



# Cardiff Study Centre

# NEWSLETTER

www.dutystudy.org.uk October 2011

Issue 11

Welcome to the eleventh edition of the Cardiff DUTY Study Newsletter!

## Feedback from Workshop - 17th October 2011

### How Are We Doing?

Up to the 27th October, the Cardiff team recruited **1187** participants and have a urine retrieval rate of **88%**

Many thanks to those who could attend our workshop earlier this month, it was lovely to put faces to names and see a good representation of recruiters from our regions in Wales. We hope you found the day productive, and enjoyed the evening meal (for those who were able to stay). We thought we would give you a summary of the group discussions, so that everyone can benefit from the experiences, hints and tips we shared. Below (in blue) are some hints and tips that were suggested.

We all agreed that good working relationships and team work are essential for successful recruitment, where everyone in the surgery is on board, knows what is happening and is able to do their bit. Additionally, when receptionists are happy to mention the study to potential patients when they come in helps the recruitment process as well.



Where possible, gauge whether a child would be suitable for the study before they see the GP. Add stickers to the GP list so potential candidates can be identified, or maybe have the study criteria laminated on a card for the receptionist to show to any potential candidates.



### Mystery Prize Draw

October's mystery prize draw winner is:

Janet Reece,  
from  
Waterfront  
Surgery, Barry

Congratulations to you! The mystery prize is on its way.

If you recruit a patient, we will automatically enter you into the draw for a mystery prize at the end of that month.

We also discussed challenges to the DUTY study. The winter season is approaching, bringing with it lots of bugs and infection. This is a good time for increasing recruitment levels, however, now is also the flu jab season, so practice staff can often find their time taken up with that. Additionally, practice staff may not want patients to feel pressurised into signing up for the study, feeling that they were there primarily to see the GP and had children who were unwell. The recruiting process can be timely, which sometimes isn't ideal for a sick child.



If, like buses, three potential recruits come though all at the same time, it will be impossible to recruit all of them, so only concentrate on one. Furthermore, where practice staff are reluctant to inform parents beforehand of the study, or when GPs are not so good at referring patients through to recruiters, a gentle reminder about the study and its aim to improve the future diagnosis of UTI in children may help, whilst also checking up on how the study is being 'sold' to the parents by the GPs/ practice staff. An additional mention could be made about other benefits of the study, such as the fact that two children with previously undetected diabetes were identified as a result of taking part in the DUTY study.

Recruiting is more difficult in clinics that run to time, and where the patients know this and only come in a few minutes before their appointed time.



In cases where there is little time to approach recruiters before their appointment, if you can get access to the appointment list, look through and select names from later on in the day to phone and ask if they would be interested and ask them if they would be prepared to come in a little earlier to see the recruiter. Additionally, inserting a nappy pad before seen by GP if appointments run late or patient is early.

Where GP chooses to tick the 'Not Examined' box as part of their clinical examination, because they do not see it as relevant to the working diagnosis.



Gently remind GPs that all of this section of the CRF needs to be completed for all patients recruited to the DUTY study regardless of the child's symptoms.

If the urine sample is not collected at the surgery and parents are asked to return a sample, they often do not come back.



Once the urine collecting equipment has been issued to parents, remind parents that they will receive a voucher if they return the urine sample.

There are some simple ways to helping the labs process of the urine samples and reduce contamination rates of the samples.



Ensure all labels are put on the forms and sample containers (not just one or the other). Contamination of nappy pad samples can be reduced by the use of gloves and wring out method, or the syringe method. A large syringe works best in these instances.

Our data analysis showed that the Cardiff centre has poor completion rates of clinical observation data. A reason for this was the lack of available equipment in some surgeries, as well as some children being too distressed to have measurements taken. We really need to improve our data completeness for the clinical observations, particularly O2 sats measurements.



We appreciate that in some cases it will be impossible to obtain these measurements because the child is too upset, but we urge you to persevere to get these measurements in the other children you recruit if at all possible. Placing the oximeter probe on the child's big toe can also make the measurement easier to record!

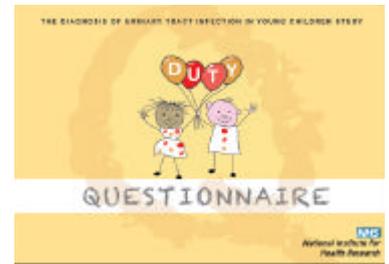


# Day 14 follow-up postal questionnaire

**DUTY study protocol (v1.5, dated 15 August 2011) has received ethical approval.**  
A copy of this new version has been circulated by email.

## WHAT YOU NEED TO KNOW

The most important change to note is that from now on, if the study administrators at the study centres are unable to make contact with the parents of children selected for follow-up at 14 days by telephone, we will send them a printed copy of the questionnaire through the post.



On completion of the follow-up questionnaire, whether by telephone or by post, the study administrators will send the parents a second high street voucher by way of thanks to them for taking the time to complete the follow-up. We will also send vouchers retrospectively to all parents who have completed follow-up in the study so far.

## WHAT TO TELL PARENTS AT THE RECRUITMENT INTERVIEW

When you tell parents about the possibility of follow-up and record their telephone number, please mention that there is a possibility that if their child is selected and the study administrator cannot contact them by telephone, they will be sent a copy of the follow-up questionnaire, with a prepaid return envelope, in the post. **PLEASE DO NOT TELL THEM ABOUT THE SECOND £5 VOUCHER.** Parents will be told about the second voucher when they receive the postal questionnaire (or over the phone if they complete it by telephone).

**New consent forms and information sheets have been added to recruitment packs, but we urge you just to check that the correct versions are being used. These are versions 1.3 dated 15 August 2011. If you think your packs do not include the correct versions of the forms, we will need to issue you with supplementary information that highlights the changes. Please contact Cherry-Ann if you have any questions or for further information.**

## An insight into recruitment at Bellevue Surgery, Newport

*This month, James Sadler has kindly agreed to give us insight into the recruitment process at the Bellevue Surgery, Newport.*

'At the recent DUTY Study workshop, people expressed an interest in how we at Bellevue have approached recruitment, in view of the fairly large number of recruits we have acquired. The DUTY team have asked me to explain our system for the newsletter, which I am happy to do! Essentially, we have found that the DUTY Study slots very well into our existing appointment set-up by way of our nurse-lead, on-the-day clinic. This clinic offers around 80 appointments per day which are bookable only on that day, and are exclusively for the treatment of acute illness by one of two practice nurses assigned to the clinic. These appointments tend to be those which parents with acutely unwell children will take, and as such this clinic is ideal for DUTY. We have ensured that each nurse is fully versed in the eligibility criteria, a copy of which is clearly visible in each clinic room. Once the nurse has identified an eligible child in consultation and asked the parent if they are willing to take part, she will take the clinical observations and conduct the examination as per DUTY protocol. She will then message or telephone either myself or Donna, and we will take the parent and child to another room in order to take formal consent and arrange the obtaining of the all-important urine sample! If the child is unable to produce a sample at the surgery, we will issue equipment and necessary instructions for collection at home, and ask the parent to bring the sample back, and of course collect their £5 voucher when they do!

I believe the pre-recruitment stage to be the trickiest part of recruitment – we are all well aware of the difficulties of identifying eligible children and making the parents aware of the opportunity to take part in the study. Essentially, then, the usefulness of the Bellevue appointment system for DUTY recruitment is based on two factors – the expectation that any child presenting at the on-the-day clinic is extremely likely to have an acute illness; and that the consulting clinician is able to assess them to make sure of eligibility, and to engage the initial interest of the parent. We find this to be an excellent way of managing acute illness for a large practice such as ours (15000 patients and counting!) Our model may be suitable for other practices of a similar size, and if they are engaged in DUTY recruitment then they too should find DUTY easy to integrate into this system'.

*Many thanks James! If anybody else has any ideas that they like to share in the DUTY newsletter, please get in touch.*



### Contact us:



#### Emma Thomas-Jones, Study Manager

Tel: 02920 687520 / Fax: 02920 687612 / e-mail: Thomas-JonesE@cardiff.ac.uk

#### Cherry-Ann Waldron, Assistant Study Manager

Tel: 02920 687609 / Fax: 02920 687612 / e-mail: WaldronC@cardiff.ac.uk

#### Vicky Roberts, Study Administrator

Tel: 02920 687 615 / Fax: 02920 687612 / e-mail: RobertsV2@cardiff.ac.uk