The WOW factor

Terry Kemple, RCGP President-elect

What WOW factors? You probably know what research in general practice used to be like. There were always problems doing the research. Most of the research we were asked to help with was either low quality, irrelevant to our work and unpaid or a very complicated Clinical Trial of an Investigational Medicinal Product (CTIMP). Usually we got no credit for the help we gave and we never found out the results of the research. It was not a great experience, but it is different now.

WOW #1 - positive feedback. Now there is lots of positive feedback to encourage us that we are going in the right direction.

All the quotes below come from a survey of practices.

WOW #2 – high quality research. The National Institute for Health Research (NIHR) Clinical Research Network (CRN) only asks us to help with high quality research. We don’t need to check on the quality of the research ourselves. We can ignore all the other requests for help, and direct them to CRN. This saves us time.

‘It raises awareness of research in general and potential new treatments in clinical team and trainees.’

WOW #3 – we are supported by good CRN research staff. The local CRN staff help researchers and us with any problems.

‘Always there to help at every step.’

WOW #4 – extra income. The CRN Research Sites Initiative (RSI) incentive scheme pays us for being ready to help with research. In addition NHS Service Support Costs pay us extra for doing the research. This resources our time and effort.

‘It allows practices to tailor their involvement to their resources and interest’.  
‘Allows for research ‘growth’ within the practice.’  
‘Increases acceptance of partners not committed to research.’

WOW #5 – patients like it. Patients usually like being involved in our research. This improves our image.

‘Our patients like to be involved and it gives our practice an extra dimension.’  
‘Our patients are delighted to be involved and are pleased the practice is taking part (99%)’.  
‘I think it shows patients that we are trying to keep up with new ideas’.  
‘Patients are usually pleased to be asked and keen to take part if appropriate - especially diabetes.’

WOW #6 – more resources. The more we recruit patients to studies, the more funding we get for our local NHS primary care infrastructure. This encourages more research and recruitment, which funds more local infrastructure funding. Our success rewards us with more resources.
WOW #7 – better practice staff. Successful research and recruitment improves the attractiveness of practices for researchers, GPs and practice nurses and more research. Therefore, we receive more interesting work.

'We are thinking about evidence in a different way, engaging patients in different ways too.’
'It does improve note keeping and makes me think more.’
'It brings new dimension to practice and added skills to those involved.’
'It adds another dimension and opportunities for staff & patients.’
'It has brought new interest to general work as well.’
'Staff enjoy research activity and see its benefits, although recruitment may add to workload of clinical team members.’

WOW #8 – easier to do. With increasing experience in primary care research, the research is getting better and easier to do. This makes finding and recruiting patients easier. Lots of patients can be recruited in general practice because our clinical records are so much better than most in secondary care. We know our patients.

'We have research items on clinical team meeting agendas and quarterly research meetings.’
'We have regular research updates to all staff by email, research update presentation at partners meeting.’
'We now have specific research appointments for receptionists to book patients into.’

WOW #9 – better medicine. Research suggests that evidence based practice increases when there are strong relationships and good communication channels between commissioners, providers and academic partners. But lack of time, inadequate funding and absence of cultural and managerial support – including incentives - are among the most commonly cited barriers to implementing evidence based practices.

– clearer thinking. Good research makes us think about what we do and why we do it.

WOW #10 – There is always something that you didn’t expect to learn. That’s a bonus.

BUT there are always negative comments about doing research. These can be summarised as ‘not enough time’.

Generally we can usually find the time to do the things we do want to do, so make sure to take part in the research projects that really interest you.

**Is your GP practice RCGP Research Ready®?**
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