



NEWSLETTER

ISSUE 6

January 2014



OSAC GP practices have recruited **76** patients Oxford sites have recruited **6** patients so far, one each from Burbury Medical Centre (B&BC) and Eynsham Medical Centre (TV) and a fantastic

four at Sherbourne Medical Centre (WMS)- fastest ever recruiting practice for OSAC! Onwards and upwards!

HAPPY NEW YEAR!

We'd like to start the year by thanking you once again. Recruitment has taken a turn for the better since reopening on the 3rd, with new sites opening and more eligible patients coming through the door.

OSAC is a single drop in the ocean of efforts to combat the growing threat of antibiotic resistant micro-organisms, which was at the forefront of BBC Health reporting only last week, but a promising drop nonetheless.

Our follow-up rates are so good that we know we will be able to find out, one way or another, whether corticosteroids provide an alternative treatment for a nasty cough which reduces overuse of antibiotics, helps patients to feel better, reduces the amount of time they have to take off work, and the number of consultations they add to your already crowded schedules.

In this issue we have gathered some more recruitment hints and tips which we hope you find helpful. If you would like to talk to any of the team about any of these issues or about the challenge of getting recruitment underway, please don't hesitate to contact your local co-ordinating team (see contact details overleaf).

What the experts say

We asked some of our increasing number of successful recruiters what factors made OSAC recruitment, so intrinsically opportunistic, feasible for them. Here are some of their tips:

"We telephone triage so we are able to do a 'pre screen' screen before the patient even comes to the surgery and I tell them about the study and if they agree in principle get them to come at the end of my surgery so I know I have enough time."

"We set aside specific slots at end of surgery for reception to book patients into who have a cough... Then if any of them are eligible, they only have to hang around for a short period."

"One of us does the telephone triage so we have the first contact via the telephone. It's a lot easier than if receptionists booking patients in and us having to look through all the appointments..."

"The most difficult factor to overcome is time available, at time of presentation. As we have dedicated trial nurses it has probably been a little easier and this should be come much easier with the amendment so appts can be planned for later/next day. ..."

"I get mine sitting in the acute same day surgery..."

4 THINGS TO REMEMBER FOR NEXT DAY RECRUITMENT

Number One: Patient Safety

If you decide to invite patients back to be recruited on the day following their consultation with the Responsible Clinician, please be aware that if **the patient's condition has deteriorated in the intervening 24 hours, their eligibility must be re-assessed.** If on their return to the surgery you think that they need a same-day antibiotic or immediate hospital admission, they should not be entered into the trial.



Number Two: Delayed Antibiotic Scripts

If you decide to give a delayed antibiotic prescription to a patient who is coming back to the surgery for the recruitment interview on the following day, please can you **post-date the script for - or leave it at reception for the patient to collect on - the day after the recruitment interview, i.e. 48 hours later.** It's crucial for OSAC that patients start their trial treatment before any antibiotics. If you think they really need antibiotics, they are not eligible to take part.

Number Three: Eligibility must be confirmed

Before a patient returning for the next day recruitment appointment is given any trial medication, the **trial prescription must already have been signed off** by the GP responsible for confirming patient eligibility (in line with clinical trial regs), UNLESS the GP is available to confirm eligibility **before the patient receives the trial medication.** (This order of events applies to same-day recruitment as well).



Number Four: Please let us know by sending us an email or writing on the fax cover "next day recruit" - Many thanks!



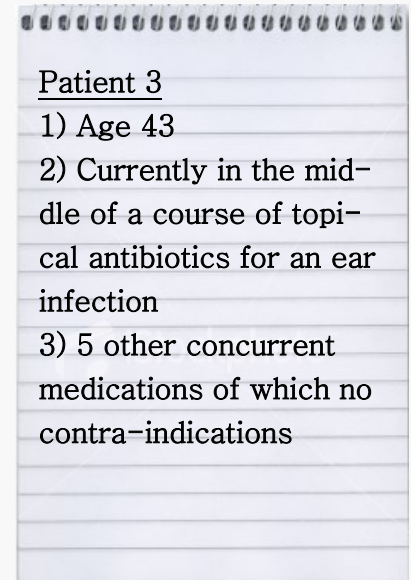
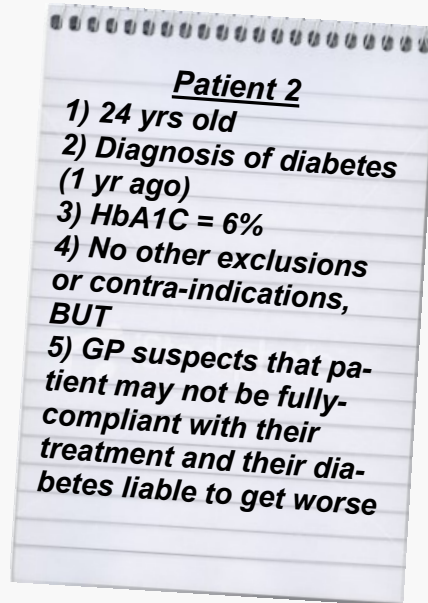
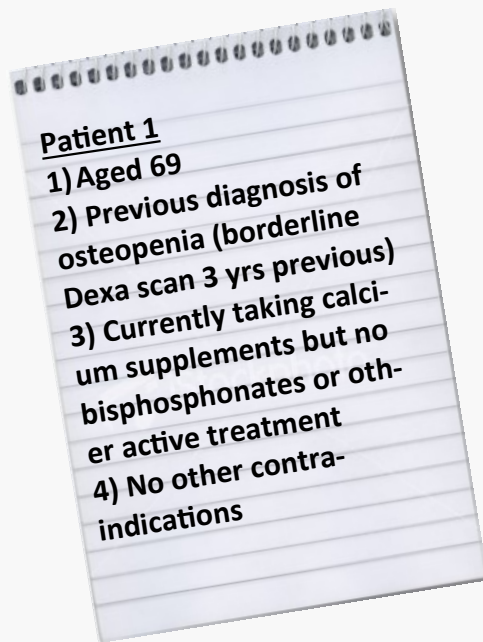
THE RESPONSIBLE CLINICIANS JUDGEMENT

You will notice in the OSAC Case Report Form and the Trial Prescription, references to the exercise of the Responsible Clinician's "judgement".

This should not be interpreted as a failure on our part to recognise that being a clinician involves the exercise of judgement on a continuous basis...

Rather, it acknowledges your ultimate decision as to whether a patient is eligible for OSAC or not, and that there may be occasions where an OSAC exclusion criterion may require some interpretation.

Here are three examples where things are not quite clear cut:



In all three cases these patients are strictly eligible. For Patient 1, there is no diagnosis of osteoporosis and, as long as there are no other circumstances to suggest that a short course of steroids could be harmful, it is safe to include them in the trial.

For Patient 2, the GP may not have sufficient confidence in the degree to which the patient's diabetes will remain controlled in the near future. Patient 3 is not excluded because the antibiotic they are receiving is topical not systemic, but as they are currently taking a large number of other medicines the GP may feel that this burden should not be increased by OSAC.

These cases could have been decided otherwise without breaching the eligibility criteria for the trial, but it goes without saying that your confidence in the patient's wellbeing comes first. What is important in all such cases is to note down the reasoning behind the decisions you have made on the trial prescription so that a clear audit trail exists for each patient entered into the study.

THE ONLINE SYMPTOM DIARY AND TELEPHONE CALLS

The OSAC online Symptom Diary is now ready and waiting for patients who want to use this option. If your patient prefers to do the diary online, please could you ensure that they are aware that **they will still receive the weekly telephone calls**, and check that they are **willing and available** to speak to Sue or Kate, once a week for 4 weeks. And don't forget to put the

green stickers in the paper diary!



CONTACT US...

BRISTOL

Harriet Downing, Trial Manager: 0117 331 3906

harriet.downing@bristol.ac.uk

Sue Harris, Research Nurse: 0117 331 4513

sue.d.harris@bristol.ac.uk

Annie Sadoo, Administrator: 0117 928 7248

annie.sadoo@bristol.ac.uk

Kate Rowley, Admin Assistant: 0117 928 87399

kate.rowley@bristol.ac.uk

or osac-trial@bristol.ac.uk

SECURE OFFICE FAX

0117 928 7341

www.osactrial.org.uk

NOTTINGHAM

Sarah Todd, Trial Co-ordinator: 0115

846 8312 sarah.todd@nottingham.ac.uk

Peter Andrews, Trial Administrator:

0115 846 6924

p.andrews@nottingham.ac.uk

SOUTHAMPTON

Kate Martinson, Trial Co-ordinator:

02380 241087

k.martinson@soton.ac.uk

OXFORD

David Timmins, Trial Co-ordinator:

01865 289290 da-

vid.timmins@phc.ox.ac.uk

