HSRU was formally opened on the 5th of July 1988 by Sir Andrew Watt Kay. In July 2008, the Unit hosted a series of events to mark the 20th anniversary of the opening; this included a conference to mark the contribution of health services research to healthcare over the past 20 years, a ceilidh for current and past members of staff (on the actual birthday of the Unit) and the presentation of an honorary degree to the Founding Director, Professor Ian Russell (see separate article inside for details).

The main scientific event was a national conference to explore the impact of 20 years of health services research. Over 100 delegates attended the conference, held in the King’s College Conference Centre in Aberdeen. We were delighted to have contributions from previous directors and programme directors of the Unit. Elizabeth Russell, one of the co-founders of the Unit, opened the conference with reflections on the establishment of the Unit and on its progress over the 20 years.

We enjoyed stimulating presentations on developments over the past 20 years in patient outcome research (Ian Russell), in knowledge transfer (Jeremy Grimshaw), in healthcare evaluation (Adrian Grant) and in synergies between health services research and health economics (Cam Donaldson). Looking towards the future, we also heard challenging presentations on health services research and the changing norms of health care relationships (Vikki Entwistle), clinical trials in the 21st century (John Norrie) and interdisciplinary working as the way forward for health services research (Marion Campbell).

There were many opportunities for social interaction over the festivities with old friendships renewed, new friendships formed and a sense of purpose rejuvenated as we look to promoting health services research for another 20 years!
Ian Russell receives honorary degree

As part of the Unit's 20th anniversary celebrations, Professor Ian Russell, the Unit's Founding Director, was awarded an honorary degree of Doctor of Science by the University of Aberdeen.

A graduate of Cambridge, Birmingham and Essex, Ian's academic career saw early appointments at the Universities of Essex, Newcastle and North Carolina. When HSRU was established, Ian was appointed as Founding Director. Here he developed and applied the innovative methodology for evaluating health care that has now become the hallmark of high quality health services research internationally.

His key contributions to health services research during that time included: pioneering work into the development and validation of patient-reported outcome measures (which are now regarded as essential components of all health services research studies), formative research into the implementation of clinical guidelines and the promotion of clinical trials of surgical interventions.

Ian Russell remained Director of the Unit until 1993. Following his time in Aberdeen, Ian has continued to innovate within the field of health services research – notably through his appointment as Founding Professor of Health Sciences at the University of York and more recently as Founding Professor of Public Health at the University of Wales, Bangor. Within these positions, he has continued to make major contributions to the evaluation of complex interventions, the evaluation of surgical innovations and the measurement of health outcomes. Ian has recently taken up appointment as Professor of Clinical Trials at the University of Swansea.

Newer surgical methods to treat benign enlargement of the prostate are assessed

Benign prostatic enlargement (BPE) is the commonest cause of lower urinary tract symptoms such as urinary frequency and slow stream which are highly prevalent amongst older men. Transurethral resection of the prostate (TURP) has long been considered as the most effective treatment with approximately 20,000 procedures carried out in 2007 in the UK. However, TURP requires technical skill, causes physiological stress affecting recovery in some men, does carry some risks, and is not followed by satisfactory symptom improvement in all men. This has encouraged the development of alternative therapies, such as minimal invasive surgical techniques and endoscopy prostatectomy with the intention of achieving the same degree of symptom improvement but with less morbidity and cost.

A systematic review and meta-analyses of randomised controlled trials (RCTs) was conducted to compare newer methods of treating BPE against the current standard of TURP. A total of 67 RCTs contributed to the analyses reporting on 6404 participants. We found that men undergoing other tissue ablative treatments have similar outcomes to standard TURP but had fewer blood transfusions and shorter hospital stays. The minimally invasive interventions were less effective than TURP resulting in significantly higher re-treatment rates. However, those men receiving minimally invasive surgery have fewer associated adverse events. The full results have recently been published.\textsuperscript{1,2,3}

The quality of current evidence is poor for both minimally invasive and ablative treatments. Well-designed and well-reported RCTs are still required in order to identify which treatments are the most promising in treating men with BPE. However, continually changing technology in this area makes it difficult to set up and complete trials and assess the results before the technology is superseded by a further advance. Alternative trial designs are perhaps necessary to provide such information in a decisive and timely manner.

This project was funded by the NIHR HTA Programme.

References


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New CHaRT director appointed

Following John Norrie’s departure from the Unit earlier this year, we are delighted to announce that Dr Jennifer Burr has been appointed as the new Director of the Centre for Healthcare Randomised Trials (CHaRT).

Jennifer is an ophthalmologist by background and previously led the Health Technology Assessment Group within HSRU, which undertakes technology assessment reports for NICE and other UK policy makers, systematic reviews for the UK Interventional Procedures Programme and other commissioned reviews for the NIHR HTA Programme. Her personal research interests focus on healthcare evaluation in relation to eye disease and more widely across non-drug related interventions. Since joining the Unit, Jennifer has developed a strong portfolio of research in ophthalmology, including a number of large randomised controlled trials - for example, the FILMS trial (which is evaluating macular hole surgery with or without internal lining membrane peeling) and the EAGLE trial (which is evaluating early lens extraction for angle closure glaucoma) - together with research developing a glaucoma-specific utility measure and a trial platform study developing the components for a trial of glaucoma screening.

With her extensive skills in evaluative trials and systematic reviews, Jennifer’s remit is to lead the development of CHaRT (post UKCRN registration) and to ensure that CHaRT takes a leadership role in the shaping of the future environment for the delivery of high-quality clinical trials in the UK. Jennifer formally took up the role on 1 January 2009.

Optimising caseload management

Community allied health profession (AHP) services in Scotland have long waiting times and there are concerns about equity of service provision. There is considerable variation between services both in waiting times and in the number of current cases being managed by AHPs. However, differences in waiting times are not entirely explained by an imbalance in demand for services and available resources. The manner in which clinicians manage their cases may be important, including the length of time clinicians keep clients on their caseloads.

The aim of this research is to improve consistency and efficiency of clinicians’ management of their clients through the care process (i.e. assessment, treatment, review and discharge). To identify factors associated with poor caseload management, a systematic review of both research and experience-based evidence of community clinicians’ care process management has been completed. This evidence, however, was limited in quality and quantity. The review found that keeping clients on caseloads longer than needed was associated with clinicians’ lack of formulation of clear goals and action plans for treatment, and a lack of purposeful and goal-focused feedback about effectiveness of treatment.

An intervention to support clinicians to change their care process management actions is being developed. This will target clinicians’ formulation of defined goals and action plans, and monitoring of treatment effectiveness against these goals. Feasibility of implementing and evaluating this behaviour change intervention will then be tested with paediatric occupational therapists.

This project is funded by the Chief Scientist Office of the Scottish Government Health Directorates for three years and is due for completion in September 2009.

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REFLUX: One year results

The REFLUX Trial is a UK multicentre randomised trial (with parallel non-randomised patient preference groups), comparing relatively early laparoscopic surgery with continued, but optimised, medical management, to evaluate the clinical effectiveness, cost effectiveness and safety of these treatments amongst people with gastro-oesophageal reflux disease (GORD).

A total of 810 eligible participants consented to participate in the trial from 21 UK hospitals. Participants completed questionnaires to assess their quality of life at the start of the trial and again at time intervals equivalent to three and 12 months after surgery.

Of 178 randomised to surgery, only 111 (62%) actually received the operation (fundoplication) - there was a mixture of clinical and personal reasons for not proceeding, sometimes related to long waiting times. By 12 months after surgery, 38% of participants randomised to the surgical group (14% amongst those who had surgery) were taking reflux medication compared with 90% in the randomised medical group. There were substantial improvements in reported quality of life over 12 months amongst the randomised and preference surgical groups (see figure). Although surgery was more effective, a within-trial cost-effectiveness analysis showed that it was also more costly (£2075 on average). The full results have recently been published.1

Further follow-up is currently underway to review the longer-term effects and costs of these two policies and to assess whether the clinical benefits of surgery are sustained and the operation is cost-effective.

This was a UK collaborative study that was funded by the NIHR HTA Programme.

References


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We welcome to the Unit (back row, from left to right) June Gordon (Clinical Research Fellow), Maria Prior (Research Fellow), Stephen Ryan (Research Associate), Jemaima Chehamzah (PhD Student); (front row, from left to right) Cecilia Lee (Secretary), Wendy Wreiden (Research Fellow), Alia Ali (Clinical Research Fellow); and (not in photo) Jennifer Hislop and Laura Ternent (both Research Fellows).

Mark Crowther, Keith Davidson, Julien Masse, John Norrie and Euan Wiseman have recently left and we wish them well in their new appointments.

**Staff profile: Seonaidh Cotton**

Seonaidh graduated with a BSc in Health Sciences from the University of Aberdeen in 1993 and has recently completed a PhD, also from the University of Aberdeen. Her thesis was on human papillomavirus (HPV) infection in UK women and whether testing for HPV infection would be a useful triage tool in cytology based cervical screening programmes. Before joining CHaRT in 2007, Seonaidh was trial manager for the TOMBOLA trial which compared management options for women with low-grade abnormal cervical smears and investigated the potential for HPV testing among these women.

Seonaidh will take over from Cynthia Fraser as editor of the HSRU newsletter in 2009.

**Recent publications**


