

Identifying Primary Care Patient Safety Research Priorities in the UK: A James Lind Alliance Priority Setting Partnership

Morris et al. (2018)
<https://doi.org/10.1136/bmjopen-2017-020870>

For which topic were research priorities identified?

primary care patient safety

In which location was the research priority setting conducted?

Europe - United Kingdom

Why was it conducted at all?

Patient safety in healthcare is a policy priority at international, national, regional and local levels and is important to, and the responsibility of, everyone. Clinical research aims to improve the evidence on which decisions are made about prevention, treatment, care, management and cure while avoiding a waste of research resources. In the last 10 years, there has been a growth in primary care patient safety research, which has focused mostly on medication safety and errors. As there is limited time and resources available for research, it is important that priority is given to patients and healthcare professionals to address issues that affect everyday practice. There is an increasing recognition of the role of patients and healthcare professionals in co-setting the research agenda and the research community has been challenged to prioritise and fund research questions that are of relevance to a diverse range of stakeholders, including patients and healthcare professionals.

What was the objective?

to identify the top 10 unanswered research questions for primary care patient safety research

What was the outcome?

a ranking list of 10 research questions

How long did the research prioritization take?

March 2016 - March 2017

Which methods were used to identify research priorities?

JLA method

How were the priorities for research identified exactly?

Step 1: setting up PSP: steering group established, stakeholders and partner organizations identified. Step 2: gathering uncertainties: survey asking: What are your questions about primary care (general practice, pharmacy, dentistry) patient safety?, 443 questions submitted. Step 3: data processing: submitted questions grouped into key themes, duplicates removed, indicative questions created, check against evidence, in total 173 questions considered unanswered by research. Step 4: interim ranking: steering group ranked questions, top 60 questions then taken to second survey, participants were asked to rate each question, top 30 questions moved forward to workshop. Step 5: final prioritization: workshop: series of small group discussions and rankings, aggregate rankings discussed in plenary

Which stakeholders took part?

Patients, carers and healthcare professionals. Survey: 237 participants. Interim ranking: 447 participants: 374 patients or carers. Workshop: 13 patients or carers, 3 GPs, 5 pharmacists, 1 nurse.

How were stakeholders recruited?

Participants were recruited via a range of convenience sampling. Group members and the Greater Manchester PSTRC promoted the survey through a range of newsletters to members, social media, and through professional and patient networks.

Were stakeholders actively involved or did they just participate?

Stakeholders not only participated but were also actively involved in the research prioritization process: They were part of a steering group. The steering group consisted of representatives from the Royal College of Nursing, the British Dental Association, the Royal College of General Practitioners, Healthwatch Manchester, Carers UK, the Patients Association, Pharmacy Voice, NHS Salford Clinical Commissioning Group, Royal Pharmaceutical Society and LGBT Foundation. The members were responsible for agreeing on the initial focus, publicising the PSP, overseeing and collating the priorities as well as taking the final priorities to research funders.