Embedding researchers in the primary care team can help more **GP** practices become research active

(*more primary care research = enhanced patient care)

The "embedded researcher" model: facilitating research in primary care

Experiences from the D-PACT (Dementia PersonAlised Care Team) study

INTRODUCTION

- One advantage of more research % research active GPs 2019/2020 in primary care is enhanced patient care^{1,2,3}.
- However in 2019/20 only 35% of all GP practices in the UK were research active⁴.

APPROACH

- We adopted an "embedded researcher" model in our D-PACT study
- In this model, the researcher wears two hats (see Figure 1, extreme right):
 - "Embedded researcher":
 - works as part and on behalf of the extended primary care team, and does the preconsent work that the GP practice usually has to do in research studies
 - 2. "Researcher": works in their usual role, conducting consent and post-consent work.

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HOW DOES IT WORK?

- Researcher signs an honorary contract (like a physiotherapist working with the practice might) and confidentiality agreement
- Appropriate access to records is arranged
- A secure system (e.g. MS Teams channel) is set up to store any pre-consent data so that no data leave the practice

FINDINGS

- 59% of practices approached agreed to join the research (first practices joined at or around the height of the 2021-22 Covid-19 Omicron wave).
- Recruited practices were from a range of settings: rural Devon, South coastal Devon (areas with high deprivation), areas with a high representation of South Asian community (Greater Manchester)

LEARNING POINTS

- · For researchers: make things as simple and easy as possible, be flexible, provide clear information about data flow, allow time for delays, ensure everyone in the practice especially receptionists - know about the study.
- For GP practices: recognise their crucial role in advancing knowledge in primary care, be open to new ways of working, trust in the professionalism of the researcher.

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What is the D-PACT study?

A five-year programme of research funded by the National Institute for Health and Care Research (NIHR) to develop and evaluate a Dementia Support Worker (DSW) role based in GP practices. Our study wants to know: does having a support worker improve quality of life for people living with dementia and their carers? And if so, for whom, how and under what circumstances? Taking place in Southwest (Devon) and Northwest (Greater Manchester) England, we are currently in Year 5 of the study, using a realist longitudinal mixed-methods approach to evaluate the value and impact of a DSW in a variety of settings including under-served areas (e.g. low income, ethnic minorities). We are collecting high volume qualitative data and quantitative measures.



How successful was patient recruitment?

Using our person-centred multi-stage approach, we recruited 120 people with dementia and 113 carers, surpassing our minimum target of 90 people with dementia. 47.5% were living in more deprived areas (areas ranked 1-5 in the Index of Multiple Deprivation; 1 = most deprived; 10 = least deprived). 13% of our NW participants were from the South Asian community.







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- oplied Research (RP-PG-0217-20004) and in pressed are those of the aut
- oster movement by Mike Morrison https://osf.io/ef53g



