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Continued mandate to provide evidence for primary care practice

The National Institute for Health Research (NIHR) has announced the new membership for its School for Primary Care Research (SPCR) and confirmed funding of over £30 million, for the next five years, to support the next phase of the School's research and capacity programme.

From September 2015, School membership will include primary care researchers at the Universities of Bristol, Cambridge, Keele, Manchester, Newcastle, Nottingham, Oxford, Southampton and UCL. The School will continue its mandate to increase the evidence base for primary care practice and offer multi-disciplinary training and career development opportunities.

Professor Richard Hobbs, Head of Department at University of Oxford's Nuffield Department of Primary Care Health Sciences, has been re-appointed as Director and looks forward to leading the School into its new phase, working closely with members to develop a renewed business strategy and research and capacity programme.

"I am delighted to be re-appointed as Director of the School for Primary Care Research and would like to extend a warm welcome to colleagues at the Universities of Cambridge and Newcastle. Over the next five years, I look forward to seeing existing and new members develop innovative collaborations and excellent research, and continue to provide impact and inform the development of improved primary care practice across many areas of proficiency."

Professor Richard Hobbs

The SPCR will be supported by the NIHR with research funding in the region of £22 million to conduct clinical trials and other studies in primary care and at the interface with secondary care. This new

Season's Greetings
and best wishes for

2015

from the
SPCR
Directorate



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.

an upward trend



**Amount awarded:
£30 000 000
(approx)**

Bristol
Cambridge
Keele
Manchester
Newcastle
Nottingham
Oxford
Southampton
UCL

2015 - 2020

3

**Amount awarded:
£26 4819 880**

Birmingham
Bristol
Keele
Manchester
Nottingham
Oxford
Southampton
UCL

2010 - 2015

2

**Amount awarded:
£15 663 465**

Birmingham
Bristol
Cambridge
Manchester
Oxford

2006 - 2010

1

allocation will build on the 252 research projects funded since the School's establishment in 2006, and develop new areas of research expertise.

Since its inception, the School has influenced primary care practitioners, policy, and informed areas of secondary care beyond GP surgeries. Researchers have been consulted by the Department of Health, the NHS, the RCGP, with outputs informing NICE guidelines. Highlights include the citing by NICE of an article on alcohol consumption screening of newly-registered patients in primary care, published in the British Journal of General Practitioners (BJGP). Media coverage has been received for various projects including: 'Predicting the risk of Cancer' from the £2 million CANDID project which was also the first inclusive, multi-department collaborative project within the School; ethnographic research into the rising number of hospital admissions received coverage in PULSE magazine from a publication in the British Medical Journal; and, the new OxWATCH study focusing on women's health before, during and after pregnancy received coverage on BBC Oxford.

Following the completion of SPCR funded research into multi-morbidity, colleagues from member departments are collaborating on a new NIHR Health Services and Delivery Research funded 3D study to improve the quality of life for patients suffering with multiple long-term conditions. Alongside projects that address the effects of an increasing aged population, the School is conducting timely research into antimicrobial resistance, once again pooling expertise in large inter-departmental studies.

Evidence of the School's impact was foregrounded at the SPCR showcase in September with over 130 oral and poster presentations. The event highlighted the diverse range of primary care topics currently under investigation including studies on: the integration of patient and public involvement in research; patient reported outcomes; the treatment of dementia in primary care; primary care informatics; improving the identification of familial hypercholesterolaemia; the treatment of atrial fibrillation in the aged; the use of new and innovative technologies; improving the management of gout; and, whooping cough in school-aged children.

In addition to supporting research, funding in the region of £10 million will be awarded to research training and capacity development within the School. To date, the School has provided funding to 85 clinical and non-clinical trainees to conduct research across a multitude of primary care topics. Trainees have represented the School at national and international conferences where they have been recipients of countless awards and prizes including the prestigious Royal College of General Practitioners (RCGP)

Promoting excellence and impact

Yvonne Carter award for Outstanding New Researcher. Best First Time Presentation was awarded to a trainee at the Australian Association for Academic Primary Care, Primary Health Care Conference; a trainee was a panellist on a National Science Foundation sponsored workshop on robust research in the social, behavioural, and economic sciences, in Washington DC; and, many Society of Academic Primary Care (SAPC) regional and national poster prizes have been received by SPCR trainees.

From October 2015, the School will welcome two new member departments.

Professor Louise Robinson, NIHR Research Professor and Director of Newcastle University's Institute for Ageing, said: "This is a great boost for academic primary care in the north. There are significant inequalities in health in the north east and this is particularly evident to general practitioners. Membership of this national network of research leaders in primary care will enable us to continue to work with others to improve the health of the worst off. With my new GP colleague, **Professor Barbara Hanratty**, we will continue to grow our primary care research within Newcastle University's international excellence in ageing."

Professor Jonathan Mant, who leads the Primary Care Unit at the University of Cambridge, said: "We see this as a wonderful opportunity to build academic capacity in primary care locally, and to collaborate with other members of the School in generating high quality research evidence to underpin future delivery of health care in the community."

This will make a real difference to our ability to impact on improved primary care practice and on the patient experience. We hope to contribute to research in prevention and diagnosis, including for example, early detection of type 2 diabetes and novel and scalable interventions for smoking cessation using very brief face-to-face interventions and mobile technology.

Second, we hope to explore the effectiveness of approaches to improving the delivery of end-of-life care in the community - the NIHR School is well placed to access the data needed to make an important international contribution. Third, we will be able to develop and evaluate interventions to enhance the interaction between patients and practitioners and look at how that can improve the quality of care offered".



The SPCR showcase on 26 September opened with an enthralling keynote address by Professor Trisha Greenhalgh 'Research impact: defining it, measuring it, maximising it, questioning it'. The event's theme '**Promoting excellence and impact**' ran through all plenary, oral and poster presentations and drew on the work of researchers and trainees from across the eight member departments. One of the highlights of the showcase was that it brought attention to the wide range of primary care topics and disciplines exemplified by the School.



The significance of communicating impact was further emphasised during the panel discussion led by Roger Jones, Debbie Sharp, Paul Little and David Mant. Director Richard Hobbs chaired the session.



Attended by over 60 SPCR trainees and more than 160 primary care researchers both from within and outside of the School, the showcase was an excellent platform for networking, for forming new and affirming existing collaborations. Read more on the [website](#) and follow this link to Domhnall MacAuley's [blog](#).



Life after a doctorate

The SPCR would like to congratulate the following doctoral students who have completed, or are about to complete, their PhDs/DPhils and who are currently involved in some notable areas of research and career development pathways.

Alison Gregory (Bristol)

Title of PhD: On the outside looking in: the shared burden of domestic violence.

Current role: NIHR SPCR Fellow in the Centre for Academic Primary Care, University of Bristol.

Area of work: Knowledge mobilisation and applications for funding to take PhD work forward in the form of developing and testing an intervention aimed specifically at the informal supporters of domestic violence survivors.

Abi Methley (Manchester)

Title of PhD: Health care services for multiple sclerosis: The experiences of people with multiple sclerosis and health care professionals.

Current role: NHS trainee clinical psychologist.

Area of work: Assessment and psychological interventions for adults with anxiety and depression.

Viva pending: February 2015.

Jason Oke (Oxford)

Title of DPhil: Statistical methods for studying the frequency of monitoring chronic conditions.

Current role: Senior statistician at the Nuffield Department of Primary Care Health Sciences, University of Oxford.

Area of work: Monitoring of chronic kidney disease and chronic heart failure.

Neil Hewitt (Nottingham)

Title of PhD: Examining the effectiveness of Quality Outcomes Framework targets using individual level data: An econometric analysis.

Current role: Technical Analyst, National Institute for Health and Care Excellence (NICE).

Area of work: Medical Technologies Evaluation Programme (MTEP).

Derek Kyte (Birmingham)

Title of PhD: The methodological and ethical issues associated with patient-reported outcome (PRO) measurement in clinical trials.

Current role: Lecturer in Health Research Methods at the University of Birmingham in the college of Medical and Dental Sciences.

Area of work: Patient-reported outcome research.



From left to right: SPCR trainees Gemma Lasseter, Alison Gregory, Mairead Murphy and training Lead, Ali Heawood from the University of Bristol's Centre for Academic Primary Care.

Lily Lai (Southampton)

Title of PhD: Exploring the role of Chinese herbal medicine in primary care for oligomenorrhoea and amenorrhoea in polycystic ovary syndrome.

Current role: Research Fellow, Primary Care and Population Sciences, University of Southampton.

Area of work: Evaluating the safety and effectiveness of Chinese herbal medicine, developing interventions to improve medical and self-management of chronic illnesses in primary care, clinical trial methodology.

Viva pending: March 2015.

Beth Shinkins (Oxford)

Title of DPhil: The Evaluation of and expansion of methodologies relating to the reporting and analyses of intermediate test results: improving the clinical utility of diagnostic research.

Current role: Research Fellow in Medical Statistics, Nuffield Department of Primary Care Health Sciences, University of Oxford.

Area of work: Leading the methodological workstream of the NIHR Diagnostic Evidence Cooperative Oxford and co-ordinating the statistics teaching on the MSc and DPhil in Evidence-Based Health Care.

Linda Wijlaars (UCL)

Title of PhD: Early comorbid parental depression and its effect on child outcomes.

Current role: Research Associate in Statistics at the University College London (UCL) Institute of Child Health.

Area of work: Working on a project using both primary care and hospital data to investigate whether the use of GP services by children and young people affects children's use of hospital services.



SPCR Annual Trainees' Event

Excerpt taken from SPCR blog written by Jamie Hartmann-Boyce and Brian Nicholson (University of Oxford)

The trainee event is an opportunity for people with School training awards to get together. This includes PhD students, post docs, and academic clinical fellows from as far south as Southampton and as far north as Manchester. It was great to see familiar faces from the years before, as well as to meet new trainees and the SPCR faculty. One of the key elements of the trainee event is the opportunity for each trainee to gain experience of presenting and defending their research in one of the group poster sessions. As presenters we benefited from the feedback of more senior members of the School, as well as from peers in the same boat as us. Presentations from trainees at different stages of their studentships or fellowships also provided a unique opportunity to see the types of research being conducted at each stage, strategies

used to overcome difficulties along the way, and plans for next steps.

As well as the poster sessions, the trainee day included an overview of the impressive outputs of the School's trainees in the past year and two talks, the topics for which were chosen from suggestions after last year's training day. Helen Harris-Joseph from the NIHR Trainee's Coordinating Centre and James Sheppard, MRC funded fellow from Oxford's Nuffield Department for Primary Care Health Sciences, presented on funding opportunities. Helen provided a comprehensive overview of those available from the NIHR at various career stages. James gave an entertaining account of his experience applying for both MRC and NIHR post-doctoral fellowships. In the afternoon, Rhian Hughes (Keele University), Jane

Vennik (University of Southampton), and Kieran Ayling (University of Nottingham) presented on the opportunities and challenges of recruitment in primary care. The take home messages – it's not easy but it's rewarding, communication is key, it's important to allocate a lot of time, and have a plan B, and C, and D. The trainee day wrapped up with a lovely college dinner (including handmade chocolates), and prior to all of the trainees getting cosily tucked up in their college accommodation ready for the following day's showcase, there was just enough time for trainees and faculty members alike to practise their networking sheltered by the Royal Oak of St Giles."

The complete blog can be read on the SPCR blogsite www.nihrspcr.com.
Photograph taken of the trainees at the 2014 event in September.

The global reach: SPCR trainees at events and conferences

- 1 - SAPC and national events
- 2 - ISPOR, Amsterdam
- 3 - ISOQOL, Berlin
- 4 - INEBRIA, Rome
- 5 - INAEQ, Puebla, Mexico
- 6 - SMDM, Miami
- 7 - NAPCRG, New York
- 8 - Cochrane Collaboration, Quebec
- 9 - TUTOR-PHC, London, Ontario
- 10 - AAAPC, Canberra
- 11 - ICPE, Taipei



PPI in the design, development and delivery of research

The School for Primary Care Research joined forces with other organisations interested in collaborating on activities to improve continuity of Patient and Public Involvement (PPI) through study design, development and delivery of primary care research. From this association, a **Patient and Public Involvement: Case Studies in Primary Care Research** book has been developed to reflect where PPI has had a positive impact on research. The examples present a rich tapestry of how patients and carers have been involved in the development of a range of research studies. The most recent version of the publication was made available at the INVOLVE conference in November.



Patients, the public and researchers working together to improve primary care

After a successful trip to New York to facilitate a PPI workshop at the North American Primary Care Research Group (NAPCRG) annual meeting, SPCR trainees Dr Sarah Knowles and Claire Planner from PRIMER at the University of Manchester presented their poster 'Patients, the public and researchers working together to improve primary care' at the INVOLVE Conference.

Both documents can be found on the SPCR website: www.spcr.nihr/ppi/resources

Recent Publications

Self-management interventions in patients with long-term conditions: a structured review of the role of multimorbidity in patient inclusion, assessment and outcome. Kenning C, Coventry P, Bower P. 2014. Journal of Comorbidity.

Cost-effectiveness of a pharmacist-led information technology intervention for reducing rates of clinically important errors in medicines management in general practices (PINCER). Elliott RA, Putman KD, Franklin M, Annemans L, Verhaeghe N, Eden M, Hayre J, Rodgers S, Sheikh A, Avery AJ. 2014. Pharmacoeconomics.

Systematic Evaluation of the Patient-Reported Outcome (PRO) Content of Clinical Trial Protocols. Kyte D, Duffy H, Fletcher B, Gheorghe A, Mercieca-Bebber R, King M, Draper H, Ives J, Brundage M, Blazeby J, Calvert M. 2014. PLoS ONE.

Prognostic Significance of the Morning Blood Pressure Surge in Clinical Practice: A Systematic Review. Sheppard JP, Hodgkinson J, Riley R, Martin U, Bayliss S and McManus RJ. 2014. American Journal of Hypertension.

Measuring experiences and outcomes of patient safety in primary care: a systematic review of available instruments. Ricci-Cabello I, Gonçalves DC, Rojas-García A, Valderas JM. 2014. Family Practice.

The performance of seven QPrediction risk scores in an independent external sample of patients from general practice: a validation study. Hippisley J, Coupland C, Brindle P. 2014. BMJ Open.

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. 2014. Annals of Rheumatic Diseases.

Why are Clear Migrant Definitions and Classifications Important for Research on Violence Against (Im)migrant Woman? 2014. Khelaifat N, Shaw A, Feder G. 2014. Arts and Social Sciences Journal.

Capacity, Responsibility, and Motivation: A critical qualitative evaluation of patient and practitioner views about barriers to self-management in people with multimorbidity. Coventry P, Fisher L, Kenning C, Bee P, Bower P. 2014. BMC Health Services Research.

Observational longitudinal cohort study to determine progression to heart failure in a screened community population: the Echocardiographic Heart of England Screening Extension (ECHOES-X) study. Clare J Taylor, Andrea K Roalfe, Lynda Tait, Russell C Davis, Rachel Iles, and Marites Derit, F D Richard Hobbs. 2014. BMJ.

What is the current NHS service provision for patients severely affected by chronic fatigue syndrome/myalgic encephalomyelitis? A national scoping exercise. McDermott C, Al Haddabi A, Akagi H, Selby M, Cox D, Lewith, G. 2014. BMJ Open.

The burden of common chronic disease on health-related quality of life in an elderly community-dwelling population in the UK. Parker L, Moran GM, Roberts LM, Calvert M, McCahon D. 2014. Family Practice.

eHealth: Where to next? Murray E. 2014. British Journal of General Practice.

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.

profile: Matthew Ridd

Despite his relaxed appearance and a no-shoes at work policy, Matthew is an aspiring researcher of skin problems and patient – doctor relationships, and the successful holder of a distinguished NIHR Post-doctoral Fellowship at the University of Bristol. His down to earth approach is possibly what puts his patients at ease at his practice in Portishead, just outside Bristol.

Matt carried out his clinical training in Birmingham, and after his GP training on the Exeter VTS, completed his doctorate at the University of Bristol in 2009. He is about to embark on an investigation into the value of self-management in the care of children with eczema, funded by the NIHR, from his base in the Centre for Academic Primary Care at the University of Bristol.

What prompted the topic of your PhD research?

Patient-doctor continuity is often conceptualised in terms of the number or proportion of visits to the same doctor, which ignores the relational aspect of on-going care. In my PhD, I developed a novel measure of relational continuity and employed this to examine its effects on GP detection of patient psychological distress entitled 'Patient-doctor longitudinal care, depth of relationship and detection of patient psychological distress by general practitioners.'

Where does your interest in doctor and patient care stem from?

From the beginning of Medical School, I always wanted to be a GP and part of that was the desire to be a generalist who specialised in people rather than diseases. Seeing patients over time, with the unique longitudinal insight that you get into their lives, is a real privilege and is part of the "art of medicine" in general practice – there's so much more to good care than knowing the right guideline or the newest drug.

How do your clinical, research and family life overlap?

My research benefits from the contact I have with patients, and healthcare practitioners trying to deliver the best care they can on the evidence that

research generates. Finding innovative research questions and proposing solutions to problems is relatively easy, but they have to be grounded in everyday clinical practice to stand a chance of being either researchable or deliverable. I've had opportunities in academia to meet and hear leaders in the



different fields, who have influenced the way I practice. My children are the inspiration behind the main focus of my current research on treatments for childhood eczema, and my wife is also an academic GP which helps with understanding the rigours and rhythms of the job.

Has funding from the SPCR helped you secure further support?

School funding for a couple of projects was instrumental in establishing myself as a researcher after my PhD. Additionally, the School supported my attendance at the CIHR TUTOR-PHC programme - an unique opportunity to network with researchers internationally and gain a richer understanding of the challenges and

opportunities of trans-disciplinary research as well as giving me valuable insights into the workings of other primary care systems around the world.

What advice would you give junior researchers?

I would echo advice given to me by Matthew Thompson (University of Oxford), among others: "to thine own self, be true". If you don't believe in the value of what you're doing, you probably shouldn't be doing it. Having said that, you also have to accept that there are things you'll have to do, that you don't like doing, in order to do the work that is important to you.



Future events

SAPC 2015: Evidence and Innovation in Primary Care. Workshop and abstract submission now open www.sapc.ac.uk/index.php/conf2015

SPCR Launch Event

SPCR Annual Trainees' Event 2015

8-10 July

21 September

22 September

Mathematical Institute, Oxford

Mathematical Institute and St Anne's College, Oxford

St Anne's College, Oxford

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SPCR blog:
www.nihrspcr.com

Twitter:
@NIHRSPCR

Have you seen the new NIHR website? www.nihr.ac.uk

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)

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

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)

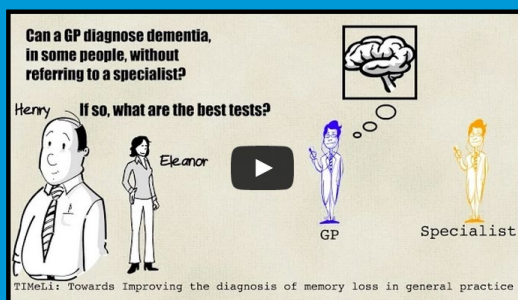
- NIHR Fellowships (Doctoral, Post-Doctoral, Career Development, Senior Research, Transitional Research).
- NIHR Integrated Academic Training (ACF, CL, IPF and Clinician Scientist Schemes).
- NIHR Research Professorships.
- NIHR Research Methods.
- NIHR Health Education England (HEE) Clinical Academic 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

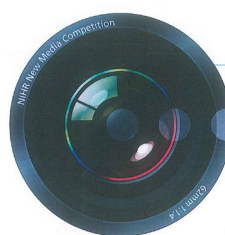
NIHR New Media Competition winner (Round Four) is Dr Sam Creavin for an animated video

of his SPCR funded work – TimeLi: Towards improving the diagnosis of Dementia in general practice. Read more and watch the video: www.spcr.nihr.ac.uk/news/NIHR-new-media-competition-winner



Are you involved in NIHR Research?

Why do you do it? Should it matter to me? Will it make a difference to me? Is it even interesting? Why should I care?



NIHR New Media Competition Round 5
Communicating your research

Find out more: www.nihr.ac.uk/our-faculty/new-media-competition.htm