School for Primary Care Research

Increasing the evidence base for primary care practice

February 2018

NHS National Institute for Health Research

I am Research

70 YEARS OF THE NHS 1948 - 2018

The NIHR is celebrating the NHS' 70th birthday by co-ordinating the activities of organisations and individuals, patients and researchers from across the NIHR. This year, the I Am Research campaign will mark the birthday with a campaign in May and events held in the week building up to International Clinical Trials Day on 20 May. The campaign will run through to summer, with a second wave of activity around the NHS' 70th birthday on 5 July.

The NIHR would like to hear about I Am Research and NHS70 events and activities happening in your part of the NIHR and in your local area. You can submit details of local events and activities in this Google spreadsheet.

In addition, the NIHR is collecting stories of patients who have benefited from research, to bring to life their national comms and media activities.

Please include details of any patient case studies from your part of the NIHR in this Google spreadsheet.

"In particular we'd love to create seven stories from patients aged <10 to 70+ years (one for each decade), to fit in with the 70 years of the NHS, or older patients who have taken part in early NHS research."

Simon Denegri
National Director for Patients, Carers and the Public.

Campaign objectives

- Encourage patients, carers and the public to support the NHS and social care by getting involved in research
- Thank NHS and social care staff for their involvement and commitment to research
- Encourage NHS and social care staff to promote research opportunities
- Celebrate key clinical and medical developments and breakthroughs from the past 70 years of the NHS
- Promote a career in research
- Build awareness around how patients can benefit from getting involved in research and participating in clinical studies.

NIHR Senior Investigators

A number of SPCR researchers were recognised for their outstanding contributions to clinical and applied healthcare research in the 2018 NIHR Senior Investigators competition.

New appointments

Tony Avery, Dean at the University of Nottingham's Medical School.

Tim Coleman, Professor of Primary Health Care, University of Nottingham.

Carl Heneghan, Professor of Primary Health Care, Director of the Centre for Evidence Based Medicine, NDPCHS, University of Oxford.

Paul Aveyard, Professor of Primary Care, NDPCHS, University of Oxford.

Susan Jebb, Professor of Nutrition and Dietetics, NDPCHS, University of Oxford.

RE-APPOINTMENTS

Chris Salisbury, Professor of Primary Health Care, Centre for Academic Primary Care, University of Bristol.

Irwin Nazareth, Professor of Primary Care and Population Sciences, UCL.

Louise Robinson, Professor in Primary Care and Ageing, Newcastle University.

Andrew Farmer, Professor and Lecturer, NDPCHS, University of Oxford.

Nadine Foster, NIHR Professor of Musculoskeletal Health in Primary Care, Keele University.

Elaine Hay, Professor and Director, Arthritis Research UK, Primary Care Centre, Keele University.

EMERITUS

Richard Hobbs, SPCR Director and Head of Department, NDPCHS, University of Oxford.

Paul Little, Professor of Primary Care Research, Community Clinical Science Division, University of Southampton.

Trisha Greenhalgh, Professor of Primary Care Health Sciences, NDPCHS, University of Oxford.

David Mant, Emeritus Professor of General Practice, NDPCHS, University of Oxford.

Anne Rogers, Professor of Health Systems Implementation, University of Southampton.

Sue Ziebland, Reader in Qualitative Health Research, NDPCHS, University of Oxford.

Jonathan Mant, Professor of Primary Care Research, Public Health and Primary Care, University of Cambridge.

Newcastle University welcomes new primary care team

Over fifty academic staff transferred from Durham University's School of Medicine, to become part of the newly created School of Pharmacy in the Faculty of Medical Science at Newcastle University. As part of this move the Institute of Health & Society welcomed new members from the primary care team at Durham who will become an integral part of SPCR in the coming months.

Read more.

Evidence Synthesis Working Group

bursaries in systematic review training

The ESWG is offering two bursaries, covering the full course fees of attending a Masters level module from the postgraduate programme in Evidence Based Healthcare at the University of Oxford.

The two modules for which bursaries are being offered are:

Complex Reviews - will focus on providing an understanding of the broader forms of evidence synthesis, and their methods, with a particular focus on complex reviews. Such reviews include diagnostic test accuracy reviews, clinical study reports, individual participant data (IPD), reviews of non-randomised data, and qualitative reviews. (Running Mon 25 Jun 2018 to Fri 29 Jun 2018)

Realist Reviews and Realist Evaluation - will provide participants with a firm grounding in realist review (or synthesis) and realist evaluation. The approaches are theory driven – developing structurally coherent explanations of interventions and test these against empirical data. (Running in November 2018)

The bursaries are particularly aimed at early to mid-career researchers based within the nine members of the SPCR (they do not necessarily have to be existing members of the ESWG). Applicants will be asked to demonstrate how they plan to use the training provided and how this fits with their future development and research plans. Find out more.

BLOG

Developing a Realist review Lens...

Sophie Park, Clinical Senior Lecturer/ Senior Academic/ General Practitioner, UCL

We all have transformational moments in our careers, developing new ways of understanding the world around us. I have always enjoyed the Guardian April Fool spoof as a way of sharing with students how any theoretical lens shapes what is visible (or not) to us as we experience the world. In research, the lens we use for sense-making, is crucial to the production of coherent and good quality research. (Dowling, 2010). There are some important questions to consider when planning and producing high quality research: What is the problem? What questions are useful or interesting? What methods are chosen to examine the problem? What analysis is used? What counts as results? What is the purpose of the research? Read the full blog.

EVIDENCE SYNTHESIS WORKING GROUP

New Associate Editors for Research Involvement and Engagement

Miriam Santer and Amanda Roberts have been appointed as Associate Editors for the co-produced, open-access journal **Research Involvement and Engagement**. Miriam (University of Southampton) and Amanda (patient and carer representative) have worked together on several eczema studies, including HTA-funded BATHE (Bath Additives for the Treatment of cHildhood Eczema) and ECO (Eczema Care Online) Programme Grant. By joining the journal they hope to promote learning around the science and reporting of involvement and engagement in research.

Research Involvement and Engagement (published by BioMed Central) is an interdisciplinary, health and social care journal focussing on patient and wider involvement and engagement in research, at all stages. It is the only journal in this field that is entirely co-produced: all manuscripts are handled by a patient-and-academic- Editor pair, and are reviewed by at least two academics and two patients.

Miriam and Amanda encourage anyone working in patient and public involvement and engagement to consider submitting their research and findings to Research Involvement and Engagement, to help build an evidence base of best practice for patient and public involvement in research.

Seedcorn funding spurs NIHR In-practice Fellowship and publication

Dr Patrick Burch is currently an In-Practice Fellow at the University of Manchester, completing a Masters in primary care research methods (MRes) and helping to evaluate aspects of the NHS diabetes prevention programme (DPP). He co-authored a recent publication 'Regional variation and predictors of over-registration in English primary care in 2014: a spatial analysis' with colleagues Tim Doran and Evan Kontopantelis which prompted his blog 'Working at the sharp end of an NHS initiative: Making sense of GP and nurse views on the NHS Diabetes Prevention Programme' for the NHS DPP website.

Patrick has been a GP since 2012 and had done solely clinical work before becoming interested in research again in 2016. He talks about moving into a more academic role.

"I approached Manchester University in December 2016, keen to get involved in some research. I am interested in many different aspects of healthcare and research and did not have a fixed idea of what I wanted to do. I discussed my position with Professor Kath Checkland and other academics and, through the NIHR School for Primary Care Research, they were able to offer me seedcorn funding in February 2017. This funding enabled me to experience life in an academic primary care department, take part in a research project looking into aspects of GP funding and develop an application for an In-Practice Fellowship."

"Coming from a clinical background, I feel, has given me a big advantage in understanding the relevance and problems with research. I regularly take part in meetings with groups of academics as part of the DPP evaluation project and, despite being inexperienced in academic terms, my input is valued because of my real world clinical experience. From a clinical perspective, engagement with research has made me question the validity of many of the practices/treatments that we take for granted and think more deeply about why we do what we do."

Taking the lead on International Women's Day

#PressforProgress

Helen Stokes-Lampard, Chair of the RCGP, spoke to the School about her ambitions for the next generation of General Practitioners in celebration of International Women's Day on 8 March.

What are the key challenges facing women in academic primary care?

The greatest challenge, particularly for women who have taken time out to be carers and to have families, is to be taken seriously when working part-time. Allowing women to work part-time has been normalised but there are negative perceptions that we need to shift.

We are in a system that is a consequence of the people who set it up, and those people, our fore-bearers, are generally men who didn't have the pressure to work flexibly. The culture of hard work and long hours is tied to being visible in the office. A trusting acceptance that professionals often work well flexibly, remotely, those things should mean we are moving swiftly towards accepting part-time and flexible working as entirely appropriate, constructive and helpful. But, it feels to me, like we have still got quite a long way to go. Technology should be our biggest ally in this regard. People working online are visible and can communicate via phone, instant messaging or skype, so why is there an inherent distrust of people who are working flexibly?

How has the culture within academic primary care changed with more women appointed in senior positions?

I always feel like sweeping generalisations are grossly unfair to many of the individuals being generalised about. It always makes me think of the many men who are incredibly collaborative and women who are incredibly protective. Collaboration is undoubtedly a powerful driver for influence because when you collaborate you tend to have a stronger voice. In my experience, the benefits of working together have always outweighed the sacrifices I have made in terms of autonomy. However, that isn't always a gender related trait. In my current role there is a move amongst leaders of the medical Royal Colleges to be more collaborative, recognising that when you are under great pressure, the power of collaboration outweighs the benefit of complete independence. Women generally tend to be more open to collaboration from the outset and in the current climate that strikes me as a very constructive way forward.

What is your advice to junior doctors?

We often create barriers for ourselves in terms of gender stereotypes. My advice is not to let gender define your aspirations or achievements. If you really want something, then go for it. When I have come across situations where I have thought that my gender is an issue, then I have named it. There aren't any glass ceilings that I haven't managed to deal with. Don't compromise like our predecessors, who fought these gender battles, did and who made many sacrifices. If you do perceive it as an issue, then call it out and name it. Talk to people about it. The advice to male doctors is the same. Don't let your gender define you. If you feel that the macho culture means you should work or behave in a certain way, don't feel that you have to. This is particularly relevant in a society of more gender fluidity. Confronting problems doesn't have to be adversarial. Someone recommended a book to me a good few years ago called 'Nice girls don't get the corner office' by Louise Frankel. It was helpful because it highlighted a few generalisations - women don't generally apply for promotion until they are over qualified for the job they are applying for whereas

men apply before they are qualified to do the job. That spoke to me about the gender culture in the workplace and encouraged me to make the most of my opportunities earlier than I would otherwise have done.

Would this have been different 20 years ago?

I think women would have had to be feistier to succeed 20 years ago. If you were going to play with the boys, you had to be more of a boy. I don't think that is the case anymore, things have evolved since then.

Pivotal moments in your career

I have always been very respectful of hierarchy. Having the confidence to not take the advice I was given by someone quite senior - in doing so I learnt to manage upwards and to respectfully challenge those in positions of seniority - this was quite a big step forward for me. Realising that if I used my emotional intelligence with professional respect, I can achieve far more. So I am particularly careful about being very professional, very respectful and very dignified, but I won't be compromised on my principles.

Another pivotal moment is recognising the power of being controlled in a situation when others are losing their heads. I also learned how to put things in a box and move on. Recognising there are situations that are not about me but about factors that are out of my control. If I can't control it then I don't waste time worrying about it.

100 years after women first got the vote in this country, how can they be most effective in bringing about change?

Women must hold people to account in terms of truth and values, and should not compromise on their principles. Women can play into their strengths by keeping dialogue open and to never underestimate the power of their own influence. Those women who are in more senior positions should keep giving support and mentorship to those who are coming through the system. Encouragement, particularly to those who are isolated. Throughout our careers, we should be looking forward, but not forgetting to also look back to see if there are others we can help. Medical students looking back at 6th formers for example, junior doctors looking back at medical students, senior doctors looking at juniors. It is important to look at those who are following behind us, as they are the leaders of the future.

Do you support programmes that encourage widening participation?

I am very supportive of widening participation initiatives, not only in medicine but all the sciences, engineering, and the STEM subjects. I was brought up by two teachers as parents in a reasonably deprived part of south Wales and went to a typical comprehensive. Gender was never a problem, there were great role-models including fantastic women science teachers. It was when I attended medical school that I first heard people talking about women as a minority. I think that by the time people were starting to address gender inequality, I was part of the transforming gender landscape, and still am.

Why is it important for everyone to be updated on what sexual harassment in the workplace is?

We are at a fascinating time because the workplace landscape is shifting very fast. I have had some very constructive and honest conversations with male and female colleagues on harassment who are not sure what is acceptable anymore. The things that they thought were completely acceptable and neutral, are being perceived by some as not quite right. This means they are withdrawing from interacting with groups of people because they are unsure of how their interactions will be interpreted. This represents a very fast shift in society's norms and expectations and if that is inhibiting frank dialogue and engagement, it worries me. So, training and provision of helpful updates on best practice when working with colleagues in all areas would be helpful and necessary.

What further changes would you like to see across academic primary care?

Recognition and celebration of the importance and value of high quality teaching as opposed to just research. Understanding that flexibly working is not inferior working. Unfortunately flexible and part-time working disproportionately affect women because of their role as mums and carers. Working flexibly should not be the preserve of women, I know many male colleagues who work part-time because of caring responsibilities and they generally find it very rewarding and a great way of keeping their professional energy up, whilst doing something else with a chunk of their time. It has allowed two people to stay in the professional workforce whereas in the past one would have given up their job and struggled to get back in at a later stage. Empowering more people to stay in the workforce by being flexible to allow others to share.

What brings me joy in the profession is delivering person centred care – and doing what's right for that person.

Home-based blood pressure monitoring should be commonplace in the NHS

In 2015, the success of the SPCR funded TASMIN-SR trial (Target and self-management for the control of blood pressure in stroke and at risk groups), receiving over £241K from the School, resulted in the RCGP Research Paper of the Year Award for a publication in JAMA.

Following this achievement, the TASMIN-H4 project (funded by the NIHR Programme Grant for Applied Research) was established and has just published its results in The Lancet.

The research recommends that all GPs encourage patients with hypertension to monitor their blood pressure at home and report their readings back to the clinic. The study was led by Professor Richard McManus and conducted at the Universities of Oxford, Cambridge and Birmingham. Read the University of Oxford's Press release.

Effect of Self-monitoring and Medication Self-titration on Systolic Blood Pressure in Hypertensive Patients at High Risk of Cardiovascular Disease. JAMA 2018.

Efficacy of self-monitored blood pressure, with or without telemonitoring, for titration of antihypertensive medication (TASMINH4): An unmasked randomised controlled trial. McManus RJ, Mant J, Franssen M et al. The Lancet 2018.

Self-monitoring blood pressure

The TASMINH4 Trial: Self-monitoring and self-reporting blood pressure from home works best for long-term control of hypertension

The TASMINH4 randomised controlled trial found that when GPs base their medication adjustments on regular blood pressure readings taken by the patient at home, blood pressure is significantly lower after 12 months compared with those who are managed in the clinic. The trial involved over 1,000 participants aged over 35 on antihypertensive medication for high blood pressure. Participants were recruited from 142 general practices across England, their average age was 67.

Hypertension affects **more than 1 in 4** adults in England

#1

It is the biggest **risk factor for death** & disability internationally

UK 30%

NON UK 70%

Some people with hypertension already **self-monitor from home**

In the TASMINH4 trial, participants were put into one of three treatment groups:

MEDICATION + USUAL CARE

- BP readings recorded at **routine visits to the clinic**
- GP manually calculates average BP to determine if it is too high or too low
- Medication altered by GP

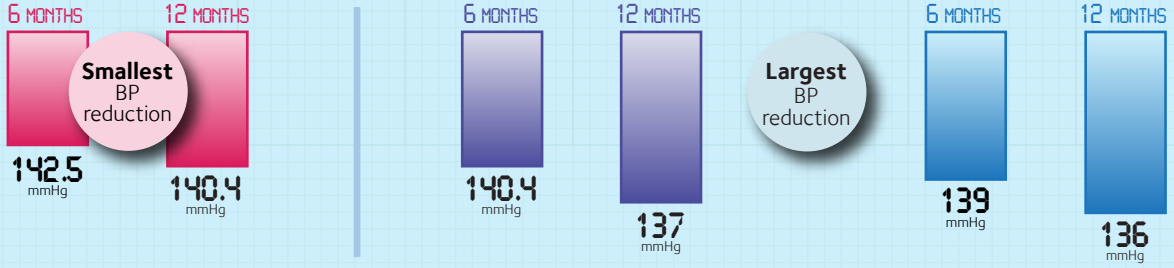
MEDICATION + SELF-MONITORING

- Home-based BP readings **posted to clinic**
- GP manually calculates average BP to determine if it is too high or too low
- Patient trained to use colour chart to decide when to contact the clinic
- Medication altered by GP

MEDICATION + TELEMONITORING

- Home-based BP readings **texted to clinic**
- GP accesses automated web-based app which calculates average BP
- Automated alerts sent to GP & patient if average BP is too high or too low
- Medication altered by GP

Average blood pressure at the start of the trial: 153mmHg. Average readings were compared at 6 months and 12 months



After 12 months, participants who self-monitored had significantly lower blood pressure than those who were managed in the clinic

University of Oxford · Nuffield Department of Primary Care Health Sciences · University of Cambridge · University of Birmingham · Funded by NIHR

McManus RJ, Mant J, Franssen M *et al.* Efficacy of self-monitored blood pressure , with or without telemonitoring, for titration of antihypertensive medication (TASMINH4): an unmasked randomised controlled trial. *Lancet* 2018. DOI: 10.1016/S0140-6736(18)30309-X

BLOG

Braving The Stage To Engage: The Bright Club Experience

Bethany Bareham, PhD student at Newcastle University

This February, I took on a challenge that to some may seem the stuff of nightmares: supported by Bright Club NE, I performed a comedy set based on my SPCR-funded doctoral work at 'the thinking person's variety night' in our local comedy venue, The Stand.

Public engagement is an extremely important part of research because most of the time we need to step outside of the confines of academia for our research to have any real world impact. As my doctoral studies have developed, I have recognised that the implications of my work reach beyond the university and our health care system and into societal attitudes and values. People don't associate risky drinking with older people, as their patterns of drinking are less visibly excessive, and the increased risks of drinking, associated with the ageing process and medical conditions or medications common in later life, are not well known. Consequently, neither older people, those around them nor their care providers pay any special attention to older people's drinking. This issue has been recognised by a small number of academics and service providers, drawing funding to develop an organisation 'Drink Wise Age Well'. Despite at least 20% drinking in a way that may be a risk to their health, they have highlighted that up to 80% of these individuals have never discussed their drinking with friends, family or professional care providers. Read more.

CLINICAL PHD RESEARCH FELLOW

WELLCOME TRUST PHD PROGRAMME FOR PRIMARY CARE CLINICIANS

The Wellcome PhD Programme for Primary Care Clinicians will support up to four Clinical PhD Research Fellowships annually for the next five years.

Find out more: https://jobs.bmj.com/job/69390/clinical-phd-research-fellow/

PROGRESS Prognosis Research Summer School

Concepts, Methods and Clinical Application International Summer School

25th June 2018 – 27th June 2018

This 3-day summer school is designed to introduce the key components and uses of prognosis research to health professionals and researchers. FIND OUT MORE

NIHR Trainees Coordinating Centre Focus Group

An opportunity has arisen for trainees to take part in a NIHR focus group to discuss the recommendation made by the NIHR Strategic Review of Training to amalgamate the current programme into a new initiative with 3 schemes at pre-doctoral, doctoral and post-doctoral level.

The NIHR would like to present it to a small group of NIHR Trainees and potential future applicants to help shape how they communicate the changes. The two hour session will take place on 20 March at TCC's offices in Leeds. Please email Georgina Fletcher if you are interested in attending or for further information by the end of the day, Tuesday, 6 March. Lunch will be provided and travel expenses covered by the NIHR.

EVENT

Professor David Haslam to give the Annual GP Lecture at the University of Cambridge Clinical School

Date: Tuesday 6th March at 18:00

Professor Haslam is Chair of the National Institute for Health and Care Excellence (NICE). His illustrious medical career includes 35 years as a Cambridgeshire GP and he is a past president of the BMA and the RCGP. He will explore the role of the medical generalist in his Lecture, titled 'Not Just a GP', and we'd love you to join us to welcome him to the Clinical School for this Lecture. Reserve your place.




SPCR ST3 Entry Clinical Fellowships in Primary Care Awards

Deadline for applications: 4pm Monday, 19 March 2018

More information on how to apply: https://www.spcr.nihr.ac.uk/trainees/Funding/ST3

SPCR George Lewith Prize for undergraduate medical students

The award is open to medical undergraduates at any UK medical school.

The recipient of the award will receive a certificate and funded attendance and accommodation at the Society of Academic Primary Care Annual Scientific Meeting from 11 - 12 July in London.

Submissions should be forwarded to Dr Georgina Fletcher (georgina.fletcher@phc.ox.ac.uk) by the Friday, 16 March 2018.

Find out more.

your conference
your research
your future

National GP ACF Annual Conference

12–13 April 2018 • Lady Margaret Hall, University of Oxford

The annual conference for academic GP trainees and early career primary care researchers.

This two-day conference aims to inform and inspire with keynote talks from world-renowned leaders and workshops that will help you make the most of the ACF period and beyond. This is also a chance to present your research as a talk or poster to a knowledgable, supportive audience.

Confirmed speakers include:

- Robbie Foy, Leeds Institute of Health Sciences
- Fiona Godlee, Editor in Chief, BMJ
- Ben Goldacre, University of Oxford
- Sir Muir Gray, University of Oxford
- Carl Heneghan, University of Oxford
- Ann Louise Kinmouth, University of Cambridge
- Pali Hungin, Durham University; President, British Medical Association
- Debbie Sharp, University of Bristol

Visit the website for more details and to register:

www.phc.ox.ac.uk/events/gpacf

UNIVERSITY OF OXFORD

NUFFIELD DEPARTMENT OF PRIMARY CARE HEALTH SCIENCES

School for Primary Care Research

Supported by NHS National Institute for Health Research

Dates for your diary

SAPC SW
13 - 14 March 2018
Plymouth
website

BJGP Research Conference
23 March 2018
Call for abstracts open
website

GP ACF conference
12 - 13 April 2018
Lady Margaret Hall,
University of Oxford
website

SPCR Annual Trainees' Event
24 & 25 September 2018
St Anne's College, Oxford
website

SPCR Showcase
13 November 2018
Wellcome Collection, London
website

Blogs

How gut feeling guides clinician treatment decisions and why it's not always enough

Sophie Turnbull, University of Bristol

Data, patients, action!

Sarah Knowles, University of Manchester

Working at the sharp end of an NHS initiative: Making sense of GP and nurse views on the NHS Diabetes Prevention Programme

Patrick Burch, University of Manchester

NIHR Training and Career Development

Webinar Channel

Click on the link for the collection of webinars from the NIHR Trainees Coordinating Centre. The webinards are designed for current and aspiring NIHR trainees and cover a variety of topics to help researchers develop their careers.

http://bit.ly/2rPzRuQ

NIHR funding alert

NIHR news & research

INVOLVE

NIHR patients and the public newsletter

February 2018

Publishing soon?

Please send all SPCR funded publications and press releases to Kate Farrington before the proposed date of release. All info about outputs is available on the website