

Appendix 9

Haematology - Final topics

1. Developing referral guidelines for general practitioners diagnosing lymphoma
2. Palliative care of haematological malignancies – care and death in the community
3. Developing partnerships between primary and secondary care for monitoring people with chronic malignancies.
4. Development of a patient cohort, or registry, of patients with atrial fibrillation, to determine health outcomes associated with thromboprophylaxis (this will be valuable with the introduction of new anti-thrombotic agents)
5. Early diagnosis of myeloma.
6. The myeloma prodrome – symptom trajectories prior to a diagnosis of myeloma
7. Utilisation of diagnostic tests in primary care for the diagnosis of venous thrombo-embolic disease (including evaluation of quality control procedures)
8. Development of a central resource to monitor performance of oral anticoagulation clinics nationally
9. Determining the burden of venous thrombo-embolic disease in community setting, eg; nursing homes, residential homes
10. Identifying optimal strategies for vaccination and antibiotic cover in people with early stage B-cell or plasma cell disorders.

Cancer – Final Topics

1. The community primary care interface - why do some people present late with symptoms and what can we do in primary care to reduce this?
2. Initial suspicion in primary care - how do we detect which patients need urgent investigation?
3. Follow up. What symptoms are important in people with a previous diagnosis of cancer - e.g. recurrence, new primary, treatable late effect etc.?
4. Epidemiology of cancer symptoms.
5. Patient awareness of symptoms and risk factors of cancer and behaviours towards them (health beliefs and behaviours).
6. Why does the UK perform badly in 5 year cancer survival compared to other parts of Europe?
7. Primary care direct access to diagnostics in cancer diagnosis - does it make a difference to outcome?
8. Managing cancer survivors in primary care (cancer as a chronic disease).
9. Establishing a comprehensive national Cancer Cohort.
10. Delays in the diagnostic pathway - examining both patient and primary care delay in cancer diagnosis.

Cardiovascular – Final topics

1. How do we improve identification of people with undiagnosed cardiovascular disease?
2. What is the best way of communicating CVD risk and effect of interventions?
3. Vascular Ageing (a new concept in cardiovascular risk estimation, which appears to be a more efficient and effective way to determine CVD risk)
4. Patient preferences for interventions / treatments to prevent CVD.
5. Assessing the implications of new CVD risk scoring systems, including deprivation as a risk factor, in terms of case-load and case-mix in general practice, and including the practicality of applying area-based deprivation scores to individual patients.
6. Improving adherence to antihypertensive drugs amongst minority ethnic groups esp African-Caribbean;
7. How is benefit vs risk of interventions shared with patients to permit them informed choice?
8. How many people have ischaemic heart disease but don't know it?
9. Development of CVD risk tool for use in primary care for all ethnic groups.

10. Dietary analysis for CVD prevention in diverse community groups. Some ethnic minority groups have strong links with certain foods (a cultural link with back home), and there needs to be an understanding of how these foods can be included within current healthcare messages from Primary care.

ENT - Final Topics

1. "sinusitis" this is a source of much confusion often with complaints of facial pain
2. laryngopharyngeal reflux (this makes up to 20% of ref. To ENT and approx 50% of the patients in my specialist voice and swallowing disorder clinic) after a definitive diagnosis is made patient education plays a significant role in management not longterm medications.
3. rhinorrhoea & rhinitis: research on diagnostic criteria (who needs adenoidectomy)
4. dizziness vs vertigo: inner ear or the elsewhere 6 primary otalgia vs periaural pain due to temporomandibular joint pain dysfunction/facial arthromyalgia (this is significantly more common and often missed)
5. What is the benefit (if any) or topical or oral decongestants in URTI which might include blocked nose, sore ears, acute OM, sinus pain, sinusitis?
6. Do grommets ever make any difference?
7. Does prochlorperazine for dizziness cause stroke and death as other antipsychotics do in higher doses?
8. snoring and sleep apnoea in children: diagnosis and management
9. Does tonsillectomy work, even in the selected patients in whom it is now used – long term impact vs short term pain and side effects in particular?
10. Vestibular vertigo vs non vestibular dizziness

Ophthalmology Research Topics

1. The extent to which referrals to hospital and follow ups can be reduced by provision of training and/or equipment at practice or locality level
2. The predictive value of signs and symptoms in diagnosing common anterior eye conditions (e.g. allergic/infective conjunctivitis, dry eye)
3. Monitoring of glaucoma by opticians,
4. Management of allergic conjunctivitis - what is best treatment (include oral steroids v topical steroids - our ophthalmologists insist on monitoring patients on topical steroids)
5. Use GP databases to investigate the hypothesis that oral treatments with certain cardiovascular drugs might reduce the likelihood of diagnosis and/or treatment for major causes of eye disease in elderly patients, particularly glaucoma.
6. Comparison of methods to improve the detection of visual problems in children
7. Prevalence of refractive errors in children
8. Screening the elderly for sight loss has been shown to be ineffective in reducing the prevalence of avoidable sight loss. How can organisation of care be improved to influence of the uptake and outcome of eye health interventions in the elderly?
9. Chronic ocular discomfort is a common complaint especially in middle aged women often due to tear insufficiency or lid margin disease or a combination of the two. What primary care interventions can be offered to reduce the frequency and severity of these symptoms?
10. Glaucoma is a major cause of sight loss in the UK and presenting late is an important risk factor for blindness. Deprivation is a major risk factor for late presentation. How can organisation of primary eye care be improved to reduce this risk.

Infection - Final Topics

1. Recognising serious childhood infection at an early stage in the illness
2. The precision of diagnosis of common childhood infections in primary care (to include near patient tests)
3. Burden of disease studies. With non-invasive sampling techniques such as sampling saliva for antibodies, soiled toilet paper for enteric pathogens and simple self swabbing as in the case of nose swabs for respiratory disease, there are opportunities to better determine the true burden of infectious disease in the community and in particular with vaccine preventable diseases

4. Prognosis vs diagnosis of acute infectious disease in Primary Care
5. Non-invasive sampling for population based surveillance
6. Infectious diseases: population based surveillance using a syndromic approach
7. Respiratory infections
8. With the advent of high throughput nucleic acid sequencing and metagenomics, new and emerging pathogens are being discovered at an alarming rate. The burden of disease associated with these pathogens can only be truly determined through case control studies and studies of syndromic illness. Only in the community can panels of age matched ill and well patients be constructed.
9. Infection control
10. The chronic sequelae of infections.

Injury/musculoskeletal Final topics

1. Mindfulness-based cognitive therapy for patients with musculoskeletal problems in primary care
2. We need to review the educational needs of primary care professionals in managing musculoskeletal disease and pain, and a Needs Assessment on this aspect is a priority
3. Methodological studies
 - a. Development of model of recurrent or continuous illness rather than crisis management of episodic musculoskeletal problems
 - b. Development of generic model of diagnosis and treatment for musculoskeletal problems rather than region-specific diagnosis and treatment
4. Intra-articular and soft tissue glucocorticoid injections: how many are done in primary care, how often, using what methodology? Are they safe? Are they effective? What training is needed to perform these procedures? What is the result of longer term follow-up?
5. The pathways for patients with OA – who should go to orthopaedics and when? What conservative medical options should be used before seeing an orthopaedic specialist? Are outcomes better or worse if all medical options are used first?
6. effective primary care management of osteoarthritis.
7. Similarities and differences across different types of pain: People may present with a specific regional pain problem, and GPs tend to think in terms of regional pain / specific medical diagnoses, but recent research shows that there are lots of similarities across different types of pain (patient characteristics, symptom trajectories, prognostic factors, and even response to treatment). More importantly, most people have multiple pain problems. It might be more useful to look at generic aspects of pain than at the location or specific diagnosis. There are lots of research questions related to epidemiology, prognosis and effectiveness of interventions.
8. primary health professionals role in treatment and care of patients with osteoarthritis.
9. Effectiveness studies
 - a. Work rehabilitation for chronic musculoskeletal pain and back-to-work as a primary outcome for musculoskeletal disorders
 - b. Primary care prevention of progressive osteoarthritis through exercise and weight control
10. rigorously/systematically review the risk factors for musculoskeletal disease(s) with a view to identifying the most appropriate interventions for primary care;

Mental Health Final Topics

1. Assessment and treatment of anxiety disorders in primary care
2. Effective non-pharmacological treatments for depression
3. Long term treatment of recurrent depression
4. Impact of the GP consultation on (understanding and) outcomes of mental health problems.
5. Developing interventions that improve mental and physical health of patients with co-morbid disorders
6. Do the Quality and Outcomes Framework points for depression improve outcomes for people with depression
7. Treatment of depression unresponsive to antidepressants.
8. Use of online / computer-based therapies for mental health problems
9. Does the increased investment in improving access to psychological treatments in primary care improve long term outcomes or simply increase service demand?
10. Identifying the best strategies for organising care for depression: e.g. stepped care versus targeted care

Diabetes - Final topics

1. Evaluation of interventions to promote self-management in consultations.
2. Do the kind of low intensity interventions which are feasible in general practice make any difference to progression to T2DM in people with impaired glucose tolerance or impaired fasting glycaemia?
3. How to change diet and weight in type 2 (ie not just focus on drugs)
4. Effectiveness of interventions to reduce weight gain in diabetes
5. Effectiveness of peer support for people with diabetes
6. Which drug interventions have the most benefit in T2 DM (because many patients automatically end up on multiple drugs, and if they have any comorbidities rapidly acquire polypharmacy – where are the biggest bangs for the buck/how should we prioritise)? This is a modelling study.
7. If we are to screen people for diabetes, how frequently should we do so? Can we develop more sophisticated risk scores which take into account the predictive effect of previous measures of glycaemia?
8. Assessing benefits of screening programmes in disease prevention
9. Integration of primary care and specialist care
10. Organisation of diabetes care

Musculoskeletal Final topics

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3. Methodological studies
 - a. Development of model of recurrent or continuous illness rather than crisis management of episodic musculoskeletal problems
 - b. Development of generic model of diagnosis and treatment for musculoskeletal problems rather than region-specific diagnosis and treatment
4. Intra-articular and soft tissue glucocorticoid injections: how many are done in primary care, how often, using what methodology? Are they safe? Are they effective? What training is needed to perform these procedures? What is the result of longer term follow-up?
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Neurological final Topics

1. Primary care based follow up of stroke- (e.g. the annual review mentioned in the stroke strategy)- what is the right model to deliver this? What is the evidence for this? What components should it include (vascular check, disability)?
2. Recognition and management of anxiety and panic disorders in adults with neurological symptoms in primary care .
3. Identification of risk factors for poor epilepsy control, hospital attendance and death

4. GPs ability to diagnose and manage headache/migraine and how it can be improved -Headache, particularly headache referred to specialists and chronic headache with analgesic overuse is associated with health anxiety and depression respectively.
5. Avoiding delayed diagnosis of serious neurological disorders (establishing and using a case register of delayed diagnosis to identify any patterns in delayed diagnosis of high profile neurological disorders TIA, brain tumours, demyelination)
6. Palliative care of neurological illness. What is the role of the GP - where are end-of-life care plans formulated and held. Are they communicated to hospital at admission?
7. GP's confidence/competence in neurology. How does it compare with other subjects? How do we improve it?
8. Community based exercise programmes in the management of neurological disorders.
9. research to look at developing appropriate outcome measures to monitor effectiveness of delivering of neurology care in the primary care setting. Look at what patients and professionals are really looking for in terms of satisfactory outcomes.
10. Mapping the GPwSI in neurology, epilepsy, headache, pain etc and to see what sort of impact having a GPwSI has had on referrals to secondary care

Oral/dental Final topics

1. Establishing the absolute and relative effectiveness of interventions in terms of everyday life (Interventions may or may not be clinical treatment)
2. Identifying the best way to contract dentists to deliver services for health gain
3. Identifying the conditions that most affect people's everyday lives, and what determines the impact of those conditions
4. Health and cost benefits of using dental nurses, DCPs and other team members to deliver dental care
5. Effectiveness of high strength F toothpaste in primary care
6. What preventive packages are most effective at preventing dental caries
7. Methods to assess the quality of primary dental care 5Identifying methods to change the behaviour of dentists
8. Increasing accessibility to primary dental care for priority group patients
9. Can GDPs manage the maintenance of dental implants provided for their patients by restorative etc. consultants?

Gastro Final Topics

1. Decision support models for discriminating serious lower GI disease (not just cancer)
2. Functional gut disease – development and testing of non-drug interventions that can be easily delivered in primary care – e.g. ultra-brief cognitive interventions
3. Biomarkers for discriminating serious lower GI disease (not just cancer)
4. Pragmatic non-pharmacological alternatives to acid suppression for dyspepsia and GORD
5. The earlier diagnosis of Inflammatory Bowel Disease in primary care.
6. Gastrointestinal problems associated with other long term disorders, such as diabetes
7. Gastro-oesophageal reflux disease, especially non erosive reflux disease and management in primary care...
8. What is the best treatment for irritable bowel syndrome (comparative effectiveness of existing agents – fibre, antispasmodics, peppermint oil; studies of other proposed drugs like tricyclics, psychology, whatever)?
9. Functional GI disorders, especially the perceptions of, quality of life and managements of Irritable Bowel Syndrome
10. Non-gastrointestinal manifestations of reflux, such as cough, non-cardiac chest pain and dental problems.

Renal/Urogenital Health Final Topics

1. trial of strict BP control in the elderly(.75) with CKD who do not have protenuria

2. .natural history of CKD4 patient empowerment/education programmes - are they cost effective interventions and do they improve compliance
3. community anaemia trial in CKD. Many elderly patients with CKD are anaemic. We need to know if using "epo" is cost effective in primary care.
4. Evidence for renin-angiotensin blockade in (non-diabetic) individuals with microalbuminuria
5. Why achievement of NICE BP targets is difficult for people with CKD (qualitative study).
6. .How far people with chronic kidney disease feel able to self-manage their condition (qualitative study).
7. gender differences in management / testing of STI in primary care
8. Why there is a gap between actual and reported prevalence of CKD in primary care.
9. Developing a patient centred approach to improving social network support after stroke
10. Validation of the MDRD (+ CKD-EPI) formulae in different populations

Reproductive final topics

1. Is increased use of LARC post abortion associated with reduced repeat abortion ?
2. Bridging contraception (ongoing contraception) after use of emergency contraception - who is going to start women on this ongoing contraception ?
3. Management of asymptomatic actinomyces-like organisms in coil users
4. What is the best treatment for recurrent bacterial vaginosis?
5. Remote and rural - delivery of reproductive health services in R & R setting
6. Alternatives to traditional partner notification for uncomplicated chlamydia trachomatis
7. Missed opportunities: patients who attend requesting abortion in primary care settings-a socio-epidemiologic analysis (past use of contraception, past presentations to STI/GUM/GP, qualitative data on beliefs about contraception)
8. Use of internet (Smart-phone) for delivery of behavioural interventions, interactive websites, patient education modules
9. What is the best treatment for recurrent genital candidiasis?
10. Non-pharmacological management of recurrent bacterial vaginosis

Respiratory Final Topics

1. The impact of psychological comorbidity on asthma management
2. Improving the asthma consultation
3. Non-pharmaceutical manages of asthma (as used by patients and improving the evidence base)
4. Smoking cessation
5. Medicine taking
6. The effect of Multimorbidity (including respiratory disease) on Health Related Quality of Life
7. Managing emergencies
8. Development of Screening tools for COPD
9. Development of Screening tools for Asthma
10. Identification of those individuals who do and don't benefit symptomatically from antibiotics and the efficiency of using antibiotics Optimal use of analgesic/antipyretics

Skin Final Topics

1. Developing and trialling interventions to improve adherence/regular use of topical agents
2. to provide a current estimate of the factors associated with the incidence of erythema nodosum and exacerbations of psoriasis
3. Complementary and alternative treatments for acne
4. Atopic eczema – the role of nurse practitioner education in enhancing concordance
5. use of different diagnostic criteria in children from ethnic minority groups
6. Antibiotic-free treatment of acne (with topical retinoids or benzoyl peroxide)

7. Low glycaemic diet and acne
8. Interventions to change GP behaviour to increase emollient use rather than starting with steroids in eczema
9. Effectiveness of different treatment in preventing long term scarring
10. Most cost effective combinations of emollients to use Acne: 1. Pilot use of otc/pharmacist led prescribing

Stroke Final Topics

1. GP diagnosis of TIA/stroke. Given that 75% of patients with TIA see their GP, the ability of GPs to correctly identify patients with TIA is crucial in delivering the National Stroke Strategy
2. Longer term management of stroke in the community-the role of primary care
3. How to address the needs of stroke patients in the longer-term (2 years after stroke),
4. Treatment of psycho-social problems after stroke
5. Increased awareness of risk of stroke in the population and more effective means of increasing it in primary care
6. Early supported discharge from stroke units - given the need to contain secondary care costs, length of stay is becoming an issue for secondary care (and PCTs). If integrated care and rehab could be delivered in the home environment with primary care offering medical input, this may reduce costs and be preferred by patients, particularly if outcomes were equivalent
7. Risk factors for secondary stroke. Most trials in secondary prevention focus on long term risk (annual risk around 5% post TIA). Although we have a secure evidence base for prescribing to reduce risk, we do not know about factors which could be modifiable in primary care that could identify patients at most risk. A case control study from primary care records may offer such information, particularly around non-continuation of medication and correlating psycho-social factors.
8. How to implement evidence into practice-wrt vascular risk reduction after stroke and rehabilitation
9. Evaluation of buddy systems (volunteers) to improve quality of life?
10. Is it effective to provide stroke rehabilitation in groups at sports centres?

Generic Relevance & Cross Cutting Themes Final Topics

1. adverse drug reactions recording and reporting
2. medication errors
3. genetic screening and uptake
4. hard to reach ethnic groups and management of long-term conditions
5. an iPad on my lap - better computing and consulting?
6. sexual health STD screening in the under 25's
7. obesity (adults and children)
8. general practitioner entrepreneurialism - who benefits?
9. changing nature of the doctor-patient encounter in primary care - do consultation models fit anymore?
10. determinants of vaccine uptake (swine flu, flu, childhood immunisations etc.)

Paediatrics Final Topics

1. .Management, treatment and compliance strategies for teenagers with all allergic conditions (eczema, asthma, allergic rhinitis) to improve quality of life.
2. .Prevention of childhood obesity.
3. .Ways to improve communication between primary and secondary care for children with chronic disease
4. Management (Diagnosis & Treatment) of cow milk protein intolerance in infant
5. Management (Diagnosis & Treatment) of gastro oesophageal reflux in infants
6. Management of obese children in primary care; effectiveness of community-based paediatric support services

7. Influence of post-graduate paediatric training on the management of children in primary care
8. Effectiveness of health education programme in school, primary care and hospital to reduce obesity in children.
9. Management of constipation in children in primary care-There is massive variation in personal preference of GPs prescribing for constipation (also in secondary care). New NICE guidelines are coming out which is going to help but its implementation in general practice is going to be perhaps less than universal and it will be useful to know the a) whether guidelines are used by all GPs (may be called nationwide audit) b) impact of the guidelines on patients and no of referrals
10. Community drug prescribing in a paediatric population – how does it reflect illness?

Palliative Care Final Topics

1. Identification of people as approaching the end of life – especially in non-cancer.
2. Admissions to hospital close to the end of life – assessment of appropriateness of admission decisions.
3. How to best support non-cancer patients at the end of life (eg are palliative care registers the answer, what about difficulties in prognostication, should it be advanced chronic disease management)?
4. Greater research into the impact of tools used in palliative care in primary care such as GSF, LCP, PPC - process and outcome work. These have been widely adopted with only a modicum of research into their impact and effectiveness.
5. Rapid response type teams of palliative care professionals operating 24/7 and the impact of these on reducing unnecessary or unwanted hospital admission
6. Staying at home to die – how important is it to patients and their families?
7. Advance care planning in primary care.
8. Research examining the work of palliative care 'generalists' in primary care i.e. District Nurses and GPs. In particular research examining the outcomes of their care and outcomes in relation to their work when specialists/other care providers are and are not involved in care. There are a multitude of questions here - how often should patients be visited, when should specialists be involved, how do primary care professionals work together to provide best care/outcomes etc. - feeding into outcomes.
9. Understanding the real cost of caring for dying patients at home?
10. What services are needed for non-cancer Palliative Care ?