

## Networking

# Effective health care CHAIN (Contacts, Help, Advice and Information Network)

CHAIN is an informal network of individuals from the NHS family of organizations who are active or interested in using research evidence to improve the quality of care in the NHS. Its main function is to enable individuals to identify and make contact with each other, to show ‘who is doing what’ and to provide a conduit for the sharing of experience and enthusiasm. All members of CHAIN are willing to be contacted by other members who might need a pointer towards information, some practical advice, or who are perhaps looking for collaborators for a project relating to the undertaking or implementing of research.

When they join the network, CHAIN members give details of their interests, activities and aspirations in the context of research and implementation. This information is held in the CHAIN Directory, which is provided free to all members, either on CD-ROM, disks or via a password-protected website. The Directory can be searched in a variety of ways, including geographical area (region or local health authority), profession, specialty, research interest or teaching capabilities. *Free text* searches are also possible.

CHAIN was established as a feasibility/pilot project in the London Region as part of the research and development programme, and it has recently engaged in a partnership with the NHS Centre for Review and Dissemination (York). The

network now has members from all parts of the UK and beyond, and has sufficient ‘critical mass’ (more than 2300 members) to enable ‘fellow travellers’ to be found in relation to the vast majority of subjects relating to evidence-based clinical care and health service provision (around 800 members have identified themselves as interested in primary care). The current membership includes many of the key individuals involved at the forefront of research dissemination and implementation in the NHS, as well as those whose interest is just being kindled. In providing links between these people, CHAIN is also breaking down the barriers between research, education and training, clinical practice and the management of services, and it is building important alliances across the primary, secondary and tertiary sectors. The contribution which CHAIN is making by facilitating these connections is itself the subject of a current external evaluation by the King’s Fund.

If you are interested in joining CHAIN please visit the website (<http://www.doh.gov.uk/ntrd/chain/chain.htm>), where you can register online, or contact Wendy Zhou, CHAIN Administrator, 40 Eastbourne Terrace, London W2 3QR (Tel: 020 7725 5655).

# Home blood pressure monitoring in type 2 diabetes: time to become as routine as fundoscopy? A call for collaboration

Blood pressure control is critical for preventing complications in patients with type 2 diabetes, and it is probably as important, if not more so, as blood glucose control (UK Prospective Diabetic Study Group, 1998). Studies have shown that at present a large proportion of patients with hypertension do not have their blood pressure well controlled (Colhoun *et al.*, 1998; Collado-Mesa *et al.*, 1999). This could be due to a number of factors, including the number of medications needed to provide good control, drug interactions, poor compliance, reluctance to start new or additional medications, and the assumption that office blood pressures are raised in anxious patients.

Home blood pressure monitoring is thought to provide an accurate picture of blood pressure, and is able to detect 'white-coat' hypertension. It is cheaper and more feasible in general practice than 24-h blood pressure monitoring. Studies in general practice have given evidence to support the use of home blood pressure monitoring (Aylett, 1999), but as yet no studies have been performed specifically on patients with diabetes.

We have started to perform home blood pressure monitoring on our patients with type 2 diabetes who have definite or borderline hypertension. We hope to review the situation in the future in order to assess any benefits and any improvement in blood pressure control in these patients.

## References

- Aylett, M. 1999: Pressure for change: unresolved issues in blood pressure measurement. *British Journal of General Practice* 49, 136–39.
- Colhoun, H.M., Dong, W. and Poulter, N.R. 1998: Blood pressure screening management and control in England: results from the health survey for England in 1994. *Journal of Hypertension* 16, 747–52.
- Collado-Mesa, F., Colhoun, H.M., Stevens, L.K. *et al.* 1999: Prevalence management of hypertension in type 1 diabetes mellitus in Europe: the EURODIAB IDDM complications study. *Diabetic Medicine* 16, 41–48.
- UK Prospective Diabetic Study Group 1998: Tight blood pressure control and risk of macrovascular and microvascular complications in type 2 diabetes. *British Medical Journal* 317, 703–13.

I would like to hear any views that readers of this journal may have on performing home blood pressure monitoring on patients with diabetes in general practice. Are there any other practices that have considered taking this step, and any suggestions as to whether it is worth a multi-practice research study?

Hugh Alberti  
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# The European General Practice Research Workshop

## History

The European General Practice Research Workshop (EGPRW) is an organization of general practitioners and health professionals with an interest in research in general practice. The EGPRW originated in 1974 as a result of meetings between general practice researchers from countries bordering the North Sea. There are now EGPRW National Representatives from more than 20 European countries.

## Aims

The main aims of the organization are as follows:

- to promote and stimulate research in general practice and primary care;
- to initiate and co-ordinate multinational research projects;
- to exchange research experiences and, by doing so;
- to develop a valid international base for general practice.

These aims are pursued:

- by the organization of international workshops;
- by learning from other research experiences in Europe through international contacts, discussion and exchange of information;
- by stimulating research in and for general practice in Europe through the development of common definitions and relevant research, and conducting international research projects.

## Organization

The EGPRW is governed by an Executive Board with eight members, and a General Council con-

sisting of the executive board members plus one National Representative from each of the participating European countries.

Anyone who is interested in general practice research can become a member of the EGPRW by paying a small membership fee in their own currency to their National EGPRW Representative.

The central administrative office of the EGPRW, the Co-ordination Centre for Primary Care (CCPC) is attached to the department of General Practice, University of Maastricht in Maastricht, The Netherlands.

## Meetings

The EGPRW meets twice a year, generally in May and October, for two and a half days. Scientific papers are presented by participants, including sessions of freestanding papers as well as papers about a pre-determined conference theme. These meetings are true workshops with 100 or more participants. During the workshops, participants present proposals for research, work in preparation and unpublished studies in an atmosphere which, while being constructively critical, is also friendly and safe.

It is not necessary to be an EGPRW member to participate in these meetings. Those who are not members are asked to pay a small workshop participation fee equivalent to the EGPRW membership fee. Abstracts of presentations to be made at the workshop are sent to participants in advance, together with the programme for social events during the meeting, details of the location of the meeting venue, and contact information and prices of hotels nearby.

A report on each workshop and its abstracts are published in the *European Journal of General Practice*.

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EGPRW is a network organization within WONCA Region Europe – ESGP/FM.

### **Other activities**

The EGPRW, in collaboration with the World Health Organization, organizes international research courses in general practice. These courses last one week, and are designed to promote knowledge about research methods among general practitioners. Since 1984, courses have been held in the UK, Denmark, Italy, Spain, Ireland, Portugal and Sweden.

The EGPRW has conducted several European collaborative studies, often with the financial support of the European Community, such as the European Interface and the European Referral Study. The EGPRW is currently involved in a European Home Visits Study, which is now past the pilot stage.

### **Subsidies**

There is a limited fund available so that those who are unable to afford the cost of travel to an EGPRW meeting may apply for a small subsidy.

### **Benefits**

In addition to the benefits of the opportunity to exchange research ideas with an international audience, EGPRW members are eligible for reduced subscription fees for a number of journals, including *Family Practice* and the *European Journal of General Practice*. The EGPRW meetings have earned accreditation as official postgraduate medical education activities by the Dutch, Irish, Maltese, Norwegian and Slovenian Associations/Colleges of General Practitioners.

### **Further information**

The UK representative for the EGPRW is Dr Hilary Hearnshaw, Centre for Primary Health Care Studies, University of Warwick, Coventry CV4 7AL.  
Tel: 024 7657 2906; Fax: 024 7652 8375;  
Email: Hilary.Hearnshaw@Warwick.ac.uk

For further information and contact details, see <http://www.synapse.net.mt/egprw/>

### **Networking page submissions**

If you are part of a Primary Health Care Research Network, or if you would like to comment on such networks, you are encouraged to submit a commentary of up to 200 words to Muriel Lee at the address below. Longer pieces may also be considered in consultation with the co-ordinator.

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Subject to Editorial review