

NATIONAL INSTITUTE FOR HEALTH RESEARCH  
SCHOOL FOR PRIMARY CARE RESEARCH

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**APPLICANTS**

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behalf of:

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## 1. Background

The National Institute for Health Research (NIHR) is committed to improving the evidence base for primary care practice so that people are provided with better and more effective care. There is a continuing need to develop capacity and capability in primary care research in England and as such academic primary care in its broadest sense remains a key priority for the NIHR.

The original NIHR School for Primary Care Research (SPCR) was formed in 2006 with School membership refreshed for the fourth time through an open competition in 2020. The subsequent Phase IV of the School will commence April 2021 and will consist of Departments from Exeter, Keele, Manchester, Nottingham, Queen Mary University London, Oxford, Southampton, Bristol and University College London. The main purposes of NIHR SPCR are to carry out world-leading research in primary care, providing a focus for primary care research within the NIHR, and supporting the development of primary care research.

The current School undertakes a wide range of research projects, as well as School-wide research programmes that focus on addressing major primary care challenges, capacity building, evidence synthesis, patient and public involvement and engagement and training early career researchers.

The renewed NIHR SPCR will continue to conduct research which responds to and meets the needs of local populations and local health and care systems, and which addresses the nation's changing demographics and corresponding impact on disease burdens and service demands.

Distinctive to this new phase of the School, is the explicit aim to strengthen the primary care research sector more broadly, with a requirement for members of the School to share their expertise with non-member institutions and to conduct research with primary care practitioners beyond general practice (e.g. pharmacists, nursing). There will also be a strengthened emphasis on engaging, collaborating and partnering with institutions beyond the School membership.

## 2. NIHR School for Primary Care Research Mission

The main mission of the School remains:

- To increase the evidence base for primary care practice
- To increase research capacity in primary care

The School has provided funding to create a 'critical mass' of research expertise and funding through coordinated and collaborative working across England. It will continue the strategy, successfully delivered in the past iterations of the School, to commission high quality research to inform the development of better clinical practice in primary care focusing on the key NIHR priority areas

The School will increase and improve research awareness across academic primary care and will continue to conduct research to improve how we do research. It will provide strategic leadership to support the development of primary care research and contribute to ongoing efforts to build research capacity amongst partners and among the wider primary care research community.

## 3. Aims

The **aim** of the NIHR SPCR is to increase the evidence base for effective primary care practice. Its **purpose** is to:

- Conduct high-quality research to increase evidence to support primary care practice in relevant settings, including general practice, pharmacy, dentistry and optometry.
- Produce new data and knowledge through high quality research to inform the development of primary care practice.
- Engage with broader stakeholders in primary care to inform high quality, relevant research.
- Provide strategic leadership for the development of primary care research and primary care research capacity across the sector.
- Train future research leaders by providing multidisciplinary training and career development opportunities for all researchers who can contribute to primary care research.
- Facilitate collaborations and linkages with other strategic partners both within and outside the NIHR.
- Disseminate findings, support other knowledge transfer activities and increase the visibility of the School across the primary care sector.

The NIHR SPCR will work collaboratively across the sector to:

- Consult an extended group of stakeholders on research priorities
- Conduct high-quality peer-reviewed research to produce new knowledge including, where appropriate, reviewing and synthesising existing knowledge

- Disseminate and encourage implementation of findings to inform the future development of primary care practice.
- Build a closer relationship between primary care researchers and relevant stakeholders such as NHS England and NHS Improvement, local government and other health bodies in England as well as patients, service users and practitioners.
- Commit to the ongoing support and development of researchers' career and personal development.
- Engage with Centres of Academic Primary Care external to SPCR to increase the primary care evidence base, build capacity and provide career development opportunities across the sector.
- Complement and work with other NIHR programmes and Schools

#### 4. School management and governance

The School's Board is led by the School's Director (Mallen, Keele University) who has overall responsibility for the business of the School and is accountable to the School's funder, the National Institute for Health Research. The NIHR appointed the Director for the period covered by this plan. The SPCR Directorate coordinates the delivery of the School aims and objectives and provides the primary interface with the funders, in terms of oversight and periodic reporting, and external organisations, such as the other NIHR Schools and infrastructure bodies, the Society for Academic Primary Care, and relevant professional organisations. Two Deputy Directors have been appointed to support the Director, broaden the range of expertise in the executive group and to diversify the leadership team.

The Board consists of the Director (Mallen), Assistant Director (Fletcher) and 2 academics from each partner department, one of which will be the named Lead for the SPCR in that institution. Partner departments are encouraged to nominate a second board member to promote equality, diversity and inclusion. Deputy Directors (Lamb (Exeter), Stevenson (UCL)), Academic Capacity Development Lead (Taylor, QMUL) and Deputy Academic Capacity Lead (Everitt, Southampton) have been appointed. All Board members will have a specific remit, allowing us to consult widely on priorities, share expertise and develop new networks and collaborative opportunities. Representatives from NIHR Academy, NIHR CCF and the DHSC will be invited to board as observers

The School's Board is responsible for the overall co-ordination and management of the School and in particular will:

- Be responsible for leading all the School activities
- Initiate and manage competitive project funding rounds
  - a. Develop mechanisms for scientific ranking of all applications from School Members for new research to determine those funded, based on external peer review and Board ratification
  - b. Develop mechanisms to monitor and supervise progress of projects
  - c. Consider reports and recommendations following completed SPCR funded research
  - d. Take action to intervene in projects that are not meeting targets
  - e. Develop a strategy for ensuring all SPCR research is published

- Develop and oversee a research training programme offering
  - a. A range of schemes for early to senior career trainees
  - b. Opportunities for clinical (broadened beyond general practice) and non-clinical posts
  - c. Short training courses as well as trainee programmes
- Interface with external Academic Primary care Departments bodies and ensuring engagement with departments outside of the NIHR SPCR

The Board is responsible for the implementation of strategy and overall direction of the School and operates as its main steering and scrutiny group. It has oversight of both the research and training activity. It sets appropriate frameworks and policies and procedures to support delivery of the organisational objectives. Using the frameworks in place the Board continually monitors and reviews the operational performance of the School and decides corrective measures where necessary.

The quorum for a meeting of the Board is at least one representative from each member department. Heads of Departments may nominate a proxy if unable to attend Board meetings. Each member has one vote on matters arising at the meetings. Decisions will be taken by a majority vote of the Board. In the event of a tied vote the Director shall have the casting vote. No decision of the Board may require a Partner to incur additional work or expenditure or to give up Intellectual Property without the consent of that Partner and, where required, approval by its authorised signatory.

The School will have an Executive Directorate Group comprising the Director, Deputy Directors, Academic Capacity Development Lead, Deputy Academic Capacity Lead and Assistant Director for day to day decisions. They will be able to make decisions outside of the Board's normal business schedule on matters delegated to them, if appropriate.

Responsibility for strategic direction and delivery of the School rests with the School's Board and will be supported by an Independent Advisory Group. The Board will meet every three months or more frequently if required. Meetings may be in person or by teleconference.

An Independent Advisory Board (approximately 8-10 members) will be formed which will include an Independent Chair, with representation from patients and the public, NIHR Infrastructure (NIHR SPHR, NIHR PSTRC, NIHR SSCR, NIHR ARC), Society for Academic Primary Care, non-School departments across a range of relevant professions (including nursing, pharmacy physiotherapy), international members (from outside of England) and the Department of Health and Social Care.

They will meet annually (with virtual attendance if necessary), with a full day face to face (if possible) meeting at the start of Phase IV and for the midterm review. Their principal role will be to review and to provide strategic advice on the development of the School's activities in the context of other national and international strategic opportunities. The Board may call on the Advisory Group for guidance in the case of difficulties or disputes.

Other operational working groups include the Academic Capacity Development Group which is led by the Academic Capacity Development Lead and reports to School Board. Members

include the nominated Academic Capacity Development lead from each department and the Assistant Director. A Patient and Public Involvement Steering Group comprises a PPI/E lead from each department and advises the Board on matters relating to PPI and PPE strategy. A board member will have specific responsibility for PPIE.

### **Directorate posts**

The Directorate is supported by a small number of support posts, hosted by member departments. These posts work across both the research and the capacity development programmes. These include:

- Each partner department will have funding for an administrator.
- Deputy to the assistant director
- Patient and Public Engagement Manager
- Programme Officer (monitoring, impact and communications)
- Finance/Contracts Officer
- PA (to support the Director, assistant director and the rest of the Directorate and Executive)

### **5. Priority areas and research strengths**

Each Department has significant expertise in a wide range of clinical and methodological subject areas that map directly onto the following NIHR Strategic Priorities:

- 1) Strengthening areas where research capacity and capability remain low
- 2) Responding to the needs of people with multiple long-term conditions
- 3) Bringing clinical and applied research to underserved communities
- 4) Embedding equality diversity and inclusion
- 5) Building diverse careers and developing our people
- 6) Broadening the reach and impact of global health research\*
- 7) Developing links and industrial collaboration.

\*Whilst global health research is not currently within the remit of the NIHR SPCR this is an area where primary care can have a significant impact and as such, we will seek to lever additional funding (from the NIHR and elsewhere) to support this. This is especially relevant given the potential of global health research to attract non-academics from a broad range of professional backgrounds. Discussions with Dr Mike Rogers, Assistant Director global health research), have started exploring the opportunity to lever additional funds to support this activity.

With renewal of the NIHR SPCR it is important that partners have the opportunity to better understand each other's area of expertise and strategic priorities. To support this, we will

host workshops following approval of the business case to support new networking and promote collaboration. Expertise of individual departments is summarised briefly below.

### **Bristol University**

The Centre for Academic Primary Care (CAPC) is one of the largest centres in the Department of Population Health Sciences (PHS) at Bristol University. We work closely with experts in all the disciplines of applied health research and with patients and the public, particularly with harder to reach groups, to ensure they are fully involved in the co-production of research that meets their needs.

We are part of the Bristol Population Health Science Institute, which is one of seven specialist institutes at the University that works across several departments. Bristol's status as a centre of excellence in health and care research is reflected in substantial investment by NIHR. This investment is in the National Schools (Primary Care, Public Health and Social Care Research), an Applied Research Collaboration, a Biomedical Research Centre, a Health Protection Research Unit, and the Bristol Health Partners Academic Health Science Centre. We work together with all these bodies sharing expertise, research posts and projects. We are world leading in applied research focused on priorities of the NHS and the population including infection and antimicrobial resistance; multimorbidity; applied health informatics and digital health; mental health and addiction; domestic violence and abuse; dermatology; vulnerable children; and safe and effective prescribing.

### **Exeter University**

Exeter SPCR activity is hosted within and overseen locally as part of the University of Exeter Collaboration for Academic Primary Care (APEX). APEX has core and affiliate membership within the University and across a range of regional stakeholders. From origins in 2002 as Peninsula Medical School, APEX (est 2013) now has research interests and research and methodological strength focusing on (i) Health services research, encompassing the organisation and delivery of primary care services, patient experience and measurement of outcomes of care, and the identification/management of clinically vulnerable groups; (ii) Management of frailty, multimorbidity and ageing and (iii) Primary care diagnostics, with a focus on cancer.

Our team comprises several research groups who meet regularly and collaborate freely to achieve the aims of delivering impact-focused, multidisciplinary and innovative research, which both informs and responds to international, national and local priorities. APEX brings together local primary care researchers and educators within a single collaborative framework, providing the setting and infrastructure to interact with partners in the NHS, voluntary sector and industry. Primary care research represents an integral part of the University's Institute of Health Research, recognising the importance of primary care as a highly effective and cost-effective vehicle for delivery of NHS care. Our multi-disciplinary team encompasses clinically active general practitioners, nurses, physiotherapists,

pharmacists as well as senior primary care scientists with quantitative and qualitative research skills. Our work is supported by Exeter Clinical Trials Unit (Director Creanor), and we host HEE and NIHR supported academic clinical fellows, clinical and science doctoral students, and post-doctoral fellows supported by a range of lecturer, senior lecturer, and associate professors and tenured professorial posts. Our team is fully engaged with other local NIHR infrastructure, working with the NIHR clinical research facility to deliver COVID-19 research, and with the local ARC to routinely deliver high quality patient and public involvement and engagement in all aspects of research priority setting, development, delivery, and reporting.

### **Keele University**

Keele's main strengths include interdisciplinary primary care research focusing on common conditions that globally are the leading causes of disability, including painful musculoskeletal and mental health conditions. Both musculoskeletal and mental health have been demonstrated to contribute strongly to multimorbidity, and Keele therefore also investigates their impact on health and well-being in people with other long-term conditions. Our research focuses on the prevention and long-term course and prognosis of these health problems, and the design, evaluation, and implementation of innovative models of care, aiming to improve the health of populations (including those in low- and middle-income countries) and individuals with the greatest need.

Our teams include clinical expertise provided by the full range of professionals working in primary care (general practitioners, rheumatologists, pharmacists, nurses, physiotherapists and mental health specialists), but also methodological expertise in biostatistics (with a strong track record in trials and prognosis research), epidemiology, evidence synthesis, social science, and use of big data (electronic health records). Research is supported by a multi-professional infrastructure including a UKCRC registered Clinical Trials Unit, a large and active research user group, and a dedicated Impact Accelerator Unit, to ensure timely dissemination and early adoption of high-quality evidence. We use a multifaceted approach to primary care research, where knowledge mobilisation and implementation is considered in the design of research projects and PPIE is embedded across all research stages.

### **Manchester University**

Primary care research at the University of Manchester brings together expertise from across disciplines to address the central research question: 'How can we safely manage and improve the health of an aging population in primary care?' Our research themes include:

- Health Organisation, Policy and Economics
- Person Centred Care for Complex Health Needs
- Quality and Safety
- Health in a Wider Context

Across all of these themes we have particular expertise in: workforce, organisational and policy research; patient safety, with strong links to pharmacy practice and a focus upon care for marginalised groups; economics and health informatics, with a focus on using large



administrative health data sets to understand the impact of changes in policy and practice; and multimorbidity, including the interplay between physical and mental health.

Our work is supported by strong links to NIHR infrastructure, including: NIHR Policy Research Units in Commissioning and in Older People; the NIHR Greater Manchester Patient Safety Translational Research Centre; the School for Social Care Research; and the Applied Research Collaboration (ARC-GM). Our interdisciplinary team has expertise in evaluation methodologies, implementation science, health services research, epidemiology and biostatistics, clinical trials, social science methodology and econometrics. We have a strong ecosystem of emerging primary care researchers, supporting them into research roles and training from pre-doctoral Fellowships through to advanced Post-Doctoral research. We are supported by an experienced and active Patient and Public Engagement and Involvement group (PRIMER), and have links to cross-Greater Manchester engagement infrastructure, ensuring that our work is rooted in the needs of our local communities. Our strong policy links with both DHSC and NHSE/I mean that our research directly feeds into policy decisions at national level.

### **Nottingham University**

Research at Nottingham embraces the breadth and diversity of primary care from prevention to treatment to rehabilitation; pregnancy to older age; different conditions and dimensions of care; and often where social inequalities in health are of particular concern. Our research teams reflect a range of disciplines, including GPs, statisticians, psychologists, epidemiologists; trial, economic, public health, and data scientists; in addition to occupational therapy, nursing, physiotherapy and pharmacy.

Our main areas of expertise include developing, evaluating and implementing interventions for: smoking cessation, particularly in pregnancy; community rehabilitation to enable those with long-term conditions or frailty to retain independence and reduce falls and admissions; preventing injury, particularly in children and older people; common skin conditions; and tackling medication and patient safety problems in primary care. Alongside the latter we epidemiologically evaluate risks and benefits of new and commonly used medications. We use genomics and data science for effective stratification to personalise primary care; and biobehavioural research harnessing patient characteristics to improve disease and treatment outcomes.

### **University of Oxford**

The **Nuffield Department of Primary Care Health Sciences** is one of the world's largest centres for academic primary care. Research is focused on a broad range of the major diseases and risk factors contributing to poor health, and is arranged into themes. Five themes are stand-alone (cardiovascular/metabolic health [*Farmer, Hobbs, McManus*], health behaviours [*Aveyard, Jebb*], infections and acute care [*Butler, Harnden, Hayward*], evidence-based medicine and research methods [*Heneghan, Perera, Petrou*], and medical sociology/health

experiences [*Greenhalgh, Pope, Ziebland*]) and 5 are cross-cutting (Big Data [*Bankhead, Goldacre, Hippisley-Cox*], clinical trials [*Butler*], digital health [*Hobbs*], global health [*Farmer*], and health policy/systems [*Greenhalgh, Pope*]). Our key impacts of interest are reduced health inequalities through prevention of disease, improved care and a better quality of life from research delivered around patients' first point of contact with health services in general, with most of the research both relevant to the NHS and internationally applicable.

### **Queen Mary University London**

Queen Mary's strengths in primary care include clinical trials and methodology, health data science, complex interventions and social science, community psychiatry, and infection. Primary Care research is carried out across the Institute of Population Health Sciences (recently formed from the Centre for Primary Care and Public Health), which will shortly merge with the Wolfson Institute for Preventive Medicine to create an especially strong grouping of transdisciplinary Population Health researchers.

Key Centres relevant to the SPCR are:

- the Centre for Clinical Effectiveness and Health Data science (Lead: Dezateux)
- the Centre for Primary Care and Mental Health, incorporating the Unit for Complex Interventions and Social Practice in Care (Lead Taylor), and the Unit for Social and Community Psychiatry (Priebe)
- the Centre for Clinical Trials and Methodology (Eldridge), incorporating the Pragmatic Clinical Trials Unit

Our work has strong links to external groupings including: the MRC Clinical Trials Partnership, the Asthma UK Centre for Applied Research (18 UK research groups, co-led by QMUL and Edinburgh); the HDRUK BREATHE Digital Hub; NIHR ARC North Thames with other linked ARCs, and the Health Foundation-funded THIS Institute.

### **Southampton University**

The University of Southampton Primary Care Research Centre has four major and overlapping research themes: 1) addressing self management approaches (our largest theme): supporting patients in the self management of illness, particularly using digital technologies, and by developing complex behavioural interventions using the Person-Based Approach 2) Diagnostic and prognostic studies 3) improving the use of medicines, and 4) health care communication in the consultation. Cross cutting with each of these themes are our main content areas of a) infections and antibiotic stewardship b) the management of long term conditions (particularly mental health, skin problems, gastrointestinal problems, musculoskeletal health, and cancer) c) healthy ageing, and d) integrative health care. The group has expertise in using a very wide range of methodological approaches – including systematic reviews (particularly individual patient data meta-analyses, and combining trial and observational data), qualitative methods, diagnostics studies, cohort studies, intervention development, pragmatic randomised controlled trials, placebo controlled trials, and health economic analyses. We collaborate extensively with the Health Psychology group

and the Clinical Trials Unit, and work closely with the Public Health group, the Wessex ARC, colleagues in secondary care, and with the local primary care networks.

### University College London

The Research Department of Primary Care and Population Health at UCL (PCPH) is a large multidisciplinary department which undertakes ***internationally outstanding research in primary care***, evidenced (since 2014) by our grant income (186 awards worth £124 million); our publications (n = 1,285) in leading peer reviewed journals including the New England Journal of Medicine, Lancet, BMJ, Plos Medicine, and JAMA; our national and international collaborations; and the impact of our research on patients and the public.

Our key strengths include our exceptional methodological expertise, strong clinical leadership and strategic focus on topic areas of national and international importance which align closely with NHS and NIHR priorities. We research the ***entire life cycle of complex interventions*** starting with epidemiological and qualitative research to quantify and understand problems; use qualitative, quantitative, modelling and computer science methods to develop and optimise interventions (including digital interventions); expertise in trials, including statistics, health economics, trial design and conduct to evaluate interventions; and skills in improvement and implementation science to ensure that effective interventions are introduced into routine practice, both in the UK and internationally. Within this overarching focus, we have specific ***subject area*** expertise in high priority areas in primary care including the ***care of older people***, including frailty, multi-morbidity and dementia; ***long term conditions***, such as diabetes, cardio-vascular disease and cancer; ***digital health; mental health; sexual and reproductive health and educational research***.

### SPCR Research themes

Our core research priorities are organised around some of the grand challenges facing national and international primary care. They are organised into 4 broad themes which are not mutually exclusive but will work together to provide the most robust evidence base. These themes will be underpinned by cross cutting research in patient and public involvement and engagement, policy and implementation.

#### - **Changing patterns of morbidity and mortality**

Over the last century we have seen dramatic changes in patterns of morbidity and mortality, not only in high-income populations but also across low- and middle- income countries. The ongoing COVID-19 pandemic has demonstrated how rapidly priorities in primary care can change and how quickly we need high-quality evidence to be able to respond.

Primary care faces significant challenges in managing these changes, with multimorbidity, frailty and healthy ageing all highlighted as international priority research areas.

NIHR SPCR departments have outstanding track records in research that prevents such morbidity and helps people living with common long term physical and mental health conditions, ensuring that our research benefits patients, their families and wider society by influencing policy makers to promote the rapid adoption of our work.

We will work closely with partners in social care and public health and the NIHR Applied Research Collaborations to prioritise work in this area, ensuring a cohesive approach to addressing these issues that provides a more person-centred approach

[key words: epidemiology, clinical trials, social science research, systematic reviews, big data, COVID-19, artificial intelligence, multimorbidity, frailty, healthy aging, health services research, mental health, long term conditions, public health, social care, policy, self-care, self-management, prevention, patient-centred, inequalities]

#### - **Challenges around new technologies**

Technology is rapidly changing. Primary care practitioners, patients and their families are increasingly using novel methods to optimise health care delivery and provide cost-effective services that more suited to the needs of the population.

Data generated from health and care consultations has the potential to revolutionise our understanding of disease, providing unique insights into the causes and outcome of disease. Primary care is at the forefront of these innovations, working with partners across settings to provide a robust evidence base.

We will work with the widest range of stakeholders to develop clinical and cost-effective interventions, design technology enabled models of care and use 'big data' (such as research using anonymised electronic health records) to improve outcomes for patients and the public and to generate a robust evidence base to support commissioners and policy makers. Where possible we will utilise new technology and methods to deliver efficient and larger trials and other research methods in order to enhance the primary care evidence base.

[key words: technology, clinical trials, social science, digital health, implementation, evaluation, big data, artificial intelligence, COVID-19, telehealth workforce training, behavioural science, ethics, governance, self-management, social inequalities, policy]

### - **Workforce and skill mix in primary care**

The future of primary care: creating teams for tomorrow report (2015) highlights that primary and community care services face major challenging with an increased workload, an ageing population and increasingly complex medical problems being diagnosed and managed in the community. The number of GPs per head of population has declined since 2009 with major problems identified in recruiting and retaining a medical workforce.

Over the last decade the primary care workforce has diversified, with extended role practitioners, including pharmacists, nurses, physiotherapists and paramedics, working as part of the new primary care networks. This provides new opportunities to develop innovative approaches to health and care through engaging new professional groups in primary care research.

In addition to developing new programmes of work in these areas, this theme will allow us to work closely with non-School departments, supporting them to develop capacity in priority areas. We will also work with external stakeholders, including NHS I and other parts of the NIHR infrastructure on commissioned projects and capacity building activity.

[keywords: workforce planning, policy, skill mix, new models of care, technology, models of care, de-implementation of ineffective treatments, self-management, self-care, primary care networks, policy, public health, social care, GPs, nurses, pharmacist, paramedic, optometry, physiotherapy, 3<sup>rd</sup> sector]

### - **Globalisation, health and inequalities**

The World Health Organisations third Sustainable Development Goal aims to ensure health lives and promote wellbeing for all. Globalisation is having an increased impact on the lives of people in the UK, with issues such as climate change, migration, war and global inequality increasingly important to the UK. The COVID-19 pandemic has heightened awareness of the importance of seeing health in the global context.

Primary care is usually the first point of access to healthcare. By working closely with the full range of health care providers and professionals we can better reach and work with marginalised, diverse and hard to reach patient populations. Ethnic inequalities in health and social care outcomes are well established, yet diverse groups less likely to be represented in research. The reasons for this are complex with barriers arising out of cultural differences, health literacy, language and accessibility, as well as stigma regarding some health conditions. Primary care is uniquely placed to tackle these issues, both in the UK and internationally.

[keywords: health inequality, social determinants, policy, migration, refugees, climate, war, global health, public health]

## **6. Partnerships and Networking (including engagement with Departments not in the NIHR SPCR)**

In order to achieve our ambitious programme, we will work closely with existing partnerships identified during the Phase IV application process and develop new networks to support and promote developing primary care research in hitherto neglected areas.

School members have strong partnerships within, and outside of, the NIHR. These include NIHR Applied Research Collaborations, Biomedical Research Centres, Patient Safety Translational Research Centres and Centres of Excellence funded by charitable organisations (e.g. Versus Arthritis). Member departments contribute to all NIHR Academy Fellowship Programmes, with several holding senior investigator and research professor awards.

We will form closer partnerships with the NIHR School of Social Care Research and NIHR School for Public Health Research, prioritising research that requires a multi-faceted approach (such as issues around multimorbidity, frailty and aging). A new cross-school working group will be formed to prioritise a joined up research agenda that will seek external funding (from NIHR and other funders, including inking with the NIHR ARC national priority groups). Early conversations have started with the NIHR Programme Grants for Applied Research team (Director: Hay) around how the Schools can unite to address some of the major challenges faced by society.

We will work with other NIHR funding streams to investigate opportunities to streamline the funding process, reducing waste and ensuring that work prioritised in one part of the NIHR is relevant to other parts of the NIHR. Discussions have already taken place with Prof Hay, director of the NIHR Programme Grants for Applied Research scheme, Prof Andrew Farmer (HTA) and Dr Mike Rogers, assistant director of Global Health Research.

Phase IV of the NIHR SPCR has an additional remit to support developing wider general practice to include other important health professional groups including (and not limited to) nursing, pharmacy, optometry and physiotherapy. We will support this in a number of ways:

- Ensure Board level responsibility for oversight of these plans
- Representation from a wide group of external partners on our Independent Advisory Group
- Allow funding for non-school co-applicants to flow out of the School in prioritised areas by funding co-applicant time on studies
- Dedicated funding rounds to support prioritised non-medical primary care research (decided in conjunction with our Independent Advisory Board but likely to include pharmacy and nursing)
- Work with external partners, including DHSC and NHSE, to lever additional funds to support developing research and capacity in underrepresented areas. Discussions

have already taken place with NHSE around developing a new scheme to support developing research and capacity building in community pharmacy and optometry.

- Work with NIHR funding streams to support developing work with under-represented primary care professionals, for example by funding joint programmes linking School members with external Departments (early conversations have taken place with Prof Hay, Director of the NIHR Programme Grant scheme and Prof Farmer, HTA. We will reach out to HS+DR)
- Support for applications from non-SPCR departments going into the NIHR Academy Fellowship rounds (including interview preparation and mentorship, where appropriate)
- Provide continued financial support for Society for Academic Primary Care Mentorship Programme (which supports non-medical primary care scientists.
- Work with professional bodies, including the RCGP, SAPC, RCN, CSP and RPS to support research and capacity development
- Form strong links with relevant NIHR Incubators, including medical education and nursing and midwifery

## **7. Patient and Public Involvement and Engagement**

Strong involvement and engagement of patients and the public is central to the School, ensuring its work draws on their lived expertise, incorporates their perspectives and responds to their challenge. All School members have a strong track record in patient and public engagement and are committed to developing this over the lifecycle of Phase IV of the School. The School will build on the significant existing body of involvement and engagement activities within its research projects and beyond.

Patients and the public will be involved and able to participate in all stages of research and governance. Existing expertise and structures will be used wherever possible. Work will be coordinated with other key organisations.

The School will coordinate PPI/E innovations, activities and developments across its partners. We will appoint a PPI and Engagement Officer to work across the School – a model that has worked well in the previous iteration of the School and a member of the Board will be asked to take a strategic lead on PPI. The School's International Advisory Group and Funding Boards will also have lay representation.

Building on the expertise and achievements of INVOLVE and the NIHR Dissemination Centre, we will work with the NIHR to focus on furthering stakeholder engagement, broadening the diversity of voices heard by NIHR in all of its activities, the use of alternative formats for dissemination products and making it easier for different stakeholder groups to access NIHR funded research results.

Funding applications must contain a robust PPI/E approach and a satisfactory Plain English Summary or they will not be eligible for funding. Updates on PPI/E must be provided at all points during the project monitoring.

The School will also build on the success of our PPI/E research rounds which have not only been very popular but have helped to increase innovation in this field.

Following approval of the business case we will arrange meetings with PPI representatives to start the research prioritisation process.

## **8. Dissemination/ Communication**

Communications about the School's research and impact will be generated centrally by the Directorate and locally by member departments. All research proposals have to include a description of the planned dissemination strategy and the project's likely impacts. Researchers will be encouraged to think about their project's contribution to national guidelines from the project inception and next steps in Implementation. Funding will be made available to researchers to enable their research to be disseminated appropriately. This will follow the NIHR's Open Access policy. It is anticipated that research teams produce at least one peer reviewed publication in a high-ranking journal, where appropriate.

The School will continue to invest in its website and in an Impact and Communications Officer post (as part of a wider role). Case studies from research projects will help contribute to the evidence base for primary care practice and policy.

The School will host a regular conference, in conjunction with our Capacity Building Programme to showcase the School and its outputs and we will produce a regular newsletter promoting the work of the School which will be widely disseminated (including departments and stakeholders outside of the SPCR). We will also work with the SPHR and the SSCR to run joint training and networking meetings

## **9. Performance Indicators**

The School's performance will be reviewed regularly by the NIHR and our Advisory Board. Whilst some 'traditional metrics' such as peer reviewed publications and leverage of external funding will be used, the expanded remit of the School will require more nuanced metrics to recognize success.

Key deliverables include:

- Developing research activity as per the School's business plan
- Working with non-School partners from prioritised areas
- Leveraging funding for further major research grants
- Impact of our research on patient care and on health policy
- Publications in high impact factor journals and dissemination to audiences most likely to use our outputs



- Development of an expanded and highly trained research capacity across multiple primary care disciplines. We will review progress (in terms of numbers and professional backgrounds at our mid-term review and reassess approach depending on success)
- Increased awareness of the NIHR School for Primary Care Research amongst the wider academic community by assessing website access, reach of newsletter, engagement with broader stakeholder work (for example with SAPC)
- Engagement with NIHR Incubators (including but not restricted to primary care, nursing and midwifery, methodology and medical education) through representation on steering groups, joint workshops, promoting training opportunities
- Growth in the volume of primary care research relevant to nurses, pharmacy, podiatry, physiotherapy and other primary health care professionals

Detailed project Gantt charts showing projects timelines, recruitment, and milestones and planned spend will be required at each stage of the research process and these will be a crucial monitoring tool for the Board. Project progress will be reviewed twice a year and outcomes used to assist the School operationalize its key deliverables.

All funded studies are required to submit an annual report and an end-of-project set of reports. Templates are provided with the following sections:

- A description of highlights from the previous financial year
- Examples of effective implementation of research findings
- Examples of added value case studies
- Descriptions of impact/benefits to patients arising from the work
- Publications arising from funding
- Other research income leveraged
- A forward look identifying any significant developments (such as major research findings or planned initiatives) anticipated in the next financial year, particularly those that are likely to generate media interest

Each report is scrutinised by the Assistant Director (Fletcher) with any notable issues referred to the Director and to the Board if appropriate. This escalation procedure allows the School to intervene and demand corrective action if required. The School submits an annual report to the NIHR.

In addition, to the narrative reports required, partners are expected to provide quarterly updates on expenditure and to forecast costs for the remainder of the projects.

A summary of each project is submitted to the NIHR Journals library. The School currently has manual data collection procedures. It is planned to move these to an electronic system as soon as possible. It is hoped that the introduction of 'ResearchFish' across the NIHR will assist this aspiration. Other online collaborative recording systems will be investigated to allow the School to monitor progress of projects.

## 10. Funding profile

The NIHR 'Invitation to submit' document stated that 'The School will be supported by NIHR research funding in the region of £22 million over this five-year period. The spend profile for this is detailed in the business case although the School is committed to leveraging additional funding to support future activity. The Capacity Development award is detailed in a separate document.

After top-slicing funds for a range of cross School activities (including directorate costs, support for wider academic primary care (including SAPC mentoring scheme for non-clinicians, networking and showcase events, travel and venue, dissemination, IT and funding to support cross-school development activity) the amount for individual research projects is expected to be approximately £20million.

- 1) 40% of the remaining research funds will be allocated to fund 'internal' departmental based projects specifically linked to early career researchers and developing research that will be subsequently submitted to external funding bodies. This model has previously been successful, supporting developmental work that levered additional funding from NIHR and other funders. Departments can include partners (from the school and external partners) on these studies as appropriate.
- 2) In a change to Phase III of the School, a further 20% of the research budget will be allocated directly to partner departments to develop new collaborative research in priority areas decided by the Board, NIHR and the Independent Advisory Committee. This model allows member departments to pool resource, providing additional funding and promoting collaborative research. External collaboration is permitted and encouraged. This model was originally developed by the NIHR School for Social Care Research and will provide flexibility to develop new partnerships whilst maintaining a strong governance framework and links with the SPCR strategic priorities. As this is a new funding mechanism, we will monitor the extent to which new collaboration has been supported to ensure this meets its objective. If collaboration is not achieved we will review this stream.
- 3) The remaining 40% of research funds will be bid for on a competitive basis to fund larger cross School collaborative research. This will support larger studies linked to our key thematic areas. Applications will not be allowed from single departments and there is an expectation that large projects will have multiple departments contributing (this will depend on the size of the study but typically at least 3 School partners). An 'opt in' model is encouraged if departments have relevant expertise. As with the other funding streams

external partnerships are permitted with funding for co-applicant time supported

All projects, **irrespective of funding type**, will undergo rigorous external peer-review using the systems developed in Phase III. Projects funded from stream 1 and stream 2 will need to meet a pre-determined quality bar to be funded. Projects submitted to stream 3 will be ranked and funding awarded on a competitive basis. The Board and the Independent Advisory Committee will monitor spend to ensure a balanced portfolio that meets the needs of the funder. The board will also review the funding flowing outside of the School and the allocation secured per partner on a regular basis.

The £22million funding envelope will allow Phase IV of the NIHR SPCR to develop an exciting and innovative programme of research that will benefit patients, primary care practitioners and policy makers. However, with additional resource we could support a more ambitious programme to help the NIHR to rapidly develop high-quality research and increase capacity in key strategic areas including nursing, pharmacy and allied health professions. We would work collaborative with new partners, who are not currently members of the School, allowing them to benefit from our infrastructure, extensive networks, capacity building expertise and experience in leveraging additional funding. To achieve this, we request an additional £5 million which will be ringfenced for this activity.

The SPCR are already in discussion with external partners, including NHSE and other parts of the NIHR, to attract additional funding to support a larger programme. This will allow us to work more collaboratively with key components of the NIHR/NHS, providing additional opportunities for commissioned work, high-quality research and capacity building in underserved areas.