SWAT 20: Optimum time and day to send invitation letter for trials

Objective of this SWAT
To determine the effects on the involvement of healthcare professionals in trials by the timing of the delivery of the invitation letter by email (day of delivery, morning versus afternoon).

Study area: Recruitment.
Sample type: Healthcare professionals.
Estimated funding level needed: Low.

Background
Previous work investigating the optimum time to send invitation letters to healthcare professionals to invite them to take part in trials was probably focused on the delivery of a paper copy of a letter, delivered by the traditional postal system. This needs to be re-visited because the mechanism for the communication and exchange of information has changed from paper, to emails and internet links. These can be delivered and accessed at anytime, anywhere, and working hours are no longer confined to Monday to Friday, 9am to 5pm. This SWAT will re-assess whether there is an optimal time to receive an invitation letter to a trial (via email). It was designed during a workshop at the Health Services Research and Pharmacy Practice (HSRPP) Conference in Northern Ireland in April 2015.

Interventions and comparators
Intervention 1: Be sent an email containing the invitation letter for a trial (or link to it) on a given day and at a given time (e.g. Monday morning).
Intervention 2: Be sent an email containing the invitation letter for a trial (or link to it) on a different day and time.

Index Type: Method of Invitation, Site Selection

Method for allocating to intervention or comparator
Randomisation.

Outcome measures
Primary outcomes: Response to the email invitation.
Secondary outcomes: Time to response; completeness of response; agreement to join the trial.

Analysis plans
The primary analysis is the comparison of the proportion of healthcare professionals that reply to the invitation letter in the different randomised groups.

Possible problems in implementing this SWAT
Problems that might be encountered include ensuring that records are accurately kept and randomisation strictly adhered to and the impact of sending reminders to the healthcare professionals (which might be a requirement for underlying trial and would need to be recorded and accounted for in the analyses).

Person to show as the source of this idea: Helen McAneney and attendees at the Health Services Research and Pharmacy Practice (HSRPP) Conference.
Contact email address: h.mcaneney@qub.ac.uk.
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