



**An assessment of the resources used by General Practices in
the intervention arm of the PLEASANT study in sending out
the intervention**

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Report from the PLESANT Team

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1 Background of Pleasant Trial

The PLEASANT trial investigates whether a simple postal intervention delivered by Practitioner (GP) of children with asthma's General can mitigate an increase in the number of children with asthma in September having unscheduled medical contacts [1].

The return to school after the summer holidays is associated with an increase in children with asthma having unscheduled medical contacts. It has also been reported that immediately before the school return in August, the number of prescriptions collected falls and that those children who fail to get a prescription are more likely to see their doctor [2].

The postal intervention in PLEASANT was a letter sent to the parents of children with asthma reminding them of the importance continuing their medication prior to the return to school in September and as well the importance of having adequate medication to avoid the challenge associated with the return to school [1].

The study required half the GP practices to send out the postal reminder to the parents of the school-aged children with asthma, while other practices were control practices who did usual care.

The primary outcome for the study is the proportion of children who had an unscheduled medical contact in September [1].

One hundred and forty two practices were recruited and using the Clinical Practice Research Datalink to identify school-aged children with asthma.

One of PLEASANT's aims was to optimise usual clinical care and promote adherence to current prescribed medication. If it is successful the next step would be to get the intervention implemented into routine care. This can only be achieved if GP surgeries are willing to use the postal intervention again, a decision of which will be informed by an assessment of the intervention's cost effectiveness.

To help assess the cost effectiveness of the intervention a survey was distributed to those practices that sent the postal intervention. This is important for a health economic assessment which requires knowledge of the time taken to send the intervention, as well as who sent the intervention out, so that the cost of the intervention can be determined.

2 Aims of the Report

The aims of the survey were as follows:

- To find out the views of practice of the intervention
- To see if doc-mail was successfully used by practices

- To see how much time was required to send out the intervention.

3 Methods

The survey consisted of 9 questions, with mostly categorical answers. The questions focussed on 3 particular components relating to the trial, which were the:

- Overall impression of the intervention - to gauge insight in how the practices viewed the intervention and to assess if they would likely use the intervention again.
- Use of mail-out processes including the use of *DocMail* - *DocMail* is a type of mail-out process [3]. Practices were encouraged to use the *DocMail* service for PLEASANT. Each practice sent the names and addresses of the patients to a secure website for *DocMail* to send the intervention. The advantage of this *DocMail* was it helped the practices to send out the intervention at the appropriate time. However, if practices preferred, a hand post system could instead be used.
- Time taken to use different processes for the intervention and the staff role of those who performed it - this information will inform the study team to cost the trial intervention which is important for a health economic evaluation.

There was also a question for additional comments if practices had any additional information that felt was relevant to ease further use.

The survey was sent out to 70 practices that were in the intervention arm of the study with a £25 contribution made to the practices for taking part to cover their costs. The practices were given sent a reminder email after 4 weeks.

The survey distributed is given in the appendix.

4 Results

Twenty-four practices completed and returned the survey for analysis.

4.1 Overall Impression

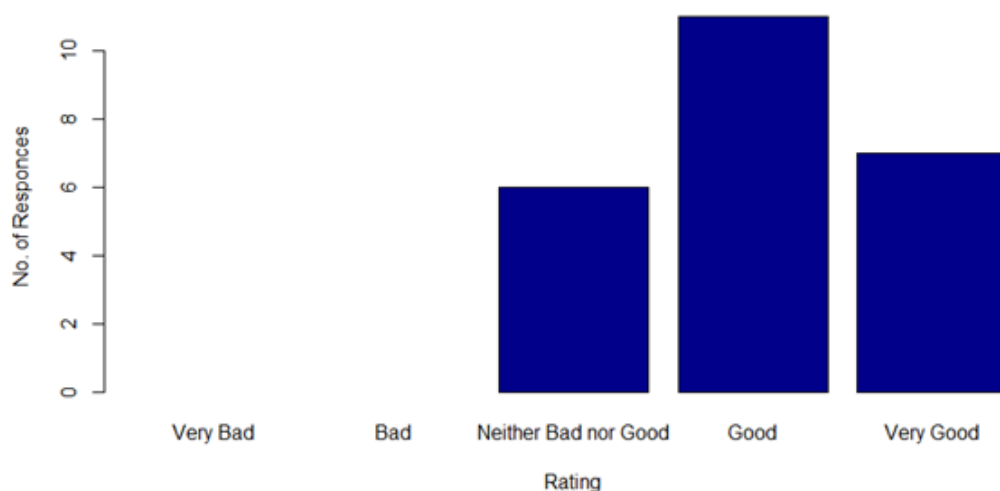
4.1.1 Intervention Rating

The intervention rating gives an overall summary of how well received the intervention was by the practices.

Table 1. Intervention rating

Intervention Rating	Count	%
Very Bad	0	0.0
Bad	0	0.0
Neither Bad or Good	6	25.0
Good	11	45.8
Very Good	7	29.2

Figure 1. Intervention Rating



No practices felt negatively about the intervention with the majority giving a ‘good’ or ‘very good’ rating, seen in Table 1 and Figure 1.

4.1.2 Reuse of Intervention

The practices were then asked, if the study was successful, would they use it again. All practices said that they would – see Table 2.

Table 2. Re-use of intervention

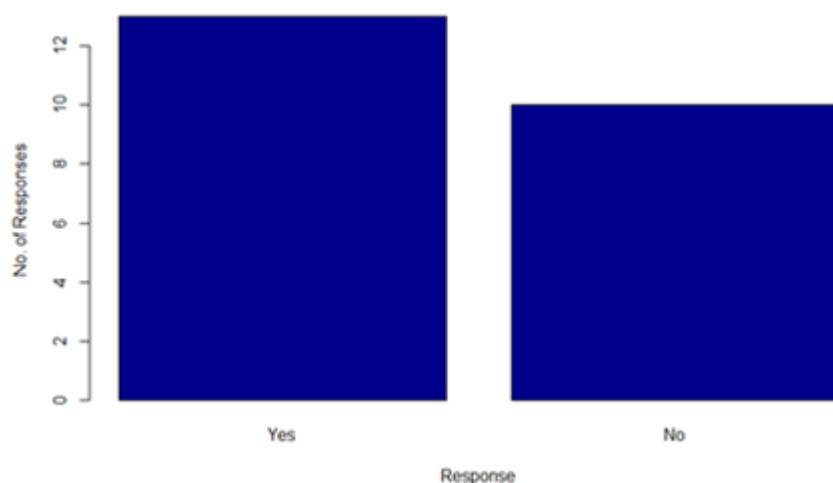
Would you use again?	Count	%
Yes	24	100.0
No	0	0.0

All practices indicated that they would use the intervention again if it is proved to be successful. Some practices reported that they had also given the intervention the year following the study - when the practices were asked if they sent a reminder in 2014, the majority (54.2%) said yes. The results are given in Table 3 and Figure 2.

Table 3. Was a reminder sent in 2014?

Send reminder in August 2014?	Count	%
Yes	13	54.2
No	10	41.6
No response	1	4.2

Figure 2. Re-use of intervention in 2014



4.1.3 Checking the List generated against the PLEASANT study

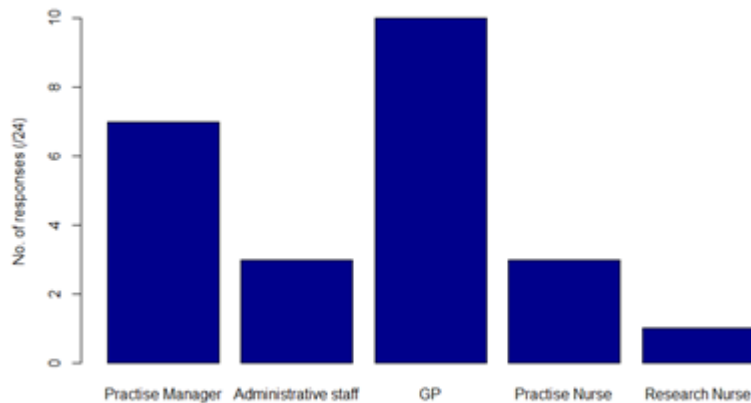
To send out the intervention, the Clinical Practice Research Datalink (CPRD) was used to identify patients. To start this process, CPRD created a list of eligible patients. This list was then sent to be checked by someone at the practice. The survey thus asked who did the checking and how long this took.

From Figure 3 and Table 4 it is evident that the most frequent role was GP followed by Practice Manager.

Table 4. Staff role of those who completed check list

Who completed check list generated against PLEASANT study criteria	Count	%
Practice Manager	7	29.2
Administrative Staff	3	12.5
GP	10	41.7
Practice Nurse	3	12.5
Research Nurse	1	4.1

Figure 3. Staff role of those who completed check list



It was seen in Table 5 and Figure 4 that many of the practices took 10 minutes to check 10 patient lists. However, over 50% of the practices took 6 minutes or less.

Table 5. Time taken to check list per 10 patients

Time taken to check list generated against PLEASANT study criteria	Count	%
10 patients per 2 minutes	4	16.7
10 patients per 5 minutes	5	20.8
10 patients per 6 minutes	4	16.7
10 patients per 10 minutes	10	41.7
Not available	1	4.1

Figure 4. Time taken per 10 patient for check list

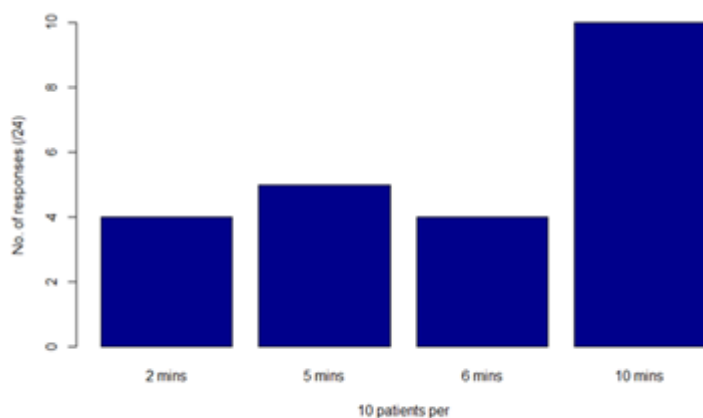


Table 6 shows the relationship between role of the person checking the list to time taken to check the list for 23 of the practices. One practice had a missing role for whom it took 6 minutes. There seems

to be no relationship between role and time. In particular, practice manager and GP appear to be very similar in time taken.

Table 6. Time taken per 10 patient for check list

Time taken to check list per 10 patients by staff roles	2 minutes	5 minutes	6 minutes	10 minutes
Practice Manager	2	1	1	3
Administrative Staff	0	0	1	2
GP	2	3	1	3
Practice Nurse	0	1	1	1
Research Nurse	0	0	0	1

4.2 Mail-out Processes

One of the aims of this report is to identify how many practices used the *DocMail* mail-out process that was recommended by the trial.

Table 7. Number of practices using DocMail

What Mail out was used	Count	%
Doc-mail	16	66.7
Other	8	33.3

As seen in Table 7. the majority of practices used *DocMail*, on recommendation from the trial protocol. However, a third of practices did not; opting to mail the patients' parents themselves.

Table 8. Number of practices that sent out 2014 reminder by mail-out

What Mail out was used	No. of practices that sent out reminder in 2014	
	Yes	No
Doc-mail	9	7
other	4	3

Table 9. Time taken to use DocMail

Time taken to use <i>DocMail</i> process in total	Count	%
Under 30 minutes	11	68.7
30-60 minutes	3	18.7
1-1.5 hours	1	6.3
1.5-2 hours	1	6.3

From the results in Figure 5 and Table 9, most practices reported that the DocMail system took less than half an hour to use with only 2 practices stating it took them more than an hour.

Figure 5. Time taken to use DocMail

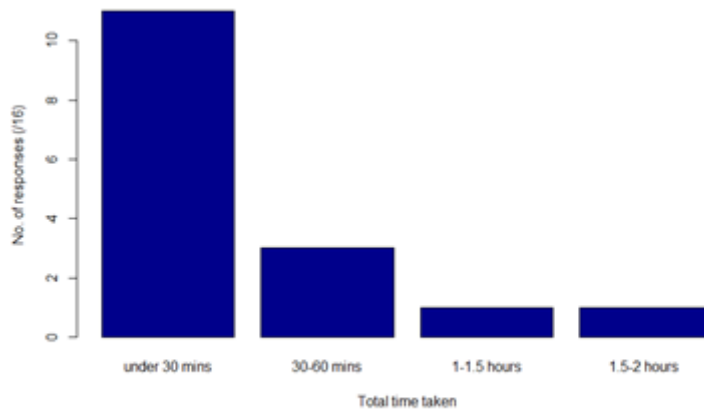


Table 10. Time to taken to use other mail out processes

Time taken per 10 patients mailed using another mail-out process	Count	%
5 minutes	2	25.0
15 minutes	4	50.0
20 minutes	1	12.5
Not available	1	12.5

Table 10 and Figure 6 show how long the other mail out processes took per 10 patients. Most (50%) stated that 15 minutes were required per 10 patients, with 2 practices stating 5 minutes and another 20 minutes.

Figure 6. Time taken to use other mail out processes

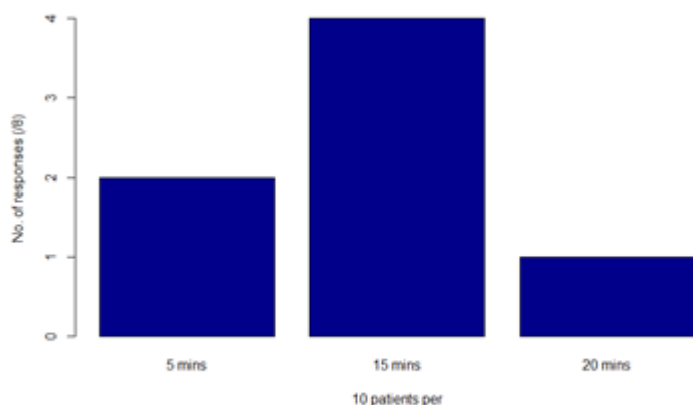


Table 11. Role of who conducted the mail-out

Who conducted the mail out?	Count	%
Practice Manager	8	33.3
Administrative Staff	15	62.5
Not available	1	4.2

Most centres opted to use their Administrative Staff to perform the mail out while Practice Managers did it in others (see Table 11).

Table 12. Time taken by role using other mail-out

Time taken per 10 patients by staff role using other mail-out	5 minutes	15 minutes	20 minutes
Practice Manager	0	1	0
Administrative Staff	2	3	1

Table 13. Time taken by role using *DocMail*

Time taken by staff role using <i>DocMail</i>	Under 30 minutes	30-60 minutes	1-1.5 hours	1.5-2 hours
Practice Manager	4	2	0	1
Administrative Staff	6	1	1	0

Table 12 and Table 13 show the time taken for each process. Although not directly comparable, it appears that the *DocMail* process was very efficient.

4.3 Extracting patients from patients records

The practice was asked to imagine that it intends to reissue the intervention and so must extract a list of patients from the practice's records who have received an asthma prescription in the last 12 months.

Table 14. Time taken to extract patient records

Time taken to extract patients from records	Count	%
Under 30 minutes	13	54.2
30-60 minutes	9	37.5
1-1.5 hours	1	4.2
2-3 hours	1	4.2

Figure 7. Time taken to extract patients' records

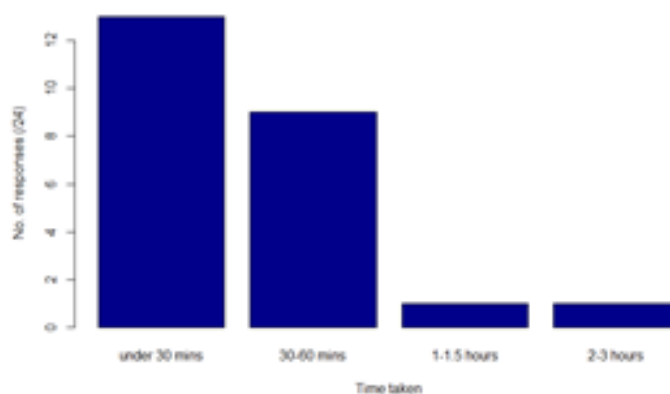


Table 14 and Figure 7 show that most practices believe that this task could be performed in under 30 minutes.

Table 15. Job type of person extracting patients' records

Who would conduct extracting the patients' records?	Count	%
Practice Manager	9	37.5
Administrative Staff	11	45.8
GP	4	16.7

Figure 8. Role type of those extracting patients' records



Table 16. Time taken to extract patients' records by role

Time taken to extract patients records by role	Under 30 minutes	30-60 minutes	1-1.5 hours	2-3 hours
Practice Manager	5	3	0	1
Administrative Staff	6	5	0	0
GP	2	1	1	0

Most practices, seen in Table 15, use Administrative staff to extract patients' records while others use practice managers and GPs. No role is more efficient at performing this task, as seen in Table 16.

5 Discussion

The results of the survey indicated that nearly all the practices who completed the survey felt positively about the use of the intervention. This was made most clear by the fact that over half the practices had sent the intervention on their own accord the following year. All practices claimed that if the intervention was shown to be successful, they would send out the intervention.

It was seen that most practices opted to use Administrative staff and Practice Managers to implement the administrative tasks needed to implement the intervention such as extracting data and mailing out the intervention. In most practices a GP checked the list that met the PLEASANT study inclusion criteria. However, it should be noted that if the intervention was repeated in the same practice this task might become more straightforward to do in subsequent years.

The use of the mail out service *DocMail* appears to have been well received, with most of the practices that used it stating the whole process took less than half an hour to complete. In comparison to other mail out methods that required, on average, 20 minutes per 10 patients, the *DocMail* system seems to be a more efficient system. It should be recommended to those practices that wish to use the intervention to consider a system like *DocMail*.

Further use of the intervention, outside of the trial, would require GP practices to use their own records to identify children with asthma who may benefit from the intervention. The survey revealed that most practices considered this task to be small and did not require much additional time, with most practices needing only 30 minutes and very few needing more than an hour.

6 Conclusion

This report aimed to provide a clear overview of the implementation of the letter intervention by the GP practices and to assess the time taken to send the intervention out to inform the health economic evaluation. With an overall positive reaction from all the practices it is hoped that, conditional on the results in PLEASANT, the intervention will be implemented by many GP practices to help to avoid unscheduled medical contacts in September.

7 References

- [1] Horspool, Michelle, et al. "Preventing and lessening exacerbations of asthma in school-age children associated with a new term (PLEASANT): study protocol for a cluster randomised control trial." *Trials* 14.1 (2013): 297.
- [2] Julious SA, Campbell MJ, Bianchi SM & Murray-Thomas T (2011) Seasonality of medical contacts in school-aged children with asthma: association with school holidays. *Public Health*, 125(11), 769-776.
- [3] <http://www.docmail.co.uk/2013/> [last accessed 23.04.15]

8 Appendix

8.1 The Questionnaire sent out to practices

Q21



Q7 Thank you for completing this short questionnaire about your involvement in the PLEASANT trial. The questionnaire consists of a few short questions (on 3 pages) to obtain your feedback on the intervention. The intervention in PLEASANT was a letter sent to parents of children with asthma reminding them of the importance continuing their medication prior to the return to school in September and emphasising the importance of having adequate medication.

Q1 1. How did you rate the intervention in the PLEASANT trial?

- Very Bad (1)
- Bad (2)
- Neither Bad nor Good (3)
- Good (4)
- Very Good (5)

Q2 2. If PLEASANT trial demonstrates a positive effect for the intervention would you be happy to implement the intervention as part of routine care?

- Yes (1)
- No (2)

Q8 3. Did you send reminder letters to parents of children with asthma in August of this year (2014)?

- Yes (1)
- No (2)

Q10 4. How quickly were you able to check the list generated against the PLEASANT study criteria?

- 10 patients per 2 minutes (1)
- 10 patients per 5 minutes (2)
- 10 patients per 6 minutes (3)
- 10 patients per 10 minutes (4)

Q11 5. Who checked the list?

- Practice manager (1)
- Administrative staff (2)
- Receptionsit (3)
- GP (4)
- Practice Nurse (5)
- Other (6) _____

Q24 6. Did you use doc-mail or another mail-out process?

- Used doc-mail (1)
- Used another mail-out process (2)

Q12 6a. If you used doc-mail, how long did the doc-mail process take in total?

- Under 30 minutes (1)
- 30 - 60 minutes (2)
- 1 - 1.5 hours (3)
- 1.5 - 2 hours (4)
- 2 - 3 hours (5)
- 3 - 6 hours (6)
- More than 6 hours (7)

Q13 6b. If you used another mail-out process (e.g mail-merge and manually stuffing envelopes), how long did it take per 10 patients mailed?

- 10 per 5 minutes (1)
- 10 per 15 minutes (2)
- 10 per 20 minutes (3)
- 10 per 30 minutes (4)

Q14 7. Who did the mail-out?

- Practice manager (1)
- Administrative staff (2)
- Receptionist (3)
- GP (4)
- Practice Nurse (5)
- Other (6) _____

Q15 8. Imagine your practice intends to send a letter to all school aged children with asthma who have received a prescription in the previous 12 months. How long would you expect it to take to extract a list of patients from your patient records?

- Under 30 minutes (1)
- 30 - 60 minutes (2)
- 1 - 1.5 hours (3)
- 1.5 - 2 hours (4)
- 2 - 3 hours (5)
- 3 - 6 hours (6)
- More than 6 hours (7)

Q16 9. Who would do the task described in the previous question?

- Practice manager (1)
- Administrative staff (2)
- Receptionsit (3)
- GP (4)
- Practice Nurse (5)
- Other (6)

Q3 10. Any additional comments?

Q18 Thank you for completing this feedback questionnaire on the PLEASANT study - your responses are appreciated. A member of the PLEASANT team (Helen Wakefield) will contact you in the next few days regarding the £25 payment that your practice will receive for completing the questionnaire. Please click the button to submit your responses and exit the survey [>>].