

CUHK-HKU Joint Family Medicine Research Meeting

# Research in primary care

*Amanda Howe, HKCFP Visiting Professor in Family Medicine, Dec 2010*



# Outline

- Describe the current U.K. primary care research portfolio and infrastructure
- Reflect on the roles of family medicine as a clinical setting for research, as a leader of research, and as a developing academic discipline
- Highlight the importance of primary care research to ensure diagnostic and clinical interventions are valid for the whole spectrum of the population
- Discuss the factors which make family medicine research feasible and effective

# Why do we need primary care research?

*Mant Report on Research & Development in Primary Care (1997) showed that:*

- primary care is central to the health service and individual patient care
- decisions made in primary care need to be based on research evidence
- the evidence base for primary care needs to be strengthened
- much of the evidence required by primary care can only be obtained by R&D in primary care involving primary care practitioners and their patients

# Primary Care Research Portfolio

- Access
- Inequalities
- Quality of care
- Teamwork
- Prescribing
- Investigations/Referral
- Morbidity / Co morbidity
- Medical records
- Continuity / Coordination
- Adherence / concordance
- Health outcome and costs
- Patient experience
- Educ./training professionals
  - Educ./training patients
  - Health promotion
  - Holistic approach
  - Clinical prediction
  - Trial of Intervention
- All clinical domains

# *Primary care research in the UK*

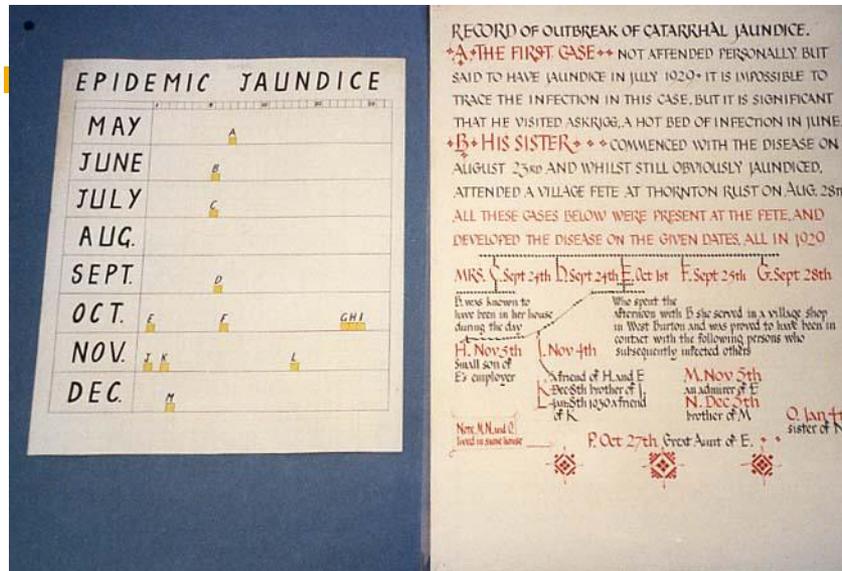
- National Institute for Health Research (NHS)
- Research Councils (Medical, Economic and Social, Arts..)
- Charities
- Industry (mainly pharmaceutical companies)
- Focus on disease groups, methods, systematic reviews
- Facilitated through research networks
- Complex governance process and ethical frameworks established throughout NHS
- Support for research development in NHS organisations
- Support for studies including recruitment and excess treatment costs
- With universities and Royal Colleges, support research careers and opportunities

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# Family medicine research



37. "My partner went over 2 days of toil I found me of collapse. My wife usual. 50-70 houses the epidemic lasted just short of a month. Charting of the epidemic was the last straw but every night they were written up and I believe they are a faithful record."

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# Still an emerging discipline ....

- 1963 - First U.K. Professor of General Practice
- 1969 - five departments of general practice based in UK medical schools and taking part in undergraduate medical education
- 1986 = twenty four; 2001 = thirty one departments of general practice and primary care in the UK
- 452 research grants as at 1 July 2001, of which 170 were worth £100,000 or more, and 8 were worth £1,000,000 or more
- Great increase in number of academic posts BUT has stopped now AND much lower proportion than hospital specialities.

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# Who does research in primary care?

## ACADEMICS

- Family medicine clinicians
- Public health clinicians
- Other specialities / health professionals /pharma
- Non-clinical scientists
  - Statisticians
  - Health economists
  - Sociologists
  - Psychologists

....

## PRACTITIONERS

- Family medicine
  - Supported by
- Nurses
- Managers
- Data clerks
- Patients
- Research staff
- Students / trainees
- Other?

# Epidemiological research in primary care – the value of co-ordinated databases

## QRESEARCH

- database derived from anonymised health records of over 12 million patients.
- 602 general practices.
- spread throughout the UK
- Dozens of excellent epidemiological studies

## Birmingham

### Research Surveillance Unit

- Large database uploading incidence data from GPs
- Monitoring all acute infectious diseases
- Invaluable in seasonal flu and pandemics

# Clinical research – ethnicity, ill health and community empowerment



- Working groups on different common diseases
- Strong links with primary care research into ethnicity and risk
- Exemplary work by many including Kamlesh Khunti highlighting and addressing different patterns of illness risk in BME communities
- e.g. the STAR (Screening Those At Risk) study to describe the clinical characteristics and cardiovascular risk factor profile of a multiethnic population screened for T2DM with a targeted oral glucose tolerance test.

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# Health services research into health inequalities

- **Inverse care law** (Julian Tudor Hart, 1971)
- **Effective use of data and quality measurement to ensure variation in performance is reduced** (Lester and Roland 2007)
- **Qualitative studies of access to / uptake of primary care services by disadvantaged communities** (Bower, Campbell Roland, 2003)
- **Importance of continuity of care** (Freeman et al., 2007)
- **Evaluation of social interventions to stop smoking** (ESRC, 2009)
- **Lower attendance in public clinics (GOPCs) by less advantaged population** (Wong S et al, 2010)

# Making research in family medicine feasible and effective

## *FEASIBLE*

- *Leadership*
  - Respected, skilled, productive, relevant – + active at all levels
- *Resources and infrastructure*
  - Finance, personnel, time
- *Access to data & patients*
  - Accurate comprehensive records
  - Ethical means of consent
  - Streamlined mechanisms
- *Responsive clinical and political community*

## *EFFECTIVE*

- In primary care
- At level of patient (> disease > treatment > test)
- Drawing on 'typical' populations
- Large scale OR high quality
- Controlled trials, cohort studies *and* qualitative / mixed methods programs
- Partnerships of patients, practitioners and professors!

# ... A few other developmental tips!

- Penetrating the medical schools – getting students involved in research
- Creating and maintaining a scholarly culture
  - In training posts and environments
  - In practice – evidence based practice, research portfolio outwith pharmaceutical studies, quality improvement cycles
- Academic career pathways
  - Early career opportunities for postgraduate FM – Masters, PhD
  - Pump priming funding from professional organisations e.g. RCGP
- Small can be beautiful – but must be skilful!
  - Practice based networks, individual projects
- Beware the cultural barriers – bioscience, politics

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# In conclusion

**Every patient  
has huge  
needs**

**For care  
For cure  
For questions  
For answers**

**They need  
primary care  
research!**



**Qs and As?**

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