We have effective drugs to prevent stroke and guidelines that tell us how to use them, but many people who would benefit are not on recommended treatment and are having strokes as a result. Why is this the case? It may be that people are making informed choices as a result of concern over side effects, but it may also be that people with known risk factors are not being offered treatment. There is little to be gained in identifying risk factors for stroke if we do not act on that information.

Jonathan Mant, Professor of Primary Care Research and Head of the Primary Care Unit, University of Cambridge

One third of people, who had a first stroke in the UK between 2009 and 2013, had known risk factors and were not taking the drugs that might have prevented their stroke. This is according to a new NIHR Signal, from School funded research published in the BMJ.

Electronic general practice records from almost 30,000 people who had a stroke showed that about 60% had risk factors that meant they might have been eligible to take cholesterol-lowering, anti-clotting or blood pressure medication. But 54% of these people had no recent prescription for the appropriate drug(s).

Former SPCR trainee, Dr Grace Turner and researchers from the Universities of Birmingham and Manchester, estimate that almost 12,000 strokes a year in the UK could be prevented if everyone eligible for preventive drugs took them. Read more.
The ‘One in a million’ archive supports a range of health related communications research

Researchers at the University of Bristol’s Centre for Academic Primary Care (CAPC) have created a unique archive of 300 video-taped GP-patient consultations that are now available for research and education purposes.

The ‘One in a Million’ archive – so called because there are around one million GP consultations in England every day – is the first of its kind in the UK. The creation of the archive is described in detail in an article published in the British Journal of General Practice.

The top five problems discussed in the consultations were musculoskeletal (18%), psychological (12%), digestive (10%), respiratory (9%) and skin (9%). A total of 518 problems were discussed (an average of 1.58 per consultation) and consultation duration ranged from 1 minute 19 seconds to 37 minutes 54 seconds.

Another School member scoops Yvonne Carter Award

Dr Nathan Davies, SPCR Fellow at University College London, is this year’s winner of the prestigious Yvonne Carter Award. The award is co-presented by the Royal College of General Practitioners (RCGP) and the Society for Academic Primary Care (SAPC). It recognises the contributions of early career researchers in advancing the discipline of academic primary care through research.

Previous School members and winners of the award include Professor Christian Mallen in 2011, Dr Greg Irving in 2013, Dr Helen Atherton in 2014, Dr Clare Taylor in 2015 and Dr Kamal Mahtani in 2016.

Read more about Nathan’s research and future ambitions. He was also interviewed by the RCGP.
Artificial intelligence can accurately predict future heart disease and strokes

Dr Stephen Weng’s SPCR fellowship research has found computers that can teach themselves from routine clinical data are potentially better at predicting cardiovascular risk than current standard medical risk models.

The team of primary care researchers and computer scientists compared a set of standard guidelines from the American College of Cardiology (ACC) with four ‘machine-learning’ algorithms – these analyse large amounts of data and self-learn patterns within the data to make predictions on future events – in this case, a patient’s future risk having of heart disease or a stroke.

PUBLICATION: Can machine-learning improve cardiovascular risk prediction using routine clinical data?

“Cardiovascular disease is the leading cause of illness and death worldwide. Our study shows that artificial intelligence could significantly help in the fight against it by improving the number of patients accurately identified as being at high risk and allowing for early intervention by doctors to prevent serious events like cardiac arrest and stroke.”

Dr Stephen Weng

iPCHS gout research awarded ‘Jewels in the Crown’ status

Dr Ed Roddy’s (Keele University) SPCR funded clinical trial ‘CONTACT’ was awarded ‘Jewels in the Crown’ status at this year’s British Society for Rheumatology (‘BSR’) conference, at the end of April. The conference showcases the latest developments and advances in rheumatology from around the country.

Only three top-scoring abstracts submitted to the conference receive the ‘Jewels in the Crown’ status, with each individual going on to present their research in the conference’s most prestigious key-note plenary session.

Dr Roddy’s CONTACT trial compared the two most commonly used treatments of gout, showing that that naproxen (an ant-inflammatory drug) should be the first-line treatment for attacks of gout in primary care.

Professor Elaine Hay, Director of the Research Institute for Primary Care and Health Sciences commented “to be awarded the ‘Jewels in the Crown’ status at such a prestigious conference is a huge accolade for Dr Roddy and his research team, and is a great recognition of the important work that we do within the RI to improve patient care within primary care.”
BLOG:

Developing a measure of appropriate polypharmacy in primary care: the first steps

Dr Jenni Burt, Senior Research Associate, Cambridge Centre for Health Services Research

Increasing multimorbidity and the rising numbers of guidelines focusing on how to treat specific medical conditions have led to widespread polypharmacy (the use of multiple medications in one individual). Of course, in many cases polypharmacy may be entirely clinically appropriate; but not in every case. There is increasing evidence on the association of polypharmacy with a range of undesired outcomes, including reduced quality of life, medication errors, and adverse drug reactions. In research, we have typically defined polypharmacy using simple counts of medication; for example, if someone is taking five or more medications, they may be marked as a person experiencing polypharmacy. However, these approaches do not take account of whether someone taking ten medications is doing so quite rightly, as they work well together; or whether such a regimen is of concern, and causing a whole host of unforeseen problems.

In this programme of research, we are aiming to develop a means of measuring polypharmacy which takes account both of the numbers of medications someone has been prescribed, and of whether these medications are clinically appropriate. We would also like this measure to apply to all patients (not just those with particular diseases, for example), so that general practices are able to readily identify those patients who would benefit from a more in-depth discussion about what is and isn’t working for them.

Continue reading: [http://www.phpc.cam.ac.uk/pcu/developing-measure-appropriate-polypharmacy-primary-care-first-steps/](http://www.phpc.cam.ac.uk/pcu/developing-measure-appropriate-polypharmacy-primary-care-first-steps/)

Read more about the School funded project: [Developing and evaluating a measure of inappropriate polypharmacy in primary care.](http://www.phpc.cam.ac.uk/pcu/developing-measure-appropriate-polypharmacy-primary-care-first-steps/)

Image courtesy of Dr Jon Ferdinand, Primary Care Unit.
DEVELOPING SKILLS IN PPI

“We wanted to create a formative opportunity to develop understanding and confidence for PPI in our cohort of early career researchers. Particular emphasis was placed on encouraging creative thinking, and involvement of patients and the public throughout the research cycle.”

Beth Bareham

The SPCR recently supported a Trainees ‘Developing skills in PPI’ training day at Newcastle University. The event is the SPCR’s second trainee-led training days, this time superbly organised by Beth Bareham.

The aim of the day was to support learning about the benefits and methods of patient and public involvement across the research cycle, utilising networking, interactive sessions, and tailored PPI ‘surgeries’. PPI Leads, PhD students and public contributors attended the hugely successful and insightful event.

Congratulations to the winners of the ‘best presentation’. Trainee Rashmi Bhardwaj-Gosling and Contributor Peter Michel demonstrated Gold Standard PPI by asking Peter to present the PPI plan and study on behalf of Rashmi, which was delivered with clarity and humour. Nadege Uwamahoro demonstrated a very well thought out PPI plan for her future work, and demonstrated how PPI would benefit each stage of her research.

From the West Midlands to Madrid: Flying the research flag at EULAR

The 18th Annual European Congress of Rheumatology (EULAR) celebrated its 70th anniversary with a second visit to the beautiful city of Madrid on the 14-17 June, where several researchers from Keele University’s Research Institute for Primary Care and Health Sciences braved the scorching temperatures to showcase their dedication to the research of inflammatory conditions.

Pictured left, Professor Christian Mallen, SPCR Training Director at Keele University, was one of the many Keele researchers to present his primary care perspective on the importance of General Practitioners enhancing the early diagnosis of Rheumatic Diseases. The presentation was part of EULAR’s latest campaign ‘Don’t Delay, Connect Today’, which for the first time, engages all three EULAR pillars – patient organisations (PARE), health professional associations and scientific communities. Read the full article.
Congratulations

Jane Vennik passed her PhD viva with moderate corrections on 12 May 2017 at the University of Southampton. The title of Jane’s thesis is: Development of an educational intervention to support implementation of nasal balloon auto inflation for glue ear: a mixed method approach.

About my PhD journey

I am extremely grateful to SPCR and to Primary Medical Care, University of Southampton for the fantastic opportunity to further my academic career by studying for a PhD. I was privileged to have an incredibly supportive and experienced supervisory team, who encouraged me to think and work independently, allowing me to develop the skills and confidence for my future research career.

Since completing my PhD I have been working as a Qualitative Research Fellow on a large programme grant for chronic rhinosinusitis. I am also working hard to publish my PhD research, and thinking ahead towards future directions for my own research into glue ear. Jane Vennik

Teaching and training for general practice: a Dutch academic success story

In an article in the BJGP Open, the University of Manchester’s Professor Harm van Marwijk looks at the academic general practice setting in the UK and reflects on key lessons to be learnt in the UK including the importance of relationship building, open conversations and personal continuity. Read more.

HEALTH AND WORK working group

A new SPCR working group has been added to the list for FR16 collaboration. The purpose of the ‘health and work’ working group is to bring together colleagues with clinical experience, methodological expertise and PPIE representatives to identify new collaborations and shape a programme of work around managing the impact of health on work in primary care to form the basis of future funding bids to the school. Read more.

CEBM in conversation

Primary Care Research

Dr. Kamal R. Mahtani, Deputy Director of the Centre for Evidence-Based Medicine, in conversation with Professor Richard Hobbs, Head of Nuffield Department of Primary Care Health Sciences, Director of NIHR Collaboration for Leadership in Applied Health Research and Care, and National Director of NIHR School for Primary Care Research. Listen
Recent publications

<table>
<thead>
<tr>
<th>Title</th>
<th>Authors</th>
<th>Year</th>
<th>Journal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients’ evaluations of patient safety in English general practices: a cross-sectional study.</td>
<td>Ignacio Ricci-Cabello, Kate S Marsden, Anthony J Avery, Brian G Bell, Umesh T Kadam, David Reeves, Sarah P Slight, Katherine Perryman, Jane Barnett, Ian Litchfield, Sally Thomas, Stephen M Campbell, Lucy Doos, Aneez Esmail and Jose M Valderas.</td>
<td>2017</td>
<td>BJGP.</td>
</tr>
<tr>
<td>'The edge to him was really, really nasty': abusive tactics used against informal supporters of domestic violence survivors.</td>
<td>Alison Clare Gregory.</td>
<td>2017</td>
<td>Journal of Gender-based Violence.</td>
</tr>
</tbody>
</table>

The CanTest Collaborative will investigate ways of developing and implementing new and improved cancer diagnostic tests for GPs. This international group is funded by Cancer Research UK and led by Dr Fiona Walter (Primary Care Unit, University of Cambridge) and these posts will be critical to the success of the programme.

**CLINICAL RESEARCH FELLOW IN PRIMARY CARE CANCER RESEARCH - PART-TIME (50% FTE)**
[http://www.jobs.cam.ac.uk/job/13932/](http://www.jobs.cam.ac.uk/job/13932/)

**RESEARCH ASSOCIATE IN PRIMARY CARE CANCER RESEARCH**
[http://www.jobs.cam.ac.uk/job/13848/](http://www.jobs.cam.ac.uk/job/13848/)
NIHR funding alert
June 2017

NIHR news and research
June 2017

LAST CHANCE TO ENTER

Latest news from Keele PPIE

Involvement matters
PPI news from Oxford

ABOUT US
info on SPCR
guidelines on
publishing and
presenting now in
the new About Us
page.

6th International Meeting on Conversation Analysis and Clinical Encounters (CA&CE)
Wednesday 12-14 July 2017, Engineers' House, Bristol
Professor Anna Lindström
(Uppsala University, Sweden)
"Changes in footing as an interactional resource in calls to a breast-feeding support help line"
Dr Ruth Parry
(University of Nottingham, UK)
"Dignity in practice."
Professor Tanya Stivers
(University of California Los Angeles, USA)
"Treatment recommendation actions, contingencies and responses."
Professor Elizabeth Stokoe
(Loughborough University, UK)
"Why it matters to talk about talk: Conversation analytic research for clinical encounters and beyond."

More information: https://clahrc-west.nihr.ac.uk/events/cace-2017-international-meeting-conversation-analysis-clinical-encounters/
To book, email: cace-2017@bristol.ac.uk
**Dates for your diary**

**SAPC Annual meeting**
12 - 14 July 2017  
University of Warwick

**SPCR Trainees meeting**
18-19 September 2017  
Worcester College, University of Oxford

**SPCR Showcase: Working better together**
19 September 2017  
Blavatnik School of Government, University of Oxford

**NIHR Trainees meeting**
14-15 November 2017  
Queen’s Hotel, Leeds

---

**Blogs**

**My place on the TUTOR-PHC programme**
Gemma Mansell, Keele University

**Developing a measure of appropriate polypharmacy in primary care: the first steps**
Jenni Burt, University of Cambridge

**SPCR ‘developing skills in PPI’ training day at Newcastle University**
Beth Bareham, Newcastle University

**How can patients be involved in the implementation and improvement of research?**
Sarah Knowles, University of Manchester

**Why healthcare services have a problem with gambling**
Sean Cowlishaw, University of Bristol

In addition, Sean appeared on Moneybox on Radio 4 to discuss the financial and health impacts of gambling. Related to this is a paper *Legitimate concerns about industry involvement in gambling research: Response to Delfabbro and King (2017)* was published in International Gambling Studies.

---

**RCGP Scientific Foundation Board**
call for grant applications.  
Deadline 31 July, 12 noon.

**RCGP NIHR Clinical Research Network Research Awards.**  
Deadline 25 August, 12 noon.

---

**Please help us to improve our communications**

We would appreciate your input on the nature and format of communications by completing the **communications survey**

Thank you