National Institute for Health Research

NIHR SCHOOL FOR PRIMARY CARE RESEARCH

Annual Report for the 2012-13 Financial Year

Note: The accompanying *NIHR School for Primary Care Research –Guidance on Completion of the Annual Report for the 2012/13 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:

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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: 29/5/13……**

3. STRATEGY UPDATE

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

The main aims for SPCR remain those in the 5 year research programme plan (March 2010):

- Through a programme of research, to produce new data and knowledge through high quality research to inform the development of, and changes to, clinical practice in primary care.
- To provide strategic leadership for the development of primary care research and primary care research capacity.
- To provide training opportunities for clinical and non-clinical researchers under a separate business plan.

The School has continued to meet these aims through a series of competitive funding rounds, with one round in 2012/13 successfully awarding approximately £300k.

High quality research has continued in our themes of Cardiovascular Disease (including stroke and diabetes), Mental Health and Infection, with new research now flowing from the cross-cutting themes of Diagnosis and Monitoring, Child Health, Cancer, CAM, Patient Safety, Behavioural Medicine, Clinical Databases, Clinical Trials (Methodology and Epidemiology), Medical Education, Health Service Delivery and Elderly Care. These projects are starting to deliver outcomes.

4. RESEARCH HIGHLIGHTS

Please provide a description of highlights of research funded by the NIHR School for Primary Care Research award in 2012/13, 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 the greatest emphasis on the most recent activities of the School:

Mental Health
Professor Helen Lester gave evidence from her research including PARTNERS-1 to the Schizophrenia Commission 2012
'The Abandoned llness'http://www.schizophreniacommission.org.uk/the-report/.http://www.schizophreniacommission.org.uk/our-events-2/manchester-212-the-afternoon-session/

Presentation of the James Mackenzie Lecture at the RCGP Annual General Meeting, 22 November 2012, Don't just screen, intervene - top GP calls for better care for mental health patients. Professor Helen Lester.

Reilly S, Planner C, Hann M, Reeves D, Nazareth I, and Lester H. (2012) PARTNERS-1: Health care service provision for people with severe mental illness: a cross sectional cohort study. Poster won second prize at the National meeting of the Mental Health Research Network (MHRN)

Diagnosis and Monitoring
Renewal of Keele's status as the Arthritis Research UK Primary Care Centre in open competition - key success criteria for this included evidence of the Centre grant building capacity in primary care research, leverage of funding from external, high quality research output.

Keele's prognosis work – project 187 supported by the School (Danielle van der Windt and George Peat) has underpinned the development of key international and national collaborations including the MRC PROGRESS collaboration. £83,822

5. IMPACT ON PRIMARY CARE PRACTICE

Please provide descriptions of specific 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:

Multimorbidity
Project 24
This project on the epidemiology of multimorbidity demonstrated that it is very common, these patients account for a high proportion of consultations in primary care, and they have lower continuity than other patients despite having most to gain from it.

This foundational work has been influential in determining the research agenda, for example the topic of improving care for patients with multimorbidity in general practice was highlighted in the recent NIHR call for research in primary care.

Subsequent projects funded by SPCR have provided a systematic review and guide to measures of multimorbidity and have quantified the extent to which multimorbidity accounts for the use of resources in primary care. We anticipate that both projects will be influential over the next few years. This programme of work also led to editorials in the Lancet and the BJGP.

Salisbury C. (2012). Multimorbidity: redesigning healthcare for the people who use it. The Lancet, (380), 9836, Pages 7 - 9, 7 July 2012 *Lancet* DOI: 10.1016/S0140-6736 (12) 60482-6

Avoidable hospital admissions
The SPCR has contributed to work on avoidable hospital admissions (Project 115 and 168). This programme of work has:

i. Influenced the development of the new NHS Outcomes Framework indicators. The NHS Outcomes Framework was published in December 2010. As part of this suite of indicators, there are measures that look at unplanned hospitalisation for conditions in adults and children. Both the conditions and the ICD10 codes used to define them have been revised for the new NHS Outcomes Framework using work from Bristol as a basis for the new definitions. The primary indicators of impact from this research are that new conditions, most notably 12,000 annual emergency admissions for dementia, are to be included in the national targets.

ii. The results of recent research studies and ongoing systematic reviews by the team in Bristol are cited by both frontline NHS agencies e.g. Expert Patient Programme http://www.barkingdagenham.nhs.uk/for-health-professionals/practice-management/expert-patient-programme.aspx and policy making bodies such as the NHS Institute for Innovation and Improvement http://www.institute.nhs.uk/nhs_alert/nhs_institute_alerts_archive/Cost_quality_archive.html . The Social Care Institute for Excellence has recently made a short film featuring these outputs, among others, for managers and practitioners on risk factors for unplanned admission and impact of interventions.

Development and testing of novel methods in consultation databases to determine trajectories of general practice prescribing over time: the example of analgesic and anti-inflammatory drugs
77 Kelvin Jordan Keele

The article “The effectiveness of national guidance on analgesic prescribing in primary care from 2002 to 2009” has now been added to the National electronic Library for Medicines (NeLM). NeLM is the largest medicines information portal for healthcare professionals in the UK National Health Service (NHS). It aims to promote the safe, effective and efficient use of medicines.

Public priorities for joint pain research in primary care
85 Clare Jinks Keele

The project contributed to an international workshop on priority setting methods International Workshop:

Research Agenda and Priority Setting Methods
http://capsmg.cochrane.org/international-workshop-research-agenda-and-priority-setting-methods-june-1-2-2012

Cardiovascular
A diagnostic accuracy study to compare three methods of screening for atrial fibrillation in primary care: pulse palpation, a hand held ECG monitor and a modified BP monitor

104 Dr K E Kearley Oxford
we know a more accurate method for detecting atrial fibrillation than pulse palpation in primary care we were consulted by NICE before they published their guideline about WatchBP

TIA DELAY – A qualitative study of patients' healthcare seeking behaviours after transient ischaemic attack and minor stroke

106 Dr Daniel Lasserson Oxford
The main findings of the project were that a number of non-focal neurological symptoms are also seen in patients who present with classical transient ischaemic attack, thereby challenging the existing disease phenotype that has been essentially described by specialists and may therefore not relate to presentations in primary care. The findings are contributing to study design of prospective cohorts of patients with transient neurological symptoms in order to determine the most appropriate recognition tools for primary care practitioners it use in the acute neurovascular care pathway. It has contributed to refining further study designs which will determine the acute care pathway via NICE/RCP/Map of Medicine guidance.

Patient centred care and management of long-term conditions
Effectiveness ofSelf Care strategies in Non-Communicable Diseases
Carl Heneghan Oxford

The evidence has fed directly into the WHO guideline development group which identified nine questions to act as a framework for the development of self-care recommendations. Overall we have made 21 recommendations for practice and eight research recommendations. The work currently forms part of a WHO guideline which is currently under review. The review guideline publication is to follow as well as summary publications.

Preparatory work for an application for a Phase IV trial using methods developed in the PINCER trial
94 Professor Tony Avery University of Nottingham

The MIQUEST computer queries used in the PINCER trial have been recreated with support from PRIMIS (Primary Care Information Services) (www.primis.nottingham.ac.uk). The queries have been made available from the PRIMIS website from 13 February 2013 so that they can be downloaded by general practices across England and run on their computer systems. Using CHART(Care and Health Analysis in Real Time) analysis tool, GP practices can view the results of the searches in a user-friendly format to identify patients within their practice potentially at risk of prescribing error. By uploading search results from individual GP practices to CHART online, it will soon be possible for CCGs to view summary data from the GP practices within their cluster.

http://www.nottingham.ac.uk/news/pressreleases/2013/february/new-tool-to-support-safer-gp-prescribing.aspx

This new tool is an extension of the PRIMIS CHART Query Library and is now available free to all GP practices in England. The launch of the PINCER Query Library tool was cited in the media and an article describing the tool and explaining how it can be accessed has been published in PULSE and is soon to be published in Prescriber. Media interest in the launch of the tool included:

E-Health Insider (http://www.ehi.co.uk/news/primary-care/8396/prescribing-tool-launched)

Nottingham Post (http://www.thisisnottingham.co.uk/New-gadget-cut-prescription-errors/story-18167564-detail/story.html#axzz2MxQXCcz2)

Medical Xpress (http://medicalxpress.com/news/2013-02-tool-safer-gp.html)

Between 13 February 2013 and 8 March 2013, a total of 202 GP practices had downloaded the PINCER Query Library from the PRIMIS Hub.

In terms of impact, implementation of the intervention meets the challenges of the QIPP agenda in that it has the potential to improve quality and safety of care for patients, enhance service delivery, accelerate the translation of evidence to practice and has the potential to provide cost savings.

The PINCER (and other prescribing safety) indicators that we have developed have been adopted by the company First Data Bank, the UK's leading provider of electronic medicines information, drug databases and clinical decision support to general practices and community pharmacies in the UK. We have a long-standing history of working effectively with the company to highlight safety improvements that need to be made to GP and pharmacy computer systems, and the company has developed a large number of innovative safety solutions.

Sexual health outcome measurement: online questionnaire development, validation and piloting
95 Dr Julia V Bailey UCL

Sexunzipped sexual health questionnaire: This instrument is a validated, pilot-tested outcome measure which captures sexual wellbeing. It captures dimensions of sexual wellbeing (e.g. pleasure, satisfaction) as well as physical, biological and behavioural outcomes. Research groups in England, Scotland and Canada are now using the instrument in their sexual health research.

6. 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:

It is a requisite of SPCR funding applications that researchers provide a summary of proposed patient and public involvement and if there is none, to explain why. Applications are reviewed by a panel which includes a PPI representative (selected from PRIMER for funding rounds 4 and 6) who provides written feedback on applications from a lay perspective. Their role is to comment on the level of PPI proposed and the potential for patient/ public benefit. The representative also takes an active part in the assessment, discussion and recommendation of applications for funding. Representatives are supported by the SPCR Senior Scientific Manager to attend and contribute fully to discussions.

Patient and public involvement in the conduct and management of research
Patients, mental health service users, carers and members of the public with an interest in research are encouraged and supported to work in partnership with researchers on projects carried out across the SPCR and at all stages in the research process. Each Department has implemented a model of PPI that responds to the local research and/or project specific context. At Manchester, a PPI group comprised of patients, carers, mental health service users and interested members of the public has been convened. PRIMER provides feedback on research projects that are at an early stage in their development, normally pre-funding. The group will comment on a range of research materials including information leaflets, questionnaires and topic guides, and plain language summaries. More recently, two PRIMER member led research ideas have been developed into fully funded research projects. It is important to note that PRIMER works as a complement to, not as a replacement for, project specific PPI work.

In addition, there are cross-Departmental research collaborations that have a PPI focus. A project led by Dr Clare Jinks (Keele University), is looking at the process, practice and consequences of PPI in primary

care research and how PPI is utilised across the SPCR. The results will be fed back to researchers and non-academic audiences as recommendations for improving the practice and process of involvement. This project is due to report in 2013. Some of the results will be made available to the general public through the Healthtalkonline website.

In 2013, INVOLVE (the national advisory group that supports greater public involvement in NHS, public health and social care research) will be facilitating discussions to identify whether and how an NIHR-wide partnership model for learning and development could be implemented. The aim is to promote cost-effective, coordinated and integrated approaches to sustain and develop further capacity for public involvement. The SPCR will be represented at these meetings by Professor Pete Bower.

Some specific examples from current research studies

Investigating if depressed male primary care patients can be supported in groups 71
Helen Cramer Bristol
A picture of health? Men's Health and Wellbeing Conference. Post conference report. Public Health directorate, NHS Bristol. 2011
From this conference a spin off Men and Boys' Health and Wellbeing Stakeholder Group in Bristol was set up. The group works to influence and coordinate men's health and wellbeing services in Bristol.

Men and Boys' Health and Wellbeing Stakeholder Group in Bristol. Reference to the conference from the men's health forum
http://www.menshealthforum.org.uk/21923-nhs-bristol-men%E2%80%99s-health-and-wellbeing-conference-march-2011

A freelance journalist (Andrew Mourant who writes for the Guardian) has been in touch after seeing my research advert for depressed men who don't talk to anyone. He was very interested in the findings. I plan to contact him again once the first paper is accepted for publication and in connection with the university of Bristol's publicity office.

Understanding patients' experiences of medicine use in depression & development of a new section on www.healthtalkonline.org
155 Ms Sue Ziebland Oxford
The project advisory group includes a Guardian Journalist (Mark Rice Oxley), Members of the Mental Health Foundation and Mind and Alastair Campbell (who helped enormously with recruitment by tweeting to his followers)e anticipate they will be very helpful in disseminating the project results.

Interviewing surgically treated lung cancer patients about their physical and psychological health, and their views about ways the National Health Service can help them rehabilitate
69 Amanda Farley Birmingham
The project explored the health and healthcare needs of lung cancer patients during the first year after surgery. Patients' perspectives on these issues has not been explored before and is timely given current developments that are underway for survivorship care of cancer patients as a result of the Cancer Reform Strategy, 2007. Patients were found to be in need of additional supportive care after discharge above the level provided as standard. In particular, patients who have undergone thoracotomy experience persistent breathlessness and pain which is largely unmanaged. Some patients had approached their GP to help with ongoing symptoms but largely felt that their needs were not met. In addition, a significant minority continued to smoke and were not offered intervention. All patients felt it was the place of health professionals involved in their care to offer help, and many felt that they would have accepted help. Comparing experiences of patients who had received standard care to those that had enrolled in a pilot trial of pulmonary rehabilitation (PR) indicated that PR is a promising template on which to based additional follow up care after surgery, and this model is highly acceptable to patients.

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:

Responses from lay people after receiving a research study progress update in the form of a newsletter:

From: Alice Tompson
Sent: 21 March 2013 09:22
Subject: CASM newsletter

"Just wanted to say thank you for the CASM Study Newsletter. You and your team have done a very worthwhile project. Best wishes for your on-going studies."

"*Having received a copy of the Spring newsletter, I read the findings of the survey with interest."*

"Thank you for sending me the study newsletter, I found the content interesting especially the part about blood clots and in self-monitoring patients. If you do further studies on anti coag and need participants please contact me via this email address as I will be pleased to assist."

7. MANAGEMENT AND GOVERNANCE ARRANGEMENTS

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

It was decided to widen the School's Board membership in 2013 with the addition of the School's training lead. This will enhance the current mechanisms to consider capacity and training issues within the School's research portfolio

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, with up to two named deputies to attend School meetings in their absence. 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 comprises the Director, the Heads of the eight Departments or their nominee, plus the Senior Scientific Manager. 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 administrative/communications officer 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 a two stage process. Outline collaborative proposals are scored by 3 senior academic members of the SPCR, selected by the Director or SSM after excluding SPCR members with an interest in the project. If 3 project independent SPCR referees are not possible, then the lead referee as a minimum must be independent and if this is not possible then there must be at least one external referee to score the proposal and feedback on suggested changes using the standard pro-forma. All the outlines for each funding call are then ranked at a full SPCR Board, where there will be at least one external PPI representative, and where the lead department does not contribute to their projects. The ranked list determines those projects that are invited to submit full proposals.

These full proposals undergo formal external peer review arranged by the Director (or his Deputy in the case of projects with which he is involved). 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. Given the expansion of the School, the pool of available senior external referees has significantly reduced. Where necessary or appropriate to the research planned, external referees may be substituted by up to 2 internal referee(s) who will be senior researchers within the School but from department(s) that are not involved with leading or collaborating on the research being reviewed.

The final selection of projects is made at a specially convened funding SPCR Board: for the ratification of SPCR funding decisions. This special SPCR Funding Board is supplemented by 5 external members including a formal lay representative (from PRIMER) and chaired by an senior independent primary care researcher who led the proposal selection process and peer review summaries.

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.

8. 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:

We intend to maintain a balance in the SPCR research portfolio between smaller studies and feasibility work within member departments and larger cross-School definitive studies.

We will work with the NIHR over the most appropriate cycle for School funding given that, ideally, we would not want to constrain future research rounds to study durations that were dictated by the remaining contract period rather than the scientific need. We intend to continue carefully planning the profiling of SPCR expenditure to ensure annual funding cycles were fully expended as planned.

Consideration will be given to the creation of an Advisory Board with members who are external to the School and also with lay representation.

This form must be submitted, *via* email to Claire Vaughan (claire.vaughan@nihr-ccf.org.uk), no later than **11.59pm on Friday 31 May, 2013**.

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 7 June, 2013,** 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).