



*National Institute for
Health Research*

School for Primary Care Research

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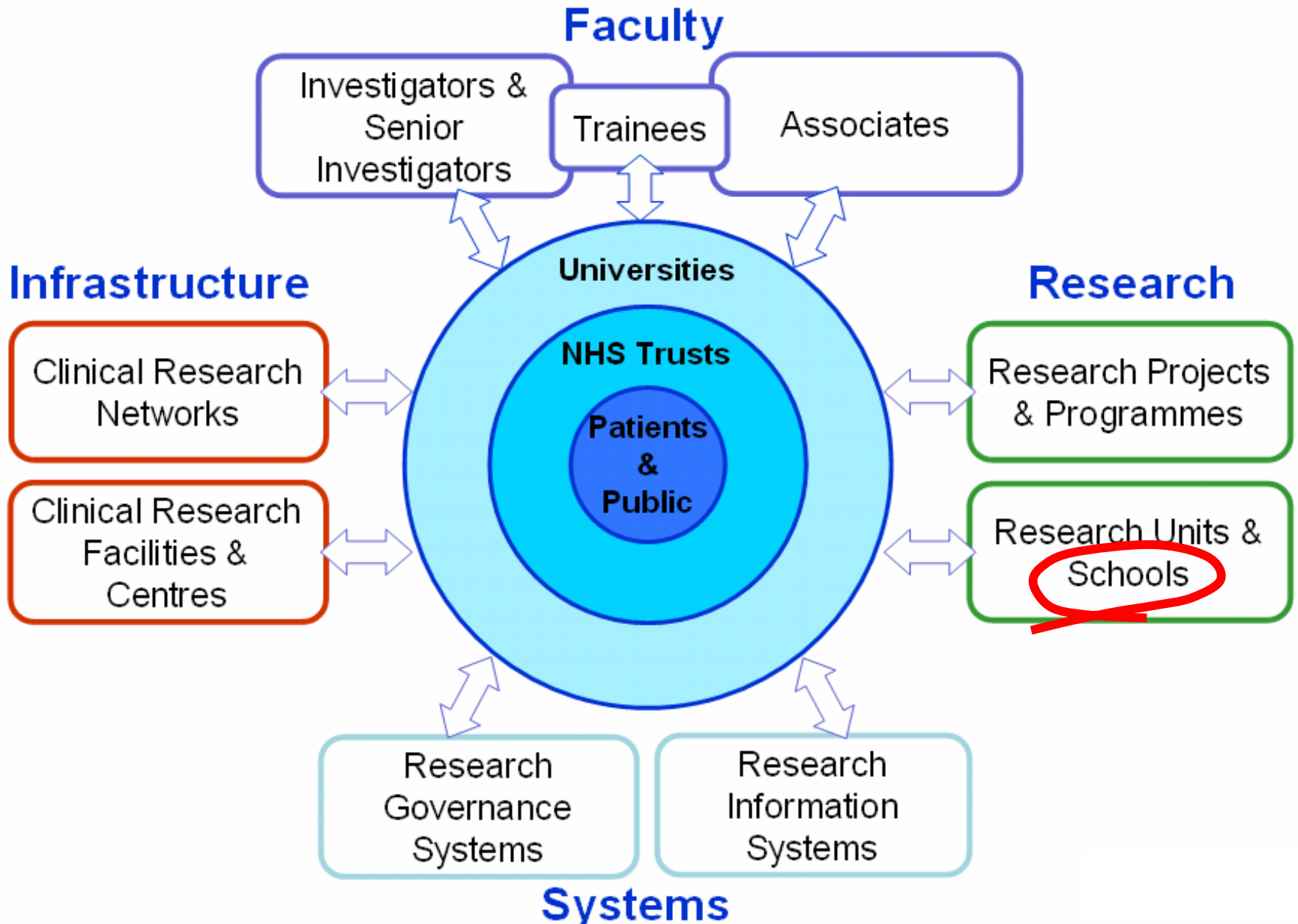
*Increasing the
evidence base for
primary care
practice*

NIHR School for Primary Care Research

Tony Kendrick
Professor of Primary Medical Care
University of Southampton

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- **Top 8 departments in 2008 RAE**
- **Birmingham, Bristol, Keele, Manchester, Nottingham, Oxford, Southampton, and UCL**
- **£4.8m per annum to carry out research “to increase the evidence base for primary care practice”**
- **Director Richard Hobbs, Birmingham**

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Five programmes of research

- **Prevention & Early Diagnosis**
- **Monitoring and Management of long term conditions**
- **Comorbidity**
- **Patient practitioner interface**
- **Research methods**

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Clinical Themes

- **Cardiovascular**
- **Infections**
- **Mental health**
- **Musculoskeletal**
- **Medicines management**
- **Changing behaviour**

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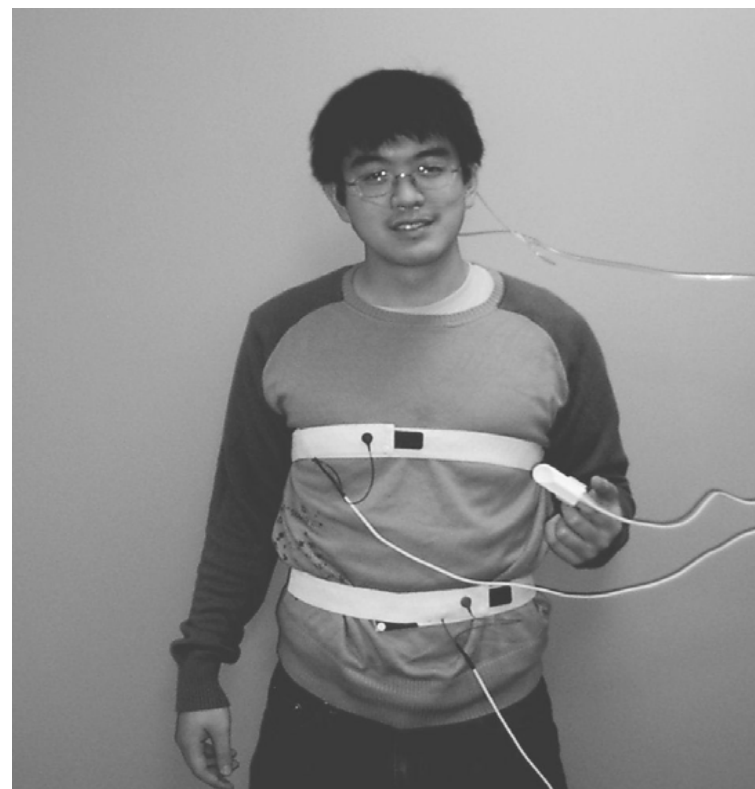


How do GPs recognise sick children?

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**Pulse oximeter can
be used to measure
respiratory rate
- important sign,
not often measured**



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- **UK cancer survival is worse than in most European countries**
- **Could earlier diagnosis in general practice help?**

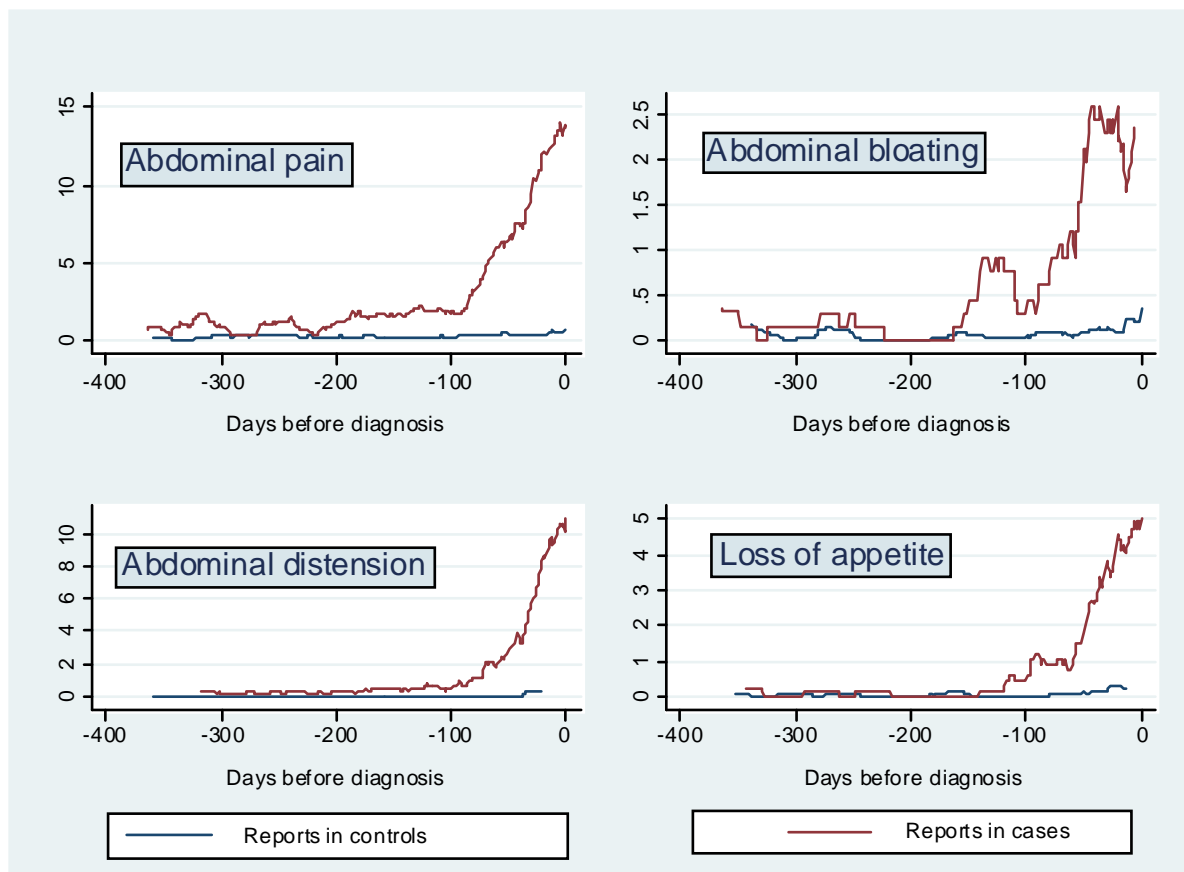




Diagnosis of ovarian cancer: time before diagnosis when symptoms presented

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Likelihood ratios of symptoms and signs for ovarian cancer

	Bloating	Abdominal pain	Appetite loss	Distension
LR as a single symptom	0.3	0.3	0.6	2.5
Abdominal bloating		0.8	3.3	3.0
Abdominal pain			1.0	3.1
Loss of appetite				>5



Self-monitoring of blood pressure

CLINICAL REVIEW

For the full versions of these articles see bmj.com

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Self monitoring of blood pressure is useful in the diagnosis and management of hypertension

Multiple measurements of blood pressure allow a better estimation of "true" blood pressure

Self monitored blood pressure correlates better with risk of stroke than office readings

¹Prim Univ Edin
²Dep Care Head
³Scree Prog Univ Aust
⁴Gen Care Publ Cam
⁵Dep

University of Edinburgh, Edinburgh EH4 2XU

importance of self measurement of blood pressure in establishing the diagnosis of hypertension, in subsequent

confidence interval 16% to 44%) for each 10 mm Hg

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on the
more

ictive
at self
office
(95%



Co-morbidity

- How common are co-morbidities?
- What are the mechanisms through which co-morbid conditions interact?
- How should co-morbidity influence the way in which primary health care is organised and quality of care assessed?
- How can we measure outcomes in ways which both take account of co-morbidity and reflect how patients value health and illness?



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Patient Practitioner Interface

Using graphics to support risk communication

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So, the blue people represent the number of people who have cardiac events among 100 average 23 year-old females, and the red people that you are to add to the diagram will represent the extra people who would have cardiac events if they all had the same risk as you.

Feedback

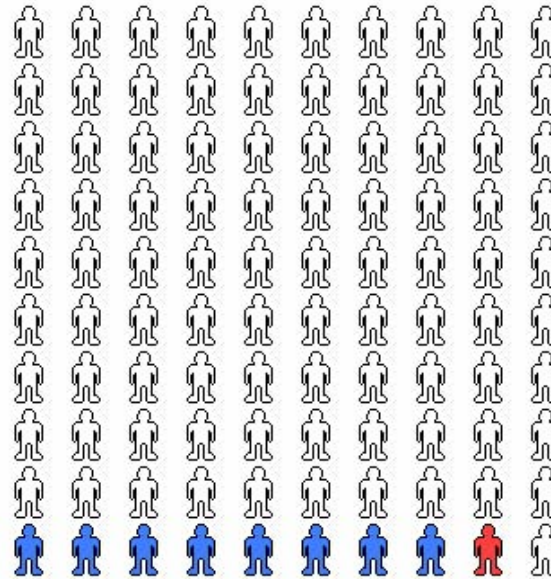
The diagram currently shows an average risk of 8%, and a personal risk of 9%.

Continue

Java Applet Window

Average 23 year-old female's 10-year risk: 8%

Your 10-year risk: 10%



Up Down Check Values



Using graphics to support risk communication

- **People who are good with numbers are also good with graphs**
- **Low numeracy people get no extra benefit from graphs**
- **Are there types of graphical representation that would better support people with low numeracy?**

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New research methods

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- 1. Informatics: To develop methods for the integration of research and clinical data**
- 2. Patient Safety: To develop methods for studying diagnostic error**
- 3. Recruitment and retention: To develop a programme of work with the primary care research network (PCRN)**



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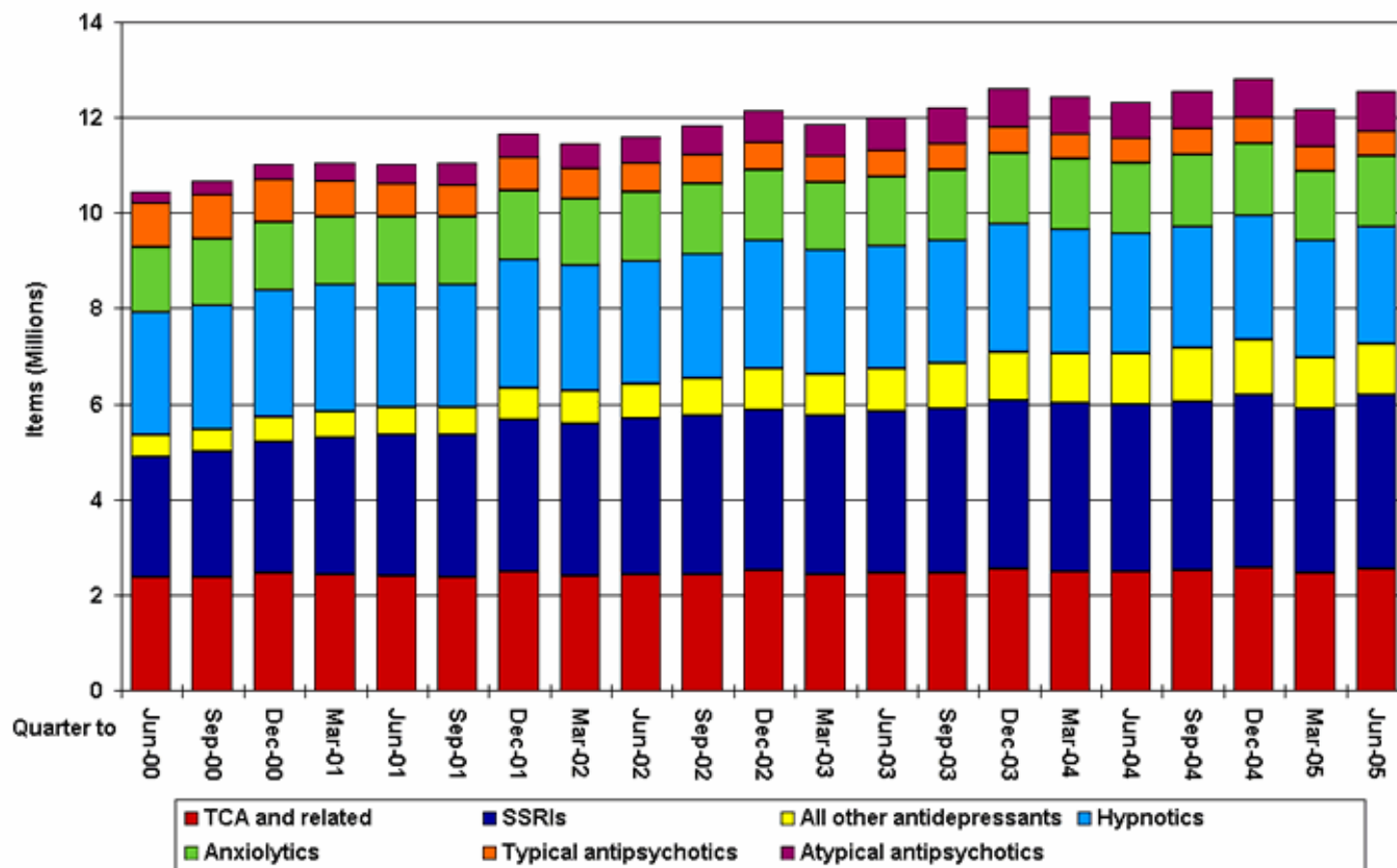
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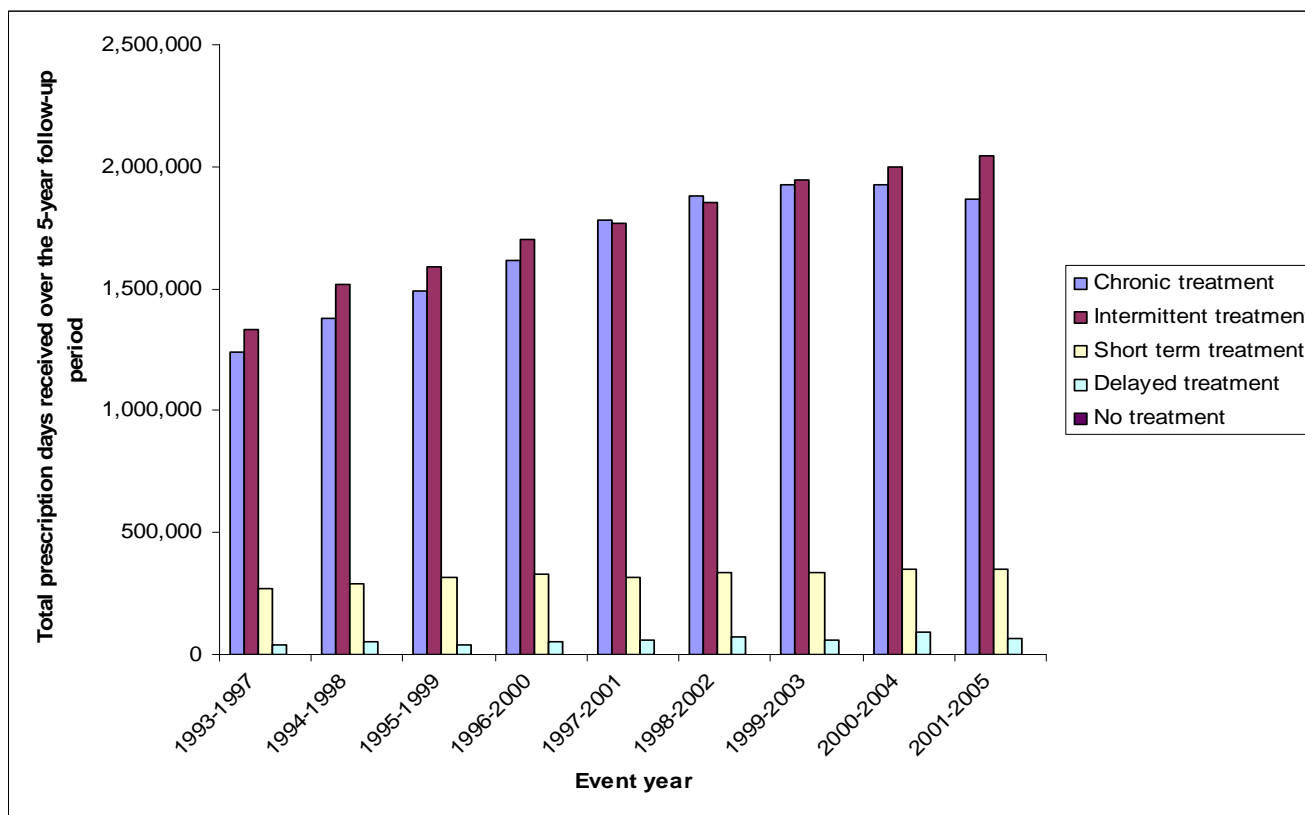
Trends in Prescribing of Mental Health Drugs in General Practice in England (Chart 1)



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Prescription-days over 5 years by group



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Implications

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- **Research and policy has largely focussed on the initial prescribing decision and targeting of drug treatment to more severe depression**
- **Future attention should focus on appropriate longer term prescribing, monitoring, and medication review**



Recruitment to trials during consultations

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PRISM

Age (years)

Duration of illness (days)

Patient ID -

Sex Male Female

Smoker ? Yes No

Past Quinsy ? Yes No

Symptoms

I'm going to ask you to rate how bad a number of symptoms are - as no problem, a slight problem, a moderately bad problem or a severe problem

	No	Slight	Moderate	Severe		No	Slight	Moderate	Severe
Sore throat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Difficulty swallowing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Generally Unwell	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Headache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disturbed sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Muscle ache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fever during illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Abdominal pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fever in last 24hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Diarrhoea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cough during illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Vomiting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Runny nose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Earache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Signs

	No	Small (<1cm)	Moderate (1-3cm)	Large (>3cm)		No	Yes	No
Inflamed pharynx	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Tender cervical glands	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inflamed tonsils	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Tonsillar exudate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cervical glands	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Palatal oedema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temperature <input type="text"/> °C					Fetor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					Difficulty speaking (if due to laryngitis click 'no')	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Future strategy

- **Expanded remit to include research training and capacity development**
 - **Dovetailing with NIHR research training fellowships, academic clinical fellows and clinical lecturers**
- **Currently writing business plan for next five years**
 - **New collaborations between member departments**
 - **Using core funding to catalyse large multicentre studies**

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