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Fostering new collaborations

NIHR NEW MEDIA COMPETITION ROUND 5

Category 1

Raising awareness of your research.

Category 2

Recruitment to NIHR clinical trials/ encouraging participation in a research study.

Special Prize

How patient or public involvement has added value to a research project.

www.nihr.ac.uk/our-faculty/new-media-competition.htm

The National Institute for Health Research School for Primary Care Research (NIHR SPCR) is a partnership between eight leading academic centres for primary care research in England.

The School's main aim is to increase the evidence base for primary care practice through high quality research and strategic leadership.

Since the School received news of its renewal from the NIHR in November last year, a flurry of activity has ensued. Planning for the next five years has reinvigorated ambitions with new business planning, funding rounds and trainee recruitment well underway. The School looks forward to celebrating its achievements to date along with the opportunity to formally welcome the two new members – University of Cambridge and Newcastle University – with two guest lectures in September.

The completion of School funded projects continues to produce an abundance of publications in top ranked journals by School funded studies. One such study, with the development of a patient safety toolkit (PINCER), has gained the support of the National Institute for Health Care Excellence (NICE). Another has recently launched a healthtalk.org Kidney Health site to bridge the communication gap between healthcare professionals and patients.

Unsurprisingly, some School outputs were included as case studies to illustrate impact in the REF Panel Overview Reports by the Higher Education Funding Council of England (HEFCE) in

late January. Overall, the panellists in the Main Panel A (UOA 2) were encouraged by the high level of research impact, public engagement and by the number of early career researchers submitted to each of the sub-panels. Improved quality of research was attributed largely to the increased funding provided by the National Institute for Health Research since its establishment in 2006.

Looking to the future, the School is eager to engage in new collaborations to further underpin the evidence base for primary care practice with research under the revised themes of: Prevention and Diagnosis; Non-Communicable Disease and Ageing; Acute Care; Organisation and Delivery of Care; and Research Innovation and New Technologies.

“We are looking forward to extending existing collaborations and creating new ones from 1 October 2015 when two new partners will join us.”

*Dr Georgina Fletcher,
Senior Scientific Manager.*



The infectious threat of antibiotic resistance

Professor Dame Sally Davies talked to a full audience on the ticking time bomb of antibiotic resistance in the Oxford Martin School public lecture on 2 March. Dr Gail Hayward, PI on the School funded *Treatment Options without Antibiotics for Sore Throat* (TOAST) project at the University of Oxford, attended the event: "The statistics were certainly worrying; one child dies with an antibiotic resistant infection every five minutes in South East Asia, and the 25,000 deaths a year in Europe equal that due to road traffic accidents, yet the last new major class of antibiotics was discovered in 1987. The predicted economic costs of antibiotic resistance will outstrip cancer in the next 40 years. The challenge is all the greater for its huge complexity: inappropriate prescribing is important, but so is the high rate of antibiotic usage in aquaculture and livestock, and solutions need to be global rather than limited to the UK. Dame Sally discussed the wide variety of approaches needed to begin solving this problem, ranging from molecular to international political agreements. The importance of clinical research in this area has been recognised by Government and funding bodies over the last few years. As a researcher in this field the lecture was not only a reminder of the massive importance of this topic but also a confirmation that research in this field will be supported and promoted, allowing primary care, which is responsible for the majority of antibiotic prescribing in the UK, to play its part in the work toward a solution."

Risks and rewards of participation in depression trials

In a systematic review to determine the factors affecting recruitment into depression trials, researchers at the University of Manchester have found that the decision involves a judgement between risk and reward.

The research team identified the factors affecting recruitment into depression trials and developed a conceptual framework through systematic assessment of published qualitative research. Findings published in the *Journal of Affective Disorders* indicate that the decision to enter a depression trial is made by patients and gatekeepers based on the patient's health state at the time of being approached to participate; on their attitude towards the research and trial interventions; and on the extent to which patients become engaged with the trial. [Read more.](#)

Contributing to patient safety

A NIHR SPQR funded investigation, by researchers at the NIHR's Greater Manchester Primary Care Patient Safety Translational Research Centre (GM PSTRC), explored the feasibility of asking patients about their understanding and experiences of safety in general practice using interviews and focus groups. Researchers Penny Rhodes, Professor Stephen Campbell and Caroline Sanders found that, for patients, safety is not just a property of systems, it is personal and contingent, and is realized in the interaction between doctor and patient. Safety thinking has been dominated by the systems approach and patients' individualistic and relational conceptualizations are poorly accommodated within current service organization. [Read more.](#)



TOAST recruitment target is reached

The Treatment Options without Antibiotics for Sore Throat (TOAST) project, a collaborative study organised through Oxford, Southampton and Bristol Universities, has reached its initial recruitment target of 566 randomized patients across 40 practices on time. [Read more.](#)

OSAC trial completes recruitment

Researchers at the Universities of Bristol, Oxford, Nottingham and Southampton, have completed the recruitment of patients onto the Oral Steroids for Acute Cough (OSAC) trial with final numbers, by centre: Bristol (232), Oxford (84), Southampton (44), Nottingham (38). [Read more.](#)

Collaborative care and multimorbidities

New research published in the BMJ discusses how patients with mental and physical multimorbidity can benefit from integrated models of collaborative care delivered by practice nurses and psychological well-being practitioners in primary care.

The COINCIDE trial stems from earlier School funded work within the Multimorbidity theme at the University of Manchester. The study reviewed the effectiveness of psychological approaches to managing depression in people with diabetes and explored patient experiences of diabetes and depression. The COINCIDE trial was also the first trial to measure illness perceptions among people with multimorbidity using the MULTIPLEs scale that was developed as part of a wider NIHR SPQR programme to better understand illness experience among people with physical and mental multimorbidity. 'Development of a multimorbidity illness perceptions scale (MULTIPLEs)' was published in December 2013. [Read more.](#)



Communicating Kidney Health

A new section on healthtalk.org has been launched to bridge the communication gap between healthcare professionals and patients who show mild Chronic Kidney Disease (CKD). This is after findings from the School funded ESKIMO (Experiences of kidney monitoring in primary care) study revealed a disparity between what health professionals seek to explain and what patients understand.

The new Kidney health section of the award winning healthtalk.org website went live on Thursday 12 March to coincide with World Kidney Day. It has been devised and created by researchers at the Universities of Bristol, Oxford, Manchester and University College London and lay representatives from the British Kidney Patient Association and the Kidney Patient Guide. [Read more.](#)

Anti-depressants and rates of suicide

Findings from the School funded study published in the [BMJ](#) indicate that although antidepressants are known to be effective in reducing the symptoms of depression, there is concern that rates of suicide and self harm may actually be increased by treatment, particularly in younger people.

Lead investigator Dr Carol Coupland and researchers at the University of Nottingham assessed the associations between different antidepressant treatments and the rates of suicide or self harm in people with depression. They found that rates of suicide and self harm were highest during the first 28 days after starting treatment and remained high in the first 28 days after treatment on the antidepressants had ended. [Read more.](#)

Evaluating the delivery of PROACTIVE

Following School funded project to develop and test a psycho-educational group and internet support intervention for prostate cancer sufferers, researchers at the University of Southampton have secured further support from Prostate Cancer UK to evaluate PROACTIVE.

With School funding, researchers Professor George Lewith and Dr Sam Watts developed and completed initial testing of PROACTIVE (a psycho-educational group and internet support intervention delivered by nurses over six weeks) to allow active surveillance (AS) patients to better self-manage their distress. They have now received funding from Prostate Cancer UK to evaluate the feasibility of delivering PROACTIVE - the first survivorship support intervention designed specifically for AS. [Read more.](#)

As part of her doctoral research, trainee Jamie Hartmann-Boyce is leading a team of researchers at the University of Oxford in a study to learn more about the strategies that people use when they are trying to lose weight. By understanding which strategies are associated with success, researchers hope to develop more effective guidance and advice for health professionals advising people on how to reach their weight-loss goals.

Find out more on the OxFab website: www.oxfab.org



Positive results for Pincer

RCGP Spotlight Project competition

Over the last three years researchers from seven departments within the NIHR SPQR have developed, piloted and implemented a 'patient safety toolkit' for general practices.

The toolkit consists of a range of 'tools' that can be used to provide a multifaceted assessment of patient safety in practices and is implemented in 50 general practices across England where it has received positive feedback.

The research team has recently applied to the RCGP Spotlight Project competition to create a website to host the patient safety toolkit so that it can be available to all general practices. Out of 10 applications, the project is one of three selected to go forward with RCGP support over the coming year. The initiative will also be supported by the NIHR Greater Manchester Primary Care Patient Safety Translational Research Centre.

NICE guidelines support Pincer

The toolkit intervention is now being supported by the National Institute for Health Care Excellence in its Medicines Optimisation Clinical Guideline, published on the NICE website: www.nice.org.uk/guidance/ng5/evidence

Principal investigator Tony Avery said:

“It's great to see that the intervention we have developed is supported by NICE. We are about to embark on a large-scale rollout of Pincer in up to 526 general practices across the East Midlands ... Endorsement from NICE will really help to encourage general practices and clinical commissioning groups to take part in this initiative.”

[Read more](#)

complex care needs treatment burden multiple appointments frequent referrals
conflicting advice fragmented health care multiple medication polypharmacy

Managing Multimorbidity

The management and treatment of multimorbidity has become an increasingly common concern in general practices across the country with an ever growing ageing population. It has prompted more funding for research through programmes such as the recent ‘Multimorbidities in elderly people’ NIHR themed call.

Most consultations in primary care involve patients who have multiple coexisting chronic medical conditions and complex health care needs, yet they are less likely to receive continuity of care because the practice of medicine is becoming increasingly specialised.

Understanding the epidemiology and impact of having multimorbidity helps to inform the way healthcare should be organised and delivered, the premise upon which a School funded study led by Prof Chris Salisbury, was based. Using the electronic medical records of adult patients (aged 18 years or over) from 182 practices across England, researchers found that multimorbidity is very

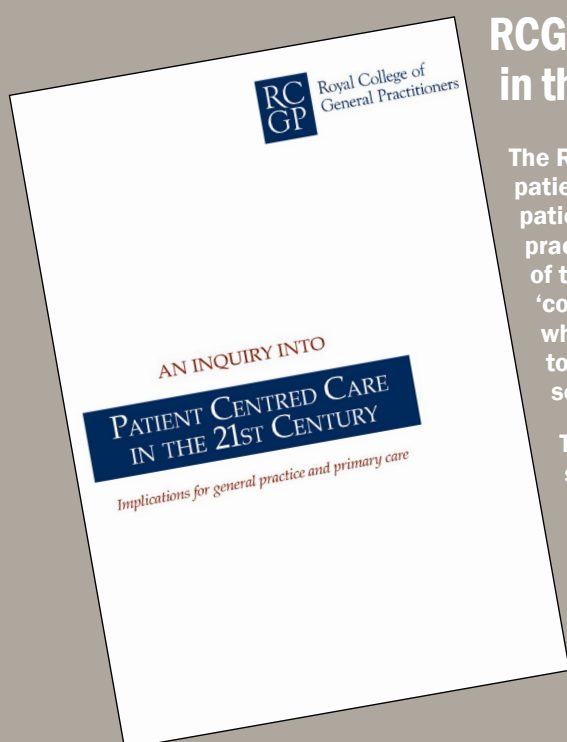
common. The prevalence increases with age, but affects patients of all age groups and is more common among patients living in deprived areas. “We looked at just how common it is for people to have multiple long term conditions and the proportion of GP work accounted for by looking after them” said Prof Salisbury.

This seminal work led to a paper in the BJGP ‘The epidemiology and impact of multimorbidity in General practice’ and, alongside a similar study in Scotland published in the Lancet, helped to raise the profile of the growing concern around the management of multimorbidity.

In a separate NIHR SPCR study, Prof Salisbury worked with a colleague, economist Dr Sandra Hollinghurst, to

consider the financial implications to the healthcare service of multimorbidity, by exploring the impact on resource use, consultation rates and costs of providing care. In a further study funded by the School, researchers videotaped consultations in surgery for 30 different GPs and analysed, in detail, how many different problems people discuss in one GP consultation.

Alongside these efforts, Prof Peter Bower and colleagues at the University of Manchester conducted a number of different studies to understand how patients and staff manage multiple problems (in particular the relationship between mental and physical health problems), and to explore how patient experience of multimorbidity might influence self-management and quality of life.



RCGP inquiry into patient-centred care in the 21st century

The Royal College of General Practitioners (RCGP) commissioned a review into patient-centred care last November and the subsequent report ‘An inquiry into patient-centred care in the 21st century’, calls for a revolution in the way general practice is delivered. Prof Chris Salisbury (University of Bristol) was a member of the review panel which recommended moving away from the traditional ‘cottage industry’ model of small, relatively isolated surgeries towards an era where clinicians work differently with patients, and practices increasingly work together at scale – for example in federations – with other parts of the health service.

The report advises Government to set up a ‘transformation fund’ to drive a seismic shift in general practice. It is anticipated that this would deliver better care for patients, enabling people to take more responsibility for their own health and utilise modern technology to access services remotely. This change is needed to meet the diverging expectations of patients in the modern era. It would benefit patients wishing to take advantage of rapid developments in IT to access clinicians and to take more responsibility for their own care. “With the growing number of patients needing increased support due to the explosion of those with multiple long term conditions, this is a timely review.” said Chris Salisbury.

“ I was invited to be part of the inquiry panel because of my reputation on multimorbidity, which is built on work funded by the NIHR SPCR. ”

Since the completion of these School studies, a new collaboration funded by the NIHR HS&DR programme has formed between the Universities of Bristol, Manchester and the Scottish School for Primary Care Research. Led by Prof Salisbury, the research builds on what the team have learnt from their earlier research. It involves a trial of a new patient centred approach, known as ‘3D’, which aims to improve the quality of care for patients with multimorbidity in general practice.

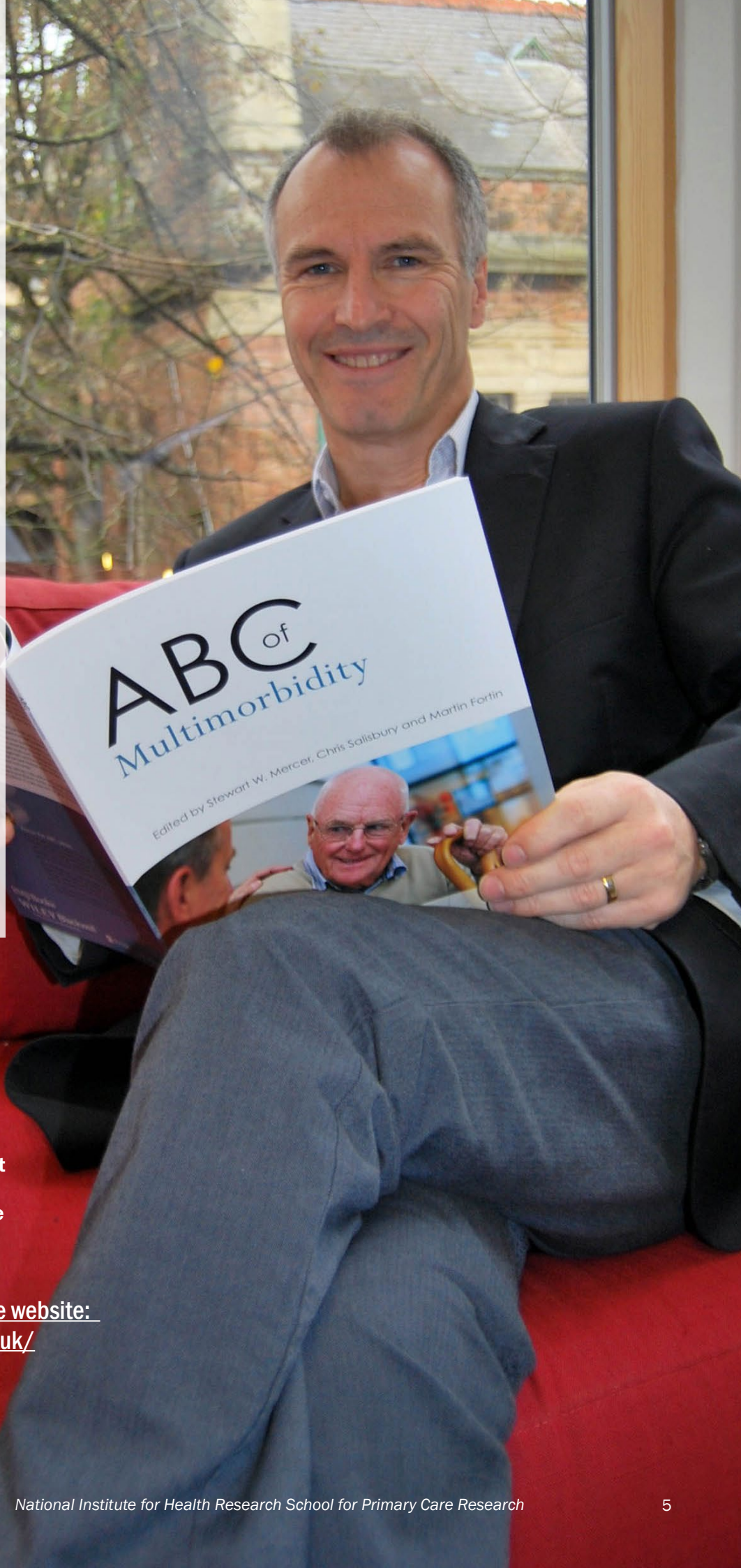
“In my everyday experience as a GP, I am trying to see people in ten minute slots and they come with their list of complicated problems – I feel that the way we have designed general practice no longer meets the needs of the people who use it.”

Chris Salisbury.

NIHR Themed Call: Multimorbidities in Elderly People

An initiative by the NIHR in recognition of the need for further research-based evidence to support the delivery of best care to people with multimorbidities and to enable them to maintain their capabilities and quality of life.

More information available on the website:
<http://www.themedcalls.nihr.ac.uk/>



profile: Melanie Calvert

Professor Melanie Calvert has made several key advances in the knowledge of Patient Reported Outcomes (PROs) in recent years including the development of the CONSORT-PRO extension, for which she was awarded the prestigious International Society for Quality of Life Research Emerging Leader Award in 2012.

Her research team at the University of Birmingham are currently conducting cutting-edge research on the management of PRO alerts, embedding e-PROs in routine clinical practice and the development of a SPIRIT-PRO extension. Melanie's research into PROs has reached international audiences, impacting on policy and educational guidelines.

Having initially studied biochemistry, Melanie moved into research with a Wellcome Trust Prize Doctoral studentship. She then received a primary care research position with Professor Nick Freemantle at the University of Birmingham. Melanie became a Fellow of the Higher

Education Academy in 2007 and Professor of Outcomes Methodology at the University of Birmingham in 2013.

What advice do you have for young researchers?

Make sure you publish – that will help you get the fellowship or promotion and will enhance your credibility in the field. It is also important to have a good mentor and aspirational role models. It is possible to have a happy family life and to progress your career. I am lucky to have a supportive family but I recognise the importance of spending time with them without been attached to my laptop or phone.

What are the key qualities of a supervisor?

A good supervisor communicates effectively with their students, provides timely feedback, encourages them to publish and acts as a sounding board for ideas or concerns. A supervisor's enthusiasm for the project can be infectious and really help motivate and inspire students.

What has been your biggest challenge in PRO research?

When I started my research in this area relatively few people were routinely capturing PROs such as quality of life in their studies – now it is commonplace. The challenge I face is to maintain cutting edge world-class research whilst also translating the new methods into practice to maximise impact.

What difficulties do you anticipate primary care researchers facing in the future?

With an ageing and increasing population I think the biggest challenge will be the increased requirement to manage people with multiple morbidities in a community setting. Self-management and remote monitoring including PROs (e.g. symptoms) may help address this.

Improving the primary/secondary and social care interface will be crucial to meet this need. With the new Institute for Translational Medicine in Birmingham opening later this year it's an exciting time to be working in this field.

With aspirations of leading a Centre for PRO research, this is a timely and exciting time to be working in primary care for Melanie. "PRO data can offer huge opportunities and have a real impact on informing and improving patient care" she says.

Dr Derek Kyte, supervised by Melanie Calvert, Heather Draper and Jon Ives, was recently awarded his PhD at the University of Birmingham.

“The support provided by the NIHR SPCR and outstanding guidance provided by my supervisory team at Birmingham, have helped me achieve a remarkable amount in the three and a half years. The experience I gained helped me to greatly enhance my research profile, which in turn was integral to my recent appointment as a Lecturer in Health Research Methods at the University of Birmingham earlier this year. These experiences will fast-track me towards my goal of becoming an independent researcher specialising in Health Improvement research.”



Developing research ideas

The PhD Research Presentation Conference, held at the University of Southampton on 20 January, saw some outstanding presentations by SPCR students.

Jane Vennik, Clare McDermott, Lily Lai and Catherine Woods were among the group of 12 PhD students who presented their work to members of the Primary Care and Population Sciences Academic Unit. The opportunity offered students an encouraging and collegial environment to polish their presentation skills in preparation for future conferences and to receive feedback from senior academics before defending their research in a viva.

The annual event, now in its third year, highlighted the range of interdisciplinary PhD work being conducted across the department. "All PhD students are expected to present an aspect of their work and students use it as a forum to develop research ideas and plans," said event organisers Dr Hazel Everitt and Catherine Woods.



Left to right: Jane Vennik, Clare McDermott, Lily Lai and Catherine Woods

"It was a great opportunity for the PhD students to present on work in progress, to get some helpful feedback from more senior members of the department and to do a bit of networking too."

Lily Lai.

Recent publications

Increased risk of vascular disease associated with gout: a retrospective, matched cohort study in the UK Clinical Practice Research Datalink. Clarson LE, Hider SL, Belcher J, Heneghan C, Roddy E, Mallen CD. 2015. BMJ.

Accuracy of methods for diagnosing atrial fibrillation using 12-lead ECG: A systematic review and meta-analysis. Taggar JS, Coleman T, Lewis S, Heneghan C, Jones M. 2015. International Journal of Cardiology.

Antidepressant use and risk of suicide and attempted suicide or self harm in people aged 20 to 64: cohort study using a primary care database. Coupland C, Hill T, Morriss R, Arthur A, Moore M, Hippisley-Cox J. 2015. BMJ.

Negotiating the 'grey area between normal social drinking and being a smelly tramp': a qualitative study of people searching for help online to reduce their drinking. Khadjesari Z, Stevenson F, Godfrey C, Murray E. 2015. Health Expectations.

Moderators of response to cognitive behavioural therapy as an adjunct to pharmacotherapy for treatment-resistant depression in primary care. Button K, Turner N, Campbell J, Kessler D, Kuyken W, Lewis G, Peters TJ, Thomas L, Wiles N. 2015. Journal of Affective Disorders.

Factors affecting recruitment into depression trials: systematic review and meta-synthesis. Hughes-Morley A, Young B, Waheed W, Small N, Bower P. 2015. Journal of Affective Disorders.

The influence of prior training on GPs' attitudes to sickness absence certification post-fit note. Money A, Hann M, Turner S, Hussey L and Agius R. 2015. Primary Health Care Research & Development.

Prescribing of antipsychotics in UK primary care: a cohort study. Marston L, Nazareth I, Petersen I, Walters K, Osborn DPJ. 2014. BMJ Open.

Glucose, blood pressure and cholesterol levels and their relationships to clinical outcomes in type 2 diabetes: a retrospective cohort study. Kontopantelis E, Springate DA, Reeves D, Ashcroft DM, Rutter M, Buchan I, Doran T. 2014. Diabetologia Clinical and Experimental Diabetes and Metabolism.

Trust, temporality and systems: how do patients understand patient safety in primary care? A qualitative study Rhodes P, Campbell S, Sanders C. 2015. Health Expectations.

Polycystic ovary syndrome: A Randomised feasibility and pilot study using Chinese Herbal medicine to explore Impact on Dysfunction (ORCHID) – Study Protocol. Lai, L. Flower, A. Moore, M., Prescott, P. Lewith, G. 2014. European Journal of Integrative Medicine

Is self monitoring of blood pressure in pregnancy safe and effective? Hodgkinson JA, Tucker KL, Crawford C, Greenfield SM, Heneghan C, Hinton L, Khan K, Locock L, Mackillop L, McCourt C, Selwood M, McManus RJ. 2014. BMJ.

Retrospective case review of missed opportunities for primary prevention of stroke and TIA in primary care: protocol paper. Moran G, Calvert M, Feltham M, Marshall T. 2014. BMJ Open.

Predictors of Children's Secondhand Smoke Exposure at Home: A Systematic Review and Narrative Synthesis of the Evidence. Sophie Orton, Laura L. Jones, Sue Cooper, Sarah Lewis, Tim Coleman. 2014. PLoS ONE.

Self-Help for Weight Loss in Overweight and Obese Adults: Systematic Review and Meta-Analysis. Hartmann-Boyce J, Jebb SA, Fletcher BR, Aveyard P. 2015, American Journal of Public Health.



Future events

SAPC 2015

Nuffield Department of Primary Care Health Sciences

8 - 10 July

Mathematical Institute, Oxford

NIHR SPCR Annual Trainees' Event 2015
www.spcr.nihr.ac.uk/events

21 - 22 September

St Anne's College, Oxford

NIHR SPCR Guest Lectures 2015
www.spcr.nihr.ac.uk/events

21 September

Mathematical Institute, Oxford

NIHR Trainees Meeting 2015

24 - 25 November

Queens Hotel, Leeds

short course



Practical Introduction to Running Randomised Clinical Trials, 16 - 19 June

[Find out more](#)

On 1 April 2015, the NIHR will launch a **Dissemination Centre**. The centre will help explain the context and impact of emerging research in health and care, with summaries of research identified as particularly important to clinicians, patients and managers.

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NIHR funding opportunities

NIHR Evaluation, Trials and Studies Co-ordinating Centre (NETSCC)

- Efficacy and Mechanism Evaluation (EME) Programme.
- Health Service and Delivery Research (HS&DR) Programme.
- Health Technology Assessment (HTA) Programme.
- Public Health Research (PHR) Programme.

Find out more:

www.nihr.ac.uk/funding/nihr-themed-research-calls.htm

NIHR Central Commissioning Facility (CCF)

- NIHR Invention for Innovation (i4i) Programme.
- NIHR Programme Grants for Applied Research (PGfAR).
- NIHR Programme Development Grants (PDG).
- NIHR Research for Patient Benefit (RfPB) Programme.

Find out more about NIHR CCF research calls and competitions, guidance notes and supporting information: www.nihr.ac.uk/about/central-commissioning-facility.htm

NIHR Trainees Coordinating Centre (TCC)

- NIHR Fellowships (Doctoral, Post-Doctoral, Career Development, Senior Research, Transitional Research).
- NIHR Integrated Academic Training (ACF, CL, IPF and Clinician Scientist Schemes).
- NIHR Research Professorships.
- NIHR Research Methods.
- NIHR Health Education England (HEE) Clinical Academic Training for nurses and midwives (Doctoral, Clinical Lecturer, Senior Clinical Lecturer).
- NIHR Health Education England (HEE) Healthcare Science Research Fellowships (Doctoral, Post-Doctoral, Senior Clinical Lecturer).
- NIHR Clinical Trials Fellowships.
- NIHR Knowledge Mobilisation Research Fellowships.

Find out more about our awards and the funding available from NIHR TCC:

www.nihr.ac.uk/funding/funding-for-training-and-career-development.htm

44th Annual Conference of the Society for Academic Primary Care

SAPC

Society for Academic Primary Care

Hosted by the [Nuffield Department of Primary Care Health Sciences](#), the 44th SAPC Annual Conference brings together more than 350 primary care researchers and educators over three days to discuss the latest research and education aimed at advancing primary care.

Register now

www.sapc.ac.uk/index.php/conf2015