



ABM Roll out of Prism complete

A major research milestone has been reached with all 32 study practices now having access to Prism. Practices have been randomly allocated Prism over the last year – with Dulais Valley the last to receive Prism on 25th February 2014. They join Cwmllynfell and St James, Pontardawe in the Neath Port Talbot Upper Valleys cluster as Prism recipients, alongside practices in 10 other clusters across ABM UHB. The next major study milestone will be the end of the data collection phase in October/November 2014. Analysis and reporting will follow in 2015.

PRISMATIC makes headlines

The PRISMATIC study featured in the lead story for BBC Wales flagship television news programme Wales Today (November 2013). Chief Investigator Professor Helen Snooks, GP Dr Deborah Burge Jones, and service user representative Shirley Whitman were all interviewed. See the *BBC Wales Online report* [here](#), including clips from Wales

Fantastic Questionnaire Response

Over 900 residents in the Swansea, Neath Port Talbot and Bridgend areas returned the latest (Phase 2) PRISMATIC patient questionnaires which help us determine if Prism has impacted upon patients' wellbeing or their use of health and social care. Thanks to all practice staff and to NIHSCR CRC research staff for assisting with questionnaires – and contributing to an overall response rate of 45%. Special mention to Ashfield Surgery in Bridgend – where 66% responded. Dr Lethbridge and Partners in Briton Ferry (55%) and Sketty and Killay, Castle Surgery (Neath) and Oak Tree (Bridgend) – all 54%. A full summary of response rates by practice and cluster is available in the documents section of our website at <http://www.trustresearch.org.uk/prismatic>

The questionnaires complement the other main study data sources – routinely collected anonymised hospital and primary care data, and feedback from GPs using Prism. The final round of questionnaires will follow in November 2014.

Next Steps for Research

Why do GPs decide to use, or not use, Prism? Does having Prism change GP behaviour? How do GPs use risk data from Prism? Do GPs share risk scores with patients? These are just some of the important questions we are investigating in GP interviews/ surveys. These take place with Prism users 3, 9 and 18 months following the introduction of Prism into each practice. Meanwhile we are processing patient questionnaires so that the data can be anonymously linked with routinely collected anonymised data in Swansea University's SAIL databank. All study practices are providing data to SAIL – joining over 140 others across Wales. Find out more at www.saildatabank.com.

CMO draws PRISMATIC prize winners

We received over 750 entries for the free prize draw for questionnaire recipients. Dr Ruth Hussey OBE, Chief Medical Officer for Wales drew three lucky winners during a visit to Swansea University for International Women's Day on March 5th 2014. The first prize winner from the Swansea area will receive a £100 High Street Shopping Voucher. Two runners up from the Bridgend and Neath Port Talbot areas will each receive a £50 voucher.

PRISMATIC Trial Newsletter Spring 2014

Patient Perspective—Shirley Whitman

I'm part of the [SUCCESS](#) group that offers their experience to researchers. We are a wide variety of people but have in common experiences of chronic conditions. I have been involved in several projects, including PRISMATIC. I've learnt a lot about research processes, enjoyed the companionship of the research team and felt that it is a really worthwhile project and that my contribution has been useful and appreciated. With experience of both Prism and the distress and impact of emergency admissions I was included in the recent BBC Wales TV interview. My moment of fame! It was an enjoyable day - the interviewer was friendly and helpful and put us at ease. The resulting programme gave a good picture of the PRISMATIC project. I look forward to the next parts of the research.

GP view - Dr Deborah Burge-Jones. Recent case studies

I was seeing a 44 year old lady on a regular basis and she was found to have a high PRISMATIC risk score. On exploring I realised her risk score was high due to recent acute admissions for pancreatitis, and asthma and poly-pharmacy. I used this information as part of a routine appointment about her pain medication. I have been able to optimise her pain control and medication and by writing to secondary care have ensured outpatient follow up aiming to reduce the chance of further emergency admissions. On this occasion I also chose to tell the patient her risk score as a means to motivate her to attend to an asthma review which was well overdue. She subsequently booked this and attended the clinic. Since this consultation I have seen her far less and she hasn't had any further acute admissions.

I was also regularly seeing a 66 year old man neuropathy related to poorly controlled type 2 diabetes. He had been having diabetic appointments within the practice but was not compliant with his diet and treatment. He was identified as high risk due to recent admission, his diabetes and medication changes. We chose to use him as one of our QPI patients and through secondary care diabetic follow up, and initiation of insulin and us ensuring neurology input and follow up in relation to his neuropathy (causing problems with his right leg below his knee) he is now consulting far less often, has good diabetic control and his neuropathy is improving.

It's been important not to focus on the immediate risk score changes and outcomes though, and remember to look at the longer term picture. In many cases the efforts to reduce risk will not have an immediate effect. I'd also encourage GP's to look at Prism patients who they find interesting alongside those already being looked at for QPI purposes.

Prism Users Section - for those with access to Prism tool

Prism Training/Access issues

Do you have Prism users who have not been trained? Would you like a refresher on how to access and use Prism in your practice? Have you been locked out of your account or forgotten your password? Just let us know and we can arrange a refresher training session with Dr Burge-Jones or help address your access difficulties. Just email prismatic@swansea.ac.uk.

Reporting Technical Issues

If you experience difficulties using Prism, please report them to prismatic@swansea.ac.uk or to the NWIS service desk so they can be resolved.
Duplicate Patients - some duplicate patients can appear in Prism. NWIS have confirmed that these can sometimes occur with patients who have moved house – which due to an issue with demographic records may occasionally result in two addresses and two Prism entries.

Extracting Prism Data

The study team have been asked if it is possible to extract or export data from the Prism system – i.e. to extract the underlying data on demographics, diagnoses, service use, prescriptions and admissions history etc that contributes to patient's risk scores. This is currently not possible – but we will be reporting the interest as it may be something that future iterations of Prism or other tools could incorporate.



For further information about the trial,
visit our website
www.trustresearch.org.uk/prismatic

Have a suggestion for future newsletters?
Contact prismatic@swansea.ac.uk