A randomised controlled trial, cost-effectiveness and process evaluation of the implementation of self-management for chronic gastrointestinal disorders in primary care, and linked projects on identification and risk assessment

David G Thompson,1 Sarah O’Brien,2 Anne Kennedy,3 Anne Rogers,3 Peter Whorwell,1 Karina Lovell,4 Gerry Richardson,5 David Reeves,6 Peter Bower,7* Carolyn Chew-Graham,8 Elaine Harkness9 and Paula Beech10

1Division of Diabetes, Endocrinology and Gastroenterology, University of Manchester, Manchester, UK
2Institute of Infection and Global Health, University of Liverpool, Liverpool, UK
3National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care Wessex, University of Southampton, Southampton, UK
4Division of Nursing, Midwifery & Social Work, School of Health Sciences, University of Manchester, Manchester, UK
5Centre for Health Economics, University of York, York, UK
6Centre for Biostatistics, School of Health Sciences, University of Manchester, Manchester, UK
7Centre for Primary Care, School of Health Sciences, University of Manchester, Manchester, UK
8Research Institute, Primary Care and Health Sciences, Faculty of Medicine and Health Sciences, Keele University, Keele, UK
9Division of Informatics, Imaging and Data Sciences, University of Manchester, Manchester, UK
10Stroke Rehabilitation Unit, Salford Royal Foundation Trust, Salford, UK

*Corresponding author peter.bower@manchester.ac.uk

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Plain English summary

Many patients suffer from what are called gastrointestinal disorders, which can include abdominal pain and bloating as well as changing bowel habits.

There is some evidence that people can be helped by ‘self-management support’: engaging patients more actively in their illnesses, using patient education and self-management and adding psychological treatments.

Although we know that these methods can work in research settings, we do not know if they can be rolled out to usual NHS settings.

We did a study to see if a training programme for primary care could help people with irritable bowel syndrome (IBS), as well as those with diabetes and chronic obstructive pulmonary disease. We also explored if we could develop ways to identify people who might be at risk of long-term problems.

We divided local practices into two groups and primary care staff were trained to deliver self-management support.

We found lots of practical difficulties in delivering the changes and were not able to get primary care staff to implement much self-management support in their routine care of patients. There were no differences between groups in their health or the costs of their care over time.

We also found that the way that IBS is coded in general practice computer systems varied quite a lot. General practitioners did not think that a tool to assess the risk of patients having long-term problems would be very useful.
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