

NIHR SCHOOL FOR PRIMARY CARE RESEARCH (SPCR)

Annual Report Feedback 2015/16

Feedback on Annual Report:

**PART A: Report of the School for Primary Care Research research contract
(managed by CCF)**

1. Strategy Update

Overall, we would like to thank you for submitting a detailed and complete annual report. We understand that this is quite a task to get nine institutions to submit updates and we commend your efforts. It was noted that in the first year of the renewed contract you have made efforts to solidify the membership of the School including new, existing and old members. We are pleased to read that you have successfully commissioned new research and that further three funding rounds are planned for the new contract. It is also promising to read about the possibility of a pan-School Infrastructure priority project or projects. This will continue to imbed the collaborative nature of the School and utilise the expertise and capacity within the membership.

2. Research Highlights

Within this section of the report, you have clearly detailed the ongoing strength of the School to commission quality research right from the beginning of the new contract. We are pleased to read that 95 projects have been commissioned during this reporting period and that some are already preparing to publish or have already published. This illustrates that SPCR is continuing to work together and perform high quality research.

We were pleased to read about the developing work with rapid development projects, such as Project 243 focusing on GP workload. We noted that this project leveraged funding from the Policy Research Programme and was collaborative project between Oxford and Bristol. This project focused on an important area for general practitioners and the NHS and resulted in interesting findings and potential implications around increased consultation times and strains on practices. We congratulate you on your publication in the Lancet for this project and look forward to reading about any future developments in this priority area.

In other projects listed, we acknowledge the work performed to reform the revised NICE familial hypercholesterolemia guidelines as well as inform primary care strategy for Heart

UK. We encourage these collaborations with other NIHR organisations, health organisations and charities to use the knowledge of the School and research findings to impact primary care practice. The tool kit developed to identify individuals with or at high risk of sarcopenia will be intriguing to follow and monitor how this tool is taken up into practice. We note that a few projects like Project 243 are focusing on general practitioner work, well-being and mental health. Project 298 gave fascinating insight into why doctors burn out and the type of approach that could be implemented to minimise this. We hope to hear how the findings of this study progress and if further research is performed into ways of limiting burn out. It was very interesting to read the findings of these studies as they are focusing on an important area that not only affects the individual doctor but the patients and their level of care. We look forward to hearing about how this research goes on to affect doctors and primary care practice and congratulate you on the publications resulting from this research.

From the report, we note that the stakeholder event to inform the future research priorities for the Cochrane Tobacco Addiction Group was a success and resulted in identifying eight priority areas for research. We encourage events such as this as well as continued stakeholder engagement and hope to see research focusing on these identified areas appearing in the future.

3. Impact on Primary Care Practice

The annual report clearly illustrated the impact of ongoing and completed work. We are very pleased to read about the work surrounding multimorbidities in primary care as this is a current NIHR priority area. The HealthTalkOnline interface is an achievement and will hopefully have a beneficial impact on patients living with numerous medical conditions. It is noted that a number of publications have resulted from the School's work into multimorbidities and that new NICE guidance has cited this work as well as guidance produced by Royal College of General Practitioners. We appreciated the further information given in the first Added Value Example and are pleased to see the leveraged funding from HS&DR to support the randomised control trial for the '3D' intervention for managing multimorbidities. This is an achievement for the School and we look forward to reading about continued research and impact.

We commend the School on further involvement with NICE guidance revision, such as the findings from the MoleMate Trial. These are clear examples of this impact that SPCR is having on primary care practice. We note how trials from the previous contract such as the trial focusing on anti-depressant prescribing and projects described in the Added Value overview sheets have gone onto become successful Programme Grants. This is brilliant news and true illustration of how high quality research can progress through the NIHR framework. We acknowledge the completion of these projects and the promising research findings. We look forward to hearing about the dissemination of these results, further research in these areas and the continued collaboration with stakeholders.

We are pleased with the accomplishments of the School over the first year of the renewed contract and wish for its continued success. It is encouraging to see the high levels of dissemination.

4. Patient and Public Involvement/ Engagement

We note the range of examples of patient and public involvement (PPI) in the School's research studies including the involvement of a service user researcher as a co-applicant. Together these examples clearly demonstrate PPI in operation throughout the stages of the research cycle and the descriptions of the difference PPI has made are enlightening.

5. Management and Governance Arrangements

We acknowledge the changes that have occurred since submission of the business plan. We welcome the idea to use an external commissioning Panel for collaborative funding decisions as this limits any potential conflicts. The external peer review of the shortlisted applications is preferred as this ensures that high quality, relevant research is put forward for funding and we agree with the Board on this decision.

We acknowledge the addition of the Trial Monitoring Group and the benefit this will have on keeping track of trials within the School.

6. Forward Look and Additional Information

From what we have read the first year of renewed School for Primary Care Research has been successful. We note that the next funding round is on schedule with the next two funding rounds launching this year. Continued networking, collaborative priority setting and evidence syntheses are encouraged and we are happy to read that the School will continue this in the coming year. We continue to support the leveraging of external funding and can see that studies supported by SPCR do lead onto funding opportunities from other NIHR and non-NIHR funders. There are a number of studies that could attract media attention, so please keep us updated on these. All press releases should be sent to the NIHR as the Communications team will need to assess these and depending on the topic the Department of Health may wish to obtain a ministerial quote to accompany the press release. Therefore, it is important that these are sent at least 14 days prior to the press release date.

We look forward to hearing about the further progress of current trials and future commissioned work. It was positive to hear that you will continue to increase general practitioner involvement and talks with the new chair of the Royal College of General Practitioners sound very promising. We also appreciate that we had the opportunity to attend the School's Board meeting. We would like this to continue as it offers us valuable insight into the workings of the School as well as a platform for discussing the School's position amongst the NIHR broader landscape. We would welcome any future invitations to attend.

We are pleased to see that the capacity development contract has been successfully implemented and that this strategic contribution is aiding progression along the clinical academic training pathway.

Thank you again for all of your hard work in compiling this robust and informative annual report. We wish you every success for the next year.

PART B. Report for the School for Primary Care Research Capacity Development Contract (managed by NIHR TCC)

1. Update and Training Highlights

We acknowledge that there were a significant number of publications produced by recipients of SPCR awards during 2015/16. We were aware from our regular meetings about the challenges of recruitment to the ST3 ACF positions and look forward to future reports of how the increased funds for the seed corn and bridging funds have been used. We would welcome additional narrative description of highlights, such as some summary of good examples of use of bridging/seed corn funding, PhD completion rates or ongoing career progression of trainees.

2. Patient and Public Involvement

We welcome the appointment of a PPI Officer however there was no information provided on how patients and the public have been involved in funding decisions or processes, or any steps that are being taken to address this for the Research Capacity Development Contract. There also could have been further examples of PPI training for trainees. We would appreciate further comment on how this plans to be strengthened in the coming year.

3. Management, Finance and Governance Arrangements

We note the two minor amendments to the management, finance and governance arrangements since the submission of the business plan. We are keen to understand the rationale and implications/resource savings from moving from a two-step to a one-step process. Please provide further details this. We note that there was no mention of the overlapping contracts and excess funds received which will result in a variation to contract. We suggest that this is added to the report for completeness.

4. Forward Look and Additional Information

We congratulate the School on their success in leveraging additional funding from Wellcome Trust to support a new programme for Primary Care Clinicians. We would welcome involvement in the discussions regarding the inclusion of the cohort in the SPCR portfolio especially with regard to how this cohort are evaluated alongside the overall NIHR portfolio.

With regard to the potential future hosting of the national GP ACF conference, the TCC IAT team would be happy to discuss options for collaborative working in this area ACF events are planned by TCC for 2017 which the SPCR may be interested in.

We appreciate the involvement of Professor Mallen in the current NIHR strategic review of training and welcome hearing his views on the report for Medical Education England.