

## Primary Care In-Practice Research Apprenticeships 2022-23

The [Primary Care Research Centre](#) at the University of Southampton, in collaboration with [Southern Health Foundation Trust](#), is delighted to offer a Primary Care in-Practice Research Apprenticeship Scheme.

### Who is this aimed at?

Are you a GP, Practice Nurse, Pharmacist or other Primary or Secondary Care Health Professional in Wessex interested in Primary Care research? Are you working in a research practice and would like to learn more about research design or other aspects of the research process?

### What is involved?

You would be invited to join a piece of funded research, to shadow the team and get involved in aspects of the research, e.g. looking at data, conducting interviews, analysing interview data, developing study materials and outputs.

You will also have access to mentoring in primary care research to help you develop and pursue research ideas.

### What time and funding is available?

Each project will vary and working arrangements will be organised with the project team and according to your availability and the project tasks. There are 5 apprenticeships of £1000-£2000 each, depending on time available, which will run until 31 March 2023.

### Where will it lead?

If you enjoy research and would like to pursue this further we would support you in seeking funding for a subsequent fellowship.

### Can I reapply in subsequent years?

Participants who have previously taken part in the apprenticeship scheme can reapply in subsequent years – please outline in your covering letter what you have gained so far and what you anticipate will be the benefits of further funding.

### How do I apply?

Apply by **Friday 8<sup>th</sup> July 2022** providing the following to Professor Miriam Santer [m.santer@soton.ac.uk](mailto:m.santer@soton.ac.uk) and Jo Kelly (Research Operations Manager) [j.kelly@soton.ac.uk](mailto:j.kelly@soton.ac.uk)

- Covering letter explaining why you want to apply (max 250 words)
- Short CV (2 sides A4) with a focus on previous research experience, if applicable, (none needed)

Please take a look at the [Primary Care website](#) to learn more about research opportunities and who to contact about them. Examples of projects apprentices could be involved in:

Chief Investigator	Project title	Project description and involvement
Miriam Santer <a href="mailto:M.Santer@soton.ac.uk">M.Santer@soton.ac.uk</a>	<a href="#">ACNE</a>	Qualitative interviews with health professionals and people with acne to develop materials to provide support acne care
Tony Kendrick <a href="mailto:A.R.Kendrick@soton.ac.uk">A.R.Kendrick@soton.ac.uk</a>	<a href="#">REDUCE</a>	Trial of Internet and Psychologist telephone support to patients tapering off inappropriate antidepressant treatment. Involvement with interpreting results of quantitative and qualitative data.
Hajira Dambha-Miller <a href="mailto:H.Dambha-Miller@soton.ac.uk">H.Dambha-Miller@soton.ac.uk</a>	<a href="#">AIM</a>	This project uses artificial intelligence (AI) methods to identify and understand clusters of multiple long-term conditions and develop ways to prevent and treat them.
Nick Francis <a href="mailto:Nick.Francis@soton.ac.uk">Nick.Francis@soton.ac.uk</a>	<b>COVID-19</b>	Analysing data from Covid online questionnaire. Includes analysis of data on: <ul style="list-style-type: none"> <li>• Use of infection control behaviours and risk of subsequent RTI/Covid-19</li> <li>• Symptoms and treatments taken during an RTI/Covid-19 illness</li> <li>• Presence of Long-Covid symptoms and possible risk factors.</li> </ul>
Nick Francis <a href="mailto:Nick.Francis@soton.ac.uk">Nick.Francis@soton.ac.uk</a>	<b>PREFIX</b>	This study is exploring the use of FebriDx, a lateral flow type point of care test to guide antibiotic use, in primary care. You will join the study team and help with collecting and interpreting quantitative and qualitative data.
Hazel Everitt <a href="mailto:H.A.Everitt@soton.ac.uk">H.A.Everitt@soton.ac.uk</a>	<a href="#">ATLANTIS</a>	Amitriptyline at Low-dose and Titrated for Irritable Bowel Syndrome as Second-line Treatment (The ATLANTIS study): A Double-blind Placebo-controlled Trial.
Hazel Everitt <a href="mailto:H.A.Everitt@soton.ac.uk">H.A.Everitt@soton.ac.uk</a>	<a href="#">ATHENA</a>	Amitriptyline for the prevention of post-herpetic neuralgia.
Mike Moore <a href="mailto:mvm198@soton.ac.uk">mvm198@soton.ac.uk</a> Merlin Wilcox <a href="mailto:M.L.Willcox@soton.ac.uk">M.L.Willcox@soton.ac.uk</a>	<a href="#">EXCALIBUR</a>	A feasibility study of Shufeng jiedu (a traditional Chinese patent medicine) as an adjunct to usual care for exacerbations of COPD in the community.
Merlin Willcox <a href="mailto:M.L.Willcox@soton.ac.uk">M.L.Willcox@soton.ac.uk</a>	<a href="#">ACCU</a>	A feasibility clinical trial of Antenatal Couples Counselling in Uganda. - Involvement with interpreting results of quantitative and qualitative data.
Merlin Willcox <a href="mailto:M.L.Willcox@soton.ac.uk">M.L.Willcox@soton.ac.uk</a>	<b>Respiratory viral illness &amp; transmission</b>	Systematic review of interventions to prevent transmission of respiratory infections in care homes – involvement in conduct of systematic reviews.
Merlin Willcox <a href="mailto:M.L.Willcox@soton.ac.uk">M.L.Willcox@soton.ac.uk</a>	<b>UPPEUS-Q</b>	Understanding Patient/ Practitioner Experience in having Ureteric Stents – Qualitative Study – involvement in collection and analysis of qualitative data.
Mark Lown <a href="mailto:m.lown@soton.ac.uk">m.lown@soton.ac.uk</a>	<a href="#">STOP AMR – decision aids</a>	We are developing statistical algorithms to develop preliminary versions of decision tools for common infections based on the published literature of prognostic or diagnostic models predicting likelihood of bacterial infection (like FeverPAIN), or risk of poor outcome (e.g. the 3C algorithm). We will convene prescriber stakeholder groups to provide guidance on the development and refinement of the decision aids and are seeking funding to evaluate the decision aids in a clinical trial.
Geraldine Leydon <a href="mailto:G.M.Leydon@soton.ac.uk">G.M.Leydon@soton.ac.uk</a>		The apprentice will help with developing a grant application for a project using an online survey, case studies of practice and conversation analysis to understand de-prescribing and shared decision-making in GP practice.  The apprentice will have opportunity to get involved in literature reviewing, policy mapping, engagement with pharmacists to get views on key questions/challenges currently to include in the bid.

## The Southampton Primary Care Research Centre (PCRC)

PCRC is one of the world's leading primary care centres of research excellence, offering a spectrum of expertise in methodologies and a broad range of topic areas. In the 2021 REF we achieved the highest rating in our unit of assessment for outputs with a Grade Point Average of 3.71 and 94% considered as 'internationally excellent' or 'world leading'.

PCRC is part of the School of Primary Care, Population Sciences and Medical Education in the Faculty of Medicine at the University of Southampton, giving us very close links with Public Health with shared interests in kidney disease, liver disease and alcohol misuse. We have particularly strong links with the Health Psychology group, and a very strong track-record of developing effective behavioural interventions for both patients and clinicians that really make a difference to patient care, as well as close collaborations with the Southampton NIHR Biomedical Research Centre in Nutrition and Respiratory Medicine, the Faculty of Health Sciences, Southampton Statistical Sciences Research Institute, and Computing Sciences within the University.

Our research provides new evidence to inform key challenges in primary care, including addressing major issues affecting population health. Our research currently focuses on areas such as: infections and antibiotics; long-term conditions; healthy ageing; and integrative healthcare.

We organise our research around four broad themes:

- [Supporting self-management](#)
- [Improving use of medicines](#)
- [Healthcare communication](#)
- [Diagnosis and prognosis](#)

### [Supporting self-management](#)

Research in this area covers a remarkable range of content areas, developing and testing internet interventions addressing: lifestyle, mental health, emotional distress, cancer-related distress and cancer survivorship, low back pain, chronic dizziness, asthma, COPD, respiratory infection, IBS, eczema, hypertension, and weight management. We have successfully developed and trialled the POWeR interventions to help tackle infectious disease epidemics such as COVID-19 (GermDefence) and major public health epidemics such as obesity (POWeR). We are evaluating self-help behavioural interventions for eczema (ECO) and irritable bowel syndrome (ACTIB). For mental health problems we are providing evidence to support self-help for distress and mindfulness meditation. We have evaluated the Alexander Technique for back pain, and psychologically based symptom management strategies in both COPD and asthma. Our SPEAK (SPEcialist cAncer helpline) studies on Macmillan's Cancer Helpline, and the PROACTIVE intervention designed to diminish anxiety in prostate cancer patients on active surveillance. The major CLASP Programme is developing a complex internet-supported intervention for lifestyle change and the management of distress among cancer survivors.

### Improving use of medicines

Research in this area includes providing evidence on the safe and effective use of conventional and alternative medicines for common conditions managed in primary care, including: infections, eczema, acne, irritable bowel syndrome, insomnia, depression, asthma, CKD, hypertension and COPD. A key focus has been on tackling the major public health threat of antibiotic resistance by providing evidence to support the better use of antibiotics and alternative treatments for infections. Current studies include a trial of a novel treatment for COVID-19, a trial of antibiotics for chest infections in children, a trial of a nasal spray (and lifestyle approaches) to reduce recurrent respiratory tract infections, trials of Pelargonium for chest infections and Uva ursi for acute UTI, and medication reduction/optimisation in hypertension. We are also conducting database studies on the use of ACE-inhibitors in patients with COVID-19 and have a major grant on cessation of long-term antidepressants (REDUCE).

### Healthcare communication

We aim to provide evidence to enhance health care communication and improve patient outcomes. Current work includes developing tools to enhance empathy and positive messages within the consultation (EMPATHICA). Recent work identified key challenges associated with managing patients who attend with multiple concerns (EPAC study (Elicitation of PATients' Concerns) in general practice consultations and trialled a new communication technique to encourage early agenda setting in the GP consultation (SoCs). Qualitative work continues to explore prescribing practice in general practice consultations through in-depth analysis of video recorded consultations (AN-CAP). In the area of managing infections, we have developed and trialled communication skills approaches, and qualitative evaluation of approaches such as delayed prescribing and comparing GP and nurse practitioner perspectives on the challenges of prescribing antibiotics out of hours (UNITE). Other studies include exploring how GPs communicate with patients presenting with symptoms that may indicate cancer (CATRIC), the use of patient-reported outcome measures in depression (PROMDEP), and work on the placebo and non-specific therapeutic effects in consultations for pain, aiming to reduce the use of anti-inflammatories.

### Diagnosis and prognosis

Work in this theme includes prospective observational studies, routine data studies, qualitative studies, diagnostic studies and randomised controlled trials that aim to improve the management of infections, asthma and COPD, mental health problems, atrial fibrillation and cancer. Recent and ongoing studies are on the diagnosis, prevention and treatment of COVID-19, diagnosis of sore throat, using routine record data to explore variations in outcome for people with asthma and COPD, evaluating the use of a FeNO-guided approach to managing asthma, and identifying whether biomarkers can predict progression with the Respiratory Biomedical Research Centre. We are also developing evidence for best practice in the early detection of cancer in general practice, building on the 20,000 patient CANDID cohort and in the longer-term support of survivors of cancer, working with Macmillan Cancer Support.