





# Clinical Trials Collaboration

Hospital & Primary Care

Dr John Lorains

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# Outline of Talk

?

# PoW

- Clatterbridge
- Arrowe Park
- Associated with CTU

# CV

- General Physician
- Geriatrician
- Diabetitian
- Acute Physician
- Involved in Pharma/academic studies
- “Invited” to join CTU
- JACK of all trades



# CTU?



# Introducing the CTU



ENTRA

Welcome to  
Wirral University Teaching Hospital  
NHS Foundation Trust



H H

It's only a cover





Kiefer  
Sutherland

stars as  
John Lorain  
In “24”

# Why be involved in Research?

- Academic
- Pharmaceutical

# Pharmaceutical

- Cash for UK Health Economy (local)
- Altruistic? New drug treatments should be trialed on UK population in part
- Different populations have different characteristics so drug effects may be different
- Genetics Diet Lifestyle

# Why do clinicians take part in Pharma studies?


- Genuine academic interest !
- Cash
- Subtle spin offs

# Incentives


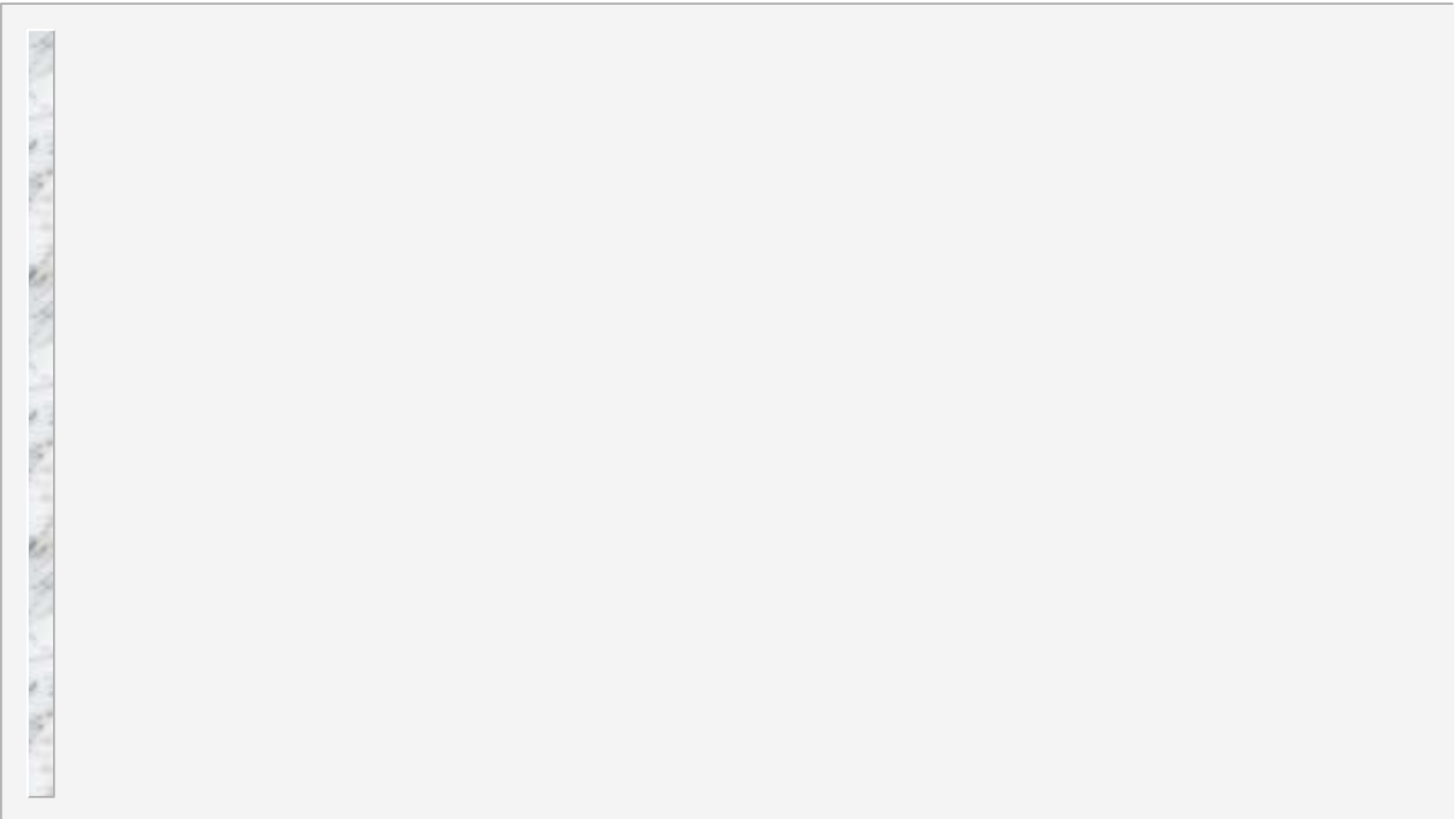
- Cash used to purchase
- Equipment
- Staff in post
- Staff education/courses.. NHS doesn't
- Patient activities/education
- Fund other research/audit activities

# What does Pharma want

- Need site/organisation to meet MHRA
- Get ethical approval
- Minimal Screening failures
- Target recruitment numbers on time
- Adherence to protocol
- Accurate data collection and recording - mostly online now
- Want to deal with 1 site/organisation not multiple



So what are the current  
problems?



# Secondary Care

- Chronic disease management being pushed into community
- Clinic follow up/new ratios being reduced
- Research base of patients being lost to 2ndry care
- But patient base has to be created it doesn't just happen

# MRC paper late 70's

- Defined 16 hr Oxygen treatment for COPD
- I'll tell you a story!

# Primary Care

- Primary Care Research Network (PCRN)
- Little involvement to date except academic linked Practices.
- Many problems in getting involved - and is it worth it?

# Requirements for Research

- GCP guidelines compliance
- Compliance with MRHA regulations
- Principle Investigator (PI) needs appropriate CV
- Skilled/Experienced research nurses

# Simple practical issues

- MHRA can inspect premises so need
- Safe storage/filing space
- Sample handling, spin, ice and despatch
- Storage fridge/freezer temps recorded
- Drugs stored correctly, counted out/in
- Location of special non portable equipment

# Could Primary Care be base for Research?

- Possibly....but
- GP would need to be PI/CI with relevant CV and GCP
- Premises and organisation would have to be up to standard
- Relevant skills for research nurse required

# So why collaboration?

- 2ndry care have expertise and experience
- 1ry care increasingly has the patients

# Barriers

- Who gets the dosh?
- Is there the interest and application in 1ry care?

# How can we create a long care patient research base?

- Need access to long care database
- Need to identify relevant groups of patients
- Ideally in advance and see if willing to consider participation in studies
- Who has the skills and resource to do this?

# Why do patients volunteer?

- Loyalty
- Altruistic - better scientific knowledge
- Chance of new treatment
- Kudos/Attention
  
- Need to Groom

# Recruitment & Retention

- Very important all 1ry care staff are very **POSITIVE** with patients regarding enrolment and follow-up

# Hub and Spoke acceptable?

- Slick central organisation would attract more funding from Pharma
- Progressive transfer of expertise from 2ndry care in support of 1ry care
- More dosh in local health economy should be win win

# Next Step?

## What would Jack do?

- Identify areas Pharma interested in.
- Set up Primary Care database
- Contact potential patients to see if interested in taking part in studies
- Let Pharma know database and trial staffing in place
- Wait and see



Clinical Trials Unit

WHIS Training

SOCIAL  
DEP



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