



Bristol Study Centre

NEWSLETTER

www.dutystudy.org.uk

Issue 12

June 2011

How are we doing?

1,302 patients have now been recruited in the Bristol study centre, with **urine samples obtained for 91%** of these children.

WOW!

The Bristol centre is still significantly ahead of target, while the study as a whole is tracking our funder's FASTER response target with **2,858** recruits and an **88%** sample rate.



Your ongoing help

means that we are on course to achieve DUTY's goals:... better treatment for children with UTI!

Recruit in June to win a mystery prize

What could possibly get you recruiting more for DUTY? Well, if you recruit a patient in June we will enter you into a draw for a mystery prize at the end of the month. We promise that this will be something worth winning, i.e. not a DUTY mousemat, mug, or that tin of grapefruit segments that seems to be the only thing you ever win at the school Christmas raffle. All DUTY recruiters have done fantastically so far. But next winter is our last season, and best chance to capture urine samples from unwell children. We want to finish on target and in style, so we would love to know what would get you out of bed in the morning (metaphorically speaking) for DUTY. Please send your ideas to harriet.downing@bristol.ac.uk.



NORTHERN DUTY



They don't do things by halves in the North! **DUTY has recruited spectacularly well in Cumbria and Lancashire (143 patients and counting)**, thanks to the hard work of the Cumbria and Lancashire CLRN Research Nurses and their clinical colleagues in 10 local GP practices. Vicky Lam, Research Nurse at four of these practices (Mountview Surgery, Broadway Medical Centre, Belle Vue Surgery and Dr Ali's Surgery) has gathered feedback from some of the team about their experiences of the study.

What do you enjoy most about taking part in the DUTY study?

"I have enjoyed the patient contact and even wringing out nappy pads!! There is a friendly and light-hearted rivalry across the North Lancs patch in relation to DUTY recruitment. This has been great as we are only a small team covering a number of GP practices that are spread across a large area. It has encouraged us to share ideas for recruitment and there is a sense of being in a team." (Nicola Harding, Research Nurse, Queen Square Medical Practice, Lancaster)

"It is nice to interact with the babies and small children. We don't usually get this opportunity as most of our studies deal with adults. Parents seem really keen to take part and the children don't appear to mind one bit. They do enjoy the book but it is quite time consuming putting it back together!" (April Weaver, Research Nurse, Mountview Surgery, Fleetwood)

"It is interesting to see results of urine testing that we might not have otherwise done. It has broadened our thinking on the possibility of UTI in children and we have tested children we may not have tested in the past." (Alison Crumbie, Nurse Practitioner, Windermere & Bowness Medical Practice)

"It is a really straightforward study to participate in. I enjoy the patient/parent interaction, and parents' responses to the study have been good." (Vicky Lam)

Has taking part in this study influenced your clinical practice in any way?

"I am more likely to request a urine sample in under 5 year olds. A recruit of mine under 1 year old had a confirmed UTI, when I was pretty certain it was just a VRTI. Parents were delighted with the study and impressed that the UTI had been picked up so quickly." (Bridget Kingcox, Nurse Practitioner / Research Nurse, Rosebank Medical Practice, Lancaster)

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To shred, or not to shred?

If you use paper CRFs, please **resist the temptation to shred** them once the data is safely entered onto the web database. Under ICH-GCP, study paperwork is considered 'source data' and we are legally required to store it along with other patient data. If you would prefer not to store them please send them back to us in one of the brown DUTY envelopes. **Thank you!**



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NORTHERN DUTY, continued

What have you found to be the most difficult aspects of DUTY recruitment, and how have you dealt with these challenges?

"It has been a trial and error process. Our most productive recruitment strategy was to have dedicated 'DUTY' days where everyone within the different practices was aware that we were recruiting. In addition, patients were more likely to take part in the study if they knew that if necessary we would pick up the urine sample, if a sample was not collected during their visit. Patients were given my contact number and they could text/ring when ready for collection - to minimise inconvenience to them." (Vicky Lam)

"It takes time to carry out the interviews and work through the questionnaires. The main problem for us is getting the sample of urine after registering the patient. It is quite frustrating to go through the work of registering the patient and then not completing the process by not getting a urine sample." (Alison Crumbie)

What recommendations do you have for researchers designing paediatric primary care studies in future?

"I would suggest that researchers take a look at the design of DUTY. Everything seems to have been thought of. The manual is excellent and ensures that there is little room for error." (Bridget Kingcox)

"Keep it as simple as possible and be aware of the time factor, parents are busy people but on the whole appear to be keen for their children to take part in studies. DUTY appears to have got it just right and the patient information sheet is easy to read and understand." (April Weaver)

"DUTY is a very straightforward study which does not really impede on the GPs' consultation time and, most importantly, intervention with the patient is fairly non-invasive and minimal. It is a study that clearly states its aims, and the potential health benefits are easily understood and appreciated by the public." (Vicky Lam)

Professor John Goodacre, Director of the CLRN, said "I am delighted that Cumbria and Lancashire is making a significant contribution to this important study, and am very impressed that the project is making such good progress. Many congratulations to everyone involved".

DUTY in Devon

On 12 May, PCRN SW at the Peninsula Medical School hosted a session of DUTY Study training for nurses from 9 practices:

- ♦ Brannam Medical Centre, Barnstaple ♦ Claremont Medical Practice, Exmouth ♦ Honiton Surgery, Exeter ♦ Litchdon Medical Centre, Barnstaple ♦ Mount Pleasant Health Centre, Exeter ♦ Raleigh Surgery, Exmouth ♦ Richmond House Surgery, Teignmouth ♦ Rolle Medical Partnership, Exmouth ♦ St Leonards Surgery, Exeter ♦

We were also joined by PCRN SW Research Nurses Jane Stewart (already off to a flying start with 6 recruits!) and Helen Clough, providing option 1 nurse support for practices in the Exeter area and in Somerset respectively. 12 practices within the Peninsula are now on board with DUTY, and the study team in Bristol will be working with the PCRN to help them recruit over the next 12 months. **We welcome all these new sites and look forward to getting recruitment going!**



Some of the sites

LAST MONTH'S QUIZ



The winner of last month's quiz was Dr Alastair Hay, who has won a box of chocolates for the team at his GP practice, the Lennard Surgery in Bristol. The challenge was to identify which of 10 folk remedies for kidney stones was a fake. Dr Hay was not quite correct, as drinking one's own urine was considered a 'cure' for kidney stones in nineteenth century England (and probably in a few other parts of the world as well). The 'fake' remedy was the practice of some tribes, even as recently as 200 years ago, of eating the perirenal fat of human victims - not to cure kidney stones but in order to imbibe the strength of their enemies. Nice.