Whatever happened to all those attempts to change access to General Practice?

GP-SUS
Access to General Practice: Innovation, impact and sustainable change

GP-SUS Briefing Paper 6: Collaborative workshops to formulate study outputs.

Access to General Practice is a concern for policymakers, politicians, service providers and the public. Recognising the importance of ensuring research findings are transferable to those using the findings, we used collaborative workshops and patient engagement to aid development of the study outputs.

Objective

To distil and develop deep, transferable learning about sustainable approaches that support and improve access to General Practice.

Collaborative workshops

We held three sequential interactive workshops. Participants included staff from practices participating in the wider research study, as well as individuals from primary care networks, partnership boards of integrated care systems, clinical commissioners, professional and NHS bodies, academia (with access expertise) and independent think tanks. The workshops covered 1) early findings of the study, 2) what evidence-based resources participants currently used, and 3) what resources they would like to see produced from the study.

The first two workshops were online, the final was in person. The workshops were facilitated by the research team, including the patient and public involvement lead. Notes made by attending research team members were augmented by feedback left in the chat function in Microsoft Teams to create a record of each workshop.

Workshop attendance

We achieved variable attendance at our workshops. The first workshop had 12 attendees, the second workshop had 9 attendees of which 7 were also at the previous workshop, and the final workshop had 7 attendees of whom 6 had attended a previous workshop.

Patients and the public

Alongside the collaborative workshops we held partner meetings with our patient and public involvement group. These meetings took a similar form, though group members were already familiar with the study and its processes. Members contributed to outputs for the study throughout and contributed directly to the dissemination plan.

All workshops were co-designed and convened by the study lay co-investigator, who also acted as a facilitator in workshops 2 and 3.

From these workshops we gained insights that helped us to validate our interpretation of the study data. We observed the competing interests and needs of different groups, who have different perspectives on the value of research evidence.

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Findings

Outputs that are brief, written in lay terms and widely publicised appear to be of especial value. They should be based on evidence that is contemporary and timely.

Views on use of evidence:

Recognition that evidence is not used at practice level, with anecdotal content and experiential knowledge holding more weight with general practices and primary care networks. Exemplar practice examples were highly valued. The power of personalities in endorsing or undermining evidence should not be underestimated. Toolkits were often seen more as a resource for policymakers than as guides for practices.

Types of evidence:

- Two-page policy briefings: especially appropriate for NHS England and other policy audiences.
- For practices: material that can be used at existing events and training sessions, perhaps delivered via the Integrated Care Boards or Primary Care Networks.
- Social media to disseminate short videos to the public and professional audiences.
- Include a focus on contemporary voices, patients, reception staff where possible.
- Vignettes and learning case studies are useful.
- Group work focused on solutions could also be useful.
- Toolkits need to be carefully tailored to specific audiences.
- Lay terms and accessible summaries are vital to spread findings to a non-academic audience.

Suggested routes for sharing evidence included health focused charities, professional bodies, Integrated Care Boards and other NHS bodies. Theatre and film were potential channels for reaching wider populations. Social media can be very influential but reaches only a small subset of the population.

Conclusion

The process of holding workshops and engaging stakeholders has provided clear insight into the unique needs of different groups and how best to disseminate this research. From this information we have planned our individual study outputs, including the use of briefing sheets like this one. As a result of these workshops, we are now holding our final study dissemination event in conjunction with another NIHR funded study examining access to General Practice (OATH), so that we can combine our learning.

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Outputs

Academic articles and funder report.

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