



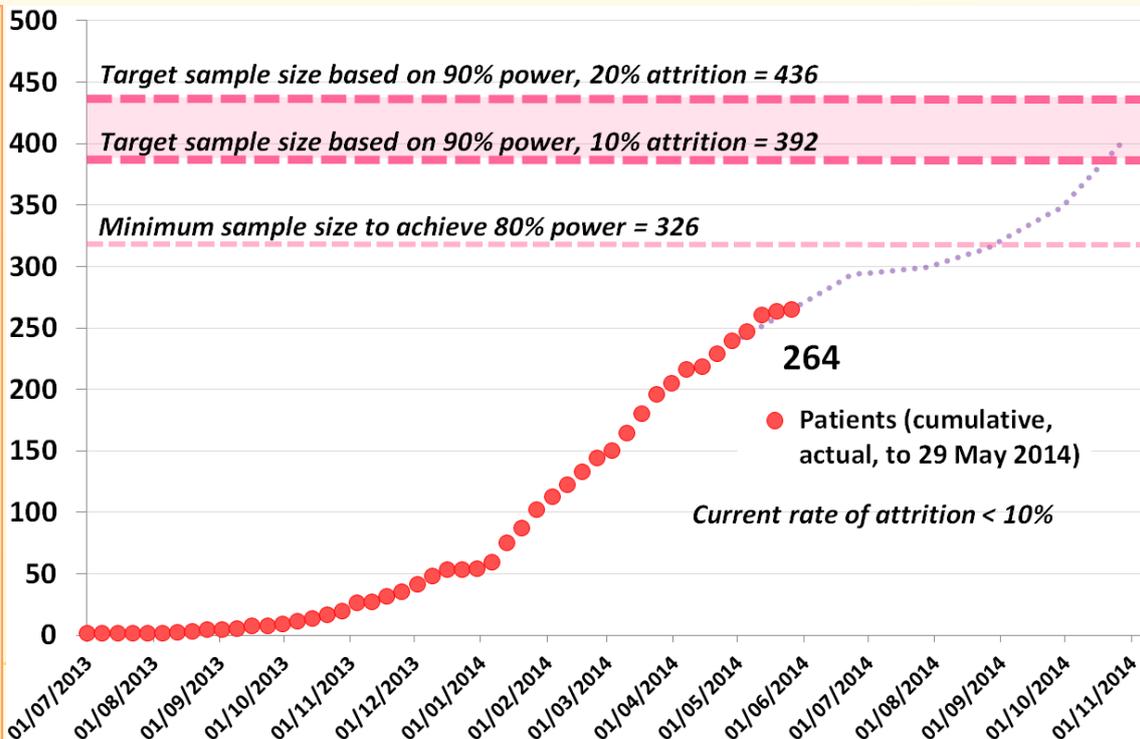
# NEWSLETTER

ISSUE 10

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## JOIN US IN THE SEARCH FOR POWER!

You, OSAC recruiters, have done an **amazing job** of getting the trial this far. Because so much has been invested, largely by you - but also by the NHS funders - and because this is a **unique, one-off trial** looking at an important clinical question, we want to get the **maximum quality result** and **best value for NHS £££s**. From our perspective, that means enough patients to give 90% power (confidence in the trial results). We know you can make this happen!



## PRIMARY CARE NOTES REVIEWS

As you may have noticed, the online trial system has been updated with the facility for you to add the **review of patients' notes for three months** following their involvement in the trial to find out whether they have had any further consultations, relevant prescriptions, or hospital visits or tests due to their chest infection. We also want to find out about any relevant clinical diagnoses since recruitment. You will be informed by Bristol when your patients' notes reviews are due and provided with a template setting out the dates within which we would like you to search the notes. The Bristol team will also give you instructions on how to enter the data online, and will be able to help you with any queries.



The Goal **436**

We are here **264**

## LOGS 'R' US!

- Please complete your temperature monitoring log weekly, and fax to your local centre if it goes out of range, which is 0°C to 25°C. If you are concerned about it getting warmer, don't worry, there are solutions (like fridges). Please talk to us before moving your patient packs.
- Please check the notes of any patients recruited within the last four weeks for SAEs;
- Last but not least, update your drug accountability log each time you receive packs or issue a pack to a patient.



## TIPS ON RECRUITING TO OSAC, FROM DR. (PROFESSOR) ALASTAIR HAY, CHIEF INVESTIGATOR AND GP

Alastair Hay is the Chief Investigator for the OSAC trial. He is a Professor of Primary Care Research at the University of Bristol, and also a GP at Concord Medical Practice in Bristol. Here are some tips on how this practice manages to recruit to OSAC:

- A site needs someone to champion the study in the practice and to keep reminding everyone about it.
- Alastair sets a regular appointment aside for OSAC. At Concord, this is 2:30pm every Wednesday afternoon, but it can be any day of the week, whichever best suits the practice. This timing means that the slot can be converted back to regular appointments if not booked for OSAC by 1pm.
- On Wednesday mornings ("OSAC Wednesdays") Alastair sends out an email to the entire practice team reminding them of the study and the eligibility criteria. He also asks all of the GPs to give any potentially eligible patients the trial leaflet, and ask if they would be willing to come back at 2:30 that day. If the patient agrees, the GP should book them into the 2:30 appointment, advise the patient that Alastair will phone them to discuss the trial and alert him that a potential participant has been booked.
- If a patient is booked in, Alastair will phone the patient to explain the trial, to explore eligibility further (this includes prescribing prednisolone on the practice's information system in order to be alerted to any contra-indications), and to give the patient the opportunity to ask any questions or raise any concerns.
- In addition, reception staff ask all patients requesting an appointment for cough, and aged 18 or over, if - in addition to booking an appointment as normal - they would be willing to receive a telephone call back from a member of the practice team to discuss participating in some research. If the patient agrees to this, they can then be phoned back by the designated Responsible or Recruiting Clinician to explore eligibility further.



**HANGING (IN) ON THE TELEPHONE...** Can you imagine making 7,848 telephone calls to patients? That is how many telephone calls Sue Harris and Kate Rowley are likely to have made to patients by the time OSAC is completed. Each patient is called five times in the first four weeks, and half of these (those whose cough is ongoing) will be contacted up to another four times in the subsequent month. On average, it takes three calls to get through to an OSAC patient (sometimes less, often more). Sue's and Kate's determination is what has kept OSAC's rate of primary care data loss to only 10%, when the investigators expected it to be 20%. One might say, OSAC brings out the heroic in all of us!

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