Brief health promotion intervention in walk-in unit: Randomised controlled trial

Submission date	Recruitment status No longer recruiting	Prospectively registered		
13/07/2017		☐ Protocol		
Registration date 03/08/2017	Overall study status Completed	Statistical analysis plan		
		[X] Results		
Last Edited	Condition category	[] Individual participant data		
30/07/2019	Respiratory			

Plain English summary of protocol

Background and study aims

Long term conditions specifically heart disease, cancers, respiratory diseases and type 2 diabetes are major causes of non-accidental premature deaths before the age of 65. They are strongly linked to avoidable risky lifestyle behaviours explicitly obesity, smoking and overuse of alcohol. Locally, the health of people in Portsmouth is stated to be varied compared to England average. There are 23% people that smoke 24%, that over use alcohol and 52% that are overweight and obese. Health promotion and public health interventions are needed to improve the state of health for the people in Portsmouth. The local minor injuries and illness unit has not previously been involved in proactive opportunities brief health promotion. As patient usually has to sit for a long time and wait for an appointment at local minor injuries and illness units, this provides an opportunity to make a difference and utilize the time patient spending waiting to provide health promotion, especially as men are known to delay in seeking medical services. A referral to a Wellbeing service in the area could be beneficial for those who smoke, overuse alcohol, and are overweight as these are avoidable causes of premature death and long term health conditions. The aim of this study is to explore the feasibility, acceptability and effectiveness of the implementation of opportunistic brief health promotion intervention on smoking, alcohol and obesity at the local minor injuries and illnesses walk in centre.

Who can participate?

Adults aged between 16 to 75 who are not already under services for management of diabetes.

What does the study involve?

Participants are randomly allocated to one of three groups at time of consultation with the study team. Those in the first group receive an immediate intervention within 20 minutes of their consultation which includes a health conversation about their risky life style behaviour, assess readiness to change behaviour, an information leaflet and a referral. Those in the second group receive the same as the first group; however they do not receive an offer of referral and instead have a delayed offer of referral with a nurse practitioner around 10-240 minutes after the consultation. Those the first group do not receive an intervention at the initial consultation but receive it during a consultation 10-240 minutes after. There is no follow up for participants.

What are the possible benefits and risks of participating?

Participants may benefit from receiving information on how to change their unhealthy lifestyle behavior and be referred to the free Wellbeing services. There are no risks with participating, however some of the questions may be felt as sensitive as they ask about alcohol, weight and smoking.

Where is the study run from? St Mary's NHS Treatment Centre (Portsmouth)

When is the study starting and how long is it expected to run for? October 2014 to July 2017

Who is funding the study? Investigator initiated and funded (UK)

Who is the main contact? Cindy Chacha Mannie cindy.chacha@careuk.com

Contact information

Type(s)

Public

Contact name

Ms Cindy Chacha Mannie

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Additional identifiers

Protocol serial number 155853

Study information

Scientific Title

A pragmatic single blinded randomised control trial to explore the effectiveness of immediate and delayed brief health promotion intervention (smoking cessation, weight management and alcohol intervention) among 16-75 year old at risk clients presenting to a minor injuries and illnesses unit

Study objectives

Immediate intervention, written information and time to reflect will increase the uptake of referrals to Wellbeing services at consultation stage.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Northern Ireland Ethics Proportionate review, 18/06/2015, ref: 15/NI/0123

Study design

Feasibility utilising mixed methods on smoking, BMI 25 and over, overuse of alcohol brief healthy conversation and offer of referral

Primary study design

Interventional

Study type(s)

Quality of life

Health condition(s) or problem(s) studied

Screening for smoking status, asking about weight and height to calculate BMI and overuse of alcohol 28 units for men at the time. After screening and mostly self reported on adapted form. They were offered brief health conversation, asked if read to change, offer to refer to Well being Service

Interventions

Eligible participants who fill out the self-declared behaviour (smoker, BMI 25 and over and alcohol over 21-28 units at the time) on the mandatory booking-in-form receive an immediate consultation where they are invited to join the study. After signing consent, participants are randomised using sealed envelope in a box. Treatment then continued as planned, immediate, or immediate with no offer of referral but time to thing and delayed intervention

The three arms include:

Arm A1: Participants receive immediate intervention, within 20 minutes of initial consultation (healthy conversation about risky lifestyle behaviour), information, assess for readiness to modify behaviour, written leaflet on specific behaviour and offer of referral.

Arm A2: Participants receive immediate intervention within 20 minutes of initial consultation (healthy conversation about risky lifestyle behaviour), information, assess for readiness to modify behaviour, written leaflet on specific behaviour and NO offer of referral, rather delayed offer of referral with nurse practitioner at time of full consultation which can be 10-240 minutes waiting time from initial assessment.

Arm B: Participants do not any intervention at initial consultation but are given the intervention (healthy conversation about risky lifestyle behaviour), information, assess for readiness to modify behaviour and written information leaflet on the specific behaviour during full consultation 10 minutes-240 minutes waiting time from initial assessment.

Consistency in intervention was important while taking into consideration individuality of clients and nurse practitioners.

There was no follow up of participants. Intervention ended at the end of a consultation. Participants that were followed up were only those that were referred to the Wellbeing service. They were followed up by the Wellbeing service after we emailed the referral form

Intervention Type

Behavioural

Primary outcome(s)

Number of referrals done are measured using the referral forms attached to the research checklist at the end of the consultation.

Key secondary outcome(s))

Time taken to have the healthy conversation is measured by using the mean and mode from the time taken as recorded by the clinician on the research checklist form at the end of the consultation.

Completion date

17/07/2017

Eligibility

Key inclusion criteria

- 1. Aged between 16 and 75
- 2. English speaking
- 3. Not already under secondary services namely management of diabetes

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Sex

Αll

Total final enrolment

204

Key exclusion criteria

- 1. Emergencies
- 2. Language barrier- offered service but not included in study
- 3. Mental ill health

Date of first enrolment

01/07/2015

Date of final enrolment

16/12/2015

Locations

Countries of recruitment

United Kingdom

England

Study participating centre St Mary's NHS Treatment Centre

Minor Injuries and Illness Unit Milton Road Portsmouth United Kingdom PO3 6DW

Sponsor information

Organisation

University of Portsmouth

Organisation

St.Marys NHS Treatment Centre

Organisation

University of Portsmouth

ROR

https://ror.org/03ykbk197

Funder(s)

Funder type

Not defined

Funder Name

Investigator initiated and funded

Results and Publications

Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are/will be available upon request from Cindy Chacha Mannie at cindy.chacha@careuk.com

IPD sharing plan summary

Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Basic results		11/10/2018	11/10/2018	No	No
HRA research summary			28/06/2023	No	No
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes