

Out of Hours

RCGP Research Paper of the Year 2015:

strong messages for clinical care in all six research categories

The Research Paper of the Year award is given annually by the Royal College of General Practitioners (RCGP) to showcase the best research published in the previous year by primary care researchers in the UK. The overall winning study is chosen from the top papers in each of the six research categories used by the National Institute for Health Research. Over 80 entries were received for this year's award, and the standard was very high. For the first time the award was sponsored by Primary Care People (a medical recruitment consultancy). The five runners up presented summaries of their work in the 'winners' enclosure' at the RCGP Conference in Harrogate, and the winning entry was presented during the closing plenary session of the Conference.

THE OVERALL WINNER

The overall winner of the RCGP and Primary Care People Research Paper of the Year Award 2015 (as well as winning the cardiovascular disease category), was a qualitative report by Gavin Daker-White and colleagues, from the universities of Manchester and Keele, which examined ways in which GPs communicate, or disclose, the diagnosis of chronic kidney disease (CKD) to their patients.¹ CKD has emerged recently as a controversial diagnosis, with pay-for-performance credit given for making it, but with real difficulties surrounding communicating it to patients, creating tensions between recording a 'disease' in the medical record while couching the diagnosis in vague terms or not disclosing it at all. Professor Carolyn Chew-Graham presented the study at Harrogate.

THE OTHER WINNING CATEGORIES

In the mental health category, another collaboration between Manchester and Keele led to the publication of a study by Sarah Knowles and colleagues.² This looked at developing interprofessional collaboration which integrates the care of depression

with that of long-term medical conditions, and testing its possible implementation in primary care in the UK. Collaborative care may overcome stigma and improve joint working, although these new models must remain flexible and responsive to patients' needs and wishes.

The health of informal carers, and their quality of life, was measured using data from the English General Practice Patient Survey by Gwilym Thomas and colleagues, who were top of the health services delivery and public health category.³ They found that informal carers experienced a double disadvantage, with poorer health and poorer quality of patient experience, with no evidence for the health benefits of caregiving. There is a strong case for identifying and focusing care on this important subgroup of patients.

Concerns about the erosion of continuity of care in general practice were addressed by Matthew Ridd and colleagues in their large electronic medical records study of cancer diagnosis and patient-doctor continuity, and winning the cancer category.⁴ Although they were unable to find a strong effect of continuity on early or late diagnosis of breast, colorectal, or lung cancer, they emphasised the importance of not overlooking potentially worrying symptoms in patients who GPs know well.

John Robson and colleagues, working in East London, used their impressive general practice clinical database to test a low-cost programme of blood glucose monitoring in type 2 diabetes, and showed that the use of self-monitoring of blood glucose could be very substantially reduced: if their results were replicated nationally, unnecessary testing would be avoided by 340 000 people, with a saving of £21.8 million to the NHS.⁵ This paper won the endocrinology category.

In the infection category, Chris Butler and a multidisciplinary research team conducted a large prospective observational study on the prevalence, diagnosis, treatment and outcomes of urinary tract infection (UTI)

ADDRESS FOR CORRESPONDENCE

Roger Jones

RCGP, 30 Euston Square, London NW1 2FB, UK.

E-mail: roger.jones@kcl.ac.uk

in children.⁶ Because over half of children with UTI identified on urine culture were not prescribed antibiotics at their first presentation, the authors recommend urgent improvement in targeting antibiotic treatment in children who are acutely unwell.

THE STRENGTH AND DEPTH OF RESEARCH IN GENERAL PRACTICE

Once again, this award testifies to the strength and depth of research in general practice and primary care in the UK, and the continued contribution that clinical research makes to building the evidence base for high-quality practice. Three of the winning papers are published in the *BJGP*, which I hope reflects our mission of bringing the best of research to clinical practice and contributing to better outcomes for our patients.

Roger Jones,

Editor, *BJGP*.

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