

# Research activity and quality indicators in primary care

## An explorative qualitative interview study

### What does the literature say?

#### “Research engagement improves the performance of healthcare organisations”<sup>1</sup>

Research is essential in the development of improved treatments in the NHS. Despite 90% of patient contact occurring in primary care, less than half of General Practices take part in research, with the majority of research taking place in hospitals. The NHS Constitution commits the NHS to aspiring to the provision of high quality care through the use of research.

#### Staff in institutions that continually contribute and participate in research studies, tend to have a greater understanding and use of current evidence and guidelines.<sup>2 3</sup>

The growing body of evidence is emerging from secondary care.<sup>4 5 6</sup> What is currently unclear is how these mechanisms would differ, if at all, in primary care. The aim of the study was to explore through semi-structured interviews general practice staff views of quality indicators in relation to research in English primary care.

### Results

Theme 1 - Barriers and Facilitators to engagement in research	Theme 2 – Improvements in the processes of care and staff skills	Theme 3 - Level and type of involvement in or with research	Theme 4 - Effectiveness of indicators in assessing quality in primary care
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“I think it would be very much that the GPs would drive what we do as a practice.” (PM06)

“We’ve enrolled people in COPD trials and... they’ve been reviewed and... that’s resulted in a change of their treatment..” (GP02)

“It depends on where the research is happening, but if it’s happening here then patients tend to get closer follow up.” (PM04)

“I think QOF is good because I think it makes you look at specific disease groups.” (GP03)

#### Conclusion

Practices with a GP Clinical Champion more likely to participate in research

Research as an ‘Enhanced Service’ and incorporating research into contracts may increase activity

Participatory and active research methods more likely to lead to improvement in quality and staff skills

QOF is most likely to reflect improvement related to research, but opinions are mixed

#### Discussion

- Practices with a stable workforce and a GP research champion were more likely to undertake research. The NIHR Clinical Research Network has implemented GP engagement leads in some areas to promote participation in research and this is a conduit to increased participation.
- Practice staff directly participating in the recruitment and follow-up of research studies and the research teams adopting a participatory and active research methodology is more likely to lead to improvement in quality. A research active culture may also influence retention of and staff satisfaction.<sup>8</sup>
- Including research as Enhanced Service may influence increased participation. This goes against the principle that research should be seen as a core activity. However, it is felt that the payments associated with research activity do not always reflect the work involved.
- The Quality and Outcomes Framework (QOF) is most likely to reflect improvement related to research, but overall there was mixed opinions. Previous papers have investigated mortality rates in NHS Trusts.<sup>3 4 5</sup> The challenge is how this is captured in primary care.

“Research to me puts you over a benchmark rather than just stopping at the hurdle, which is your QOF target. If you want to jump a hurdle, that’s what the research gives you.” (PM04)

“It’s a bit chicken and egg... research and quality... I think you’ll probably find practices that... are very aware of the benefits of doing research... are more likely to be the quality practices rather than the research actually improving care.” (PM08)

#### References

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Table 1. Practice Profiles	List size	IMD*	Area**	Research active***	QOF % 16/17	CQC rating	NIHR patients recruited 16/17	NIHR patients recruited 17/18****
Practice 1	6000	7	Urban	Yes	100	Good	59	152
Practice 2	4900	6	Urban	Yes	99	Outstanding	51	9
Practice 3	6000	2	Rural	Yes	98.3	Good	25	56
Practice 4	15000	4	Rural	No	95.2	Good	1	0
Practice 5	9000	2	Inner city	Yes	99.8	Good	4	15
Practice 6	6000	1	Inner city	Yes	98.9	Good	9	3

\*Index of Multiple Deprivation deciles \*\* Data from Rural-Urban Classification of Local Authority Districts \*\*\* As defined by the participant \*\*\*\* Data from NIHR Open Data Platform