

# Developing and evaluating the effectiveness of educational prompts in improving diabetes care

**Submission date**

05/07/2005

**Recruitment status**

No longer recruiting

☐ Prospectively registered

☒ Protocol

**Registration date**

25/07/2005

**Overall study status**

Completed

☐ Statistical analysis plan

☒ Results

**Last Edited**

17/08/2018

**Condition category**

Nutritional, Metabolic, Endocrine

☐ Individual participant data

**Plain English summary of protocol**

Not provided at time of registration

## Contact information

**Type(s)**

Scientific

**Contact name**

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## Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

2005DIAB002

# Study information

## Scientific Title

Developing and evaluating the effectiveness of educational prompts in improving diabetes care

## Study objectives

In general practices receiving glycaemic educational messages attached to laboratory test reports, compared to those practices not, the number of HbA1c test requests will be higher and the mean HbA1c value will be lower. Similarly for cholesterol messages the number of cholesterol tests will be higher and the mean cholesterol value will be lower.

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

Not provided at time of registration

## Study design

Randomised controlled trial

## Primary study design

Interventional

## Secondary study design

Randomised controlled trial

## Study setting(s)

GP practice

## Study type(s)

Not Specified

## Participant information sheet

## Health condition(s) or problem(s) studied

Diabetes mellitus

## Interventions

Short educational messages added to paper and electronic general practice laboratory test reports of Haemoglobin A1c (HbA1c).

Practices, stratified by list size, will be randomly allocated to each intervention (glycaemic control educational messages and cholesterol control educational messages) independently. In the first randomisation, practices will be allocated to receive the glycaemic educational messages or control (no glycaemic educational messages). In the second randomisation, practices will be allocated to receive the cholesterol educational messages or control (no cholesterol educational messages). This will result in four groups:

1. Practices receiving glycaemic and cholesterol educational messages
2. Practices receiving only glycaemic educational messages
3. Practices receiving only cholesterol educational messages
4. Practices receiving no educational messages

This will allow comparisons of the separate and combined effects of the two educational message interventions.

**Intervention Type**

Other

**Phase**

Not Specified

**Primary outcome measure**

Number of HbA1c and cholesterol tests requested (standardised for practice size) and the general practice mean levels of HbA1c and cholesterol.

**Secondary outcome measures**

No secondary outcome measures

**Overall study start date**

01/07/2005

**Completion date**

31/07/2006

**Eligibility****Key inclusion criteria**

General practices in Newcastle upon Tyne

**Participant type(s)**

Patient

**Age group**

Other

**Sex**

Both

**Target number of participants**

39 practices

**Key exclusion criteria**

Does not meet inclusion criteria

**Date of first enrolment**

01/07/2005

**Date of final enrolment**

31/07/2006

**Locations**

**Countries of recruitment**

England

United Kingdom

**Study participating centre**

**Centre for Health Services Research**

Newcastle upon Tyne

United Kingdom

NE2 4AA

**Sponsor information****Organisation**

Newcastle Primary Care NHS Trust (UK)

**Sponsor details**

Research and Development Department

Benfield Road

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England

United Kingdom

NE6 4PF

+44 (0)191 219 6132

alison.emslie@newcastle-pct.nhs.uk

**Sponsor type**

Hospital/treatment centre

**Funder(s)****Funder type**

Hospital/treatment centre

**Funder Name**

Newcastle Primary Care NHS Trust (UK) (ref: 2005DIAB002) - The funding comes from service development rather than NHS R&D monies.

**Results and Publications**

## Publication and dissemination plan

Not provided at time of registration

## Intention to publish date

## 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?
<a href="#">Protocol article</a>	protocol	24/07/2007		Yes	No
<a href="#">Results article</a>	results	16/12/2011		Yes	No