



*National Institute for
Health Research*

School for Primary Care Research

School for
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Care
Research

*Increasing the
evidence base for
primary care
practice*

NIHR School for Primary Care Research

Prof Debbie Sharp
University of Bristol

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- **5 or 5* departments in 2001 RAE**
- **Birmingham, Bristol, Cambridge, Manchester, Oxford**
- **Start date Oct 2006**
- **£3m per annum for 5 years to carry out research “to increase the evidence base for primary care practice”**

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Five programmes of research

- **Prevention & early diagnosis**
- **Monitoring and management of long term conditions**
- **Comorbidity**
- **Patient practitioner interface**
- **Research methods**
- ***(Mental health vertical theme)***

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Prevention & early diagnosis

Lead: Professor David Mant (Oxford)

Convenors:

Willie Hamilton (Bristol) Cancer

Alastair Hay (Bristol) Infection

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PC^AAR

Primary Care Antibiotics and Antimicrobial Resistance - a systematic review

Dr Alastair Hay UoB

Dr Chris Metcalfe UoB

Dr Andrew Lovering & Professor Alasdair MacGowan
(Bristol Centre for Antibiotic Resistance Evaluation (Southmead
Hospital, Bristol))

Professor David Mant Oxford



Background

- Resistance to antibiotics is a major threat to public health
- Studies suggest a link between antibiotic use and resistance
- Resistance is complex and poorly understood
no synthesis of literature associated with resistance
- Primary care provides 80% of all UK antibiotic prescriptions
- Patients expectation for antibiotics are a major determinant of a prescription



Design and aim

What is the evidence for a relationship between primary care prescribed antibiotics and antimicrobial resistance using individual level data?

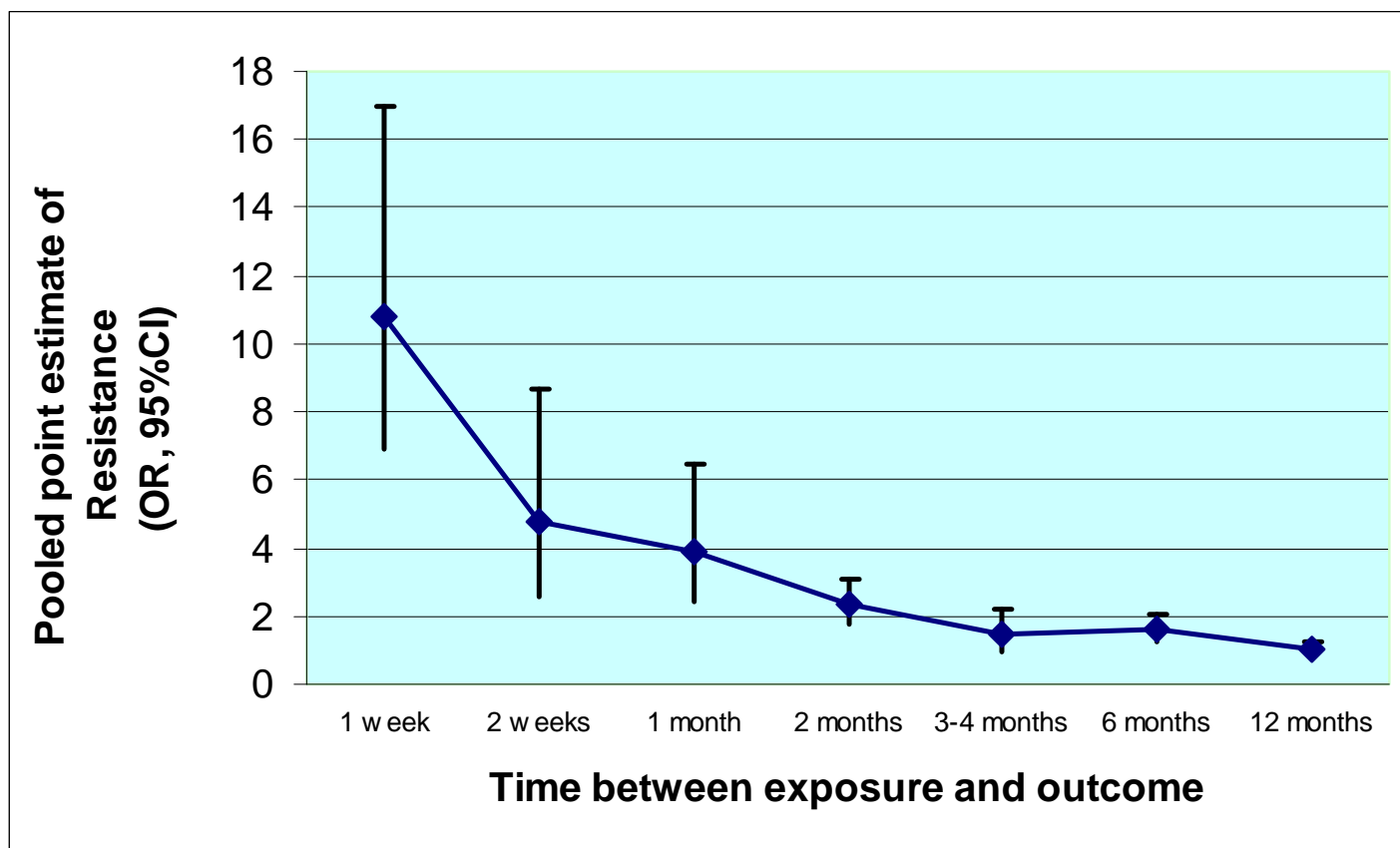
- antibiotic type (oral and most commonly used classes) and frequency
- type of bacterium
- type of resistance
- the time between exposure and outcome



Antibiotic resistance and GP prescribing

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Conclusion

- Studies show relationship between prior antibiotics use and resistance
- Relationship between increasing number of courses of antibiotics and resistance



- **UK cancer survival is worse than in most European countries**
- **Could earlier diagnosis in general practice help?**
- **CAPER series of studies**
- **Hamilton, Sharp, Peters et al**



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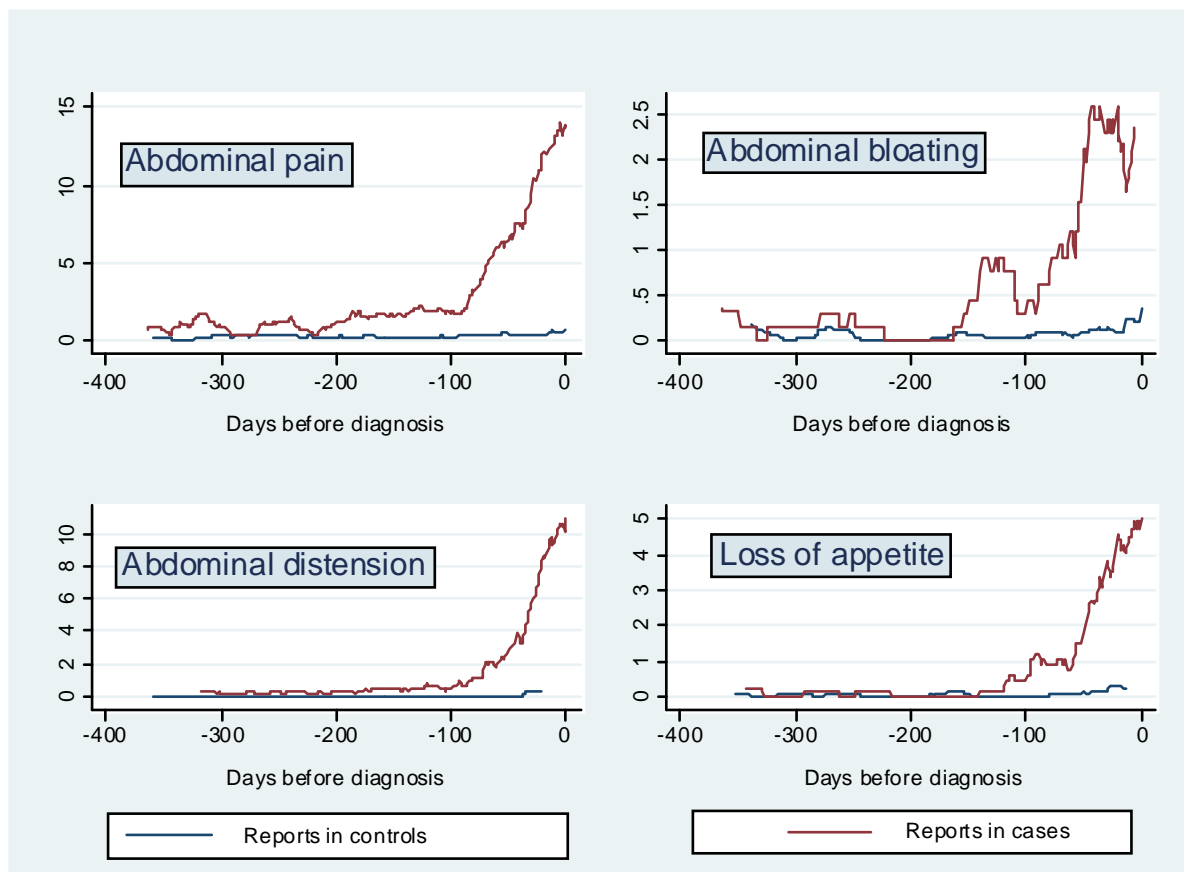
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Diagnosis of ovarian cancer: time before diagnosis when symptoms presented

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Positive predictive value of symptoms and signs for ovarian cancer

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

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Monitoring and management of long term conditions

Lead: Professor Paul Glasziou, Oxford

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Back on Track: Groups for Women

Helen Cramer, Chris Salisbury, Ricardo
Araya, Alan Montgomery – COBM, UoB

Joel Conrad, James Eldred – AWP
Mental Health Trust

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Back on Track: Groups for Women

- Pilot study for RCT
- Mild to moderate depression
- CBT groups vs. usual care
- PHQ-9 score at 3 & 6 months

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Back on Track: Groups for Women

- N=73 (52 groups, 21 control)
- Groups helped
 - mean reduction in depression greater for intervention groups at 3&6mFU (nb pilot so small SS)
- Feedback good
- Recruitment OK
- Follow up > 85%

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Co-morbidity

Lead: Professor Chris Salisbury (Bristol)

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Co-morbidity

- **How common are co-morbidities and which patterns of co-morbidity are most common in different population groups?**
- **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?**
- **What are the implications of co-morbidities for the design of interventions for patients with more than one condition?**
- **How can we measure the outcomes of health care in ways which both take account of the presence of co-morbidity and reflect how patients value health and illness?**



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Patient Practitioner Interface

Professor Stephen Sutton, (Cambridge)

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DECADE

DEcision Aids in DEpression

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- Bristol
 - Alan Montgomery
 - Debbie Sharp
 - David Kessler
 - Kristina Bennert
- Dundee – School of Computing



DECADE

DEcision Aids in DEpression

- Phase 1: a qualitative study of information needs regarding treatment options, influences on treatment choice, and satisfaction with the decision making process in primary care patients with new episodes of depression.
- **6 practices with ~ 5 patients from each**

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DECADE

DEcision Aids in DEpression

- Phase 2: development of a computerised decision aid for this group of patients in collaboration with the school of computing in the University of Dundee

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DECADE

DEcision Aids in DEpression

- Phase 3: a feasibility study to estimate recruitment, ascertain outcomes and further refine the decision aid for an appropriately powered randomised trial.

**10 practices with 10 patients
from each**

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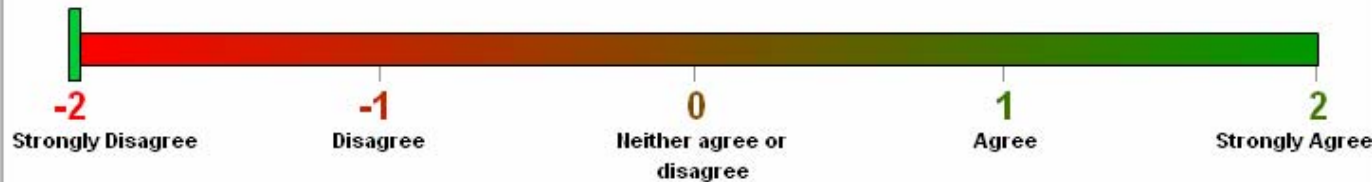
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- 0. Getting Started
- 1. What is depression?
- 2. The impact of depression
- 3. Choosing a treatment for depression
 - Overview
 - * Taking time to reach a decision *
 - The placebo effect
 - + Supportive care
 - + Self-help and guided self-help
 - + Talking Therapies
 - + Antidepressant medication
 - + Complementary Medicines
 - Choosing the right treatment for you
 - Instructions
 - * What are your preferences? *
 - Your treatment recommendation
- 4. Useful links

How much do you agree or disagree with the following statement?

Please click the response that matches most closely how you feel, then click 'next' to move on to the next statement.

I would take whatever treatment is available to start immediately



Back

Next



QuAD Qualitative study of Anti-Depressant use

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Methods

- Qualitative synthesis (systematic search, critical appraisal, meta-ethnography)
- In-depth interviews with pairs of GP and patients at beginning of new or first episode
- Longitudinal data with follow-up interviews with patients at 3 and 6 months
- Recording GP-patient consultations during 6 month period

Background

- Extent to which GPs and patients achieve concordance over prescription of AD for moderate – severe depression
- Patients involvement in treatment decision making over time
- The relationship between using a diagnostic instrument and patient perception of illness

Findings

- SSM (2009): “medication career or moral career – the two sides of managing antidepressants’
- Unvoiced patient preferences in primary care consultations – a case of inverse paternalism?

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New Methods for Primary Care Research

Professor Brendan Delaney, B'ham

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Aims of the programme

- 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. (NSPCR- PCRN)**

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Other roles

- **Leadership**
- **Partnership**
- **Research training**

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Future of the School - 1

- **New members (2009)**
 - **at least 3**
 - **Nottingham, UCL, Southampton**
- **Expanded remit to include research training**
- **Expanded funding**

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Future of the school - 2

- new projects being led from Bristol
 - PATH - DV
 - ACTID plus
 - MBCT for COPD/Asthma
 - chest pain rule
 - BoT SR, co-morbidities SR, predicting cancer SR
 - 2x comorbidities projects
 - 2x infection projects
- More collaboration with other school members
- More involvement with colleagues outside the school



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The **NIHR** School for Primary Care Research, founded in October 2006, is a partnership between the five leading academic centres for primary care research in England. The Director of the School is **Professor Martin Roland** based at the **University of Cambridge**, the Deputy Director is **Professor Richard Hobbs (University of Birmingham)**. Other partners in the School are **Professor Ann-Louise Kinmonth (University of Cambridge)**, **Professor David Mant (University of Oxford)**, **Professor Debbie Sharp (University of Bristol)** and **Professor Helen Lester (University of Manchester)**. The School management is supported by **Alison Deary**, Senior Scientific Administrator based at the University of Cambridge.

The School's main aim is to increase the evidence base for primary care practice. We will achieve this through:

- high quality research to inform the development of clinical practice in primary care;
- strategic leadership to support the development of primary care research.

Patient and Public Involvement in research - To develop our work in this area we have recently set up a **Primary Care Patient and Public Involvement (PPI) Forum** in Manchester.

The **Primary Care Research Methods Group** is a national collaboration which has been set up to understand and address the factors which can optimise the recruitment of collaborator sites and patients into clinical research studies in primary care.

The UK Clinical Research Network is taking the lead for developing infrastructure to support the delivery of the NHS Research Strategy **Best Research for Best Health**. The Primary Care Research Network is part of the **UKCRN** which focuses on promoting research in the primary care setting. It aims to provide support for practitioners who want to do research and develop them through training and the offer of service support directly to practices. There is a natural strategic relationship with the School who will be carrying out work in general practices and will be supported by the **PCRN**.

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Within

Or use our [A to Z Search](#)

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