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| **Group** | **Description** | **2019 meeting plans** |
| **Ageing and the health and care of older people**  **Professor Louise Robinson**  **Newcastle University** | 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. Several members of the team met at the SAPC conference on 10th July 2018.  **Applications and Projects developed to date**  **FR16 Applications**  Two cross member projects were developed as a consequence of the working group and were submitted to the FR16 funding call. Both were unsuccessful, but are being repurposed for other funders, retaining the collaborative relationships developed within the SPCR.   1. **Predictive value, meaning, and clinical utility of the electronic frailty index –** (*Keele to lead with Newcastle, Manchester)- (Unsuccessful cross school SPCR application)* 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, Newcastle and Southampton) – (Unsuccessful cross SPCR*  *application)*   1. **National Dementia Research Institute (DRI).**   *(Newcastle lead with UCL, Edinburgh, Cambridge, Kings College London, University College London, University of East Anglia, Exeter, Hertfordshire (Herts), London School of Economics)*  **Summary**  We propose forming, as part of the DRI, a National Dementia Innovation Hub (DIH). The DIH places technology at the heart of its mission to improve the quality of dementia care both after diagnosis but also by looking at ways to reduce dementia by identifying people at high risk.  The DIH’s research and innovation programme has four inter‐related themes:  1) Exploring the use of technology to diagnose dementia earlier and also importantly predict who might develop dementia in the future so we can prevent it. Key to this will be harnessing the power of “big data” where thousands of measures taken from existing information (e.g. health records, brain scans) are collected and analysed at high speed by artificial intelligence (AI) techniques  2) Using technology to help people with dementia live better lives for example, working with engineers on clever ways to boost brain function using non‐invasive stimulation technology  3) Enhancing our health and social care system with new technology, for example developing electronic methods to ensure co‐ordinated care and addressing how technology can help people die in their usual place of care  4) Determining how money is best spent, using economic modelling, to ensure efficient, high quality care for all and see if we can reduce future care costs helping prevent dementia via technological driven lifestyle approaches.  We will achieve this by bringing together people with dementia and their families, experts in dementia care, scientists, engineers, computer experts and industry to develop, through co‐design methods, unconventional “outside the box” solutions. Technology doesn’t keep still!  A central ethos of the DIH will be to continually seek and explore novel approaches and, in discussion with our key stakeholders, shift our focus to invest in new ideas so that people with dementia have the best possible care now and in the future.   1. **Department of Health and Social Care Policy Research Unit Older People and Fraility** (2019-2023) £4.9m *(Successful application)*   **Summary**  A collaboration between Manchester University, Newcastle University (SPCR members) and London School of Economics (SSCR director Knapp). This PRU will cement relationships between SPCR members Newcastle and Manchester, (SPCR members include PRU deputy director Hanratty, Newcastle, co-applicants Bowers (Manchester), Jagger, Matthews, Craig, Adamson, Robinson (Newcastle)). A five-year programme of work will focus on older people and frailty, to inform DHSC policymakers and arm’s length bodies. Support for matched posts at Newcastle University has boosted primary care /methodological researcher capacity. |  |
| **Allergy**  **Matthew Ridd**  **University of Bristol** | Allergic diseases are some of the most prevalent long-term conditions worldwide. Around one in three will have allergic symptoms at some point in their lives, the most common conditions being atopic eczema, allergic rhinitis, and asthma. However, quality of care for many of these patients is poor, with limited access to specialist care. Undergraduate or postgraduate training for GPs, who diagnose and manage most patients with allergic problems, is deficient. The problem is further compounded by a limited evidence base for the management of many of the conditions, possibly a reflection of the lack of a strong body of researchers focusing on applied research relevant to primary care.  The aim of the group is to promote research into the diagnosis and management of the allergy in primary care.  The objectives are:   * To identify researchers with past, current or future interest in conducting primary care-based allergy research. * To provide networking opportunities for primary care-based researchers, and for/with researchers based in specialist settings, with an interest in improving the primary care allergy evidence base. * To provide an informal forum for the generation of ideas and discussion of research proposals – either through face-to-face or on-line discussion groups through a managed membership list. * To encourage collaboration and successful application by members across different departments for funding of primary care-based allergy research. | **Meeting scheduled for Friday 15 February 2019, St Mary's University, London** |
| **Brief Behavioural and Psychological Interventions**  **Kieran Ayling & Professor Kavita Vedhara**  **University of Nottingham** | The brief behavioural and psychological interventions working group includes representatives from nearly all SPCR partner departments as well as several external institutions. Since our initial face-to-face meeting in 2017, we have not formally met as a group. However, to our knowledge, several new inter-departmental collaborative relationships were sparked following our initial meeting.  Recent contacts with group members indicate continued interest in this working group, and future face-to-face meetings. However, one challenge we faced in this group was the substantial variation in the clinical topics of interest to our members. While all of these were non-pharmacological interventions focusing on psychological and behavioural factors, very few members were working on similar clinical problems. As such, establishing group-wide collaborative endeavours proved challenging.  We have recently had contact with SPCR members David Nunan (Oxford) and Melanie Calder (Bristol) who are in the process of establishing a lifestyle medicine working group. Many of our members also expressed interest in this group, as arguably this topic umbrella’s the interests of the brief interventions working group. Following these discussions, moving forward I am of the opinion given the complementary and shared interests of these working groups – there is likely greater mileage in these groups merging under the banner “lifestyle medicine”, within which brief interventions are one aspect. |  |
| **Conversation Analysis**  **Gerry Leydon**  **University of Southampton** | The group has not met in 2018 however a collaborative CA project has been initiated that evolved from the first meeting (called OPEN).  In 2019 there are plans to convene a further meeting with SPCR CA researchers and some external (non-SPCR) CA researchers to talk about the sustainability and reach of CA intervention research.  As with all qualitative work this is a serious consideration and it would be a useful way to spend time as a group. Time will also be allocated to summarise projects that are ongoing and to discuss any new ideas for SPCR CA WG projects. The meeting will also allow us to share experiences – as often work as lone researchers in primary care units so it’s really a great opportunity to foster a culture of knowledge sharing and supporting in this way. | 2019 meeting date to be arranged |
| **Digital health**  **Elizabeth Murray**  **UCL** | The working group submitted projects to the School’s FR16 and one was funded- Investigating the unintended consequences of the use of digital health tools in primary care (Horwood et al.). One of the other projects that came out of the working group meetings, although unsuccessful in FR16, is being redeveloped and further worked up for submission to an alternative NIHR funding stream.  EM attended the launch of the SAPC digital health group and conveyed the SPCR views on the benefits of collaboration rather than competition. The SAPC group felt that they would like the first meeting to be clearly badged SAPC only, with the question of joint badging (and a single group) being revisited in July 2019.  Depending on the outcome of the negotiations with the SAPC group, we will either hold a joint meeting in July 19, or an SPCR only group in the autumn 2019. | July or autumn |
| **Health Economics in Primary**  **Catia Nicodemo**  **University of Oxford** | On 4th of June 2018 Professor Ricciardi from ISS in Italy visited Oxford to discuss about the integration between primary and secondary care. Ideas were exchanged and research on GPs gatekeeping discussed. A collaboration has been initiated to better understand the strengths of the NHS system in Italy and England. Around 20 people participated in the meeting with Professor Ricciardi,  In the next year, a meeting with Professor Lasserson in Birmingham is planned to discuss our research on multimorbidity and other members of the school to will be invited to participate | 2019 date to be arranged |
| **Analysis of GP databases (previously Improving drug safety using big data analytics and machine learning)**  **Professor Julia Hippisley-Cox** | No meetings in 2018 but a workshop on Big Data is planned for 2019. This will be held in Oxford.  Professor Julia Hippisley-Cox is leaving the University of Nottingham in 2019 to join the University of Oxford. | 2019 date to be arranged |
| **Involving patients and families in improving the quality & safety of healthcare**  **Susan Hrisos\*\*** | No meetings in 2018 but a re-submission of a revised funding application was sent to NIHR HS&DR with members from across the school (based in Manchester, Keele and Nottingham).  The bid was unsuccessful.  There are plans to try again for a collaborative bid but this has not been taken forward yet.  The wider working group will cease to function a new convenor can be found\*\*. |  |
| **Lifestyle Medicine**  !  **David Nunan and Melanie Chalder**  **Universities of Oxford and Bristol** | David Nunan (Oxford) and Melanie Chalder (Bristol) are looking to establish a cross school group with a specific interest in physical activity/exercise as well as a broader interest in ‘Lifestyle medicine’ or ‘Non-pharmacological interventions’ for a new theme and potential collaboration. Discussions are also welcomed with individuals/groups who are involved in cross-cutting themes with likely overlap (e.g. Brief behavioural and psychological interventions, Mindfulness, Public health in Primary Care). A group of interested colleagues met informally at the SPCR Research Showcase in Nov 2019 with a view to holding the first formal meeting in early 2019. | Early 2019 |
| **Medicines use and prescribing**  **Deborah McCahon & Rupert Payne**  **University of Bristol** | This group was convened April 2018 to facilitate new collaboration and crossover within the SPCR, enabling sharing of methodological and clinical expertise and supporting the identification and development of collaborative grant applications in the broad area of medicines use and prescribing.  Activity led by the working group convenors in Bristol in collaboration with SPCR colleagues at Oxford between April- August 2018 has been focused largely upon the development of a funding bid in response to the NIHR, Medicines management/polypharmacy themed call. This activity resulted in the submission of a proposal to the NIHR HS&DR research funding scheme for a large programme of work to provide evidence to inform deprescribing of (including not starting) long-term preventative medicines for patients with limited life expectancy. Other work in this topic area is ongoing involving SPCR partners in Nottingham, Cambridge, Oxford and Manchester.  Going forward, we are keen to establish an inter-school (SPCR, SSCR and SPHR) network of academics with an interest in supporting research in the broad area of medicines use and prescribing and perhaps more specifically around the topics of polypharmacy, deprescribing, medicines optimisation and pharmacoepidemiology. We are also planning an intra-school workshop in Bristol during February 2019 to bring SPCR partners together to discuss specific goals for the working group and generate research ideas and priorities for further collaboration. Full details of the workshop will be announced and disseminated via our existing networks and via the SPCR website and newsletter during early 2019. |  |
| **Mental health**  **Professor Carolyn Chew-Graham and**  **Robbie Duschinsky**  **Universities of Keele and Cambridge** | June 2017 - 14 attendees (Bristol, Keele, UCL, Cambridge, Southampton, Nottingham, Manchester, Newcastle) with ideas developed for FR16. Additional discussion of mutual research interests around: domestic violence, physical/mental comorbidity, loneliness and discussion of cross-School research with public health and adult social care. There was substantial interest in future meetings. There were three submissions to SPCR FR16 in Nov 2017 (one partially funded – IMproving the Accuracy of Psychosis PrEDiction using primary-care consultation data, Sullivan et al., Bristol).  June 2018 -7 attendees (Bristol, Keele, UCL, Cambridge, Southampton). Discussion of relevant funding sources, including summary of Wellcome by RD. Two ideas taken forward:  Primary care review (medication and physical health) for people with SMI: Keele with Bristol. HS&DR  Improving accuracy & acceptability of psychosis prediction in primary care (building on study funded from Nov 17 application): Bristol and Keele; HS&DR  KT and CCG proposed Special Interest Group within SAPC (open to any SAPC member) – “No health without mental health” group approved.  Planning further meeting in Spring 2018, focusing on developing RfPB applications. | 1st March 2019  VENUE to be confirmed, but will be in Central London |
| **Mindfulness**  **Alice Malpass**  **University of Bristol** | The mindfulness working group have not met as there were less than the required number of partners interested. Ben Ainsworth (co-convenor) moved from Southampton in autumn 2019 and moved to non- SPCR department.  Those interested in mindfulness approaches have been subsumed within the mental health working group. |  |
| **Organisation and Delivery of Primary Care**  **Geoff Wong, Kamal Mahtani and Sophie Park\***  **University of Oxford and UCL\*** | 2018 was the initial year of development and the group has got off to a gradual start. Our activities have been focused on setting up, planning the future directions and seeking out collaborative partners for the group. We have had informal meetings and communications between the joint group leads (Wong, Mahtani, Park) resulting in the following actions since the groups formation in July 2018:  1) Building a membership for the group SPCR has kindly publicised the existence of this new group on their newsletter and we have recruited 11 members from across the School.  2) Future directions planning, to action this, we will be organising a meeting early in 2019, to jointly agree between those interested, the following: - how the group should run - what do we want to group to do in terms of research focus and other activities - how we can involve other stakeholders - how to maximise opportunities for collaboration and partnerships with PPI  3) PPI We recognise the centrality and importance of PPI for this topic in particular and have been working to develop a structure and process for engaging and getting input from PPI. For example, for sake of efficiency and to reduce costs and increase convenience for PPI members, we are now exploring the synergies for having a common pool of PPI who are interested in primary care issues by working with PPI group being developed for the Evidence Synthesis Working Group funded by the SPCR.  Planned activities for 2019:  a) hold meeting for members of the group (early 2019)  b) develop a working structure and process for PPI engagement and input into the Working Group (first quarter of 2019) | Early 2019 |
| **Public health in primary care**  **Christie Cabral and Gemma Lasseter**  **University of Bristol** | This group was newly convened in 2018 and has yet to meet. |  |