



The Sunflower Study

NEWSLETTER

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Winter 2021



A message from the CI:

The last 18 months have been a challenging time for us all. We hope that you have kept well and been able to get some rest during this busy period. The Sunflower study re-opened last summer; we extend our thanks to the study teams who have been able to restart recruitment and we also welcome new sites to the study.

We understand that the picture across the country is still very varied – we are here to support you through the process of re-engaging with the study. To facilitate this, we are running a series of restart meetings which you have hopefully been invited to. This newsletter also contains tips gathered from our participating sites, which we hope you find helpful. Many thanks as always for your support of the study.

Prof Giles Toogood, Chief Investigator

Recruitment Restart



The study re-opened to recruitment on **13th July 2020**.

To date, 43 sites have received the “Green Light” to re-open and we have welcomed 5 new sites!

34 of our re-started sites have now recruited.

Top 6 Recruiting Sites (as of 24/10/2021)	Overall Recruitment
Leeds	131
Musgrove Park	121
Northumbria	77
Stockton	76
UH Bristol	53
Milton Keynes	47

The following recruitment tips were shared by sites in our Restart Meetings:

Addressing a lack of ‘buy-in’ from other staff

- ❖ Successful centres told us how they had optimised Trainee & Research Nurse links

Focus on trainees. If a trainee asked their consultant: “would you mind if enrol this patient to study?” They wouldn’t say no.

“consultants give the PIL, but don’t do the consenting ..the research nurse and registrars talk to patients in clinic something about the Sunflower study”

- ❖ Another message was “Don’t worry, buy-in will come”

Sunflower will be open for while yet. It might take time but others will eventually start to join in

A headline message was that ensuring there were good communication channels could help to improve enthusiasm for the study

Addressing the reduced face-to-face contact with patients

- ❖ Here is an example of what site staff told us about how they had used the postal consent process and improved success by combining with telephone calls

If we see a patient in clinic and they say “I’ll have the patient information to take away” they’re usually quite happy to discuss it at a later time.

Following up with a phone call works really well.



Total recruitment:

2,951 / 13,680

Advice for sites who are struggling to recruit patients



❖ Focus on specialist clinics:

"We have dedicated gallstones slots in my clinic . So we know that every Thursday four patients with gallstones are coming to the hospital. So we have the research team on hand to help recruit within those two hours"

"We're going move to gallstone only clinics and that means our research team will be able to focus on those clinics in particular, approaching all patients in a dedicated concentrated period of time"

❖ Optimise trainee role:

"We have some very enthusiastic trainees who can take on the mantle of recruiting patients acutely. We put them on our emergency list and get through quite a few every week."

The NIHR has confirmed that the Sunflower study can now have a **radiology Associate PI in addition to a surgical API** at the same site, at the same time.



In order to do this, your site simply needs to provide a named radiology lead on the API registration form.

If you know of a radiology trainee who is interested in the study and might be keen to sign up, please let them know and ask them to contact the Trainee Coordinator for instructions tailored to Sunflower. They will need to approach a radiology consultant who will oversee the completion of their API tasks over six months.

Addressing limited radiology capacity



❖ Relationship building tips were shared:

"We've had a chat and almost anytime we've put on the request 'Sunflower', they'll get them done ASAP"

❖ Suggestions for managing workload concerns were reported:

"it's showing radiology that of the patients you are putting in only 1 in 3 will have a scan- whereas previously 2/3 had an MRI"

"We explained the reason for the study is to reduce the instances of MRCPs. Rather than heighten the load we're trying to reduce the load."

❖ Encouraging radiology to monitor activity helped some sites:

"Radiology reported back that they've seen a reduction because there's been less referrals to them. So their waiting list is actually not as bad"

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