

SPPIRe: Scottish Practices and Professionals Involved in Research

SPPIRe Annual Report



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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.

2006-07 has been a year of major upheaval for SPPIRe while its host, The Scottish School of Primary Care, has been the subject of a successful bid to move it from NHS Education for Scotland to the University of Dundee. This move will undoubtedly strengthen SPPIRe in the future with increased stability, clinical academic leadership as well as more formal links to the School's research programmes. However, this transition period has also seen the departure of the SPPIRe co-ordinator, SSPC's business manager and the SPPIRe external academic capacity lead, which has resulted in the network operating without its full complement of staff for a significant portion of the year.

This year, SPPIRe has expanded its role by employed dedicated research officers, who work within practices and primary care teams to facilitate the recruitment of *patients* into studies. As such, the network was joined in August 2006 by Janice Reid in the West node, and in October 2006 by Kim Stringer who covers the East and North nodes. Following the departure of Dr Colette Fulton in the South East Node, Dr Kelly McGorm has joined SPPIRe as co-ordinator after a hiatus period of 5 months.

During SPPIRe's third year of live operation, it has made steady progress as a key resource, facilitating fifty-three high quality studies of relevance to primary care. SPPIRe has also embraced the opportunities presented by the UK Clinical Research Network (UKCRN) by working together with PCRN-e, as well as the Topic Specific Research Networks.

From the first of May 2007, SPPIRe will be known as the Scottish Primary Care Research Network (SPCRN). This change is being made as "SPCRN" more adequately describes what the network does, and is also more easily associated as a partner organisation of the PCRNe, and the Topic Specific Research Networks around the UK.

The agreed outputs for the year 1 April 2006 to 31 March 2007 were:

To maintain a national register of Primary Care professionals in Scotland willing to support, host or in other ways participate in research
To have 5 national (Scottish) studies recruiting through SPPIRe during 06- 07.
To have 15 local studies recruiting through SPPIRe during 2006-2007
To report annually the number of subjects recruited for each study facilitated by SPPIRe.
To have finalised standard operating procedures to allow the hosting of studies initiated by the PCRN- e, PCRNs developing in the other devolved nations, and the national topic specific CRNs.
To have a satisfactory evaluation of the services provided through SPPIRe from each of the Chief Investigators using it during 2006-2007.

2. Maintaining a national register of Primary Care professionals in Scotland willing to support, host or in other ways participate in research.

SPPIRe has continued to register the interest and involvement of primary care professionals interested in research, via the database which is maintained by each of the four nodes. The following shows SPPIRe membership for each of the SPPIRe nodes. Table 1 shows SPPIRe membership (number of practices/ groups and individuals) and Table 2 shows the breakdown of individual membership by profession.

Table 1. Number of practices/ groups and individuals

Node	East	North	South East	West	TOTAL
Individual membership	748	252	245	360	1605
Group membership	205	113	174	217	709

Table 2. Breakdown of individual membership by profession

Node	East	North	South East	West	TOTAL
General Practitioners	261	157	167	303	888
Community nurses	209	2	10	38	259
Pharmacists	14	56	5	3	78
Allied Health Professionals	31	9	21	1	62
Dentists	39	0	2	1	42
Profs Complementary to Dentistry	11	0	0	8	19
Other nurses	7	2	4	2	15
Practice staff	48	16	7	2	73
Academics	42	3	20	0	65
Research staff	53	1	2	0	56
Clinical psychologists	21	5	3	0	29
Social service staff	1	1	1	0	3
Other	11	0	3	2	16

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.

3. Studies recruiting through SPPIRe during 2006- 2007.

Fifty-three high quality studies of relevance to primary care have been facilitated by SPPIRe during 2006-2007. Forty-four of which recruit from one node in Scotland (exceeding our objective almost three-fold for this type of study) and nine which recruit from more than one SPPIRe node, five of which were added to the portfolio during 2006-2007, matching our objective for this year. Within the local studies, nine

of these were carried out in the north node, 2 in South East, 13 in West and 22 in East node. The number of studies facilitated through the South East node during 2006 – 2007 was affected by two hiatus periods during the reporting year. The first occurred in Spring 2006 and was caused by both a change of location from Edenhall Hospital to Little France and an organisational move from the NHS Lothian Primary Care to single system working with the acute sector. The second major change involved the resignation of Colette Fulton as Node Co-ordinator in October 2006 and the appointment of Kelly McGorm in March 2007. SPPIRe was aware from August 2006 of Dr Fulton’s impending departure, and as such directed new studies towards other nodes that would have the staffing to support them.

A study which is facilitated by SPPIRe can get assistance with :

- ensuring that the protocol is feasible in Scottish primary care;
- calculating and accessing support for science funding;
- negotiating the ethics and NHS Research Management Approval systems;
- selection of region for recruitment based on current research activities;
- recruitment of practices and clinicians into studies;
- patient identification and recruitment;
- data gathering;
- disseminating information about results and conclusions to clinicians involved in studies.

The studies and recruitment figures are presented in table 3 below.

Table 3 Studies facilitated by SPPIRe during 2006-2007.

Study	Funding	Practices	Patients
National studies			
Disability in the Community: the role of chronic pain and illness-related cognitions	£14 894 CSO	6	180
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	£ 658 347 DH / HTA	250	512
The Scottish Family Health Study (Generation Scotland)	£4 384 001 SEHD	NA	865
Effects of patient-centred asthma education for GPs and practice nurses: evaluating the impact of training in self regulation skills on patient outcomes: a randomised controlled trial	£172 163 Asthma UK	13	57
A Breath of Fresh Air: improving care and services for patients living and dying with chronic obstructive pulmonary disease, and their carers	£205 485 CSO	8	4
Lifelix: Diet and Lifestyle versus laxatives in the management of chronic constipation in older people	£642 391 DH/HTA	1	0

ASCEND: A randomised 2x2 factorial study of aspirin versus placebo, and of omega-3 fatty acid supplementation versus placebo, for primary prevention of cardiovascular events in people with diabetes *	£1 086 662 BHF	Not started yet	Not recruiting yet
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 *	£108 000 CSO	Not started yet	Not recruiting yet
A pilot study of depressive symptoms in heart failure in the Community	£39 952 NHS GG&C Priorities & Needs	Not started yet	Not recruiting yet
West studies			
Randomised controlled trial to evaluate the effect of statins on asthma control of patients with chronic asthma. (w)	£99 530 National Asthma Campaign	N/A	54
A 28 day, Randomised, Double-blind, Active Comparator, Controlled Study to assess the effects of Rosiglitazone, Inhaled Corticosteroid, Theophylline and Theophylline Plus Inhaled Corticosteroid on Inflammation and Pulmonary function in Asthmatic Smokers	£300,000 GlaxoSmith Kline & Chest, Heart & Stroke Scotland	N/A	84
A pilot study to establish the feasibility of parental targeted video recording for studies of social communication in early childhood.	£19 911 CSO	35 practices	90
Process and outcomes in consultations in general practice in the west of Scotland	£90 000 CSO	NA	36
Insulin Sensitisation As A Novel Mechanism To Lessen Ischaemic Burden In Non-Diabetic Patients With Chronic Stable Angina: a pilot study	£143 649 BHF	NA	4
Reducing the prevalence of smoking in people with mental health problems: gathering evidence to inform the development of an educational intervention for community-based mental health professionals and general practitioners	£43 872 MRC/ National Prevention Research Initiative	5	19
Evaluation of a general practice based screening intervention to identify former injecting drug users infected with hepatitis C within the Greater Glasgow NHS Board area	£40 000 Scottish Executive Health Department	10	20
Early Detection & Intervention Evaluation 2 (EDIE 2)	£1 031 104 MRC	NA	8
Randomised controlled trial to evaluate the effect of domestic mechanical heat recovery ventilation on asthma control of patients allergic to the house dust mite	£205 913 CSO	NA	119
The new GMS contract in primary care: The impact of governance and incentives on care	£308 883 SDO	NA	Not recruiting yet
E-health services	£306 250 NCCSDO	NA	Not recruiting yet
Effect of statins on asthma control and airway information in smokers.	£416 968 MRC	NA	Not recruiting yet
Randomised controlled trial to evaluate the effect of domestic mechanical heat recovery ventilation on	£205 913 CSO	NA	119

* We have been unable to start recruitment on these studies due to delays with NHS R&D approval.

asthma control of patients allergic to the house dust mite			
South East studies			
Achieving earlier diagnosis of symptomatic colorectal cancer in general practices (SE)	£24 933 Department of Health R&D Division, London	4	33
Acceptability of a system of remote blood pressure using monitoring using mobile-phone telemetry	£9 596 RCGP	NA	Not recruiting yet
East studies			
The UK Warren case-control collection of type 2 diabetes (e)	£750 000 Wellcome Trust	20	10,000
What changes when incentives change in primary medical care?	£44 897 ESRC	2	All practice staff
Low physical activity in children with moderate/severe asthma	£105 832 CSO	NA	30
Knowledge and understanding of MRSA	£3 371 NHS Tayside	14	583
Direct Access to Magnetic resonance imaging: Assessment for Suspect Knees (DAMASK)	£611 402 MRC	250 from N Wales, E Scotland, Yorkshire	553 (for UK-data for E node not available)
Clinical prediction rule for symptomatic breast clinic referrals	£195 331 MRC	13	76
How can we improve the diet of young children living in areas of high deprivation	£137 071 CSO	8	300
An exploratory study of antidepressant prescribing in Scotland	£131 063 CSO	1	4 practice staff
Predicting diabetic foot ulceration in primary care	£204 686 CSO	NA	1,000
Does Allopurinol Improve Left Ventricular Remodelling in Heart Failure?	£90 604 BHF	0	0
Feasibility of exhaled nitric oxide measurements in asthma control	£15 225 EastRen	5	450
SARMA: Scottish Acute recruitment multi-agency system	£7 056 EastRen	5	23 practice staff 12 patients
Development of clinical prediction rule for diagnosis of colorectal cancer in primary care	£131 406 CRUK	13	37
Survey of diabetes-dependent quality of life and illness perceptions	£8 207 EastRen	71	740
Cranberry v. low dose trimethoprim in recurrent urinary infections in older women	£157 962 Moulton Charitable Trust	8	65
HyDRA Trial: Hypertension - Decision Reinforcing Aids	£98 948 Stroke Association	5	67
Symptoms in the community: understanding the public's responses to inform the development of interventions (Pilot phase)	£328 847 Wellcome Trust	1	150
Internet-delivered prevention of anxiety disorders	£13 000	4	1

	CSO		
Does Spironolactone improve endothelial function in hypertensive patients with type 2 Diabetes?	£91 335 Tenovus	5	Data available not available
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.	£587 696 NHS HTA	4	Data available not available
Contact allergy to cortico steroids in patients with asthma	£4 906 Anonymous Trust	6	Data available not available
An analysis of the molecular and biochemical defects in insulin action	£16 800 CSO	1	Data available not available
North studies			
An evaluation of an adapted US model of pharmaceutical care to improve psychoactive prescribing for care home residents in Scotland (N)	£18,944 CSO	NA	6 GPs
Development study for a complex intervention for chronic low back pain in NHS primary care: identifying its likely components and assessing its likely acceptability	£89 846 CSO	NA	Not recruiting yet
An evaluation of an adapted US model of pharmaceutical care to improve psychoactive prescribing for care home residents in Scotland	£18 944 CSO	NA	Data available not available
Study of Pain and the Interaction between Constitutional and Environmental factors (SPICE)	£17 252 Priority and Needs	NA	Not recruiting yet
A DNA resource for lacunar (small vessel disease) stroke	£904 139 The Wellcome Trust	3	Not recruiting yet
Managing unexplained symptoms in primary care: mixing traditional and new approaches (MUSICIAN)	£599 582 Arthritis Research Campaign	NA	Not recruiting yet
Experiences of diabetes services in Scottish Primary Care	CSO studentship	NA	Not recruiting yet
Measuring the prevalence, detection and outcome of depression in primary care attenders: a pilot study	Centre for Change and Innovation (Scottish Executive). Funding unspecified!	4	Not recruiting yet

It should be noted that despite request for details from investigators, it was not possible to gather recruitment figures for some studies (particularly for local ones), mainly due to their stage of development, i.e. that patient recruitment details were not available yet. While recruitment figures for national studies are requested on a bimonthly basis, the standard operating procedure for this process will come into place for local studies during the first quarter of 2007. This is being matched by a redevelopment to the database to more easily capture practice and patient recruitment (see appendix 1) to allow more frequent assessment of these figures. Studies which have not started recruiting yet have been included in this table as there is usually considerable input from node co-ordinators to the development of studies prior to recruitment of practices or professionals commencing.

4. Standard operating procedures to allow the hosting of studies initiated by the PCRNe, PCRNs developing in the other devolved nations, and the national topic specific research networks.

Following discussions with Patricia Ellis (PCRNe manager) and Nancy Lester (Operations Manager for UKCRN), it has emerged that studies adopted by the UKCRN already meet the same criteria as those accepted by SPPIRe. That is, studies must meet the accepted definition of “research study” as a structured activity which is intended to provide new knowledge which is generalisable (i.e. of value to others in a similar situation) and intended for wider dissemination, and are funded by “eligible funders” (or able to reimburse clinicians for their time through other means). Therefore it was not necessary to develop further specific operating procedures at this time. Once these criteria for adoption/ acceptance are met, the only further local decisions (made either by local research networks in England or SPPIRe) depend upon the capacity of the network to host studies. PCRNe and SPPIRe are currently discussing whether the same application form used for assessing feasibility and capacity locally can be used for both networks.

To ensure that SPPIRe is fully collaborating with the PCRNe, the SPPIRe lead has been invited to attend the PCRN managers’ group, and the SSPC Director has been invited to sit on the UKCRN Operational Steering Group. Within Scotland, SSPC has been invited to sit on the six-monthly meetings with the managers of the other Scottish Topic Specific Research Networks. At an operational level, collaboration with the Topic Specific Research Networks is already happening with joint work on studies with both the Scottish Diabetes Research Network on identifying diabetic patients in primary care for a diabetes research register and the Stroke Research Network on the “DNA resource for lacunar (small vessel disease) stroke” study in the North node.

5. FINANCE

SPPIRe received an budget of £194 905 from CSO in April 2006. This was an increase on previous years’ funding to allow SPPIRe to appoint a 1.0 WTE research officer and to cover the total costs of employing node co-ordinators. Most of this funding (99.7%) was distributed to the four regional nodes participating in SPPIRe; the West and East nodes receiving additional funding to appoint a 0.5 WTE research officer. A summary of the SPPIRe spend in 06-07 is given overleaf in table 4.

Table 4 Summary of SPPIRe Income and Expenditure in 2006– 2007

Node	Income for 2006-07 from SSPC	Carry forward	Additional funding	Total income	Expenditure	Balance
West Node	56 071	17 796 ¹	750 ²	74 617	69 038	5 579 ³
East Node	56 071	0	750 ⁴	56 821	43 866	12 955 ⁵
S East Node	40 420	0	0	40 420	15 729	24 691 ⁶
North Node	40 420	0	0	40 420	37508	2 912
SSPC ⁷	1 923	0	0	1 932	1 445	478
Total	194 905	17 796	1 500	214 201	167 586	46 615

It should be noted that £43,225 (93%) of the under spend can be attributed to non-payment of salaries during 06-07 due failure to fill posts as quickly as hoped in the east, west and south east nodes. The carry forward from the West node can be attributed to a similar hiatus in staffing between January and August 2005, and earlier April and November 2003.

¹ The carry forward element for the West Node consists of (a) £7 507 carry forward from 05-06; (b) Balance GGPCD budget for yr 2003/2004 = £7,649 and (c) Reimbursement admin support 0.3 salary Dec-Mar = £2,640

² Additional funding from SSPC staffing under spend to cover additional equipment costs which arose due to the split of the 1.0 WTE research officer into 2 0.5 WTE research officers each with their own equipment requirements = £750

³ Most of this under spend can be attributed to the start date of the research officer being 4 months into the financial year.

⁴ Additional funding from SSPC staffing under spend to cover additional equipment costs which arose due to the split of the 1.0 WTE research officer into 2 0.5 WTE research officers each with their own equipment requirements = £750

⁵ Much of this under spend can be attributed to the start date of the research officer being 6 months into the financial year.

⁶ the under spend is in relation to the co-ordinator post being only 0.50 WTE April to October 06 and then being vacant from October 2006 - March 2007

⁷ SSPC expenditure has covered SPPIRe team meeting costs. The staffing costs (£44 854) required for management, database co-ordination and administration of SPPIRe is currently being provided *gratis* by SSPC: Manager= £30644 for 0.7 WTE for 12 months; Co-ordinator = £8971 for 0.5 WTE for seven months, (both based on Whitley Grades) Administrator = £5239 for 12 months.

6. Evaluation of the services provided through SPPIRe from each of the Chief Investigators using it during 2006-2007.

SPPIRe evaluation forms were sent to the investigators of all studies that SPPIRe recruited into during 2006-2007. As with the requests for patient numbers outlined in table 3 above, it was found to be extremely difficult to get evaluation sheets returned by investigators, particularly for locally facilitated studies. This is mainly because the recruitment period on most studies has not yet closed so investigators find it difficult to evaluate an outcome which is not expected to be arrived at for some time. The few responses returned are summarised below.

Study	practices recruited	research subjects recruited	any particular difficulties encountered relating to recruitment
Disability in the Community	6	180	The aim was to recruit 2 practices in each of Aberdeen, Glasgow & Edinburgh. Despite the very best efforts of SPPIRe only 1 practice volunteered to participate in Edinburgh. However, 6 practices overall were recruited through the recruitment of an additional practice in Glasgow
Effects of patient-centred asthma education for GPs and practice nurses:	13	57	Few practices in Glasgow approached by SPPIRe due to other ongoing asthma projects. Could practices been involved in both concurrently? A little more effort and/communication would have been helpful.
A Breath of Fresh Air:	8	4	Recruitment took a little longer to get started than originally planned (at least in part, I suspect, because of the change in personnel and location of SPPIRe).
Lifelax	1	0	The section on recruitment blank as it is still ongoing. I will be better able to comment when we have practices engaged in the intervention
A pilot study to establish the feasibility of parental targeted video recording for studies of social communication in early childhood.	35	90	This was not a SPPIRe problem, but recruitment rate was lower than we had bargained for – partly because of ethics committee decisions.
Increasing the potential of mobile phone technology to promote better lung health	4	NA	The recruitment process was facilitated by Brian McKinstry, who recruited three practices (including his own) very quickly

Appendix 1 Revised funding request for 07-10

Following the Business Case which was submitted to CSO in January 2007, and further assessments of our needs, a revised funding request is being submitted.

Database development

The SPPIRe database was first developed in 2003 by SSPC staff in collaboration with DBTech consultants to create a complex database linking all SPPIRe projects with members, recording data on research management status, patients required, recruitment status etc. Its current operation (with four separate members' databases being kept at the four node sites, being linked to national studies held at the centre) has become unwieldy, results in duplication of effort and relies on multiple requests for data to be able to ascertain network capacity. Planning is now underway to redesign it so that it is available via a web-based server based at one of the SSPC collaborating University sites (rather than being provided by a commercial organisation). It is planned to merge the current four Access databases, and to re-engineer the resulting database to sit on an "SQL" Server with external web interface and a suitable security module to restrict access to named SPPIRe staff. The database itself is being redesigned so that the following can be tracked during the course of a study: approaches to practices, practice responses, patient recruitment and completion of key stages within the study and payments to practices through the support for science mechanism. SPPIRe has received a quotation from one of the collaborating University sites for this as **£7500** for the estimated start up cost for the first year, and **£1500** maintenance and hosting costs thereafter. Investing in the database will ensure that node co-ordinators can be updated with new national studies, and can update the database with local studies much more efficiently than at present.

Staffing

A further assessment of the likely research officer workload in the South East indicates that there are not enough studies to warrant the appointment of a permanent research officer during 07-08. This is mainly due to the down-turn in the number of studies using SE node during the absence of a co-ordinator during the latter part of 06-07. While activity in SE node is undoubtedly increasing since the appointment of a new co-ordinator in March 07, it will take time for this to translate to research officer activity. Where research officer activity has been required in SE node since the appointment of the new co-ordinator, it has been provided on a case-by-case basis by the Edinburgh CRF community research nurses who have assisted with a number of studies. While the joint East and North node research officer has been working to capacity in the East node, she has not been utilised in the North during 06-07, so no further increase in staffing costs for a permanent research officer in that node is deemed necessary. However, if intensive research officer activity is required which exceeds the capacity of the current joint N/ E research officer, it is recommended that input is requested from the Aberdeen Community Clinical Research Unit (ACCRU) research nurses.

Summary of funding request

Given the financial account presented in Section 5 in the main body of the report, and the re-evaluation of the network's needs in the next financial year, SPPIRe has revised the funding request from the Business Case submitted in January 2007.

To maintain existing activity, it is necessary to retain the current funding for staffing and associated costs for the nodes (+ an uplift of 5% per year on the salary costs). The current existing funding of **£194 904 for 06-07** from CSO currently covers the following items:

4 node co-ordinators (costed at A&C grade 7) *	£149679
1 WTE research officer (costed at nursing grade E equivalent)	£27725
£3000 contribution towards travel and consumables per WTE staff	£15000
Contribution towards central administration costs	£2500

The costs of maintaining these nodes (with a 5% uplift per year for salary costs) and developing and maintaining the SPPIRe database each year for the next 3 years is summarised in table A1 below. It should be noted that the salary costs of central management and administration of the network (approx £50 000 pa) will continue to be borne by the Scottish School of Primary Care.

Table A1 Summary of funds requested from 2007-2010

Requirement	07-08	08-09	09-10
Retaining existing node staff + office costs	203 774	213 790	224 480
Development / maintenance of database	7 500	1 500	1 500
Total requested	211 274	£215 290	£225 980

Should CSO stipulate that the all of the under spend from 06-07 (£46 615) is reallocated towards next year's budget, this would reduce the sum requested for 07-08 to **£164 659**. It should be noted that in most cases, these under spends have been used to pay staff during the first two months of 07-08 while budget decisions are being made and funding allocated.

The proposed allocation of funds in 2007-2008 are displayed in table A2 overleaf

* Figures include 22% on costs

Table A2 Allocation of funds to nodes 2007-2008.

Node	income	Salaries	Office costs	Total expenditure
West	58 347	53 847	4 500	58 347
East	58 347	53 847	4 500	58 347
S East	42 291	39 291	3 000	42 291
North	42 291	39 291	3 000	42 291
SSPC	10 000	0	10 000	10 000
TOTAL	10 000	0	25000	211 276
