

Research Team Activities: 2004

During the latter part of 2003, Newlands Research commenced its application to the Royal College of General Practitioners (RCGP) Primary Care Research Team Assessment (PCRTA) accreditation scheme. All practices engaged in research should be developing structures and processes, which enable them to comply with the guiding principles of research governance as laid down in the National Service Framework for Research Governance in Health and Social Care. The PCRTA scheme is a key step towards achievable Research Governance, ensuring quality assurance throughout research practices.

If successful, the practice will receive accreditation with the RCGP's as a Lead Investigative Research Practice.

The written submission was successfully made and the team now await the assessment visit which will take place in January 2005

Quality assurance throughout Research Practices

Potential difficulties

Time, space, Communication, Antipathy, Failure to integrate, Funding & Costs, Service user involvement, saturation of Patient population with research.

Viewpoint—Research Practices

Potential Benefits

Good for patients—Research into practice, Partnership & integration of Academia & Clinical practice, Service user involvement,

Excellent for training & recruitment, Practice collaboration, Quality assurance.

The Reality

Continuation, Growth in capacity and output, Patient empowerment, improvements in clinical practice, Modern forward thinking practice.

“The motivation of performing research that informs policy and practice and improves patient outcome, makes it all worthwhile”

Dr A R J Boggis

MSc Student placement scheme

Newlands Research successfully forged links with the University of Sunderland to enhance academic input within Newlands research department. Subsequently MSc placement students from the School of Natural and Social Sciences are taken on Research placement



Placement is a component of study upon the MSc degree programme and leans heavily upon research. With this in mind it was agreed that both prospective placement students and Newlands would benefit immensely.

A job description of duties in relation to the placement was produced, and a placement agreement was created which was acceptable to both the university and Newlands Research. Students will be able to test skills and gain experience in aspects of research, with particular emphasis placed upon qualitative methodologies. It is hoped that the student will be able to gain experience and insight into the work carried out at the practice, the importance of Research and Development within the NHS, and take a proactive approach engaging and contributing their own ideas for the promotion and carrying out of research within the practice team.





Newlands research has successfully developed a consumer advisory panel for research (CAPfoR)

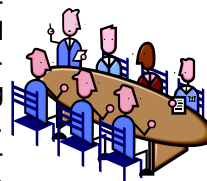
Background A *consumer* is someone who uses a service. The service is in this case the NHS and its consumers are patients (or potential patients), carers, long term users of services, organisations that represent these people's interests, and other groups affected by the service they receive from the NHS. They come from all sections of

the population. Among many health care professionals there is a growing recognition of the value of consumer involvement. Furthermore, there is increasing awareness of the obligation for research studies to include input from consumers at all stages.



Consumer involvement should be fully integrated into structures at the national, regional and local levels. Involving consumers in research can result in a number of key benefits -improving the quality, choice and relevance of services and technologies available. However,

obtaining input from consumers can be a problematic and time-consuming process. There are issues such as recruitment, representativeness, expertise, training and continuity of input that need to be addressed. Researchers may not have the time, expertise or contacts to give these important factors their full attention. Involving consumers in the past has been on ad hoc basis that has meant that the consumer's role has inevitably been



Initially during 2003, eight volunteers were recruited to improve

research and development at Newlands. There is a growing trend within NHS Research and Development to encourage consumer involvement and improve the way that research is prioritised and carried out.

Recruitment

Panel members were recruited using public information leaflets with reply slips to contact the research associate directly. During initial discussions, panel members were made aware of the Organisation and structure of the research strategies within the practice. They were also provided with basic understanding of research methods, projects and protocols. A person specification was drawn up for the posts, and suitable volunteers were approached after the initial discussions and training. Six were found to be ideally suited and more importantly highly motivated to take on such a challenge.

The panel met 3 times, before deciding the best route forward. It was decided that rather than try to plan around peoples work/college/home

commitments trying to meet cumulatively, which had on occasion proved hopeless, it would be better to deliver the training modules by distance learning, individually to each member, who would also be able to request support from either the research associate, or other panel members by phone or/and email. This seemed to suit all and was inevitably the way the scheme progressed

In September the first resource pack was developed entitled "An introduction to the Research Process" and distributed by post to each of the six recruited panel members along with a copy of the Research Governance framework for Health and Social Care. In October a second resource pack was developed and distributed entitled "An introduction to Qualitative Research". At this point panel members were canvassed for their continued interest and any problems were discussed. Two panel members decided at this point that they were too busy to continue.

Where are we now?

At present we have six current panel members. It is anticipated that panel members may be recruited from other practices, ena-

bling greater take up and utilisation within the Middlesbrough area. It is also hoped that links can be further enhanced with local universities schools of health, particularly the medical anthropology dept at Durham, where research is routinely undertaken.

Two further resource packs were prepared and distributed in February and March, "Critical Evaluation of Research" and "Qualitative data analysis" A repeat recruitment drive is also planned for late 2004. Four more applicants from academia have shown an interest.

If you are interested in becoming a CAPfoR panel member then get in touch



Ring Angela on: 01642 757426

email her

angela.hill3@nhs.net



Follow the link to research on the Newlands web page found at:http://www.newlandsmedical.org.uk/html/the_practice.html

Newlands research produces: -

! "Update" A yearly newsletter which is made available to everyone. Update is available from reception. Copies can also be mailed by post or electronically to anyone with an interest in our research activities. ([you can order your next copy by ringing Angela](#))

! An annual poster is produced from the newsletter which is placed around the surgery. A similar version is also used at the Northern research network annual research practice conference

! Dedicated web space is currently under construction. Current research/protocols/reports will be available in Adobe® format as well as training modules for students, members of staff and patients.

Basic research information is currently available and a direct link is accessible upon the website with an email enquiry facility which is directed to the Research associate.

It is the ultimate aim that all research will be catalogued upon the web site and offered in downloadable Adobe format® and. This will include projects completed and those in progress and pre protocol stages. Also the training modules and other resources shall be available for CAPfoR, staff and patients and anyone with an interest in our activities and achievements.

Latest Publications

Cornford C.S. (2000) Lay beliefs of patients on domiciliary oxygen: a qualitative study from general practice. *British Journal of General Practice*; **50**: 791-793

Cornford C.S. (2001) The Development of practice professional development plans from the postgraduate education allowance: a discussion of the causes and implications. *Medical Education*; **35**: 43-48

Hungin A.P.S, Chin D J, Convery B, Dean **C**, **Cornford C.S**, Russell A. (2003) The prescribing and follow-up of domiciliary oxygen – whose responsibility? A survey of prescribing from primary care. *British Journal of General Practice* **53**: 714-715

Cornford C.S, Oswald N. (2004) The two-week rule for Patients with suspected Breast Cancer: What can be learnt by Analysing Policy Documents? *Health Policy* **68**: 263-266

Cornford C, Harley J, Oswald N. (2004) The two week rule for suspected breast cancer – a qualitative study of the views of patients and professionals.

Cornford C, Harley J, McDonald N (2002) The Acceptability of the Breast referral Study. Final Report to the Cancer Care Alliance Postgraduate Institute for Health, University of Teesside.

Inter-professional learning in PPDPs: Time for critical thought? *The Journal of the Learning place* 2002; **4**: 1-16

Anderson D, **Boggis T**, Holmes A, **Palczynski S**, Potter G .Introducing a new half-day release curriculum to Cleveland Vocational Training Scheme (CVTS). *Education for Primary Care* (2004) 15:268-270

Clarke C. (2004) The person centred challenge: Cultural Difference and the Core Conditions *in* Carl Rogers Counsels a Black Client: Race and Culture in person centred counselling. PCCS Books: Ross-on-Wye

Current Research Programme

GP Specialists: a qualitative study of the views of health professionals

Investigators: Anthony R J Boggis, Charles S Cornford

Objectives To study the views of a variety of health professionals (managers, general practice registrars [GPRs], General Practitioners [GPs], GPs with special interests, and consultants) of GPs with special interests.

Design: A qualitative study with audio taped interviews by the investigator

Participants: Health Service Managers, GPRs, GPs with no special interest (as defined for this study), GPs with special interests and consultants (from specialties with and without GPs with special interests) –chosen for their expected breadth and depth of opinions.

Setting: The North East of England

Results: A range of positive benefits were identified for GPs with special interests including enhanced job satisfaction and possibly increased recruitment and retention for general practice. They were expected to decrease hospital speciality waiting times and may address previously unmet needs. Outcome measures appeared poorly defined. Negative aspects included a deskilling of the general pool of GPs and an increase in expectations of patients and workload by treating previously untreated conditions. Medico-legal complications were expected as were the knock on effects on manpower in Primary care. A variety of challenges in establishing these services (in particular accreditation and governance) were uncovered and some potential solutions discussed.

Conclusions: The impact of GPs with special interests has not been studied in any detail, and measures of success for these schemes, where they exist, may fail to demonstrate both the positive and negative effects. Their cost effectiveness has been questioned, and yet the future would appear to hold the development of more of these schemes. GPs with special interests may be part of an increasingly flexible career structure that sees GPs and secondary care doctors/ consultants having much more interchangeable career paths. Patient's views on the service deserve to be explored



Pre Publication



Investigation into lay people's beliefs regarding depression and anti depressant medication- A study in general practice

Investigators: Dr Charles Cornford & Ms Angela Ellen Hill

The pilot project ran from February 2003 to early June 2003 and the project proper commenced in Mid June 2003. It is an in depth descriptive study examining the lay beliefs held by patients regarding depression and anti depressant medication.

Objectives :

- ? To investigate lay beliefs about depression
- ? To investigate lay beliefs about anti depressant medication in general practice
- ? To better understand patients reasons for concordance and non concordance to prescribed drug therapies for depression in the context of their beliefs and the social context in which they live
- ? To understand barriers to effective treatment and in so doing improve access to such
- ? To examine patients coping strategies
- ? Examine any disparity and compare beliefs between wards with contrasting scores of deprivation/affluence

Patients agreeing to take part in this project were interviewed and asked about how they thought about depression.

Areas of particular interest include the following:

The patients ideas about the illness and how it started

How the illness is improving, or not

Impact of illness

The role of others

Views regarding medication in general

Views regarding anti depressant medication

Reservations about medication

Significant others views/actions

Views about mental health in general

The data collection for this project is now complete and is currently undergoing analysis. It is hoped that it will be ready for publication in January 2005.

Newlands research – Collaboration

Newlands currently are, or have worked with the following practices to host research.

Dr Dolan & Partners

Dr J Blakey & Partners

Dr Waters & Partners

Dr Jones & Partners



Research team Contacts

Dr C S Cornford: charles.cornford@nhs.net

Dr A R J Boggis: Anthony.boggis@nhs.net

Angela Hill: Angela.hill3@nhs.net

Visit us at:

<http://www.newlandsmedical.org.uk>

HOW CAN HYPERTENSION BE BETTER CONTROLLED IN DIABETIC PATIENTS WITHIN GENERAL PRACTICE? - A QUALITATIVE STUDY.

PURPOSE OF THE PROPOSED INVESTIGATION

The aims of this study are to explore the barriers to improved control of hypertension in patients with diabetes in general practice and to investigate how the barriers can be reduced. This will include investigating barriers to optimal control from general practitioners, practice nurses and those posed by patients themselves. It will also investigate the interactions between general practitioners, practice nurses and patients that inhibit adequate control and conversely factors which facilitate improved control, and how those facilitatory factors might be enhanced.

The proposed method includes:

Non-participant observation of diabetes specialist nurse clinics.

Non-participant observation of practice nurse clinics.

Semi-structured interviews with professionals.

Semi-structured interviews with patients

Focus Groups

This project will be submitted for Ethical approval in 2005

Projects for the future:

- ? **Lay beliefs about osteoarthritis**
- ? **Lay beliefs about Irritable Bowel Syndrome**