



GPs at the Deep End

Pioneer Scheme Day-release programme

Wednesday 14th February 2018

Horselethill Road, Glasgow

Working with others

With Dr Bridie Fitzpatrick, Deep End Researcher, and Prof Graham Watt

IN ATTENDANCE

David Blane; Fellows: Noy Basu, David McMahon, Katie Fleming, Lisa Robins

Professor Watt & Dr Fitzpatrick discussed their experience of working effectively with others on various research projects, over a period of about 40 years

Some key observation & anecdotes

- Engaging with patients is key to successful research participation
- Historically, response rates of 70-90% were achievable (e.g. Archie Cochrane's MRC research in S. Wales), but now rates of 5% are accepted (e.g. UK Biobank)
- In an early study of pneumoconiosis, the first 20% of respondents were those encouraged to attend by their trade union; the last to recruit were those most likely to have TB (i.e. unmet need is more likely in those 'hard to engage')
- Julian Tudor Hart in the 1950s left the MRC team to set up his own practice where he could treat those with unmet need, engaging in pro-active 'case finding' (not possible in research projects which emphasise "observing not intervening").
- He did this by the 'measurement of omission' and by using routine encounters – this approach to case finding is preferable to screening because it's more convenient to those being screened.
- Modern ethics committees would have vetoed some key work of the past
- Bridie had worked as a research nurse within the MONICA trials within CCU at WIG in Glasgow
- Local connections and relationships vital: the Procurator Fiscal (PF) gave them data on cardiac deaths. This relationship was facilitated by a personal contact in the PF's office.
- The MONICA project was a multicentre project coordinated by the WHO to measure trends in cardiovascular mortality and morbidity
- http://www.who.int/cardiovascular_diseases/media/en/a1_40.pdf

NHS A&A quality improvement project as clinical fellow UoG

- Later in the 1990s Bridie undertook a quality improvement project within NHS Ayrshire & Arran as part of a fellowship at the UoG looking at “patient satisfaction”
- Prior to that little research done, literature sparse and assumed patients were happy
- Qualitative approach showed staff and relatives only identified 30% of what patients deemed important to them. Patients focused on ‘higher level’ needs (e.g. being treated as an individual, being listened to), whereas staff and relatives focused on basic needs.
- Therefore, there was a high amount of unmet need in patients in the setting of long term elderly care where she undertook her research
- This was then replicated in long term care of young patients; and a high concordance of unmet need seen
- Shook up the establishment and challenged assumptions
- Found that services were organised around staff and their needs rather than patients i.e. dinner time around nursing handover, or finishing time for staff to make connecting transportation links
- In retrospect Bridie regrets no paper about how this study was done, merely its results

Generation Scotland: Scottish Family Health Study

- Clear rules of engagement pertaining to recruitment & retention
- Managed to recruit 24,000 from a target of 50,000 patients
- The nerve centre for this study was the GPPC House 1 attic room
- The aim of this was to use research as a service development driver
- The ethos was to function as a catalyst driving transformation not become a reagent inherent in the system, and thus being exhausted
- The morale of staff within the project is vital and supported by being: visible, approachable, knowing the participants, and effective reconnaissance
- <http://www.generationscotland.co.uk/>

Rules of engagement

1. Develop a detailed plan and know the jobs that need to be done.
2. Define and know the target population.
3. Invest in reconnaissance and establish collaborators.
4. Establish contact and become well known.
5. Strategically appoint research team.
6. Establish clear lines of communication at the outset of the study.
7. Establish systems for monitoring progress/impact and for implementing contingency plans
8. Have an exit plan
9. Keep control of as many aspects of the study as possible

You can hugely improve retention of patients by engaging at key times-i.e. Christmas & Easter cards

Other options include gift cards/vouchers

Care PLUS study success in high follow up >90% by involving those in front line in setting parameters