

Primary Care involvement

At the North East London Diabetes Research Network we have been keen to develop links within primary care and we regularly meet new with practices to initiate contacts that will hopefully help with the successful recruitment of patients into the trials being carried out in the area. One of the first practices in Hackney contacted by the network has led to a strong relationship with the practice that has given links to many other surgeries within the area. We would like to thank Dr David Keene for his help and support. Dr Keene writes below about his work and experience with the network.

My name is David Keene and I have been a GP in Hackney for the last 30 years. During that time there has been an enormous change in the ethnic mix of the population and in the management of diabetes. For more than 20 years I worked full time in general practice. In 2000 I decided to work part time for City and Hackney PCT as their referrals adviser and clinical director of the Clinical assessment Service. As a result, I became involved in writing clinical pathways and trying to understand clinical behaviours. I am now a clinical executive GP for ELIC (East London Integrated Care), an umbrella support organisation facilitating local GPs to deliver practice based commissioning and I am back working full time as a GP.

I am increasingly aware that most diabetics are managed exclusively in primary care using evidence gained from research carried out in secondary care. I have been the lead GP for diabetes in our practice for 20 years. We now have a practice prevalence of 4.5% and the management of diabetes takes an increasing proportion of our time. Our practice initiates and manages insulin in Type 2 and we are looking to prevent diabetes through an active weight management programme. We also recognise the diabetic risk from Hackney's unenviable position as having the highest incidence of obesity in the pre school age group (4-5 yrs) in the country and are about to set up a weight management programme for children.

I have no formal training in research. The scope for research in diabetes in primary care is huge. When I was approached by the DRN and asked if I was interested in using our practice as a clinical pool for research I readily agreed. What I needed was "hand holding". My previous attempts at research were doomed because I could not navigate the bureaucracy. The DRN have been very supportive and I am looking forward to participating in research projects within primary care, utilising our pool of patients and the general practice environment.

I find this opportunity very exciting and want to thank the DRN for enabling me to engage in research into diabetes within a primary care setting.

Study portfolio update

BanglaDiP

(Diabetes prevention in people from Bangladesh; a pilot trial in east London)

This pilot project is aimed at diabetes prevention in the Bangladeshi community in Tower Hamlets and will answer the following questions in primary care:

- Is it feasible to identify and recruit high risk Bangladeshi participants to a randomised trial of a behavioural/pharmacological intervention to prevent diabetes/CVD?
- Can the Cambridge Risk Score be used to identify participants with the metabolic syndrome from data held on general practice electronic records and what proportion of people are prepared to be screened and subsequently entered into a RCT
- What is the acceptability and practicality of lifestyle intervention in people originally from Bangladesh and what is the compliance with medication in otherwise well participants
- Is it feasible to follow-up greater than 90% of participants for at least 12 months

The study is in three phases:

Phase 1; invitation to and recruitment of Bangladeshi volunteers aged between 25 and 70, with no known diabetes from GP practices (identified using ethnicity code on electronic GP records) for health screen and OGTT (oral glucose tolerance test), in order to identify those at risk of diabetes (e.g. with IGT, IFG or metabolic syndrome).

Phase 2; identification and invitation to participate in the study of people at risk of developing diabetes by applying the Cambridge Risk Score to electronic GP patient records.

Phase 3; two hundred participants identified as being at risk of developing diabetes are entered into this intervention phase where they are initially randomised into one of two groups – Routine GP advice group or Healthy lifestyle classes group for one year. Six months after this, participants will be offered a second randomisation into a further two groups – Metformin only or Healthy lifestyle plus metformin. After one year the health screen and OGTT will be repeated to compare with baseline data.

So far, we have been working at 8 GP practices and 322 OGTT's have been carried out (288 via phase 1 and 34 via phase 2).

Of these, 316 participant samples have been analysed with the following findings:

- 9 people were found to have diabetes
- 164 were normoglycaemic
- 143 were at risk of developing diabetes

Of those at risk 87 have consented to phase 3 and been randomised into either 'routine care group' or 'healthy lifestyle group'.

Recruitment for phases 1 and 2 will stop at the end of October 2008, and phase 3 will continue until October 2009.

Chigwell open day

Staff from the NELondon DRN attended the Chigwell Show on the 30th & 31st August. This large community event was primarily a fun day with arts & crafts stalls, a funfair and various displays varying from a police dog display team to a motorcycle display team. The team were the only stall to be promoting health issues and as a result were kept busy throughout both days answering questions about the work carried out by the DRN.

The team offered free blood glucose and Blood Pressure checks. Those requesting testing included those with know diabetes or hypertension (high blood pressure) and those who wanted to be tested for these conditions. Anyone who was found to have an abnormal reading were advised to see their GP to have a repeat test to further investigate their risk of these conditions.

Throughout the weekend 228 Blood glucose tests were performed and 200 Blood pressures recorded. Of these 7 people not known to have diabetes were found to have a blood glucose reading above 10mmol/l and advised to see their GP for a fasting blood test. There were also several people with previously diagnosed diabetes who were advised to contact their GP for a review of their diabetes due to the possibility of a recent decline in their glycaemic control.

The team would like to thank Martin Lodemore the DRN Patient and Public Liaison Officer for his help on this day. We are also grateful for the help received by the members of our Lay Panel who gave up their time to come to the event and spent time encouraging people to come to our stall and have tests carried out.



Think Green, Act Green

At Barts and The London NHS Trust there is a positive drive towards recognising environmental awareness.

With expanding global industrialisation, there is a growing demand for energy. Every time we switch on a light or a computer, or turn up the heating, we burn fossil fuels such as coal, oil and gas, releasing carbon dioxide (CO₂) into the atmosphere and contributing to global warming.

The single most effective way for us to help the earth is to improve the way we use energy, at home, at work and in our transport choices. Barts and The London NHS Trust to taking a Trust wide initiatives to reduce energy consumption and to help our environment GO GREEN. Each small action taken by an individual can help in reducing carbon emissions and help combat climate change. There is a great need to "think globally, act locally".

In this newsletter, we are sharing some tips:

Lighting:

- Make maximum use of daylight.
- Don't switch on more lights than are needed.
- Always switch lights off if you are the last to leave an area – even if you are only leaving the room for a short time.

PC's and office equipment

- Switch off all computer terminals, printers and photocopiers at the end of the working day – do not leave on stand-by.
- Do not print e-mails unless you really need it and save paper by printing on both sides. □
- Do not leave any electrical equipment running overnight or at weekends – unless there is a special reason for doing so.

Heating and Cooling

- Turn off heaters – or turn the temperature down – if they are not needed and when you are the last to leave an area.
- Keep windows and doors closed when the heating is on.
- Keep windows and doors shut in air-conditioned areas.

Water

- Don't use more water than you need.
- Make sure taps are fully turned off and not left dripping.

Use a sink plug or bowl when washing dishes, rather than running water

Local News

Lay Panel Involvement

Gill Hood, NELonDRN attended the monthly meeting of the Hornchurch Diabetes UK Voluntary Group on Monday 15th September 2008 by kind invitation of the chairman, Mr Peter Scott and member Ann Prescott. This group is celebrating 30 years of membership and attendance is usually a robust affair with over 60 people. The meeting is an excellent way to network with members of the public and their family and other health professionals. After an excellent presentation from podiatrists at the local hospital Gill addressed the group and introduced the Diabetes Research Network. Of particular interest was the new and exciting treatments for both T1DM and T2DM and members were assured that many researchers are working tirelessly to improve treatments for all people with diabetes and those at risk. One study was discussed in depth for people over 70 who need to go onto insulin - the Levemir Study - and the advantages of being part of a research project was also highlighted. Members were also informed about the Public and Patient Involvement event on 4th December at The National Council for Voluntary Organisations Conference Suite near Kings Cross, London. Further details from Martin Lodemore at m.lodemore@imperial.ac.uk

Congratulations

The team would like to congratulate our research nurse Malar Saravanan on the recent birth of her beautiful baby girl.

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