Research Paper of the Year Award 2013 presented in 2014

The award for research papers, published in 2013 was presented at the RCGP 2014 annual conference. The winning paper highlighted how a simple blood test could prevent heart failure in thousands of patients, for more information read the press release: http://www.rcgp.org.uk/news/2014/october/simple-blood-test-could-prevent-heart-failure-in-thousands-of-patients-say-researchers.aspx

The annual RCGP Research Paper of the Year (RPY) award, in its 18th year in 2013, gives recognition to an individual or group of researchers who have undertaken and published an exceptional piece of research relating to general practice or primary care.

The RCGP Research Paper of the Year, winning paper (and category 2 winning paper)
The award was presented at the 2014 RCGP annual conference to Joe Gallagher on behalf of the authors of the winning paper.

In this ground breaking study patients with heart problems were identified through detection of elevated levels of natriuretic peptide, a protein released by the heart when under stress or strain. Patients were then supported with follow up that included a heart ultrasound, lifestyle advice, specialist nurse support and review by both their GP and cardiovascular consultant. As well as reducing repeated heart failure and hospital admissions for patients at high risk of cardiovascular disease, this approach reduced new onset of heart failure and significant heart dysfunction [1].

Category winners
Six category awards were given this year, aligned to the National Institute for Health Research (NIHR) Clinical Research Network (CRN) research delivery divisions. The overall Research Paper of the Year award was selected from amongst these, going to the category 2 winning paper.

Category 1: Cancer
Dr Peter Murchie and colleagues at the University of Aberdeen found that GPs can effectively perform biopsies to test for melanoma without leading to poorer long term outcomes for patients. They demonstrated that patients who have their initial diagnostic excision biopsy in primary care experience fewer subsequent hospital admissions and fewer days in hospital [2].

Category 2: Cardiovascular, Endocrine and Renal
(see above details of the overall winning paper)

Category 3: Reproduction, Children, Genetics and Haematology
Dr Rachel Dommet et al from the University of Bristol identified twelve features associated with childhood cancer, increasing the risk of cancer diagnosis tenfold [3]. This research was highly commended because of its potential value to primary care practitioners in allowing them to identify signs of childhood cancer as early as possible.

Category 4: Neurology, Mental Health and Dementia
Dr Fiona Matthews and her team, including Professor Louise Robinson, RCGP Joint-Clinical Champion for Dementia, conducted a two-decade prevalence of dementia in individuals aged 65 years and older from three geographical areas of England. Their conclusions provide further evidence that a cohort effect exists in dementia prevalence and that later-born populations have a lower risk of prevalent dementia than those born earlier in the past century [4].

Category 5: Primary Care, Public Health, Service Delivery and Musculoskeletal
Anne Kennedy from Southampton University and her team, including GPs Dr Tom Blakeman, Dr Carolyn Chew-Graham, and Dr Joanna Protheroe, looked into supporting patients with long-term conditions to manage their own care. They looked at the health needs of more than 5,500 patients with long-term conditions in an area of northwest England with high levels of deprivation, exploring strategies to help patients self-manage, with support from their GP surgeries [5].

Category 6: Urgent Care, Infections, Respiratory and Gastroenterology
This randomised controlled trial by Dr Hillary Pinnock from the University of Edinburgh and her team looked into the effectiveness of telemonitoring - when integrated into existing clinical services – on hospital admission for COPD. It found that telemonitoring in this context was not effective in postponing admissions and did not improve patients’ quality of life [6].


