15,000
North	Development, implementation and evaluation of an integrated follow-up programme for people with cutaneous malignant melanoma.	Peter Murchie, Aberdeen University	Cancer Research UK Research Training Fellowship in Primary Care Oncology. £167,994.
North	Pain Management Project	Blair Smith Aberdeen University	CSO £89,846
North	Communication skills training package for MCAs	Margaret Watson Aberdeen University	CSO £18,665
North	Common Symptoms	Blair Smith Aberdeen University	CSO £38,954
East	The UK Warren case-control collection of type 2 diabetes	Prof. Andrew Morris Dundee University	Wellcome Trust £750,000
East	Low physical activity in children with moderate / severe asthma	Brian Williams Dundee University	CSO £105,832.00
East	Clinical prediction rule for referral for symptomatic breast clinic referrals	Colin McCowan, Dundee University	MRC £195,331.00
East	DAMASK trial	Maureen Gillan Aberdeen University	MRC £611,402.00
East	Acute cough in pre-school children	Tom Fahey Dundee University	RCGP £14911.00
East	How can we improve the diet of young children living in areas of high deprivation	Ian Crombie	CSO £137,071.00
East	An analysis of the molecular and biochemical defects in insulin action	Calum Sutherland, Dundee University	CSO £16,800.00
East	An exploratory study of antidepressant prescribing in Scotland	Jillian Morrison Glasgow University	CSO £131,063.00
East	Predicting diabetic foot ulceration in primary care	Brian Christie Dundee University	CSO £204,686.00
East	Does Allopurinol Improve Left Ventricular Remodelling in Heart Failure?	Justine Davies Dundee	BHF

		University	£90,604.00
East	Developing and testing the next generation of quality markers for people with type 2 diabetes	Bruce Guthrie Dundee University	The Health Foundation/ CSO £233,953.00
East	Development of clinical prediction rule for diagnosis of colorectal cancer in primary care	Tom Fahey Dundee University	CRUK £131,406.00
East	What changes when incentives change in primary medical care?	Bruce Guthrie Dundee University	ESRC £44,897.00
East	GEO 002: Is the reduction in urate levels the mechanism by which Allopurinol improves endothelial dysfunction?	Jacob George Dundee University	BHF £173,000.00
East	Does Spironolactone improve endothelial function in hypertensive patients with type 2 Diabetes?	Krishnan Swaminthan Dundee University	Tenovus £91,335.00
East	GNOME Study: A double blind randomised placebo controlled trial of topical intra nasal steroids in 4-11 year old children with persistent bilateral Otitis Media with Effusion in Primary Care.	Ian Williamson Dundee University	NHS HTA £587,696