

Getting more R&D in Primary, Community and Social Care

Caroline Gunnell, Clinical Lead (Nursing and AHPs), PCR N-EoE

Dr Jonathan Graffy, Clinical Lead (Medical), PCR N-EoE

Prof Martin Knapp, Director, NIHR School for Social Care Research. LSE.

Prof Sally Kendall, Professor of Nursing, Hertfordshire

Prof Martin Roland, Professor of Health Services Research, Cambridge

Workshop content


- The role of PCRN-EoE in supporting research in East of England
- Overview of the NIHR School for Social Care Research
- Opportunities for training in primary and community care research

- How can we enhance primary, community and social care research in East of England?


The role of PCRN-EoE:

Improving the delivery of research in
primary care

Is primary care ready for research?




Patients are more worried about their health



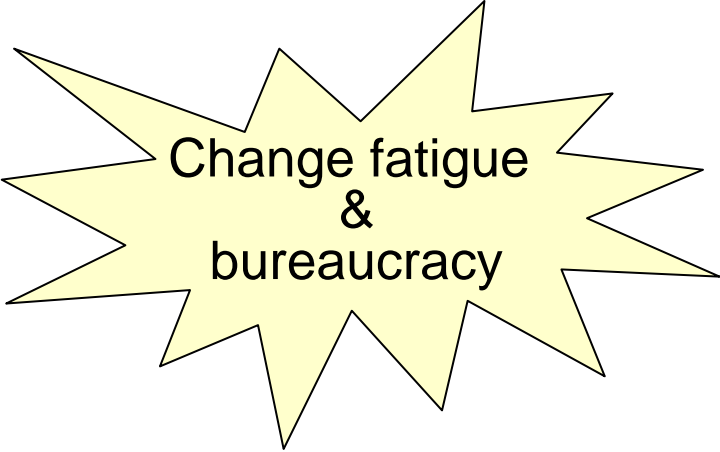
Clinicians are "too busy"



Funding worries



Academics stuck in ivory towers



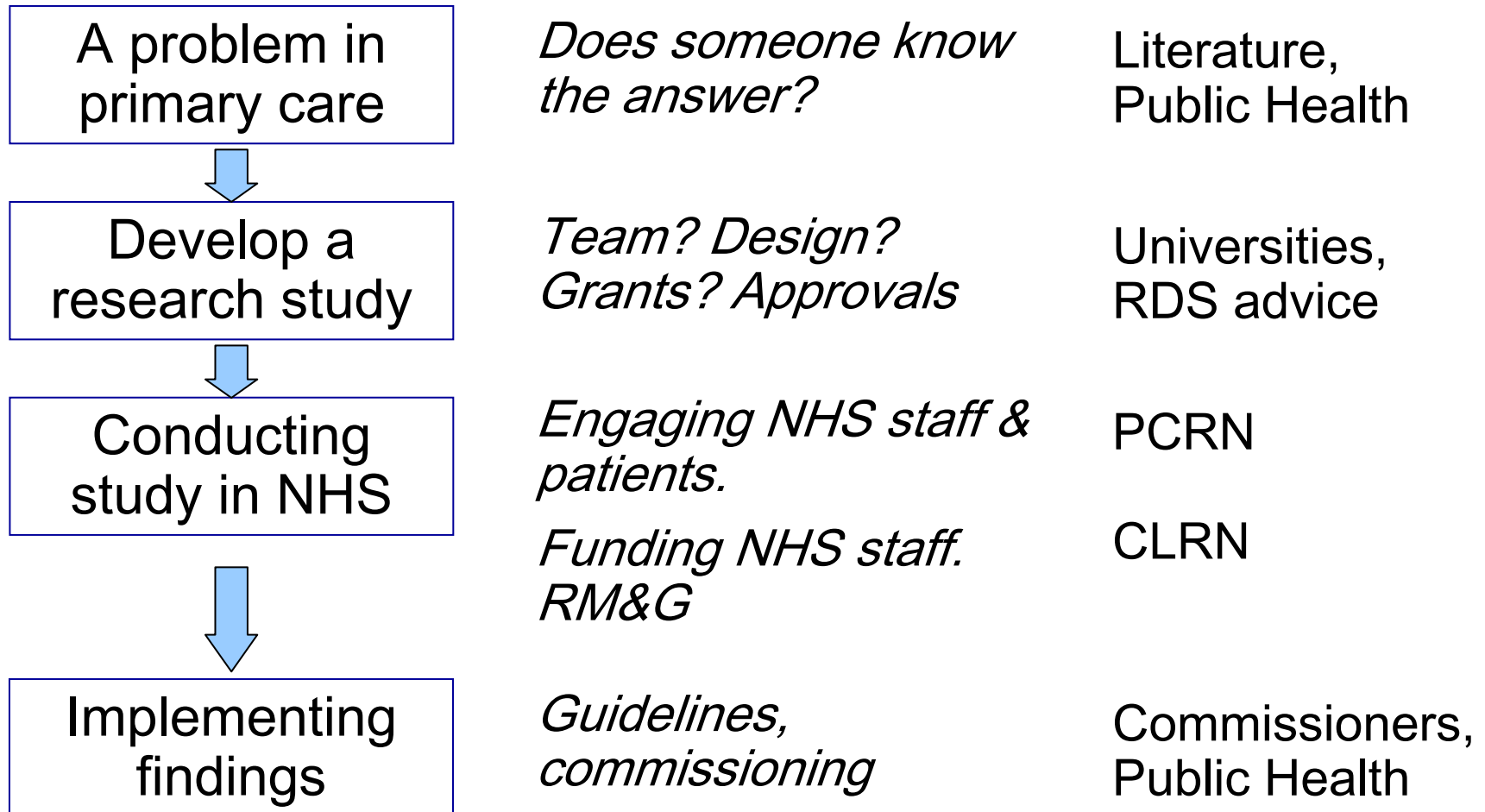
Change fatigue & bureaucracy

Research Agenda for Primary Care

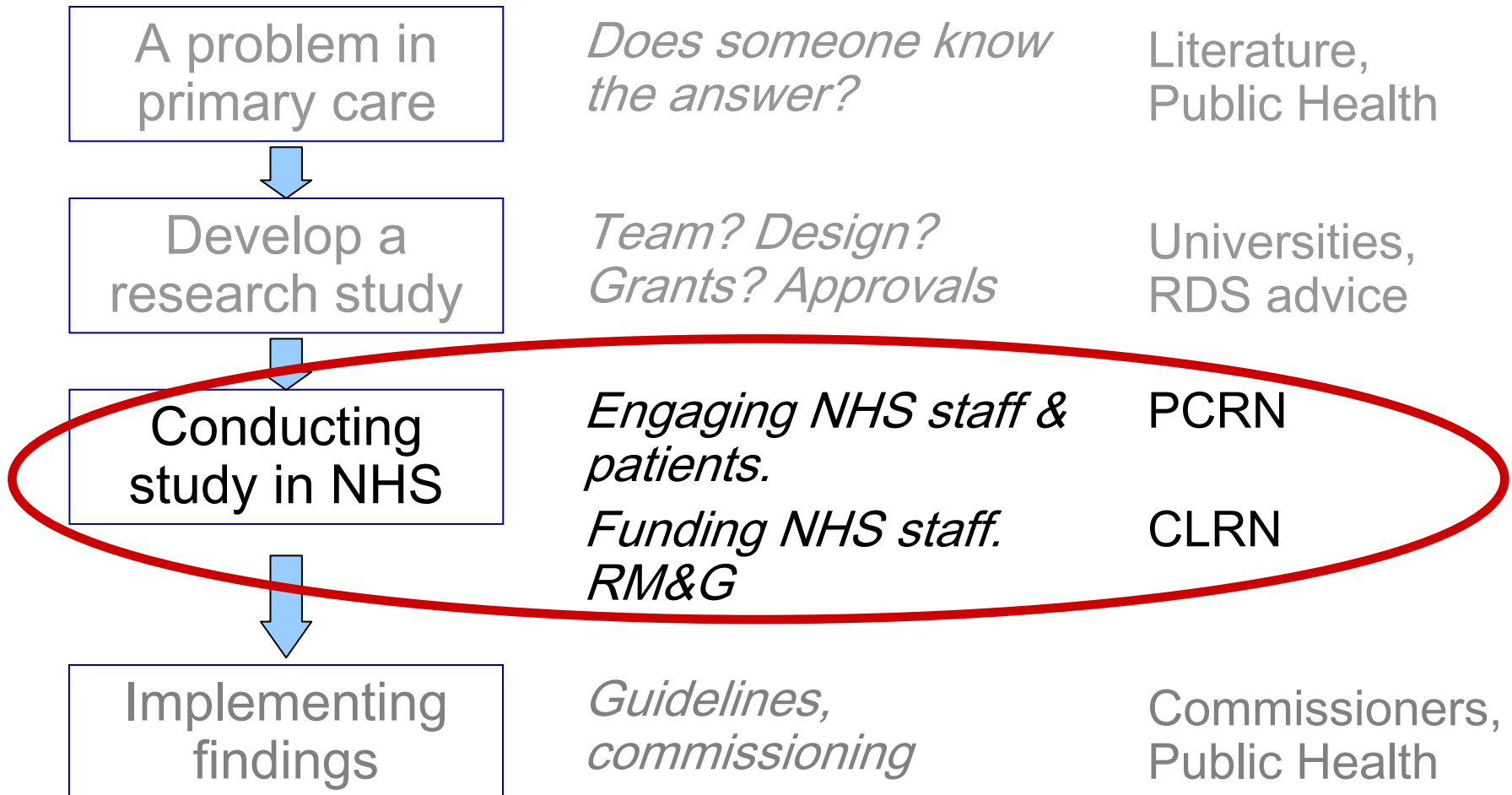
- First contact care, when illness or health concerns arise.
- The natural history, diagnosis, treatment, and prevention of health conditions seen in primary care
- The nature, characteristics, and organization of primary care practice.
- Health care decision-making and the relationship between the clinician and patient in the context of the family and community.
- The continuity and coordination of primary care services, including referrals and the interface of primary and specialty care.

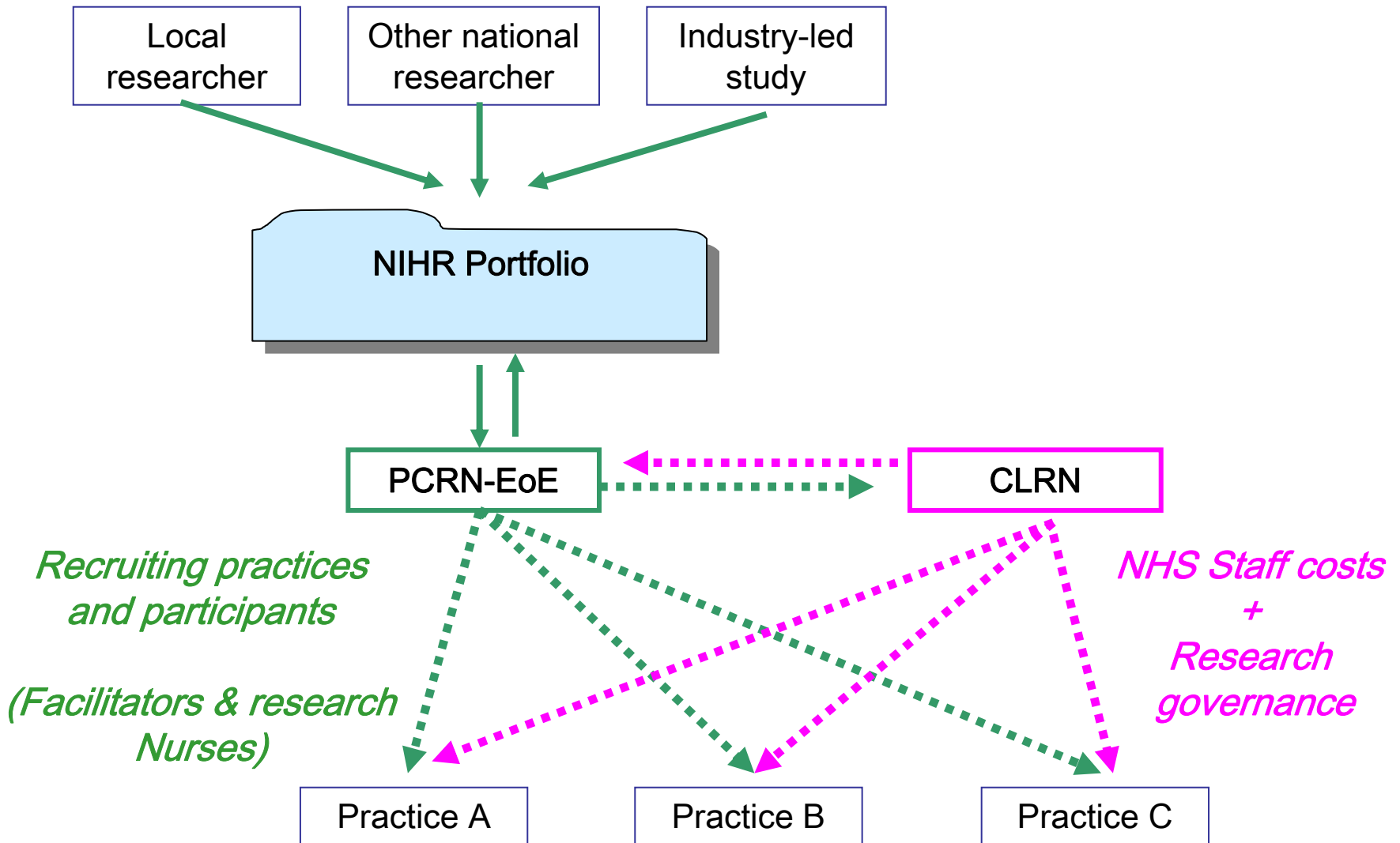
(US Agency for Healthcare Research and Quality)

Evidence and practice



Evidence and practice



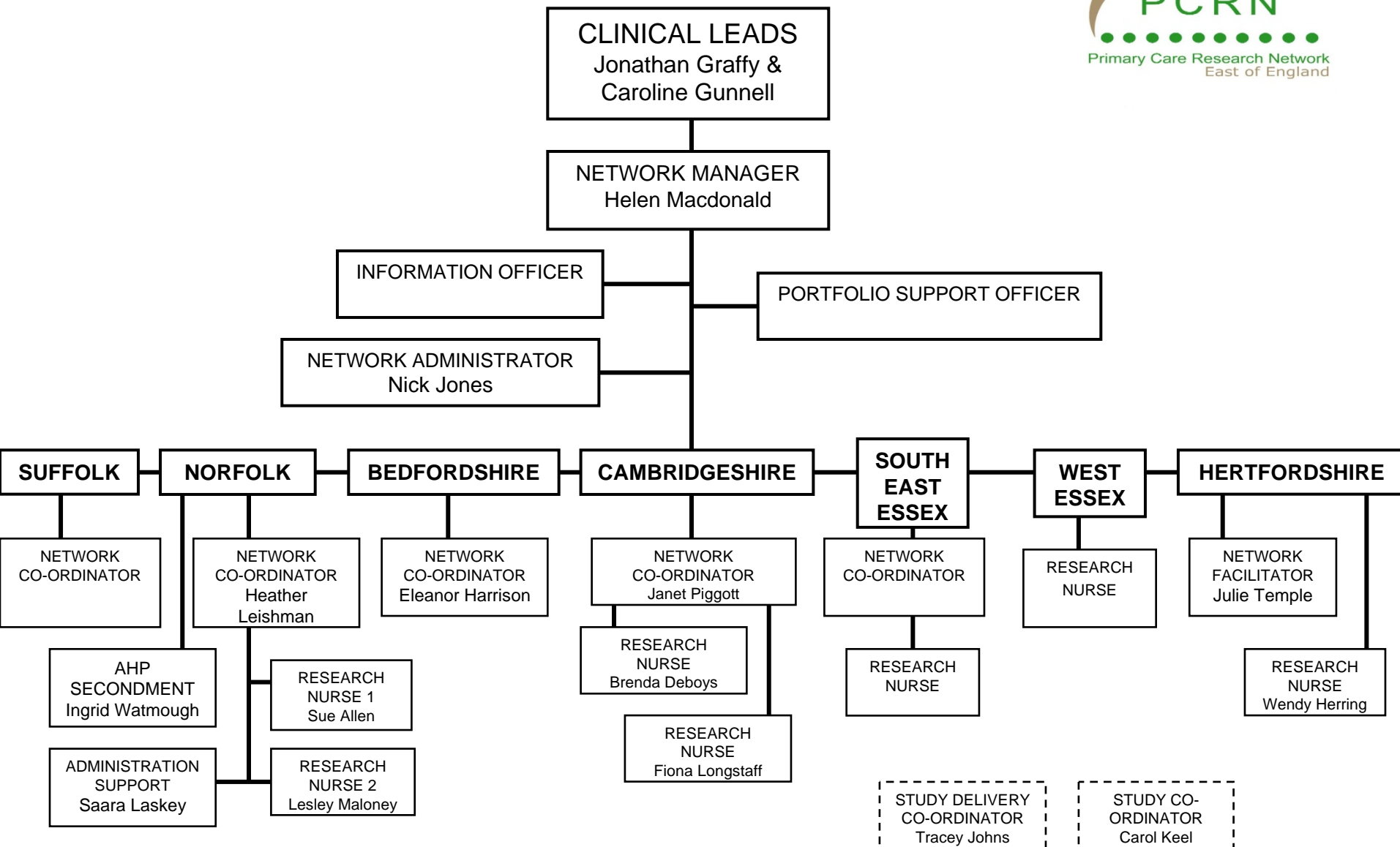


- Co-ordinated nationally
- Studies with competitive national funding
- Peer review
- Dual adoption with Topic Networks
- Local prioritisation for our work
- Essential for NIHR support funding

Meet the team



PCRN-EoE Structure



NB: Structure does not describe line management arrangements. Several posts are jointly funded by the CLRN's

Network contributions to different studies

- University team able to support recruitment: network links the practice with the research team (Molemate, iQuit)
- Secondary care studies that need to find patients in primary care: network finds sites and supports practices undertaking site feasibility, offers know-how to support recruitment (Domino AD, Pathway)
- Practice team do recruitment & follow-up visits: network facilitates study set up, provides guidance documents and support (GSK Swine flu)
- Network nurse support when practice needs help with workload (EPOCH, ADDITION follow up, Lacunar stroke)

PCRN support for practices

- Quality assured studies
- Project summaries (RISP forms)
- Infrastructure funds to set up systems (Research Ready, GCP)
- Local network co-ordinators
- Research nurses to share the work
- Access to CLRN funds for clinician's time



OCT 2007
ISSUE 1

Research News

Primary Care Research Network
East of England

New research network for primary care

By Dr Jonathan Gruffy, Clinical Lead GP, Primary Care Research Network - East of England

For some time there has been a concern that too much of the research evidence we draw on to guide our clinical practice is generated in specialist services, rather than being relevant to primary care. There are of course exceptions, such as the RCGP Oral Contraception Study, ASCOT (which has transformed our management of hypertension), or the ADDITION Study (see page 3). But we could do more. NHS general practice has the unique advantage of an accurate and relatively stable patient register, which could give us a worldwide lead in primary care research.

Why then is research so often seen as outside the day-to-day world of clinical practice? The language, the regulations, the time it takes and the sense that academics are somehow out of touch all contribute to this. But frontline staff can get a great deal from looking beyond the next patient and reflecting on how we work. Most research in primary care is actually quite practical; for example in the SAMS (Structural Adherence to Medication) study, practice nurses have been helping patients set action plans to remember their diabetes tablets. By taking part, nurses have learnt new skills.

Of course the process of designing a major study is beyond most individual practitioners. Research as a career is highly competitive. But research as an opportunity to enrich everyday practice and benefit from rewarding collaborations is a real option.

So what do practices need to do to get involved? First, look carefully at letters inviting you to take part? Ideally you should also receive a Research Information Sheet which explains what you are being asked to do. If the sponsors are reputable and the study looks worthwhile, then find out more. It helps for the whole practice to commit to the idea, even if only one or two of the team are actively involved. Some projects fit easily into day-to-day work, but often someone in the team needs to set aside time to identify suitable patients, or to carry out study checks. Fortunately there are now arrangements to fund this, either through the study, or the local Comprehensive Clinical Research Network.

Research Networks have a central role in the new arrangements. In PCRN, we are mainly

Continued page 2

LAUNCH MEETINGS: Come to one of our feedback Launch and Service Development Forums. These are an opportunity for you to find out about our work and help us build links with academic and NHS initiatives near your locality.

Essex: **Wednesday 10 October**
Ivy 2 Room, Ivy Hill Hotel, Writtle Road,
Margaretting, Nr Chelmsford, CM4 0EH
2.00 – 4.30pm

Cambridge: **Wednesday 31 October**
Red Room, East of England Deansry,
Block 3 Ida Darwin, Fulbourn, Cambridge, CB1 5EE
2.00 – 4.30pm

Herts: **Thursday 25 October**
Board Room, Solutions House, Dunhams Lane,
Letchworth, SG6 1BE
2.00 – 4.30pm

North: **Wednesday 14 November**
The Terrace Room, UEA SportsPark,
University of East Anglia, Norwich, NR4 7TJ
2.00 – 4.30pm

OUR AIMS:
PCRN-EOE works with NHS, academic and industry partners to strengthen the evidence base for the prevention, diagnosis and management of illness and disease in primary care. To achieve this, we aim to:

- Give patients and service users more opportunity to participate in high quality research.
- To successfully deliver high quality clinical studies in primary care.
- Help primary care teams develop their skills and capacity to host research by providing co-ordinated support.
- Work effectively with topic specific and comprehensive clinical research networks.
- Support collaborative initiatives to develop research studies that are important for health in the East of England and beyond.

Initiatives

- Practice nurse workshops (80+ attended)
- RCGP *Research Ready* accreditation (70+ so far)
- GP registrar sessions
- Secondments for Allied Health Professionals
- National contributions:
 - Database of practice activity
 - Costing template
 - Nursing contribution



PCRN-EoE achievements

- Established 2006
- Now working across whole of EoE
- Integration with CLRNs & Topic Networks
- 74 studies, 9 in set-up, 56 recruiting
- 306 (38% of 810 practices) support studies.
(25% support 2+)
- 16,130 participants recruited (08/09)

*How can we extend
this support to social
care research?*



www.pcrn-ee.org