RECAP Webinar: Q&A

(21/01/2021)

1.Question: Can we retrospectively enter the data into the template?

Answer: No, this is for acute contact prospectively. However, if you have used the template to capture the data but you haven't put the CPMS code in (because you've maybe forgotten), you can go back and enter the code.

2.Question: We're presuming that remote triage is fine for filling in as much information as possible, but no observation. Also is there a difference in payment if observation is made or not?

Answer: No, it's the same - RECAP is designed to capture the remote assessments it it's available, but if we're not, that's why we have all the questions (about trajectory of breathlessness / subjective breathlessness etc).

We'll work that out statistically and it's likely there will be several versions of the score depending on how much information we've got from the patients. So for example, if you can't get oxygen stats, then don't fill it in. As long as the CPMS code is entered, you will be paid in exactly the same way.

3.Question: I don't think we've been sent the OID. What is this? What do I do?

Answer: The OID is the 'Organisation Information Document'. It outlines what we expect you to do during the study, as well as timelines and payments.

If you haven't received an OID and you believe you should have, you can either contact the study team or your local CRN and one will be sent out to you. Please note; You will only receive one if you are a green lit practice.

4.Question: Is there much time needed to set this up and is there a target number for recruitment for each GP practice.

Answer: This study has been designed to be as light touch as possible and to not take up much of your clinical time. Downloading and setting up the template should take approx. 5 minutes. You then simply use the template as part of your consultation process.

With regard to the target number of recruitment, we are asking each practice to aim for 30 recruitments over the course of the study.

5.Question: What's needed for consent?

Answer: Consent is very light touch – all you need is for consent verbally, ie: *"Is it okay for us to just use this data, linked up anonymously, to help us predict severity of covid in patients?"*

If the patient asks for more detail, then you can offer to message them a link to the study site which has more information.

6.Question: If we already have Ardens, do we need to re-download the RECAP template?

Answer: No, it's the nova coronavirus template, although it's worth downloading the latest version (latest is version 16.0) which is downloadable from the portal.

7.Question: Can we please clarify the CPMS ID?

Answer: 45890

8.Question: Do we use this tool as a one off or to monitor those who have follow up as well?

Answer: The study is for acute covid patients and it's per patient entered, so you don't have to. However it's recommended you do so, as it will not only help you see if there's been deterioration in any of the parameters, but will also give us a richer data set as we can then look at deterioration over time.

9.Question: Will you be providing access to the Ardens template?

Answer: Yes, when you get your green lit email, that will tell you how to download and use the template. You just need to register the practice on the Ardens template so we know who has what version. The covid templates are free of access on the Ardens portal.

10.Question: I've run a search based on positive covid tests in the last week. Can I contact these patients to recruit them?

Answer: Yes, but if you call them to do it, it will distort our sample size because there'll be people who have much lower risk. So as practices are being encouraged to do some form of follow up, what you can do is to contact them in a light touch way, either with an admin person call or text them.

You could say *"I understand you've had a positive covid test. If you're worried about your symptoms, please be reminded that the practice is open and we're happy to speak to you."* So then when they contact you, you can enter them into RECAP.

11.Question: Is there a provisional end date to this study?

Answer: Yes, depending on recruitment volume success, we are aiming to stop recruitment into the study (for this particular tranche) at the end of February.

12.Question: Is it possible to get the template to trigger when a suspected symptom is entered into the clinical system?

Answer: You can chose to do that locally by putting that trigger on when you download the template. But nationally we haven't enabled that as the observations are often recorded, such as fever etc. So to trigger the template on each recording, might cause problems to the generally day to day working.

Also beware with EMIS practices, that the EMIS default covid template pops up as an alert by default. So you will need to switch that off or replace it with the Ardens covid template. You can deactivate that trigger that's on that template to prevent it from launching.

13.Question: How do you search for patients that have been recruited into the study?

Answer: You can search for the CPMS ID '45890'. Anyone who has that number associated with them has been enrolled. It's a numeric number, so it works as though it's a value.

So there's a SNOWMED code for 'consented to research study' which you can search for a though you were looking for, for example, a blood test or a blood pressure with a value. Then you can enter 4580 as the value and this should pick up all the people who have been entered in to RECAP.

14.Question: If you complete the template twice on the same day, do you get all of that information?

Answer: Yes, we get everything that's recorded (but obviously it would be with a different time).

15.Question: Is it okay to use the template to recruit them to RECAP and then, if they qualify, to recruit them into other RSC projects such as PRINCIPLE or RAPTOR as well?

Answer: Yes, in fact we encourage this. Please recruit as many patients into our trials and studies as possible. We are also still running our surveillance program, so if they are willing to do a swab for surveillance, we would really appreciate that.