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Dear Research interested GPs and Practice Managers

Re: Do-Well – randomised controlled trial of a domiciliary welfare rights advice service for people aged 60 and over recruited from general practices in the North East

We hope that your practice will be willing to participate in the Do-Well RCT (information leaflet enclosed), which has been funded by the National Institute of Health Research (NIHR), Public Health Research Programme. The study has received NHS ethical and governance approval.

The trial aims to evaluate the impact on health of domiciliary welfare rights advice for older people recruited via general practice. Our pilot RCT, carried out in the North East, showed that the intervention and trial was acceptable to participants and to GPs. 1, 2

The intervention had immediate benefits to participants in terms of financial and material assistance, and a qualitative study showed that mental health and wellbeing was enhanced. A definitive evaluation is required to assess health outcomes objectively.

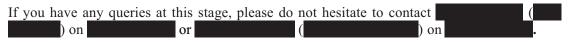
We have identified your practice as potentially eligible as you serve areas of high socioeconomic deprivation. It is possible that some practices will already have in-house welfare rights advice services for older people – if this is the case you may not be eligible for the trial. However, we would be happy to discuss this with you.

Participation in the study will require administrative input rather than additional time during consultations. Essentially, we will be asking your administrative staff to: (i) select a random sample of 300 people aged 60 and over from your practice list; (ii) send out a signed letter from the GPs inviting your patients to participate in the study; and (iii) collate the responses. To facilitate this, the research team will provide clear instructions and produce signed letters (using electronic signatures) on practice headed notepaper for you, as we know that this increases recruitment. There is Primary Care Research Network (PCRN) support for this study and your administrative costs will be reimbursed.

Our recruitment target is approximately 38 patients from each practice in the study. Your patients' involvement may generate some benefit-related clinical workload. This is most likely to involve GPs completing a short section on Attendance Allowance forms; welfare rights advisors will undertake remaining work. We will keep records of benefits accrued and, if it is your normal practice to charge for benefit form completion, will reimburse the practice the usual fee per patient at the end of the intervention period.

If you are willing to participate, the research team and welfare rights officers will be happy to meet with the practice team to give a brief overview of the research, discuss the practicalities and any questions that you may have. This should take no longer than 30 minutes. However, if it is difficult to arrange such a meeting with clinical staff, we can meet with the practice manager and administrative staff to outline procedures. Just let us know what would work best for you.

We do hope that you will be able to participate in this trial. This is an intervention with the potential to make a huge difference to the well-being of older patients. Please return the reply slip attached indicating whether you are or are not willing to participate. If you would like to see further information (*e.g.* the full trial protocol), please let us know.



We look forward to working with you on this exciting project.

Yours sincerely,

Fuse - UKCRC Centre for Translational Research in Public Health www.ncl.ac.uk/ihs
www.fuse.ac.uk

References

- 1. Mackintosh J, **White M**, Howel D, Chadwick T, Moffatt S, Deverill M, Sandell A, Randomised controlled trial of welfare rights advice accessed via primary health care: pilot study [ISRCTN61522618]. *BMC Public Health* 2006; **6**: 162
- 2. Moffatt S, Mackintosh J, **White M**, Howel D, Sandell A. The acceptability and impact of a randomised controlled trial of welfare rights advice in primary care: qualitative study [ISRCTN61522618]. *BMC Public Health*, 2006; **6**: 163