

Centre for Trials Research

Canolfan Ymchwil Treialon

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Randomised Trials and Routine Data: the promise, the reality and the potential

Kerry Hood





Issue...

- Randomised trials are getting increasingly expensive
- Selection bias of participants
- Burden of data collection on staff in a stretched health service
- Co-intervention effects from data collection
- Loss to follow-up is reasonably large in most trials
- Challenge with modelling real life impact of interventions
- Challenge with very long term follow-up



Promise...

- Single patient electronic record
 - Accessible wherever they need care
 - Accessible by whoever is delivering care
 - Complete and accurate data on the whole health of a patient
 - Accessible to researchers
 - Linkable to research data collected
 - Potential to be patient held







BMJ 2012;344:d8173 doi: 10.1136/bmj.d8173 (Published 2 February 2012)

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RESEARCH

Effectiveness of multifaceted educational programme to reduce antibiotic dispensing in primary care: practice based randomised controlled trial

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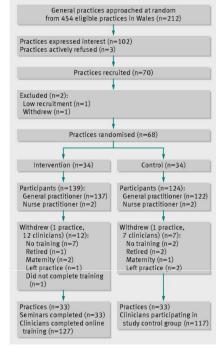


Fig 4 Participant flow diagram





PARC
Prescribing data by practice

PEDW Hospitalisations by practice

WHICSU Practice list sizes Antibiotic prescribing rates

Hospitalisation rates

Prescribing rates for RTIs Reconsultation rates for RTIs Practice systems
Consultation coding
Reconsultation





Practice systems
Consultation coding
Reconsultation

- Wrote a program to interrogate their system to produce summary information
- Could only integrate into Vision & Ganymede systems (n = 37)
- Practices could not manage to undertake this themselves so we sent staff into the practice
- Only data to leave the practice was the summary table (no individual level data)
- Challenge to separate out contacts from face to face consultations





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But

- data were relatively limited and potentially over simplified
- Still challenging to do long term follow up in resource terms
- Need to consider intervention effects on coding behaviour
- Could only get a proportion of practices





Participants: N=1,645 first time mothers aged ≤19 years from 18 PCTs in England

Intervention: Family Nurse Partnership (FNP) Programme (+ usual care)

Comparison: Usual Care (midwives, GP, health visitor)

Outcomes: Maternal: Subsequent pregnancy within 2yrs, Smoking in pregnancy,

Child: Birthweight, Emergency attendances /admissions by 2yrs



THE LANCET

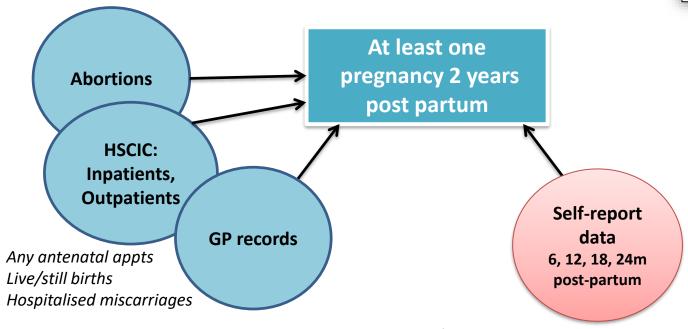
Effectiveness of a nurse-led intensive home-visitation programme for first-time teenage mothers (Building Blocks): a pragmatic randomised controlled trial





Reality...5 years ago





Example: Subsequent pregnancies

Currently pregnant, miscarriage, termination, live or still births in previous 6 months





Table 4.24 Number (%) of subsequent pregnancies within twenty four months of first birth, identified from each data source (N=1618)

Subsequent	Maternal	Abortions	Inpatients	Outpatient	GP records	Overall
pregnancy?	self-report					
Yes	453 (52.2)	159 (9.8)	339 (21.0)	271 (16.8)	501 (52.7)	853 (66.2)
No	415 (47.8)	1459 (90.2)	1272 (79.0)	1340 (83.2)	450 (47.3)	436 (33.8)
Total	868	1618	1611	1611	951	1289
Missing*	750	0	7	7	667	329





Table 4.25 Number (%) of participants with a subsequent pregnancy within twenty four months of first birth, by trial arm

	n	%	Adjusted [*] OR [†]	p-value
			(97.5% CI)	
Intervention (N=643)	426	66.3	1.01 (0.77 to 1.33)	0.920
Control (N=646)	427	66.1		
Total (N=1289)	853	66.2		

cipants with a subsequent pregnancies within twenty four months of first birth, by

at recruitment, and first	or			(97.5% CI)
	ention (N=450)	194	24.1	0.85 (0.63 to 1.15)
απα συτρατιστιτός	control (N=418)	211	26.1	
N=1611				
Maternal Self-report	Intervention (N=450)	223	49.6	0.78 (0.58 to 1.07)
only	Control (N=418)	230	55.0	
N=868				
GP records only	Intervention (N=471)	257	54.6	1.17 (0.87 to 1.57)
N=951	Control (N=480)	244	50.8	

^{*} Intervention compared to Control. Analysis adjusted for stratification (site) and minimisation variables (gestational age and smoking status at recruitment, and first or preferred language)

Adjusted OR

^{*} Analysis adjusted for stratification (site) and minimisation variables (gestational age and smoking status at recruitment, and first or preferred language)

^T Intervention compared to Control

PCTU



