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Background

Attracting GP practices to take part in research is increasingly challenging due to the current pressures in primary care. The key to getting GP practices involved is often based on reducing staff workload to a minimum.

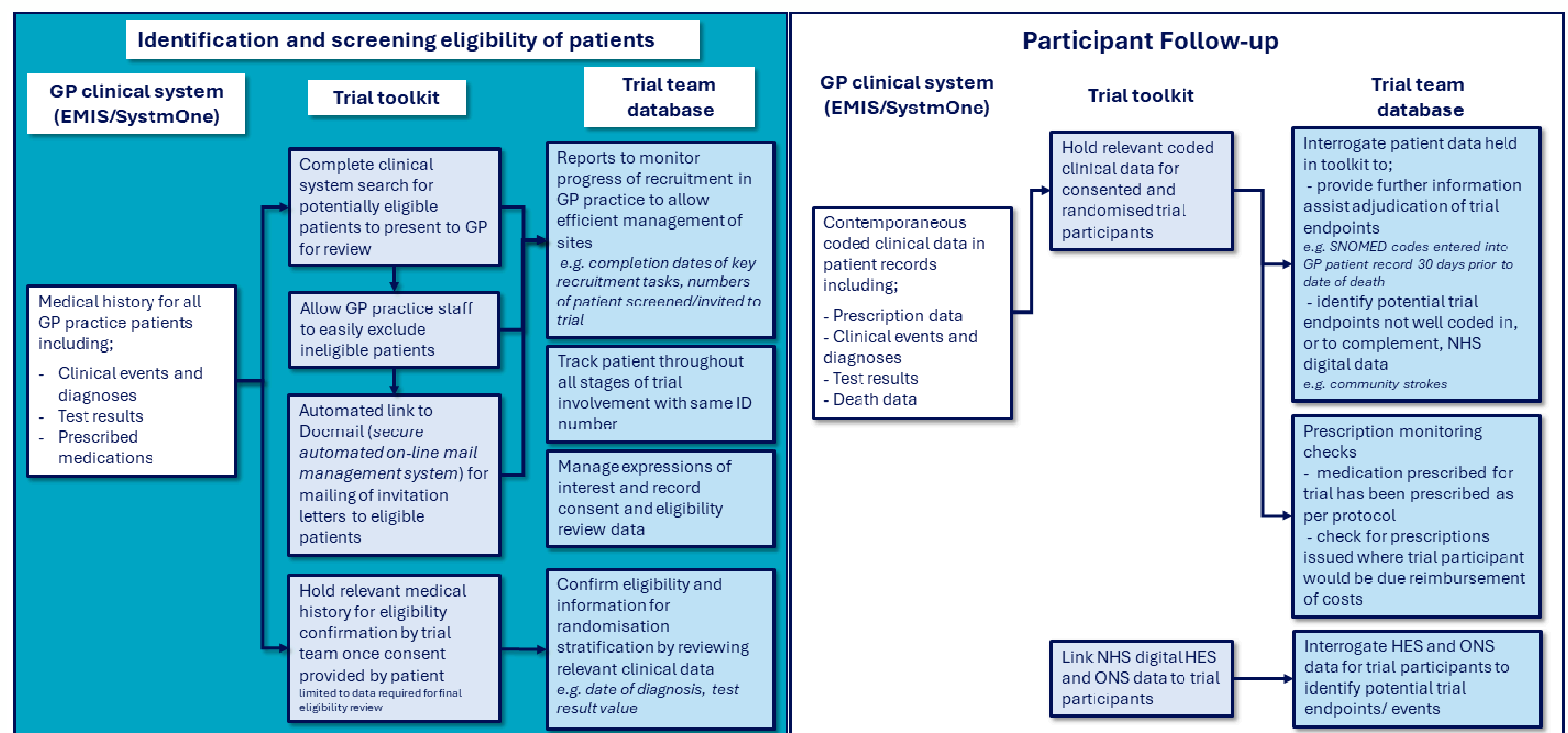
One way to reduce burden is to utilise software that can link in the clinical system and undertake trial tasks on behalf of the GP practice staff. We have successfully used such an approach in the Aspirin to target arterial events in chronic kidney disease (ATTACK) and Stopping Aminosalicylate Therapy in Inactive Crohn's Disease (STATIC) trials.

Approach

This approach was developed between the Simple Trials in Academic Research (STAR) unit at the University of Nottingham (which has now been integrated into NCTU) and TCR Nottingham Ltd. It was successfully used in the HEAT (Helicobacter Eradication Aspirin Trial) trial.

Subsequently, the ATTACK and STATIC trials have both utilised an updated clinical system toolkit managed by TCR Nottingham Ltd (tcrcnottingham.com). For all these trials, the primary outcome measure requires identification of specified clinical event/s through participant/clinician report and routine primary and secondary care data.

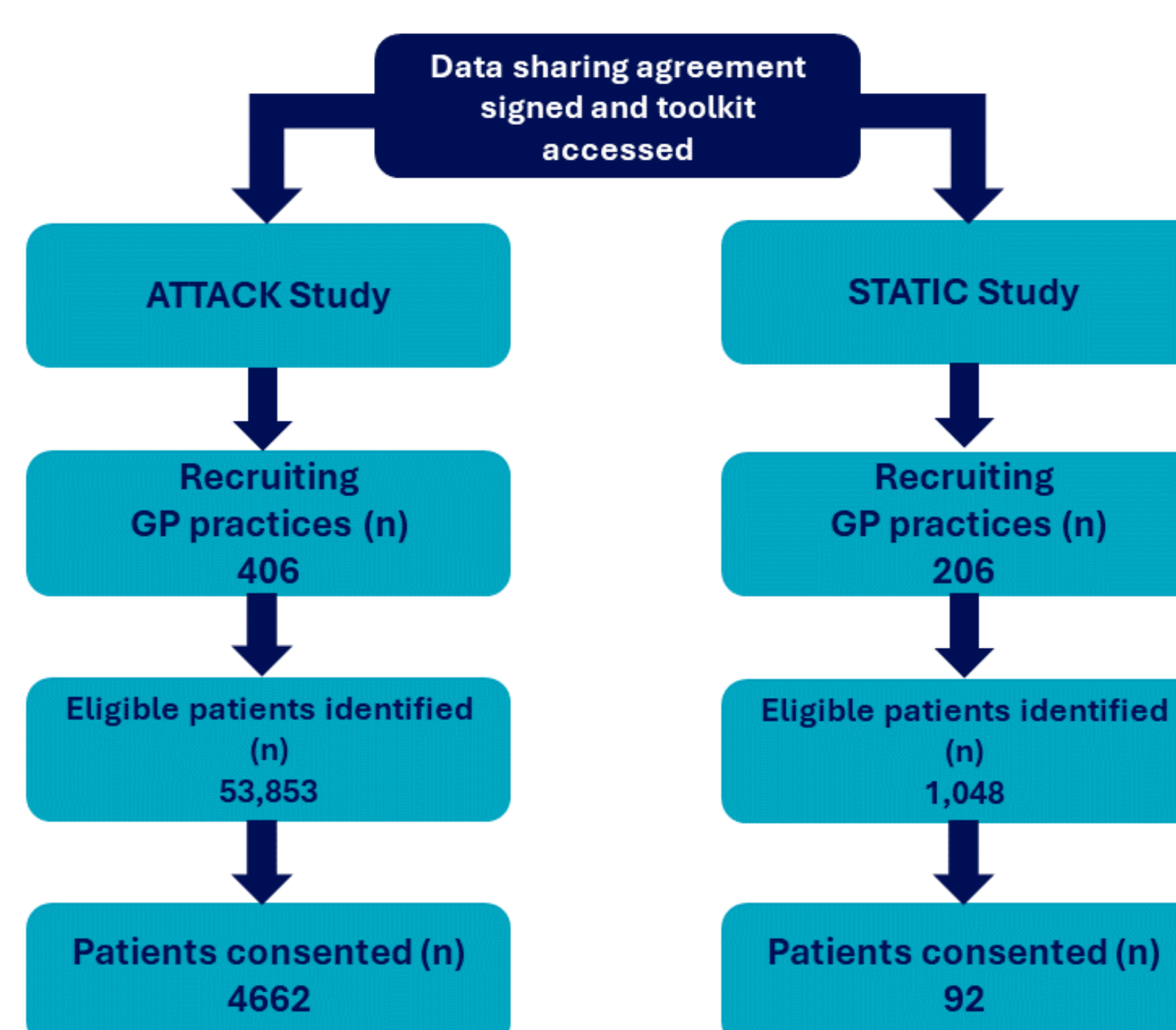
The toolkit links into the GP practice clinical system following signature of a data sharing agreement. Patient data retrieved from the clinical system are held in the secure NHS HSCN Network. Access to this data by the trial team is limited to only that relevant to the trial through a separate linked database.



Results

For both trials, large numbers of GP practices were set up. Follow-up for the trials is ongoing utilising the routine data available from the toolkit, including links to NHS digital data. The toolkit has had to be adapted over time due to NHS IT changes and varying organisational IT security requirements.

- Changes from a toolkit downloaded onto a GP practice computer to a web based toolkit were implemented in STATIC, following learning in ATTACK. This has increased the acceptability of the toolkit to NHS IT teams, therefore ensuring availability to all GP practices in England and Wales using the EMIS or SystemOne clinical systems. Planned updates for future trials include linking to GP practice SMS system for trial invitations.
- Feedback has been positive from both GP practices and the CRN teams supporting the studies, with CRN teams being keen to work on similar studies in the future.
- This method has also reduced some of the burden on the trial team when working with large numbers of GP practices and participants.



Conclusion

- This has been a successful system that is being utilised for an increasing number of trials managed by University of Nottingham. Each trial and use of the toolkit brings forward learning and iteration of the tool to improve its functionality.
- The toolkit assists with making research available to patients in primary care while ensuring the burden on the GP practice staff is low.