

PARTICIPATE

POINTS OF INTEREST

- New Research Incentive Scheme
- Asthma and School Age Children
- Tackling Bullying in Primary Care
- Seeking Patient and Public Involvement

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A New Era has Begun

With the dawn of a new era for the NHS beginning in April, primary care research faces a new set of questions and challenges. Primary Care Trusts (PCTs) have been replaced by Clinical Commissioning Groups (CCGs) and the local area teams of NHS England. The need for evidence generated by primary care research to inform commissioning, clinical practice and the development of the NHS has never been greater.

Alongside this, the NIHR research networks are undergoing transition towards becoming, in 2014, a much smaller number of integrated, region-wide networks. Although, within this environment, there is a risk of primary care research slipping down the priorities list, we have not seen any evidence of this happening locally.

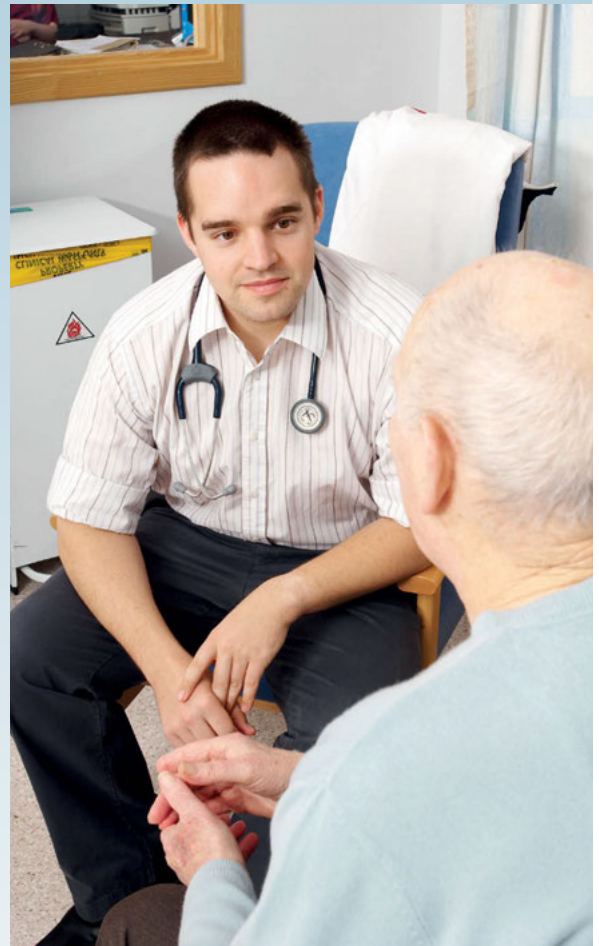
Patients continue to rely on primary care for first-contact care, preventive care, management of long term conditions, end of life care, and more. In a cash-strapped NHS facing the consequences of the socio-demographic and economic challenges that are increasing the need for healthcare, clinically effective, cost-effective approaches to primary care are essential. In the wake of the Francis Inquiry Report, the need for greater focus on safer and more compassionate care has also been highlighted.

2012/13 proved to be a record year for primary care recruitment in West Midlands South (WM-S), with 8,708 patients recruited to date, just under 73% increase on the previous year. Over 100 practices participated in research, and a total of 60 primary care studies recruited within the area.

In this edition of Participate, we can see how primary care research is thriving locally. The research incentive scheme is being taken up by an increasing number of GP practices across WM-S as highlighted on page 6; there have been successful research network meetings held across the

region, and in Worcestershire a new research partnership has been launched – the Worcestershire Health Research Collaboration – both detailed on page 7.

We also feature information on ongoing and new studies: from testing an online self-assessment tool for patients with mental health problems (page 3); to investigating the genetic factors associated with thinness and determining whether a simple postal intervention from a GP will reduce asthma exacerbations and unscheduled medical contacts for school age children on their return to school in September (page 4). In addition, the article on page 10 will be of interest to those who would like to contribute to the feasibility of a research programme being developed tackling child bullying in primary care.





PRiDE Study Update: Micronutrients in Pregnancy as a Risk Factor for Gestational Diabetes

The PRiDE study team are proud and grateful to all those who are helping to make recruitment a success. With around 150 recruits in both sites (Nuneaton and Warwick), it is evident that there is growing interest and enthusiasm amongst both the healthcare providers and participants alike. With the first PRiDE baby expected in April, we hope to carry on the study with follow up of the next generation for evidence of early metabolic changes.

The timing of visits to routine hospital appointments and the observational nature of the study is attracting many willing mothers in their first trimester of pregnancy to help with this research on vitamin insufficiency as a potential risk factor for gestational diabetes (GDM).

This multicentre Medical Research Council-funded study aims to recruit approximately 4,500 women from different ethnic groups over three to four years, making it one of the largest trials on GDM in the UK. Women with traditional GDM risk factors will be enrolled in the first trimester of pregnancy and followed up to six weeks post-delivery. Primarily investigating micronutrient imbalances in GDM, PRiDE also hopes to provide insight into many unknown aspects of GDM's causation and outcomes in a multi-ethnic population.

The research team has been strengthened by two research fellows – Dr Sukumar and Dr Venkataraman (senior trainees in Diabetes and Endocrinology) as well as research nurses



and midwives at both sites. Scientists based at Warwick Medical School are working closely with the PRiDE team to study molecular, genetic and metabolic changes that characterise GDM in different ethnic groups. This may help early identification of GDM and its prevention.

Currently, participant identification is being carried out by community midwives during booking visits at GP surgeries or children's centres. Recruitment is then undertaken in hospital at the dating scan/booking bloods. However, interested GP practices are welcome to get involved in both identification and recruitment.

The PRiDE team invites community midwives, practice nurses, GPs and anyone else involved in the care of pregnant mothers in the first trimester to participate in this unique study to help mothers at risk of GDM in our region. With your help we hope to increase our recruitment to meet our targets.

For more information please contact Dr Saravanan p.saravanan@warwick.ac.uk or his PRiDE study team at pride-study@warwick.ac.uk telephone 02476 153592, or Facebook page, PRiDE Study, or follow us on Twitter @PRiDEStudy for the latest updates.



For more information, or if you would like to take part, please contact Sarah Lawton (s.a.lawton@keele.ac.uk) or Sara Muller (s.muller@keele.ac.uk).



Polymyalgia Rheumatica Study

Polymyalgia Rheumatica (PMR) is the commonest inflammatory rheumatological condition in older adults, but has received little research attention, especially in the primary care setting - where most patients are diagnosed and managed. The PMR Study is a cohort study of newly diagnosed PMR patients in primary care. It is funded by Arthritis Research UK and is being run by Professor Christian Mallen, an academic GP based at Keele University. The aim of the study is to describe the epidemiology of PMR in the community over two years. Patients are recruited within the consultation, and referred to the research centre at Keele by fax. The study is currently recruiting in practices throughout the Central England PCRN and is beginning in other English regions. So far, 83 people have been referred to the study.



We are looking for families with children aged seven to 11 who are overweight

Childhood obesity is a concern with a quarter of school-aged children in the UK having excess weight which may be detrimental to their health. Warwick Medical School, in conjunction with NHS Coventry, NHS Warwickshire and NHS Wolverhampton City PCT are testing a new family-based intervention called 'Families for Health' (FFH), designed to support families with children who are overweight or obese.

All families that participate will receive support and will be randomly allocated to either FFH or 'usual care'. FFH is a 10 week group-based programme which aims to support families in adopting healthy lifestyle behaviours in a friendly, fun and supportive community environment. Usual care varies by location, but may include one-to-one support or other group-based programmes.

"We thoroughly enjoyed the Families for Health programme, it was a lot of fun and we found we radically changed our portion sizes as a result" MRS B, COVENTRY

For further information or to refer a family please contact the Families for Health team at FFH@warwick.ac.uk or telephone 02476 151 864.

The project is funded by the NIHR HTA programme.

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Warwickshire



Self-management of Mental Health Problems and Saving GPs' Time



Calling all GPs – would you like to save time in mental health consultations? Would you like patients to arrive with a detailed, self-generated risk history? Would you like patients to be better able to make sense of and to articulate their risk and safety concerns? Would you like to avoid asking patients difficult risk questions, about suicide for example? Researchers at the Universities of Warwick and Aston can help. We are seeking GPs and patients to take part in a study testing out myGRiST – an online self-assessment tool which complements clinical versions of GRiST www.egrist.org.

For further information please contact Dr. Ann Adams
a.e.adams@warwick.ac.uk

Helicobacter Eradication Aspirin Trial



Helicobacter eradication to prevent ulcer bleeding in aspirin users: a large simple randomised controlled trial

Principal investigator Birmingham region: Prof Richard Hobbs.
Locations: ~400 GP practices in Birmingham and Black Country, Worcestershire, Coventry and Warwickshire, Shropshire, Staffordshire, Herefordshire, Stoke, Telford and Wrekin, Wolverhampton, Sussex and Surrey, Nottingham, Durham, Southampton and Oxford.
Enrolment period: 2012 – June 2014.
Participants: Men and women aged 60+, infected with *H. pylori*, who are using aspirin <326mg daily.
Other information: This trial has been preceded by a successful pilot study, funded by the Medical Research Council. Practices will be reimbursed for their time.

Use of aspirin for cardiovascular prophylaxis is widespread and increasing. The main hazard is ulcer bleeding. This is usually associated with *H. pylori* infection. It is important to determine whether this can be reduced or prevented by *H. pylori* eradication. The trial hypothesis is that aspirin does not itself cause peptic ulcers, but that it promotes bleeding of ulcers caused by *H. pylori*. Given the scale of aspirin use, its continuing increase and its contribution to ulcer bleeding, how to deal with this problem is arguably the most important question with regard to current iatrogenic medicine.

Intervention and clinic: suitable patients will be identified by their surgery, using an automated search, and then asked to attend an appointment with a university research nurse or practice nurse (relevant training will be provided) to consent to the trial and take a *H. pylori* breath test. Those with a positive result will be randomised to receive a one week course of either eradication treatment or placebo, supplied by the trial centre. No follow-up visits for the patients are required, but any hospital admissions for ulcer bleeding will be recorded over a period of two to three years by the trial centre.

Further information: If you would like to find out more, please contact the trial manager for your region, Rachel Iles (riles@bham.ac.uk 0121 414 2691).

New PCRN Studies

Preventing and Lessening Exacerbations of Asthma in School age Children Associated with a New Term



The trial is being managed by The Sheffield Clinical Trials Research Unit (University of Sheffield) in collaboration with the Clinical Practice Research Datalink (CPRD).

The PLEASANT study is a cluster randomised controlled trial looking

for 140 general practices to be involved across England and Wales. The purpose of this research is to see whether a simple postal intervention from the GP will help to reduce exacerbations of asthma and unscheduled NHS



contacts in school age children associated with the return to school in September.

Practices will need to be signed up to the CPRD in order to take part in this study and will need to be using the Vision practice database system.

If you wish to take part but your practice is not yet registered on the CPRD, please follow the link below to register your practice: www.crncc.nihr.ac.uk/cprd-eoi and send your expression of interest to Dr Michelle Horspool, trial manager m.horspool@sheffield.ac.uk. The closing date for GP recruitment is mid June 2013 with delivery of the intervention by 29th July 2013. For further information please visit: <http://www.shef.ac.uk/scharr/sections/dts/ctru/pleasant>

Why Can Some People Eat What They Like and Never Gain Weight? UKCRN 12511



Image courtesy of Master Isolated Images at FreeDigitalPhotos.net



Image courtesy of Grant Cochrane at FreeDigitalPhotos.net

For many people, losing weight is a constant battle. High calorie food is available 24/7 and as a society we are less physically active, factors that are contributing to the rising tide of being overweight and obesity. However, some people manage to eat what they like and don't worry about their weight. What's their secret? Family, twin and adoption studies have shown that thinness is highly heritable in families. The aim of STILTS2 is to recruit a cohort of thin people, with the help of the PCRN's, for a comprehensive genetic study which would be the first of its kind in the world.

The Study Into Lean and Thin Subjects (STILTS2), funded by the European Research Council, aims to recruit 1,500 thin people ($BMI < 18kg/m^2$), who are well, do not have eating disorders or exercise excessively. GP practices are asked to identify eligible participants through a database search and send invitation letters. Interested participants reply to Professor Farooqi's team in Cambridge, who have identified many genes that contribute to obesity (www.goos.org.uk). The research team send participants a consent form,



Image courtesy of mikumistock at FreeDigitalPhotos.net

a basic questionnaire and a saliva kit for DNA collection. Once recruitment is complete, the DNA will be analysed using state of the art genomics technology that investigates millions of variants in all the genes in the human genome. Results from STILTS2 will be compared to 7,000 normal weight controls and 2,000 people with severe obesity. This powerful design will provide unique information about the genetics of thinness and inform the prevention and treatment of obesity.

Recruitment began in July 2012 and thanks to support from the many PCRN's and CLRN's, almost 600 participants have enrolled. STILTS2 is open for recruitment, so please contact Aman Johal, PCRN WM-S research facilitator, at amanpreet.johal@warwick.ac.uk or telephone 02476 574127 for further information.

UK Clinical Ethics Network



CLINICAL ETHICS NETWORK

We are delighted to invite you to the **13th Annual Conference of the UK Clinical Ethics Network**

Ethics of Healthcare in a Multicultural Society 19th June 2013

Aston University, Lakeside Conference Centre, Birmingham

This conference will be of interest to clinicians & non-clinicians working in the health services, anyone involved with clinical ethics support or with an interest in the ethical dimension of health care.

Speakers include

Professor Gurch Randhawa University of Bedfordshire

Professor Jean McHale Birmingham Law School

Professor Bill Fulford University of Warwick

Professor Stephen Pattison University of Birmingham

Professor David Salla University of Wolverhampton

Debate

"Is culture based healthcare unaffordable in the NHS?"

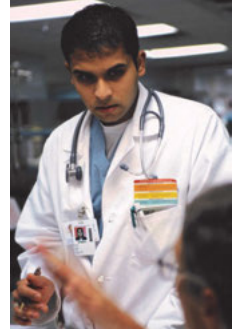
In association with the Lunar Society



Registration

Online Registration: <https://b-com.mci-group.com/Registration/>

For further details please visit our website: www.ukcen.net



Birmingham images: photoeverywhere.co.uk

CPD Applied for



Hosting Committees:

Birmingham Children's Hospital 
NHS Foundation Trust

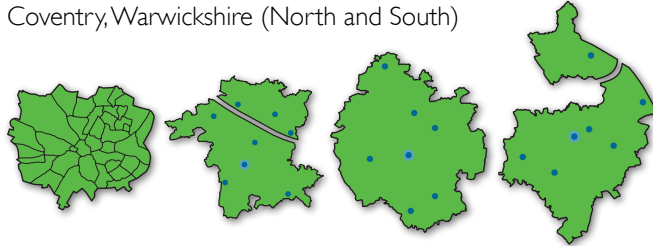
PCRN Research and Governance

PCRN West Midlands (South) Research Incentive Scheme (RIS) 2013-14

We are pleased to announce that the local RIS, now entering its third year, is continuing with 56 practices, including 10 new to the scheme, planning to participate.

West Midlands South Sub-Team Areas:

Herefordshire, Worcestershire (North and South), Coventry, Warwickshire (North and South)



Location of RIS practices:

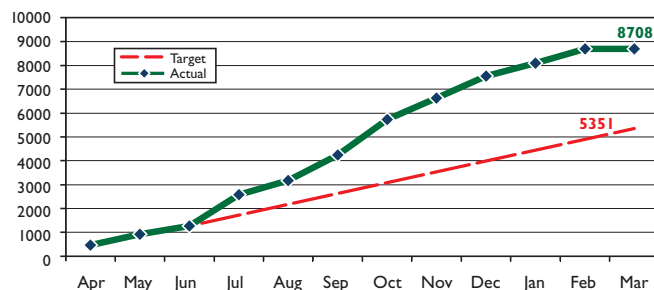
Coventry	9 practices
Herefordshire	5 practices
North Warwickshire	6 practices
South Warwickshire	13 practices
North Worcestershire	6 practices
South Worcestershire	10 practices

RIS 2012-13

In 2012-13 54 practices participated in our RIS 2012-13 at Level 1, Level 2 or as Host Practices. Recruitment this year has been outstanding, exceeding all targets and having grown by almost two-thirds compared to 2011-12. We would like to offer our thanks, and hearty congratulations to all the practice teams who took part.

During the year we held a series of local area research network meetings, with a chance for people from different practices to meet each other, hear about current research, swap ideas and enjoy a networking opportunity. These were well attended and fostered an awareness of the wider 'family' of staff and practices involved with PCRN WM-S in primary care research.

Numbers Recruited 2012-13 to date



If your practice is interested in becoming a RIS practice or would like further information please contact Sue Elwell on s.elwell@warwick.ac.uk or 02476 575854.

Primary Care Research Governance post 1st April 2013

Introduction

In light of recent changes within the NHS, the process for granting NHS Permission for primary care research is changing.

PCRN WM-S is providing reassurance to GP teams taking part in research within our area that the research governance arrangements of PCRN-supported research studies will continue to be managed locally in accordance with the discussion paper issued by the Department of Health

'Determining arrangements for supporting research in primary and community care'.



Current and Future Arrangements

All studies that the PCRN offers to primary care teams are on the National Institute for Health Research (NIHR) Portfolio. The Portfolio comprises of studies which are well-planned, peer reviewed, high quality, and have a clear relevance to the NHS. In addition each study has approval from a Research Ethics Committee (REC) and until now has had local approval from a PCT.

NHS Permissions that have already been issued by a PCT remain valid; there is no requirement for further review or approval of these studies. However, from April 1st, agreement by an Independent Contractor to participate in a research study will constitute NHS Permission.

These changes should not significantly alter the experience for researchers and GP practices participating in Portfolio research; therefore please do continue to conduct research in accordance with current best practice and regulatory guidance. The West Midlands (South) CLRN will continue to assess and quality assure each study against a range of research governance criteria, including checks on Financial Management, Sponsorship, Study Documentation, and other applicable laws, regulations and guidelines. In addition to the research governance assurance provided by West Midlands (South) CLRN, the study will also be reviewed by the local PCRN study group; a multidisciplinary group which includes GPs and other experienced research staff.

West Midlands (South) CLRN and PCRN will continue to work closely to ensure a high quality local research agenda, and as further guidance becomes available, we will continue to keep all research-active primary care teams updated.

If you have any further queries regarding the above, or if you are approached by any other organisations requesting your participation in research, please contact Sue Elwell, research manager, on s.elwell@warwick.ac.uk or by phone 02476 575 854.

PCRN Research and Governance

It's Good to Network

The PCRN WM-S team successfully launched its first series of local research network meetings in December and January. In total five meetings were held at various local venues across the region. As part of participation in our RIS 2012-13 GP practices and local Clinical Commissioning Group (CCG) representatives were invited to attend the events, organised by our local sub-teams.

The meetings offered research participants an opportunity to meet and connect with others in their area, thus building a local research network to encourage sharing of research experience.

They also acted as a forum to disseminate research findings and discuss the feasibility of ideas for locally-led studies.

Topics discussed included a review of the RIS and the PCRN strategy, progress and feedback on local studies including recruitment figures, results of completed studies that had impacted clinical practice and a highlight of new research trials including a presentation from one of the PCRN WM-S research fellows on a proposal for a research project.

The meetings were well-attended with participants being engaged, provoking lively and interesting discussions. Overall feedback was very positive with a strong sense of

goodwill towards research participation and a palpable shift in the integration of research into everyday clinical practice for those involved. The RIS was heralded as a success in enabling and retaining GP practices to undertake research, reflected in comments such as:

“We have managed to recruit more patients and get more doctors involved.”

and the call for it continues. The events also provided a forum for opening up dialogue between the PCRN and local CCG members. Importantly, this was an opportunity to show gratitude and appreciation of GP practices' contributions to primary care research.

For the future, the annual local research network meetings will continue to occur as an important part of practices' participation in PCRN Portfolio research. As one attendee said:

“We don't seem to meet like this very often, it's good to do so.”

For further information on this year's RIS and our research studies please contact Sue Elwell, research manager, on 02476 575854.



Launching the Worcestershire Health Research Collaboration (WHRC)

The local PCRN WM-S team played a key role in the successful launch of the WHRC at an open meeting on March 13th at the University of Worcester. Academics, clinicians, research & development managers attended from across Worcestershire NHS hospital and community trusts, Clinical Commissioning Groups (CCGs) and the University. Representatives from medical charities

and Patient and Public Involvement groups were also present.

WHRC has been established to promote and support health research in Worcestershire through collaboration between NHS organisations, NIHR clinical research networks, the University of Worcester and other interested research partners. In addition to encouraging participation in NIHR Portfolio research,

it aims to stimulate new research studies as well as fostering teaching opportunities for NHS professionals at the University.

Past, present and future NIHR Portfolio research occurring in Worcestershire was showcased alongside the local PCRN support available. Current studies highlighted included PreFit (Prevention of Fall Injury Trial) and the 3C (Cough Complication Cohort) study and new research such as HEAT (Helicobacter Eradication Aspirin Trial) and DAPA (Dementia and Physical Activity) trial were also promoted.



For further information on NIHR Portfolio studies in Worcestershire please contact Aman Johal, PCRN WM-S research facilitator, at amanpreet.johal@warwick.ac.uk or 02476 574127. For further details about WHRC please contact Professor V Wilkie, Academic and Learning Lead for South Worcester CCG and Professor of Primary Care, Worcester University at veronicawilkie456@btinternet.com

PCRN Study Update



PRIMIT

Protect yourself and others against cold and flu

A Primary Care Trial of a Website-Based Infection Control Intervention to Modify Influenza-like Illness and Respiratory Infection Transmission



This study has now completed its final stage of recruitment. Over 300 practices were involved nationwide in this study and the PRIMIT study team would like to take this opportunity to thank all the practices involved.

Locally PCRN West Midlands South recruited 1,004 patients into this study over the three month period that the study was recruiting.

The final stage for the study comprises a notes review of the participating patients, and we will be contacting all practices involved to start this stage, with completion by June 2013.

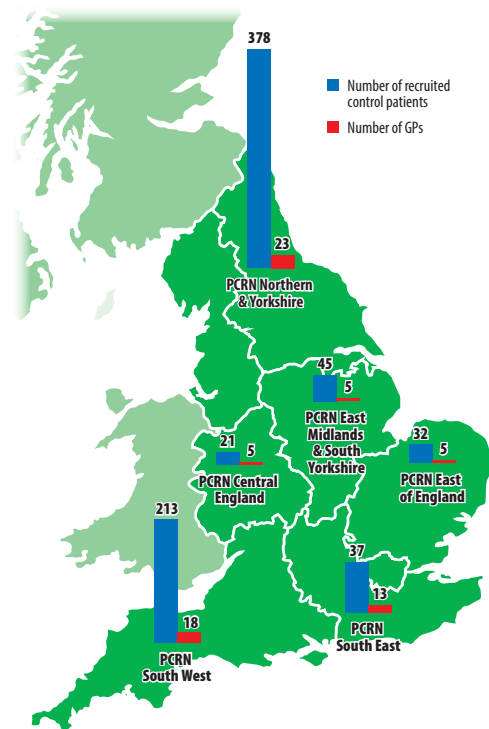
If you would like any further information, please contact Deborah A Popoola, PRIMIT trial coordinator on 0121 414 4839 d.a.popoola@bham.ac.uk

International Study of Incident Cancer (ISICA) – Breast Cancer and Diabetes

The ISICA study, as requested by the European Medicine Agency (EMA), has been investigating the association between the occurrence of breast cancer and diabetes and diabetes treatment.

1,296 control patients were recruited in the UK within just 10 months of the study opening, smashing the UK's target of 1,000. In England alone 1,140 patients were recruited from a total of 71 general practices – all via the Primary Care Research Network. The study met its global target with the UK coming a close second to France and ahead of Canada. But in terms of drop out rates, the UK was head and shoulders above the other two countries. Says Stefanie Pohlmann:

“UK patients were very committed to the study once they had agreed to take part. This was seen as a very positive aspect of the UK's participation.”



And the extraordinary effort of the Network has been duly noted:

“The study would have been virtually impossible to do without the support of both parts of the Network”,

“I've worked with PCRN before, so I knew what to expect, but NCRN was equally effective. They provided a good range of hospitals. They are definitely well connected and the communication was excellent. Without Network support we would have had to take an entirely different approach.”

The past two years have been very successful thanks to your hard work and commitment. A big thanks to everyone involved - you made ISICA a success!

For further information, please contact the ISICA Project Manager Stefanie Pohlmann, tel: 0203 1375 828, fax: 0207 4867 231 email: spohlmann@la-ser.com, email the study team at isica@la-ser.com or click on this link: http://www.crncc.nihr.ac.uk/about_us/pcm/pc_news/pc_news_archive/ISICA_success

A Feasibility Study of Parental Home Monitoring and Assessment of Infants with Complex Congenital Heart Disease



The project will test the feasibility of using a Congenital Heart Assessment Tool (CHAT) as part of a Home Monitoring Programme (HMP) for infants with single ventricle heart conditions (infants born with only one side of the heart pump, an extremely serious non-correctable condition which is treated through a series of complex heart operations) or those with systemic shunt-dependent heart conditions.

The HMP includes daily measurements by parents of their infant's oxygen levels and weight, whilst discharged home between the first and second surgery. The CHAT uses a traffic light system to give an early indication of deterioration of the infant's condition, informing parents and medical teams promptly about problems to enable early treatment.

The principle purpose of the feasibility study is to inform the development of a future research application for a large multicentre randomised controlled trial, by assessing:

- Rates of recruitment to the study and recruitment strategies
- Follow up, and questionnaire completion rates
- Proportion of eligible parents entering the study and reasons for non-participation

The secondary objectives include:

- To record the number of times parents make urgent contact with healthcare professionals
- To investigate the acceptability of CHAT/ HMP from the perspective of parents of infants with complex congenital heart disease
- To gain estimates or trends of effectiveness of CHAT/ HMP (Group A) compared with CHAT alone (Group B) and with usual discharge care (Group C) in alleviating anxiety and depression in parents, increasing confidence, and in reducing hospitalisation and/or mortality among the infants
- To explore whether parental demographics and psychosocial functioning have an impact on the transition from hospital to home and whether there is any comparison or connection to individual groups of parents (A, B and C)

The research is supported by Heart Research UK, who are funding the equipment, and the Research Nurse and Little Hearts Matter, who are involved in developing the CHAT and standard discharge information leaflets. The project is taking place at the Birmingham Children's Hospital.

For further information please contact Kerry Gaskin Tel: 02476 795 854 or email hsx562@coventry.ac.uk

New Study for Cancer Patients with Venous Thromboembolism:



select-d: Anticoagulation Therapy in SELECTeD Cancer Patients at Risk of Recurrence of Venous Thromboembolism



select-d is a prospective, randomised, open label, multicentre pilot study comparing dalteparin versus rivoraxaban with a second placebo-controlled randomisation comparing the duration of anticoagulation therapy (six months versus 12 months treatment) in patients with DVT (deep vein thrombosis) who are Residual Vein Thrombosis [RVT] positive (+ve). All patients presenting with PE (pulmonary embolism) will be invited to participate in the second randomisation.

Treatments:

Dalteparin (Fragmin®, Pfizer), a low molecular weight heparin, the only licensed anticoagulant in the UK for the extended treatment and prevention of recurrence of VTE (venous thromboembolism) in cancer patients.

Rivaroxaban (Xarelto®, Bayer), an oral direct Factor Xa inhibitor; licensed for the treatment of DVT and the prevention of recurrence of DVT and PE in adult patients.

Chief Investigator: Professor Annie Young

Sponsor: University of Warwick

Funder: Educational grant from Bayer plc (Investigator Initiated Study)

Sites: 50+ sites

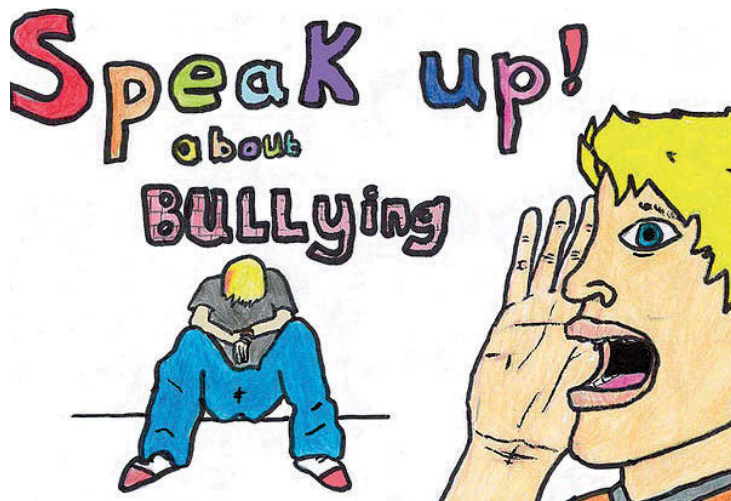
Recruitment target: 530 patients

Recruitment period: May 2013 – May 2015

Eligible patients: Aged > 18 with active cancer and a primary presentation of an objectively confirmed VTE – symptomatic lower extremity proximal DVT or symptomatic or incidental PE

Update: select-d has received ethics and MHRA approval and aims to start recruitment in May 2013. Many eligible patients will present to their GP with suspected VTE; please refer as usual practice and inform patients of the possibility of the select-d trial. All centres throughout the West Midlands are keen to participate; Birmingham and Warwick patients with cancer and VTE have opportunity to enter another trial for the treatment of VTE called 'ALICAT'.

For further information contact select-d@warwick.ac.uk or call Jenny Phillips, trial coordinator 02476 573315.



Tackling Child Bullying in Primary Care: adult psychiatric outcomes of bullying and being bullied by peers in childhood and adolescence

Bullying refers to intentional repeated harm by individuals or groups, either directly (verbal or physical) or indirectly (spreading rumours). It may occur in peer settings (e.g. school), but has proliferated through electronic media usage (cyber bullying) with children possibly exposed to bullying 24 hours a day. Its prevalence is approximately 20-30%, with 10-14% of children experiencing chronic bullying over years. Many children suffer in silence; 40% do not tell their parents, less than half speak to their teacher. For further information please follow: www.warwick.ac.uk/gpbullyingresearch/resultssummary

Being bullied has serious implications: physical and mental health problems (from headaches to depression to psychosis), self-harm and suicidal behaviour and school absence. It impacts on adult mental and general health, reducing the ability to maintain work, financial and social stability. A recent paper in JAMA Psychiatry found childhood bullying predicted general anxiety disorders, panic disorder, agoraphobia, depression, and suicidal acts in adulthood.

We are developing a research programme that aims to establish the prevalence of childhood bullying presenting to general practice, to design a training programme for primary care clinicians, and test the effectiveness of a widely accessible intervention.

We would like to hear from GPs or practices that would be interested in contributing to the planned feasibility work.



For further information, please contact
Professor Dieter Wolke d.wolke@warwick.ac.uk or
Professor Jeremy Dale jeremy.dale@warwick.ac.uk

West Midlands South Health Innovation & Education Cluster - Innovating in the Local Healthcare Economy *

The West Midlands South Health Innovation & Education Cluster (WMS HIEC) was established in 2010 as a partnership of twelve NHS, charity, university and private sector organisations. It was one of 17 HIECs nationally, with a brief to improve the skills and experience of NHS staff and to develop and spread innovation in healthcare. Researchers in a team led by Coventry University have been evaluating the impact of the WMS HIEC.

WMS HIEC has operated across an area seen by participants as having a 'natural geography' and having a good balance of urban and rural, affluent and socially deprived areas with a spread of healthcare providers. Since it was formed in 2010, it has funded 16 innovation projects covering a wide range of conditions from diabetes, dementia, cardiac care, COPD (chronic obstructive pulmonary disease), stroke to sexual and mental health.

During a period of considerable uncertainty, brought about by the strategic and organisational changes in the NHS during its period of operation, projects funded by WMS HIEC have developed new clinical pathways, improved patient self-management, trained healthcare staff, improved access to specialist facilities, and developed innovations to help improve awareness, change attitudes and lifestyle behaviours, and improve public health.

WMS HIEC has added value to its core funding role because of its light touch but 'hands on' approach, its emphasis on partnership working, its positive relationships with projects and its flexible approach to funding. Its lean operation has been a strength, helping it to get closer to the work of the projects and ensuring that partners themselves 'owned' the projects. The local focus has led to benefits in terms of gaining acceptability in host organisations and is helping to spread project benefits through local and professional networks.

WMS HIEC leaves a legacy of genuinely collaborative working, with perhaps a greater mutual respect between academic, clinical and private sector partners. It has offered a glimpse of what can be achieved with cross sector collaboration.

Further information on the projects can be found at <http://wmshie.org/Our-Projects/>

*Members of the evaluation team were Katrina Ritters, Professor Howard Davis, Dr Carol Grant-Pearce (Coventry University), Professor Jeremy Dale (Warwick Medical School) and Dr Peter Watt (Birmingham University).

West Midlands (South) CLRN Update

West Midlands (South) CLRN Patient and Public Advisory Group



The West Midlands (South) CLRN Patient and Public Advisory Group is gaining momentum and increasing membership. The group now has eight members and is looking for more to join from across Coventry, Warwickshire, Herefordshire and Worcestershire. This group meets monthly at the University of Warwick, 4.30p.m. – 6.00p.m. Travel expenses are paid and refreshments are provided. Dates for 2013 are as follows:

- Tue 7th May 2013
- Tue 4th June 2013
- Tue 2nd July 2013
- Tue 6th August 2013
- Tue 3rd September 2013
- Tue 8th October 2013
- Tue 5th November 2013
- Tue 3rd December 2013



If you would like further information about the patient and public involvement work at West Midlands (South) CLRN, please contact Mohammed Shaikh, Patient and Public Involvement Officer on 07825 341 182 or email mohammed.shaikh@uhcw.nhs.uk



International Clinical Trials Day

Monday 20th May 2013

West Midlands (South) CLRN is supporting International Clinical Trials day on Monday 20th May 2013 by organising a display stand at University Hospitals Coventry and Warwickshire NHS Trust, Walsgrave, Coventry, main reception 10.00a.m – 2.00p.m. This will include a video on the experience of patients and members of the public who have taken part in clinical research studies.

Celebrating Achievement & Planning for the Future

We are delighted to announce the launch of our fifth annual event to be held on Monday 1st July from 9.00 a.m. until 4.30 pm. at the Stratford Manor Hotel, Stratford upon Avon, CV37 0PY. Further details will be available soon, so please mark this date in your diary. Registration is free and lunch and refreshments will be provided.

For more information, or to register your interest please contact Karen Johnson at wmsouthclrn.admin@uhcw.nhs.uk or call 02476 965 143.

West Midlands (South) CLRN Courses

Academy for Research Active Professionals

Course Schedule: May – July 2013.

New course dates are added on a regular basis.

For further information or to be added to the circulation list,
please email wmsouthclm.academy@uhcw.nhs.uk

West Midlands (South)

NIHR Comprehensive Local Research Network

Course Title	Date	Time	Location
Informed Consent	3rd May 2013	13.00 -15.30	University Hospital Coventry
Introduction to Good Clinical Practice	9th May 2013	08.45 -15.45	University Hospital Coventry
Introduction to Patient & Public Involvement in Research	14th May 2013	10.00 -12.45	Hereford County Hospital
Introduction to Research Management & Governance	16th May 2013	9:00 – 12:00	University Hospital Coventry
GCP Refresher	5th June 2013	9:15 – 12:00	Warwick Hospital
Paediatric Consent	6th June 2013	9.30 – 11.30	University Hospital Coventry
Introduction to Good Clinical Practice	14th June 2013	08.45 -15.45	Warwick University Clinical Trials Unit
Introduction to Good Clinical Practice	12th July 2013	08.45 -15.45	Worcester Royal Hospital
Site File Auditing	17th July 2013	13.00 - 16.00	University Hospital Coventry

For more information about PCRN WM-S please contact:
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(West Midlands South)
Division of Health Sciences
Warwick Medical School
University of Warwick
Coventry CV4 7AL

Tel: 02476 575767 or 02476 575919
Fax: 02476 528375
Website: www.warwick.ac.uk/go/PCRN

For further information about this newsletter
please contact Jenny Oskiera j.oskiera@warwick.ac.uk
or Tara Al-Salihi t.al-salihi@warwick.ac.uk