

School for Primary Care Research

Working Group Reports

1. Health and Work

Partners represented: Three other institutions initially stated that they were interested in developing a project in this area alongside Keele [Manchester, Oxford, Cambridge].

Number of participants: 6

WG meetings: Due to the limited amount of time to arrange a meeting with diaries all communication was carried out via email.

Brief descriptions of discussions held

The focus of the discussions was on priority setting for work research. Whilst there is an increasing amount of research being undertaken in the field of occupational health, there is no guide as to what patients (or employees) prioritise as the important areas to address when trying to support those with health conditions to remain in or return to work. There was support amongst group to develop the research plan and an outline for a PPIE workshop to include those with work absence and academics in a consensus exercise was developed. Further to the workshop it was felt that there needed to be a wider evaluation of the priorities set during the workshop to ensure that the findings were more generalisable, and a proposal for a postal questionnaire survey was developed. A PPIE meeting was held at Keele University on 5th October to discuss the planned project and gain the views of the PPIE members as to the value of the project and the proposed methods. The PPIE representatives were very encouraging of the project and the proposed methodology, however they noted that the scope of the project was very large and queried the appropriateness of the methodology when there are more structured methods e.g. James Lind Alliance.

Outputs from the group

Development of a network of primary care academics with an interest in supporting the health and work agenda. And initial development of a research proposal for submission to funders.

Gwenllian Wynne-Jones, Keele University

2. Brief behavioural and psychological interventions

Group Convenors: Kieran Ayling, Kavita Vedhara.

The group met for an in person initial meeting on 6th June 2017. 19 individuals attended the meeting, either in person or via teleconference dial in, representing six SPCR departments (Nottingham, Southampton, Newcastle, Keele, Oxford, Manchester) as well as a colleague from a non-SPCR department (Royal Holloway University of London) who expressed interest in the group.

Topics covered at this meeting included:

- Attendee introductions
- Current examples of research on brief interventions amongst the group
- How to define brief interventions
- SPCR funding opportunities (FR16 and beyond)
- Collaboration ideas and brainstorming

Following this initial meeting, collaboration ideas for FR16 were put together and circulated (via email) to gauge interest and appetite to put together a collaborative bid. While many of the ideas received positive feedback, it was clear there were not sufficient individuals willing to lead and actively contribute to any of the projects in time for a FR16 bid. Most of the group expressed an appetite for a future meeting, however there was a lack of concrete collaborative project ideas expressed on the day. It is intended that the group will reconvene again, likely in the New Year, to discuss potential collaborative projects moving forward. While no FR16 bids were put forward by the group, I am aware of early stage new collaborations between members of the working group from members who met at the initial event (including invited talks, initial

collaborative meetings and project idea development).

3. Patient Involvement in Safety

Group convenor: Dr Susan Hrisos, Newcastle SPCR.

Following a cross-school call to set up this group a number of people got in touch with SH expressing an interest in joining it. Six SPCR members are represented: Newcastle, Manchester, Nottingham, Keele, Oxford and Bristol. Initially the group convenor, Dr Susan Hrisos, spoke with each person by telephone to discuss each other's work and to identify possible common interests. A working group document was created that documented each group member's details, school membership, current research and research interests. This document was then shared with all group members by email. A 1-hour group teleconference call was then convened on 25th July 2017 that had representation of five school members: Newcastle, Manchester, Keele, Bristol and Oxford. The purpose of this was to discuss potential ideas for a collaborative bid. An agenda was prepared and all members were invited to submit, or prepare, an idea to be discussed if they had one. One member (Tom Blakeman) drafted and submitted an outline proposal based on an earlier 1-to-1 discussion with SH via telephone. This was discussed during the teleconference and though a second idea was also briefly tabled, it was decided to pursue the TB&SH proposal as a potential collaborative bid. In light of the tight timescale etc it was agreed to hold a full day, face to face meeting to decide the feasibility of the proposal and then to thrash out an outline bid if the group agreed the proposal was workable. This meeting took place on Thursday 17th August, 10.30am - 4.30pm. All group members were invited to attend this meeting that was held in Manchester as a more central location and an agenda and all papers were shared to all group members. A dial-in facility was also available to those who could not attend in person. Twelve people, from Newcastle, Manchester and Keele attended this in-person meeting, including Dr Jon Murray, a renal specialist from South Tees Hospitals, who joined via conference call, and three PPI contributors. This was a really productive meeting during which we first agreed on and developed an outline proposal, and then planned, task delegated, and timetabled its development so as to meet the deadline of 10th November. A further Manchester based colleague, and two colleagues from Nottingham SPCR, with expertise considered essential to the proposed project accepted an invitation to join the collaboration.

Following this meeting TB & SH jointly led on the writing of core sections of the bid and communicated regularly with each other, SC and RT, by email and phone. SC initially led on collating costs across the four SPCR members, and other collaborators led on other specific sections (e.g. PPI section, Lay summary etc). Once a substantial draft was prepared this was sent to a final group of collaborators for review and comment. (Oxford and Bristol stepped back from this bid as there were other potential proposals to pursue of more relevance to their respective research interests. We have since had a teleconference with Oxford to discuss a second potential area for collaboration). Finally, a second face to face meeting was held on Friday 20th October, 11.00am - 3.45pm. Seven collaborators attended in- person and four telephoned into the meeting. The meeting was again extremely productive and focussed on ironing out any remaining issues/ aspects to the bid with a view to TB & SH being able to produce a penultimate version to share for last comments prior to submission. TB & SH then liaised by email and telephone to complete the application details and process, resulting in a submission to SPCR on the 9th November. SPCR funding to support travel, subsistence and conference calling, greatly enabled this collaboration to succeed.

Membership:

Newcastle

Susan Hrisos <http://www.ncl.ac.uk/ihs/staff/profile/susanhrisos.html#background> Richard Thomson <http://www.ncl.ac.uk/ihs/staff/profile/richardthomson.html#background> Anu Vaittinen <http://www.ncl.ac.uk/ihs/staff/profile/anuvaittinen.html> Jason Scott <http://www.ncl.ac.uk/ihs/staff/profile/jasonscott.html#background> Dave Green PPI contributor

Keele: Joanne Protheroe <https://www.keele.ac.uk/pchs/staff/seniorresearchers/joprotheroe/>

Manchester

Stephen Campbell [https://www.research.manchester.ac.uk/portal/en/researchers/stephen-campbell\(dc7a5430-7b7b-46d1-876d-b3ccbcb00dec\).html](https://www.research.manchester.ac.uk/portal/en/researchers/stephen-campbell(dc7a5430-7b7b-46d1-876d-b3ccbcb00dec).html) Sudeh Cheraghi-sohi <https://www.research.manchester.ac.uk/portal/Sudeh.Cheraghi-sohi.html> Rebecca Morris [https://www.research.manchester.ac.uk/portal/en/researchers/rebecca-morris\(Oe7aefbe-26c2-4be6-87bb-abd29b2298db\)/projects.html?period=running](https://www.research.manchester.ac.uk/portal/en/researchers/rebecca-morris(Oe7aefbe-26c2-4be6-87bb-abd29b2298db)/projects.html?period=running) Sally Giles <https://www.research.manchester.ac.uk/portal/sally.giles.html> Rebecca Hays <https://www.research.manchester.ac.uk/portal/Rebecca.Hays.html> Tom Blakeman [https://www.research.manchester.ac.uk/portal/en/researchers/thomas-blakeman\(3a4f882b-0509-469e-b1f4-5e89479f7886\).html](https://www.research.manchester.ac.uk/portal/en/researchers/thomas-blakeman(3a4f882b-0509-469e-b1f4-5e89479f7886).html)

Niels Peek <https://www.research.manchester.ac.uk/portal/niels.peek.html>

Dr Jon Murray, <https://www.southtees.nhs.uk/consultants/dr-jonathan-murray/>

Ray Rawlinson, Jackie Nightingale PPI contributors

Nottingham

Justin Waring <https://www.nottingham.ac.uk/business/people/lqzjw.html> Rachael

Spencer <https://www.nottingham.ac.uk/medicine/people/rachel.spencer>

Oxford

Abigail McNiven <https://www.phc.ox.ac.uk/team/abigail-mcniven>

Lisa Hinton <https://www.phc.ox.ac.uk/team/lisa-hinton>

Sue Ziebland <https://www.phc.ox.ac.uk/team/sue-ziebland>

Bristol

Melanie Chalder <http://www.bris.ac.uk/social-community-medicine/people/melanie-j-chalder/index.html>

4. Big data and drug safety

Following a general invite, this group has held 2 face-to-face meetings and 4 telecons. This is a new collaboration and we have enjoyed working together to develop the proposal entitled “Which antipsychotic treatments have the best safety profile and which patients are most at risk of serious side effects? cohort studies using 3 UK primary care databases” which is about to be submitted to the FR16. We have worked hard to develop an integrated program of work which is evenly distributed among the four partner universities and which offers a unique opportunity for us to further develop capacity and expertise as well as generate new knowledge likely to benefit patient care and result (a) in the publication of 3-4 papers in high impact factor journals such as the BMJ and (b) further grant applications to other NIHR and research councils.

date	location	universities	Attendees	Output
15.05.2017	telecom	Nottingham, Oxford, UCL	Julia Hippisley-Cox Carol Coupland Greta Rait Carol Heneghan	Agreement on research areas of interest and value of face to face meeting and who else may be interested.
26.06.2017	UCL	Nottingham, UCL, Manchester, Keele	Richard Riley Irene Petersen Greta Rait Milica Bucknell Carol Coupland Julia Hippisley-Cox Darren Ashcroft	Introduction, sharing of interests, expertise, topics of interest. Agreement to explore 2-3 potential research areas initially and to progress with bid.
07.09.2017	Telecom	Nottingham, UCL, Manchester, Keele	Milica Bucknell Carol Coupland Julia Hippisley-Cox Darren Ashcroft Jill Stocks Paul Campbell Laura Horsfall	Discussion and decision to focus on antipsychotics as an area with huge clinical and safety implications for primary care. This resulted in some changes to the team from each centre to reflect interest, capacity and expertise.

02.10.2017	Telecom	Nottingham, UCL,	Milica Bucknell Carol Coupland Julia Hippiisley-Cox	Discussion of literature review undertaken by Manchester, Keele, UCL to identify research questions;
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		Manchester, Keele	Darren Ashcroft Jill Stocks Paul Campbell Laura Horsfall	agree PPI strategy to be led by Keele
16.10.2017	Telecom	Nottingham, UCL, Manchester, Keele	Milica Bucknell Carol Coupland Julia Hippisley-Cox Darren Ashcroft Jill Stocks Paul Campbell Laura Horsfall	Discussion of first draft bid prepared jointly and how to assemble an integrated package of work across the 4 centres using 3 datasets
30.10.2017	Telecom + meeting Nottingham	Nottingham, Manchester, Keele (UCL provided written feedback for discussion)	Milica Bucknell Carol Coupland Julia Hippisley-Cox Darren Ashcroft Jill Stocks	Discussion of 6 th draft of the bid & written comments provided by everyone; discussion on costs and practical details on how we will share data and work collaboratively on each datasets and PPIE plans

5. Mental Health

Representation from Southampton, Nottingham, UCL, Bristol, Keele, Manchester and Cambridge. The Group has made a joint reply by the Group to the NICE guideline consultation on Depression in Adults. We have held one meeting at the RCGP, 28th June 2018, 11am-2pm.

Attendance: Kate Walters (UCL), Carol Coupland (Nottingham), Adam Geraghty (Southampton), Marta Buszewicz (UCL), Katrina Turner (Bristol), Irene Petersen (UCL), Helen Beckwith (Cambridge), Athula Sumathipala (Keele), Eileen Kaner, (Newcastle), Saeed Farooq (Keele), Rachael Frost (UCL), Natalia Lewis (Bristol), Robbie Duschinsky (Cambridge) and Waquas Waheed (Manchester).

Apologies: Alice Malpass, Carolyn Chew-Graham, Melanie Chalder, Harm Van Marwijk, Julia Hippisley-Cox, Stephen Pyle, Evangelos Kontopantelis, Nicola Wiles, Tony Kendrick, David Kessler & Peter Bower.

Goals:

1. To share details of current work and research interests among the member organisations of the School in the area of mental health.
2. To develop discussion around potential topics and areas for further collaboration over the coming years.
3. To develop an idea for an FR16 application for round 16.

Ideas for collaboration:

1. Prospect of future cross-School research with public health and adult social care.- Eileen and others interested.
2. Study of the process and outcomes of changing anti-depressants using CPRD, and the issue of deprescribing. Particular interests in this at Keele.
3. Study of the use of services by individuals prior to psychosis - strong interests in this area from Keele, Bristol and Cambridge. Helen to follow up.

4. Interests around domestic violence and mental health at Manchester, Newcastle & Bristol
5. Study of medicalisation of later life, and physical/mental comorbidity - UCL, Southampton & Newcastle
6. The issue of inequalities experienced by people with mental health issues - UCL, Newcastle
7. The theme of loneliness and people who do not readily get involved in group interventions - UCL, Newcastle, Bristol

Proposal development for an FR16 application in round 16 around adolescent & family mental health in primary care from a developmental & systems perspective

There was discussion of the fact that it was seen as very important for this to be from a group where everyone is offering something integral, more than the sum of the parts. We discussed a proposal centred around descriptive work using CPRD to study adolescent mental health in the context of the family - led by Irene/UCL.

Future of the group: Substantial interest in a meeting once a year. Next meeting should again be limited to members of the School, and School funds sought to support travel.

6. General Practice Based Pharmacists

Meeting date: 20 July 2017, Oxford

Attendance: Ali Albasri, Ben Fletcher, Oliver van Hecke (Oxford), Oladapo Ogunbayo (Newcastle), Sally Jacobs and Fay Bradley (Manchester), Deborah McCahon (Bristol)

Not present but expressed interest: Julie Ashworth (Keele), Manuj Sharma (UCL), Rupert Payne (Bristol).

Discussion at meeting:

All participants presented the work that they were currently engaged in, and discussed ideas where collaboration was sought.

Topics discussed:

1. Defining role of GPBPs
Evaluation of NHS England pilot
2. New models of care e.g. joint consultation
3. Conditions/disease areas where GPBPs may have greatest impact
Training pathways for GPBPs

Output

SPCR bid led by Bristol (Debbie McCahon, Rebecca Barnes, Rupert Payne), and involving Oxford (Ali Albasri, Ben Fletcher, Suman Prinjha), and UCL (Fiona Stevenson) - Title: How do GPs and practice-based pharmacists talk to patients about long-term medicines? Duration: 27 months Start date:

01/05/18 End date: 31/07/20

7. Digital Health

The group was convened to share experience and expertise in digital health research across the SPCR. There was considerable interest in this working group, with 43 expressions of interest coming from all member departments, and 32 confirmed attendees for the first workshop, held on 22 June 2017. This first workshop aimed to generate specific research proposals, along with identifying appropriate teams for each proposal. The day was structured into alternating small and large group sessions, allowing for detailed, interactive discussions in small groups, and consensus building in the large group. The discussion started with a session on identifying priority research areas, followed by a prioritisation exercise. The top priority areas were then further discussed in small groups with a view to generating answerable research questions, and the large group then prioritised these questions. In the third session the small groups worked up protocols around the prioritised research questions, with the large group session focusing on giving constructive feedback. Three potential research

proposals were generated as a result of this workshop, each with nominated leads and potential co-investigators / collaborators. There was also a strongly voiced demand for a follow up workshop, focusing on further development of these three proposals. We agreed that an outline of all three proposals would be circulated to all those who expressed interest in the Digital Health working group, with an invitation to opt-in to collaborating with any or all of these proposals. The group leads then progressed their respective proposals. A second workshop was organised for the 28 September 2017. This workshop was slightly smaller (19 attendees, again from all 9 member departments). This workshop was structured around the three proposals generated from the first workshop, with each research team giving a half hour presentation of their proposal, followed by a half hour discussion and feedback. At the end of the formal presentations and discussions, delegates worked in their research teams to revise their proposals in line with feedback. All three proposals are due to be submitted to the SPCR FR 16. Leads have also been encouraged to identify alternative sources of funding as well. Appendices: a. Attendance list for 22.6.17 b. Slides from 22.6.17 c. Feedback from 22.6.17 d. Attendance list for 28.9.17 Elizabeth Murray Chair; Digital Health Working Group.

8. Ageing and long term illness

Our societies are rapidly ageing; life expectancy continues to increase by 2 years every decade. The new ageing challenge for the 21st century is how we increase the proportion of those extra years spent in optimum health and thus facilitate independence, reduce care costs and improve economic and social productivity. Our rapidly ageing populations have considerable implications for health and social care both in terms of cost and also implications on staff training and service provision. This is particularly so for primary care where the majority of care is increasingly delivered.

The World Health Organisation defines *active ageing* as the process of optimising opportunities for health, participation and security in order to enhance quality of life as people age; the word “active” refers to continuing participation in social, economic, cultural, spiritual and civic affairs as well as remaining physically active. Primary care teams have a key role to play in promoting active or healthy ageing but also have to manage key ageing challenges such as multi-morbidity, frailty and dementia.

Aims and objectives

One of Newcastle’s objectives in their application to join the School of Primary Care Research (SPCR) was to establish a SPCR *Primary Care and Ageing Research Network*.

The aims of this network/group would be to:

1. Identify key SPCR collaborators involved in primary care and ageing related research and establish a national group
2. Develop large collaborative national grants funded via SPCR or other major funders and
3. Link with equivalent ageing and primary care groups internationally for example WONCA and World Health Organisation.

Specific objectives of the SPCR ageing working group include to:

1. Identify factors which promote healthy ageing and ways for primary care professionals to successfully help people change their behaviour
2. Understand challenges to health and causes of illness at various stages of the life course to old age so we can help people successfully manage these transitions
3. Understand the experiences of people with age-related illness (e.g. dementia) and their family carers, and explore how primary care can better meet their needs
4. Determine how ‘interventions’ such as assistive technologies, can help people with long term illness and disability stay independent and have a good quality of life.
5. Identify the practical solutions to the economic and social challenges of our ageing society, for example, more cost effective health care and ways of increasing the number of healthy life years.

Convenor – Louise Robinson

(Newcastle) **Members:**

Newcastle: Barbara Hanratty, Rachel Duncan, Fiona Matthews, Andrew Kingston, Eileen Kaner

Manchester: Katherine Checkland, David Reeves, Evangelos Kontopantelis, Peter Bower, Thomas Blakeman, Stephen Pye, Rebecca Morris, Waquas Waheed

Nottingham: Joe Kai, Julia Hippisley-Cox, Kavita Vehara, Kieran Ayling, Elizabeth Orton
UCL: Elizabeth Murray, Kate Walters, Greta Rait, Deepani Siriwardhana, Nathan Davies, Rachel Frost, Kalpa Kharicha, Christina Avgerinou
Keele: Milica Blagojevic-Bucknall, Bernadette Bartlam, Linda Chesterton, Danielle van der Windt, Claire Burton, Clare Jinks
Bristol: Alyson Huntley, Melanie Chalder

Meetings

The group has met on two occasions now with good attendance (between 10-16 members). The first meeting on 16th June 2017 (London) was to set up the group and agree aims and objectives; the second on 19th September 2017 (Oxford) was specifically to discuss potential FR16 bids. Further meetings will be planned in 2018.

Projects developed to date FR16 Applications

Two cross member projects have developed as a consequence of the working group and will be submitted to the FR16 funding call.

1) Predictive value, meaning, and clinical utility of the electronic frailty index – (*Keele to lead*)

Summary

The electronic frailty index (eFI) is a “cumulative deficit” model, measuring frailty status in patients and is calculated as an accumulation of 36 different deficits (clinical signs, symptoms, disease, disability and abnormal tests). The tool has been validated in patients over 65 where moderate and severe eFI categorisation can predict adverse outcomes for patients such as hospitalisation, care home admission and death. As part of their NHS contract, GPs are now required to identify patients from medical records who are moderately or severely frail and make plans for their care. However, eFI is not routinely adapted into care pathways, partly due to issues of clinical interpretability and identified limitations of the underlying cumulative calculation (e.g. the longer a person’s health record the worse their eFI may be and unidirectional nature of the score which does not reflect the potential to improve frailty status through clinical intervention). Furthermore, patients have not been involved in the validation and interpretation of the tool/score and no work regarding the impact for patients on primary care consultations and subsequent health care expectations has been completed. Some developmental work has already been undertaken by the applicants (Manchester) to address some of these limitations. In order to further improve the eFI’s clinical utility, we wish to further investigate its ability to predict outcome following acute events. Firstly, we will characterise pre- and post- morbid eFI trajectories and subsequently assess whether short-term post-morbid trajectories are markers of poor outcome among those that have had a fragility fracture or myocardial infarction; Secondly, we will use the same clinical conditions to further develop the updated and more accurate version of eFI. Finally, we will undertake patient interviews regarding their views on the

In terms of study teams, Keele have Milica Bucknall, Danielle van der Windt, Linda Chesterton, Bernadette Bartlam and Claire Burton; Manchester have Evan Kontopantelis, Stephen Pye and David Reeves and at Newcastle there is Andrew Kingston, Louise Robinson and Barbara Hanratty.

2) Improving nutrition in frail older people: development, feasibility and acceptability of a nutritional intervention for older people with frailty in primary care.

(UCL lead, with Bristol and Southampton)

Plain English Summary

In later life, people often develop health conditions that affect their ability to remain well and independent. Some may struggle with having less energy, low appetite, less muscle strength and find tasks like shopping and cooking harder. Many older people can lose their appetite, eat smaller portions of food and lose weight. Malnutrition (or undernutrition) is a serious and common condition for older people, which can result in losing weight, feeling weak and more prone to severe illness. Malnutrition can go unnoticed in the first stages and General Practitioners (GPs), nurses and other staff may not have the time or training in dealing with it.

We have already undertaken a comprehensive review of previous research that has tested different approaches to address this problem, which found little is known on what works best. We are

currently completing two studies interviewing older people who are underweight/lost some weight and their carers and health professionals. These studies explore their experiences and what further support for nutrition is needed. In this new study, we want to first find out what is already known on older people's experiences of nutritional support programmes. We will then gather all our findings together to develop a new approach to nutritional support for frailer older people living at home, to help with concerns about nutrition in partnership with older people, carers, healthcare professionals and other experts. We will then test this new support programme out with 36 older people who are feeling weak/low in energy and have a low appetite or weight. We will assess how feasible and acceptable this programme will be in helping them. This study will lead to further work testing if the new nutritional support programme is effective in helping older people to be well nourished and stay healthy, and cost-effective for the NHS.

9. Palliative and End of Life Care

The group remains active, holding teleconferences but no face-to-face meetings during 2017 to discuss our applications to the School.

- 1) We have mainly focused on our proposal for FR14 "Towards an intervention to optimise bereavement care in primary care" that we submitted in April 2017. SPCR universities involved in that application were Cambridge (lead), Newcastle, Oxford, Bristol, UCL and Keele. This was not successful, but we received broadly very positive reviews and so have recently submitted a fresh application to FR16 with the same universities involved.
- 2) Several members of the working group were involved in the successful application to FR14 "Improving the evidence-base for primary care: NIHR Evidence Synthesis working group" led by Prof Henegan. We are leading workstream 2 (end of life care and bereavement care) in which the universities involved are Cambridge (lead), Oxford and Newcastle.
- 3) Several members of the working group have been collaborating on outline applications to other funding sources (Macmillan Cancer Support and Marie Curie) for a study of anticipatory prescribing in community end of life care. Neither of these applications were successful, though we gather they were very heavily over-subscribed. We are continuing to work up this proposal for other funding streams. Universities involved Cambridge (lead) and Nottingham, with several other non-SPCR universities in addition.

Looking to 2018, the group are currently awaiting the funding decision concerning our FR16 proposal. Should that be successful, we will continue meeting in order to deliver that study; it is anticipated that other projects will be developed as we continue to collaborate together.

10. Conversation Analysis

Convenors: Professor Geraldine Leydon, Dr Fiona Stevenson & Dr Rebecca Barnes

**January
2018
Meeting
report**

We held our inaugural meeting on 4th July 2017 – see agenda attached – hosted by Dr Fiona Stevenson at University College London with support from Nadia Jackson.

Attendees:

Professor Geraldine Leydon (Professor of Medical Sociology & Healthcare Interaction, University of Southampton)

Dr Fiona Stevenson (Reader in Medical Sociology, University College London)

Dr Rebecca Barnes (Senior Research Fellow in Applied CA, University of Bristol)

Dr Juliet Usher-Smith (Clinical Senior Research Associate and Cancer Research UK/BUPA Foundation Cancer Prevention Fellow, Cambridge University)

Dr Catherine Woods (Research Fellow, University of Southampton) Dr Joe Webb (Research Associate, University of Bristol)

Charlotte Albury (SPCR funded D.Phil student, University of Oxford)

Apologies:

Dr Katie Mills (Research Associate, Cambridge University), Dr Jemima Dooley (Research Associate,

University of Bristol)

In the lead up to the meeting we all sent in brief biographies – see attached – which were collated and distributed at the meeting. We also put out a call for attendees to come with any potential ideas for projects that may be suitable for FR16.

We had a fruitful day-long meeting which began with each attendee summarising their backgrounds, research to date and extent of use of Conversation Analytic methods, together with any ideas for a FR16 SPCR grant application.

During a process of highly participative discussion we established common linkages in terms of interests/topic expertise which was helpful in its own right, identified some gaps for future methodological pieces, and worked towards outlining a couple of potential projects for us to collaboratively assemble.

In the end the group elected to work up a project that would seek to understand the prescribing practices of a range of primary care health practitioners out of hours including telephone calls, clinic visits and home visits.

Output: GL, RB, FS and CW together with Dr Beth Stuart and Professors Michael Moore and Paul Little from the University of Southampton, Dr Matthew Booker from the University of Bristol, and Dr Gail Hayward from the University of Oxford submitted a collaborative SPCR bid in September 2017, which was developed from this inaugural meeting. Dr Juliet Usher-Smith was unable to participate in the application due to other commitments and RB and FS have also been involved in a RfPB call with CA. GL and CW also submitted a CA RfPB bid with a new collaborator from Cardiff University, and GL submitted a CA RfPB bid with a new London collaborator.

Next meeting: to be arranged, but we aim to meet at the Society for Primary Care (SAPC) academic meeting July 2018.

11. Encouraging Early Involvement

In a move to promote best practice in public involvement, the SPCR funded six pilot ‘pre-grant’ involvement workshops to support Funding Round 15 and 16 applications.

Panel and participation event:

Bristol -The Centre for Academic Primary Care at the University of Bristol hosted a panel and participation event. The first of two sessions allowed individual researchers to pitch their research idea to a panel of public contributors for feedback. Researchers felt the initial application process helpful in writing to a lay audience. Of the panel event itself, one researcher commented that the public members ‘brought depth to the research’. Panel members commented that they felt able to contribute, whether they had direct personal experience of the research areas covered, or as interested members of the public.

Alternatively, attendees could play ‘Partneropoly’, a customised, innovative and interactive game where researchers and members of the public work together to find solutions to research questions in order to ‘win’ Partneropoly money. Researchers teamed up with members of the public and engaged in multi-viewpoint discussions on how to involve members of the public in primary care research. Discussions were prompted by combinations of stimulus cards and squares landed upon. Researchers were pleasantly surprised at the value of the exercise and the wealth of knowledge and community contacts possessed by the public contributors. Public contributors felt that researchers were interested in what they had to say

‘Partneropoly is a great way of getting academics and the public to interact in a meaningful, ‘level playing field’ way whilst being relatively fun and informal.’ - Public Contributor

Workshops:

Researchers from across the SPCR chaired five separate workshops to address specific public involvement themes:

Clinical Trials - online recruitment and electronic health records

Chair Dr Caroline Clarke, UCL

Involving the public, patients and practitioners in general practice workforce research

Chair Dr Sharon Spooner, University of Manchester

Public involvement with children and young people in primary care research

Chair Dr Emma Palmer-Cooper, SPCR Patient and Public Involvement Officer

Research into public involvement: PPI in quantitative research methodologies

Chair Dr Claire Planner, University of Manchester

Diversity in PPI in primary care

Chair Dr Susan Hrisos, Newcastle University

These workshops ran over the course of a day in two 2-hour sessions. The morning sessions included an introduction to the topic, and discussions about related issues. The afternoon then concentrated on projects and recommendations for future work. For example, the 'Public involvement with children and young people in primary care research' plan to co-create a young person's group for involvement in primary care research, to support SPCR funded departments in funding and project involvement activities. One contributor said:

'[It was] very interesting, everyone very open to comments, wide ranging and freeform discussion.' - Public Contributor

Reports and recommendations from each group are now available on the [SPCR resources hub](#), and are designed to help researchers plan and conduct public involvement for future funding bids.

The feedback from all attendees was positive. Constructive feedback on these pilot sessions about structure, organisation, and location will now be used to help plan future events.