

The WISE trial

Full reference and link to full text of paper

Kennedy A, Bower P, Reeves D, Blakeman T, Bowen R, Chew-Graham C, Eden M, Fullwood C, Gaffney H, Gardner C, Lee V, Morris R, Protheroe J, Richardson G, Sanders C, Swallow A, Thompson D, Rogers A (Salford National Institute for Health Research Gastrointestinal programme Grant Research Group.) Implementation of self management support for long term conditions in routine primary care settings: cluster randomised controlled trial. *BMJ* 2013; **346**:f2882.

<https://www.bmj.com/content/346/bmj.f2882.long> (Free full text)

Summary

As the number of patients with chronic conditions increases it is increasingly important to find ways to support them in managing their condition. There is a hope that having patients who are good at self-management may reduce workload for healthcare professionals, particularly GPs. General Practice is considered a good place to implement interventions aimed at improving how patients manage their conditions since most of these patients attend regularly and practitioners understand the needs of individual patients. Also, continuity of care means that self management support can be maintained over time.

This study was a pragmatic cluster randomised controlled trial. This means general practices were randomised rather than individual patients. It was carried out in a socio-economically deprived area in the North West of England. As it was investigating self-management rather than a disease specific outcome, they recruited patients with three different chronic conditions. The intervention was based on evidence from multiple studies including randomised controlled trials and took several components found to be effective in these previous studies and tried to deliver them as a comprehensive package. However it was limited by what was feasible in normal general practices.

The main aim of the trial was to discover whether the intervention led to improved shared decision making, self efficacy, and generic health related quality of life measured at 12 months. They also looked at a range of related secondary outcomes. No statistically significant differences were found between patients from intervention practices and those from control practices on any of these outcomes. The authors of the paper suggest that more research is needed into the components required for effective self management support.

PICO

Population: 2546 patients with a diagnosis of diabetes, 1634 with chronic obstructive pulmonary disease (COPD), and 1419 with irritable bowel syndrome (IBS) from 43 practices (19 intervention and 22 control).

Intervention: Whole system informing self management engagement. (WISE). Training was given to staff in intervention practices on a range of resources: a tool to assess patients' support needs, self management guidebooks and a web-based directory of local self-management resources.

Control: A wait list comparator group, meaning that the control practices also received the intervention but after the intervention group.

Outcomes: Primary outcomes were shared decision making, self efficacy, and generic health related quality of life measured at 12 months. Secondary outcomes were general health, social or role limitations, energy and vitality, psychological wellbeing, self care activity, and enablement.

Key Researcher

The first author of this paper is Anne Kennedy who came into primary care research via a slightly

unusual route. She first did a BSc in Biochemistry then a degree in Nursing followed by a PhD. She later became a researcher at the University of Manchester and was a Senior Research Fellow at the University of Southampton at the time of this project. She went on to be appointed Professor and continues to work in patient self management and patient engagement.

Impact

This paper was a category winner but not overall winner of the RCGP Research Paper of the year award.

Thinking points:

1. The three chronic conditions studied were very different. This may have caused difficulties with selecting and comparing across conditions.
2. This study found it hard to recruit and retain practices. They were not able to recruit enough in their original target area so had to expand slightly. Three intervention practices withdrew during the study.
3. The authors of the paper note that “A common problem in health services research is that effective interventions are often not feasible and feasible interventions are often not effective.” Practice staff received only two training sessions as this was estimated as the maximum that was feasible.
4. In his summary of the RCGP paper of the year winners (<https://bjgp.org/content/64/628/584>) Professor Chris Salisbury commented “Finding that an intervention doesn’t work is just as important as finding that it does, since that can help to avoid wasting resources on ineffective interventions and can stimulate the search for new and better approaches. These trials also demonstrate just how difficult it is to implement meaningful change in practice that leads to patient benefits. They fit a pattern in which early descriptive studies led by pioneers promise major benefits from an innovation, and yet subsequent large-scale high quality trials in real-world settings fail to achieve the same results.”