

Evaluation of the WISE approach in primary care: improving outcomes in chronic conditions through effective self-management

Submission date 20/05/2009	Recruitment status No longer recruiting	☐ Prospectively registered ☐ Protocol
Registration date 03/09/2009	Overall study status Completed	☐ Statistical analysis plan ☒ Results
Last Edited 16/07/2013	Condition category Other	☐ Individual participant data

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
1

Study information

Scientific Title

Evaluation of the WISE approach in primary care: improving outcomes in chronic conditions through effective self-management - a two-arm practice-level cluster randomised controlled trial

Acronym

WISE RCT

Study objectives

Is the adoption of the WISE approach to self management support in primary care clinically and cost-effective in the management of patients with existing long-term conditions, compared to routine primary care services?

Ethics approval required

Old ethics approval format

Ethics approval(s)

Salford & Trafford Local Research Ethics Committee approved on the 23rd January 2009 (ref: 09 /H1004/6)

Primary study design

Interventional

Study design

Two-arm practice-level cluster randomised controlled trial

Study type(s)

Quality of life

Health condition(s) or problem(s) studied

Chronic obstructive pulmonary disease (COPD), diabetes or irritable bowel syndrome (IBS)

Interventions

The intervention is designed to encourage practices to adopt a structured and patient-centred approach in their routine management of long-term conditions, providing the practice with skills, resources and motivation to make changes to service delivery in line with the principles of the WISE approach. The planned approach to training combines evidence-based approaches to changing professional behaviour with approaches to 'normalise' those behaviours in current practice.

The training will seek to impart three core skills to primary care staff:

1. Assessment of the individual patient's needs in terms of their self-management capabilities and current illness trajectory
2. Shared decision making about the appropriate type of support based on that assessment (types include support from primary care, written information sources, generic support groups or condition specific education)
3. Facilitating patient access to support. This may involve signposting patients to various resources which relate to the assessment and shared decision making processes. The training will encompass ways health professionals can negotiate with and guide patients into more appropriate utilisation of health service resources. In the case of IBS, this may also involve referral to psychological treatment services (CBT and hypnotherapy) for eligible patients (so called 'stepped up care').

Training of practice staff takes place over two 3 hour sessions - the effects of the training will be determined through recording patient-level outcomes.

The control group will receive no training.

Follow-up for both arms will be at 6 months and 12 months post-intervention.

Intervention Type

Other

Phase

Not Applicable

Primary outcome(s)

1. Shared decision making
2. Self-efficacy
3. Empowerment
4. Health behaviour
5. Positive attitudes
6. Management options
7. Condition specific quality of life
8. Health related quality of life
9. Service utilisation

Measured at baseline, 6 months and 12 months.

Key secondary outcome(s)

1. Illness perceptions
2. Health literacy
3. Social capital
4. Shared decision making
5. Self-efficacy
6. Empowerment
7. Health behaviour
8. Positive attitudes
9. Management options
10. Condition specific quality of life

Measured at baseline, 6 months and 12 months.

Completion date

01/05/2011

Eligibility

Key inclusion criteria

1. Diagnosis of chronic obstructive pulmonary disease (COPD), diabetes or irritable bowel syndrome (IBS) (identified from the GP systems using appropriate Read codes and verified by the GP)

2. Sufficient English to be able to complete questionnaires
3. Agreement from the practice that the patient is appropriate for research assessment
4. Aged greater than or equal to 18 years, either sex

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 Years

Sex

All

Key exclusion criteria

1. In the palliative care stage of condition
2. Receiving management primarily from a specialist nurse rather than a practice nurse or GP
3. Mental health problems such as those which reduce capacity to consent and participate

Date of first enrolment

01/05/2009

Date of final enrolment

01/05/2011

Locations**Countries of recruitment**

United Kingdom

England

Study participating centre

Department of Gastroenterology

Salford

United Kingdom

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Sponsor information

Organisation

University of Manchester (UK)

ROR

<https://ror.org/027m9bs27>

Funder(s)**Funder type**

Government

Funder Name

National Institute for Health Research (NIHR) (UK) - Programme Grant for Applied Research (PGfAR) (ref: RP-PG-0407-10136)

Funder Name

National Primary Care Research and Development Centre (NPCRDC) (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	13/05/2013		Yes	No