

Optimizing delivery of health care interventions

Submission date 17/10/2012	Recruitment status No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
Registration date 17/10/2012	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 26/08/2016	Condition category Other	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Background and study aims

The European level of alcohol consumption, and the subsequent burden of disease, is high compared to the rest of the world. While screening and brief interventions in primary health care are cost-effective, in most countries they have been rarely used in routine primary health care. This study aims to examine the effectiveness and efficiency of three implementation strategies which target key barriers for improvement: training and support to address lack of knowledge and motivation in healthcare providers, financial reimbursement to compensate the time investment, and referral to an internet-based programme to reduce workload. This study will collect data from Catalan, English, Netherlands, Polish and Swedish primary health care units on screening and brief advice rates for hazardous and harmful alcohol consumption.

Who can participate?

A total of 120 primary health care units will be included, equally distributed over the five countries. In England 24 GP practices will be enrolled; 12 in northeast England and 12 in London. Eligible GP practices will have about 5,000-20,000 registered patients. Within each GP practice, eligible health care providers will include any fully trained medical practitioner, nurse or practice assistant with a non-temporary employment contract working in eligible GP practices, and involved in direct medical and/or preventive care. Each health care provider individually will decide whether to sign up for the study.

What does the study involve?

The three implementation strategies will be provided separately and in combination in a total of seven intervention groups and compared with a control group who will provide treatment as usual. Each GP practice will be randomly allocated to one of the eight groups by the European coordinating centre. The health care providers will record their screening and brief advice activities at baseline (4 weeks), throughout the implementation period (12 weeks), and throughout the follow-up period (4 weeks).

What are the possible benefits and risks of participating?

Direct benefits to some GP practices will be in the form of training, payments and/or an internet support package. Patients may indirectly benefit due to an increase in screening and brief advice and support. There are no risks highlighted in taking part in the study.

Where is the study run from?

Goetheborgs Universitet and Linkopings Universtet, Catalonia

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

January 2013 to April 2014

Who is funding the study?

Seventh Framework Programme, European Commission

Who is the main contact?

Dr Kathryn Parkinson

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Contact information

Type(s)

Scientific

Contact name

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Additional identifiers

Protocol serial number

12870

Study information

Scientific Title

Optimizing delivery of health care interventions (ODHIN)

Acronym

ODHIN

Study objectives

The optimizing delivery of health care interventions study (ODHIN) is a Europe-wide project that will help to optimize the delivery of health care interventions by understanding how better to translate the results of clinical research into every day practice. ODHIN will use hazardous and harmful alcohol consumption in primary health care as a case study investigating the implementation of identification and brief intervention programme. This is an ideal health issue

to investigate implementation of interventions because there is strong evidence for the effectiveness and cost-effectiveness of brief interventions in reducing hazardous and harmful alcohol consumption, but they are not routinely delivered by primary health care providers.

The aim of work package 5 is to study the improvement rates of alcohol screening and brief intervention activities in a cluster randomised controlled factorial trial with five arms (Catalonia; England; the Netherlands; Poland; Sweden) and three time phases (baseline; 12 week implementation period; 4 week follow-up period after 6 months has elapsed from end of implementation period). It will test the impact in primary health care (training and support; financial reimbursement; referral to an internet-based brief intervention package [e-BI]; the former strategies singly or in combination) on screening and brief intervention rates for Hazardous and harmful alcohol consumption compared with practice receiving treatment as usual (i.e. control group).

The English arm of the study will be conducted by Newcastle University in northeast England, and by King's College London in London. The unit of randomisation will be GP practices, and the participants will be the health care providers working within the GP practices. The two primary outcome measures will be screening and brief advice rates for patients. The results will add to the knowledge of how best to integrate evidence-based health intervention into primary health settings.

Ethics approval required

Old ethics approval format

Ethics approval(s)

NRES Committee: South West - Central Bristol, 13/09/2012 ref: 12/SC/0439

Study design

Randomised interventional trial

Primary study design

Interventional

Study type(s)

Prevention

Health condition(s) or problem(s) studied

Primary Care Research Network for England: all Diseases

Interventions

GP practices will be randomised to one of 8 groups. All participating health professionals within each practice will be in the same group. Each will be given either training and support; financial reimbursement; referral to an internet-based brief intervention package [e-BI]; or a combination of the former strategies or none (i.e., control group).

Follow Up Length: 6 months

Intervention Type

Other

Phase

Not Applicable

Primary outcome(s)

Screening rates and brief advice rates measured at baseline and followed up after 4 weeks, 8 weeks, 12 weeks.

Key secondary outcome(s)

No secondary outcome measures

Completion date

31/12/2013

Eligibility

Key inclusion criteria

1. GP practices will have an approximate size of 5,000-20,000 registered or listed patients. Eligible health care providers will include any fully trained medical practitioner, nurse or practice assistant with a non-temporary employment contract, working in the GP practice and involved in medical and/or preventive care.
2. Male and female participants
3. Aged 18 years and above

Participant type(s)

Health professional

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 years

Sex

All

Key exclusion criteria

If practice is already participating in an alcohol-related research study

Date of first enrolment

01/11/2012

Date of final enrolment

31/12/2013

Locations

Countries of recruitment

United Kingdom

England

Study participating centre
Newcastle University
Newcastle Upon Tyne
United Kingdom
NE2 4HH

Sponsor information

Organisation
Newcastle University (UK)

ROR
<https://ror.org/01kj2bm70>

Funder(s)

Funder type
Government

Funder Name
Seventh Framework Programme

Alternative Name(s)
EC Seventh Framework Programme, European Commission Seventh Framework Programme, EU Seventh Framework Programme, European Union Seventh Framework Programme, FP7

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location

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	01/11/2016		Yes	No
Protocol article	protocol	24/01/2013		Yes	No
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes
Study website	Study website	11/11/2025	11/11/2025	No	Yes