

# Networking

## Oak trees from acorns? An evaluation of local bursaries in primary care

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During the period 1997–2002 ResNET and PRO~Net, the primary care research networks for Buckinghamshire and Oxfordshire respectively, awarded small bursaries to network members to support local research. The bursaries were designed to assist researchers undertaking small, largely unfunded projects. The intention was to encourage research activity that could be shown to lead to evidence-based practice. The bursaries took a broad view of research activity, including enabling projects, skills training and dissemination of findings. A total of £6818 was awarded to 19 applications involving 22 individuals. Semi-structured interviews were carried out with 19 of the recipients plus two correspondences via email to explore a wide range of outcomes and the effects on personal and professional development. Tangible outcomes included six published papers to date, six international conference presentations and 10 national presentations with many local presentations or network newsletter articles as well as securing additional external funding of £117 500. The awards enable locally based research that contributes to the agenda of linking practice development with the implementation of findings at the local level essential to improving patient care. In addition, there are perceived benefits to individuals in developing their personal and professional skills, which in turn aid recruitment and retention in primary care.

**Key words:** evidence-based practice; local bursaries; primary care; research

### Introduction

During the period 1997–2002 ResNET and PRO~Net, the primary care research networks for Buckinghamshire and Oxfordshire respectively, awarded small bursaries to network members to support local research. The bursaries were designed to help researchers undertaking small projects that were largely unfunded. As a direct result of the Mant report, 1997 (NHS Executive, 1997) which called for an increase in research capacity in primary care, the principal intention was to encourage research activity that could be shown to lead to evidence-based practice. The

bursaries took a broad view of research activity, including enabling projects, skills training and dissemination of findings. A total of £6818 was awarded to 19 applications involving 22 individuals.

With the joining together of these two networks, with Berkshire, into the Thames Valley Primary Care Research Network, it was thought appropriate to evaluate the awards.

### Objectives and methods

The evaluation set out to:

- identify outcomes of projects funded by the bursaries.
- explore the effects for individuals awarded bursaries in terms of developing research skills and promoting their research careers.
- examine the cost effectiveness of the awards.

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Internally held data were used to ascertain the range of activities that were funded, the occupation of the recipients and the prime use made of the award.

Semi-structured interviews were carried out, according to Holloway and Fullbrook, 2001, with 19 of the recipients plus two correspondences via email to explore a wide range of outcomes and the effects on personal and professional development.

An estimation of 'value for money' was attempted by looking at total costs, numbers of publications or presentations and any further funding that might have been obtained.

## Findings

### Scope of the awards

Bursaries were awarded across the range of primary care professionals. They included: seven community nurses, six general practitioners (GPs), four practice nurses, one physiotherapist, two non-clinical staff and two pharmacists. The projects were equally diverse. Whilst each request for funding was associated with a project being carried out in primary care, the bursaries were not always for monies to fund the project itself, but sometimes to be able to write up or disseminate the results, all equally valid research activities. Thus the projects associated with the funding could be categorized under four broad headings. One was *Service delivery* and explored asthma, epilepsy, nursing provision and the return of unused medications. Another was *Interventions* and explored leg ulcers, iron deficiency in toddlers, ear syringing, foot massage and exercise regimes for the elderly. *Patient perspectives* explored emergency appointments, young people's needs, fertility awareness and patients access to their own records. Lastly was *Professional education*, which explored multi-disciplinary working, using the Internet for survey research, information needs and seeking behaviour, community nurse satisfaction and multidisciplinary learning sets.

The activities funded were divided into four categories:

- 1) *Gathering data*, which included printing, postage, transcribing, library and focus group, costs.
- 2) *Locum cover/clinic time*, which included writing up time or extra clinic time.
- 3) *Analysis*, which included actual time spent or professional help.
- 4) *Dissemination*, which included conference fees for making a presentation, producing reports and distribution of guidelines.

### Outcomes

- These included six published papers to date, six international conference presentations and 10 national presentations with many local presentations or network newsletter articles.
- Further funding obtained of £117 500, a 16-fold return.

Other less tangible outcomes emerged:

- Ten of the recipients gave details of contacts that had been made with them.
- Eleven of the recipients quoted examples of changes in practice which had resulted.
- Four of the recipients gave details of new opportunities that had presented themselves.

The award holders considered these important outcomes.

### The effects for personal and professional development

At the outset of the evaluation it was envisaged that the bursaries would have been important in developing research skills and in promoting research careers. Whilst there was considerable evidence for this it also became apparent that there were other more personal developments:

- Thirteen interviewees were able to identify specific areas of skill or career development; these ranged from devising costings, writing a paper or learning SPSS skills to managing a research project and managing other people.
- Most recipients felt that being able to put the award on their CVs opened doors for them, either towards further funding or in terms of career options. Not all recipients wanted to promote a research career but several felt more able to take an evidence-based approach to their clinical practice.

There were many comments made as to personal development; generally these concerned gains in confidence, insight into personal practice, the excitement and stimulation from doing the work and the collaborative links that had been made.

### Cost effectiveness

A 'value for money' exercise was attempted by looking at further funding obtained, the numbers of publications or presentations made and by how much the award had contributed to the actual cost.

- An outlay of £6818 generated £117500 in further funding a 16-fold increase.
- To date, six peer-reviewed papers have been published and 16 international or national conference presentations made. This could be calculated as £310 per event; if 14 local presentations are included this reduces dramatically to £189.

An attempt to find what proportion of the total cost the award represented failed; most recipients had no idea of their personal commitment in time or other costs, other than it was a great deal.

### Other benefits

- Three awards were made to projects that had outside funding. In these instances, the extra money was able to cover aspects of the project that the original funding had not included. Importantly these centred around patient participation and gaining the views of consumers.
- In the main the projects funded were concerned with local issues and recipients reported that being able to produce the local evidence was important in bringing about changes in practice, thus supporting the evidence presented by Thomas *et al.*, 2000, in a recent editorial for the *British Journal of General Practice*.

### Conclusions

- A scheme such as this has a valuable role to play

in developing an evidence-based approach to clinical practice.

- There are benefits to individuals in developing their personal and professional skills.
- The awards enable locally based research that contributes to the agenda of linking practice development with the implementation of findings at the local level (Rait *et al.*, 2002) essential to improving patient care.

### Recommendations

- A locally based bursary scheme should be continued with a larger limit than at present, possibly up to £750 per applicant.
- Awards can be made to projects with some other funding in place provided it enables a separate and appropriate piece of work to be carried out.

### References

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