PRIMARY CARE RESEARCH INVOLVEMENT AND ENGAGEMENT GROUP LSSJ - CENTRE FOR HEALTH SERVICES STUDIES (CHSS) UNIVERSITY OF KENT

Why should General Practices in Kent get involved in research?"

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Introduction

- a) Primary Care plays an important role in research:
 - Primary care research involvement of practices and GPs
 - In both the conception and delivery of research
 - But GP engagement is lacking,
 - call for the **promoting** academic opportunities

- **b)** Recruiting and retaining GPs <u>for research</u> is **proving difficult and leads to**:
 - Sub-optimal patient participation
 - GPs are required to recruit patients
 - Leads to low participation rates
 - may affect the validity of research

General Practices

GENERAL PRACTICES ARE
THE SMALL TO MEDIUMSIZED BUSINESSES

Whose services are contracted by NHS commissioners to provide generalist medical services in a geographical or population area.

WHILE SOME GENERAL PRACTICES ARE OPERATED BY AN INDIVIDUAL GP

Most general practices in England are run by a GP partnership.

AS LONG AS AT LEAST ONE PARTNER IS A GP

This involves two or more GPs, sometimes with nurses, practice managers and others.

WORKING TOGETHER AS BUSINESS PARTNERS

Pooling resources, such as buildings and staff, and together owning a stake in the practice business. GP PARTNERS ARE JOINTLY RESPONSIBLE

Meeting the requirements set out in the contract for their practice and share the income it provides.

KENT AND MEDWAY

<u>Primary care networks (PCNs)</u> form a key building block of the NHS long-term plan

Bringing general practices together to work at scale has been a policy priority for some years for a range of reasons,

- Including improving the ability of practices to recruit and retain staff;
- To manage financial and estates pressures; to provide a wider range of services to patients and
- To more **easily integrate** with the wider health and care system.
- Most networks are geographically based and, between them, cover all practices within a <u>clinical</u> <u>commissioning group (CCG)</u> boundary.

- There are some exceptions where there were already well-functioning networks that are not entirely geographically based.
- A single commissioning group for Kent and Medway, was created in April 2020. Changes proposed in the Health and Care Bill would see the Clinical Commissioning Group replaced by a new NHS statutory body and the creation of a new partnership group

The 7 regions of the NHS <u>Integrated Care</u> <u>Systems (ICSs)</u>

- North East and Yorkshire.
- North West
- Midlands
- East of England
- South West
- South East
- London
- An integrated care system is when all organisations involved in health and social care work together in different, more joinedup ways.
- The focus is on providing care in a way that benefits patients - not what is easiest for organisations.
- April 2021, NHS England formally accredited Kent and Medway as an Integrated Care System.

Research in Primary Care

There Are 1.9 million registered patients in Kent and Medway with around 190 GP practices serving them at any one time

Future Demand & Growth

The population of Kent and Medway – <u>will grow</u> by 11.5% (214,000 people) by 2029 and by 19.4% (360,500 people) by 2039.

Age bands expected to see the largest growth in the next 10 and 20 years <u>are 65-84 years</u> and 85+age,

They develop <u>more long-term conditions</u> requiring <u>on-going medical support</u>, with much of this <u>support provided</u> from general practice

Key Documents

The Health and Social Care Committee published its Fourth Report of Session 2022–23,	The future of general practice (HC 113),		
The Fuller Stocktake was published on 26 May 2022	support from all 42 Integrated Care System (ICS) chief executives	by Dr Claire Fuller, Chief Executive- designate Surrey Heartlands ICS and GP, into the integration of primary care, at the request of Amanda Pritchard, Chief Executive Officer of NHS England	It sought to understand what is working well, why it is working well, and how we can accelerate the implementation of truly integrated care across systems.
The Hewitt Review	considered how the oversight and governance of integrated care systems ICSs,	can best enable them to succeed, balancing greater autonomy	and robust accountability
Delivery Plan for Recovering Access to Primary Care, that addressed the challenges facing general practice.	supported by the updates to the GP contract for 2023/24 that was published on 6 March 2023, the Recovery Plan published on 9 May 2023,	sets out two central ambitions: to tackle the 8am rush and reduce the number of people struggling to contact their practice; and for patients to know on the day they contact their practice how their request will be managed	It will achieve this by empowering patients, implementing Modern General Practice Access, building capacity and cutting bureaucracy
This builds on the Plan for Patients (published on 22 September 2022)	and those with urgent needs should be seen on the same day	which underlined our expectations that patients who need an appointment with their GP practice within 2 weeks should get one	
5-year GP contract framework	—the most ambitious GP contract in recent years,	which was agreed with the British Medical Association in 2019	—is due to be fully implemented by March 2024.

Primary Goals

Evidence suggests that people who receive care in research active institutions have better health outcomes

Increase research interest and participation of general practices in Kent for:

- Improve patient care
- Provide the **best advice** and
- **Treatment** for patients
- Improve the quality of life for people living with illness
- prevent disease and
- reduce the number of people who become ill
- make sure the treatments given are effective

POTENTIAL BARRIERS

GP trainees and trainers in primary care:

- Low intention to pursue research and
- Half of <u>trainees</u> did not engage with any research activity
- One in five trainees intention to include research in their career,
- 1% would undertake a solely academic career
- Under 30% of trainers reported engagement
- Far fewer (8.6%) were interested in research
- Only 10% felt prepared to mentor in research

GPs in primary care:

- Lack of time (43%) main barrier
- Excessive paperwork and
- Inadequate explanation of research
- Relevance of the research topic,
- Reimbursement and
- Compatibility with routine general practice work are important factors.
- Ideally the GPs are embedded in an existing research culture
- Study nurses or mentors could be an important factor to enhance GPs' preparedness to participate in General Practice research because they reduce the administrative workload for GPs and enhance the motivation to participate in research
- Financial incentives for participation are essential because of time constraints and overwhelming administrative work that compete with research and represent important barriers

FACILITATORS

- Recruitment rates of general practitioners (GPs) to do research vary widely internationally
- 85 % of GPs appreciated research in their field
- GPs want **mentors that are credible** and have research expertise
- Medical school region only strongly associated factor with academic career intention

The most important GP incentives for participating in the research:

- A desire to update knowledge (endorsed by 70%),
- To help patients (70%), and
- **Altruism** (60%)
- The most successful approach to motivate GPs to participate –
- Research documents their quality of care
- Relating work T o the ability of a research study to incorporate incentives for GPs and minimize barriers
 to participation

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CHALLENGES

- General practitioners who have little experience with participation in scientific research
- Learn about their attitude in general, towards research in their field
- Specific strategies to address specific conditions
- Willingness of GPs to participate in research to achieve improvements in participation rates

How do We get there!



- Topic improving the quality of care for patients suffering from certain illness considered should be highly relevant by the GPs
- The same reasoning causes GPs to seek support
 in the daily treatment of patients with the
 condition of relevance to them
- Collaborate via major PCT meetings, again especially useful for short interviews or short surveys.
- Consider working with locum GPs. They have more time and flexibility. (However, this should be used with caution as it could introduce bias depending on the research topic).



- GPs realise it as a professional obligation versus their colleagues in other parts of the country with a much longer tradition in research,
 - Willingness for participating in research emanates mainly out of the motivation to improve the reputation of family medicine in general by documenting the high quality of care with data attained in solid research methods.
 - Consider academic GPs too. They are likely to be keen to support research. (However, this should be used with caution too as it could introduce bias depending on the research topic).



- Communicate GP Continuing Professional Development (CPD) meetings, especially useful for short interviews or surveys.
- May reflect the increasing self-confidence of GPs, which focus on expending the influence in the health care system, and their awareness that an own research culture helps to enhance this
- Facing decreasing financial resources in the Health care system, GPs may also be aware that a solid database documenting the quality of care will get more important for the distribution of financial resources in the near future

Planned Pathway for Recruitment



AWARENESS

Of research and how it links to GP priorities and topic of relevance



INTERACTION

Getting to know the targeting practices,
Going out to the practices



HOSTING

Having regular speakers come into the practices, so students' trainees GPs can interact with academic staff



ENGAGEMENT

Recruiting into existing studies



RESEARCH

Undertaking own research with support from the academic department and staff

Thank you

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