

NIHR SCHOOL FOR PRIMARY CARE RESEARCH

Annual Report for the 2015-16 Financial Year

PART A:

Report of the School for Primary Care Research contract (managed by CCF).

3. SUMMARY SENTENCE

Please provide a sentence that captures the very high level achievements of the School. This may be used by the Department of Health for providing quotes as part of Ministerial updates.

A quote from a recent blog about the School's 10th anniversary research showcase (<http://bjgpblog.com/2016/11/24/happy-birthday-to-the-nspcr/>):

'The School's reputation to produce evidence with a patient-centred approach has influenced the development of policy, general practice, patient and public involvement and academic endeavour. Sound partnerships have strengthened the School over the years and collectively we offer a wealth of experience from a wide range of specialties and disciplines.'

4. STRATEGY UPDATE

Please provide an update on the research strategy of the NIHR SPCR, highlighting any major progress or developments and any significant changes since the submission of its most recent business plan:

Our business plan states:

The School's planned programme of research and training will build on established collaborations and add value to existing funding, increase research capacity, and result in high quality published research with practical relevance to primary care. The School creates a critical mass of research expertise and funding through coordinated and collaborative working across the country, driving forward the development of new and under-researched research topics. The School commissions high quality research, awarded through internal rounds of competition between partners, judged by independent referees and a panel chaired by an independent team, to meet its aims.

Over the past year we have cemented the collaboration between the new School members, reconnecting with colleagues in Cambridge and establishing new networks with colleagues in Newcastle. We have successfully commissioned a range of research projects under our 9th, 10th, 11th and 12th funding rounds. We planned to have our 13th, 14th and 15th funding competitions under this contract and these are or will be underway shortly. We will now have a further funding round to ensure that the whole SPCR award is committed and utilised before renewal in 2020. The Board is also in discussion about funding some pan-School infrastructure projects in areas of strategic priorities.

5. RESEARCH HIGHLIGHTS

Please provide a description of highlights of research funded by the NIHR SPCR award in 2015/16, including examples of how the School has increased the evidence base for primary care practice and an overview of new research projects or new areas of research activity. Please place most emphasis on the most recent activities of the School:

The School has commissioned 95 projects in the period covered by this report. Many of these projects are still in progress however may have indicated that they have papers in preparation and in press. Many more have presented their work in progress at national and international conferences. Several studies have already resulted in high profile publications.

(Project 243 Hobbs and Salisbury) In the business plan 2015-20 we described how we would allocate research funds to projects which the Board felt were of strategic importance and to allow the School to respond rapidly to emerging national initiatives. In the reporting period the following project was funded for rapid development:

GP workload Understanding the volume and content of general practice consultations: the 5th National Morbidity Study £356k (Led by Oxford and Bristol but involving all 9 partners). This work also attracted some PRP funding and has already resulted in an output in a high impact journal:

Hobbs FDR, Bankhead C, Mukhtar T, Stevens S, Perera-Salazar, Holt T, Salisbury C. Clinical workload in UK primary care: a retrospective analysis of 100 million consultations in England, 2007-14. The Lancet 2016; published online 5 April 2016. [http://dx.doi.org/10.1016/S0140-6736\(16\)00620-6](http://dx.doi.org/10.1016/S0140-6736(16)00620-6)

The project has also supported NHSE directly.

An analysis of the workload in primary care from 2007 to 2014, conducted by researchers at the Universities of Oxford and Bristol, found that increases in average consultation rates rose by 13.5% over the seven year period. The research, published in The Lancet, found that people are visiting their GPs more often, and are having longer consultations than they were in 2007, resulting in a 16% rise in clinical workload. Researchers suggest that the overall primary care system in England may be reaching "saturation point." The study is the most comprehensive analysis of workload in primary care to date and involved an analysis of anonymised electronic health records from 100 million consultations with GPs and practice nurses in England. The data, obtained from 398 GP practices, was equivalent to 2.5million patient years of observation recorded in seven years

Lead author, the School's director Professor Richard Hobbs, from Oxford University's Nuffield Department of Primary Care Health Sciences, said "Most English practices offer patients 10 minute appointment slots, based on the expectation that some consultations will be shorter or patients won't show up, so longer consultations can be accommodated within the booked clinic. Since the average face-to-face consultation is now approaching the 10 minute threshold, there is no longer any slack - GPs and nurses are now consulting throughout the booked clinic without a break and demand for those clinic slots is rising."

Because consultations are both happening more often and taking longer, the combined effect is that the overall workload of doctors and nurses in general practice has increased by 16% over seven years, while time spent by GPs with patients has increased by 18%. This increased workload for GPs is equivalent to almost an extra working day each week. These findings may explain why people are finding it increasingly difficult to get an appointment"- Co-author, Professor Chris Salisbury, Centre for Academic Primary Care, University of Bristol.

(Project 266 Qureshi Implementing diagnostic genetic testing for familial hypercholesterolaemia (FH) in primary care: qualitative study) Thus far, through membership of NICE guideline development group, this study is informing the revised NICE FH guidelines Also the research is directing primary care engagement strategy of the DH/BHF standing committee on FH. As the feasibility study involves direct interaction with practitioners and practice managers from general practices within local CCGs, the research team has been able to further raise awareness of NICE guidance and gain valuable contributions to inform further substantive research to enhance identification of FH in general practice. The team has

liaised with HEART UK to develop a patient information leaflet for diagnostic testing for FH in general practice, thus informing the primary care strategy of Heart UK.

Qureshi et al. Identification of familial hypercholesterolaemia in non-specialist clinical settings. Protocol 0222: Registered 07/16. Cochrane Database of Systematic Reviews.

Qureshi N, Weng S, Tranter J, Kai J et al. Feasibility of improving identification of familial hypercholesterolaemia in general practice: intervention development study. BMJ Open 2016;6: e011734. doi:10.1136/bmjopen-2016-011734

Qureshi N, Kai J, Middlemass J, Dhiman P, Cross-Bardell L, Acharya J, Li KW, Humphries SE, Standen PJ. Comparison of coronary heart disease genetic assessment with conventional cardiovascular risk assessment in primary care: reflections on a feasibility study. Primary Health Care Research & Development 2015;Epub 1-11 doi: doi:10.1017/S1463423615000122.

(Project 278 Wannamethee Assessment of sarcopenia in primary care: identifying potential practical tools for assessment and scope for intervention) Sarcopenia, the loss of skeletal muscle with age, is now recognised as a major clinical problem in older people and leads to frailty, falls, disability, hospital admissions and increased mortality. The European Working Group on Sarcopenia in Older people (EWGSOP) has defined sarcopenia on the basis of low physical performance (walking speed, hand grip strength) and low muscle mass, which are not easily measureable in routine clinical practice in primary care. Risk assessment for sarcopenia in old age within primary care has received little attention and a simple easily applied measure to identify sarcopenia specifically in primary care settings has yet to be developed. This study used data from a cohort of 1722 older men aged 72-91 years from general practices in 24 British towns to develop an easy-to-use tool to identify those with or at high risk of sarcopenia.

E Papachristou, S. Goya Wannamethee, L Lennon, O Papacosta, PH. Whincup, S Iliffe, S Ramsay. Ability of Self-Reported Frailty Components to Predict Incident Disability, Falls, and All-Cause Mortality: Results From a Population-Based Study of Older British Men. Journal of the American Medical Directors Association (2016).

(Project 282 Riley Doctors as patients - a qualitative study to explore the barriers and facilitators to help - seeking by General Practitioners with mental health problems: improving access to care)

The researchers attended a meeting with NHS England commissioners and communicated the early findings from this study. This will help shape the development of a NHS England commissioned service for GPs with mental health problems.

Spiers, J., et al., Who cares for the clinicians? The mental health crisis in the GP workforce. British Journal of General Practice, 2016. 66(648): p. 344-345.

High stress and reduced well-being are common amongst doctors, including General Practitioners (GPs). Doctors are more likely to experience mental health symptoms and are at greater risk of suicide compared with the general population. Despite this need, evidence suggests that the NHS workforce, including doctors, have insufficient access, and face barriers, to mainstream healthcare provision. To date, little research has focused on the mental health of the NHS workforce, including doctors working in general practice.

After overwhelming interest from GP participants, from across England, the study researchers have reported that representatives from the Medical Directorate at NHS England have taken on board some of the emerging barriers and facilitators to help-seeking, as reported by their GP participants.

Our GP participants frequently report struggling in isolation or breaking down and burning out on the job. Meanwhile, support and provision is often patchy, inadequate and difficult to access due to the stigma of mental illness and concerns about confidentiality. Addressing workforce shortages to enable GPs to take time of work and accessing timely, good quality care and enabling doctors to return to work is therefore crucial in ensuring the mental health needs of doctors are met." - Ruth Riley, Principal Investigator.

(Project 298 Panagioti) Burnout in general practitioners: a systematic review of relationships with patient safety and a feasibility study of the measurement of burnout

Publication is outside of the reporting period but included here as work undertaken in 15-16

Controlled Interventions to Reduce Burnout in Physicians A Systematic Review and Meta-analysis.

Maria Panagioti, Efharis Panagopoulou, Peter Bower,

George Lewith, Evangelos Kontopantelis, Carolyn Chew-Graham, Shoba Dawson, Harm van Marwijk, Keith Geraghty, Aneez Esmail,

JAMA Internal Medicine. Published online December 5, 2016. doi:10.1001/jamainternmed.2016.7674

Current approaches to dealing with burnouts in doctors on an individual case-by-case basis are not effective. According to recent research at the Universities of Manchester and Southampton, the issue should instead be tackled with organisation-wide initiatives.

A meta-analysis study, which brought together the results of previously conducted research, was carried out to explore the effectiveness of interventions in reducing burnout in doctors. It explored the comparison between doctor-directed interventions that target the individual and organisation-directed interventions that target the working environment. The strength of the doctor's experience and the particular healthcare setting they worked in was also assessed.

The research concluded that while doctor-focused tactics such as mindfulness and cognitive behavioural are important, the greatest success at preventing and reducing burnout in doctors can be achieved through the adoption of organisation-directed approaches such as improved working environment and organisational culture.

Burnout is a major problem in the healthcare industry and is often driven by excessive workload, imbalance between job demands and skills, a lack of job control and prolonged stress. It is a syndrome consisting of emotional exhaustion, depersonalisation, and a diminished sense of personal accomplishment. Importantly, burnout can result in an increase in medical errors, reduced quality of patient care, and lower patient satisfaction.

Our findings clearly show that we need more effective intervention models to prevent burnout in doctors. Such models could be organization-directed interventions which promote healthy individual-organization relationships and view burnout a problem of the whole healthcare systems." Dr Maria Panagioti, Research fellow in Primary Care at the University of Manchester

(Project 311 Cochrane Tobacco Addiction Group twentieth anniversary priority setting (CTAG taps Lindson-Hawley)

Lindson-Hawley N, Heath L, Hartmann-Boyce J (2016). 20 Years of the Cochrane Tobacco Addiction Group: Past Present and Future. Nicotine Tob Res (online first). doi: 10.1093/ntr/ntw274

The research team based at the University of Oxford held a stakeholder workshop to inform future research priorities for the Cochrane Tobacco Addiction Group (CTAG) as part of the group's 20th anniversary. The stakeholder engagement forms part of a wider School funded study to gather evidence to inform smokers and healthcare providers of ways to prevent or stop smoking.

The workshop followed a two-stage research prioritisation survey, which generated over 680 questions from more than 300 people, 183 of which are currently unanswered by research. The workshop set out to hone down these questions into a set of actionable priorities for the CTAG group and wider research community, as well as to develop new insights into how systematic reviews by the group can be better disseminated to inform policy and practice.

The workshop attendees highlighted 8 key research themes, with the final consensus exercise identifying "addressing inequalities" as the priority theme for future research. This included questions such as supporting people in hard-to-reach and low socioeconomic groups to quit, and finding the most effective interventions and preventative strategies.

Highlights in 15-16 from research funded in previous years

Three of the North American Primary Care Research Group (NAPCRG) PEARLS (practical evidence about real life situations) that were been awarded in November 2015, were for School funded work). These were selected as the top research studies presented at the NAPCRG Annual Meeting that will impact clinical practice. The three studies were:

Professor Alastair Hay (Bristol) 'Oral Steroids for Acute Cough (OSAC): A UK Multi-Centre, Placebo Controlled, Randomised Trial'.

Dr Grace Moran (Birmingham) 'Not as Transient as the Name Suggests: Fatigue, Psychological and Cognitive Impairment Following Transient Ischemic Attack (TIA)'

Dr Grace Moran (Birmingham)'Missed Opportunities for Prevention of Stroke and Transient Ischaemic Attack (TIA) in Primary Care'.

In addition, Grace won the Distinguished Paper Award in 2015 for Missed Opportunities for Prevention of Stroke and Transient Ischaemic Attack (TIA) in Primary Care and her presentation was mentioned in a Canadian Medical Association Journal blog 'Highlights of NAPCRG 2015' by Domhnall MacAuley.

6. TRAINING

Please describe any highlights from the education/training provided for your NIHR SPCR over the last year - which is not part of the Research Capacity Development Contract, eg training/support for investigators etc.

We have no examples to report here as all of the School's training and development activities fall under the contract managed by TCC.

7 IMPACT ON PRIMARY CARE PRACTICE

Please provide descriptions of impacts on primary care practice or policy arising from research undertaken by the School, explaining precisely how the research has contributed to changes in practice or policy (rather than simply stating that it has made a contribution):

Multimorbidity

A new online resource has been launched to help patients with several long term conditions to not only self-manage their treatment approaches across multiple conditions but to help influence the tailored nature of treatment required by NICE in the new guidelines.

The healthtalk.org "**Living with multiple health problems**" section presents patients' experiences of coping with the complexities of multiple illnesses. Users of the website are able to access more than 200 extracts in video, audio or written format from interviews with real patients discussing various aspects of living with multimorbidity as well as advice on self-management of treatments and juggling all the required medication across multiple conditions.

The main challenges facing patients with multiple conditions are managing sometimes conflicting treatments, deciding what to prioritise, coordinating the care received from different professionals and

generally overcoming sometimes poor communication from those professionals.

The study was co-funded by the School and the **Greater Manchester Primary Care Patient Safety Translational Research Centre**.

Press release by University of Manchester **'NICE guidelines on treating multiple health conditions in a single patient supported by a unique online self-management resource'**.

The SPCR has funded a number of projects on the theme of multimorbidity in primary care, which are described below. The papers resulting from these studies have been highly cited and influential, including being cited in several official reports including the recent NICE guidance on multimorbidity and guidance from the Royal College of General Practitioners. The latter report used the 3D intervention described below as a case study of how to improve management of multimorbidity. Across England and Scotland 33 practices are involved in a pragmatic trial of the 3D intervention to measure benefits for patients. The guidance which has been influenced by our research is likely to lead to changes in clinical practice across the UK

The launch date of the module was planned to coincide with the release of clinical guidelines on the management of multimorbidity by the UK National Institute for Health and Care Excellence (NICE).

The NICE guideline on multimorbidity is different from previous guidelines (which are focused mainly on the costs and efficacy of different treatments for specific diseases). In the case of people with multiple long-term conditions, attention is now focused on decision-making dilemmas for people juggling multiple treatments for their conditions, and the dangers of over treatment (or 'treatment burden'). A particular risk lies in 'adding drugs on and on and on' to a person's prescription (known as 'polypharmacy' in the prescribing literature). The new guideline is as much about getting the *right* combination of treatments, as getting access to new treatments. The NICE guideline recommends a 'tailored' approach to care following an assessment of individual patient priorities.

Cancer

Between 2007 and 2010, Fiona Walters (Cambridge) received School funding to conduct the MoleMate Trial to investigate the melanoma. She examined the effect of adding a diagnostic aid, the MoleMate system, to manage suspicious lesions. The findings influenced the revised NICE guidelines for suspected cancer in 2015 and underpinned the development of new approaches to the systematic use of best practice guidelines.

<http://www.phpc.cam.ac.uk/pcu/nihr-10-equipping-gps-tackle-cancers-effectively/>

The MoleMate paper Effect of adding a diagnostic aid to best practice to manage suspicious pigmented lesions in primary care: randomised controlled trial won RCGP Research Paper of the Year Award in 2015.

Data analysis

The University of Nottingham is the world-leader in research that uses the analysis of primary healthcare data to drive improvements in primary care, according to a study published in the journal BMJ Open. **Professor Julia Hippisley-Cox** was recognised as being amongst the top 10 in the field globally for her work using the QResearch clinical research database to predict risk of serious illness. Evolution of primary care databases in UK: a scientometric analysis of research output concluded that the UK

Mental Health

Tony Kendrick was awarded an NIHR SPCR project grant no.214, on 'How has the GP management of depression changed in the last 10 years? Exploring the effects of the QOF, the economic recession and NICE guidelines on rates of diagnosis, antidepressant prescribing and referrals', from January 2014 to July 2015 (www.southampton.ac.uk/medicine/academic_units/projects/cprd.page), together with Prof

Michael Moore, Dr Beth Stuart, and Dr Adam Geraghty.

The study found that rates of recorded depression in English general practices were falling prior to the economic recession but increased again subsequently, among men, associated with increased unemployment. Rates of GP antidepressant treatment for patients with incident depression fell following introduction of NICE depression guidelines and QOF payments for assessing depression severity, but treatment rates for recurrent depression increased. Prescription numbers increased due to longer treatment courses. It was concluded that, to impact on antidepressant prescribing rates, guidelines and performance indicators must address inappropriate recurrent and long-term prescribing, rather than initial treatment decisions.

The study findings were published in two papers:

1. Kendrick, Tony, Stuart, Beth, Newell, Colin, Geraghty, Adam W.A. and Moore, Michael (2015). Changes in rates of recorded depression in English primary care 2003-2013: time trend analyses of effects of the economic recession, and the GP contract quality outcomes framework (QOF). *Journal of Affective Disorders*, 180, 68-78. doi:10.1016/j.jad.2015.03.040
<http://www.sciencedirect.com/science/article/pii/S0165032715001792>
 2. Kendrick, Tony, Stuart, Beth, Newell, Colin, Geraghty, Adam W.A. and Moore, Michael (2015) Did NICE guidelines and the Quality Outcomes Framework change GP antidepressant prescribing in England? Observational study with time trend analyses 2003-2013. *Journal of Affective Disorders*, 186, 171-177. doi:10.1016/j.jad.2015.06.052
- Tony Kendrick also wrote an editorial based on the findings:
3. Kendrick, Tony (2015) Editorial. Long-term antidepressant treatment: time for a review? *Prescriber*, 26, (19), 7-10. doi:10.1002/psb.1389.

Following on from this SPCR funded project, Tony Kendrick led on the successful PGfAR application for the REDUCE programme, together with co-applicants Dr Joanna Moncrieff, UCL, Dr Susan Collinson, PPI Representative, Prof Carl May, Southampton, Prof Christopher Dowrick, Liverpool, Professor Gareth Griffiths, Southampton NIHR CTU, Prof Glyn Lewis, UCL, Prof Michael Moore, Southampton, Prof Paul Little, Southampton, Prof Simon Gilbody, York, Prof Una Macleod, Hull, Dr Daniel Meron, Solent Healthcare NHS Trust, Dr Guiqing Lily Yao, Southampton, Dr Geraldine Leydon, Dr Beth Stuart, Southampton, and Dr Adam Geraghty, Southampton.

8. PATIENT AND PUBLIC INVOLVEMENT/ENGAGEMENT

Please provide specific examples of how service users and practitioners have been actively involved in the research undertaken within the School (e.g. in informing or developing strategy, identifying research priorities, participating in the research process itself), detailing the nature of their contribution and the impact this has made. It would be helpful if you could highlight any significant successes as well as any difficulties or barriers experienced, as well as identifying any areas where you would like further support or information:

Although just outside of the reporting period covered here, the SPCR appointed a Patient and Public Involvement and Engagement Officer in November 2016. This was a key objective in the 2015/2016 business plan.

There have been innovative and detailed examples of PPI implemented across the ongoing projects for 2015-16. These reports demonstrate that PPI is increasingly considered to be essential in research across the spectrum of research design, in line with INVOLVE guidelines. Below are some examples that have included PPI at each feasible stage of their research, and include a level of detail that demonstrate the PPI elements of the research project were valued.

Project 170 Alternative Treatments of Adult Female Urinary Tract Infection: a double blind, placebo controlled, factorial randomised trial of Uva ursi and open pragmatic

trial of ibuprofen (Moore, Southampton)

We have a PPI representative on the Trial Management Group (TMG) who reviews all our study documentation that is to be used by or given to patients to ensure that the documents are clearly written and easy to understand and answer any questions that patients may have about the trial. The PPI representative attends all TMG meetings and is fully engaged with the trial management. The PPI representative was consulted on the strategies that have recently been introduced to improve the return rate of fully completed participant diaries. The PPI representative will be involved in interpretation and dissemination of the results.

In addition, a sample of patients have participated in a qualitative interview to find out about their views on antibiotics and alternative treatments for UTIs.

Project 247 Assessing the potential of a data sharing and communication facility within a cessation smartphone app (Q Sense) for patients and NHS smoking cessation advisors (Naughton, Cambridge)

Four PPI representatives provided input in the early stages of the study development. One PPI representative decided to step down from his PPI role having contributed to the wider Q Sense project for several years. One PPI representative who provided ongoing input into the project attended an end of study meeting with co-applicants in March 2016. As part of this meeting they provided feedback on the findings, dissemination plans and future directions for the project. This was an extremely fruitful meeting with very useful feedback, particularly regarding optimisation of the app and the role of new location sensing technologies. Two previous participants of a related Q Sense-orientated study provided PPI input largely at the beginning of the project but were not involved in the later stages of the project. However, we intend to draw on their experience to support dissemination of the findings to key groups and stakeholders.

Project 253 Comparative Effectiveness of Treatment Options for Subacromial Shoulder Conditions: A Network Meta-Analysis (van der Windt and Opeyemi, Keele)

A meeting with a Research User Group (RUG) was held on 5th July 2016 to discuss the review question and approach with patients who have experience of living with shoulder pain. RUG members were invited to share their experiences of currently available treatments for subacromial shoulder conditions, and give their individual opinion regarding the effectiveness of treatments for subacromial shoulder pain by ranking the likelihood of benefit from each treatment included in the systematic review (1-5 scale). The combined scores resulted in an experienced-based ranking of comparative effectiveness of treatments. Once the network meta-analysis has been completed, which will produce a hierarchy of treatment effectiveness based on available evidence, this will be compared and discussed with the RUG. Discussions with the RUG group has also guided planned sub-group analyses for the meta-analysis, based on pain severity, duration, and age. The results of the final, updated network meta-analysis will be shared with our RUG in spring 2017 to discuss implications for future research and practice, and optimal ways of disseminating findings to the wider public.

Project 254 Children and adolescents with musculoskeletal pain in primary care: CAM-Pain feasibility study (Dunn, Keele)

The CAM-Pain study protocol and processes have had extensive patient and parent input from the National Institute for Health Research (NIHR) Rheumatology Clinical Studies Group (CSG) whose role is to assist researchers with refining the research question, assess feasibility, facilitate patient and parent input, comment on recruitment, and comment on study design. In light of feedback for example, inclusion / exclusion criteria and terminology were refined. The study was also reviewed by the GenerationR Young Person's Advisory Group (YPAG) in Liverpool, (a group of child / adolescent users) specifically for review and feedback on study processes and materials including the participant information booklet and questions that we plan to use. The feedback we received from the YPAG resulted in a number of changes e.g. revision of the wording to make it more child friendly and age specific participant information booklets were developed. These processes therefore ensure that the study procedures and materials are appropriate and acceptable for use by the target population of children and adolescents. We will continue to obtain the advice and guidance from patients and families throughout the project development, management, and dissemination.

Project 282 Exploring the barriers and facilitators to help-seeking by GPs (Riley, Bristol)

We have 2 patient/public contributors on the project who have had significant involvement on the project. Both members are involved in steering group meetings, providing advice and input in the study methodology, including aspects of recruitment, providing feedback on key outputs with authorship inclusion (e.g. BJGP Editorial, RCGP annual conference paper and NSPCR poster). One patient who wished to be more involved in aspects of the research process, has received training and mentoring to enable her to code some of the transcripts.

Please also describe how you keep service users, practitioners and the general public informed of the research being undertaken within the School. This could include, among other things, presentations at appropriate events or written communication for a lay readership:

Colleagues in Manchester hosted a film night:

<https://research.cmft.nhs.uk/case-studies/film-night-the-evolution-of-the-patient-experience>

Film Night: the Evolution of the Patient Experience brought public health engagement to the big screen.

From public health films such as 'coughs and sneezes spread diseases' in the 1940s to Theatre of Debate's People Are Messy in 2016, the changing role and responsibilities of patients in their own healthcare was charted through archive footage and contemporary theatre.

The film night was produced in partnership with the NIHR Greater Manchester Patient Safety Translational Research Centre (PSTRC) and was a launch event for healthtalk.org's module on living with multiple health conditions.

9. MANAGEMENT AND GOVERNANCE ARRANGEMENTS

Please provide an overview of the management and governance arrangements for the NIHR SPCR, indicating whether they have changed since the submission of its business plan (and if so, how):

There has been two notable change to the management, finance and governance arrangements for the School since the submission of its business plan for 2015-20.

Firstly, an external commissioning panel has been used to recommend collaborative projects for funding. We implemented this for the first time in 2016 in the second stage of our 12th funding round. The panel reviewed the full applications that the Board had selected from the outline applications. This builds on previous arrangements where collaborative bids for funding were peer reviewed externally to the School by a panel of international researchers.

We will take this one step further for the current collaborative funding round (FR14) as the external commissioning panel will score the outline bids as well as the full proposals and make recommendations to the Board.

The second initiative introduced for projects funded in the 12th funding round is the creation of a Trial Monitoring Group. This is a sub-group of the Board and will provide a trial monitoring function for the School. The group will advise the Board on matters relating to trials funded by the SPCR and will meet quarterly (either face to face or by teleconference). The group will:

- 1) be responsible for agreeing the selection of independent members of the Trial Steering Groups (TSC) and Data Monitoring Committees (DMEC).
- 2) receive the quarterly reports from the lead principal investigator on recruitment and other matters
- 3) receive the TSC and DMEC reports

4) make recommendations to the SPCR Board about any progress, safety or other issues in relation to the trials.

The group will have 5 members and will need 3 members present to be quorate in terms of making recommendations.

10. FORWARD LOOK

Please identify any significant developments (e.g. major research findings or planned initiatives) anticipated in 2016/17, particularly those that are likely to generate media interest:

Our next major initiative is the finalisation of the 14th Funding Round with decisions to be made in June 2017 with projects starting from 1.10.17. It is likely that funding rounds 15 and 16 will be launched in 16/17 so that projects commissioned are able to complete before the end of the current contract.

So that we may continue to build networks and collaborations, the School will convene some working groups around a set of topic areas/methodologies identified as strengths across the School and as priority areas nationally. These may include but not be limited to digital health, mindfulness, mental health and conversation analysis.

The Board is considering an evidence synthesis strand to its work. For doctors and patients to make reliable judgments about the value of a medical test or treatments or the organisation of healthcare, they should have access to the best available evidence. However, basing a decision on one piece of evidence is rarely reliable. Therefore all evidence should be collected, on a specific topic, and summarised. One way to achieve this is by carrying out systematic reviews. This method collects all the evidence on a given medical topic, making a judgment as to whether the evidence is good or bad, and finally summarizing all of this evidence to provide an overall summary of the implications and the effectiveness.

In this program of work a collection of researchers, from all nine partners, are planning on carrying out a number of systematic reviews, of high relevance to the NHS, in collaboration with each other. The topics these reviews cover will include how services offered to patients in primary care can be improved, how new drugs are assessed and technologies for patients from complicated reports, how patients are treated in emergencies and how patients are managed at the end of their lives.

A combination of doctors, researchers, librarians, statisticians, patients, members of the public and other team members will collectively work together to deliver these goals. The results of these reviews have the potential for significant impact on patient care within the NHS and will inform future research and the design of services.

11. Additional Information

Please use the space below to provide us with any other topics that you would like to highlight, or comments you would like to make.

We will ensure that we are focusing on conducting research of the highest international quality, which is genuinely useful to clinical practice in primary care and likely to bring in the best Research Excellence Framework returns. We will continue to think about ways of engaging across the NHS with other professionals, again ensuring that our research remains relevant to the needs of a rapidly changing health service.

We continue to deliberate on the relevance of academic primary care research to 'coal face' GPs and their involvement in research networks and research projects. Although we feel that it is likely that proportionately more general practitioners are involved in research networks and in primary care research

in the UK than almost anywhere else in the world, there is always room for improvement. The new chair of the Royal College of General Practitioners, Professor Helen Stokes-Lampard has been previously involved in the School when she was based at the University of Birmingham and we will seek an early audience with her to discuss issues of mutual benefit.

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

1. SUMMARY SENTENCE

Please provide a sentence that captures the very high level achievements of the School's research capacity development programme. This may be used by the Department of Health for providing quotes as part of Ministerial updates.

A quote from a recent blog about the School's 10th anniversary research showcase (<http://cmajblogs.com/a-primary-care-research-success-story/#more-3715>)

The School has been instrumental in "the creation of an academic career structure that allows aspiring primary care researchers to access career development opportunities, join well mentored and supported PhD pathways, and progress to funded senior academic opportunities"... "and possibly the most important, enabling this new wave of accomplished researchers ensures leadership for the future".

2. STRATEGY UPDATE

Please provide an update on the research capacity development strategy of the NIHR SPCR, highlighting any major progress or developments and any significant changes since the submission of its most recent business plan:

Our 2015 intake of trainees did not have the profile that was anticipated in the business plan. The business plan states aspirational targets for the number of awards that we make each year however we will only issue our awards to those who reach the high quality thresholds.

Eight FTE equivalent studentships were awarded instead of the planned nine. We filled all of the 72 months of post-doctoral fellowship awards available. We offered the full 36 months of GP Career Progression fellowships but one candidate declined their offer as they were also offered an NIHR doctoral training fellowship. Instead of the planned 4 ST3 entry academic clinical fellowships we only awarded one. These changes meant that we would have had an underspend on the forecast budget to NIHR TCC authorised an increase in the seed corn and bridging funds for each partner for 15-16 from £43k to £90k. The plans for these funds have been scrutinised and approved.

5. RESEARCH TRAINING HIGHLIGHTS

Please provide a description of highlights of research training funded by the NIHR SPCR

award in 2015/16, including examples of how the School has increased the research capacity for primary care and an overview of new research training activities or new areas of research capacity building. Please place most emphasis on the most recent activities of the School:

5.1 Seed Corn and Bridging Numbers - please list outputs with partner departments

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Cottrell E, Yardley S. Lived experiences of multimorbidity: an interpretative meta-synthesis of patients’, GPs’ and trainees perceptions. *Chronic Illness*. 2015;12 March: 10.1177/1742395315574764

Yardley S, **Cottrell E**, Rees E, Protheroe J. Modelling successful primary care for multimorbidity: a realist synthesis of successes and failures in concurrent learning and healthcare delivery. *BMC Family Practice*. 2015; 16:23

Cottrell E, Roddy E, Rathod R, Thomas E, Porcheret M, Foster NE. Maximising response from GPs to questionnaire surveys: do length or incentives make a difference? *BMC Research Methodology*. 2015;15:3.

Walsh CP, **Prior JA**, Chandratre P &, Roddy E (2016) Allopurinol use and the illness perceptions of gout patients in primary care. *BMC Musculoskeletal Disorders*

Yardley, L, Ainsworth, B., Arden-Close, E., **Muller, I.** (2015). The person-based approach to enhancing the acceptability and feasibility of interventions. *Pilot and feasibility Studies*, 1 (37), 1-7

Ahmed N, **Prior JA**, Chen Y, Hayward R, Hider S & Mallen CD (2016) Prevalence of cardiovascular related comorbidity in ankylosing spondylitis, psoriatic arthritis and psoriasis. *Clinical Rheumatology*

Prior JA, Roddy, E, Chandratre P, Muller S, Richardson J & Mallen CD (2016) Gout characteristics associate with depression, but not anxiety, in primary care: baseline findings from a prospective cohort study. *Joint Bone Spine*

Simpson JM, Snow SJ, Esmail A (2016) Providing “Special” types of labour and exerting agency: How migrant doctors have shaped the United Kingdom’s National Health Service in Monnaies, L & Wright D *Doctors Beyond Borders: The transnational migration of physicians in the twentieth century*, University of Toronto Press: 208-229.

Ukachukwu V, Duncan RC, Belcher J, Marshall M, Stefanik J, Crossley K, **Thomas MJ**, Peat G. Comparative frequency and associations of medial versus lateral compartment patellofemoral joint osteoarthritis: cross-sectional findings in an adult population with knee pain. *Arthritis Care and Research*. 2016 Oct 1. doi: 10.1002/acr.23110. [Epub ahead of print]. Impact Factor: 3.229

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face to face consultations: A GP survey. (2016) *Brit J Gen Pract.* 66 (648)

Huxley, C. **Atherton, H.** Watkins, J. Griffiths, F. (2015). "Digital communication between clinician and patient and the impact on marginalised groups: a realist review in general practice." *Brit J Gen Pract* 65(641): e813-e821.

Atkins JL, Whincup PH, Morris RW, Lennon LT, Papacosta O, Wannamethee SG. (2016). Dietary patterns and the risk of cardiovascular disease and all-cause mortality in older British men. *British Journal of Nutrition.* 116(7):1246-1255.

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Baker R, Orton E, Tata LJ and Kendrick D. The epidemiology of poisonings, fractures and burns among 0-24 year olds in England using linked health and mortality data. *European Journal of Public Health.* Published online May 2016. DOI: 10.1093/eurpub/ckw064.

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5.3 SPCR Clinical Training Awards - please list outputs with partner departments

Gbinigie, O., Onakpoya, I., Spencer, E., MacBain, M.M. and Heneghan, C., June 2016. Effect of oil pulling in promoting oral dental hygiene: A systematic review of randomized clinical trials. *Complementary Therapies in Medicine*, 26, pp.47-54.

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8. PATIENT AND PUBLIC INVOLVEMENT

Please provide specific examples of how patients and the public have been involved in the research capacity development undertaken within the School (e.g. in funding decision processes).

Jamie Hartmann-Boyce (2013-16 DPhil University of Oxford) received an honourable mention in the Outreach and Public Engagement category at the 2016 OxTALENT awards for an infographic produced to share the preliminary results of The Oxford Food and Activity Behaviours (OxFAB) study with its participants. The OxTALENT annual awards recognise members of the University of Oxford who have made innovative use of digital technology in order to:

- Foster learning and academic practice at either undergraduate or postgraduate level;
- Develop more effective links between teaching and research; or
- Improve impact through outreach and public engagement.

The OxTALENT judges "...commended the team for representing complex statistical analyses in an accessible manner to engage members of the public from a wide range of backgrounds."

As there were no incentives for people to be involved in OxFAB, Jamie felt it was particularly important to share the results with participants in a timely fashion and in as accessible and engaging a manner as possible. Rather than simply summing up the preliminary analysis in a short paragraph, or sharing an academic publication, as is often done, she opted to create an infographic. After analysing the preliminary data, Jamie worked together with Gavin Hubbard, CLAHRC Oxford Communications Officer, to look at the data and decide on the most important facts and findings to share. They then worked to develop the

visuals that conveyed these findings clearly and interestingly to over 1,000 participants.

<https://www.clahrc-oxford.nihr.ac.uk/news/clahrc-oxford-infographic-gets-awards-honourable-mention>

Please highlight any patient and public involvement in research training you have undertaken for trainees?

Lynne Maddocks, Patient and Public Involvement Co-ordinator at the University of Oxford's Nuffield Department of Primary Care Health Sciences gave a presentation to the SPCR trainees at the annual trainee meeting in September 2016. This included pointers to help make the inclusion and engagement of patients and the public beneficial to both the public and the research process in 'PPI - 10 tips to make it easier'.

9. MANAGEMENT, FINANCE AND GOVERNANCE ARRANGEMENTS

Please provide an overview of the management, finance and governance arrangements for the NIHR SPCR research training programme, indicating whether they have changed since the submission of its business plan (and if so, how):

There have been two minor changes to the management, finance and governance arrangements for the School since the submission of its business plan for 2015-20. These are:

- 1) Our post-doctoral fellowships (non-clinical) have been renamed launching fellowships
- 2) The application process for the launching fellowships and GP career progression fellowships has been changed from a two stage process to a single stage (details below).

The University of Oxford hosts the School as the Lead Partner and Professor Richard Hobbs is its Director. Professor Christian Mallen (Keele) is the School Training Lead. The NIHR SPCR Training theme is managed on a day to day basis by the Training Lead, the Senior Scientific Manager (Georgina Fletcher) and the Director (Richard Hobbs). Funding decisions and priority areas for awards are decided by the NIHR SPCR board and operationalised by individual training leads in each host department.

Each partner has at least nominated Training Lead to facilitate joint working across the NIHR SPCR Capacity and Development Programme. This person is a member of a cross School forum that is led by the School's Training Lead with support from the School's Senior Scientific Manager (both are members of the School's Board). The training lead forum meets twice a year to discuss strategy for training and share areas of best practice.

The aims of the SPCR Training Forum are:

- to disseminate and promote excellence in Training and Capacity Development;
- to contribute to the development of bespoke training events, resources and materials;
- to provide a platform for sharing best practice and progress in training methods.

Specifically the Training Lead is:

- Expected to sit on the Training Leads Forum to represent their department;
- Known to NIHR SPCR trainees in their department as the individual (in addition to formal supervision arrangements) from whom they can seek advice about their development needs and NIHR related opportunities. This activity should involve formal interaction with NIHR trainees either individually or as a group;
- Assist the SSM with the timely collection and reporting of information on trainees;
- Proactive in sharing local good practice across the School; and contribute towards the training and development available within the School;
- An active participant in the annual School Trainees' residential meeting.

The School Training Lead and Senior Scientific Manager are members of the NIHR Infrastructure Training Lead Forum. This provides an opportunity for the SPCR to link with training leads in other parts of the NIHR and the ability to discuss common issues in respective training functions.

The NIHR SPCR has developed a system of recruitment procedures that supports host departments to identify talented individuals whilst maintaining national competition in the programme. We have a single stage recruitment process for fellowships with applicants submitting a Standard Application Form. These applicants are then shortlisted for interview by a panel of partner training leads. Interviews scrutinise not only the scientific content of the candidate's research proposal, but also the clinical relevance, potential for patient benefit, methodological rigour, appropriateness of training plan and fit with the individuals career. Independent references are also taken up and made available to the interview panels. Recommendations from the interviews are then approved by the full NIHR SPCR board.

Standardised proforma have been developed (based on NIHR TCC proforma) to monitor and track the success of all trainees. This data is collected annually by the directorate and analysed.

10. FORWARD LOOK

Please identify any significant developments (e.g. major changes to training programmes or planned initiatives) anticipated in 2016/17, particularly those that may impact other NIHR research training programmes:

Four of the nine SPCR partners (Keele, Oxford, Cambridge and Southampton) were successful in an application for a Wellcome PhD Programme for Primary Care Clinicians. The award will fund 4 clinical PhDs a year for a 5 year period starting in 2017. This will significantly help to grow medical capacity at a key pinch point in academic primary care. This success was particularly pleasing because it is the first time that Wellcome has considered that primary care was an eligible discipline in this funding stream. The SPCR Board has agreed that it would be beneficial to add the Wellcome scheme to the SPCR portfolio with the caveat that future intakes of trainees, all nine partners are linked (where possible of course) with a trainee. The exact mechanism is to be decided/agreed but could include joint supervision, collaborative research projects etc.

The School is going to investigate the possibility of hosting the 2018 (or later) national GP ACF conference. We already publicise the conference amongst our trainees but consideration will be given to integrate it or for it to continue in addition to our training programme and thus potentially to avoid duplication of effort in and outside the SPCR. The conference has run for several years (most recently in Birmingham, Newcastle and Brighton) and usually has around 80 delegates which ensures the viability and inclusiveness of the event. The trainees put a great deal of effort into presenting and obtaining feedback for their research in progress and there are training workshops integrated into the programme, including those senior experts. The event is an opportunity to publicise the SPCR and wider NIHR training opportunities and to showcase the awards available to the wider ACF population.

11. Additional Information

Please use the space below to provide us with any other topics that you would like to highlight, or comments you would like to make. This should include any significant changes to the primary care landscape that may affect academic training.

The School will consider the recently published report for Medical Education England "By choice – not by chance" by Professor Val Wass. This reports on a "very powerful anti-GP rhetoric" in the medical schools and "an unpleasant cultural lack of care and respect for general practice".

The SPCR is engaging with the current NIHR strategic review of training. Professor Mallen is a member of the review advisory board. The SPCR will contribute to the various strands of the review, including mapping the trainees across the NIHR, how is robust selection maintained, how are trainees best supported, how is the success of our training programmes measured, what does a modern NIHR faculty look like, what study methodologies will we be using in the future and what skills will the next generation need.