

Evaluation of the effect of peer educators on uptake of mobile x-ray unit (MXU) screening for tuberculosis (TB) among hard-to-reach groups (homeless people and substance misusers)

Submission date 14/03/2014	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered
Registration date 06/05/2014	Overall study status Completed	<input type="checkbox"/> Protocol
Last Edited 24/09/2015	Condition category Infections and Infestations	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Background and study aims

Mobile digital X-ray screening for tuberculosis (TB) - a London initiative called 'Find&Treat' - has been shown to be highly clinically and cost-effective in tackling TB in hard-to-reach groups (homeless people, substance misusers and prisoners). However, the overall impact of the intervention is dependent on achieving a high rate of uptake. This presents unique challenges among this population who are often hard to engage. Our preliminary work has shown that use of financial incentives is operationally problematic in this population but trained peer educators, who have direct experience of TB with homeless and / or drug and alcohol addiction, are potentially a valuable health promotion resource and can educate and motivate hard to reach groups to take up the offer of voluntary screening. There is a cost to the use of peer educators and therefore a need to formally evaluate effectiveness. Currently normal practice is to rely on staff from the Mobile X-ray Unit (MXU) to liaise with homeless sector staff to promote uptake which results in about 50% of residents accepting screening. The study aims to determine the effect of peer educator on uptake of MXU screening.

Who can participate?

This is a hostel centred health promotion project, thus residential homeless hostels within London being offered NHS-led mobile X-ray screening for TB are eligible to participate. However, hostels with 80% or more uptake rate from previous screening are excluded.

What does the study involve?

Hostels were randomly allocated on a rolling basis to either the intervention (use of peer educator) or to the control arm (normal practice - use of MXU and hostel staff) by minimisation on using a text messaging randomisation service provided by Sealed Envelope (<http://www.sealedenvelope.com>). On the day of the screening: the study team observed the screening session and discreetly grade each hostel on the level of support provided by staff to maximise uptake. The hostels were scored on active participation of staff, staff level of awareness that screening is taking place, visible display of posters about screening in communal areas, and

evidence that screening information was disseminated to residents prior to screening. Also noted was: overall level of participation of staff allocated to the screening, their efforts to engage with resident and promote uptake such as door knocking at residential hostels; peers were evaluated on their time keeping; external factors likely to influence uptake such as the weather, residents' accessibility to the location of the van, and if incentives were provided by the hostel.

What are the possible benefit and risks of participating?

Peer educators are appropriately trained and highly supported by Groundswell, a professional service user involvement organisation. We have found that their involvement appears not only to increase uptake of tuberculosis screening and heighten awareness of TB, but also has a positive effect on the uptake of other health interventions such as needle exchange and blood borne virus screening. We envisage the risk associated with this study is primarily related to the control arm not accessing peer education. However, there is insufficient evidence to justify the resource necessary to provide peer education to all settings screened.

Where is the study run from?

This TB Reach study has been set up by the Royal Free NHS Foundation Trust in collaboration with 'Find&Treat' under the University College London Hospitals NHS Foundation Trust (UK).

When is the study starting and how long is it expected to run for?

February 2012 to October 2013.

Who is funding the study?

National Institute for Health Research (NIHR) (UK).

Who is the main contact?

Dr Andrew Hayward
a.hayward@ucl.ac.uk

Contact information

Type(s)

Scientific

Contact name

Dr Andrew Hayward

Contact details

Reader Infectious Disease Epidemiology
Research Department of Infection and Population Health
Royal Free Campus
Rowland Hill Street
London
United Kingdom
NW3 2PF
+44 (0)20 7472 6777
a.hayward@ucl.ac.uk

Additional identifiers

Protocol serial number

TB Reach Sub-Study 3 : RP-PG-0407-10340 : 10/H0302/51

Study information

Scientific Title

Cluster randomised controlled trial of peer intervention on uptake of MXU screening for TB among hard-to-reach groups (homeless people and substance misusers).

Study objectives

Using trained peer educators who have direct experience of TB with homelessness and/or substance misuse to educate and motivate hard-to-reach groups is a valuable health promotion resource to increase uptake of mobile digital radiography screening.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Essex 2 NRES Committee East of England - Cambridge, 08/02/2011, ref: 10/H0302/51

Study design

Cluster randomised controlled trial

Primary study design

Interventional

Study type(s)

Screening

Health condition(s) or problem(s) studied

Tuberculosis

Interventions

Random allocation of homeless residential hostels to either peer or MXU / hostel staff supported mobile digital X-ray TB screening of hard-to-reach groups.

Intervention Type

Other

Phase

Not Applicable

Primary outcome(s)

Aggregate data comparing uptake of the offer of screening between intervention and control arm using the bed-list as the denominator.

1. Number of residents eligible for screening will be determined from hostels' records.
2. Number accepting screening will be determined from the MXU screening records.

Key secondary outcome(s)

Internal and external factors influencing screening such as the active participation of staff and peers, the weather, and the use of incentives by the participating hostel.

Completion date

31/12/2013

Eligibility

Key inclusion criteria

Residents of participating homeless hostels within London who have not been screened in the 6 months prior to the scheduled MXU screening session.

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Sex

All

Key exclusion criteria

Residents of the participating homeless hostels who have been screened within 6 months of the scheduled MXU screening.

Date of first enrolment

01/01/2012

Date of final enrolment

31/12/2013

Locations

Countries of recruitment

United Kingdom

England

Study participating centre

University College London

London

United Kingdom

NW3 2PF

Sponsor information

Organisation

University College London (UK)

ROR

<https://ror.org/02jx3x895>

Funder(s)

Funder type

Government

Funder Name

National Institute for Health Research (NIHR) (UK) ref: NIHR PGFAR RP-PG-0407-10340

Alternative Name(s)

National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type

Government organisation

Funding Body Subtype

National government

Location

United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	21/09/2015		Yes	No