

**Guidance notes for SPCR funding round 3-IV**

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| **Funding Round** | **3-IV** |
| Stream (see p3) | **2** |
|  | New collaborative research in priority areas |
| Allocation | £1,800,000 i.e. £200k per member |
| Closing date | 31 October 2021 |
| Outcomes known | 1 December 2021 |
| Award may start from | 1 January 2022 |
| Project duration | Up to 36 months |

In Phase IV of the NIHR SPCR we are piloting a new funding stream which will support departments to initiate new collaborative research.

With ‘conventional’ collaborative funding rounds, applications are developed, peer reviewed and ranked. Funding requests typically exceed funding availability and as such strong research may not be funded. This can discourage future collaborative research and does not support departmental strategic development.

Our new funding stream allows departments to develop new collaborative studies by putting member departments in control of the resource – rather than funding being recommended by an external funding panel. Members may identify an area of research in t

Member departments are allocated a budget and are free to choose who to work with (other school members = co-applicants) ( non- school departments =collaborators).  Member departments must collaborate with at least one partner ( co-applicant or collaborator) and may choose to develop multiple studies with different partners (if funding allows).

Applications received in this round will be externally peer reviewed to ensure a quality threshold is met. If this bar is met the study will progress.

This approach allows member departments to strategically plan research areas and collaboration they wish to pursue.  Time and resource are not wasted developing research which are not subsequently funded.

All School departments have been sent copies of each other’s applications to the SPCR, providing an oversight of existing research activity and future strategic plans.  (See appendix one for summary)

There is an online form for members to use to enable interest to be expressed in working on a particular project. These will allow teams to form and discussions to progress **before the lead member** completes the FR3 application form on behalf of the collaboration.  Please submit your FR3 overview here [https://forms.office.com/r/n0Wd4DegQc](https://eur03.safelinks.protection.outlook.com/?url=https%3A%2F%2Fforms.office.com%2Fr%2Fn0Wd4DegQc&data=04%7C01%7CP.Little%40soton.ac.uk%7Cfa66c1498c8f4812024b08d95285e37b%7C4a5378f929f44d3ebe89669d03ada9d8%7C0%7C0%7C637631557271900821%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=pzxGKEWXbHjrxuT2Eva88srGWozqtewT0HnScDcPRxU%3D&reserved=0). A summary of ‘expressions of interest will be posted weekly on our website.

**Your application should consist of :**

* FR3 Word application form
* Gantt chart
* Costing spreadsheet

**Costing spreadsheets**

FR 3-IV costing guidance can be found on the first worksheet in the costing spreadsheet

All applications are required to contain a budget for patient and public involvement costs.

<https://www.nihr.ac.uk/documents/payment-guidance-for-researchers-and-professionals/27392>

**The data fields used in the application form are derived from reporting templates the SPCR must complete for the NIHR.**

**Plain English summary**

A good quality plain English summary providing an easy to read overview of your whole study will help:

1. those carrying out the review (reviewers and board and committee members) to have a better understanding of your research proposal
2. inform others about your research such as members of the public, health professionals, policy makers and the media
3. the research funders to publicise the research that they fund.

If it is felt that your plain English summary is not clear and of a good quality then you may be required to amend it prior to final funding approval.

[Further guidance on writing in plain English is available.](https://www.nihr.ac.uk/documents/plain-english-summaries/27363)

**Involvement of patients and/or the public**

The NIHR expects appropriate and relevant involvement of patients/service users, carers and the public and other key stakeholders in the research it supports. It is essential to set out your plans to involve patients/service users, carers or the wider public and describe how the PPI will be managed, reported and evaluated. Your local SPCR PPI leads is available to support the development of your involvement plans. The SPCR PPIE Manager, Esther van Vliet, is available to provide feedback on your plans.

### **Dissemination**

Please describe the main knowledge outputs from your research and how they will be presented, disseminated, and used. It is important to include details of how you will share the progress and findings of the study with study participants.

**Background (Adapted from SPCR business plan 21-26)**

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.

This next phase of the School for Primary Care Research (SPCR) will commence April 2021 and will consist of members 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 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.

**SPCR 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 provides funding to create a ‘critical mass’ of research expertise and to fund coordinated and collaborative working across England.

**SPCR 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

**Funding profile**

After top-slicing funds for a range of cross School activities (including directorate costs, support for wider academic primary care, 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. **Stream 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.

 **FR 1-IV**

 **Please note- these projects may be funded by more than one partner. Each application must be recommended by the host department.**

* 1. **Stream 2** In a change to Phase III of the School, a further 20% of the research budget will be allocated directly to member 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.

 **FR3-IV**

* 1. **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 members SEE APPENDIX ONE). 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.

 **FR 2-IV**

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 member on a regular basis.

The funding envelope will allow 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 collaboratively with departments, who are not currently members of the School, allowing them to benefit from our infrastructure, extensive networks, capacity building expertise and experience in levering additional funding. To achieve this, we request an additional £5 million which will be ringfenced for this activity.

The SPCR is 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.

**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 will not be part of the core SPCR activity and will be not be funded by the SPCR. This is especially relevant given the potential of global health research to attract non-academics from a broad range of professional backgrounds.

With renewal of the NIHR SPCR it is important that members 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 in Appendix One below.

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

We will actively work with the NIHR Clinical Research Network and with non-School departments to conduct research in populations most in need (e.g. with high levels of deprivation or disease prevalence) and where research activity is currently missing. We will work in areas where the school does not currently have representation (e.g. the north east, eastern England), making use of NIHR data mapping disease prevalence with research activity to guide decision making.

School members have strong partnership 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, BHF).

*Extract from contract issued by Secretary of State for health and social care relating to SPCR (=contractor) 2021-26:*

*The Contractor shall provide the Research in accordance with the provisions of this Contract and establish and implement best practice and associated benefits. In providing the Research, the Contractor shall use reasonable endeavours to work with, collaborate and generate synergies with other NIHR funded infrastructure, including the NIHR School for Social Care Research, Clinical Record Interactive Search and Clinical Practice Research Datalink, Clinical Research Network, Experimental Cancer Medicine Centres, Genomics England, Health Informatics Collaborative, MRC-NIHR Phenome Centre, NIHR Applied Research Collaborations, NIHR Biomedical Research Centres, NIHR Clinical Research Facilities, NIHR Medtech and In vitro Diagnostic Co-operatives, NIHR National Biosample Centre, NIHR Policy Research Units, NIHR School for Public Health Research, Patient Safety and Translational Research Centres, and across other centres and units managed by the Contractor.*

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).

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.

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. Those in relation to funding include:

* 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)

**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. We will identify geographical areas where disease is prevalent (e.g. due to patterns of age or inequality) and actively conduct research in these populations, working with regional partners and the NIHR Clinical Research Network to take research where it is most needed and allowing new populations to participate in our studies.

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 NIHR Schools 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, 3rd sector]

* **Globalisation, health and inequalities**

The World Health Organisation’s third Sustainable Development Goal aims to ensure healthy 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. Whilst global health is important, this does not explicitly fit in the remit of SPCR phase IV and will not be funded by the School.

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, public health]

**Management and governance**

The School’s Board is responsible for the overall co-ordination and management of the School and in relation to funding, will:

* Initiate and manage competitive project funding rounds
	1. 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

**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.

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.

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. <https://www.spcr.nihr.ac.uk/PPI/spcr-PPIE-funding-calls>

**Dissemination/ Communication**

All research proposals must include a description of the planned dissemination strategy and the project’s likely impacts. 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.

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.

**Appendix One**

**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 settling, 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 heath 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 Nottinghamembraces 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 rehabilitationto 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, Hippisely-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***.