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**NIHR Clinical Research Network: North West London Primary Care**

Research in primary care across North West London has seen a significant increase over the last 2 years, from 2013 to 2015 primary care in North West London only represented a very small proportion of the NWL portfolio with little to no increase in activity over this period. The improved performance of primary care from 2015 to 2017 we believe can be attributed to a new pilot model of working which began 2 years ago. This new at scale model is utilizing **GP Federations** within our localities to deliver research which has yielded very promising results and we propose that this model is a sustainable and pragmatic way of embedding research as core business within primary care.

Primary care is a rapidly changing landscape with changes around GP service availability and the growing pressures on the NHS to treat long-term conditions more in the community rather than via hospital services. Thus primary care clinical delivery is moving towards more **economy of scale working** in order to keep pace with increasing demands. To do this GP practices have come together either as federations or networks to share responsibility for delivering services within their communities. This at scale model of working is supported in **NHS England's Five Year Forward View for GPs**. Therefore it makes sense that research should also utilise this model of working to deliver the same **benefits of minimizing duplication and maximizing return**. Currently, the LCRNs have numerous models of working via RSI schemes and hub & spoke models which we believe are not as cost effective or sustainable in the long term. This pilot study has illustrated that using an at scale model to deliver research via GP federation and networks is a more **sustainable business model, builds capacity and capability** via infrastructure investment within the GP federations/networks thus more firmly **embedding research within primary care**.

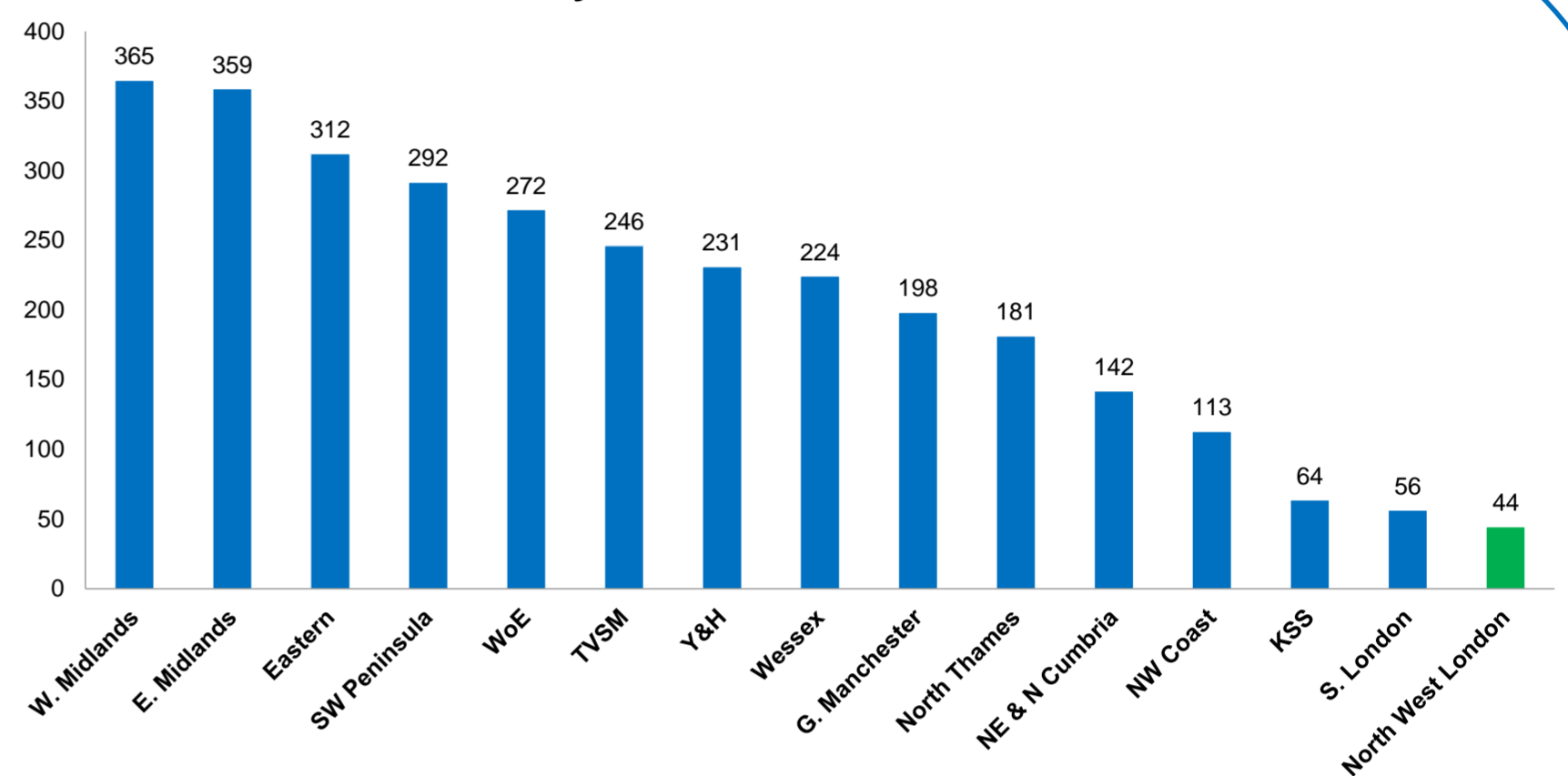
**Boroughs of North West London**



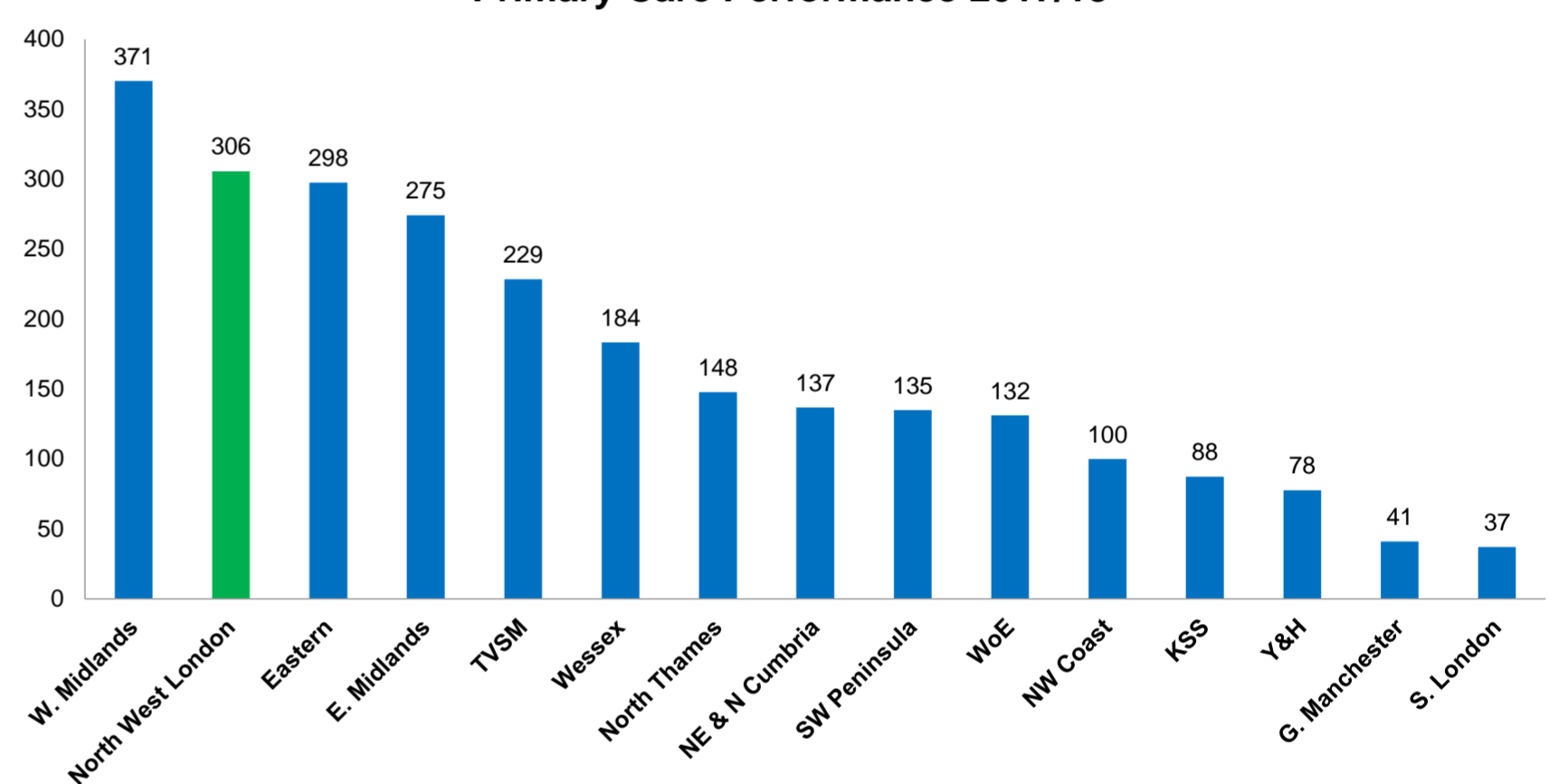
The Clinical Research Network, North West London Primary Care includes 8 CCGs and has traditionally had a very small research output. During the years 2013-2016 NWL Primary Care was ranked last amongst the 15 LCRN regions in term of activity and had a very small percentage of practices engaged in research. In 2015 the RSI scheme was evaluated and it was concluded that in the 2 years the model had been operating in NWL engagement with research in primary care had not increased, the return on investment was sub optimal and difficult to performance manage. A move to a "hub & spoke" model during 2015/16 also did not result in any significant increase in engagement thus it was concluded that a **novel approach** was required for NWL.

In 2016 CRN NWL Primary Care began to work with one of the GP networks in Brent CCG, **Harness Care Co-Op**, a group of 23 practices. During the first year progress was slow however from 2016/17 activity across Harness practices began to improve substantially and the CRN began to work with the other 2 GP networks also in Brent CCG. Brent CCG narrowly missed out on RCF in 2017 and qualified for RCF in 2018. Harness has **100% engagement** across all its member practices with research. Over the past year the CRN Primary Care team has begun working with Hammersmith and Fulham, Central London and Ealing GP Federations and currently a population of ~ 1,092,500 which represents **~54%** of NWL population sit **within an at scale model**. This has meant **increased access** to research for **patients** across the region. CRN NWL Primary Care performance has moved from last to currently ranked **2<sup>nd</sup> nationally** when weighted per 100,000 people.

**A Primary Care Performance 2015/16**

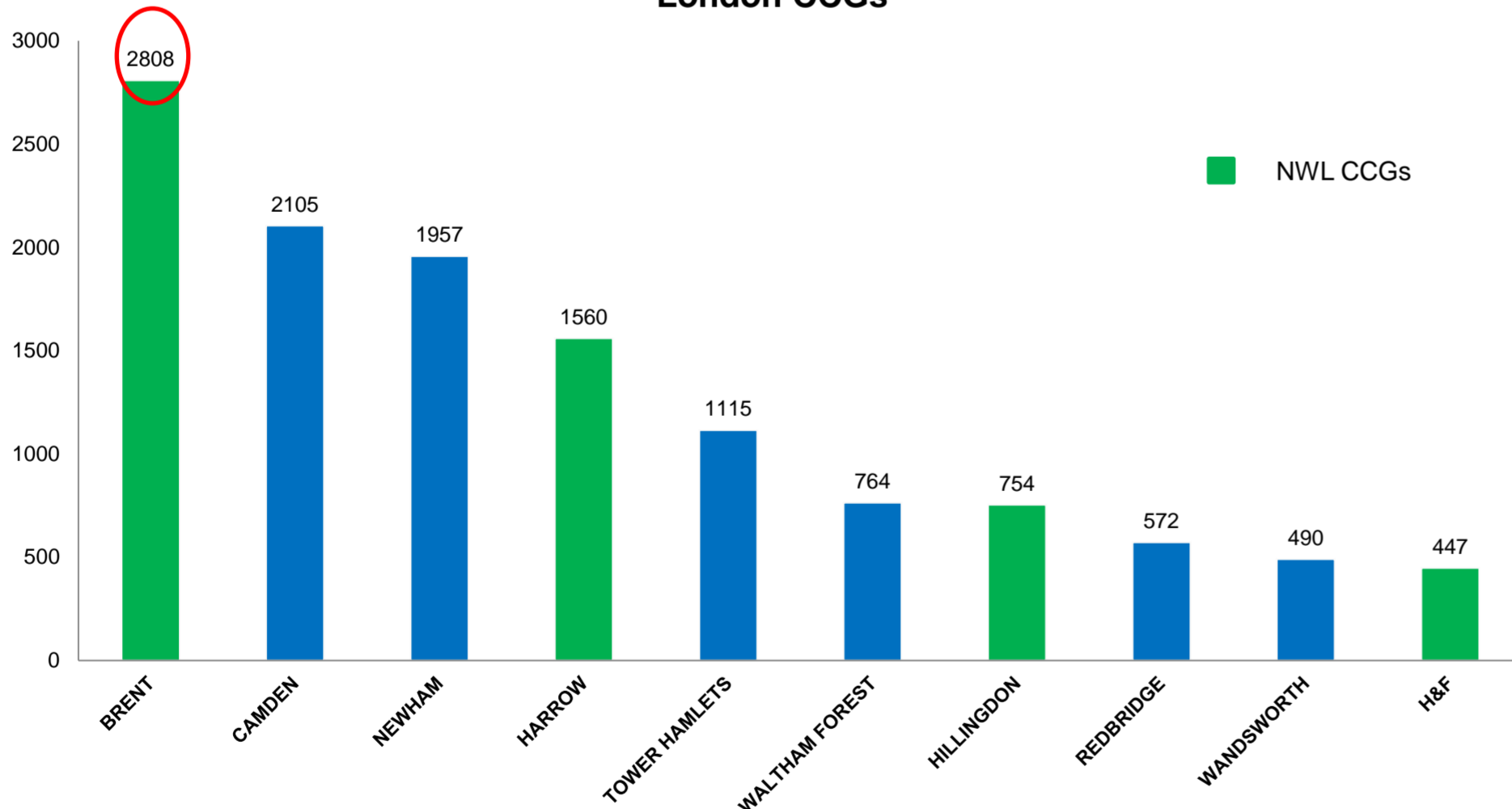


**B Primary Care Performance 2017/18**



**Fig 1. A.** NWL performance has grown significantly from being ranked last of 15 LCRNs **B.** NWL is ranked **2<sup>nd</sup>** nationally when weighted per 100,000 people.

**London CCGs**



**Fig 3.** Brent CCG is the highest recruiting CCG in London and ranked **6<sup>th</sup>** nationally.

**Current operational working at scale models across NWL**

CCGs	Federation(s)	Number of Practices	Total Population
Brent	HARNESS Care Group	23	370,000
	Kingsbury & Willesden Group	32	
	Kilburn Primary Care Co-Op	12	
Central London	Central London Healthcare (CLH)	32	190,000
Hammersmith & Fulham	Hammersmith and Fulham GP Federation	32	190,000
Ealing	Ealing GP Federation	76	342,500

**Table 1.** The current working at scale model has resulted in NWL achieving the 2017/18 target of **40% GP engagement** with NIHR research across NWL which has never before been achieved.

Working at-scale has proved to be a very successful model for CRN NWL Primary Care. It has facilitated **central feasibility** via the federations thus **reducing duplication** and increasing efficiency. NWL now has a **more informed** approach to **site selection** in primary care and thus has **improved recruitment performance**.

Engaging GPs in research is often challenging as practices have limited resources and with the current pressure on the clinical service any initiative which reduces the admin burden of research on practices is likely to make research more attractive and feasible for both GP practices and the LCRN.

NWL has a larger number of small practices (<5000 patient list size) and has an average list size of ~7000 per practice with only 3 practices with list sizes >20,000. Therefore to screen the number of patients necessary for many studies NWL often has to open more individual practices than other regions. However, by engaging with the GP Federations and networks it has meant that this has become a much more efficient system and thus **study set up times have improved** dramatically which is also contributing to NWL improved recruitment performance as the recruitment window is maximised.

Going forward into 2018/19 NWL primary care **anticipates continued growth** with pipeline academic research indicating an upward trend and hence performance growth will continue. Continuing with the working at scale model NWL primary care is confident of meeting the target of **45% of the region's GPs contributing to the NIHR portfolio**. NWL is interested in replicating the model in Harrow, Hillingdon, West London and Hounslow CCGs. Currently, discussions are taking place with GP networks in these 4 remaining CCGs thus NWL aims to have a **fully operational at scale model set up across the region** within the next 12 months.

In order for this model to work effectively there needs to be a robust method in place to **performance manage** the federations/networks. To this end NWL primary care team has devoted a substantial amount of time to develop the LPMS system, **EDGE** to manage both the study metrics and the finance data. The NWL primary care team have from 2017/18 been using **EDGE** for all data management and are working closely with **EDGE** to make the system more efficient for the primary care environment.