

Primary Care Research Networks

Dr Peter Brindle

PCRN-SW Locality Director

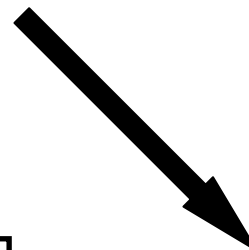
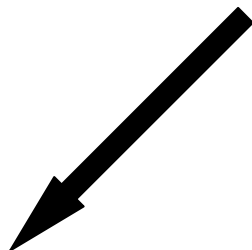
R&D lead for Bristol, N.Somerset and
S.Gloucestershire PCTs

Outline

- What is the PCRN-SW?
- Examples of studies
- How are we doing?
- Current work streams



NHS
National Institute for
Health Research



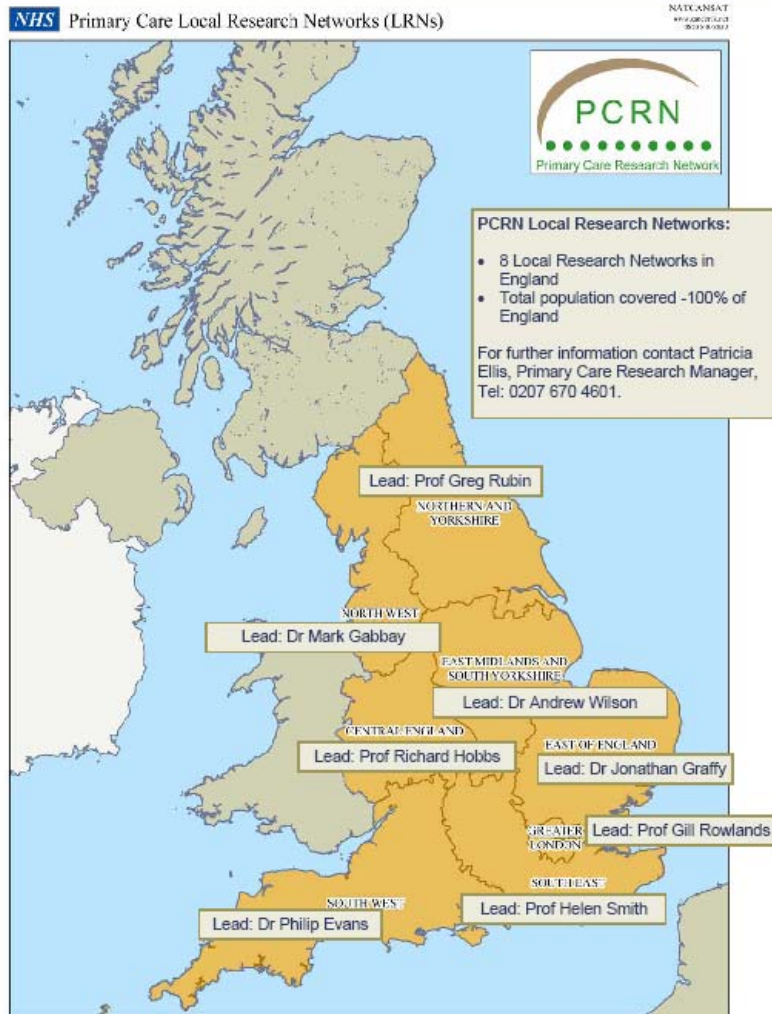
TOPIC SPECIFIC
NETWORKS



COMPREHENSIVE
CLINICAL
RESEARCH
NETWORKS



Primary Care Research Network (PCRN)

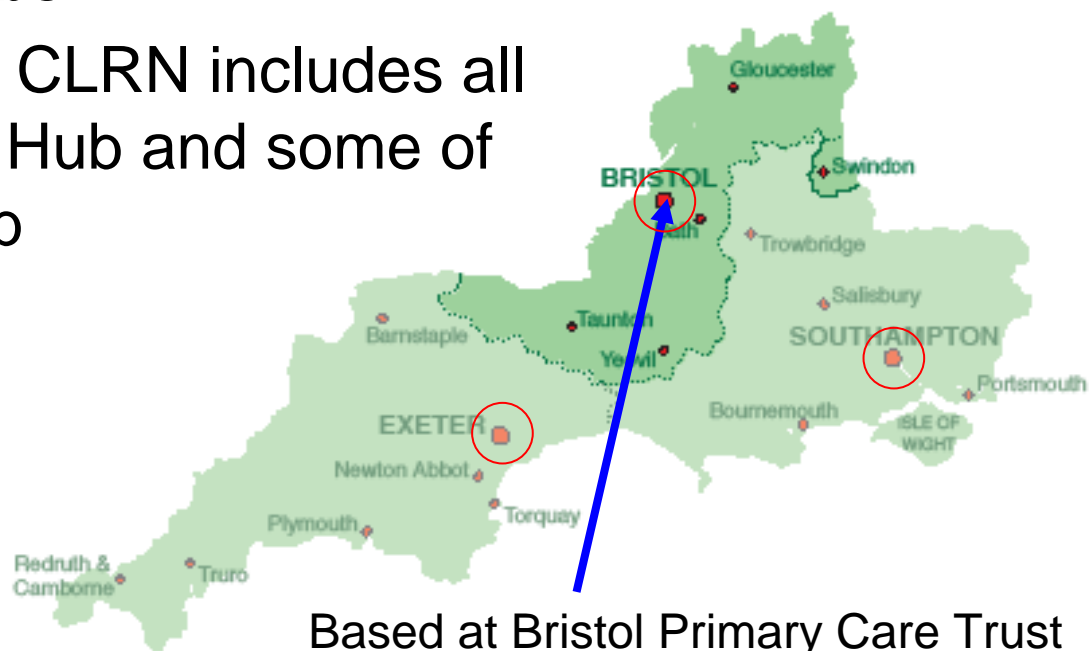


Further information is available on the UKCRN website at www.ukcrn.org.uk/networks/primarycare

- Covers 100% of England
- There are 8 local research networks and ours is South West

Regional coverage

- South West local research network is subdivided into three hubs
- Western CLRN includes all of North Hub and some of East Hub



PCRN-SW leadership

Clinical Lead:	Dr Philip Evans (Exeter)
Deputy Clinical Lead:	Dr Michael Moore (Southampton)
Locality Lead:	Dr Peter Brindle (Bristol)
Peninsula Medical School:	Professor John Campbell
University of Southampton:	Professor Tony Kendrick
University of Bristol:	Professor Debbie Sharp
NHS Host Organisation:	Devon PCT

North Team

Dr Peter Brindle (Locality Director)

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Dr Helen Teare (Clinical Champion)

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Dr Jane Bridger (Senior Research Officer)

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How are we doing?

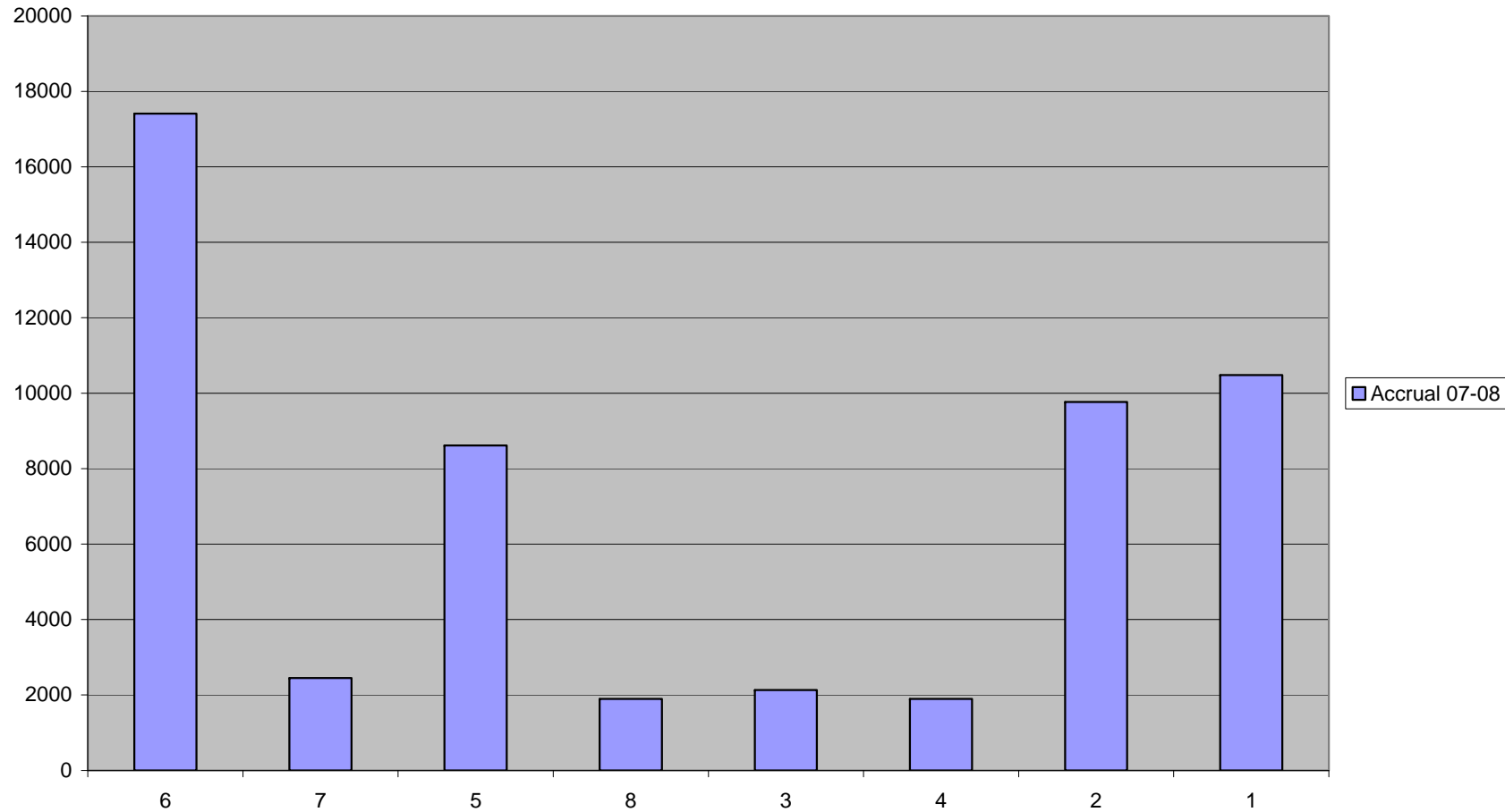
Nationally:

- 193 studies
- 42 co-adopted
- 26 in set-up
- 141 studies received for consideration since Jan 2007

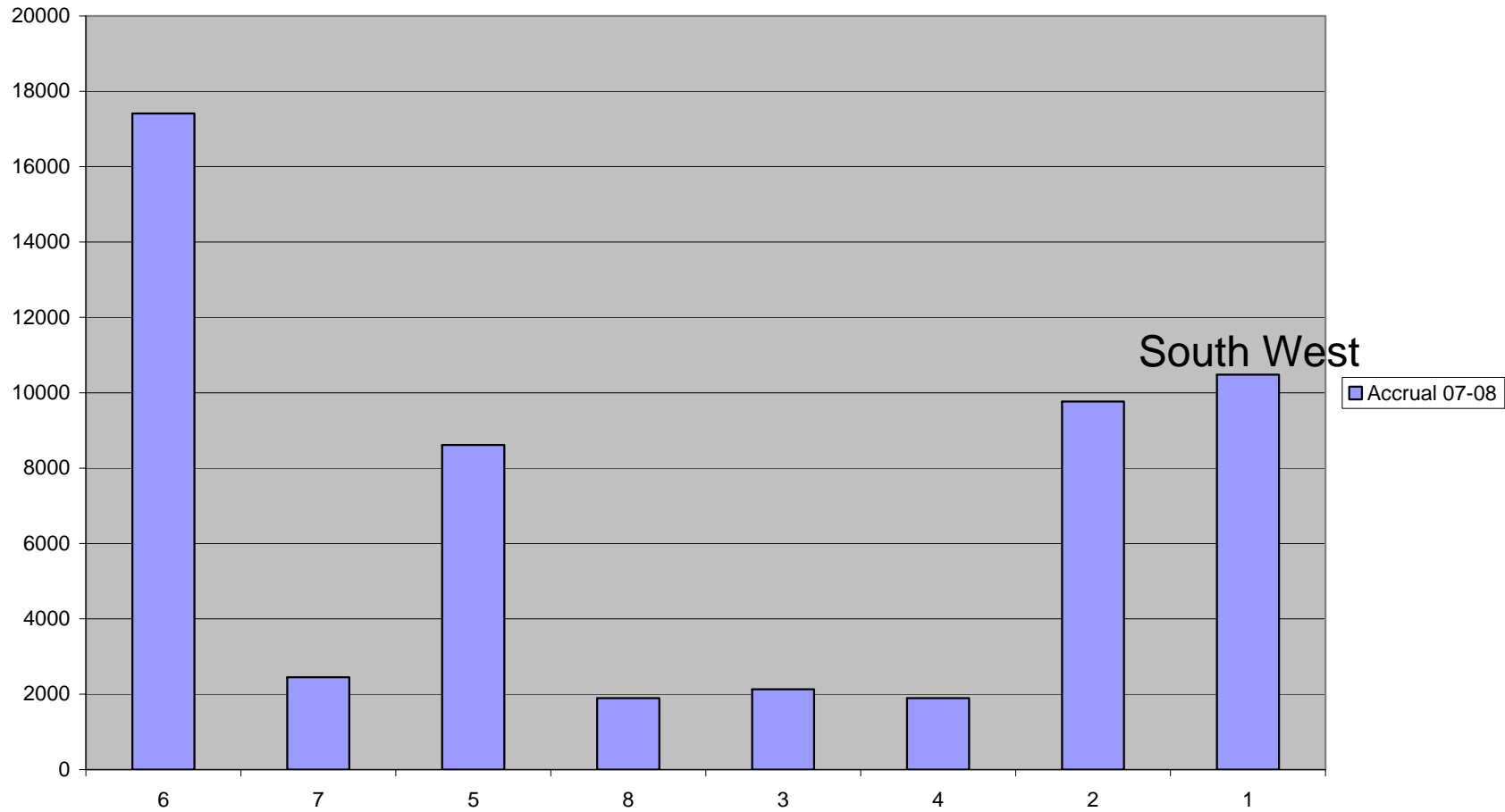
Within Western CLRN:

- Since April 2008 24% of patient recruitment from PCRN led studies
- 30% - co-adopted

PCRN recruitment rates by region



PCRN recruitment rates by region



Examples of current studies

Studies now recruiting (1)

- ASCEND – A Study of Cardiovascular Events in Diabetes.
 - Type 1 + 2 diabetes >40 with no vascular disease
 - Benefits vs Risks of low dose aspirin
 - Do Omega 3 fish oils reduce major vascular events?
 - Randomised Controlled Trial – 10,000 patients
 - Funding BHF and drugs provided by Bayer +Solvay

Studies now recruiting (2)

- SCOOP – SCReening Of Older women for Prevention of fracture.
 - Multicentre RCT –11,600 patients
 - Women aged 70-85 not already on treatment
 - Patients at high risk identified by questionnaire based screening +/- DEXA
 - High risk patients offered treatment for prevention of osteoporosis by G.P.
 - Funded by MRC and Arthritis Research Campaign.

Studies now recruiting (3)

- **HARPP** – (Hospital Admission Risk Profile Project)
- 30 practices, 45 cases 45 controls each: A Analysis primary care and patient factors associated with primary care sensitive unplanned admissions.
- Representative group of practices using EMIS in PCRN North Hub.
- Admissions in the last 24/12 with dementia, COPD, cellulitis, chest infection, UTI or CCF
- Funded by MRC.

Current work streams:

- Relate to achieving the key outcome measure:

Maximising the number of patients into trials and other well designed studies

This needs:

- Appropriate number of primary care providers willing to recruit
- An efficient process for researchers
 - Interaction with practices
 - Consistent costings for multicentre studies

Current work streams:

- Problem 1: Little incentive for practices or other care providers to engage with PCRN and recruit into Portfolio studies
- Solution: The primary care incentive scheme

- Problem 2: Wide variation in re-imburement rates for medical, nursing and admin time.
- Solution: Common service support costing process

Primary care incentive payments

- Aim - to support infrastructure for primary care based research.
- Payment to practice
 - To cover the costs to the practice for engaging with research.
 - 2 tier system:
 - Tier 1 – £1500 <4 studies pa, low- moderate activity
 - Tier 2 – £4000 >4 studies, high activity/motivation
 - Relationship with PCRN – act as mediators
 - Regular visits, GCP training and identified research lead.

Summary

- What is the PCRN-SW?
- How are we doing?
- Examples of studies
- Current workstreams

Conclusion

Unprecedented growth in primary care research:

- Increased funding
- Recognition of the potential for primary care to host research
- The relevance of the primary care environment
- Single-minded focus on relationships with practices, to effectively deliver research within the community

Any
questions?

