Innovation, impact and influence

This month we highlight some of the impact achieved so far this year. The compilation of research and capacity building is taken from work selected by each of our nine partners and is illustrated with case studies. Successful patient and public involvement and engagement programmes from Cambridge, Keele and Manchester show increased focus on patient centred research. Bristol highlights the impact and reach of eczema research in collaboration with Southampton, Nottingham and Exeter, and Oxford’s Evidence Synthesis Working Group brings the entire School together to conduct a comprehensive set of systematic reviews and a capacity programme with three bursaries already awarded this year.

The support offered by the School’s training programme and seedcorn fund are featured by Newcastle and Southampton while Nottingham showcases the scope of the FAMCAT study. Manchester and UCL emphasise the importance of School support to leverage funding from other sources. In addition, UCL foregrounds the importance of global collaboration and working more closely with the NIHR School for Public Health Research, the School for Social Care Research and charities - areas in which all partners are involved.

Each example links to the School’s programme of research under our five themes and 12 working groups. We hope that the contributions demonstrate the extent and breadth of expertise offered across the School and is an indication of our commitment to improving the influence and impact of primary care research through unique and inspiring partnerships.
Eczema affects one in five children in the UK and causes dry and itchy skin. The impact on children and their families can be great, commonly interfering with their sleep, play and mood. There is no cure for eczema, so improving how it is managed in primary care is vital to relieve children’s discomfort and parents’ distress.

This has been a prolific year for high profile eczema research outputs and funding awards and demonstrates the strength of cross-School collaboration in this field. Dr Matthew Ridd, the Centre’s dermatology lead, has been working with colleagues at Southampton (Dr Miriam Santer), Nottingham (Professor Hywel Williams, Professor Kim Thomas), and Cardiff University (Dr Nick Francis) to address some of the key research questions, work that was showcased in a recent NIHR Highlight on eczema.

In May, the results of the BATHE clinical trial led by Dr Santer were published. They indicated that pouring emollient additives into the bath does not add any benefit over standard management, which include soap avoidance, leave-on emollients and corticosteroid ointments. The results received widespread media coverage.

As part of the APACHE study, the team at CAPC developed an eczema written action plan (EWAP) for parents and GPs to help parents manage their child’s eczema at home. The EWAP is a patient-held plan which explains how to treat eczema depending on how bad the symptoms are at any given time, and when to contact the GP surgery for help. They produced a short video to explain why the written action plan was developed and how it can help.

Last year, in research led by Cardiff University, the results of the CREAM study were published, which showed that antibiotics are not effective in treating clinically infected eczema in children.

More recently, the CAPC team has been awarded NIHR funding for two new trials – one looking at which of the most commonly prescribed emollients is the most effective (the BEE study) and the other at whether routine food allergy tests for children with eczema are helpful or not (the TEST study).

“Collaboration is key to our success”, says Dr Ridd. “It’s more than just sharing resource and expertise – working with patients, parents, charitable organisations and co-collaborators from institutions outside the School means our findings are more relevant and achieve greater impact.”

“The NIHR has highlighted our research, and we were delighted that a member of the CAPC team, Dr Emma Le Roux, was recently appointed Research Champion for Dermatology by the Royal College of General Practitioners, who have identified dermatology as a new clinical research priority.”
Public involvement in research into cancer-related fatigue in young people

Teenage and young adults with cancer have inspired and steered a novel research study, part-funded by the NIHR SPCR, to develop a treatment for cancer-related fatigue in young people. The University of Cambridge Vice-Chancellor’s Public Engagement with Research Awards were set up to recognise and reward those at the University of Cambridge who undertake quality public engagement with research. In July 2018, Dr Anna Spathis and Dr Stephen Barclay were one of four winners for their piece of work with teenagers and young people with cancer-related fatigue.

Fatigue is both the most common and the most distressing symptom experienced by teenagers and young adults treated for cancer. Almost every patient develops fatigue during cancer treatment, which can persist for years. It affects the mind as well as the body, with a devastating effect on quality of life.

There are no medicines that help fatigue. The best approaches in older adults are exercise, energy conservation and psychological treatments. However the specific needs of young cancer patients are not yet known.
Young participants with cancer ranked ‘fatigue management’ as their top priority at a service review focus group, leading to the development of our research programme in 2013. We have worked closely with young cancer patients since then, to ensure the ongoing relevance of our research and to collaborate with them in the co-design of a non-drug fatigue intervention.

Early advice from the young people with cancer led to our focus on an individual, rather than a group-based intervention. Their involvement in the co-design of the intervention enabled us to reflect the unique needs of younger adults and teenagers. For example, ‘pacing’ of activities, avoiding cycles of intense activity followed by exhaustion, was less meaningful at this stage of life than for older adults. But App-facilitated mindfulness techniques were highly acceptable to young patients.

The engagement process led the research in an unanticipated direction. Participants’ insights into interactions between symptoms, emotions and behaviours led to a conceptual model of vicious cycles that perpetuate fatigue long-term. This model also has potential to enhance our understanding of fatigue from other causes.

In response to young people wanting information from peer videos, rather than leaflets, three videos were published on Facebook, based on the research. They featured three young people treated for cancer, Faye, Ruth and Ellis, and achieved over 140,000 cumulative views.

“I am really keen to see this. Sitting here having a little cry, as I thought it was just me and telling myself to get a grip.” Facebook comment on video output

Our expectations of public involvement have changed

This public engagement work has far surpassed our expectations as a research team: we have realised afresh the huge value of the process in practice. Participants were very enthusiastic in their engagement with the co-design process, continuing the dialogue, in some instances, with unsolicited telephone and email contact. The sense of purpose and ‘ownership’ appeared to have therapeutic value in itself.

Feedback from the Facebook videos has highlighted a sense of relief that this debilitating symptom is being discussed openly and its negative impact validated.

“I struggle with unpredictable fatigue. This awareness campaign is greatly appreciated. I hope that it creates awareness that we are not lazy, we are genuine.”

As clinical academics, we have learned much from this process. The young patients have challenged our preconceptions. They have fundamentally reshaped our understanding of the experience of fatigue, the potential mechanisms for perpetuation of the symptom and the features of age-appropriate intervention.

Given the evident benefits, we are committed to incorporating robust, multimodal public engagement in all of our future research. Our initial concerns about safeguarding young cancer patients were quickly dispelled. Indeed, we have reflected on the comparative ease of the process. Leadership appeared to move towards the young patients themselves, with the research team and charities providing facilitation and support. Our impression has been that successful public engagement becomes self-perpetuating, driven forward, in effect, by its own energy and momentum.

It has been a privilege to work alongside and learn from teenagers and young adults living with cancer-related fatigue. The Fatigue Intervention Co-design Study (FICS) was funded by Macmillan Cancer Support. NIHR School for Primary Care Research, CLAHRC East of England and Cambridgeshire and Peterborough Clinical Commissioning Group (Research Capability Funding) also contributed funding to this programme of work.

How we engaged with young cancer patients for the Fatigue Intervention Co-design Study (FICS)

Initial research (2013-2015)

The two initial studies (systematic literature review and multicentre electronic survey) were developed with teenagers and young adults (TYA) treated for cancer. An advisory focus group of five patients met in person, and virtually as an innovative ‘e-focus group’. Patients from the TYA cancer service were consulted for advice about recruitment. One former patient has provided regular in-depth advice from the outset, and has led the PPI programme.

Experience-based co-design study (2016-17)

Patients worked closely with researchers in a multiphase, iterative process to develop the intervention.

- Thirteen TYA cancer patients and ten parents participated in individual semi-structured interviews and in two focus groups, from which the prototype intervention was developed
- This intervention was then provided for participants
- A second round of interviews sought feedback from participants to guide further development of the intervention it is now ready for effectiveness testing in a controlled trial.

Sharing our research findings (2017-2018)

Participants in the co-design study requested peer videos to provide information about fatigue, ‘made by young people, for young people’. Macmillan Cancer Support generously funded professional production of three videos, underpinned by the research findings, and featuring three young people, Ruth, Ellis and Faye. The videos were launched on Facebook and led to over 140,000 cumulative views and 1,100 ‘likes’, with extensive shares and comments.

We have undertaken public dialogue with wider groups of young people with cancer, including Teenage Cancer Trust ‘Way Forward’ workshops with quizzes based on the research findings, and a keynote lecture at the ‘Shine Cancer Support’ national conference in London for over 100 young adults with cancer, in May 2018.”
One of only ten pilot sites chosen to test the NIHR’s national PPIE standards

Keele’s Research Institute for Primary Care and Health Sciences is made up of multidisciplinary teams of experts whose overall aim is to progress the way that care is delivered to patients within a primary care setting, thus improving the lives of those living with long-term conditions. Across several research themes, our teams work collaboratively to investigate the causes, diagnosis and management of primary care conditions. The Research Institute has been dedicated to the involvement of the public in their research for over eleven years. The Institute’s researchers, supported by a dedicated team of PPIE professionals, have been working together with Keele’s Research User Group (RUG), to ensure that the perspectives of patients, carers, and the public are considered from initial study-set up all the way through to implementation.

The NIHR developed a set of standards to be used within research, with the aim to improve the consistency of research using patients and the public. The six national standards aim to provide researchers with clear and concise benchmarks for effective public involvement alongside indicators which improvement can be monitored against.

Over the years, the standards of patient and public involvement has varied greatly across not just research projects, but organisations and regions. These new standards will encourage a consistent standard of public involvement across all research.

The six standards offer guidance on opportunities, how to work together with the public, how to better support patients and the public and provide training, better communications, how to capture the impact of patient involvement, and governance.

Over the next year the Research Institute will be testing the standards, working in partnership with the other nine sites, as well as the Institute’s Research User Group, the NIHR School for Primary Care, the NIHR Research Design Service and the West Midlands regional public involvement network (PILAR).

Leading the implementation and assessment of these standards is Keele’s Dr. Steven Blackburn, who commented:

“As researchers, we sometimes lose sight of the reason we do research – to benefit the patient. Involving them brings us back to that, and we’re really looking forward to see how we can use these standards to improve our current practice.”

We are proud of our dedication to public involvement and have seen considerable growth in the number of members within the Research User Group, demonstrated in our successful application “Implementing the New Standards for Public Involvement in Research Environments (INSPIRE).”

To follow the progress of the test beds over the next years, follow the #PPIStandards or visit the website.
Research at the Centre for Primary Care at the University of Manchester is organised around Quality and safety, Health policy, politics and organisation, and Long-term conditions. In addition, the Centre supports and actively promotes the involvement of patients and the public in health research, through the Patient and Public Involvement Group PRIMER.

This year marks the tenth anniversary of PRIMER and the increasing scope of the group has provided numerous examples of innovative involvement in activities since it was established with School funding in 2008. The group have been instrumental in patient centred collaborations, working closely with researchers, patients and carers at the University, at Greater Manchester Patient Safety Translational Research Centre, and strengthening a commitment to PPI&E with collaborations across the School and the NIHR. Dr Sally Giles talks about the success of PRIMER ten years on.

Increasing the reach of PRIMER

The PRIMER (Primary Care Research in Manchester Engagement Resource) group was established in 2008 to work with researchers within the Centre for Primary Care and University of Manchester. It is located in the NIHR School for Primary Care Research (SPCR) in Manchester. PRIMER is a group of patients, carers and members of the public who work with researchers across the NIHR SPCR, Greater Manchester PSTRC and The University of Manchester.

Carole Bennett, former Chair of PRIMER, says:

“Here at PRIMER, we help to make sure that patients and the public can shape Primary Care research. We work closely with researchers so that they know what real people want and need from NHS primary care. We help to ensure that research is relevant to our health and can make a difference to our lives.

“Our members have a very wide range of backgrounds. Some of us have particular health conditions, some are carers, and some have been involved in health care. We all have an interest in health and research and in getting involved.

“I’ve been a member of PRIMER for several years now. I can honestly say that it has been a fantastic experience. The researchers that we collaborate with really take on board our ideas and suggestions, leading to their research being relevant and helpful to patients and carers. It is great to feel that we are making a difference.”

PRIMER has been involved in running a number of innovative workshops for members of the public and researchers. These have included two “hack days” where members of the public pitched their research ideas to each other and to researchers, and then worked through how to develop the ideas using a research toolkit, and a “Managing Difficult Situations” workshop where members of the public and researchers discussed how to address some of the more difficult situations that can arise when undertaking PPI. Members of PRIMER have also co-developed and co-delivered training about PPI to researchers and medical student undergraduates.

The plan going forward is to build on the ideas generated from these workshops and embed the learning from within PPI structures across the university.
Dr Sharon Spooner, Clinical Lecturer at the University of Manchester’s Centre for Primary Care, received a Health Services and Delivery Research (HS&DR) award of £850k in Spring 2018. She discusses how this award highlights the important role of seed funding received from the School between 2015 and 2017.

The HS&DR award will consider the scale, scope and impact of skill mix changes in general practice, “My interest in workforce research has emerged from my first-hand knowledge of changes affecting GP work, and the difficulties surrounding GP recruitment and retention. It is now increasingly acknowledged that a combination of factors, including, but not limited to: rising workloads; low recruitment; and early retirement changes; have resulted in a very stretched GP workforce. GPs report high levels of job stress and are concerned about how they can maintain quality and safety for their patients.”

WHAT IS THE MAIN FOCUS OF YOUR HS&DR RESEARCH?

We will investigate the types of practitioners (GP and non-GP practitioners) being employed in general practices in England. We will look at why particular types of practitioners are employed, how they work together, and what patients think about consulting with practitioners from different disciplinary backgrounds.

The project will also investigate how changing patterns of skill mix are associated with markers of quality of healthcare and the overall costs to the NHS. This will provide a more comprehensive understanding of what, where, when and how better outcomes for patients, general practice staff, and the NHS as a whole, may be achieved through changes in skill mix employment.

WHAT DID YOUR SPCR FUNDED PROJECTS INVESTIGATE?

My appointment as a NIHR ACL at the Centre for Primary Care Research in Manchester in 2014 has enabled me to work with experienced colleagues already active in GP workforce research (e.g. the National GP Worklife Survey series) and to apply for SPCR funding.

My first study; An investigation of the factors behind the training choices of junior doctors which result in inadequate recruitment to general practice careers (FACStiM) explored the issues behind unfilled places on GP ST programmes.

An online survey, completed by over 800 Foundation Programme Year 2 doctors, asked them to select which job characteristics they would prefer in their future career and which of these they associated with general practice work. We also gathered data about personal demographics and career plans. In-depth interviews explored their experiences of medical school and early medical work and investigated how these affected their career preferences.

Limited research and much anecdotal evidence has indicated that many newly qualified GPs do not make a smooth or rapid transition into settled and substantive GP work in the UK. Therefore, my second SPCR-funded project, An investigation of factors which are associated with successful transitions from GP Specialty Training Programmes to long-term careers in NHS general practice (FIT2GP) is an investigation of the next career-decision point for potential GPs; the completion of training and prospect of progression from supervised training posts to working as fully qualified GPs. Our qualitative study is still in progress, however themes emerging in early analysis is already informing the development of a third project; New GP career intentions and training experiences (NCITE) and is a collaboration with the RCGP. This is led by a colleague from FACStiM and is supported by SPCR.

The study coincided with an unprecedented period of industrial action during the junior doctors’ dispute and meant that we were able to observe that many doctors altered their preferred career choice in response to a controversial new contract for junior doctors.

HOW DID THESE FINDINGS HELP SECURE NEW FUNDING?

Whilst the findings emerging from both studies contribute to knowledge about GP recruitment and early career retention, I believe it has been the provision of opportunities to gain experience as a Principal Investigator that has been immensely influential in securing the new HSDR award. The combination of a NIHR-funded ACL post, SPCR-funded projects and colleagues with expertise in workforce research, has made it possible to design, propose, develop, manage and conduct investigations of an important and topical problem, to deliver outputs for dissemination, and to build confidence, networks and collaborations which will help in developing future research projects. Read the full interview: https://www.spcr.nihr.ac.uk/news/spcr-supports-HSDR
Seedcorn boost to early career academic GPs

Academic GP training at the Institute for Ageing has had a major boost this year, with the award of fellowships to three newly qualified GPs. In October, Helen Jarvis and Rob Barker will take up NIHR In-practice fellowships, whilst Johanne Dow starts a two year SPCR GP career progression fellowship. All three completed integrated academic training posts run by the local deanery, which fund masters degrees or periods of research for GPs towards the end of their training. But it was access to SPCR Seedcorn funding that proved crucial to their success, supporting them to stay in the university environment to develop research skills, alongside fellowship ideas and proposals. All three have their sights set on obtaining PhDs and a career in academic general practice.

Johanne Dow has joined an international centre of expertise in primary care dementia research, to develop her interest in carers of people with dementia. She has already published a novel systematic review on assessment of quality of life, and she is now using realist methods to explore models of care. Rob Barker is a new GP partner and as care home lead for his practice, making the link between research and practice on a daily basis. His current work centres around the introduction of the National Early Warning score, and other secondary care tools, into care homes. Helen Jarvis, RCGP liver champion, is developing research to help GPs to optimise advice and care for an increasing common scenario in practice - patients with non-alcoholic liver disease who are moderate drinkers of alcohol. Helen’s focus on risk prediction and other work on end of life care is adding a primary care perspective to Newcastle’s already formidable portfolio of hepatology research.

The first publications from this trio are worth a look – they demonstrate how Seedcorn funding can stimulate a diverse portfolio of work and - we are confident - kickstart academic GP careers:


Internationally leading research from Primary Care Stratified Medicine (PRISM) research group

Our internationally leading research develops and translates new evidenced-base approaches to stratified care in primary care – where over 90% of health care is delivered. Led by Professors Nadeem Qureshi and Joe Kai, our research aims to better identify people or groups of people at risk of disease, and their response to an intervention or treatment. Our focus is on major health problems we can address in primary care – such as cardiovascular disease, cancers and common inherited disorders.

PRISM also supports and promotes the involvement of patients and the public in genomics research, with a well-established group of patient representatives. Dr Stephen Weng, Assistant Professor of Integrative Epidemiology and Data Science, who also previously held a NIHR SPCR launching fellowship talks about impact of PRISM’S research in improving identification and management of a common inherited lipid disorder.

Improving identification and management of a common inherited lipid condition

Familial Hypercholesterolaemia (FH) is one of the commonest inherited disorders in the general population, with 50% of those affected developing premature health disease by 50 years of age. Better identification of familial hypercholesterolemia has become a priority for many countries, as over 80% of cases remain undiagnosed, leading to premature heart disease and death. These outcomes can be almost entirely prevented with early diagnosis and appropriate lipid lowering therapies.

Our research team has developed the only bespoke primary care case-finding algorithm for familial hypercholesterolaemia (called ‘FAMCAT’), which we have now integrated into primary care IT systems (EMIS and SystmOne) as a free case identification tool for UK primary care (https://www.nottingham.ac.uk/primis/tools-audits/tools-audits/familial-hypercholesterolaemia.aspx). The algorithm has been developed using the Clinical Practice Research Datalink (CPRD) and has now been externally validated using QRESEARCH, some of the largest primary care databases internationally.

The tool has had tremendous early impact, with installations in over 1000 General Practices across the UK in the past year, and adopted in several large regional implementation projects, with significant international interest in adopting similar approaches in other countries. Moreover, the most recent 2017 update of the NICE guideline recognised the potential of the FAMCAT tool.

Currently, we are in the midst of conducting an NIHR SPCR funded study to assess the clinical utility of the tool to identify patients who should have genomic testing using next generation sequencing in primary care (https://www.spcr.nihr.ac.uk/projects/improving-identification-of-familial-hypercholesterolaemia-in-primary-care-using-a-new-case-ascertainment-tool-famcat).

Our results are not only having life-long implications to individual patients and their families but can also inform the way genomics services should be structured and delivered. The latter part is also being partially answered by a related large project we are leading (funded by NIHR HTA) in evaluating the cost-effectiveness of different protocols of care for cascade testing for familial hypercholesterolaemia (https://www.journalslibrary.nihr.ac.uk/programmes/hta/1513402/#/). Over the next few years, we will disseminate and present our findings from this programme of research which no doubt will have significant clinical and policy implications.
Oxford University’s Centre for Evidence-Based Medicine, which is part of the Nuffield Department of Primary Care Health Sciences, works to develop, teach and promote evidence based health care. The CEBM achieves this through a series of popular online EBM resources and a training and education programme.

Alongside teaching commitments, we carry out healthcare research and aim to be a global source of high-quality evidence to support clinical decision making. We use a variety of applied and translational research methods to generate new knowledge, such as systematic reviews and evidence synthesis, data mining, meta-epidemiology and data visualisation.

CEBM members form one of the nine teams that make up the SPCR’s Evidence Synthesis Working Group, with Oxford acting as the lead institution. This cross-School collaboration was formed last year to deliver twenty high-impact systematic reviews to underpin effective care in important priority areas in the NHS. Professor Carl Heneghan and Dr Kamal Mahtani overview the ESWG and what this ambitious programme aims to achieve.

**Recognising the importance of systematic reviews to NHS primary care**

One of the aims of the National Institute for Health Research is to ‘drive faster translation of scientific discoveries into tangible benefits for patients’. One way of achieving this is through the greater use of systematic reviews, which have been described as the basic unit of knowledge translation. By systematically searching for the totality of available evidence, critically appraising, synthesizing and contextualising the evidence into a useable form, they remain powerful ‘tools’ used by clinicians, policy makers and patients.
The NIHR recognises the value of evidence synthesis to the NHS. Several major funding streams of the NIHR directly support the conduct of evidence synthesis. These range from individual systematic review fellowships which build capacity and capability in UK researchers to core funding for the UK Cochrane Review Groups.

The Evidence Synthesis Working Group (ESWG) is a collaboration of all nine primary care member departments of the SPCR and includes over 45 researchers, methodologists, information specialists and clinicians. The aims of the ESWG are to produce high quality reviews that not only evaluate what works, but also determine, through the use of novel evidence synthesis methods (such as realist reviews and complex reviews), what works, in what situations, and for whom. In addition, the Group will identify clinical and methodology gaps to inform future research, inform policy and develop robust practical interventions for primary care.

Generating new knowledge to support primary care

Increasing wait times, declining resources, an ageing population, multi-morbidity and rising demands are just some of the challenges facing general practice. Innovative strategies are needed to meet these challenges. These include keeping patients out of hospital and in the community, the optimal use of emerging technologies and identifying new pathways for delivering sustainable and transformative models of care. However, such innovations must have a robust evidence base to ensure limited resources are used fully while ensuring high quality patient care.

Our over twenty systematic reviews are divided into four themes. The URGENT CARE theme recognises that unplanned hospital admissions are a major burden on patients and for UK health services, costing an estimated £12.5 billion annually. The theme will answer critical questions such as: Which health and social care interventions help reduce unplanned hospital admissions in older patients? and Does advanced care planning (ACP) for older people help to reduce unplanned hospital admissions and improve quality of life? The END OF LIFE CARE AND BEREAVEMENT theme acknowledges that bereavement is an important cause of mortality and morbidity especially among older people and those who are socially isolated, influencing both physical and mental health, and the ability to function at work. This theme will use realist synthesis methods to answer the questions: What are the interventions and policies shown to reduce complicated grief in bereaved patients in Primary Care? and What are the initiatives that have been employed to improve end of life care in Primary Care? The NEW DRUGS AND TECHNOLOGIES theme will provide important evaluative evidence on technologies to improve chronic disease management. The theme will produce a series of complex systematic reviews that include synthesis of regulatory documents and clinical study reports to evaluate new drugs and some technologies in widespread use where there is uncertainty about the benefit and harms profiles. An example being the drug Mysimba to treat overweight and obesity. Finally, the SERVICE REDESIGN IN PRIMARY CARE theme will answer key questions to support the redesign of future primary care, such as: In what ways and in what contexts does telephone triage impact on workload in primary care, for whom and why? and What is the role of care navigators in primary care?

Patient and public involvement

We made Patient and Public Involvement and Engagement (PPIE) key components of our work. We recognise that there are many potential benefits to patient and public involvement in systematic reviews including: the consideration and identification of the key outcomes to be assessed, involvement of members of the public have first-hand experience of the disease and treatment and the opportunity for researchers and members of the public to learn from each other to gain a full understanding of a review and its purpose. Our PPI strategy involves four core elements: oversight of review conduct and procedure, appropriate involvement in each review, the reporting of involvement and the development of prioritisation partnerships. In addition to the involvement activities outlined above, the Group will undertake engagement activities to ensure widespread dissemination is carried out. These reviews have direct public relevance and will be disseminated widely in order to ensure their findings reach the public.

Building capacity for the next generation of researchers

In the first phase of this work, we have provided bursaries for early and mid-career researchers to attend Masters level taught courses in evidence synthesis methods. We will also continue to organise short courses in evidence synthesis methods. In addition, we are planning “Evidence Synthesis Virtual Clinics” to provide a research design service for complex evidence synthesis protocols, particularly for early career researchers applying for further funding.
Encouraging medical students, clinical trainees and GPs in practice to think about academic primary care as a career option

Primary Care and Population Sciences at the University of Southampton, as a world-leading primary care research department and a member of the NIHR School for Primary Care Research, is keen to encourage medical students, clinical trainees and GPs in practice to think about academic primary care as a career option. We highlight opportunities for becoming involved in academic work through presentations to medical students, trainees and GPs about GP academic careers, and by hosting medical student research based study in-depth projects, medical student summer placements, academic foundation year posts, academic clinical fellow posts, clinical lecturer posts and a research apprenticeship scheme for GPs in practice.

We have a named initial contact for enquires and match those interested in learning more to a mentor who will support them to consider options for becoming involved in primary care research. This may range from coming to see what we do and attending departmental seminars, to involvement in research projects and attending conferences, to applying for substantive funding and developing a tailored research and training programme. Our friendly supportive environment and wealth of primary care research experience and opportunities means that the department can foster talent and help build the academic leaders of the future.

The department has supported many clinical and academic SPCR trainees over the years and this year they welcome their new SPCR ACF ST3 entry trainee - Dr Mohana Ratnapalan.

“I studied graduate-entry medicine at Imperial College before moving on to foundation training in a busy DGH in Portsmouth. With a love for the variety that general practice offers I embarked on a GP training post in Wessex. Through my training I gained a deeper understanding of the evolving challenges faced by both primary care and the wider NHS in the context of changing populations, disease demographics and patient expectations. Reflecting on my previous enjoyment of undertaking research and the growing appreciation that research was vital to maintaining clinical excellence I decided I would like to explore a career in academic medicine. I was drawn to Southampton University because of their research excellence in the areas of mental health and the non-pharmacological approaches to chronic disease management. An unadvertised strength of the department is the excellent mentorship available to both prospective and current trainees. I was given the time, encouragement and support to apply for the SPCR funded ACF ST3 post. I am grateful to the SPCR and to the Primary Care department at the University of Southampton for offering me such a fantastic opportunity to develop as an academic clinician. I look forward to the next stage of my journey as a SPCR ACF.” Mohana Ratnapalan.
UCL’s Centre for Ageing Population Studies (CAPS), within the Department of Primary Care and Population Health, combines expertise in intervention development, qualitative research, epidemiology and clinical trials. These skills support research in key themes:

- Promoting independence and well-being in later life
- Dementia and Cognitive Impairment
- Mental health and well-being in later life
- Risk factors, risk prediction and timely diagnosis of age-related conditions
- Identifying and reducing age-related inequalities in access to healthcare

Former School funded Fellow and Principal Investigator Nathan Davies has recently attracted funding from Marie Curie and The Alzheimer’s Society. Here he talks about the work he and his department have been involved in and how School funding has driven this.

“I was funded by the School as Post-Doctoral Fellow and a project grant to expand a programme of dementia end of life care work we had begun at the Centre for Ageing Population Studies, in the Research Department of Primary Care and Population Health at UCL. My work has focussed not only on supporting family carers at end of life, but also support practitioners.

As part of the School work we explored the support needs of family carers of someone with dementia towards the end of life and the potential role of the internet in supporting them. As part of this work we developed a prototype website for family carers and conducted a series of user testing. The website covered information needs, psychological support, peer support and support from professionals. As part of this work we highlighted the support need for families on making significant and often emotional decisions such as how do you know when it is the right time for your relative move in to a care home? This linked with our existing theme of work on decision making among practitioners caring for someone with dementia at the end of life. As part of this work jointly funded by the Alzheimer’s Society and Marie Curie we developed a toolkit of rules of thumb to help with making decisions around care and treatment.

Moving forward we have expanded the programme of work to aim to develop a new toolkit to support family carers faced with emotional and significant decisions towards the end of life. This work has been funded by the Alzheimer’s Society as part of a new Fellowship for myself. As part of the study we will use the qualitative findings and prototype from the SPCR work to develop a paper based decision aid which will be developed through a co-design approach with people with mild dementia, family carers and professionals. The decision aid will then be tested in a 6 month feasibility trial.

The School funded work has helped me develop and clarify a series of topics which I will continue to pursue in the coming years of my research. To date our dementia research in the Centre for Ageing Population Studies has been highlighted by NICE, implemented in primary care and secondary care settings, and used as part of training programmes by the Alzheimer’s Society.”

Nathan Davies, Senior Research Fellow, Alzheimer’s Society Junior Fellow. Winner of the Yvonne carter Award for Outstanding New Researcher in 2017.

In addition to the work led by Nathan Davies, the department has been successful with dementia funding through the School for many years. Colleagues Greta Rait, Kate Walters and Jane Wilcock developed a successful collaboration between UCL and Newcastle University. Both universities were funded to explore the views of case finding and assessing people’s risk of dementia in primary care. UCL explored this with general practitioners and Newcastle through focus groups with the general public. These studies have led to a large new programme of work The PRI-DEM project and the establishment of the Centre of Excellence funded by the Alzheimer’s Society awarded to Newcastle University and UCL.
**Dates for your diary**

**SPCR Annual Trainees’ Event**  
24 & 25 September 2018  
St Anne’s College, Oxford  
[https://www.spcr.nihr.ac.uk/events/spcr-annual-trainees-event](https://www.spcr.nihr.ac.uk/events/spcr-annual-trainees-event)

**SPCR Showcase**  
13 November 2018  
Wellcome Collection, London  
[https://www.spcr.nihr.ac.uk/events/spcr-showcase-2018](https://www.spcr.nihr.ac.uk/events/spcr-showcase-2018)

**International Perspectives on Evaluation of PPI in Research**  
[https://www.newcastlebrc.nihr.ac.uk/events/save-the-date-international-perspectives-on-evaluation-of-ppi-in-research/](https://www.newcastlebrc.nihr.ac.uk/events/save-the-date-international-perspectives-on-evaluation-of-ppi-in-research/)

**SPCR Patient and Public Involvement and Engagement Officer**  
University of Oxford  
Are you interested in co-ordinating the implementation, development and review of the PPIE strategy across our nine partners?  
[Find out more](#)  
[Find out more about the position and apply here.](#)

**NIHR Events Diary**  
[https://www.nihr.ac.uk/news-and-events/events/](https://www.nihr.ac.uk/news-and-events/events/)

**Blogs**

**Why are undertakers so busy?**  
Duncan Edwards

**Reflections of the Aurora Leadership Programme**  
Claire Ashmore and Sara Muller

**Sharing ideas and experiences – workshop at WONCA Europe May 2018**  
Marta Buszewicz

**Evidence flowers: visual summaries of evidence for patients and health professionals**  
Opeyemi Babatunde

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**NIHR Policy Research Programme call for applications**  
A new NIHR Policy Research Programme (PRP) call opened recently.  
The programme invites applications on two topics:  
- **Infectious Disease Dynamic Modelling in Health Protection**  
- **Health Inequalities Research Initiative.**

**Publishing soon?**

Please send all SPCR funded publications and press releases to Kate Farrington before the proposed date of release.  
All info about outputs is available on the [website](#).