Population

People presenting in primary care with gout flares (including people with gout and CKD) who are not on long-term gout treatment. This includes people who present with their first flare of gout and those who are presenting with their second or subsequent flares of gout but not currently on long-term treatment for gout.

Intervention	Provision of patient information looking at the type and style of patient information that is patient-centric. What are the best modes of information delivery including: • frequency and duration of follow-up • which healthcare professionals should lead the follow-up • which settings (community versus
Comparator	 secondary/hospital-based care) Current standard of care Other modes e.g different frequencies and duration of follow-up Different healthcare professionals leading follow-up Community compared to secondary/hospital-based care
Outcome	 Percentage of patients starting on long-term treatment for gout adherence of long-term treatment once started, drop-out rates from long-term treatment acceptability rates of gout flare over 1, 2, 3 and 5 years patient understanding of gout health related quality of life measures (Gout assessment questionnaire and the Gout impact scale) pain (VAS) frequency of flares joint swelling patient global assessment of treatment success (VAS) adverse events (cardiovascular, renal, GI) admissions (hospital, A&E, urgent care) GP visits costs.
Study design	RCT unblinded study design or cohort study
Timeframe	Short and medium term
Additional information	High: the research is important in analysing the causes of and finding pragmatic ways to reduce inequalities and variation in care, and essential to inform future updates of key recommendations in the guideline.