Letters to the editor

OVERVIEW

Please submit letters for the editor's consideration within three weeks of receipt of *Clinical Medicine*. Letters should ideally be limited to 350 words, and sent by email to: clinicalmedicine@rcplondon.ac.uk

Collaborative clinician-led research networks

Editor – We commend Rajasekhar *et al* on their development of the Northern Region Endoscopy Group (NREG) in 2007 (*Clin Med* April 2014 pp 107–12) to facilitate high-quality, multicentre research, service improvement and audit activity within endoscopic practice in their region.

The nature of their collaborative research is familiar to dermatology through the 'UK Dermatology Clinical Trials Network' (UK DCTN),[1] which was formed five years prior to the NREG with the aim of prioritising and developing independent, high-quality clinical trials for people with skin diseases. The UK DCTN now comprises a multidisciplinary membership of over 750 dermatologists, dermatology nurses, health services researchers, patients and carers.

Trial suggestions from UK DCTN members are prioritised and developed using a rigorous and predefined process.[2] Funding for individual studies arises from external grant applications made to the National Institute of Health Research (NIHR) and charitable bodies.

The UK DCTN has been successful in securing over £8 million in independent funding over the last 10 years and to date has completed four multicentre randomised controlled trials, all of which have resulted in high-profile publications. An example is the prophylactic antibiotics for the treatment of cellulitis at home (PATCH) (penicillin to prevent recurrent leg cellulitis) study.[3] Other studies are currently either in development or are open to recruitment. This method of working has been particularly beneficial in the research of rare conditions whereby multicentre input is paramount in recruitment of adequate participant numbers.

The importance of building research capacity among healthcare professionals is recognised through an annual award scheme, which is open to trainees, staff and associate specialist doctors, general practitioners and nurses, and the formation of a UK DCTN Trainee Group, which is led by former trainee award holders.

An extension to the success of our UK DCTN initiative is the International Federation of Dermatology Clinical Trial Networks (IF DCTN).[4] This network aims to share good practice in performing independent dermatology clinical trials internationally, to improve the quality of design and reporting of dermatology clinical trials, and to collaborate on undertaking clinical trials of rare skin diseases across the world.

Putting healthcare professionals, patients and carers on the front line ensures the delivery of meaningful and clinically-relevant research which is facilitated by our group.[5] We encourage others to adopt this framework of collaborative research as an efficient method of addressing the many uncertainties that face healthcare professionals and patients. ■

ROSALIND SIMPSON
National Institute of Health Research doctoral research fellow, University of Nottingham, Nottingham, UK

CARRON LAYFIELD
UK Dermatology Clinical Trials network manager, University of Nottingham, Nottingham, UK

HYWEL WILLIAMS
Professor of Dermato-Epidemiology, University of Nottingham, Nottingham, UK

References

1 UK Dermatology Clinical Trials Network. Available online at www.ukdctn.org [Accessed 07 October 2014].
2 Layfield C, Clarke T, Thomas K, Williams H. Developing a network in a neglected area of clinical research: the UK Dermatology Clinical Trials Network. *Clin Invest* 2011;1:943–9.
3 Williams HC, Crook AM, Mason JM; UK Dermatology Clinical Trials Network's PATCH I Trial Team. Penicillin to prevent recurrent leg cellulitis. *N Engl J Med* 2013;369:881–2.
4 International Federation of Dermatology Clinical Trials Network. Available online at www.ifdctn.org [Accessed 01 October 2014].
5 Layfield C, Yong A, Thomas K, Williams H. The UK Dermatology Clinical Trials Network: how far have we come? *Clin Invest* 2014;4:209–14.

Happenings in Hinchingbrooke

Editor – In your editorial (*Clin Med* August 2014 p 333) you question whether making sure that 'doctors and nurses can run things' has caused 'unprecedented turnaround' at Hinchingbrooke. It is perhaps too early to judge the success of our franchise. Nonetheless I shall try to do so but insist the views stated are entirely mine.

The editorial admits quality is hard to measure. I agree, but believe it has improved. An anecdote may interest readers. While on leave two years ago, I received an urgent email from a ward manager (sister) on a Friday afternoon. Two junior doctors were trying to cope with the preweekend combination of 30 ill patients, irate relatives and 'must-do' to-take-out prescriptions. The rest of the team had been reallocated to 'front-of house' duties in my absence. I emailed senior clinical and management colleagues about the situation. On a whim I copied in the then chief executive officer of Circle Ali Parsa. Within minutes he had contacted the quality lead demanding