



## **Recruiting speech and language therapy departments in Scotland to deliver two routine NHS interventions for people with Parkinson's disease as part of a randomised controlled trial (PD COMM)**

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Published: 01/09/2017

Peer reviewed version

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*Dyfyniad o'r fersiwn a gyhoeddwyd / Citation for published version (APA):*

Nicoll, A., Brady, M. C., Dickson, S., Au, P., Hughes, M., Rick, C., Sackley, C. M., Smith, C. H., Clarke, C. E., Masterson Algar, P., & Burton, C. (2017). *Recruiting speech and language therapy departments in Scotland to deliver two routine NHS interventions for people with Parkinson's disease as part of a randomised controlled trial (PD COMM)*. Abstract from Royal College of Speech and Language Therapy Conference 2017, Glasgow, United Kingdom.

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**FORMAT:** Poster presentation

**Title**

Recruiting speech and language therapy departments in Scotland to deliver two routine NHS interventions for people with Parkinson's disease as part of a randomised controlled trial (PD COMM)

**Abstract (max 500 words)**

Services and patients lack high quality evidence of effectiveness of speech and language therapy intervention for people with Parkinson's disease. The PD COMM trial is designed to provide best evidence around effectiveness, cost-effectiveness and implementation of Lee Silverman Voice Treatment and other standard NHS intervention tailored to clients' individual needs. Recruiting the 546 participants depends first on engaging over 40 speech and language therapy departments across the UK as enthusiastic clinical collaborators. By reporting on this work-in-progress in relation to Scotland, we hope to encourage speech and language therapists to reflect on the wider implications of becoming involved (or not) with large-scale research studies.

Speech and language therapists' key role in the trial is to offer the two interventions to randomised patients, and to complete study paperwork and interviews about their intervention. The opportunity to participate in this type of study is rare. PD COMM is a large pragmatic UK randomised controlled trial with an integral process evaluation, funded by the National Institute for Health Research Health Technology Assessment Programme. People with Parkinson's disease were involved in the design, it was based on a successful pilot (Sackley *et al.*, submitted), and benefits for therapists include free training and supported continuing professional development. However, departments have many demands on their time, and we cannot take for granted that therapists will consider participating in a randomised controlled trial to be in the best interests of their patients, themselves, their departments, or their profession.

A quarter of randomised controlled trials are stopped due to poor recruitment. While there is a growing body of research evidence around improving recruitment of patients, there is little to support decision-making for engaging departments who will provide the therapy interventions. A systematic review of the reasons for poor

recruitment in discontinued trials suggested most were preventable (Briel *et al.*, 2016). Among these was prejudice against effectiveness of the trial interventions, including concerns around equipoise, professional autonomy, representation of current practice, and impact on patients and professional-patient relationships.

This poster outlines how we have used evidence from the literature, previous experience, and feedback from the therapists we approached to develop and refine a responsive strategy for engaging speech and language therapy departments in Scotland in the PD COMM trial. It will also include the most up-to-date information on PD COMM recruitment.

### **Three learning outcomes**

- Attendees will reflect on their views about randomised controlled trials in speech and language therapy
- Attendees will recognise that recruitment challenges contribute to research waste
- Attendees will assess their own engagement with research studies

### **Brief outline of your submission (50 words)**

This poster outlines how we have developed and refined a responsive strategy to engage speech and language therapy departments in Scotland as clinical collaborators delivering two speech and language therapy interventions for people with Parkinson's disease in the PD COMM trial.

### **Three key words**

Randomisation, Recruitment, Collaboration

### **References**

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**Category:**

Research (speech and language therapy research contributing new knowledge)

**Related to conference aim:**

Working with decision makers and budget holders to understand how speech and language therapy supports delivery of key priorities at national, service, population and individual levels

**Additional information**

PD COMM - Supported by the NIHR HTA Programme (HTA 10/135/02)

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