

SPPIRe: Scottish Practices and Professionals Involved in Research

2nd Annual Report

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1. INTRODUCTION

Scottish Practices and Professionals Involved in Research (SPPIRe) was established in 2002 as a framework to co-ordinate and develop national research activity in primary care. The framework is financially supported 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 – North, East, South East and West. During SPPIRe's second year of operation, it has established itself as a key resource in the primary care research environment. This success is in part due to a key feature of the framework, which is the dynamic nature of the professional membership which reflects the disciplinary needs of the SPPIRe projects and the proactive working of the nodes. This report summarises the key achievements including the organisation and management of SPPIRe, the development and operation of the SPPIRe database, the project portfolio, financial statement and future plans.

2. ORGANISATION OF SPPIRE

2.1 The SPPIRe co-ordinating office at SSPC

The central co-ordination of SPPIRe (Box 1) is carried out by the Scottish School of Primary Care (SSPC). It is project-managed by SSPC's Capacity and Capability Manager (Lucy McCloughan/ Karen Bell - Maternity Cover Oct-May 2005), with database co-ordination carried out by SPPIRe's Central Co-ordinator (Heather Coupar). This is supplemented by administrative and business support from other SSPC staff members. The Director of SSPC (Sally Wyke, until December 2004) with Frank Sullivan (Professor of Research and Development in General Practice and Primary Care, University of Dundee) have maintained a strategic overview of developments. Since January 2005, Professor Tom Fahey (SSPC's research director, one day per week) has also been involved in developing the strategic position of SPPIRe. In addition during 2004, SSPC introduced Programme Leaders to oversee and co-ordinate SSPC's research activities. The Programme Leader with responsibility for SPPIRe is Dr Margaret Watson (MRC fellow) who has supported SPPIRe nationally, particularly in relation to promoting membership to primary care practitioners and the services that SPPIRe can offer to researchers.

Box 1. Summary of Central Office responsibilities during the second year

- development of SPPIRe project management;
- exploring future sustainable funding of the initiative;
- first annual review of the SPPIRe national database led by SPPIRe's Central Co-ordinator with input from the SPPIRe node co-ordinators;
- management of the development of the roles of the node co-ordinators and the services provided;
- receiving and processing new applications from researchers interested in recruiting SPPIRe practices and professionals into high quality research studies of relevance to primary care;
- refinement of the application process including the introduction of a two-tier system (conditional approval for unfunded projects and full approval for funded projects plus an appeal process);
- promotion of SPPIRe at national fora.

2.2 The SPPIRe nodes

Service Level Agreements were signed between NES (as the budget holders), and the lead PCT and Higher Education Institutions, where appropriate, hosting each SPPIRe node. The coverage of each node, the organisation in receipt of SPPIRe funds and the lead SPPIRe 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	Susan Campbell	Grampian, Highland	Grampian PCT/ Aberdeen University	The Department of General Practice and Primary Care, Aberdeen University
East	Marie Pitkethly	Tayside, Fife	Tayside PCT	Tayside Centre for General Practice, Dundee University
West	Colin Cowan (until January 2005)	Divisions in WoSRaD*	Greater Glasgow PCT	Greater Glasgow Primary Care Division (until December 2004) The Department of General Practice and Primary Care, Glasgow University, thereafter
South East	Colette Fulton	Lothian, W. Lothian & Borders	NHS Lothian Primary Care Division	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

- Database development and maintenance. For example, working with SSPC to develop the database, encouraging practitioners and practices to sign up to the database and populating the database regionally;
- Recruitment of practices and professionals for national externally funded studies of relevance to primary care. For example, to liaise with Chief Investigators to clarify protocols and expectations and undertake practice visits as necessary to explain protocols to research involved professionals;
- Troubleshooting where recruitment of practices or professionals is problematic. For example, monitoring the involvement of recruited practices and professionals in studies and taking steps to remedy problems with a practice/ professionals involvement in a study;
- Being a contact point for local Principal Investigators who require local recruitment of practices and/ or professionals into a study;
- Reporting statistics (e.g. SPPIRe membership – number of practices/ groups and individuals with a breakdown of individual membership by profession) “upward” for the effective running of SPPIRe;
- Reviewing project applications for SPPIRe bi-monthly meetings as requested;
- Attending SPPIRe bi-monthly meetings;
- Promotion of SPPIRe at regional and national fora as appropriate;
- Maintaining the profile of SPPIRe projects to facilitate recruitment;
- Ensuring that SfS funds are available for each SPPIRe project, if appropriate, and reimburse practices for their time;
- Ensuring that reimbursement is carried out in a timely fashion, to make the experience of hosting research a positive one for primary care practitioners.

* Greater Glasgow Primary Care (until April 2005), Lanarkshire Primary Care, Ayrshire & Arran, Argyll & Clyde, Forth Valley Primary Care and WestNet (until April 2005)

Some of these activities have been summarised by the node co-ordinators below:

The East node of SPPIRe is integrated into the work of EastRen, the primary care research network in Tayside and Fife. EastRen strives to identify primary care collaborators for national and local projects, increase research capacity through training and support, and manages and disburses the primary care Support for Science allocation.

The North node of SPPIRe comprises Grampian and Highland regions. The current membership is strongly multi-professional. Node members receive a regular newsletter informing them of both national and local projects. The node co-ordinator (Susan Campbell) also attends and convenes meetings with different groups of health care professionals to increase awareness and promote membership of SPPIRe.

The South East node of SPPIRe is also integrated into the work of the pre-existing Lothian and Borders Primary Care Research Network with its aim to facilitate the development of research capacity through training and support in primary care professionals. The South East node has a node newsletter which informs members of local and national projects which serves to act as a reminder about ongoing projects.

3 MANAGEMENT OF SPPIRe

3.1 The SPPIRe Central Team

The strategic role of SPPIRe in the development of national primary care research activity is overseen by SSPC's Capacity and Capability Manager, the Director of SSPC and Professor Frank Sullivan. Following the departure of Dr Sally Wyke in December 2004, Professor Tom Fahey (SSPC's research director, one day per week) has also been involved in developing the strategic position of SPPIRe. In particular this team has focussed on the development of the United Kingdom Clinical Research Collaboration (UKCRC) and has forged stronger links with relevant parties such as the MRC GPRF.

3.2 The SPPIRe operational Team

While SPPIRe is project managed centrally by SSPC staff, the SPPIRe operational decisions are carried out by the "SPPIRe operational team". This consists of the SPPIRe node co-ordinators and SSPC SPPIRe staff. The team meets bimonthly to discuss operational matters and to guide all SPPIRe staff through the process of fulfilling the functions that they have signed up to as part of SPPIRe. The two main benefits of this approach are that a) there is "ownership" of SPPIRe in the regions and b) local primary care research experience is being harnessed. A number of additional members have been co-opted to ensure that the team gets access to expert input in a number of relevant areas. These include Janet Hanley from Lothian Primary Care NHS Trust who advises on NHS research management, Patricia Ruddy from the CSA who advises on data protection issues and Margaret Watson who is the SSPC Programme Leader with responsibility for SPPIRe.

3.3 The SPPIRe external reference group (SERG)

The SPPIRe external reference group has met three times since being established in 2004 to monitor SPPIRe in relation to its aims set out in the service level agreements with the nodes. This involves assessing:

- whether the overarching aim of SPPIRe is being met;
- whether the functions are being undertaken adequately;
- whether, overall, the projects that are being carried out reflect the membership of SPPIRe and the multi professional needs of the NHS in Scotland;
- the suitability of projects referred from the SPPIRe operational team, where uncertainty exists about whether to approve them;
- the review of project appeals (where the SPPIRe operational team have declined project approval and the researchers have lodged a formal appeal to SERG).

The group was set up to reflect the multi professional nature of primary care research in Scotland. The members are shown in Box 3 below.

Box 3. Members of the SPPIRe external reference group

<i>Member</i>	<i>area of expertise</i>
Prof. Christine Bond	primary care pharmacy
Dr. Jan Clarkson/ Mr Steve Turner	primary care dentistry
Dr. Sue Kinn (until Sept 2004)	nursing
Ms. Sonya Lam	Allied Health Professions
Prof. Aziz Sheikh	academic General Practice
Dr. Stuart Wood	running large primary care trials in the community
Prof. David Webb (from Apr 2005)	senior researcher involved with commercially funded research
Mr Andrew Gardiner (from Apr 2005)	consumer representative
Mr Colin Cox (from Apr 2005)	consumer representative

In January 2005, SSPC held a national recruitment campaign to invite members of the public to become consumer representatives (whose remit is to actively advise on future activities of SSPC). To facilitate this process all interested parties were invited for an afternoon to find out more about SSPC and SPPIRe. Following this process our two consumer representatives were appointed. Further representation is currently being sought from public health, NHS management and nursing (to replace Dr Sue Kinn).

4. OPERATION OF SPPIRe

4.1 The SPPIRe database

A common database infrastructure was developed nationally and an identical copy of this infrastructure is held in each of the four nodes. The regional nodes use this database to record information about their local SPPIRe members (i.e. practices/ groups and professionals who are actively involved in primary care research or who have indicated a desire to be part of the SPPIRe database). The data recorded about each member includes: their contact details, which practice or team they belong to, which projects they have signed up to, their research interests, and whether they are interested in participating in commercially funded research. An illustrative example of the member form is given in Appendix 1. A separate form exists which links individual members to the practice, team or other self-defined group that they belong to. As with the member form, this form contains the group's contact details, research interests and projects which are being undertaken at a practice or team level. An illustrative example of the group form is given in Appendix

2. The database also records data about all of the research projects that the SPPIRe node is involved with (locally initiated projects as well as large, national/multi node projects). The data recorded for projects includes contact details for the Chief Investigator, the contact person for the project and any other investigators (i.e. local Principal Investigators); funding details; data collection details; service support costs; details of any related projects (i.e. any pilot studies recorded on the node database) and consumer involvement. An illustrative example of the project form is given in Appendix 3.

The database links the SPPIRe members with the projects that they are involved with, and can therefore be used in two ways. Firstly to determine which practices and professionals are willing to be recruited into studies and secondly as a record of which professionals are involved in existing studies. The database has also been set up to provide automated reports on the capacity within each node which are submitted to the SSPC centre. A summary of the reports, typically provided by the nodes is given in Box 4 (this list is not exclusive).

Box 4. Key SPPIRe database outputs

- The number of groups/ practices on the regional database;
- The number of professionals on the regional database;
- How many regional projects are registered on the database;
- Number of group/ practices recruited to projects;
- Number of professionals recruited to projects;
- Number of professionals by profession;
- Number of groups/ practices by group type;
- Number of groups/ practices by health board area;
- Number of projects by health board area;
- Number of projects with consumer involvement.

4.2 The SPPIRe database annual review

In November 2004, the first annual review of the SPPIRe database took place. Led by SPPIRe's Central Co-ordinator, the review was an opportunity for the SPPIRe node co-ordinators to feedback their experience of working with the SPPIRe database during its first year of operation and make suggestions for change. The consensus from the SPPIRe node co-ordinators was that the database was meeting their needs. Following the meeting a few revisions were made to the database including the addition of some new automated reports and the inclusion of the consumer involvement tab to the project form.

4.3 How researchers apply to SPPIRe

To ensure that the SPPIRe database is used efficiently, standard operating procedures have been developed to control the methods for accessing SPPIRe by researchers. These have been shaped by those developed by the MRC-GPRF* and by Birmingham PC-CTRU† and following further development by the SPPIRe team, a two-tier approval system has been established:

* Medical Research Council – General Practice Research Framework

† Birmingham Primary Care Clinical Trials Research Unit

- Conditional approval – for projects without funding;
- Full approval – for projects with funding.

4.3.1 Conditional approval

Researchers are encouraged to contact SPPIRe before they apply for funding to ensure that SPPIRe is a suitable vehicle for recruiting practices and professionals. Projects will only be accepted as national SPPIRe projects if they are funded by one of the CSO “eligible funders”. Researchers are then asked to apply for conditional approval to use SPPIRe which is assessed centrally with appropriate node input and is based primarily on capacity (i.e. whether the current SPPIRe membership has the capacity to undertake such a project). If conditional approval is given, it is subject to the funding application being successful with an “eligible funder.”

To apply for conditional approval researchers must submit their research protocol with a covering letter briefly describing the following:

- Relevance of project to primary care;
- Which nodes to be recruited from and if not ALL, why;
- Number of practices and professionals required;
- The role researchers expect SPPIRe to fulfill, and
- Reimbursement costs and description of calculation.

4.3.2 Full approval

Researchers who have already secured funding (or researchers who have received SPPIRe conditional approval and then successfully secured funding) can apply for full SPPIRe approval by completing SPPIRe’s “Project Application Form for Full Approval”. These applications are reviewed at SPPIRe operational team bi-monthly meetings. Two node co-ordinators review each application prior to the meeting and present their views to the rest of the team. If full SPPIRe approval is given, it is subject to the following:

- receipt of LREC and/or MREC approval certificate;
- receipt of NHS management approval letters from the relevant areas.

No recruitment will be initiated for any project until it has received full ethical and NHS management approval.

4.4 Recruiting research interested practices and professionals to the SPPIRe database

Each regional node is responsible for recruiting practices and professionals to its own database. Five methods have been used to do this:

- identifying healthcare professionals or specific professions to reflect the disciplinary needs of the SPPIRe projects;
- “mail outs” to all professional groups in primary care, followed up by practice or team visits where necessary;
- presentations at local research meetings in each of the four SPPIRe node regions;
- using legacy data of research interested professionals which are held by regional primary care research networks. These data cannot be transferred wholesale onto the new database (due the Data Protection Act), but former “Network” members are being targeted to assess whether they wish to be part

of the new SPPIRe database. In the East node, this has resulted in over 500 former research network members becoming SPPIRe members;

- linking up with the existing profession-specific research networks: The Scottish Dental Practice Based Research Network (SDBPRN) and the Grampian Pharmacy Network. SDBPRN has mailed all of its members to assess willingness to join SPPIRe, and a number of members from the Grampian Pharmacy Network have joined the North node of SPPIRe.

5. CURRENT STATUS OF SPPIRe

5.1 SPPIRe membership

The following is a snapshot of SPPIRe membership provided by each of the SPPIRe nodes mid February 2005. 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	626	218	200	682	1726
Group membership	97	93	164	283	637

Table 3. Breakdown of individual membership by profession

Node	East	North	South East	West	TOTAL	SPPIRe targets
General Practitioners	162	134	143	613	1052	236 (446%)
Practice staff	44	12	6	-	62	
Community nurses	205	2	11	63	281	192 (146%)
Other nurses	18	-	2	-	20	
Pharmacists	13	56	4	-	73	120 (61%)
AHPs	30	7	11	-	48	93 (52%)
Dentists	38	-	1	6	45	
Professions Complementary to Dentistry	11	-	-	-	11	
Academics	34	-	15	-	49	
Research staff	51	1	3	-	55	
Clinical psychologists	19	5	3	-	27	
Social service staff	1	1	1	-	3	

As mentioned earlier a key feature of SPPIRe is the dynamic nature of the membership. From Table 3, it is apparent that we have exceeded our targets for General Practitioners and Community Nursing membership. We have also engaged with a number of other healthcare professionals which were not included within SPPIRe's initial targets. 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.

5.2 Projects registered with SPPIRe

5.2.1 Projects with full SPPIRe approval

Project 1

"Bell's Palsy: early Acyclovir and/ or Prednisolone in Scotland. A multi centre factorial trial of the early administration of steroids and / or antivirals for Bell's Palsy"

Chief Investigator: Professor Frank Sullivan, University of Dundee

Project contact: Dr Fergus Daly, University of Dundee

The purpose of the study is to try to determine which of two treatments, a steroid (prednisolone) and an antiviral agent (acyclovir), or neither, or both, is most effective in achieving a good recovery from Bell's Palsy. This project is currently recruiting in the West, East and South East nodes of SPPIRe. It aims to recruit 720 patients with recent onset of unilateral facial paralysis within 18 months. The participation of every mainland medical, dental and pharmacy practice as well as NHS24 and hospital A/E departments will be necessary for this to be achieved.

Current position

Recruitment targets remain one week ahead of schedule.

Project 2

"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"

Chief Investigator: Dr Pat Hoddinott, HIHRI, University of Aberdeen

Project contact: as Chief Investigator

The purpose of this study is to try to determine whether breastfeeding support groups are effective and efficient at improving breastfeeding rates and maternal satisfaction. This project is taking place within the East and West nodes of SPPIRe. It aims to recruit 3800 pregnant and breastfeeding mothers, over 2 years in 14 LHCCs.

Current position

All 14 localities are participating and the intervention areas have set up new breastfeeding groups. (The project team are referring to the sites as localities now as LHCCs are being phased out).

Project 3

"A national audit of the detection and management of postnatal depression: Qualitative discussion groups and interviews"

Chief Investigator: Professor Beth Alder, Napier University

Project contact: Dr Claudia Martin, The Scottish Centre for Social Research (SCSR)

This qualitative study follows an audit of services for the detection and management of postnatal depression (NAPD). This study seeks to gather the views and perceptions of "ordinary" new mothers and will explore their perceptions of whether and how (well) their emotional health was addressed in the postnatal period. It also seeks the views of health professionals who have a key role working with new mothers. This project will recruit in the East, North and West nodes of SPPIRe. It

aims to recruit 24 recent mothers and 24 health professionals within one month, from general medical practices.

Current position

Practices are being identified with the focus groups planned in the following month.

Project 4

"Developing services to meet the end of life needs of South Asian Sikh and Muslim patients and their families in Scotland"

Chief Investigator: Professor Aziz Sheikh, University of Edinburgh

Project contact: Ms Liz Grant, University of Edinburgh

This study aims to identify the main issues that affect South Asian Sikh and Muslim patients with life limiting illnesses and their family-carers, and how these issues are affected and determined by their religious and cultural identity. The study will also investigate how palliative care policies, services and professional education could be improved generally and, in particular, for South Asians. This project will recruit in the South East and West nodes of SPPIRe. It aims to recruit 20 patients, 20 carers and 20 health professionals over a period of 2 years, from general medical practices.

Current position

The researchers are in the final stages of MREC approval and have obtained conditional R&D Management Approval from Greater Glasgow Primary Care Division.

Project 5

"The UK Biobank - A study of genes, environment and health"

Scottish RCC lead: Dr Jill Pell, Greater Glasgow NHS Board

Project manager: Ms Caron Paterson, Greater Glasgow NHS Board

The purpose of this study is to investigate the separate and combined effects of genetic, environmental and lifestyle factors on major causes of morbidity and mortality in the UK population. This project will follow the health of a large group of volunteers (500,000) for many years, collecting baseline information on environmental and lifestyle factors and follow up by linkage to medical records. Baseline samples will be stored so that they can be used for biochemical and genetic analyses in the future. This project will recruit in each of the nodes of SPPIRe. It aims to recruit 80,000 subjects in Scotland over a period of 5 years in the first instance, from general medical practices.

Current position

Phase 1 of the project is currently underway, with sites in the South East and North nodes of SPPIRe participating.

Project 6

"Disability in the Community: the role of chronic pain and illness-related cognitions"

Chief Investigator: Professor Marie Johnston, University of Aberdeen

Project contact: Dr Diane Dixon, University of Aberdeen

Chronic pain is highly prevalent in the community and is associated with disability. However, the level of pain experienced is not the only determinant of disability. There is much evidence to support the view that an individual's illness or pain-related cognitions are important predictors of disability. This study will enable us to gain a greater understanding of the role of chronic pain and cognitions in determining disability in a community sample with the aim of developing an appropriate intervention. This project will recruit in the East, North and South East nodes of SPPIRe. It aims to recruit 900 patients over a period of 6 months from general medical practices.

Current position

The project has been successful in achieving funding from the CSO.

5.2.2 Projects with conditional SPPIRe approval

Project 1

"Age restricted cervical screening"

Chief Investigator: Dr Margaret Cruickshank, University of Aberdeen
Project contact: as Chief Investigator

The purpose of this study is to determine whether adequate clinical reassurance can be provided for women who test negative for HPV at age 50 to be exited from the screening programme early; and that women who do test negative are reassured that their risk of developing cervical cancer is so low that they can be exited early from cervical screening. This project will recruit in the North and South East nodes of SPPIRe. It aims to recruit 4,000 women attending smear clinics over a period of 3 years from general medical practices.

Current position

An application for funding is to be submitted to the CSO.

Project 2

"The Scottish Family Study"

Chief Investigator: Dr Blair Smith, University of Aberdeen
Project contact: as Chief Investigator

The purpose of this study is to recruit individuals aged between 35 and 55 years, who will be invited to participate, along with as many first degree relatives as possible. Basic demographic, lifestyle and clinical information, DNA and blood will be collected from all participants, along with intensive phenotyping for a number of quantitative traits (QTs) relating to specific scientific hypotheses. Record linkage, using the CHI number (CHNo) will allow the additional collection of prescribing and clinical information from primary and secondary care. This project will recruit in the East and West nodes of SPPIRe in the first two years, and North and South East nodes thereafter. It aims to recruit 50,000 patients over a period of 5 years from general medical practices.

Current position

The pilot phase of this project is due to commence in the East SPPIRe node. An application to MREC for the whole study is in progress.

6. DISSEMINATION

Dissemination undertaken by the SPPIRe team about SPPIRe has focussed on potential members (i.e. practices and professionals, rather than researchers). Presentations on SPPIRe have been made by the local node co-ordinators to the following groups:

- Dundee University Tayside Centre for General Practice;
- Aberdeen University Institute of Applied Health Sciences;
- Glasgow University Department of General Practice;
- Edinburgh University Department of General Practice.

National and UK wide presentations:

- SSPC Conference, Aberdeen, 2004 – Lucy McCloughan
- UKFPCRN, York, 2004 – Susan Campbell
- ADEG, Carnoustie 2005 – Susan Campbell
- SAPC, Glasgow 2004 – Lucy McCloughan
- Scottish NHS Research Day, Edinburgh, 2005 – Colette Fulton
- LHCC PLT days, Dundee, 2005 – Marie Pitkethly

Articles have also been published in the SAPC Newsletter and SPPIRe has dedicated web pages within SSPC's website. (www.show.scot.nhs.uk/sspc/sppire)

7. BUDGET

SPPIRe received an income of £125 000 from CSO in April 2004. 98% of this funding 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 £42 604 to reflect the larger population size covered. The funding formula was accepted by all parties.

Table 4. Summary of SPPIRe Income and Expenditure in 2004 – 2005

Item	Details	Income (£)	Expenditure (£)	Balance (£)
West Node Staff & Office Costs	1.3 WTE	42 604	28 648	13 956
East Node Staff & Office Costs	0.8 WTE	26 618	35 080	- 8 462
South East Node & Office Costs	0.8 WTE	26 618	27 200	- 582
North Node Staff & Office Costs	0.8 WTE	26 618	27 269	- 651
SSPC administrative costs including travel expenses of Reference Group	meeting costs	2 542	2 542	0
Total		£125 000	£120 739	£4 261

The figures in Table 4 can be explained as follows:

1. West Node: this node shows an underspend of nearly £14 000, which is due in part to the early departure of the Node Coordinator in January. This underspend will be carried forward to fund the recruitment of a new Node Coordinator.

2. East Node shows an £8 462 overspend; however this is a presentational issue, as the stated overspend corresponds to additional funding provided by EastRen to fund administrative services.

3. South East Node & North Node: both show a small overspend for the same reasons as stated above; Lothian NHS (PCD) and Grampian are meeting the extra costs.

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 project management and database management of SPPIRe is currently being provided *gratis* by SSPC.

8. FUTURE PLANS AND COLLABORATIONS

During its first full year of operation SPPIRe has proven to be an important addition to the research culture as evidenced by the meeting of recruitment targets for the current SPPIRe projects. In the coming year the management team plan to build its reputation by continuing to attract a diverse range of national research projects from large scale epidemiological studies to RCTs. As part of that development SPPIRe has supported the bid for the Scottish Collaboration of Triallists (ScoT) led by Professor Adrian Grant. In addition SPPIRe has also agreed to be a recruitment route for the Scottish partners of bids for the United Kingdom Clinical Research Collaboration (UKCRC). As part of the development of UKCRC, SPPIRe has forged stronger links with the MRC GPRF and will be participating in a joint meeting with MRC GPRF and SPPIRe practices in June 2005 to look at the potential for future collaboration. Due to its all encompassing nature of the practice population and established success in delivering on recruitment targets, SPPIRe is well placed to be the main recruitment route for the UKCRC in Scotland for those projects involving primary care.

REFERENCES

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2. Watson, M. and McCloughan, L. (2004) How the Scottish School of Primary Care can help Pharmacists. *Pharmaceutical Journal* **272**, 63-64.
3. Chief Scientist Office Research Strategy for Health and Healthcare (2003). Scottish Executive, Edinburgh.

APPENDICES

Appendix 1. An example of the member form of the SPPIRe database

Members

SPPIRe Members

Title* Forename* Surname* SPPIRe Member code* **NM0002**

Profession* Qualifications SPPIRe Member type*

Add New Group

Contact Projects Research/ Membership

Project code/ Name	No's reqd	Recruited	Project status	Member status
▶ W0002 RNIB GPS project	300	0	Live	Active
A1112 sdfdsfg	0	0	Live	Active
C0003 xBells Palsy Project	0	0	Live	Active
A1111 Irm Bru Study	0	0	Recruiting	Active
* <input type="text"/>				Active

Add Project

Record: 1 of 3

Appendix 2. An example of the group form of the SPPIRe database

Groups

SPPIRe Groups

Group Name* SPPIRe Group code* **SG0001**

Address 1* SPPIRe Group Type*

Address 2

Town/ City* Tel No*

Postcode* Fax No

Health Board Area

Members Projects Research/ Membership

Member code	Member type	Member Name	Day Telephone
▶ NM0002	Group contact	Dr Richard Kildare	01475 705604
NM4578	Non-member	Dr Alan Lockwood	12457 452 123

Record: 2 of 3

Appendix 3. An example of the project form of the SPPIRe database

The screenshot shows a web-based form for the SPPIRe database. The window title is 'Projects'. The main heading is 'SPPIRe Projects'. The form contains the following fields and sections:

- Project working title***: Bells Palsy
- Official COREC title**: 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
- COREC ID**: 03/0/074
- Expected start date***: 01-Nov-03
- Expected completion date***: 31-Oct-06
- SPPIRe Project code***: C0001
- Project status***: Pending external approval (dropdown menu)
- Trust Management ID**: (empty field)

Navigation tabs: Project contact | Chief Investigator | Other Investigator(s) | Funding | Data collection | Support costs | Related projects | Consumer involvement

Data collection due start*: 01-Apr-04

Data collection completion*: 01-Oct-05

Practice selection criteria (eg location, DEPCAT score, computer system): (empty text area)

Number of subjects required*: 480

Number invited to be subjects*: 720

Number of practices required: 0

Record: 1 of 5