

SPCRN: Scottish Primary Care Research Network

SPCRN Annual Report 2007-08



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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 (SSPC) and operationally managed at a regional level by the four nodes based in the North, East, South East and West of Scotland.

In early 2007 a consortium of 9 Higher Education Institutions responded to a call from the Scottish Funding Council to move the management of SSPC from NHS Education Scotland to the University Sector. This move will undoubtedly strengthen SPCRn in the future with increased stability, clinical academic leadership as well as more formal links to the School's research programmes. The School is currently managed from offices in the Division of Community Health Sciences in the University of Dundee and the Director is Professor Frank Sullivan.

Following the departure of Dr Lucy McCloughan, SPCRn Manager in May 2007, the node coordinators were required to take on some of her roles and responsibilities in addition to their own workload until a replacement was found. The network has continued to operate without its full complement of staff for a significant portion of the year due to the commitment and enthusiasm of the regional node coordinators and research officers. Dr Alison Hinds was seconded from the Chief Scientist Office to the post of SSPC Research Manager for 1 year commencing January 2008 which includes management of SPCRn.

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

During SPCRn's fifth year of live operation, it has made steady progress as a key resource, facilitating high quality studies of relevance to primary care. SPCRn 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.

Table 1: The agreed outputs for SPCRn year 1 April 2007 to 31 March 2008

1	To maintain and develop a national register of Primary Care professionals in Scotland willing to support, host or in other ways participate in research	Achieved
2	To have 6 new national (Scottish) studies recruiting through SPCRn during 2007- 08	Achieved-6
3	To have at least 20 new local studies (i.e. based in 1 regional node) studies recruiting through SPCRn during 2007- 08	Exceeded-27
4	To report annually the number of practices that have been involved in SPCRn studies	Achieved
5	To report annually the number of patients recruited to studies facilitated by SPCRn	Achieved
6	Satisfactory evaluation by national and local	Achieved

	Principal Investigators of SPCRN staff input into studies	
7	Development of a system for reimbursement of service support costs for GPs participating in research projects through SPCRN	In progress
8	Provision of feedback to SPCRN 'members' (individuals/practices) about their involvement in studies	In progress
9	Piloting of SPCRN hosting of commercial studies	In progress

2. Maintaining a national register of Primary Care professionals in Scotland

SPCRN 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. However, due to other more pressing commitments for the node coordinators whilst there was no network manager in post, proactive recruitment to the database has not been a priority this year. A more meaningful measure the success of the network is the number of practices that have taken part in network studies, and how many studies they have participated in.

Table 2 shows the numbers of practices/groups and individuals which are currently members of SPCRN (numbers for 2006-07 shown in brackets) 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	753 (748)	252 (252)	113 (245)	340 (360)	1458 (1605)
Group membership	206 (205)	113 (113)	150 (174)	215 (217)	684 (709)

Table 3: Breakdown of individual membership by profession

Node	East	North	South East	West	TOTAL
General Practitioners	266	157	170	284	877
Community nurses	130	2	5	5	142
Pharmacists	14	56	5	3	78
Allied Health Professionals	31	9	20	1	61
Dentists	38	0	2	9	49
Profs Complementary to Dentistry	11	0	0	0	11
Other nurses	76	2	16	32	126
Practice staff	49	16	14	5	84
Academics	42	3	20	0	65
Research staff	53	1	6	0	60
Clinical psychologists	21	5	3	0	29

Node	East	North	South East	West	TOTAL
Social service staff	1	1	1	0	3
Other	21	0	0	1	22

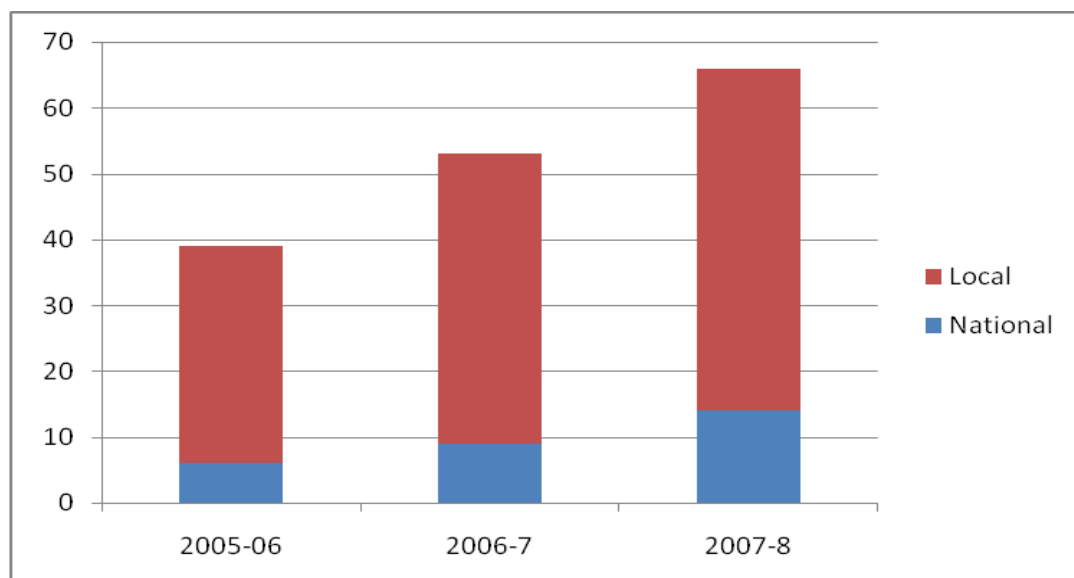
It should be noted that members are not required to limit themselves to a set of research interests and potential members have only been approached by the nodes when there has been a project that would be of professional relevance. Hence the whole population of practitioners is potentially available to each research team for each new project.

3. Studies recruiting through SPCRN during 2007- 2008

Sixty-six high quality studies of relevance to primary care have been facilitated by SPCRN during 2007-2008. Of these, fifty-two studies recruited from one node in Scotland, twenty-seven of which were added to the portfolio during 2007-08 (exceeding our objective of twenty studies this year) and fourteen recruited from more than one SPCRN node. Six of the national studies were added to the portfolio during 2007-2008, matching our objective for this year. Within the local studies, nine of these were carried out in the north node, 8 in South East, 15 in West and 20 in the East node.

Diagram 1 shows how the number of national and local studies have increased between 2005 and 2008.

Diagram 1: Number of National and Local Studies facilitated by SPCRN 2005-08



A study which is facilitated by SPCRN 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 Tables 4-8 below.

Table 4: National studies facilitated by SPCRN during 2007-2008

Study	Funding	Practices	Patients
Bell's Palsy: early Acyclovir and/ or Prednisolone in Scotland. A multicentre factorial trial of the early administration of steroids and / or antivirals for Bell's Palsy	£ 658 347 DH / HTA	177	551
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	16	275
The Scottish Family Health Study (Generation Scotland)	£4 384 001 SEHD	34	4399 (includes relatives)
Non face to face consultations in primary care: professionals' experiences, interests and concerns			Ongoing study. SPCRN involvement in reimbursement of service support costs
Lifelix: Diet and Lifestyle versus laxatives in the management of chronic constipation in older people	£642 391 DH/HTA	1	6
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	14	21
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	32	225 consented, 66 randomised
A pilot study of depressive symptoms in heart failure in the community	£39 952 NHS GG&C Priorities & Needs	30	224
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	10	219
A complex intervention to improve informed choice in PSA testing in Scottish Primary Care: Pilot study	£12 500 CSO	26	N/A
Knowledge of HPV and acceptability of HPV vaccination amongst health professionals	£15 000 NHS Health Protection	N/A	5 GPs and 7 school nurses

	Scotland		
PODOSAs: Prevention of Obesity and Diabetes in South Asians	£899 344 National Prevention Research Initiative (MRC)	34	89
Developing strategies for effective self-management of anaphylaxis in adolescents: in depth qualitative study of adolescent and parental perceptions of risk, self-management and support needs	£121,762 CSO		W: Recruitment commencing April 2008 SE: Recruitment commencing April 2008
Commercial study	N/A	N/A	Not recruiting yet, preparatory activities underway

Table 5: Local Studies facilitated by SPCRN in the West during 2007-2008

Study	Funding	Practices	Patients
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	91- Completed 06/07
Process and outcomes in consultations in general practice in the west of Scotland	£90 000 CSO	15 practices, 36 GPs	540- ongoing
Insulin Sensitisation As A Novel Mechanism To Lessen Ischaemic Burden In Non-Diabetic Patients With Chronic Stable Angina: a pilot study	£143 649 BHF	10	Study withdrawn
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	10	6
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	8	121- complete
Early Detection & Intervention Evaluation 2 (EDIE 2)	£1 031 104 MRC	4	25 – SPCRN withdrawn
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	110- complete
The new GMS contract in primary care: The impact of	£308 883	NA	Not recruiting

governance and incentives on care	SDO		yet
E-health services	£306 250 NCCSDO	NA	Not recruiting yet
Effect of statins on asthma control and airway inflammation in smokers.	£416 968 MRC	35	29 - ongoing
Control of Asthma in ethnic minorities in the community	Asthma UK and Nycomed £20,000	2	25- complete
Biomarkers of Inflammation and Remodeling in Asthma and COPD	Wyeth £257,000	1	Recruitment just starting
Exploring Justice Issues in chronic pain: sufferer and partner perspectives	ESRC £79,7804	10	Recruitment just starting
Attention bias as an aetiologic factor in insomnia	NIH (USA) £550,000		Recruitment just starting
Information for Choice: what kinds of information do people need, prefer, and use	SDO £438,994		Recruitment start End Mar 08

Table 6: Local Studies facilitated by SPCRN in the South-East during 2007-2008

Study	Funding	Practices	Patients
Mechanisms for the effect of acetylcysteine on renal function after exposure to radiographic contrast material (NAC Study)	£222,060 CSO	2 (also recruiting via community groups; advertising etc.)	Ongoing; 4 of 8 required to date
Advance care planning in primary care for people with advanced cancer: a pilot cluster randomised controlled trial	£14,190 CRUK	Recruitment commencing April 2008	N/A
Survey of medication storage practice by patients on methadone maintenance treatment (MMT) in Edinburgh	Unfunded	1 (as required)	Ongoing; 38 of 200 required to date
Effect of Continuous Positive Airway Pressure (CPAP) on Aortic Distensibility in Patients with Obstructive Sleep Apnoea/Hypopnoea Syndrome (OSAHS).	£162,200 British Heart Foundation	Practice recruitment for healthy volunteers commenced 5/3/08	N/A
Sharing Responsibility: The public health impact of a nurse-led telemetric home blood pressure monitoring service	£233,524 BUPA Foundation	Recruitment commencing April 2008	N/A
The experience of allergy testing for people with potentially life threatening allergies: an exploratory qualitative study	£40,956 CSO	Recruitment commencing April 2008	N/A
Descriptive and comparative study of patients' recall of the content of face-to-face and telephone consultations: a pilot study	£40,000 CSO	SfS processing only	N/A
MRC National Survey of Health & Development - 1946 Birth Cohort (Pilot study in one practice to	£330 (pilot only) MRC	1 (as required)	Ongoing; practice

trial procedures for larger study)			wishes to identify and recruit 20 themselves
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Table 7: Local Studies facilitated by SPCRN in the East during 2007-2008

Study	Funding	Practices	Patients
The UK Warren case-control collection of type 2 diabetes	£750 000 Wellcome Trust	27	>10,000
Knowledge and understanding of MRSA	£3 371 NHS Tayside	15	876
Clinical prediction rule for symptomatic breast clinic referrals	£195 331 MRC	13	217
Predicting diabetic foot ulceration in primary care	£204 686 CSO	NA	1,208
SARMA: Scottish Acute recruitment multi-agency system : practice pilot	Unfunded	3	Not applicable
Development of clinical prediction rule for diagnosis of colorectal cancer in primary care	£131 406 CRUK	5	33
Survey of diabetes-dependent quality of life and illness perceptions	£8 207 EastRen	27	740
Cranberry v. low dose trimethoprim in recurrent urinary infections in older women	£157 962 Moulton Charitable Trust	16	137
HyDRA Trial: Hypertension - Decision Reinforcing Aids	£98 948 Stroke Association	7	105
Internet-delivered prevention of anxiety disorders	£13 000 CSO	5	15
The feasibility of using pedometers to increase physical activity in older women	£47,845 CSO	6	52
The Million Women study: detailed susceptibility in women	CRUK	8	28
Improving trial recruitment: why GPs referred to the Scottish Bells Palsy Study	£2,930 EastRen	5	GP interviews
What influences prescribing in primary care?	CSO PhD studentship	2	All staff (ethnographic study)
Vitamin D in chronic heart failure	CSO	Awaiting approvals	
A structured approach to oral nutritional assessment and monitoring	£4,222 Royal Pharmaceutical Society of GB	Just started	
Adults with Incapacity Act Part 5	Unfunded	Just started	
Awareness of community acquired MRSA among GPs in Tayside	Unfunded	Just started	
Delivering health care through managed clinical networks: patient tracker	SDO	Just started	
Westdoc Questionnaire repeat study	Unfunded	Just started	

Table 8: Local Studies facilitated by SPCRN in the North during 2007-2008

Study	Funding	Practices	Patients
Assessing the validity of the PHQ-9, HADS and BDI-II in measuring severity of depression in a sample of primary care patients with a new episode of depression	Quality improvement Scotland £75,181	4/4 ¹	22/478 (ongoing)
Experiences of diabetes services in Scottish Primary Care	CSO studentship £55,000	4/4	NA
A DNA resource for Lacunar (small vessel disease) Stroke	The Wellcome Trust £904,139	3/3	90/250 (ongoing)
Measuring the prevalence, detection and outcome of depression in primary care attenders: a pilot study	Centre for Change and Innovation (amount not specified)	4 ¹	1098 (complete)
Managing unexplained symptoms (chronic widespread body pain) in primary care: mixing traditional and new approaches	ARC £599,582	3/3	Recruitment to start April 08
Pain and its effects on older people	NHS Grampian Endowment £20,220	4/4	In progress
Development study for a complex intervention for chronic low back pain in NHS primary care: identifying its likely components and assessing its likely acceptability	CSO £89,846	20	141 (complete)
Barriers to eating a healthy diet in Scottish Adults and the influence of socio-economic status	Rowett core budget ³	4/? (depends on patient uptake)	14/100 (ongoing)
Study of pain and the interaction between constitutional and environmental factors	NHS Grampian Endowment £17,252	4/4	166/1320 (ongoing)

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. Studies which have not started recruiting yet have been included in this table as there is usually considerable input from node coordinators to the development of studies prior to recruitment of practices or professionals commencing.

4. Bell's Palsy Study

The Scottish Bell's Palsy Study (SBPS) was a randomized clinical trial funded by the Health Technology Assessment programme to ascertain the cost-effectiveness of early treatment of Bell's palsy with acyclovir (an antiviral drug) (with or without steroids) versus natural resolution. SBPS ran throughout Scotland from November 2003 to June 2007 with patient recruitment from June 2004 to June 2006 (25 months). SBPS was the first study recruiting GPs from all NHS Board areas in Scotland to be facilitated by SPCRn and presented a number of challenges. SPCRn were involved in the study from the pre-funding stage onwards and assisted the research team in obtaining funding and successfully prosecuting the study in the following ways:

i) Pilot

Piloting trials is often neglected as a way to avoid their failure. Over a two month period practices in the East and West network nodes of SPCRn were asked to alert their local research coordinators if they saw a case of facial paralysis with no known cause and to ask whether the patients would agree to participate in such a study. SPCRn were able to demonstrate that GPs and patients would be keen on such a study and the researchers were able to extrapolate the data provided by SPCRn to determine that an 18 month recruitment period would be required. The pilot data was one of the main reasons the bid was successful. Scotland had developed its primary care research infrastructure to the point that projects could be piloted and the logistics tested in a way that grant awarding committees found credible.

ii) Governance

The requirement to obtain all the research governance approvals for the trial took us seven months and SPCRn local knowledge and contacts proved invaluable. Ongoing initiatives to streamline approvals in Scotland should make this complex task much more manageable in the future.

iii) Recruitment

SBPS needed to recruit 480 patients within 72 hours of onset of their facial paralysis; SPCRn worked with the research team to identify the recruitment strategies that led ultimately to a successful conclusion for the trial. A variety of approaches were used to achieve this which included publicising the trial; mail shots; the study website; use of the media; educational meetings; regular feedback and remuneration. The fact that SPCRn practices were often part of existing local research networks, the MRC General Practice Research Framework, and undertook teaching and training for Scottish universities all helped in the process.

iv) Remuneration

The level of support costs payable to practices was agreed nationally after some negotiation. One health board thought that practices should be paid nothing as referral into the trial would be less work than usual clinical care. Another board thought that we should pay twice the rate that we eventually settled upon (£51 per patient). There are now national rates set by the UK Clinical Research Network (UKCRN) based on the time taken by doctors, nurses and administrative staff. For the Bell's study SPCRn ensured that arrangements were put in place locally to ensure that the correct support costs were available in every health board area.

v) Dissemination

Once the results were known - early treatment with prednisolone 50mg daily for 10 days significantly improves the chances of complete recovery at 3 and 9 months; there is no evidence of benefit from acyclovir- SPCRn assisted in publicising the results. Letters were sent to all participating practices summarising the main findings and the implications for practice. Local meetings to present the results have been held and more are planned. A process has also been initiated to track changes in the prescribing of steroids and antivirals in acute presentations of Bell's palsy to see whether the dissemination process was associated with any changes in the use of these agents.

The main results of the study were published in the New England Journal of Medicine in October 2007¹

¹Sullivan FM, Swan IRC, Donnan PT, Morrison JMM, Smith BM, McKinstry B, Davenport RJ, Vale LD, Clarkson JE, Hammersley V, Hayavi S, Daly FD. Early Treatment with Prednisolone or Acyclovir and Recovery in Bell's palsy. N Engl J Med 2007; 357:1598-607.

5. Evaluation of SPCRn staff input into studies 2007-08 by national and local Principal Investigators

SPCRn evaluation forms were sent to the investigators of all studies that SPCRn recruited into during 2007-2008 and 13 were completed and returned. The responses were largely very positive and are summarised in Table 9.

Table 9 Summary of evaluation of SPCRn studies completed 2007-08

Study	Practices recruited	Research subjects recruited	Any particular difficulties encountered relating to recruitment
Detection and treatment of depression in primary care	4	1098	It was our preference to contact/recruit practices directly ourselves, making use of previous research contact. SPCRn was very helpful with the identification of further practices, key contacts etc. Being able to say our study has been approved by SPCRn adds to the quality of our study as GPs will know that it has been assessed with their perspective in mind. Accessing SfS funds through SPCRn was also very valuable. Being able to contact AC and draw on her experience when we are troubleshooting or producing study materials has been very valuable.
Development of a complex intervention for chronic back pain in the NHS	20	141	Some GP practices took a while to respond and eventually could not be included but this was no fault of SPCRn
Patient' and Health professionals' experiences of care for Type 2 Diabetes in primary care	4	N/A	Following the iterative nature of the study design the recruitment requirements changed as the project progressed. SPCRn coped well with the changing situation.
A Breath of Fresh Air:	8	4	Recruitment took a little longer to get started than originally

improving care and services for patients living and dying with chronic obstructive pulmonary disease, and their carers			planned (at least in part, I suspect, because of the change in personnel and location of SPPIRe). Initial response to practice mailing was slow but follow up calls from CI and SPCRn coordinators had the desired effect.
Lifelix: Diet and Lifestyle versus laxatives in the management of chronic constipation in older people	1	6	SPCRn experience of recruiting to this study mirrored that of England. We believe that the difficulties in recruitment were due to a number of factors, none of which was within the control of SPCRn to change.
Acceptability of a system of remote blood pressure using monitoring using mobile-phone telemetry	N/A	204	For this local project I had very little trouble and things happened very quickly and efficiently
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	10	219	Our experience was that practice recruitment was quite time consuming. This may have been because SPCRn had a policy of writing to practices to ask for their assistance. Given the time constraints of our project (after delays in SPCRn staff getting clearance to collect data in certain areas), we felt the best approach would be to phone practices ourselves to get a quicker indication of their intention to participate. We found that when we telephoned practices ourselves we set up recruitment relatively quickly
Cranberry product v low dose trimethoprim in the prevention of recurrent urinary infections in older women	16	137	I have found SPCRn an excellent organisation to deal with and a most successful way to recruit participants to clinical trials. The local facilitator (MP) is exceptionally helpful and responsive. I plan to use this recruitment method in future clinical trials
Knowledge and understanding of MRSA	15	876	No problems, overall ratings of excellent for facilitation of recruitment, communication and value added by SPCRn
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.	5	19	Our recruitment rate fell short in NHS Lanarkshire. SPPIRe did all that could be done to assist. We are very grateful for the assistance provided by SPPIRe. I would certainly use SPPIRe in the future and have recommended SPPIRe to colleagues.
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	N/A	91	Conflict between different studies. Many demands placed on SPCRn team and hence visits were slower than required.
Evaluation of a general practice based screening intervention to identify former injecting drug users infected with	8	121	We had hoped to recruit 10 general practices to the study; however, of the 29 contacted, eight agreed to participate. Practices which chose not to participate offered reasons such as competing priorities, too few patients to meet our criteria or lack of interest. Although we did not meet our target in

hepatitis C within the Greater Glasgow NHS Board area			terms of the total number of practices recruited, the eight which were involved were extremely helpful and managed to recruit a sufficient number of patients between them over the course of the 6 month study period.
Insulin sensitisation as a novel mechanism to lessen ischaemic burden in non-diabetic patients with chronic stable angina: a pilot study	10	N/A	Study originally recruiting from secondary care with little success. Subjects don't appear willing to participate in drug studies in present climate. We wish that we had known about SPPIRe earlier-maybe you should advertise your services in hospital university departments?

SPCRN are grateful to researchers who completed evaluation forms and will use the information constructively to develop and improve the service provided by the network. As a result of some of the comments received from researchers, SPCRN plans to:

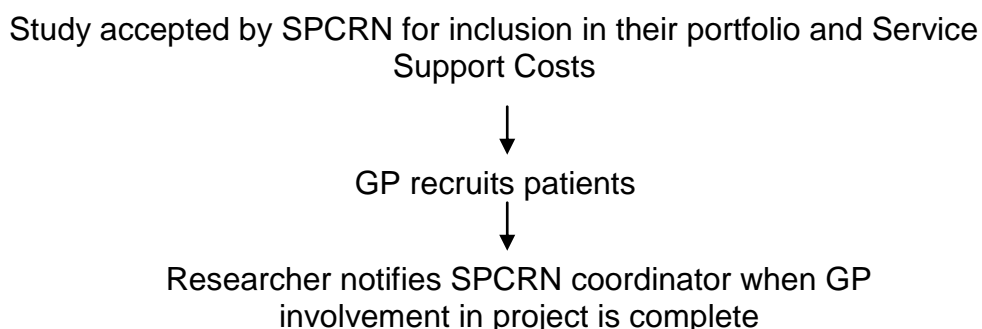
- Tighten up on the agreement drawn up with researchers prior to study commencing which states the roles and responsibilities of both parties in order to avoid unrealistic expectations of what can be achieved
- Publicise the services that SPCRN can provide more widely to researchers who are not based in primary care such as secondary care clinicians.

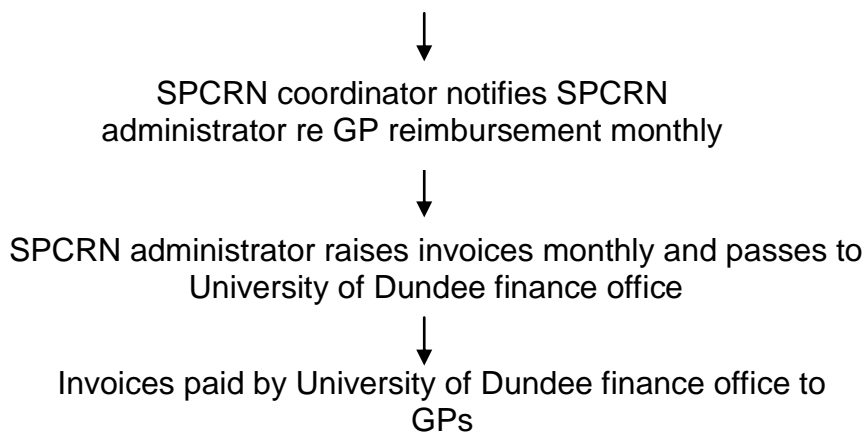
6. Development of a system for reimbursement of GP service support costs

In the past, discussions with SPCRN and R&D Lead Officers has identified a number of barriers to GPs participating in research in Primary Care. These include limited funds in Health Board Support for Science allocations to meet the service support costs of GP research and a lack of consistency as to how such funds are reimbursed. It is particularly important that appropriate funding and management arrangements are in place to support the anticipated increase in research (particularly multi-centre trials) in primary care in future years as a consequence of Scotland's investment in UKCRN.

Unfortunately it was not possible to progress this objective whilst there was no SPCRN manager in post. A new system for reimbursement has recently been agreed (see flowchart), the key element of which is the holding of funds by SPCRN (through the University of Dundee) to meet the approved service support costs of GP research across Scotland.

The proposed system will be piloted for 1 year from July 2008 and operate as follows:





This new process will operate only in relation to Service Support costs. Reimbursement of GPs for Investigator Support in recognition of being named on a successful application for funding or ethics approval should continue to operate as at present.

7. Provision of feedback to participating GP practices

SPCRN requests that the Principal Investigator prepares a summary of the completed study using the template provided within six months of completion of the study. The summary is disseminated by the relevant node coordinator to all health professionals who have participated in the study and copied to each practice; a copy of the summary is also posted on SPCRN website.

As described in Section 4 of this report, the dissemination strategy for the Bell's palsy Study which included letters to all participating practices and local meetings to present the results was particularly successful.

8. Piloting of SPCRN hosting of commercial studies

SPCRN has been approached with a view to mounting a large commercial study to be delivered nationwide. Discussions between the sponsor and Scottish partners are ongoing, but it is envisaged that patient recruitment will be through GP practices and the first approach, delivery of the intervention, follow up and tracking and remuneration to practices will be managed through SPCRN. This is a large project and arises specifically from our proven ability to provide the infrastructure necessary to support such an undertaking. To date, SPCRN has managed focus groups and other preparatory activity to inform the planning of workload, schedules and budgets.

9. Collaboration with other research networks

To ensure that SPCRN is fully collaborating with the PCRNe, the SSPC Research Manager is a member of the PCRN managers' group which meets in London on a monthly basis. In addition, the SSPC Director sits on the UKCRN Operational Steering Group. Within Scotland, SPCRN has been invited to sit on the six-monthly meetings with CSO and the managers of the other Scottish Topic Specific Research Networks.

The SSPC Research Manager is a member of the Scottish Topic Research Networks Managers group which meets every three months to discuss common

issues and collaboration. 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. A commercial project involving Acute Otitis Media (Glue Ear) in children which will involve collaboration between SPCRN and the Medicines for Children Research Network is pending.

10. Finance

SPCRN received a budget of £207,122 from CSO in April 2007 (£40,558 of which was carried over from 2006-07). Most of this funding (99.7%) was distributed to the four regional nodes participating in SPCRN; the West and East nodes receiving additional funding to appoint a 0.5 WTE research officer. A summary of the SPCRN spend in 07-08 is given in Table 10.

Table 10 Summary of SPCRN Income and Expenditure in 2007– 2008

Node	Income for 2007-08 from SSPC	Carry forward from 06/07	Additional funding	Total income	Expenditure 2007/08	Balance
West Node	£58,347	0*	0	£58,347	£58,347	0
East Node	£54,193	£12,955	0	£67,151	£53,340	£13,811
S East Node	£42,290	£24,691	0	£66,981	£42,290	£24,691
North Node	£42,290	£2,912	0	£45,202	£42,290	£2,912
SSPC	£10,000	0	0	£10,000	£10,000	0
Total	£207,122	£40,558	0	£247,680	£193,310	£41,414

*£6 057 which should have been carried over from 2006-07 by the West node will be added to the total under spend for 2007-08