

Scottish Primary Care Research Network

Recruitment of practices to PCAM: Patient Centred Assessment Method Feasibility Study by the Scottish Primary Care Research Network (SPCRN)

Because there is so little capacity funding for research in Primary Care medical practices, it is, of necessity, of very low priority for most practices. Most of the studies facilitated by SPCRN are classified as patient identification studies, as these are the ones that require minimal input by practice staff. SPCRN's modus operandi is based on minimising the work that has to be done within the practice, by taking on any tasks, such as running database searches and mailing invitations, on behalf of the practice. Throughout Scotland, in 2015-2016, we worked with around a third of practices to deliver recruitment in this way to 57 studies.

However, when it comes to studies that are integral to primary care, and require a lot of practice input, it becomes very difficult to identify practices able to commit sufficient time. We then rely on the study area being of particular interest to the practice team, and, therefore something in which they are prepared to invest their own time, as they are unlikely to be able to do this alongside their clinical and other commitments during a normal working day. Even if there is money available to provide backfill, the problem of arranging locums is so acute now that it can be an impossible task. For PCAM there is the additional problem that decision making largely resides with the GP partners, so an approach to the practice is usually taken to a practice meeting where the balance of power rests with the GPs.

We were asked by the PCAM team to invite practices with a population greater than 3500 (as a proxy for those with more than 1 practice nurse) in 3 areas: Forth Valley, Greater Glasgow and Clyde and Grampian. The target recruitment was 4 practices for the focus group study and 8 practices for the feasibility study. Recognising the potential difficulties, the study team undertook to phone the practices a week after the invitation went out to try to engage with the practice team. Two practices were eventually identified for the focus group study, thereafter it became increasingly difficult to persuade any other practices to agree to take part. As practice nurses are the ones most likely to benefit and see the benefit for their patients from using PCAM, the study team decided to switch the focus of recruitment to the Practice Nurse professional organisation in the hope that interested practice nurses would be able to argue the case for the study with the rest of their practice team.

The difficulties encountered in recruitment for the PCAM study are indicative of the poor level of infrastructure funding in Scotland for primary care studies. They are by no means unique to this study. Currently there are small Research Site Initiative schemes in some Health Board areas to try to boost research activity in practices by providing a small amount of funding; this has been running for the longest period in Tayside, and the handful of practices that are part of the scheme have been very receptive to the studies offered. The model that looks most promising also includes a primary care research nurse to carry out research activities in the practice. The practical difficulties of freeing up practice team time for research are still immense, and not surmounted by small amounts of investment.

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9 December 2016