

Protocol

Primary care research priorities in Scotland after the coronavirus pandemic

Investigators:

The project is led by Prof Gill Hubbard on behalf of the Scottish School of Primary Care Executive.

The director and co-deputy directors of SSPC will lead the project on behalf of the SSPC Executive:

- Prof Stewart Mercer, University of Edinburgh and director of SSPC
- Prof Gill Hubbard, University of the Highlands and Islands (UHI) and a co-deputy director of SSPC
- Prof Lindsey Pope, University of Glasgow and co-deputy director of SSPC
- Hon Prof John Gillies OBE, University of Edinburgh, SSPC
- Prof Sir Lewis Ritchie, University of Aberdeen, SSPC
- Prof Frank Sullivan, University of St Andrews, SSPC
- Prof Scott Cunningham, Robert Gordon University, SSPC

In addition:

- Mrs Fiona Grist, Lecturer, Department of Nursing & Midwifery, UHI will be project manager.
- Mr John Currie, will help manage and deliver the project. He is a patient representative for SSPC.
- Dr Robert Scully, University of St Andrews will help manage and deliver the project. He is a generalist clinical mentor.
- Mr Rob Polson, UHI, is a librarian and information specialist and will be involved in Step 4.

Sponsor: UHI

Ethical approval: UHI research and ethical committee

This protocol has been adapted from the James Lind Alliance protocol template and guidance (<http://www.jla.nihr.ac.uk/jla-guidebook/>)

1. Background

High-quality primary care is underpinned by high-quality research. Primary care research is critical because primary care is the foundation of Scotland's healthcare system¹. Primary care is normally a person's first point of contact with the NHS and it is where most patient contacts occur¹. Primary care is provided by a range of generalist healthcare professionals, working together in multidisciplinary and multiagency networks². Research priorities set by generalist healthcare professionals, patients and carers reduces the risk of the production of redundant and irrelevant research that is of little clinical merit or value to patients and carers^{3 4 5 6}. Vertical (i.e. disease-specific) approaches have been effective at reducing morbidity and mortality from specific conditions but have been criticized for detrimentally affecting local primary care workforce and resources⁷. Hence, there is a need to set horizontal (i.e. generalist) research priorities in order to guide research investment and direct resource allocation that will ultimately provide a robust evidence-base to underpin the development and delivery of primary care.

Within the past decade, a number of studies have identified primary care research priorities involving patients, carers and primary care professionals. The reach of these studies has varied with some research priorities being applied internationally⁸, in low and middle income countries⁹, in the European Union¹⁰, or in one specific country¹¹. An argument for setting research priorities in one country, or a cluster of countries is the different challenges faced by primary care in different

countries due to factors such as distinct population characteristics (e.g. an ageing population), diverse social cultures and norms and different healthcare systems¹⁰. The focus of research priority setting has also varied and reflects the breadth and diversity of primary care. A United Kingdom prioritisation exercise identified primary care *patient safety* research priorities¹², a European Union study identified *health service* research priorities for primary care¹⁰ and another study established a set of *General Practice* research priorities in Australia¹¹. Irrespective of these variations in reach and focus, some research priorities are common across these studies and include how primary care should be financed, organised and staff^{9 8 11 12 10}, the importance of implementation and translation of knowledge and evidence into primary care^{8 11}, addressing multimorbidity^{8 11 12}, promoting health equity^{8 11}, promoting healthy behaviours in the population^{8 11}, universal health coverage and health access^{9 8}, digital delivery of primary care^{11 8} and the involvement of patients in the design and delivery of primary care^{11 8}.

In 2009 the Royal College of General Practitioners (Scotland) published a report which recommended a strategic review of primary care R&D priorities that was cross-cutting, multi-professional and focussed on the patient and the journey of care¹³. In 2017 the Scottish Government published a strategy for pharmaceutical care which highlighted integration of pharmacy teams and GP practices recommended robust research for this type of future pharmaceutical care¹⁴. The disease COVID-19 that is caused by a new strain of coronavirus is likely to re-direct research priorities and shift research agendas in primary care. An obvious impetus for shifting research priorities is the disease itself. Guidance and interventions to reduce the spread of infection, the care and management of people with COVID-19 symptoms in Scotland included a recommendation that “primary care should make every effort to triage all patients by telephone to avoid the patient presenting at the practice or department unnecessarily and to minimise any contact with patients with respiratory symptoms”(p.7)¹⁵. A further recommendation was the routine use of Personal Protective Equipment for face-to-face contact with any patient¹⁵. Whether these interventions have been successful deserve our immediate attention so that we can continue to deliver effective care as well as improve preparations for any future epidemic. Whether the coronavirus will give rise to re-configurations of recently published research priorities in primary care is currently unknown. In the absence of a robust research priority exercise we can only speculate that digital health will shift up the research agenda because of its importance during the pandemic. Similarly, we can imagine that the role of primary care for promoting health behaviours (e.g. exercise) will remain a research priority given its prominence during the current epidemic.

2. Aims, objectives and scope of the project

The aim of this project is to reach a consensus for primary care research priorities in Scotland where uncertainties remain and set a research direction that will be relevant for patients, carers and generalist healthcare professionals in the aftermath of the coronavirus pandemic.

This is the first comprehensive, patient-centred and generalist health professional project of research priorities in primary care since the 2020 coronavirus pandemic. It is designed to strengthen future evidence for primary care to improve health outcomes.

The objectives are to:

- work with patients, carers and clinicians to identify research priorities for primary care after the coronavirus pandemic era where uncertainties remain,
- to agree by consensus a prioritised list of those uncertainties for research,
- to publicise the results and the process,
- to take the results to research commissioning bodies to be considered for funding.

Scope of the project

The scope of the study is primary care using the following definition:

“Primary care is provided by generalist health professionals, working together in multidisciplinary and multiagency networks across sectors, with access to the expertise of specialist colleagues. All primary care professionals work flexibly using local knowledge, clinical expertise and a continuously supportive and enabling relationship with the person to make shared decisions about their care and help them to manage their own health and wellbeing”².

Hence, the project does not focus on a specific sector (e.g. General Practice) or profession (e.g., dentists) but is inclusive.

This project follows the James Lind Alliance (JLA) methodology¹⁶. The JLA approach is based on the Delphi process, which is an established process for consensus development among stakeholders.

3. Steering group

The Steering group for the project is the Scottish School of Primary Care (SSPC) Executive, which includes a patient representative, clinical academics and primary care researchers from Scottish universities¹⁷. The project will be led and managed by the Steering Group who will agree the resources, including time and expertise that they will be able to contribute to each stage of the process.

4. Partners

Organisations and individuals will be invited to be involved in the project as partners who will commit to supporting the project, promoting the process and encouraging their represented groups or members to participate. A letter from the Steering Group will be used to elicit engagement by partners. The Steering Group will be responsible for maintaining a database of partners. The list may change as the project progresses and will include patient and carer organisations and primary care professional organisations.

5. Methods

The process is iterative and dependent on the active participation and contribution of different groups. The following steps will be taken:

Step 1: Identification and invitation of potential partners

Potential partner organisations will be purposefully identified through a process of peer knowledge and consultation, through the Steering Group members’ networks. Potential partners will be contacted and informed of the establishment and aims of the project by the Steering Group.

Step 2: Awareness raising

The project will be publicised through the Steering Group and partners members’ networks in order to elicit support and participation.

Step 3: Identifying evidence uncertainties

The Steering group will carry out a consultation to gather uncertainties from patients, carers and primary care professionals.

Eligibility

Anyone living in Scotland who uses primary care services, carers or who are healthcare professionals in primary care in Scotland will be eligible to participate in the identification and prioritisation of research for primary care where uncertainties remain.

A period of 3 months will be given to complete this exercise.

The Steering Group will use an online survey to identify an initial set of research priorities, using Online Surveys (formerly BOS). Respondents will be given the following definition of primary care that is based on a working definition of primary care in Scotland¹:

“Primary care is provided by generalist health professionals, working together in multidisciplinary and multiagency networks across sectors. Primary care is provided by generalist health professionals including GPs, Nurses, Dentists, Pharmacists, Optometrists and Allied Health Professionals (AHPs) such as podiatrists and physiotherapists. The primary care team also includes non-clinical staff such as administration staff, managers and receptionists.”

Responses will be solicited with the following open-ended query that was used in a previous international JLA primary care research priorities project: *“Please suggest up to three important primary care research questions.”*⁸

Respondents will be asked to confirm that they are living in Scotland. Respondents will be asked to identify if they are a “primary care professional” and given the list of professions to choose from: GP, Nurse, Dentist, Pharmacist, Optometrist or Allied Health Professional (AHPs) such as podiatrist and physiotherapist, “member of the public” or “clinical academic in primary care”.

A preamble to the online survey will include information about the project. Respondents will be requested to indicate that they understand the purpose of the project and give their consent to being involved by marking a box before moving on to the actual survey question.

Responses will be anonymous. No names are requested during the survey. Respondents will be asked to provide an email if they are willing to participate in subsequent steps of the project, but these emails will be stored separately from the submitted priorities and demographic information.

Results will be downloaded from Online Survey to an Excel spreadsheet for the purposes of analysis in Step 4.

Step 4: Refining questions and uncertainties

Responses will be grouped into key themes by the Steering Group.

Duplicates and questions outside the scope of the project will be combined where appropriate or removed. Members of the Steering Group will undertake this task with the Steering Group having oversight of this process to ensure that the raw data is being interpreted appropriately.

A list of summary questions will be worded in such a way that they can be understood by a non-research audience.

An information specialist will then check the list of summary questions against evidence to determine whether they have already been answered by research. The information specialist will complete the JLA Question Verification Form, which clearly describes the process used to verify the uncertainty of the questions, before starting prioritisation. The Question Verification Form includes details of the types and sources of evidence used to check uncertainty.

Questions that are not adequately addressed by previous research will be collated and recorded on a standard JLA template by the information specialist. This will show the checking undertaken to make sure that the uncertainties have not already been answered.

A final list of summary questions will be checked by the Steering Group for use in the next step. Based on previous research prioritisation exercises, it is anticipated that the list will have approximately 30 to 36 questions^{8 12}.

Step 5: Prioritisation – interim and final stages

The aim of the final stage of the priority setting process is to prioritise through consensus the identified uncertainties about primary care. This will involve input from patients, carers and primary care professionals.

The respondents in Step 3 who gave their permission to be contacted again will be invited to rank the list of the summary questions in order of priority. This will be done using an online survey. The survey will be open for 1 month.

Final prioritization

The ranking of all questions will be reviewed for final prioritisation which will be done by a final priority setting workshop. The aim is to have approximately 20 to 30 people involved. Representatives from all of the partner organisations will be invited to a final priority setting workshop, which will be conducted by video conference. The purpose of the workshop is to determine the top 10 questions for primary care research.

6. Impact and dissemination

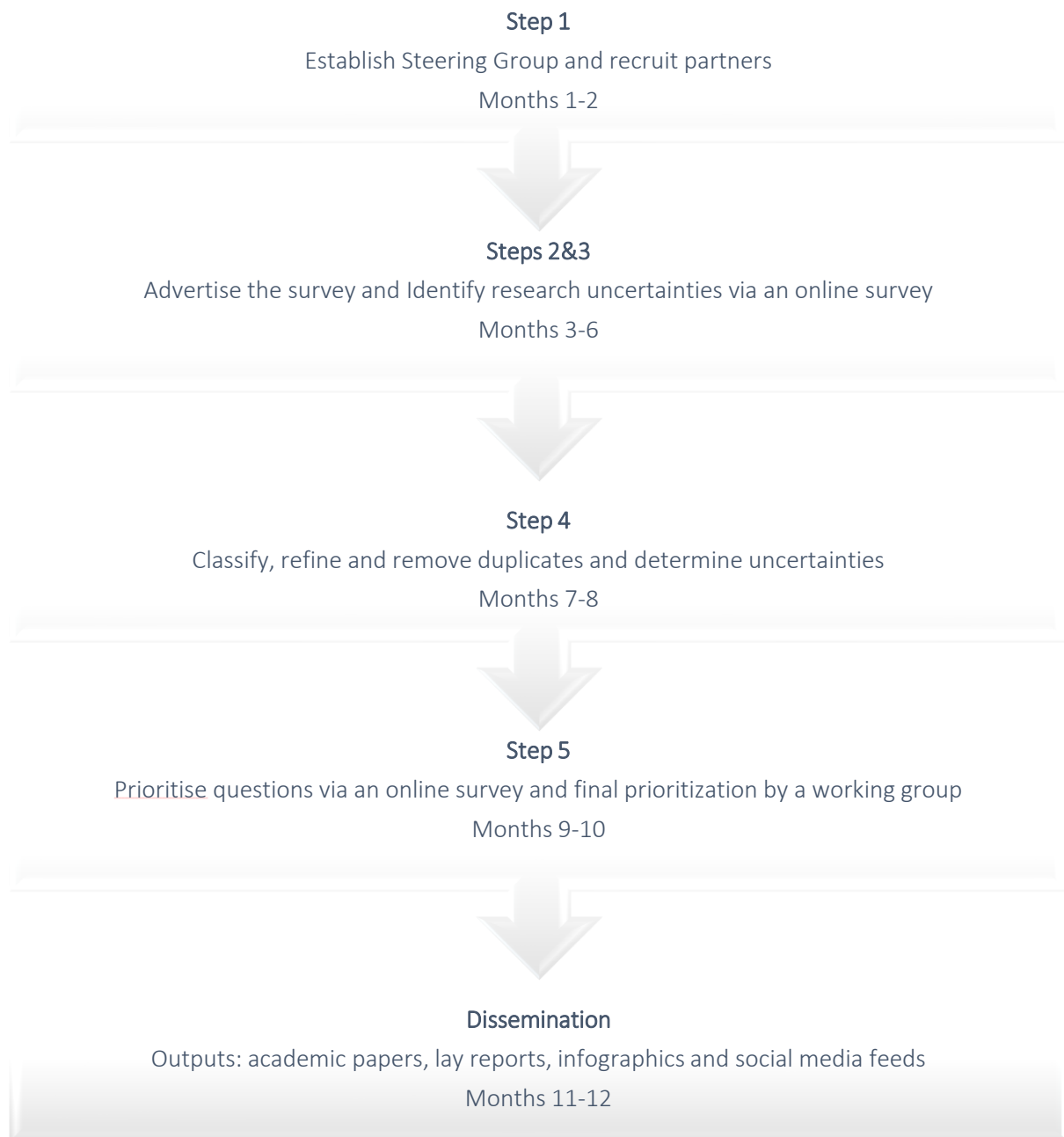
This will be the first comprehensive, patient-centred and generalist health professional study of research priorities in primary care since the 2020 coronavirus pandemic. It is designed to strengthen future evidence for primary care to improve health outcomes. The project could be used by funding bodies and decision-makers to influence the types of studies that are conducted by an array of researchers who are typically engaged in primary care research including general practitioners, nurses, pharmacists, psychologists, sociologists, anthropologists, statisticians, health economists, and health services researchers.

The Steering group will identify audiences with which it wants to engage when disseminating the results. Outputs will include academic papers, lay reports, infographics and social media feeds.

7. Ethical considerations

The project will be reviewed and approved by UHI research and ethical committee. The ethical principles of ensuring freely given fully informed consent, and the right to withdraw from project participation will apply. As described above, respondents will be asked to indicate their consent by marking a box in the online survey. Respondents will not be asked for their name. The right to anonymity when reporting findings will be emphasised.

8. Project flowchart and timetable



Adapted from JLA process

9. References

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