

## FELLOWSHIPS IN PRIMARY HEALTH CARE 2021

### Details of training opportunities at each member university

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#### UNIVERSITY OF BRISTOL

The Centre for Academic Primary Care (CAPC) at the University of Bristol ([www.bris.ac.uk/primaryhealthcare](http://www.bris.ac.uk/primaryhealthcare)) is one of the largest and most productive centres for primary care research in the UK. It aims to provide high quality evidence to address some of the most important health challenges relating to NHS primary care, including the use (and misuse) of antibiotics, managing multimorbidity, reducing avoidable hospital admissions, improving mental health, helping victims of domestic violence, enabling early cancer diagnosis, and assessing the role of telehealth. CAPC members use qualitative and quantitative research methods and publish their research in high impact journals such as the Lancet, the BMJ, Annals of Family Medicine and the BJGP.

CAPC is a friendly and thriving centre including academic GPs and nurses, statisticians, social scientists, health economists and support staff. We are based within the Bristol Medical School, in the Department of Population Health Sciences, which has an international reputation for its research.

CAPC offers excellent training opportunities for academic GPs including an internationally recognised programme of short courses offered within the Bristol Medical School. These cover a range of health services research and epidemiological methods, as well as generic and specific research skills. We have an outstanding track record of helping academic GPs in post CCT bridging fellowships to obtain prestigious externally funded research PhD awards.

#### **CAPC's research sits within four broad themes:**

**COVID-19:** Projects evaluating responses to, and impact of, the pandemic, and identifying ways in which primary care and public health can respond.

**Appropriate and effective care:** Diagnosis and management of illness mainly treated in primary care, with a focus on: cancer, cardiovascular disease, childhood health, depression and anxiety, domestic violence, eczema, infection.

**Organisation and delivery of care:** The role of primary care within the health care system, with a focus on: commissioning and quality, service delivery, avoidable hospital admissions, multimorbidity and long term conditions, prescribing, new technology and complementary therapies.

**Methodology:** Methodological research that aims to improve the design and conduct of randomised controlled trials and conducted in collaboration with the MRC ConDuCT-II Hub for Trials Methodology Research and the Bristol Randomised Trials Collaboration (BRTC). We can offer support in methods such as conversation analysis, ethnography, meta-synthesis and analysis

of large primary care data sets, to answer complex research questions aimed at improving the content and delivery of health care.

CAPC's research aims to impact primary care practice and health policy, leading to benefits for patients. Aided by our Knowledge Mobilisation team, we seek to generate knowledge that is accessible and useful to academics, commissioners, clinicians, service providers, the voluntary sector and the public. We involve patients and the public in our research at all stages.

#### **FURTHER INFORMATION:**

Contact: Drs Christie Cabral [christie.cabral@bristol.ac.uk](mailto:christie.cabral@bristol.ac.uk), Alyson Huntley [alyson.huntley@bristol.ac.uk](mailto:alyson.huntley@bristol.ac.uk) (primary care scientists) or Professor Debbie Sharp [debbie.sharp@bristol.ac.uk](mailto:debbie.sharp@bristol.ac.uk) (Clinical) or visit <http://www.bristol.ac.uk/primaryhealthcare/>

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## **UNIVERSITY OF EXETER**

The Exeter Collaboration for Academic Primary Care ([APEX](#)) is a multidisciplinary team within the College of Medicine and Health. APEX conducts research on the delivery of person-centred care, new models of care which cross boundaries of primary, secondary, mental health and social care and pursues research and education in primary care leadership and service organisation for establishing a continuum of education in primary care from the undergraduate to the postgraduate and the established professional.

Our research addresses current NHS priorities. APEX researchers collaborate with other local, national, and international research groups ensuring breadth and innovation in methodological approaches. Locally this includes the Exeter Clinical Trials Unit (ExeCTU), Health Economics, Exeter HSDR Evidence Synthesis Centre and Health Statistics. APEX affiliated researchers bring additional expertise in clinical genomics, routine data analysis, behavioural science and global health. All our research has high-quality patient and public involvement and engagement, as well having input from GPs, primary healthcare teams, and a range of local, regional and national stakeholders.

We aim to provide high quality evidence to address some of the most important health challenges relating to NHS primary care, predominantly in three areas:

1. Organisation and delivery of primary care services, with particular strengths in the evaluation of patient experiences and outcomes of care, workforce and skill mix, and the identification and management of clinically vulnerable groups and with particular attention to the opportunities created by new technologies.
2. Management of frailty, multimorbidity and ageing in the context of changing patterns of morbidity and mortality, with a focus on the epidemiology of multimorbidity and care for people with multimorbidity and on the development and testing of interventions and new models of care. We have a track record of expertise in respect of musculoskeletal disease and in developing programmes of rehabilitation.
3. Primary care diagnostics, with a focus on the epidemiology of the diagnostic process for cancer, including identification of individuals at high risk of cancer, optimum testing

strategies in primary care, and implementation of such strategies into the NHS and international systems of healthcare.

We are also developing an exciting portfolio of research in global health and have research collaborations with colleagues from the European Centre for Environment and Human Health exploring approaches to understanding and managing antimicrobial resistance.

#### **FURTHER INFORMATION:**

Contact: Professor Jose M Valderas [j.m.valderas@exeter.ac.uk](mailto:j.m.valderas@exeter.ac.uk) or Professor John Campbell [john.campbell@exeter.ac.uk](mailto:john.campbell@exeter.ac.uk) or visit <http://medicine.exeter.ac.uk/research/healthresearch/apex/>

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## **KEELE UNIVERSITY**

The School of Medicine delivers internationally renowned research programmes in musculoskeletal disorders, mental health, cardiovascular epidemiology, and multimorbidity in primary care. This work is underpinned by several existing and ongoing high-quality observational cohorts and randomised clinical trials and use of (linked) electronic health records. The School hosts the Primary Care Centre of Excellence Versus Arthritis, and an NIHR accredited Clinical Trials Unit

Current NIHR, Wellcome and Arthritis Research UK grants to the Centre amount to over £25 million. The School forms a strong collaboration between academics from professional backgrounds including general practice, clinical rheumatology, psychiatry, physiotherapy, psychology, epidemiology, statistics, health economics, pharmacy, social sciences, and health services research. Our main clinical partners include the North Staffordshire Primary Care Research Consortium and the Midlands Partnership Foundation Trust.

We aim to provide a robust evidence base to underpin improvement in the content and delivery of primary, community, and social care for people with musculoskeletal conditions, mental health problems, or multimorbidity. Our multidisciplinary teams value quality and innovation of our research, which incorporates a wide range of qualitative and quantitative research methods. We offer a range of international courses highlighting our areas of expertise, including evidence synthesis, prognosis research, trials, and individual participant data (IPD) meta-analysis.

We aim to achieve a measurable beneficial impact on the health and care of individuals with target conditions, their families, and the population. Our designated Impact Accelerator Unit works together with research teams to push the pace of translating research findings into tangible benefits for patients, clinicians, and the NHS.

Our research priorities have arisen from wide ranging consultation with patients, clinical partners and other stakeholders, and aims to support the ways in which health professionals work, allowing them to deliver better and more appropriate primary care. We provide evidence which underpins:

- Proactive approaches to health care, which actively looks for musculoskeletal, mental health and associated conditions in order to prevent or reduce long term disability

- A move away from a 'one size fits all' model of care to one which provides tailored treatments better suited to individuals' needs
- Development of new models of care delivered by primary care health professionals (including nurses, physiotherapists, pharmacists), offering more accessible care for all, and holistic care for patients with complex problems
- Putting patients in the driving seat, allowing them to be more actively involved in decisions about their care and better supported to maintaining well-being and independence.

#### **FURTHER INFORMATION:**

Contact Professor Christian Mallen: [c.d.mallen@keele.ac.uk](mailto:c.d.mallen@keele.ac.uk)

Or Professor Danielle van der Windt: [d.van.der.windt@keele.ac.uk](mailto:d.van.der.windt@keele.ac.uk)

Or visit our website: <http://www.keele.ac.uk/pcsc/>

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## **UNIVERSITY OF MANCHESTER**

The University of Manchester is the largest, single-site university in the UK. Our primary care research is cross-disciplinary and broad in its focus, addressing the over-arching research question: 'How can we safely manage and improve the health of an aging population in primary care?' Capacity building is critical to our mission, and we are keen to support those interested in either qualitative or quantitative research methodologies. Applicants will join a network of researchers studying a broad range of issues affecting primary care. Our membership of the School for Primary Care Research brings together the Centre for Primary Care and Health Services Research and the Drug Usage and Pharmacy Practice Research Group, reflecting the increasing need for inter-disciplinary collaboration in the delivery of primary care services. Fellowship recipients and PhD students will work within one or more of our research themes (Health organisation, policy and economics (HOPE), Quality and safety, Person-centred care and complex health needs, Health in a wider context, and Drug usage and pharmacy practice), enabling them to develop their own projects and benefit from the support of other researchers working in the same area. Our aim is to train future research leaders by providing multidisciplinary training and career development opportunities.

### **Health organisation, policy and economics (HOPE)**

Led by: [Professor Kath Checkland](#) and [Professor Matt Sutton](#).

This interdisciplinary theme focuses upon research which investigates the supply, organisation, management and financing of health and social care services. Our expertise encompasses rigorous econometric analysis and a wide range of qualitative social scientific methods, including particular experience in the use of ethnographic approaches to understand organisational processes. We use mixed methods to study the important challenges facing health and care systems, including:

- care organisation, delivery and integration;
- payment and incentive systems;

- determinants of health and health inequalities;
- working conditions and labour supply.

We aim to inform the development of future health and care policy, and communicate our findings to government, policy-makers, practitioners and academics.

### **Quality and safety**

Led by Professor Stephen Campbell, Dr Maria Panagioti and Professor Darren Ashcroft

This theme focuses on conducting innovative, needs-driven and applied research to improve quality of care and patient safety in primary care, particularly in general practice and community pharmacy as well as the interface of hospital and social care. We are an interdisciplinary team of researchers and clinicians in primary care, pharmacy, mental health, informatics, epidemiology and statistics. We develop and test the mechanisms for high quality, safer primary care systems, which are integrated with hospital and community settings. Our aims are to:

- Work together with patients, carers, members of the public and healthcare providers using a co-design and learning approach that takes a shared responsibility approach to better quality of care and making health and care safer
- Develop ground-breaking digital and behavioural interventions to facilitate effective communication between patients, healthcare providers and healthcare systems creating cycles of continuous safety improvement.
- Create evidence-based strategies to reduce common sources of patient safety problems (e.g. medication and prescribing) and improve safety in marginalised groups of patients.

### **Person-centred care and complex health needs**

Led by Professor Caroline Sanders and Dr Thomas Blakeman.

We focus on ensuring patient and professional experience is at the centre of research to address health and healthcare needs. We have particular expertise in self-management, multimorbidity, mental health and health technology assessment.

Our aims are:

- To conduct high quality research into the delivery, effectiveness and experience of care for patients with long-term conditions.
- To have a demonstrable impact on the delivery of care for long-term conditions nationally and internationally.

To achieve this, we:

- Develop evidence-based interventions grounded in an in-depth understanding of everyday lives and practices to manage health and illness, and the interface with routine clinical practice.
- Navigate the challenge of maximising the utility of technologies/interventions while minimising treatment burden for patients and unnecessary clinician workload.

- Support system resilience through collaboration across the interfaces of care and through partnership with patients, carers and members of the public.

### **Health in a wider context**

Led by Professor Evan Kontopantelis and Dr Luke Munford.

We focus on how the wider context impacts on health and on health and care policy.

Wider influences are important in shaping patterns of health and in designing efficient and equitable health and care systems. There is a major challenge in understanding the relationships between the health and social care system and population health in different contexts. Little is known about the boundaries between the formal care system, community assets, informal care in families, and individual health behaviours. The wealth of data routinely collected across both primary and secondary care is vastly underutilised. These datasets can be linked to others to provide clear geographical snapshots of service quality, disease burden, finances and socioeconomic deprivation, and identify regional differences. It can then be used to address a range of primary care research questions.

### **Drug Usage and Pharmacy Practice**

Led by Professor Darren Ashcroft and Prof Ellen Schafheutle

The Drug Usage and Pharmacy Practice group has two priority areas for research that relate strongly to some of the real challenges experienced by patients and the health service:

- medicine use and drug safety;
- pharmacy workforce behaviour and performance;

These relate to:

- the growing cost and efficacy of medicines;
- the complexity and range of conditions they are used to treat in different population groups;
- the multiplicity of health professionals competing to provide advice and care in a diverse range of public and private healthcare settings.

As a result, our research aims to understand how patients use and respond to medicines, as well as the systems and organisations within which medicines are delivered. Our research also focusses on the health professionals who work with medicines and deliver healthcare services.

The Centre for Pharmacoepidemiology and Drug Safety (led by Prof Ashcroft) undertakes high quality research in pharmacoepidemiology and improving safety in medicines use. Particular research interests include the comparative safety and effectiveness of pharmaceuticals and biotechnology products, drug policy and risk management programme evaluation, and epidemiological methods using electronic healthcare databases. We lead the major programme of work on medication safety in the NIHR Greater Manchester Primary Care Patient Safety Translational Research Centre.

The Centre for Pharmacy Workforce Studies (led by Prof Schafheutle) undertakes research on the workforce, the labour market, and on organisational change and development within the pharmacy

profession. The centre's work has a major influence on policy and practice and informs the wider debate on employment, professional work in pharmacy, and workforce effectiveness.

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**FURTHER INFORMATION:**

Health organisation, policy and economics (HOPE):

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Or visit our website:

<http://www.population-health.manchester.ac.uk/primarycare>

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# UNIVERSITY OF NOTTINGHAM

We are one of the foremost primary care centres in the UK, with 82% of our research judged as world-leading or internationally excellent in the 2014 Research Excellence Framework. We are a multi-disciplinary unit of over 130 people, including practicing GPs, other health professionals, psychologists, statisticians, research and support staff. Our main research groups' available opportunities are in the following fields:

## **Primary Care Stratified Medicine (PRISM) research group**

We aim to better identify people, or groups of people at risk of disease, and their response to specific interventions or treatments. This includes the prevention and care of major health problems, such as cancer and cardiovascular disease, and common inherited disorders. This is achieved through application of emerging techniques in data science and advances in genomics, combined with "translational" health service research, leading to better-targeted and effective primary healthcare.

### **For further information see:**

<https://www.nottingham.ac.uk/research/groups/primarycarestratifiedmedicine/index.aspx> or contact: Professors Nadeem Qureshi [nadeem.qureshi@nottingham.ac.uk](mailto:nadeem.qureshi@nottingham.ac.uk) or Joe Kai [joe.kai@nottingham.ac.uk](mailto:joe.kai@nottingham.ac.uk)

## **Primary Care Epidemiology**

This research group carries out large epidemiological studies, using a range of study designs. The group makes extensive use of two large electronic health databases (QRESEARCH and CPRD), which contain a wealth of longitudinal data from patients in over 2000 UK practices linked to secondary care data and mortality data.

Our main areas of research are:

- studying the epidemiology of diseases (including mental health conditions, heart disease, diabetes, cancer, and dementia)
- evaluating the risks and benefits of commonly prescribed drugs, such as antidepressants, anticholinergic drugs, hormone replacement therapy, oral contraceptives, and statins
- developing and validating risk prediction models for identifying people at high risk of disease for intervention, these include the QRisk model for predicting risk of cardiovascular disease over 10 years, and the QDiabetes and QCancer models.

### **For further information see:**

<http://www.nottingham.ac.uk/research/groups/primarycareepidemiology/index.aspx> or contact: Professor Carol Coupland [carol.coupland@nottingham.ac.uk](mailto:carol.coupland@nottingham.ac.uk) or Dr Yana Vinogradova [yana.vinogradova@nottingham.ac.uk](mailto:yana.vinogradova@nottingham.ac.uk)

## **Medication safety and effective health care**

Our group conducts research on the safe and effective use of medicines. This includes investigating the prevalence, nature and causes of medication errors in general practice; evaluating patient safety initiatives; undertaking epidemiological work to assess the benefits and harms of

medicines used in primary care; and assessing the safety of primary care organisations. The group seeks to influence policy and practice so that effective interventions to improve patient safety are rolled out across the health service.

**For further information see:**

<http://www.nottingham.ac.uk/research/groups/medicinesafetyeffectivehealthcare/index.aspx> or contact Professor Tony Avery [tony.avery@nottingham.ac.uk](mailto:tony.avery@nottingham.ac.uk)

The three research groups, described above, are also offering joint supervision of PhDs and fellowships in overlapping areas of interest, for example:

- risk stratification in chronic disease management & multimorbidity
- improving drug safety
- risk prediction models for disease incorporating emerging novel markers

**Behavioural approaches to understanding and improving health and healthcare outcomes**

Medicine and healthcare typically focuses on the biological processes that give rise to and maintain disease; and consider only these when considering treatment. Our group examines the psychological and behavioural influences on health, and where possible examines how they interact with biological processes to affect disease and treatment outcomes. Our main areas of research at the present time are as follows:

- Understanding the role of mental health and the stress biomarker cortisol in influencing COVID19 outcomes
- Development of interventions to promote social distancing and reduce risk of COVID19 infection
- Development and evaluation of behavioural interventions to improve vaccine uptake or vaccine effectiveness
- Investigating the mechanisms by which behavioural interventions influence the healing of chronic wounds.

If you have an interest in any of these areas please look at our website:

<https://www.nottingham.ac.uk/research/groups/biobehaviouralhealth/index.aspx> and/or if you would like to discuss possible projects please contact Professor Kavita Vedhara: [Kavita.vedhara@nottingham.ac.uk](mailto:Kavita.vedhara@nottingham.ac.uk)

**Injury Epidemiology and Prevention**

The research group specialises in the epidemiology and prevention of injuries in all age groups, including:

- preventing falls in older people,
- preventing injuries in childhood,
- measuring the long term impact of injuries and
- evaluating interventions in primary care and community settings.

They achieve this through conducting randomised controlled trials, systematic reviews, case-control and cohort studies and epidemiological studies using large primary and secondary care databases.

**For further information see:**

<http://www.nottingham.ac.uk/research/groups/injuryresearch/index.aspx> or contact: Professor Denise Kendrick [denise.kendrick@nottingham.ac.uk](mailto:denise.kendrick@nottingham.ac.uk) or Dr Elizabeth Orton [Elizabeth.orton@nottingham.ac.uk](mailto:Elizabeth.orton@nottingham.ac.uk)

**Smoking in pregnancy**

With strong, active international research collaborations Nottingham's Smoking in Pregnancy Group leads research into pharmaceutical, digital and counselling interventions for smoking cessation in pregnancy. We also investigate use of e-cigarettes (vaping) in pregnancy, including how vaping could be effective for preventing relapse to smoking in the postpartum. We comprise health psychologists, applied researchers and statisticians so, any fellow working within our group will benefit from effective multidisciplinary supervision. We welcome independent colleagues who propose their own research questions within our broad area of expertise but are also very experienced at helping junior clinical academics to develop ideas.

**For further information see:** [www.nottingham.ac.uk/go/SmokinginPregnancy](http://www.nottingham.ac.uk/go/SmokinginPregnancy) or contact:

Professor Tim Coleman: [tim.coleman@nottingham.ac.uk](mailto:tim.coleman@nottingham.ac.uk) or Dr Sue Cooper: [sue.cooper@nottingham.ac.uk](mailto:sue.cooper@nottingham.ac.uk).

**Medical Education**

The Primary Care Education Unit, at the University of Nottingham School of Medicine, delivers teaching to all five years of the undergraduate medical curriculum. The team has a proven track record in conducting medical education research, including projects commissioned by the Royal College of General Practitioners, Health Education East & West Midlands and projects funded by the School for Primary Care Research. Our research themes include methods of teaching delivery and assessment, professionalism education and promoting careers in primary care. We have broad expertise in both quantitative and qualitative research methodologies within medical education.

Examples of projects include:

- Developing a situational judgement test for the summative assessment of professionalism
- Evaluation of the utility of smart device technology in undergraduate medical education
- The role of placement activity in influencing career choices
- Exploring the benefits of early clinical exposure to primary care
- Using peer education to
  - promote general practice as a career
  - recruit and retain GPs in the East Midlands
- Using longitudinal support networks to support the entire general practice career journey from medical school to retirement

- Understanding the impact of specialty denegation

The aim of the research team is to enhance the evidence base of primary care education and to innovate the delivery of high quality teaching.

**For further information contact:** Dr Richard Knox: [richard.knox@nottingham.ac.uk](mailto:richard.knox@nottingham.ac.uk) or Dr Jaspal Taggar [Jaspal.taggar@nottingham.ac.uk](mailto:Jaspal.taggar@nottingham.ac.uk)

#### **FURTHER INFORMATION:**

Initial enquiries for the opportunities available at the University of Nottingham should be directed to: Amy Bourton, [amy.bourton@nottingham.ac.uk](mailto:amy.bourton@nottingham.ac.uk)

Queries regarding relevant postgraduate qualifications/experience may be directed to the appropriate research area contact. Website for further information:

<http://www.nottingham.ac.uk/medicine/about/primarycare/index.aspx>

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## **QUEEN MARY UNIVERSITY OF LONDON**

The Institute of Population Health Sciences (IPHS) at Queen Mary University of London (QMUL) is one of the UK's foremost academic primary care research groups. We ranked in the top five institutions within UoA2 (REF 2014) delivering one of the largest volumes of 4\* world-leading, applied primary care research. Since 2014, we have won over £54M in primary care-related funding, near-doubling annually, with over two-thirds awarded by NIHR, MRC and Wellcome Trust.

We carry out world-leading research that changes policy and practice, addressing the most pressing challenges in primary health care. We recognise the overlap between primary healthcare and public health and their potential to augment, strengthen and advance each other. Our location in the east end of London in one of the UK's most diverse and disadvantaged urban populations gives us a particular focus on health inequalities. Promoting inclusivity and social justice is intrinsic to QMUL's mission. Our work is founded on social accountability to the populations we serve.

Our success is built on innovation in health data science and research methods, spanning expertise in large scale electronic health record data analyses and quality improvement, novel clinical trial designs, new ways of summarising research evidence, and leading-edge social science.

This expertise is reflected in:

- Our leading roles in London and UK-wide *data science networks* and programmes linking large datasets, and including Genes & Health - one of the world's largest community-based genetics studies. Genes & Health (<http://www.genesandhealth.org/>) aims to improve health among people of Pakistani and Bangladeshi heritage by analysing the genes and health of 100,000 people living in East London, Bradford and Manchester.
- Our unique NIHR supported Pragmatic Clinical Trials Unit (<https://www.qmul.ac.uk/pctu/>) is a member of the nationwide MRC Trials Methodology Research Partnership and has been conducting major trials in primary care (and beyond) since the 1990s. Our world leading methodologists have strengths in cluster randomised trials, innovative trial designs, trials within cohorts (TwICs), pilot and feasibility studies and studies within trials (SWATS).

- Our leadership of regional, UK-wide and global *research networks*, including the Asthma UK Centre for Applied Research (<https://www.aukcar.ac.uk/>), NIHR Applied Research Collaborations, the NIHR Global Respiratory Health Network and two World Health Organisation Collaborating Centres.
- Our leadership of doctoral training programmes, including hosting a prestigious Wellcome Trust Doctoral Programme in Health Data in Practice (<https://www.qmul.ac.uk/postgraduate/taught/coursefinder/courses/health-data-in-practice-mres/>) and our partnership in the ESRC funded London Interdisciplinary Social Science DTP (<https://liss-dtp.ac.uk/>).
- Our strong track record in research addressing the interconnectedness between mental and physical wellbeing in primary care and in research on social interactions in mental health care. Our Unit for Social and Community Psychiatry (jointly operated with East London NHS Foundation Trust) is the only World Health Organisation Collaborating Centre specifically for Mental Health Service Development worldwide.
- Our pioneering use of innovative qualitative methodologies to study everyday generalist phenomena, exploring interfaces between medicine, social science and linguistics.
- Our delivery of complex primary and community research studies on a national scale supported by our expertise in complex intervention development.
- Our willingness to conduct research at the interface of public health and primary care to address urgent challenges of health inequality and social disadvantage and leverage major policy change for example in air quality, domestic violence and near patient testing for HIV.
- Our interest in primary care extending beyond the borders of the UK through our Global Public Health Group with its particular expertise in policy and our success in Global Challenge Research Fund awards.

IPHS is a friendly, dynamic environment, our researchers are organised in to the following groups but we encourage collaborative research across centres and disciplines and beyond IPHS to the considerable expertise within the rest of the School of Medicine and Dentistry and Queen Mary University (e.g with Dentistry, the School of Electronic Engineering and Computer Science, the School of Law).

#### **Centre for Clinical Effectiveness and Health Data Science**

<https://www.qmul.ac.uk/blizard/ceg/>

**Centre Lead: Prof Carol Dezateux: [c.dezateux@qmul.ac.uk](mailto:c.dezateux@qmul.ac.uk)**

#### **Centre for Primary Care and Mental Health**

<https://www.qmul.ac.uk/iphs/centres-and-teams/centre-for-primary-care-and-mental-health/>

**Centre Lead: Prof Steph Taylor: [s.j.c.taylor@qmul.ac.uk](mailto:s.j.c.taylor@qmul.ac.uk)**

#### **Women's Health**

<https://www.qmul.ac.uk/iphs/centres-and-teams/centre-for-womens-health/>

**Centre Lead: Dr Stamatina Iliodromiti: [s.iliodromiti@qmul.ac.uk](mailto:s.iliodromiti@qmul.ac.uk)**

## Global Public Health

<https://www.qmul.ac.uk/iphs/centres-and-teams/centre-for-global-public-health/>

Centre Lead: Prof David McCoy: [d.mccoy@qmul.ac.uk](mailto:d.mccoy@qmul.ac.uk)

## Clinical Trials and Methodology

<https://www.qmul.ac.uk/iphs/centres-and-teams/centre-for-clinical-trials-and-methodology/>

Centre Lead: Prof Sandra Eldridge: [s.eldridge@qmul.ac.uk](mailto:s.eldridge@qmul.ac.uk)

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# UNIVERSITY OF OXFORD

The Nuffield Department of Primary Care Health Sciences at the University of Oxford is a well-established department conducting high impact multi-disciplinary research. This has been recognised in the Research Excellence Framework, where Oxford was ranked top for the quality of our research, its infrastructure, and the impact we make on the world. We are able to do this because we are well supported by genuinely helpful research infrastructure and have an excellent training programme for clinicians and other scientists from a wide range of backgrounds. This interdisciplinary department is home to clinicians, clinical epidemiologists, medical statisticians, social scientists and psychologists, working collaboratively on programmes to improve health and healthcare. Being a large department means we work hard at being a friendly one and are confident that we succeed. We also ensure our department has progressive employment policies that value the careers of all our team and we are proud that we hold an Athena Swan silver award and are working towards gold.

We aim to develop the careers of our early and mid-career scientists and to provide opportunities to form productive collaborations and develop high level content and methodological expertise, which will enable all our team to grow their careers as scientists in applied health research.

The themes of our research include:

- Cardiovascular and metabolic conditions
- Health behaviours
- Infections and acute care
- Patient experiences and social science as applied to healthcare
- Research methods/Evidence-based medicine

Much of our work takes a global perspective and is truly cross-cutting. We also have access to skills in big data (we host QRESEARCH, OPENSAFELY, RCGP ORCHID and hold a CPRD licence), health policy development, health economics, digital interventions, and an in-house UKCRC registered NIHR clinical trials unit.

FURTHER INFORMATION:

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[stavros.petrou@phc.ox.ac.uk](mailto:stavros.petrou@phc.ox.ac.uk) (health economics) **Digital health** [john.powell@phc.ox.ac.uk](mailto:john.powell@phc.ox.ac.uk)

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## UNIVERSITY OF SOUTHAMPTON

The Southampton Primary Care Research Centre (PCRC) is one of the world's leading primary care centres of excellence, offering an excellent spectrum of expertise in methodologies and a remarkable range of topic areas. We are located on the South Coast with the New Forest and the sea on our doorstep and easy access to Winchester, Salisbury, London and the South West. We doubled in size between the 2008 Research Assessment Exercise and the 2014 Research Excellence Framework (REF) assessment, and have increased by another one third in size since 2014. 87% of our research was rated as 'internationally excellent' or 'world-leading' in REF 2014, and we were ranked 3rd highest for the quality of our research outputs out of 32 institutions in the Public Health, Health Services Research and Primary Care unit of assessment.

PCRC is part of the School of Primary Care, Population Sciences and Medical Education in the Faculty of Medicine, giving us very close links with Public Health with shared interests in kidney disease, liver disease and alcohol misuse. We have particularly strong links with the world-famous Health Psychology group, and a very strong track-record of developing effective behavioural interventions for both patients and clinicians that really make a difference to patient care. We have close collaborations with the Southampton NIHR Biomedical Research Centre in Nutrition and Respiratory Medicine, the Faculty of Health Sciences, Southampton Statistical Sciences Research Institute, and Computing Sciences within the University. Thus, PhD students and post-doctoral research fellows may be co-supervised by clinical academics in primary medical care and scientists in these disciplines. They will also be supported to develop national and international links, through our extensive existing fruitful collaborations, where appropriate.

Our research provides new evidence to inform key challenges in primary care, including addressing major issues affecting population health. Our research currently focuses on area such as: infections and antibiotics; long-term conditions; healthy ageing; and integrative healthcare.

We organise our research around four broad themes:

- Supporting self-management

- Improving use of medicines
- Healthcare communication
- Diagnosis and prognosis

### **Supporting self-management**

Research in this area covers a remarkable range of content areas, developing and testing internet interventions addressing: lifestyle, mental health, emotional distress, cancer-related distress and cancer survivorship, low back pain, chronic dizziness, asthma, COPD, respiratory infection, IBS, eczema, hypertension, and weight management. We have successfully developed and trialled the POWeR interventions to help tackle infectious disease epidemics such as COVID-19 (GermDefence) and major public health epidemics such as obesity (POWeR). We are evaluating self-help behavioural interventions for eczema (ECO) and irritable bowel syndrome (ACTIB). For mental health problems we are providing evidence to support self-help for distress and mindfulness meditation. We have evaluated the Alexander Technique for back pain, and psychologically based symptom management strategies in both COPD and asthma. Our SPEAK (SPEcialist cAncer helpline) studies on Macmillan's Cancer Helpline, and the PROACTIVE intervention designed to diminish anxiety in prostate cancer patients on active surveillance. The major CLASP Programme is developing a complex internet-supported intervention for lifestyle change and the management of distress among cancer survivors.

### **Improving use of medicines**

Research in this area includes providing evidence on the safe and effective use of conventional and alternative medicines for common conditions managed in primary care, including: infections, eczema, acne, irritable bowel syndrome, insomnia, depression, asthma, CKD, hypertension and COPD. A key focus has been on tackling the major public health threat of antibiotic resistance by providing evidence to support the better use of antibiotics and alternative treatments for infections. Current studies include a trial of a novel treatment for COVID-19, a trial of antibiotics for chest infections in children, a trial of a nasal spray (and lifestyle approaches) to reduce recurrent respiratory tract infections, trials of Pelargonium for chest infections and Uva ursi for acute UTI, and medication reduction/optimisation in hypertension. We are also conducting database studies on the use of ACE-inhibitors in patients with COVID-19 and have a major grant on cessation of long-term antidepressants (REDUCE).

### **Healthcare communication**

We aim to provide evidence to enhance health care communication and improve patient outcomes. Current work includes developing tools to enhance empathy and positive messages within the consultation (EMPATHICA). Recent work identified key challenges associated with managing patients who attend with multiple concerns (EPAC study (Elicitation of PATients' Concerns) in general practice consultations and trialled a new communication technique to encourage early agenda setting in the GP consultation (SoCs). Qualitative work continues to explore prescribing practice in general practice consultations through in-depth analysis of video recorded consultations (AN-CAP). In the area of managing infections, we have developed and trialled communication skills approaches, and qualitative evaluation of approaches such as delayed prescribing and comparing GP and nurse practitioner perspectives on the challenges of prescribing antibiotics out of hours (UNITE). Other studies include exploring how GPs communicate with patients presenting with symptoms that may

indicate cancer (CATRIC), the use of patient-reported outcome measures in depression (PROMDEP), and work on the placebo and non-specific therapeutic effects in consultations for pain, aiming to reduce the use of anti-inflammatories.

### **Diagnosis and prognosis**

Work in this theme includes prospective observational studies, routine data studies, qualitative studies, diagnostic studies and randomised controlled trials that aim to improve the management of infections, asthma and COPD, mental health problems, atrial fibrillation and cancer. Recent and ongoing studies are on the diagnosis, prevention and treatment of COVID-19, diagnosis of sore throat, using routine record data to explore variations in outcome for people with asthma and COPD, evaluating the use of a FeNO-guided approach to managing asthma, and identifying whether biomarkers can predict progression with the Respiratory Biomedical Research Centre. We are also developing evidence for best practice in the early detection of cancer in general practice, building on the 20,000 patient CANDID cohort and in the longer-term support of survivors of cancer, working with Macmillan Cancer Support.

Prof Hazel Everitt is our lead for postgraduate development within the group, our liaison with the SPCR and internally with the University's postgraduate and postdoctoral organisations. Since 2014 we have been awarded six NIHR, one Wellcome, and two Chiropractor Association doctoral fellowships; two SPCR postdoctoral fellowships, four Academic Foundation posts (AFPs); five NIHR Academic Clinical Fellowships (ACFs); two GP In-Practice Fellowships; and three Academic Clinical Lectureships (CLs). All our PhD supervisors attend the University supervisor training and the Faculty Graduate School provides generic training (in ethics, presentations, statistics, Good Clinical Practice, etc.). Many of our PhD students have completed an MSc involving research methods, and training is individualised, depending on the needs of the PhD. This often involves specific specialist courses outside the department funded by our internal reserves. The SPCR meetings provide an excellent environment for PhD fellows to learn what happens in other departments, to meet colleagues in a non-threatening academic environment, and to be mentored. We have a PhD support group and an annual Primary Care and Population Sciences conference for PhD students to receive feedback from all the senior academics. Our postgraduate students also have an annual formal assessment with an invited internal adviser from outside the supervisory team. Supervision and mentoring are judged to be excellent and students have many opportunities for presenting their research findings at conferences and for co-authorship on peer reviewed publications, and good support for new research ideas. As well as offering academic excellence our Academic Unit provides a vibrant and friendly culture for PhD students. We eagerly await new doctoral candidates so please email to enquire about any of the themes above. It is also possible to discuss your ideas and how they might fit in with our Centre's research strategy.

**FURTHER INFORMATION:** Contact: Hazel Everitt [hae1@soton.ac.uk](mailto:hae1@soton.ac.uk)

<https://www.southampton.ac.uk/primarycare/about/index.page>

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# UNIVERSITY COLLEGE LONDON

The Research Department of Primary Care and Population Health at UCL is part of the Institute of Epidemiology and Health Care and is headed by Prof Fiona Stevenson. Our goals are to:

- Undertake excellent research that is clinically relevant and impacts on health and wellbeing;
- Provide excellent teaching in primary care, population health and research methods;
- Strengthen the discipline of primary care through leadership in research, teaching and clinical practice;
- Work in partnership with service users, practitioners, policy makers and other stakeholders to increase the impact of our research, teaching and innovation on health and health care systems;
- Foster professional development to enable each individual to reach their full potential.

In order to do this we:

- Encourage all phases of clinical research including epidemiology, qualitative fieldwork, intervention development and evaluation, implementation and translational research, as well as methodological research;
- Encourage multi-disciplinary working, bringing together clinicians and scientists with a wide range of methodological skills and epistemologies;
- Foster excellent communication within the Department, across workgroups and disciplines, and with local, national and international colleagues and organisations;
- Foster a learning environment where students, researchers, teachers and professional service staff are supported in learning and continuing professional development;
- Invest in the career development of all of our staff;
- Promote an open, friendly and inclusive working environment.

In the 2014 REF UCL submitted 159.75 FTE staff to UoA 2 (Public Health, Health Services and Primary Care) with 46% of the total submission rated as 4\*. We have strong collaborations internationally, nationally and within UCL. In addition to being part of the Institute of Epidemiology and Health Care we have links with the UCL Institute of Healthcare Engineering (<https://www.ucl.ac.uk/digital-health>), the Institute of Clinical Trials and Methodology (<http://www.ucl.ac.uk/ictm>), the Centre for Behaviour Change (<http://www.ucl.ac.uk/behaviour-change>)

**We are able to offer studentships and fellowships based in one or more of the following research units (see below).** Interested candidates are strongly urged to contact proposed supervisors to discuss their proposed programme of research before submitting an application.

### **British Regional Heart Study**

The Cardiovascular Epidemiology Group includes major longitudinal research on risk factors for cardiovascular disease, in particular the British Regional Heart Study (BRHS) of over 7000 men recruited through general practice. The BRHS is a unique cohort with over 35 years of follow-up allows investigations on prevention and prediction of a range of chronic diseases from middle to older ages. The successful candidate will work within a team principally of statisticians and epidemiologists, with strong links to collaborators who are applied methodologists and experts in primary care. The projects will suit a candidate with a background in medical statistics or epidemiology and experience in analysing large datasets. Contact Goya Wannamethee: [g.wannamethee@ucl.ac.uk](mailto:g.wannamethee@ucl.ac.uk)

### **Centre for Ageing Population Studies**

The Centre for Ageing Population Studies undertakes a broad range of research in ageing including the epidemiology of age-related conditions and the development and testing of complex interventions for older people in primary care and community settings. Particular areas of interest are neuro-degenerative diseases (dementia, Parkinson's disease), frailty, multi-morbidity, mental health, health promotion in older people (exercise and nutrition), loneliness and end of life care. We are a multi-disciplinary group and can support research using quantitative (e.g. analysis of large datasets, clinical trials) and qualitative methodologies. Contact Kate Walters: [k.walters@ucl.ac.uk](mailto:k.walters@ucl.ac.uk)

### **eHealth Unit**

The eHealth Unit focuses on the use of new technologies, such as the internet and mobile phones, to improve health and health care. Areas of interest include using the internet to deliver self-management programmes for patients with long term conditions (e.g. diabetes, heart disease, rehabilitation for Long Covid) and for health promotion (e.g. alcohol, sexual health). The unit also undertakes research on implementation of new technologies in the NHS and has a research stream which uses a range of qualitative methods to understand the impact of new technologies on health care professional – patient interactions. Contact Elizabeth Murray: [Elizabeth.murray@ucl.ac.uk](mailto:Elizabeth.murray@ucl.ac.uk) or Fiona Stevenson [f.stevenson@ucl.ac.uk](mailto:f.stevenson@ucl.ac.uk)

### **Clinical Epidemiology & Electronic Health Records Research**

Areas of interest include epidemiological and methodological research on drug safety and risk communication - for example on medicines prescribed in pregnancy, diabetes and mental health.

For further details of our work please see our website: <https://www.ucl.ac.uk/epidemiology-health-care/research/primary-care-and-population-health/research/thin-database>

Projects with this group would suit applicants with epidemiological/statistical background and some experience in handling large datasets. Contact Irene Petersen: [i.petersen@ucl.ac.uk](mailto:i.petersen@ucl.ac.uk)

### **Infections**

The Infections in Primary Care group conducts research in sexually transmitted infections (STIs) and other common infections in primary care. Our projects include epidemiological research (including working with electronic health records), trials and qualitative research. We have excellent links with Public Health England and are part of the NIHR Public Health Research Unit (HPRU) in

Blood Borne Viruses and STIs at UCL. PhD fellows would have the opportunity to join the HPRU Academy. Contact Greta Rait: [g.rait@ucl.ac.uk](mailto:g.rait@ucl.ac.uk)

### **Mental Health**

The Primary Care Mental Health Research group offers studentship or fellowship opportunities on a range of topics in mental health (e.g. severe mental illness / psychosis, common mental disorders such as anxiety and depression including post-natal depression in men and women) and using a variety of methodologies including both quantitative and qualitative research. Contact Irwin Nazareth: [i.nazareth@ucl.ac.uk](mailto:i.nazareth@ucl.ac.uk)

### **Priment Clinical Trials Unit**

Priment CTU assists researchers to design and conduct high-quality randomised trials and studies in mental health, primary care and behavioural change interventions. We are a UK Clinical Research Collaboration (UKCRC) registered unit offering academic and scientific input to studies alongside operational support. Our work supports a diverse portfolio of studies from ageing to infection, which leads us to collaborate with a number of different funders, including NIHR and Alzheimer's Society. Successfully completed trials have included the development of a digital management programme for type 2 diabetes, home-based health promotion interventions for vulnerable older people and a website for improving contraception choices. There are opportunities for PhD related to trials and methodology. Contact: [g.rait@ucl.ac.uk](mailto:g.rait@ucl.ac.uk)

### **Clinical Education Research**

The Primary Education Research Group includes a range of scientist researchers, pre, peri and post doctoral scholars, medical students and expert by experience public contributors, many integrating experiential knowledge as patients and professional practitioners, with existing evidence. Our work encompasses workplace-based and university-based learning, and the relationships between healthcare training and healthcare organisation and delivery. This includes examination of direct learning experience of students and faculty, longer-term sustainability, primary care knowledge, retention and capacity building. We have an active undergraduate and postgraduate capacity building programme developing scholarly evidence-based primary care and community education. We use a range of methods including qualitative, quantitative and evidence synthesis. Collaborative links include the Higher Education Academy (HEA), UCL School of Pharmacy, Association for the Study of Medical Education (ASME), Society of Academic Primary Care (SAPC), NIHR clinical education incubator project and SPCR Evidence Synthesis Working Groups. We aim to co-construct research projects wherever possible with patient and student users, and engage with public and stakeholders through to dissemination stages. Contact: [Sophie.park@ucl.ac.uk](mailto:Sophie.park@ucl.ac.uk)

### **Teaching**

The Department and Institute also contribute to a wide range of undergraduate and postgraduate teaching programmes at UCL, so postgraduate students and fellows have the opportunity to undertake some teaching related to their interests, background and skills. Time commitment for

teaching is negotiated with supervisors on an individual basis. UCL supports training and accreditation for all staff involved in teaching. See <https://www.ucl.ac.uk/teaching-learning/arena>  
[pcphmeded@ucl.ac.uk](mailto:pcphmeded@ucl.ac.uk)

**FURTHER INFORMATION:** Contact: Claudia Dobrita [c.dobrita@ucl.ac.uk](mailto:c.dobrita@ucl.ac.uk)

<https://www.ucl.ac.uk/epidemiology-health-care/research/pcph>

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