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Evaluating a risk factor checklist and training video for GPs as a means of reducing practice variation in referral for glue ear.

Submission date 23/01/2004	**Recruitment status** No longer recruiting	[_] Prospectively registered [_] Protocol [_] Statistical analysis plan [X] Results [_] Individual participant data
Registration date 23/01/2004	**Overall study status** Completed	
Last Edited 21/12/2009	**Condition category** Ear, Nose and Throat	

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

Protocol serial number
PSI B-6

Study information

Scientific Title

Study objectives
To evaluate the effect of a risk factor checklist and educational training video on glue ear for general practitioners in reducing practice variation and improving the appropriateness of referral to ENT.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Not provided at time of registration

Primary study design
Interventional

Study design
Randomised controlled trial

Study type(s)
Other

Health condition(s) or problem(s) studied
Glue ear; otitis media

Interventions
Each practice was randomised to one of the following groups:
1. Control
2. Video only
3. Checklist only
4. Video and checklist.

Intervention Type
Other

Phase
Not Applicable

Primary outcome(s)
Overall mean GP and practice referral rates for OME or related conditions remained stable, simplifying the comparisons related to intervention. There was no reduction in variability amongst practices receiving any intervention, compared with practices receiving none. In those receiving both the video and checklist compared with those receiving only one or no intervention, there was a significant improvement in the quality of referrals, as given by more referrals having bilateral HL >20 dB when sent at ENT (ANCOVA for linear trend assuming 0, 1, 2 interventions and adjusting for the period the child waited to be seen at ENT; p = 0.010). No difference was found between the intervention and non-intervention groups in parent satisfaction scores. However, irrespective of intervention group, parents of children who received more information from their GP about glue ear had higher satisfaction scores than those that did not (p = 0.022). Disseminating information on glue ear to GPs in a multi-channel approach can improve the quality of referrals to ENT but appears to make little impact on the parent¿s satisfaction with the information provided by their GP. Much of the variation in GP glue

ear referrals and ENT consultants¿ VT insertion rates is still not accounted for, reducing the ability to produce suggestions on how best to compress it. This study provides a worthwhile basis for further large-scale work using such interventions, particularly when used in combination with one another, provided the appropriate outcome measures are used including the patient¿s perspective.

Key secondary outcome(s)
Not provided at time of registration

Completion date
01/05/1999

Eligibility

Key inclusion criteria
Fifty general practices from Trent Region and the West of Scotland were recruited into a cluster-randomised controlled trial.

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Other

Sex
All

Key exclusion criteria
Does not match inclusion criteria

Date of first enrolment
01/02/1997

Date of final enrolment
01/05/1999

Locations

Countries of recruitment
United Kingdom

England

Study participating centre

Research Fellow in Bio-epidemiology at the CRC Paediatric and Familial Cancer Research Group
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Sponsor information

Organisation
Record Provided by the NHS R&D 'Time-Limited' National Programme Register - Department of Health (UK)

Funder(s)

Funder type
Government

Funder Name
NHS Primary and Secondary Care Interface National Research and Development Programme (UK)

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	01/07/2001		Yes	No