

Contents

Welcome	1
News	2-3
PACT: Re-considering the way we design and deliver trials	3
Challenging AMR	4-5
Summing up Tranche 2	6
Recent publications	7
Future events	8
Funding opportunities	8
Contact details	8



Mirroring the healthcare needs of the nation

School for Primary
Care Research

guest 2015 lectures

launching
the new SPCR
membership

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.

In preparation for the next five years of primary care research, the School is mindful of the shifting and increasingly complex healthcare needs of the nation. Newly funded studies reflect the School's commitment to tackling the key concerns facing practitioners, patients and the public, such as end of life care and the systematic organisation and support of multimorbidity. School backing will also bolster research into emerging lifestyle issues affecting primary care in the 21st century such as diabetes, obesity and the treatment of mental illness.

Over the past few months a new business plan has been devised to underpin the School's research with the core aims: to increase the evidence base for primary care practice, and to develop the research capacity programme.

The smaller pilot studies and larger cross-departmental collaborative studies commencing in October this year will strengthen the School's outputs under the revised themes of: **Disease prevention and diagnosis; Non-communicable disease, multimorbidity and ageing; Acute care; Organisation and delivery of care; Research innovation and new technologies.**

From a highly competitive field of 108 applicants, 21 trainees were successful and will join the School in October this year, and will be welcomed at the Annual Trainees' Event on 21 September.

The Guest Lectures on 21 September at the University of Oxford's Mathematical Institute, will mark the School's renewal with guest speakers Professor Chris Ham from The King's Fund, and Professor Graham Watt from the University of Glasgow.



Can smoking cessation alter the control of diabetes?

Smoking is associated with an increased risk of developing type 2 diabetes. However, several population studies also show a higher risk in people 3-5 years after quitting smoking than in people who continue to smoke.

Researchers at the Universities of Coventry, Birmingham, Oxford, Bradford, Nottingham and Bristol examined the primary care records of 10,692 adult smokers with type 2 diabetes mellitus (T2DM) over six years to investigate whether or not quitting smoking was associated with altered diabetes control.

Findings published in *The Lancet Diabetes & Endocrinology* suggest that for 21 percent of people who stopped smoking and remained abstinent for at least one year, the average measurement indicating how well the body is controlling blood glucose levels increased by 0.21%. In the same period, 55% of continual smokers who did not change their smoking status during the study experienced a more gradual increase in HbA1c. Researchers found that levels in quitters became comparable with the levels seen in continual smokers three years after quitting.

[Article in Medical Press](#)

In recognition of excellence

Researcher and training lead at the University of Oxford, Associate Professor Dan Lasserson (above), was presented with the 2015 RCGP's John Fry Award for his research on stroke prevention and chronic kidney disease in primary care.

In addition to this prestigious award, Dan won the 2015 Oxford University Student Union Teaching Award for Outstanding Supervisor in May this year.

The University of Bristol's Professor Sarah Purdy has been appointed Associate Dean of Social and Clinical Medicine.

Professor Purdy will provide leadership for the Centre for Health Sciences Education, the School of Clinical Sciences, the School of Social and Community Medicine and the Centre for Medical Education.

Is my child well enough to go to nursery?

The Parent's Choices About Daycare (PiCARD) study explored the complex decision-making involved in whether to send sick children to Nursery.

Published in *The Journal of Public Health* by researchers at the University of Bristol, the study reports that parents viewed coughs and colds as less serious and not as contagious as sickness and diarrhoea symptoms. This resulted in many parents sending their children to daycare with a respiratory tract infection (RTI), which can result in the spread of similar illnesses in the wider community. [Read more.](#)



SPCR research included in NIHR Journals Library

The NIHR now reflect completed and published SPCR funded research in their Journals Library. The initial list of projects with links to the individual research outlines and key findings can be found on the website. Information on completed projects will be updated regularly.

www.journalslibrary.nihr.ac.uk/nihr-research/school-for-primary-care-research

PACT: Re-considering the way we design and deliver trials

International Clinical Trials Day was held on the 20 May to mark the anniversary of the start of James Lind's famous trial into the causes of scurvy in 1747. The NIHR remembered the day with an 'OK to ask' campaign, calling on patients and carers to ask their doctor about NHS research they can take part in.

The School has supported over 80 trials in the areas of infection, heart and kidney disease, musculoskeletal disorders, diabetes, patient-centred care, cancer, depression, multimorbidity and e-health.

SPCR trainee Claire Planner (Research Associate) and Ailsa Donnelly (Patient and Public Involvement Partner) from the University of Manchester answered some questions about their new programme of work, PACT, which explores the concept of the 'patient-centred trial.'

Why is it important to promote a research active nation?

Claire: We want to get to a place where it is normal for patients and the public to be invited to participate in research and to ask about taking part, to be involved in shaping the direction of research, to understand the purpose of research and its importance to our health care system.

Why is your research into patient-centred trials methodology relevant?

Ailsa: It's important for all sides (patients, health researchers, the SPCR and NIHR) to work out the most successful way to run trials to get the best evidence based treatment to as many as possible as quickly as possible. On a more personal and perhaps selfish note, as a tax payer it's my money which contributes to funding NIHR trials and my health which I hope will benefit!

Claire: Trials have an important role to play in health care, as Ailsa mentioned, yet many struggle to recruit on time, if they recruit at all and that's before we consider the problems we face with retention. We hope a patient-centred approach will help us to deliver more effective trials. In time, that could mean exciting new approaches to engaging the public with the trials enterprise. This work also fits nicely with the NIHR core aim of creating a research active nation.

The complete Q&A can be read on the website: www.spcr.nihr.ac.uk/news/considering-the-way-we-design-and-deliver-trials



"The challenge for patients, providers of healthcare, and policy makers is how to ensure access to, uptake of, and adherence to these self management approaches."

Professors Elaine Hay and Christian Mallen

The effectiveness of paracetamol

In an editorial published in the *BMJ* on 31 March, Professors Christian Mallen and Elaine Hay from Keele University commented on recent findings questioning the efficacy and safety of paracetamol in the treatment of spinal pain and osteoarthritis, findings that may prompt changes to clinical guidelines.

Christian and Elaine argued that this new evidence reopened the debate on the role of paracetamol as our first choice analgesic, and questioned our reliance on medication to manage these common musculoskeletal problems. They suggested alternative, safe and effective treatments be adopted, asserting that the challenge for healthcare practitioners and patients is how to ensure the longevity of exercise based self-management approaches. [Read more.](#)

Fostering and developing future leaders

Researchers Drs Fiona Stevenson (UCL) and Evan Kontopantelis (Manchester) have been selected to join the next cohort on The Oxford International Primary Care Research Leadership Programme (formerly the Brisbane Initiative).

Fiona and Evan have completed a Q&A about what they hope to gain from the two year programme which you can [read here.](#)



Rising rates of depression

Research conducted at the University of Southampton has shown that rates of depression, among working age men, have risen in the past five years.

The increase in rates of depression shows a turnaround in the falling rates of depression seen in earlier years and is linked to rising male unemployment, mainly seen in the poorest areas of the country.

The research, led by Professor Tony Kendrick from the University of Southampton, studied GP records of depression before and after the recession,

using anonymised data from 142 practices contributing to the Clinical Practice Research Datalink between 2003 and 2013. The overall rate of depression - recorded through either diagnostic or symptom codes - fell by 15% between 2003 and 2008, but then rose again, by 4%, up to the end of March 2013. [Read more.](#)

Challenging AMR Antimicrobial Resistance

With the potential threat of an outbreak of a drug-resistant infection, research into how antibiotics are managed by doctors and patients could not be timelier.

Overuse of antibiotics can contribute to the spread of resistant bacteria, a problem that is currently on the increase and has been identified by the WHO as a serious issue. In the UK antibiotic prescribing in Respiratory Tract Infections (RTI) is on the increase, and there are large differences in rates of prescribing across the country. Despite the potential benefits of using delayed prescribing to reduce the unnecessary prescription of antibiotics, reports suggest that the technique is not widely or consistently used or accepted by GPs as a management method.

Principal Investigator of the SPCR Delayed Prescribing in Primary Care (GPDAB) study Geraldine Leydon and colleagues Rachel Ryves, Michael Moore, Caroline Eyles, Paul Little, Claire Ballinger, and Lisa McDermott recently ran a semi-structured interview study with GPs to understand their views on the use of delayed prescribing for patients with suspected respiratory tract infections. 32 GPs (18 from high prescribing practices and 14 from low prescribing practices) were recruited to the study and interviews were analysed for key themes.

GP views on the strategy of delayed prescribing were mostly supportive although there was a perceived danger that if the rationale was not communicated effectively with patients it could send mixed messages to them. Overall, it was perceived to be a useful negotiation strategy that could help to protect the patient-practitioner relationship and offer a way of letting patients know they are listened to and that their presenting concern had been taken seriously. Despite support for a delayed approach some described it as a difficult strategy to deploy in the consultation.

There were concerns about the variability in, and lack of transparency of, prescribing practices within and between practices. Some GPs expressed that they were unaware as to whether their strategies to delay prescriptions were effective or successful in reducing the number of prescriptions collected by patients. Indeed, some GPs described not knowing what prescribing

“ The world simply cannot afford not to take action to tackle the alarming rise in resistance to antibiotics and other antimicrobial drugs we are witnessing at the moment. ”

*Professor Dame Sally Davies,
Chief Medical Officer for England.
(Guardian 6 April 2015)*

strategies their fellow colleagues in the same practice were adopting, let alone colleagues in other areas of the country. In part, GPs suggested that such variation could be explained by a lack of clear guidance at a national and local level. Most were keen to have stronger guidance and training. Although, there was a tendency for more experienced GPs to have a higher perceived self-efficacy when compared to the accounts of those participants with less experience, and, therefore, in less need of training.

The investigators highlight the centrality of effective communication for the improved management of antibiotic prescribing. Dr Leydon said, “Quite how GPs and patients manage the challenge of effectively negotiating a no prescribing or a delayed prescribing outcome within the consultation is not well understood and warrants our research attention. It is important that suitable training, especially for less experienced GPs, is accessible, with some evidence based support on how best to communicate and negotiate a prescribing decision. More broadly, well-defined national and local policies available to practitioners and improvements in electronic records to better track prescribing would both help. These are important if we are to support the essential drive to reverse the prescribing trend we are currently witnessing in the UK”.

“ Improved surveillance and tracking of prescribing remains a key priority in the antimicrobial stewardship agenda, I am continuing my work with the RCGP and the national surveillance group (ESPAUR) to try and develop these systems further. ”

Professor Michael Moore, Primary Care and Population Sciences, University of Southampton and RCGP National Clinical Champion Antimicrobial Stewardship (2012-15).



“ If we are to start to win the fight against antibiotic resistance then it is vital that we explore why antibiotics are over-prescribed, find novel strategies to minimise antibiotic use, and explore potential alternatives to an immediate antibiotic prescription. ”

*Professor Paul Little, Primary Care and Population Sciences,
University of Southampton.*



Left: Professors Paul Little and Michael Moore, Associate Professor Geraldine Leydon, and above: Ms Rachel Ryves.

TOAST

Patients commonly present to the GP with sore throat, and often receive antibiotics despite limited evidence of benefit. The researchers leading the TOAST (Treatment Options without Antibiotics for Sore Throat) initially performed a systematic review which showed that steroids in addition to antibiotics could increase the chance of resolution of sore throat symptoms the next day. The TOAST trial aims to test whether steroids alone, without antibiotics, are clinically effective and cost effective in the treatment of sore throat. The trial will compare a single dose of dexamethasone to a matched placebo in patients attending their GP with acute sore throat.

OSAC

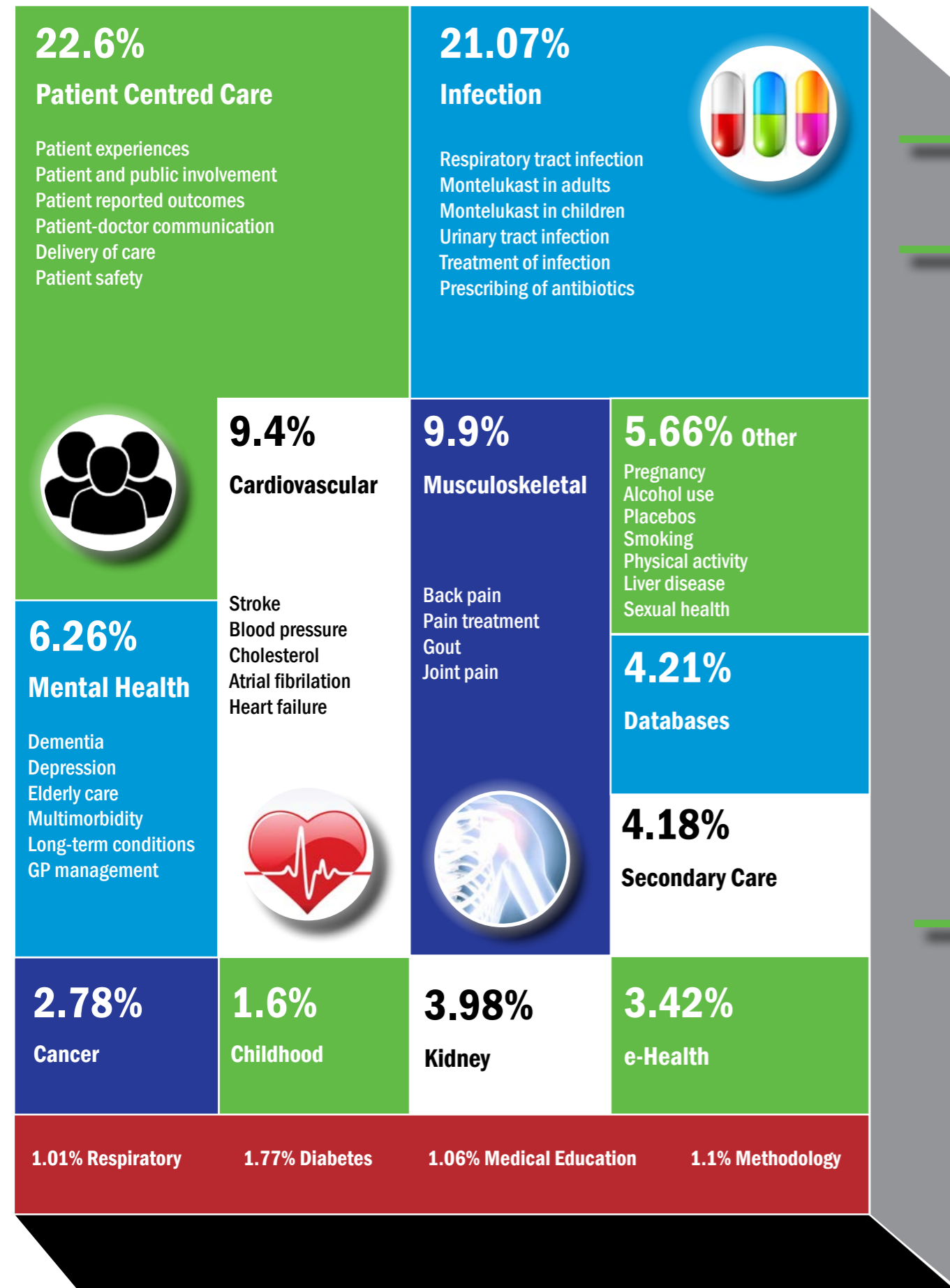
There is evidence that steroids help patients with asthma, but very little research has been done to find out if steroids are also beneficial for non-asthmatic patients suffering from chest infections. The Oral Steroids for Acute Cough (OSAC) trial aims to assess the clinical and cost effectiveness of oral corticosteroids (40mg prednisolone daily for 5 days) against a matched placebo in the treatment of acute lower respiratory tract infection (LRTI). The trial investigates whether prednisolone can reduce the duration of moderately bad or worse cough, and/or reduce the severity of LRTI symptoms on days 2, 3 and 4 after trial entry, and thereby reduce the costs to the NHS of antibiotic prescriptions and consultations associated with this common infection.

ATAFUTI

Urinary tract infections (UTI) are one of the most common female conditions treated by general practitioners, and the majority of patients are prescribed antibiotics. With increased antimicrobial resistance to antibiotics, and what is a self-limiting condition, alternative treatment strategies are being investigated to alleviate the uncomfortable symptoms. The herbal medicinal product (HMP) *Arctostaphylos uva-ursi* has a traditional use for treating UTI, but lacks rigorous clinical investigation. Its efficacy is now being tested in a double-blind randomised controlled trial. This study is supporting the trial through quality control analysis, antimicrobial testing of the HMP, and investigation into its mode of action.

Summing up Tranche 2

This infographic is an indication of the amount of research funding allocated to the areas of SPCR research over the last five years.



Recent publications

Practice-level Quality Improvement Interventions in Primary Care: A Review of Systematic Reviews. Irwin, R., Stokes, T. & Marshall, T. (2015) *Primary Health Care Research & Development*.

Do Cravings Predict Smoking Cessation in Smokers Calling a National Quit Line: Secondary Analyses from a Randomised Trial for the Utility of 'Urges to Smoke' Measures. Taggar, J.S., Lewis, S., Docherty, G., Bauld, L., McEwen, A., Coleman, T., (2015) *Substance Abuse Treatment, Prevention Policy*.

Assessing the Appropriateness of Information on Childhood Fever in Thermometer Package Leaflets: A Systematic Audit of Thermometers Available in the UK. Hernandez, J., Nicholson, Brian, D. & Thompson, M. (2015) *BJGP*.

The Effect of Sarcopenic Obesity on Cardiovascular Disease and All-Cause Mortality in Older People. Reviews in Clinical Gerontology. Atkins, J.L. & Wannamethee, S.G. , (2015) *Reviews in Clinical Gerontology*, 1 - 12

Cross department collaborations in 80% of projects

Over 250 publications in high ranking journals

Research influencing NICE guidelines and health policy

Increased support for trainee opportunities at national and international events

Established a Patient and Public Involvement (PPI) collaboration

Implemented the SPCR mentoring programme

Developing Clinical Practice Guidelines for Chinese Herbal Treatment of Polycystic Ovary Syndrome: A Mixed-methods Modified Delphi Study. Lai, L., Flower, A., Moore, M. and Lewith, G. (2015) *Complementary Therapies in Medicine*.

A Retrospective Cohort Study to Investigate Fatigue, Psychological or Cognitive Impairment after TIA: Protocol Paper. Moran, G.M., Calvert, M., Feltham, G.M., Ryan, R. and Marshall, T. (2015) *BMJ Open*.

The Association between Smoking Cessation and Glycaemic Control in Patients with Type 2 Diabetes: A THIN Database Cohort Study. Lycett, D., Nichols, L., Ryan, R., Farley, A., Roalfe, A., Mohammed, M.A., Szatkowski, L., Coleman, M. R., Farmer, A. and Aveyard, P. (2015) *The Lancet Diabetes & Endocrinology*.

Trends of People Using Drugs and Opioid Substitute Treatment Recorded in England and Wales General Practice (1994-2012). Davies, H.R., Nazareth, I. and Petersen, I. (2015) *PLoS ONE*.

Factors Influencing Parents' Decision-making when Sending Children with Respiratory Tract Infections to Nursery. Carroll, F.E., Rooshenas, L., Owen-Smith, A., Al-Janabi, H., Hollinghurst, S. and Hay, A.D. (2015) *Journal of Public Health*.

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). Kendrick, T., Stuart, B., Newell, C., Geraghty, A.W.A. and Moore, M. (2015) *Journal of Affective Disorders*.

Online Health Check for Reducing Alcohol Intake among Employees: A Feasibility Study in Six Workplaces across England. Khadjesari, Z., Newbury-Birch, D., Murray, E., Shenker, D., Marston, L. and Kaner, E. (2015) *PLoS ONE*.

Extended Report: Increased Risk of Vascular Disease Associated with Gout: A Retrospective, Matched Cohort Study in the UK Clinical Practice Research Datalink. Clarson, L.E., Hider, S.L., Belcher, J., Heneghan, C., Roddy, E. and Mallen, C.D. (2015) *BMJ*.



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

Blogs – SPCR and Other

TUTOR-PHC – Part 1 – Four day symposium in Toronto

Ben Fletcher, University of Oxford

Raising questions on gender based violence

Nadia Khelaifat, University of Bristol

Around 40% of SAPC members are not GPs

Lily Lai, University of Southampton

Why do some medical schools produce more General Practitioners than others?

Simon Thornton, University of Bristol

contact us

Georgina Fletcher

Senior Scientific Manager
georgina.fletcher@phc.ox.ac.uk

Kate Farrington

Communications Officer
katie.farrington@phc.ox.ac.uk
(01865) 617188

www.nihrspcr.ac.uk

@NIHRSPCR

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

Faculty World

IN THIS ISSUE

Clinical Academic Careers, an Emeritus Senior Investigator speaks about her career, Delivering Clinical Research and more. Click on image to link to document.



UNIVERSITY OF
Southampton

Associate Professor in Primary Care Research Primary Care & Population Sciences

Location: Aldermoor Health Centre
Full Time, Permanent
Closing Date: Saturday 18 July 2015
Reference: 577015LG

More information and to apply:
<https://www.jobs.soton.ac.uk/Vacancy.aspx?ref=577015LG>