

A 'non-urgent' referral that might cause several weeks' delay is not appropriate.

Ted Leverton,
Retired GP, RCGP Clinical Advisor.
Email: ted.leverton@outlook.com

Competing interests

Ted Leverton was a member of the NICE Guideline Committee on Adult Hearing Loss mentioned above.

REFERENCES

1. Ojha S, Henderson A, Bennett W, Clark M. Sudden sensorineural hearing loss and bedside phone testing: a guide for primary care. *Br J Gen Pract* 2020; DOI: <https://doi.org/10.3399/bjgp20X708761>.
2. National Institute for Health and Care Excellence. *Hearing loss in adults: assessment and management. NG98*. 2018. www.nice.org.uk/guidance/ng98/evidence/full-guideline-pdf-4852693117 (accessed 11 Mar 2020).

DOI: <https://doi.org/10.3399/bjgp20X709025>

Our prescription for climate change: reduce and recycle inhalers!

I applaud the authors for their timely insights into the environmental impact of the myriad of inhalers we prescribe.¹ I am sure if we are honest each of us has a handful of patients using more than 42 salbutamol metered dose inhalers (MDIs) per year — a figure that equates to the greenhouse gas from one car per year.¹ Perhaps we should cycle to work until we have completed a salbutamol overuse audit?

Joking apart, it does seem that reducing and recycling MDIs ought to be a priority given our current climate emergency. So on taking the authors' advice I was dismayed to discover that the Complete the Cycle recycling scheme was no longer accepting new referrals due to lack of funding. GSK, who run the scheme, confirmed this, but today I met with their Government Affairs Director and made the following suggestions:

- Reduce MDIs — include a leaflet in all MDI packaging with a QR code linking to a YouTube video on how to use the MDI, thus improving technique and reducing waste. Facilitate the switch to DPIs by funding clinician time for the necessary reviews.
- Recycle MDIs — re-open the Complete the Cycle scheme with government backing.

The flip side of the above leaflet in MDI packaging should have instructions on how to recycle the MDI at your local surgery or pharmacy via the Complete the Cycle scheme.

And for us clinicians? Perhaps prescribing targets should direct us to DPIs, but best of all — raise awareness with MDI users.

Gordon Macdonald,
GP, Regent Gardens Medical Practice.
Email: gordon.macdonald@nhs.net

REFERENCE

1. Mikolasch TA, Stadler CI. Our prescription for climate change: reduce and recycle inhalers! *Br J Gen Pract* 2020; DOI: <https://doi.org/10.3399/bjgp20X707717>.

DOI: <https://doi.org/10.3399/bjgp20X709037>

Building research capacity in primary care

A recent *BJGP* editorial¹ highlights the importance of primary care research and argues that health systems should 'invest in the academics and research practice networks that provide the evidence'.¹ However, numerous barriers to participation in clinical research exist, particularly in the UK primary care setting where GPs are under immense pressure due to increased workloads and a dwindling workforce.² Consequently, GPs may experience difficulty conducting research alongside clinical duties due to time constraints, competing interests, and a need to carefully balance clinical and academic responsibilities. Despite these barriers, general practice offers diverse opportunities for conducting clinical research. Clinical-academic GPs have the advantage of being embedded in a general practice, meaning that they understand the inner workings of their practice and patient population, giving them insight into the feasibility of specific research projects.

At our NHS primary care practice in the South West of England, we have successfully established a pro-research culture and developed a dedicated multidisciplinary clinical research team consisting of clinical-academic GPs, research nurses, a research healthcare assistant, a finance officer, and a dedicated non-GP clinical research physician. The recent appointment of a non-GP clinical

research physician has expanded the team, enabling the practice to participate in more projects, pursue new areas of research, and develop independent research projects. To the best of our knowledge, we are the only NHS primary care practice in the South West of England to employ a dedicated non-GP clinical research physician. Based on our experience, we would recommend that other practices consider developing similar roles and infrastructure to facilitate meaningful participation in clinical research.

Creation of dedicated non-GP clinical research physician roles, embedded in NHS primary care practices, may be a way to integrate clinical research into this setting and build research capacity. Initiatives like this could address one of the key findings from a recent report, conducted by The Healthcare Improvement Studies (THIS) Institute, which explored how to involve NHS staff in research: 'Bringing a wider range of expertise into healthcare research may require new forms of career structures and building in time to conduct research beyond clinical academic and fellowship models.'³

Rehan F Symonds,
GP, Oak Tree Surgery.
Email: r.symonds@nhs.net

Samuel P Trethewey,
Clinical Research Physician, Oak Tree Surgery.

Kathryn J Beck,
Clinical Research Nurse, Oak Tree Surgery.

Competing interests

Dr Symonds is a senior GP partner at Oak Tree Surgery. Oak Tree Surgery is an RCGP 'Research Ready'-accredited NHS general practice and is a member of the Cornwall Clinical Research Group.

REFERENCES

1. Hobbs R. Is primary care research important and relevant to GPs? *Br J Gen Pract* 2019; DOI: <https://doi.org/10.3399/bjgp19X705149>.
2. Royal College of General Practitioners. *Fit for the Future: a vision for general practice*. 2019. <https://www.rcgp.org.uk/-/media/Files/News/2019/RCGP-fit-for-the-future-report-may-2019.ashx?la=en> (accessed 11 Mar 2020).
3. The Healthcare Improvement Studies (THIS) Institute. *Involving NHS staff in research*. 2019. <https://www.thisinstitute.cam.ac.uk/research-articles/involving-nhs-staff-in-research> (accessed 11 Mar 2020).

DOI: <https://doi.org/10.3399/bjgp20X709313>