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Primary care research activity has traditionally focused on patient identification centre (PIC) work. However the true value of PICs is difficult to measure and is thus not performance managed by LCRNs. While study teams are asked to confirm the number of patients recruited into a study, it is difficult to collect this information for a variety of reasons. Thus with **no performance metrics attached to PICs** collecting this data retrospectively is problematic.

Anecdotal evidence suggest that PICs were not providing value to the NWL research portfolio. Primary care PICs are expensive to set up, take a larger amount of resources and experience suggests many PIC studies did not achieve the aim of increasing recruitment. In an effort to evaluate the return on investment NWL was started to collect data relating to PIC activity. The results presented below are the preliminary findings gained so far from this project. The ultimate aim of this workstream is to improve the local NWL PIC model, by establishing guidelines for researchers in relation to how best achieve their sample size.

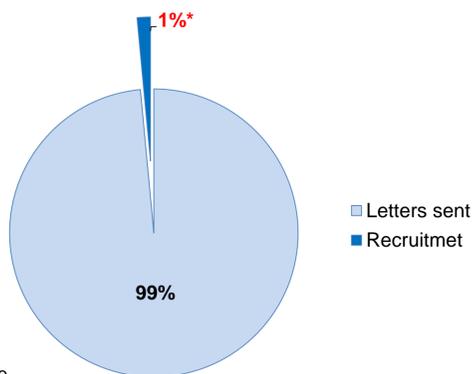
NWL Patient Identification Centre Evaluation

North West London CRN has over the last year begun a **prospective study to monitor the performance of PICs across our region.**

We have taken **3 research studies** and actively collected recruitment data. We **compared traditional PIC models (mail out)** invitation letters to patients verses **opportunistic approaches by GP practice staff.**

The primary **performance outcome** was taken as activity converting to **recruitment**, while the secondary outcome examined **value for investment.**

STILTS2



*recruitment 0.02% (too small to graph thus rounded to 1%)

Fig 1. STILTS2: NWL total Recruitment as a percentage of the studies total recruitment

STILTS2: NWL Data	
No. Practices	22
No. of letters sent	1334
Total recruited	38

Traditional mail out only (PIC). This study is a genetics study and our hypothesis is that patients would have further questioning in relation to the research question and hence a letter being posted would not be the most effective approach particularly based on our local experience.

The NWL Primary Care Team determined that an opportunistic approach by either their GP or practice nurse could have been explored as a way of obtaining a better recruitment conversion rate.

To test this theory we took 2 diabetes studies: a simple qualitative survey (DEC) and a more complex large scale health assessment study (iHEALTH) to glean more evidence to support our thinking.

Improving PIC recruitment conversions rates?

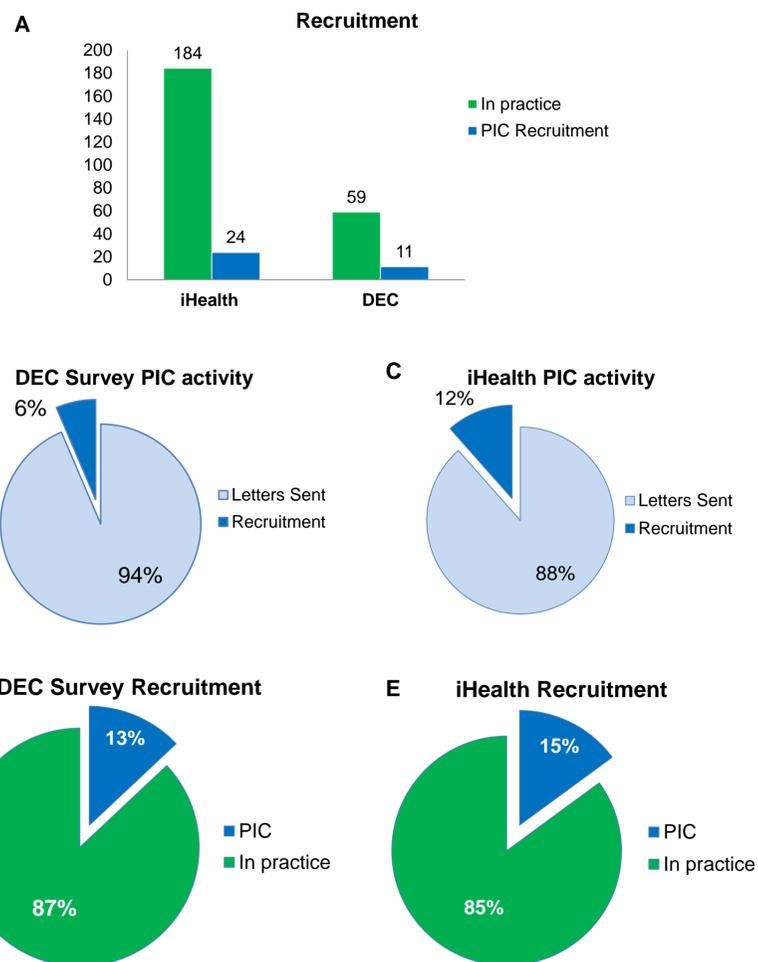


Fig 2 : Diabetes Essential Care Survey (DEC) and iHEALTH: A comparison of methods

It was determined that by taking 2 studies and comparing PIC approaches within the same studies would result in the most accurate evaluation.

For PIC component of iHEALTH patients were invited by mail to book appointment in a local hospital for a diabetes research health check. For the In-practice approach patients were invited opportunistically by the GP or Practice Nurse and subsequently booked into a research clinic for the health check. From the above graphic it can be clearly seen that the **in-practice approach far out performed the PIC (mail out)**.

The above results was replicated for the DEC survey study, whereby patients were invited opportunistically during the course of routine clinical appointments verses mail-out (PIC activity). The opportunistic approach resulted in far greater number of surveys being completed.

DISCUSSION:

Following the evaluation of standard PIC activity across NWL it was found that PIC, mail-out activity, resulted in much lower recruitment compared to opportunistic, in-practice approaches. STILTS2 is one of many studies we examined where recruitment conversion rates raised questions in relation to 'value for money' directly related to the PIC model.

In practice approaches were found to be more effective and resulted in much better recruitment rates. They further resulted in a better experience for GP staff and more active engagement with the research. GP in-practice activity is easier to measure and thus allows this type of activity to be more easily performance managed.

PICs have no NIHR metrics and thus are not performance managed. Focus group work has also reinforced the view that patients would much rather be approached by their own GP or another member of staff at the practice

While this study has limitations in regards to data quality due to the difficulties around tracing recruitment back to PICs we believe these results indicate that a national study examining PIC performance is warranted to assess the true impact of PIC activity and thus guide how resources are directed in primary care into the future.