

# Learn Inspire Innovate!



National Institute for  
Health Research

## The Robin Pinsent Memorial Lecture

Every practice a research practice -  
what's on offer from the NIHR?

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Professor Emeritus Primary Care, UCL

Former Director, NIHR Primary Care Research Network



*Delivering clinical research to  
make patients, and the NHS, better*

# Dr Robin Pinsent GP – a pioneer of learn, inspire and innovate!

- Dr Robin Pinsent, local GP founded the RCGP Research Committee in 1953
- 300 GPs joined RCGP's research register within a year.
- Robin produced first research newsletter "***Between Ourselves***" and sent it out in person
- Journal of the College of General Practitioners (now the British Journal of General Practice) set up as a result in 1958.

# Tomorrow is clinical trials day!

International Clinical Trials Day commemorates the day that James Lind started his trial on the deadly disease scurvy.

## I Am Research

Home → News and events → Support our campaigns → I Am Research



"I Am Research" gives patients, the public and health and social care research professionals a chance to shout about how fantastic research is. We aim to raise awareness of the benefits of research and the positive impact it has on people's lives.

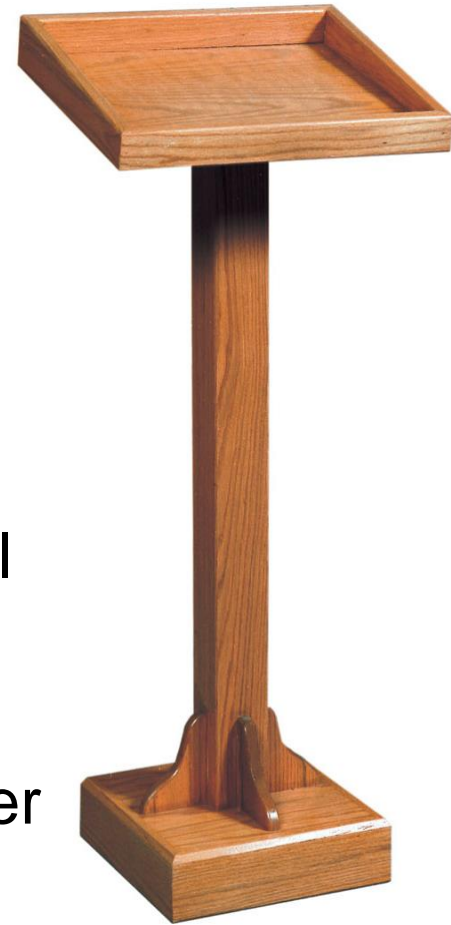
Every year, more than half a million people help the NHS improve healthcare and develop life-saving treatments by taking part in health research. This research drives new and better treatments and though there's not always a research study to suit everyone, there are other opportunities to be involved or just to stay in touch. This could be as a [Patient Research Ambassador](#), [advising researchers](#) on the best ways to ensure patient experience of research is a positive one, [looking at the](#)

[studies coming on to on the UK Clinical Trials Gateway](#), talking to friends and colleagues about research, or signing up for mailings.

**Get involved in "I Am Research" using the links below**

# Scope of the presentation

- To consider the role that research plays in general practice and why it is inspiring and innovating!
- To illustrate the challenges of engaging in research in general practice
- To describe the evolution of the NIHR clinical research network and the growth in general practice involvement
- To describe some of the opportunities on offer from NIHR



# Research in general practice

Research : “original investigation undertaken in order to gain knowledge and understanding” (MRC)

- Organised curiosity  
(Teviot Eimerl, 1960)
- The reflective practitioner  
(Donald Schön 1984)
- Research as education  
(Dominique Huas 1990)



# Why is general practice research is so important?

- Centrality of general practice in health care provision
- Locus of triage and decision making
- The need for research findings to be relevant to us and our patients
- We need research in order to be able to practice evidence based medicine



# How has research influenced your clinical practice?

- Epidemiology
- Health beliefs and expectations
- Screening and health promotion
- Diagnosis
- Treatment of acute conditions
- Care of patients with long term conditions
- Applied research methodologies



# Research in general practice: a minority sport?

## Edward Jenner 1749 - 1843

General practitioner in Berkley,  
Gloucestershire

Identified role of cowpox in protecting  
against small pox

Pioneered vaccination by inoculating James  
Phipps (8yrs) on May 14, 1796





# Examples of early GP solo researchers

## William Withering (1741–1799)

An Account of the Foxglove and some of its Medical Uses, (Digitalis)

## James McKenzie (1853 -1925)

The Study of the Pulse 1902

Diseases of the Heart 1908

Symptoms and their Interpretation 1909

## William Pickles (1885-1969)

Catarrhal Jaundice in Wensleydale 1929

Outbreak of Bornholm Disease 1933

Epidemiology in Country Practice 1939



# Examples of more recent GP researchers

## Edgar Hope Simpson (1908-2003)

Elucidation of the role of re-activated Varicella virus in the causation of Herpes Zoster (Island of Yell 1953)

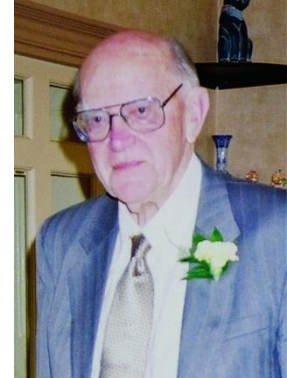
## Julian Tudor Hart (1927 - )

GP in Glyncoirwg.

Inverse Care Law 1971

A new kind of doctor 1988

The political economy of health care – a clinical perspective 2006



# BMJ research paper of the Year 2009

Early treatment of Bell's Palsy – prednisolone or acyclovir?  
Sullivan et al NEJM 2007 357:1598-1607  
561 patients identified through Scottish Primary Care Research Network

A screenshot of the New England Journal of Medicine (NEJM) website showing the article 'Early Treatment with Prednisolone or Acyclovir in Bell's Palsy'. The page includes the journal's logo, navigation links, and the article's title and authors. The abstract and background information are visible.

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Volume 357:1598-1607 October 18, 2007 Number 16

**Early Treatment with Prednisolone or Acyclovir in Bell's Palsy**

Frank M. Sullivan, Ph.D., Iain R.C. Swan, M.D., Peter T. Dorman, Ph.D., Jillian M. Morrison, Ph.D., Blair H. Smith, M.D., Brian McKeown, M.D., Richard J. Davenport, D.M., Luke D. Vale, Ph.D., Janet E. Clarkson, Ph.D., Victoria Hammersley, B.Sc., Sina Havaei, Ph.D., Anne McAteer, M.Sc., Ken Stewart, M.D., and Fergus Daly, Ph.D.

**ABSTRACT**

**Background** Corticosteroids and antiviral agents are widely used to treat the early stages of idiopathic facial paralysis (i.e., Bell's palsy), but their effectiveness is uncertain.

**Methods** We conducted a double-blind, placebo-controlled, randomized, factorial trial involving patients with Bell's palsy who were recruited within 72 hours after the onset of symptoms. Patients were randomly assigned to receive 10 days of treatment with prednisolone, acyclovir, both agents, or placebo. The primary outcome was recovery of facial function, as rated on the House-Brackmann scale. Secondary outcomes included quality of life, appearance, and pain.

**Results** Final outcomes were assessed for 496 of 551 patients who underwent randomization. At 3 months, the proportions of patients who had recovered facial function were 83.0% in the prednisolone group as compared with 63.6% among patients who did not receive prednisolone ( $P<0.001$ ) and 71.2% in the acyclovir group as compared with 75.7% among patients who did not receive acyclovir (adjusted  $P=0.50$ ). After 9 months, these proportions were 94.4% for prednisolone and 81.6% for no prednisolone ( $P<0.001$ ) and 85.4% for acyclovir and 90.8% for no acyclovir (adjusted  $P=0.10$ ). For patients treated with both drugs, the proportions were 79.7% at 3 months ( $P<0.001$ ) and 92.7% at 9 months ( $P<0.001$ ). There were no clinically significant differences between the treatment groups in secondary outcomes. There were no serious adverse events in any group.

**Conclusions** In patients with Bell's palsy, early treatment with prednisolone significantly improves the chances of complete recovery at 3 and 9 months. There is no evidence of a benefit of acyclovir given alone or an additional benefit of acyclovir in combination with prednisolone. (Current Controlled Trials number, ISRCTN71548198 [controlled-trials.com].)

In patients with Bell's palsy, early treatment with prednisolone significantly improves the chances of complete recovery at 3 and 9 months

# RCGP Research Paper of the year 2011

Txt2stop smoking cessation trial

Free C, Knight R, Robertson S, Whittaker R, Edwards P, Zhou W, Rodgers A, Cairns J, Kenward MG, Roberts I. et al Lancet 2011 Jul 2;378 (9785): 49-55



# RCGP research paper of the Year 2015



National Institute for Health Research

## The TASMIN-SR Randomized Clinical Trial

Richard J. McManus, Jonathan Mant, M. Sayeed Haque, Emma P. Bray, Stirling Bryan, Sheila M. Greenfield, Miren I. Jones, Sue Jowett, Paul Little, Cristina Penalzoa, Claire Schwartz, Helen Shackelford, Claire Shovelton, Jinu Varghese, Bryan Williams, F.D. Richard Hobbs, *JAMA*. 2014;312(8):799-808

### Hypertension research wins RCGP accolade

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5 October 2015

[Awards & appointments](#)

[Cardiovascular & metabolic](#)

RCGP Annual Research Paper of the Year Award presented to UK-Canadian collaboration led by Professor Richard McManus.



Professor Richard McManus, Nuffield Department of Primary Care Health Sciences, University of Oxford.

“

*It is a great honour for the TASMIN-SR trial team to have our work recognised by the RCGP - the award is testament to the efforts put in by all those involved, as well as the 56 general practices we worked with, to recruit and look after patients into this trial.*

- Professor Richard McManus, University of Oxford.

Research to show how beneficial it can be for people to measure their own blood pressure (BP) and adjust their medication accordingly from home has been awarded a Royal College of General Practitioners Annual **Research Paper of the Year** category award.

Published in the *Journal of American Medical Association (JAMA)*, the research led by Professor Richard McManus in Oxford University's Nuffield Department of Primary Care Health Sciences **hypertension group** involved researchers from across the Universities of Cambridge, Birmingham, Central Lancashire, Southampton and University College London in the UK, and from the Vancouver Coastal Health Research Institute and the University of British Columbia in Canada.

The international team demonstrated that older people at high risk of heart disease and stroke, who take control of

#### READ THE PAPER:

Effect of self-monitoring and medication self-titration on systolic blood pressure in hypertensive patients at high risk of cardiovascular disease: the TASMIN-SR randomized clinical trial.

McManus RJ, et al. (2014). *JAMA*, 312, 799 - 808

[More publications](#)

#### FIND OUT MORE ABOUT:

**Richard McManus**

Professor of Primary Care



**Claire Schwartz**

Research Fellow



**Richard Hobbs**

Head of Department



#### GET OUR NEWSLETTERS:

For the latest news, events and updates, sign-up for our newsletter.

**February 2016 e-newsletter**

PPI Pulse Newsletter - for patients and the public:

**Spring 2016 (pdf)**

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# Why might you want to get involved in research?

- Stimulus to reflective practice
- Break from routine clinical work
- Reduced isolation
- Improved education
- Integration of best evidence into clinical practice
- Give your patients early access to potentially beneficial new treatments



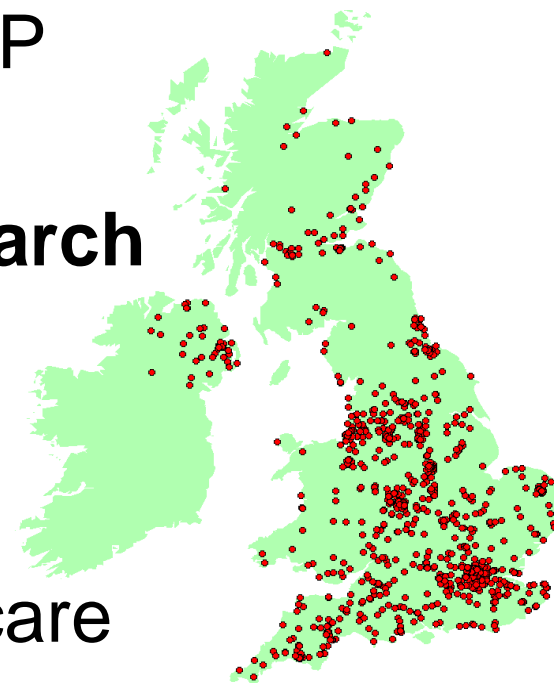
# What might stop you getting involved?



	Number	%
<b>Time:</b>		
•Clinical commitments	47	83
•Administrative commitments	37	65
•Cover for surgeries	36	63
<b>Money:</b>		
•Administrative costs	34	60
•Loss of income	23	40
<b>Support:</b>		
•Links to other researchers	19	33
•Access to online resources	18	32

# Research networks might help you get involved

- 1967 Weekly returns service - RCGP
- 1969 UK GP Research Club
- **1973 MRC General Practice Research Framework**
- 1984 Midlands Research Network
- 1993 NoReN and WReN
- 1996 NHS R&D funds for primary care
- 1998 UK Confederation of PCRNs
- **2006 NIHR Primary Care Research Network for England (NIHR PCRN)**

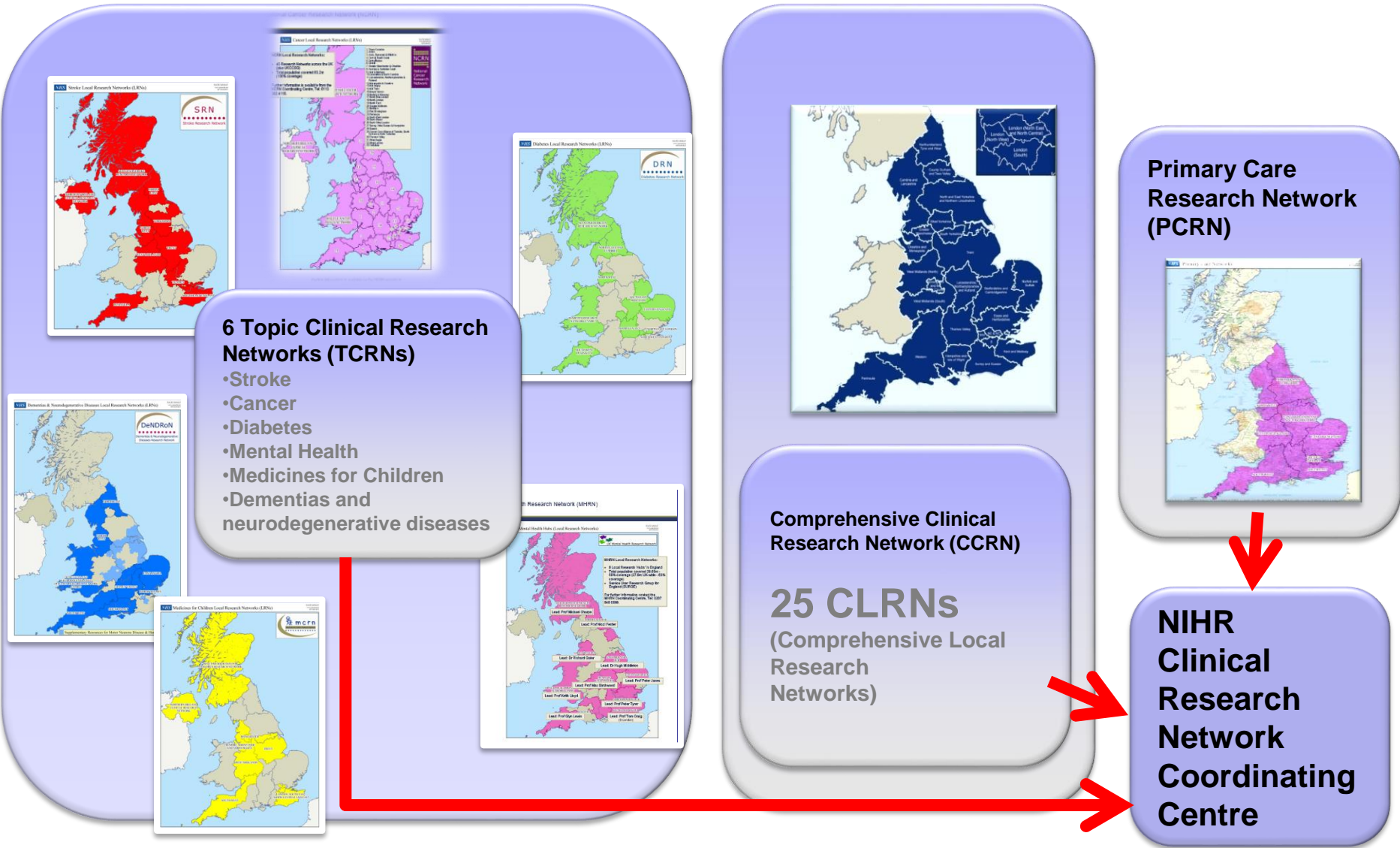




# NIHR Clinical Research Networks 2006 - 2014



National Institute for  
Health Research



# The NIHR Primary Care Research Network (2006-2014)

- Managed national network of research active general practices
- Provision of support of different kinds to facilitate practice involvement in research
- Portfolio of nationally approved and funded primary care research studies



# PCRN practice support

- Carefully selected research studies with high quality design
- Dedicated network teams in 8 regional networks
- Access to training, technical support and research nurse support
- Appropriate funds from NIHR eg “NHS Service Support Costs”



## This medical practice is **research active**

This NHS medical practice takes part in high quality medical research.

Medical research helps to improve the health and the wellbeing of the nation.



# Increase in numbers of research active practices: 2007 - 2014



**2007/2008 n= 989**



**2013/2014 n= 2540**

500,000 patients – May 2013

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# Primary Care Research Recruitment Milestone

# 500,000

patients have taken part in  
Primary Care Research Network-led studies

Thank you to all patients, staff,  
networks and study teams

# Research in GP – rapidly becoming a majority sport

By 2016/7, there were 3695 GP practices which were research active in England. This represents **48%** of all practices in England



# Primary Care #oneinamillion\*

**1,000,000 people**

have taken part in primary care research through general practices, dentists and pharmacies

**1,000 Research Ready®**

accredited general practices, prepared for undertaking high quality clinical research

**42% of general practices**

in England are now research active

**1/4 of recruitment**

to the NIHR Clinical Research Network Portfolio last year was supported by primary care organisations



\* March 2017

# What is the NHR and what does it offer?



*Delivering clinical research to  
make patients, and the NHS, better*



# The National Institute of Health Research: NIHR



National Institute for  
Health Research

- Funded by the Department of Health to improve the health and wealth of the nation through research.
- Plays a key role in the Government's strategy for economic growth, attracting investment by the life-sciences industries through its world-class infrastructure for health research.
- People, programmes, centres of excellence and systems represent most integrated health research system in the world.
- The NIHR is the research arm of the NHS.

## THE LANCET

Volume 387, Number 10032, Pages 1569-2052, May 14-20, 2016 [www.thelancet.com](http://www.thelancet.com)

"The NHS has benefited enormously from the National Institute for Health Research (NIHR) and its approach to clinical research in the past 10 years; its need for the NIHR will be even greater in the future."

Lancet May 2016

# NIHR research infrastructure



National Institute for  
Health Research

Invention

Evaluation

Adoption

Early-phase clinical Research

Late-phase clinical Research

NIHR Biomedical Research Centres

NIHR Clinical Research Facilities

Experimental Cancer Medicine Centres

Health Technology Cooperatives

Diagnostic Evidence Cooperatives

NIHR Clinical Research Network

Collaboration for Leadership in Applied Health Research and Care

**>£0.5bn pa**

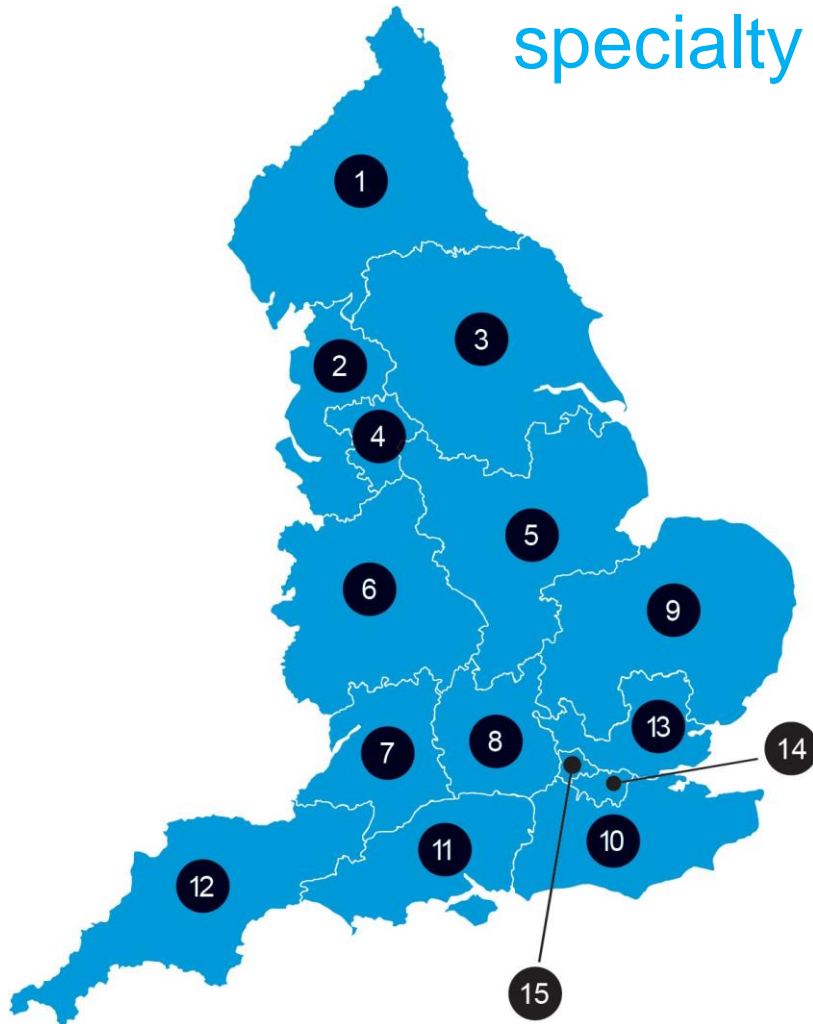
Clinical Research Network

# NIHR Clinical Research Network workforce and structure

- 15 Local Clinical Research Networks
- National Coordinating Centre
- Network funded staff in NHS hospital trusts, universities and other health and social care settings
- 30 clinical specialties managed via six specialty clusters



# Since 2014 there have been 15 integrated Local Clinical Research Networks, each with Primary Care specialty



1. North East and North Cumbria
2. North West Coast
3. Yorkshire and Humber
4. Greater Manchester
5. East Midlands
- 6. West Midlands**
7. West of England
8. Thames Valley and South Midlands
9. Eastern
10. Kent, Surrey and Sussex
11. Wessex
12. South West Peninsula
13. North Thames
14. South London
15. North West London

# What research opportunities does NIHR offer you and your practice?

- Identifying patients for studies (patient searches, CPRD/FARSITE)
- Active engagement in patient recruitment and follow-up
- Involvement in design of studies
- Involvement in publications

The image displays two screenshots of research-related websites. The top screenshot is the CPRD (Clinical Practice Research Datalink) website, which features a search bar, navigation tabs for 'HOME', 'CPRD NEWS', 'BIBLIOGRAPHY', and 'CUSTOMER AREA', and a 'Welcome to CPRD' message. The bottom screenshot is a page from The New England Journal of Medicine, showing an article titled 'Early Treatment with Prednisolone or Acyclovir in Bell's Palsy' with an abstract and a list of authors.

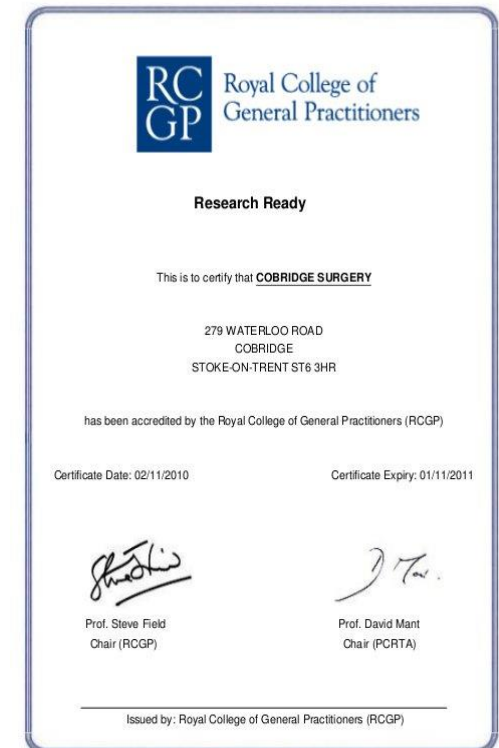
# What research support does the NIHR CRN offer?

- Mentoring and support to primary care clinical researchers engaging with CRN around the country
- Engagement with non-medical primary care researchers:
  - pharmacists
  - dentists
- Engagement with clinical research leadership in the SAPC and National School for Primary Care Research
- A range of NIHR research fellowships

**NHS**  
National Institute for  
Health Research

**School for  
Primary Care  
Research**

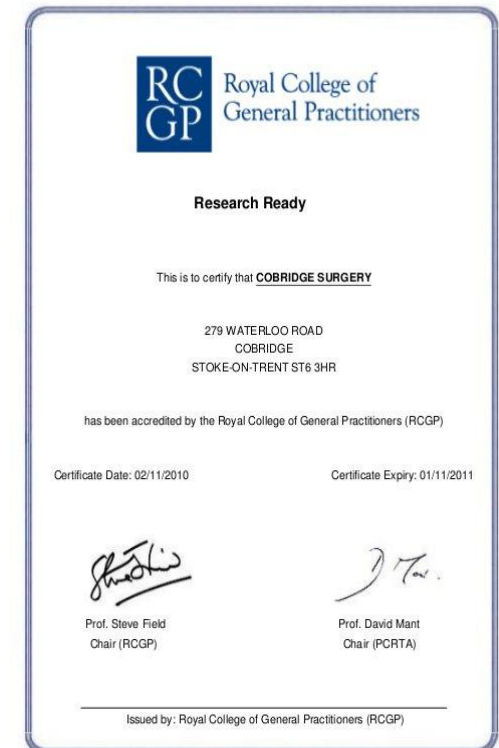
- Quality assurance programme for all research-active UK GP practices.
- Designed in line with UK Research Governance Framework - legal, ethical, professional, and patient safety
- Allows practices to demonstrate awareness and meeting of the standards.
- Provides information, support and guidance to accredited practices.
- Can be used by all practice staff, both clinical and non-clinical.
- More than 1,000 registered practices recruiting nearly 50% of all patients



# Research Ready® (RR)

## In the UK in 2016/7:

- There were 1054 RR accredited sites, 25% of all practices in UK
- Of these, 929 (88%) recruited patients to NIHR studies
- 35,399 (48%) of all the 74,694 patients recruited in primary care were from RR accredited sites





These new awards, recognise research active NHS GPs and general practices that are demonstrating excellence and innovation in delivering NIHR research

- First5 awards
- Practice awards



# Every practice a research practice – why not?

- General practice in the UK can be proud of its first class record of research
- Engagement readily available via the NIHR Clinical Research Network
- Many incentives to engage with research
- Research is good for us and good for our patients



## The WOW factor

Terry Kemple, RCGP President-elect

What WOW factors? You probably know what research in general practice used to be like. There were always problems doing the research. Most of the research we were asked to help with was either low quality, irrelevant to our work and unpaid or a very complicated Clinical Trial of an Investigational Medicinal Product (CTIMP). Usually we got no credit for the help we gave and we never found out the results of the research. It was not a great experience, but it is different now.

# Research and practice: great bedfellows!



Thank you – any questions?