

NIHR SCHOOL FOR PRIMARY CARE RESEARCH

Annual Report for the 2013-14 Financial Year

Note: The accompanying *NIHR School for Primary Care Research – Guidance on Completion of the Annual Report for the 2013/14 Financial Year* contains essential guidance on the information you need to provide when completing this proforma.

Please complete the form using a font size no smaller than 10 point (Arial). The completed form should be no longer than 10 pages in total.

1. CONTACT DETAILS

Name, job title, address, email and telephone number of an individual to whom any queries on this Annual Report will be referred:

Dr Georgina Fletcher
Senior Scientific Manager
Nuffield Department of Primary Care Health Sciences
Radcliffe Observatory Quarter
Woodstock Road
Oxford
OX2 6GG
Tel: 01865 617879
georgina.fletcher@phc.ox.ac.uk

2. DECLARATIONS AND SIGNATURES

I hereby confirm, as Director of the NIHR School for Primary Care Research and of behalf of its member organisations, that this Annual Report has been completed in accordance with the guidance issued by the Department of Health and provides an accurate representation of the activities of the NIHR School for Primary Care Research:

Signature of Director: ...



Date: 24.6.14

3. SUMMARY SENTENCE

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

The School continues to provide, in a number of areas, answers to very practical and important health issues that help change NHS policy and guidance and improve the experience of illness for patients

4. STRATEGY UPDATE

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

The School has worked with the NIHR and DH in providing advice over the processes and criteria for the options for the renew and refresh process.

The School has explored further the synergies between the capacity and research functions.

The School has worked to increase the proportion of School activities that answer larger questions and that require participation of the wider School.

5. RESEARCH HIGHLIGHTS

Please provide a description of highlights of research funded by the NIHR SPCR award in 2013/14, including examples of how the School has increased the evidence base for primary care practice and an overview of new research projects or new areas of research activity. Please place most emphasis on the most recent activities of the School:

A new section of the healthtalkonline website called 'Understanding patients' experiences of medicine use in depression' was launched in November 2013 providing additional material for the mental health section of the site. www.healthtalkonline.org: The study findings were highlighted by Lord Stone of Blackheath during the **House of Lords debate** 'Mental and Physical Health; Parity of Esteem' which took place on 10th October 2013.

Prize for best poster at the Trent Regional Society for Academic Primary Care conference in Lincoln, March 2014 awarded to Trevor Hill, Carol Coupland, Richard Morriss, Antony Arthur, Michael Moore and Julia Hippisley-Cox, School researchers at the University of Nottingham.

'Young researcher of the year' award at the South West Society for Academic Primary Care conference in Bristol was awarded to Sam Watts, researcher at the University of Southampton. Sam's feasibility study on the design and evaluation of a psychological support intervention for managing distress in prostate cancer formed part of his PhD studies. Sam is currently trialling the intervention at the Urology Department at University College London Hospitals NHS Trust. This project was also selected as one of 12 studies to be chosen for a **live press conference at the American Urological Association's** 2013 Annual Conference in San Diego.

Also at the South West Society for Academic Primary Care conference, a **'Best poster' prize** was awarded to Alison Gregory from the University of Bristol for her poster "It really was a roller coaster": the impact of domestic violence on the survivor's social network. Alison's doctorate research explores the health and wellbeing implications for friends and family members of domestic violence survivors.

The North American Primary Care Research Group (NAPCRG) has recognised two SPCR funded projects as **high-quality and impactful with significant potential to improve primary care practice**. These PEARLS (Practical Evidence About Real Life Situations) are:

1. Taylor CJ, Roalfe AK, Iles R, Hobbs FDR. The potential role of NT-proBNP in screening for and predicting prognosis in heart failure: a survival analysis. *BMJ Open* (2014). 4:4 e004675

A study on the potential role of the biomarker NT-proBNP in screening for heart failure and in predicting prognosis. Risk of heart failure increased almost 18-fold when NT-proBNP was 150pg/ml or above

2. Wang K, Birring SS, Taylor K, Fry NK, Hay AD, Moore M, Jin J, Perera R, Farmer A, Little P, Harrison TG, Mant D, Harnden A. Montelukast for postinfectious cough in adults: a double-blind randomised placebo-controlled trial. *Lancet Respir Med.* (2014). 2(1):35-43.

An investigation into the effectiveness of montelukast for the treatment of postinfectious cough (i.e. persistent cough following an acute respiratory tract infection). Evidence of recent whooping cough infection was found in one-quarter of non-smoking young adults who presented in primary care with postinfectious cough. Treatment with montelukast was no more effective than placebo. Funded by the NIHR School for Primary Care Research.

The project called 'A systematic review of undergraduate medical education placements in general practice' has been fundamental to a successful application by members of Sophie Park's research team (and three new collaborators) to become an **International BEME Collaborating Centre (BICC)**. Following the success of this systematic review, Sophie Park, researcher at UCL, has been appointed **Chair of the SAPC Education Research Group**. This review has also been helpful in terms of capacity building and research expertise for medical education research in primary care. A strategic collaboration has been formed with a research group with the Institute of Education, including an application to the ESRC for a project on decision-making, which got through to the final round of the application process. The project is listed on the BEME website, where the final report will be uploaded.

<http://www.bemecollaboration.org/Reviews+In+Progress/UndergraduateME/>

Project 134- Wide ranging press coverage from Frances Carroll's research (Bristol)

<http://www.bristol.ac.uk/news/2014/march/outputurl-38419-en.html>

Online media interest following University of Bristol press release above:

1. NIHR School for Primary Care Research's website:
<http://www.spcr.nihr.ac.uk/news/coughs-and-colds-are-not-contagious>
2. Daiji World (Indian website): http://www.daijiworld.com/news/news_disp.asp?n_id=221514
3. Yahoo News India:
<http://in.news.yahoo.com/change-nursery-policy-sick-kids-parents-113204919.html>
4. Vancouver desi (Canadian website):
<http://www.vancouverdesi.com/lifestyle/change-nursery-policy-for-sick-kids-say-parents/729037/>
5. Science Codex:
http://www.sciencecodex.com/working_pressures_increase_children_attending_nursery_with_respiratory_tract_infections-129145
6. Bio Porfolio:
<http://www.bioportfolio.com/news/article/1843366/Working-pressures-increase-children-attending-nursery-with-respiratory-tract-infections.html>
7. Medical Xpress:
<http://medicalxpress.com/news/2014-03-pressures-children-nursery-respiratory-tract.html>
8. Bristol Health Partners:
<http://www.bristolhealthpartners.org.uk/latest-news/working-pressures-increase-children-attending-nursery-with-respiratory-tract-infections/>
9. Medindia network for health:
<http://www.medindia.net/news/number-of-children-attending-nursery-with-respiratory-tract-infections-increasing-due-to-working-pressures-132886-1.htm>
10. Medical News Today:
<http://www.medicalnewstoday.com/releases/273635.php>
11. Science Daily:
<http://www.sciencedaily.com/releases/2014/03/140306093905.htm>
12. FirstPost:
<http://www.firstpost.com/fwire/change-nursery-policy-for-sick-kids-say-parents-1422981.html>
13. UoB LinkedIn profile:
<http://www.linkedin.com/edu/university-of-bristol-12689>

Read Medical News:

[http://www.](http://www.readmedicalnews.com/working-p pressures-increase-children-attending-nursery-with-respiratory-tract-infections/)

[readmedicalnews.com/working-p pressures-increase-children-attending-nursery-with-respiratory-tract-infections/](http://www.readmedicalnews.com/working-p pressures-increase-children-attending-nursery-with-respiratory-tract-infections/)

David Springate (Manchester) was invited to take part in a televised discussion about the controversies around the NHS Care.Data database system BBC Saturday Breakfast, Feb 2014.

6. TRAINING

Please describe any highlights from the education/training provided for your NIHR SPCR over the last year.

The SPCR is contracted via the NIHR Trainees Training Centre for its capacity and training programme. The most recent annual report which covers the period 1.10.12-30.9.13 is attached as an appendix. Also attached is a list of the awards made by the School under the capacity award.

7 IMPACT ON PRIMARY CARE PRACTICE

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

Project 72 What is the value of follow-up questionnaire monitoring of depression by primary care practitioners?(Moore, Southampton) This study has provided the only empirical evidence to date on the use of the second depression measure in the management of depression in the primary care setting. The evidence has been used by NICE in their review of the depression indicators.

Project 87 Management of multiple morbidity (Hay, Keele). This study is important as another step in informing the applicability of stratified care for musculoskeletal conditions in primary care. This adds to the limited available evidence which indicates that such a non-uniform approach is more effective than a standard 'one-size fits all' approach to patient care in this clinical area. The current study has served as an important platform in aiding discussions and decisions to further investigate the potential benefit of a stratified care approach to management of musculoskeletal conditions in primary care. If the outcome of a new (NIHR funded) programme of work concords with the findings of the current study there is expected to be considerable (worldwide) impact on policy and practice.

Project 90 Patient perspectives on self-care in different conditions and multi-morbidity (Ong, Keele).This study adds to the current debates within health and social care about the best ways to support people with multiple morbidities. This research project has informed the work that is currently being developed through the local CLARHC which contains a work stream on improving care for people with multiple morbidities in primary care.

Project 92 Qualitative evaluation of an innovative online service for hazardous and harmful drinkers (DYD Kingston) Murray, UCL). Here an innovative web-based alcohol service for hazardous and harmful drinkers in primary care (the first web-based service internationally) has been developed and determined the acceptability to patients, health professionals and commissioners.

Project 173 Automated risk assessment for stroke in atrial fibrillation: a cluster randomised controlled trial of an electronic reminder intervention to promote anticoagulation and reduce stroke risk (AURAS_AF) Holt, Oxford. This project has developed a strong link between the Chief Investigator and EMIS (leading UK clinical software provider). Together the collaborators have created a software module to run in the EMIS-Web system to reduce the stroke risk of people with atrial fibrillation. The Chief Investigator (Tim Holt) was invited to undertake a Visiting Professorship to North Carolina in October 2013, funded by a US Canon Grant, to present the design of the study to audiences at the Dickson Institute of

Advanced Analytics, Charlotte, NC, and at Mercy Hospital, also in Charlotte. A US collaborator Dr Mike Dulin is interested in using the same approach to stroke risk reduction in AF (using automated risk identification in routine care) and is seeking funding for it.

Project 185 Evaluation of patient reported outcomes in clinical trials: systematic review of trial protocols (Calvert, Birmingham). PRO-specific protocol guidance was difficult to access and lacked consistency and therefore may be challenging to implement in practice. HTA clinical trial protocols require improvement, particularly with regard to their PRO components. There is emerging evidence that these findings may be indicative of PRO protocol content generally. As a result of the work undertaken we are now able to disseminate the following;

1. Increased knowledge on the current PRO evidence base for Protocol Writers
2. Critical Appraisal of the PRO content of trial protocols by utilising the PRO checklist developed as a result of this work.
3. Understanding of guiding principles and examples of good practice in protocol design that would facilitate optimal reporting (as identified in the CONSORT PRO extension).

Project 187 Optimising outcome prediction in primary care: the use of longitudinal data in prognosis research (van der Windt, Keele). This project has benefitted from and contributed to discussions with other UK and international researchers involved in prognosis research within the framework of the MRC funded PROGRESS Partnership (led by Hemingway (UCL), Altman (Oxford) & Riley (Birmingham)). The aim of the PROGRESS Partnership is to develop and apply concepts, methods and recommendations regarding prognosis research across different disease areas in order to enhance the translational impact of prognosis research.

8. PATIENT AND PUBLIC INVOLVEMENT/ENGAGEMENT

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

Project 73 Mindfulness based relaxation in men with prostate cancer (Lewith & Watts Southampton)

Once the initial framework of PROACTIVE had been developed, we conducted a focus group with 6 men on active surveillance from the Prostate Cancer Support Organisation (PCaSO) charity. This allowed us to demonstrate the content and structure of PROACTIVE (both the group and internet components) to a small group and receive their feedback, comments and advice on how the intervention could be improved and modified. These modifications were subsequently integrated into PROACTIVE. Secondly, once the internet intervention had been developed, further patient involvement was sought and obtained. This involved 4 AS patients from PCaSO being invited to test the intervention. This allowed us to assess how easy the website was to use and navigate, determine patients' acceptance of the content and structure of the information and self-care techniques covered on the website and receive further feedback on how the website could be improved. Finally, we have also received considerable input and feedback into the design and content of the PROACTIVE intervention from researchers, clinicians, health psychologists and academics at Southampton and UCLH. This has ensured that the mechanisms, processes and content underpinning the intervention are as robust as possible prior to the pilot study.

Project 120 Understanding CKD management in primary care (Horwood, Bristol)

Set up an advisory group for the project which includes two patients that have been instrumental in informing the sampling strategy and will advise on the interpretation of the data.

Project 133 Consent for research in primary care (Salisbury, Bristol)

Involved general practice patients in Phase 1 qualitative interviews, during which patients' were asked for their advice on how redesigning recruitment documentation and what they think about medical records

research.

Project 144 Physical health and management of people with SMI (Reilly, Manchester)

A consultation model of PPI was used for this project. Two meetings with the Mental Health Research Network (MHRN) Service User Research Panel (SURP) were held during the course of the study. A consultation model can be useful in terms of checking the relevance of a study and for providing information about the research to service users; however, this model does not provide the scope for more meaningful collaborations to develop.

Project 165 Interventions for loneliness in older people in primary care (Walters, UCL)

There has been extensive PPI input to this study. We have 2 PPI representatives on our research team, Janet Whitehouse and Maggie Kirby who have provided really important input to the development of the protocol, all the study materials and development of the interview topic guide. Maggie Kirby is also part of the analysis team, and as with other members has been contributing to the analysis and interpretation. They have attended our study team meetings. Our PPI representatives (as also our AgeUK representative) have provided extremely useful and different insights into the topic. We will work closely with our PPI representatives and the voluntary sector in our dissemination.

Project 184 Women's experiences of first episode psychosis (Lavis, Birmingham)

The study team have benefitted from the input of a Lived Experiences Advisory Panel (LEAP) of young people who have undergone psychosis, which was initially convened for the Super EDEN project (of which this NSPCR study is a spin-off, in the sense that we are recruiting our participants from amongst the Super EDEN cohort). The LEAP is co-facilitated by Anna Lavis and with her, the panel members have so far played a role in designing the topic guides for WEP and exploring, in relation to their own experiences, which particular topics they feel are important to explore with the participants in this study. As we move from data collection into analysis (mid-end 2014), we look forward to working with the LEAP members on the analysis of this data.

Project 192 Higher dose NRT in pregnancy (Cooper, Nottingham)

As part of the study two 'Nicotine Metabolism in Pregnancy' we liaised with the PPI facilitator at NUH and were given access to patient public databases. A total of six members of the public agreed to review the following study documents; PIS, consent form, surveys and thank you letters. As these members of the public were not pregnant we also asked a woman who had smoked throughout her own pregnancy to review the study documents.

Project 205 Proactive familial breast cancer risk assessment in primary care (Phase 1) (Qureshi, Nottingham)

The Study Focus groups with GPs helped in writing a paper- Qureshi N, O'Flynn, Evans G. Dealing with family history of breast cancer: something new, something old. British Journal of General Practice 2014; 64(618): 6-7 doi:10.3399/bjgp14X676267

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

Project 135 Predictors of onset and persistence and psychological impact of childhood eczema: a birth cohort study (Ridd, Bristol)

Amanda Roberts (PPI on POPPIE, from Nottingham Support Group for Carers of Children with Eczema) attended project meetings by teleconference and contributed to some of the decision making we made around the above changes. She's been helpful in disseminating the findings published and presented to date, and has agreed to co-author an article for the National Eczema Society magazine, Exchange.

Project 154 Use of medicines in depression (Ziebland, Oxford and Avery, Nottingham)

A research participant spoke about taking part in the research at the official launch event. Several participants attended the launch event. Others helped to publicise the new addition to the healthtalkonline website via social networking.

Project 231- Risk identification in primary care using data mining approaches (Holt, Oxford)

The research was formally presented to a meeting of the Thames Valley Diabetes Research Network PPI Group on 8.10.13. At a subsequent meeting of this PPI group on 11.1.14 (also attended by Natasha Khovanova- lay participant) an update was provided to the group on the progress with this study and the influence of their advice on it. A detailed account of the impact of PPI input to the diabetes research was written with Alison Monk, Communications and Public Involvement Officer, NIHR Clinical Research Network: Thames Valley and South Midlands. The material provided is to be included in a forthcoming presentation by Mohammed Shaikh, Patient and Public Involvement Officer for Clinical Research Network: West Midlands, to describe the influence of PPI input throughout the Thames Valley and West Midlands South (a region including both Oxford and Warwick Universities).

9 MANAGEMENT AND GOVERNANCE ARRANGEMENTS

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

The School's Director is directly responsible for leadership and management of all affairs and activities of the School and chairs its Board. The members of the School Board are determined by the constituent partners and are Heads of Department or their nominees. A senior scientific manager (SSM) provides support and ensures that the structures and processes are in place so that the School delivers on its objectives. The Board meets every two months or more frequently if required. Meetings are face to face or by teleconference

The Director and the SSM are supported by a full time communications officer and a part time administrator based at the institution of the Director and the SSM. These core posts make up the Directorate which has responsibility for the day-to-day operation of the School, reporting to the School's Board. The Directorate is supported in the financial governance of the School by an independent University finance officer, to ensure all financial transactions are delivered and monitored according to standard institutional operating procedures meeting full public accountability.

In terms of research governance, all project proposals undergo formal external peer review arranged by the SSM. Project proposals valued at under £50,000 require at least one favourable external review, with projects up to £1 million sent to three external referees, and projects over £1 million to at least 5 reviewers including at least 2 international referees. The final selection of projects is made at a specially convened funding SPCR Board: for the ratification of SPCR funding decisions

After any initial funding decision is made, the comments from the referees are fed back in attributed form to the proposers of the successful research projects, and they are invited to respond. In the light of the referees' comments and the proposers' responses, the Director (or his Deputy) will decide on final approval of funding, if necessary returning the researcher comments to the original referees. The above process takes no longer than three months from submission of proposal to receipt of initial opinions.

Monitoring and reporting

The School's performance is reviewed regularly by the Board against the key deliverables. The Board has the right to call upon individuals or project teams for further interim reports or information at any reasonable time. The Board will ensure that the relevant information on activity and projects is maintained.

It was decided to widen the School's Board membership in 2013 to include the School's training lead

10. FORWARD LOOK

Please identify any significant developments (e.g. major research findings or planned initiatives) anticipated in 2013/14, particularly those that are likely to generate media interest:

To ensure all live projects are monitored closely and that they deliver in the timescale of the current phase of the School The Renew and Refresh will select the members of the third tranche of the School in 2014.

The Board will with the incoming Board members as appropriate to prepare for the new contract to start on 1.10.15

11. Additional Information

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

This form must be submitted, via email to Claire Vaughan (claire.vaughan@nihr-ccf.org.uk), no later than **1pm on Friday 27 June, 2014**.

A signed print-out of the Annual Report is required by the National Institute for Health Research and should be received, no later than **Friday 04 July, 2014**, sent to:

Claire Vaughan
NIHR Central Commissioning Facility
Grange House
15 Church Street
Twickenham
Middlesex TW1 3NL

Please note that, although we do not intend to publish this report, we would be required, under the terms of the Freedom of Information Act, to release it on request.

All queries about completing this report should be addressed to Claire Vaughan (claire.vaughan@nihr-ccf.org.uk, 020 8843 8095).