ADVANCING PRIMARY CARE: UNIT OF ACADEMIC PRIMARY CARE STRATEGIC PLAN

Context

Primary Care. Under-resourced. Over-stretched. Challenged by a diverse ageing population, growing numbers of patients with long term conditions and multi-morbidity, increasing need and demand, workforce shortfalls and financial constraints.

Creative ideas, innovation and new models of care are urgently needed, supported by excellent teaching and research.

Warwick’s Unit of Academic Primary Care (UAPC) was established in 2017 to play a central role in advancing patient and community health.

We aim to push boundaries, challenge assumptions, and create new solutions.

The UAPC integrates primary care and public health approaches to individuals and communities through its multidisciplinary activities, drawing on the methods of community-oriented primary care.

Through research, teaching and innovation our goal is to develop new interventions, evidence and teaching practices that are sustainable and address the future health needs of individuals, families and communities in the UK and internationally.

We work closely with patients and the public, general practice and other primary care and secondary care providers, commissioners of services and policy makers. We host the NIHR CRN primary care team for our area. Our networks include over 50 research active practices and a similar number of practices involved in undergraduate teaching. We also actively engage with vocational training for general practice, and supporting wider workforce development.

Vision

Excellence in research, education and innovation to improve patient, family and community health.

Mission

We teach, create and share knowledge important to the health of individuals and communities, through advancing the approach of community-oriented primary care locally and globally.

Values

- **Commitment to impact and excellence** - Our key purpose is beneficial impact for patients and communities.
- **Dynamic and enterprising** – We encourage thinking and activity that goes beyond traditional boundaries or paradigms.
- **Respect, integrity and inclusivity** - We are committed to the highest standards of honesty, integrity, openness and professionalism in all of our activities. We uphold Athena Swan principles and practices, with equality of opportunity for all in relation to our research, teaching and working practices. We support part-time working, flexible working and a healthy attitude to work-life balance.
STRATEGIC DIRECTION

Our strategy focuses on the following:

1. Advancing primary health care through research, teaching and innovation
2. Promoting leadership and continued professional development among our staff and students
3. Developing strategic partnerships to support our work
4. Public and patient involvement as central to our activities

RESEARCH AND INNOVATION

The UAPC undertakes world-leading primary care research. We have substantial methodological expertise relevant to primary care research, including intervention development, qualitative and quantitative methodologies as well as leadership and teaching skills. In addition, we host the NIHR CRN primary care research team for our area, giving us access to over 50 research active general practices in addition to research nurses, research facilitators and GP research champions.

The UAPC’s research strengths lie in the fields of complex interventions, pragmatic clinical trials, global health, digital health, epidemiology, ethics and decision-making. Our research focuses on the following thematic areas:

1. Promoting individual and community health

We address critical issues in long term disease prevention and control. This includes control of atrial fibrillation, obesity and obesity related morbidities. We work across a number of areas of key importance to supporting better primary care in low and middle-income countries.

Examples of current projects

- the management of newly-diagnosed patients with AF with at least one additional risk factor for stroke
- Strengthening the national nutrition information system in the Republic of Mauritius
- Managing long term conditions in promoting primary care locally and globally including diabetes, gestational diabetes and hypertension
- The identification and management of polycystic ovarian syndrome in general practice
- Pharmacy-Based Sexual Health Services in the UK

2. Supportive care, palliative and end of life care

The Unit’s research focuses on the experience of living with complex and life-limiting conditions, survivorship following treatment for cancer, patient empowerment of support for carers. We collaborate closely with Marie Curie Hospice in Solihull, local CCGs and hospital trusts.

Examples of current projects include:

- Understanding the end of life experiences of children, and their families, with life-limiting conditions
- ‘Care Companion’ – an online platform to support the resilience and wellbeing of family carers
- ICARE-P – online intervention to empower men with prostate cancer to identify and express health and other needs
3. Digital Health Care

We focus on digitally-supported pathways for enhanced patient care. Digital tools for the access and delivery of primary care, such as remote consultation, decision support software and digital platforms, are increasingly important to resource-stretched healthcare systems globally. We conduct research that informs the development, promotion and commissioning of such tools, and also a direct impact on patient care and policy via guidance.

Examples of current projects include:

- Digital Access Now: survey of patients in general practice about their use of digital services
- Investigating patient use of, and experience of online booking in primary care
- Online patient feedback: a mixed methods study to understand how to Improve NHS Quality Using Internet Ratings and Experiences (INQUIRE)
- Socwell: Effectiveness and cost-effectiveness of a fully self-guided internet-based intervention for sub-clinical social anxiety symptoms: a randomised controlled trial
- Feasibility, acceptability and nature of video consultation via the internet in general practice

4. Medical Education and Workforce Research

The UAPC undertakes a range of research related to medical education and the primary care workforce. In addition to externally funded projects, through our strong relationships with the MB ChB team and with Coventry and Warwickshire vocational training programme we encourage involvement in primary care research at both undergraduate and early career stages, as well as the identification and development of future clinical academics.

Recent studies have focused on the workforce crisis in general practice, the career intentions of GP trainees, post-training fellowship schemes for early career GPs, GP resilience and mindfulness, and researching innovation in undergraduate GP education.

EDUCATION

The Unit of Academic Primary Care (UAPC) is actively engaged with both undergraduate and postgraduate teaching across the Medical School together with research student supervision.

Our undergraduate teaching is extremely highly rated by students, and we have nationally and internationally recognised programmes of CPD and Masters level teaching focused on diabetes and stroke prevention. Our Certificate in Diabetes Care course, for example, has been undertaken and completed by over 14,000 healthcare professionals. We are a leading provider of anticoagulation courses designed for those working with patients receiving anticoagulants.

Through our undergraduate, postgraduate and continuing professional development programs we aim to provide high-quality opportunities to learn about and engage with primary care, its challenges and opportunities.

Undergraduate:

Students undertaking the MBChB at Warwick Medical School have 2 opportunities to experience teaching in the General Practice environment. The first is in Phase II (second year) when they have 22 days split over 3 different practices. The second is in Phase III (final year) when they have 18 days spent at one practice.

The teaching focuses not only on the development of communication and examination skills but also on the students’ abilities to problem solve and manage patients.
In Phase III, the students also undertake 9 days of in–house intensive teaching by our GP Clinical Fellows which further enhances advanced communication skills and management of complex patients.

The teaching provided by our GPs remains one of the most appreciated learning experiences for the students, as reflected in the feedback collected both by the Medical School and the National Student Survey.

We are also involved in developing a new undergraduate degree apprenticeship course for health and wellbeing science practitioners as part of a collaboration between the Medical School and the Warwick Manufacturing Group.

**Postgraduate and CPD:**

We have a portfolio of Continuing Professional Development; Taught Masters and by research programmes.

We deliver diabetes education to healthcare professionals on site at Warwick, offsite around the UK, and through e-learning. The 9-month part time *Certificate in Diabetes* course offering primary care postgraduate diabetes training has been completed by over 14,000 students and continues to be a highly valued course for GPs, practice nurses and other healthcare professionals delivering diabetes care in the community.

The *Diabetes masters course* can be studied either part-time or full-time and is available to take as a Postgraduate Certificate, Diploma or full MSc comprised of 3 and 6 modules respectively.

We have recently partnered with the online education provider IHeed to deliver accredited diploma level diabetes teaching to healthcare professionals in the Middle East. Plans are afoot to develop a similar programme around cardiovascular disease management, atrial fibrillation and anticoagulation.

**Academic Clinical Fellows, In-Practice Fellowships and doctoral research students:**

We have a thriving programme for research students. We encourage our students to take full advantage of working in a supportive interdisciplinary research environment, to develop their research interests and expertise, to develop their presentation skills, and to take on collegiate responsibilities.

We work with NIHR and HEE to identify and host ACF, IPF and doctoral researchers within the Unit. Further, by engaging closely with the local health economy and Health Education England, we will proactively develop locally funded programmes.

In addition, we seek funding from statutory and charitable organisations for researchers, including early researchers.

We promote Unit activities and opportunities at local, national and international events.

**PROMOTING LEADERSHIP AMONG OUR FACULTY AND STUDENTS**

Developing the leadership skills of our staff and students is a key goal for the Unit. We actively promote the leadership courses available within the University of Warwick for those looking for formal training. Recognising the need for day-to-day opportunities for leadership we offer these for both staff and postgraduate students, for example, we use a rotating chair in our monthly researcher meetings.
With a clear aim to support our research staff and postgraduate students to independence, we provide the time and support to lead their own research, appropriate to their ability. We encourage research staff to engage with teaching, with opportunities to obtain a teaching qualification available within the University. We encourage our teaching staff to consider the opportunities we offer to engage in research, with active membership of the newly formed Medical Education Research community at Warwick Medical School.

Students are regarded as key contributors to unit activity. We offer support to medical students wishing to engage with primary care research, for example by supervising student projects, hosting undergraduate research support scheme projects and encouraging students to attend major conferences.

We support the Warwick Medical School General Practice Society, encouraging medical students to exhibit leadership in promoting general practice as a career choice.

DEVELOPING STRATEGIC PARTNERSHIPS TO SUPPORT OUR WORK

We have close ties with local health partners and aim to enhance these further as well as engaging with local authorities and third sector organisations. We will also use our global reach to increase our international networks in promoting primary care globally as well as locally. Further, we will build upon our links with other higher education institutes in increasing interdisciplinary research and education for the benefit of patient and population health.

PATIENT AND PUBLIC INVOLVEMENT

Involving patients and the public is central to the work that we do. In addition to including patient and public representation on individual projects we aim to develop a panel of individuals who are interested in the work of the unit and who are willing to be consulted at short notice on preliminary research ideas. This group will be kept informed about the work of the unit and opportunities to be involved as a PPI member of individual projects through the distribution of a quarterly newsletter.

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