

I-ACT Study - Improving access to primary care

Submission date 06/03/2017	Recruitment status No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 08/03/2017	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 23/05/2019	Condition category Other	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Background and study aims

Nine million people live in rural (country) areas in England, of which one in five is over 65 years old. The population of over 85 year olds is the fastest growing age group in rural areas. Poverty is high in older rural people with a sixth of rural pensioners living in poverty. Access to primary care (first-line healthcare) for rural people is challenging with one in five living more than 4km from their general practice and one in three pensioner households not having access to a car. Therefore, in English rural areas, there are approximately 651,000 over 65 year olds that do not have access to a car and 316,000 people over 65 years old who live below the poverty threshold. Previous research has highlighted that socio-economically disadvantaged (poorer) older people in rural areas are at risk of poor access to healthcare. The study team has spent two years understanding why this group may find it difficult to access primary care by reviewing previous research, interviewing older people, conducting focus groups with health professionals and collecting population information. It is possible that improving the ease of the booking system and access to suitable transport options for those without access to a car could help rural older people to access healthcare. This study is looking at a support package to give to GP surgeries, designed to help improve access to primary care for this group. The aim of this study is to test the study procedures to find out if a full-scale trial would be possible.

Who can participate?

Older adults who have difficulty getting to their GP and are on two or more repeat prescriptions.

What does the study involve?

Four GP practices are randomly allocated to one of two groups. One of these practices is allocated to a group that continues to offer usual care to patients. The other three practices are allocated to a group that receive a Support Manual that informs four development meetings and £1500 to develop and/or deliver their own practice-level service changes to their patients. The service changes are aimed at improving the ease of the booking system and helping overcome transport barriers. During the first two months, two three-hour practice observations will take place. In the final two months there will be two group interviews with staff from each practice. In order to obtain information about the effectiveness of the program, data is collected from a random sample of ten patients from each practice. Each time the patient tries to book an appointment or attends the surgery they are asked to complete a questionnaire. Semi-structured interviews are also undertaken with two of the patients recruited from each practice.

What are the possible benefits and risks of participating?

Those taking part may benefit from their GP practice being supported to develop ways of improving the service. This study is very low risk and we don't expect any significant risks for participating taking part.

Where is the study run from?

The study is run from Norwich Medical School and takes place in four GP practices (UK)

When is the study starting and how long is it expected to run for?

September 2016 to May 2018

Who is funding the study?

National Institute for Health Research (UK)

Who is the main contact?

Dr John Ford

jf653@medschl.cam.ac.uk

Contact information

Type(s)

Public

Contact name

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Additional identifiers

Protocol serial number

33077

Study information

Scientific Title

Improving Primary care Access in Context and Theory (I-ACT trial): A theory informed trial using a realist perspective

Acronym

I-ACT

Study objectives

The aim of this feasibility study is to test the design and collect the necessary information needed to inform a definitive trial investigating the effectiveness of a GP practice support package to improve access to primary care for socio-economically disadvantaged older people in rural areas.

Ethics approval required

Old ethics approval format

Ethics approval(s)

NRES North East - York Research Ethics Committee, 19/12/2016, ref: 16/NE/0424

Study design

Randomised; Interventional; Design type: Process of Care, Complex Intervention

Primary study design

Interventional

Study type(s)

Other

Health condition(s) or problem(s) studied

Specialty: Primary Care, Primary sub-specialty: Public Health; UKCRC code/ Disease: Other/ Symptoms and signs involving the urinary system

Interventions

Practices will be randomised using simple block randomisation to ensure that one practice is allocated to the control arm and three to the intervention. Opaque sealed and numbered envelopes will be used. Practices will be randomised after all 10 participants have been recruited and the practice profiled.

Intervention: Practices allocated to the intervention arm will be supported to improve the following two areas for socio-economically disadvantaged older people:

1. Ease of the booking system and
2. Transport barriers

Each practice in the intervention arm will be asked to nominate a GP and practice manager as development leads. A Support Manual will be provided to help intervention practices meet the above objectives for all patients in the population of interest, not just those who are providing data. The Support Manual will include:

1. An overview of the trial.
2. Service specifications outlining the essential characteristics of the planned changes to ensure that it will meet the research requirements.
3. An evidence briefing providing an up-to-date review of the published and grey literature looking at barriers to improve access to primary care and possible interventions.
4. An outline of the four development meetings.
5. A logic model to support development
6. Feedback to practices from the practice profiling.

7. Time specific milestones to guide development and implementation.

The support manual will be presented to all intervention practices at an initial induction meeting of practice managers.

The Support Manual will be complimented by four weekly development meetings for one hour at the practice in which the practice manager and GP will meet with members of the research team to develop their service and £1500 to contribute to the service development and/or delivery. The four weekly meetings will consist of:

1. Problem solving, brain storming and initial actions
2. Options appraisal, decision making and next steps
3. Reviewing decision and completion of logic model
4. Agreeing service changes and process measures

The development meetings will be audio-recorded to help understand the decision making process. Consent will be obtained from GPs, practice managers and any other staff who attend before audio-recording the meetings. The final service changes will require agreement between the research team and practice before implementation. The research team will also agree specific activity and process measures to assess implementation. The logic model produced by the practice and research team will provide a clear description of the service changes and hypothesised causal pathways.

Control: Participants in practices not randomised to the intervention arm will receive usual care and access the GP surgery in the standard manner.

During the first two months, two three-hour practice observations will take place. In the final two months there will be two group interviews with staff from each practice.

Intervention Type

Other

Primary outcome(s)

1. Pre-appointment transport options, ease of appointment and perceived convenience measured by a self-completed questionnaire designed for the purpose of this study at baseline, 6 months and each time appointment is booked
2. Post-appointment suitability of received appointment and transport to get to the appointment measured by a self-completed questionnaire designed for the purpose of this study at baseline, 6 months and each time appointment is booked

Key secondary outcome(s)

1. Confidence and trust in GP practice measured by a self-completed questionnaire designed for the purpose of this study at baseline, 6 months and each time appointment is booked
2. Patient Activation Measure (PAM) measured by a self-completed questionnaire designed for the purpose of this study at baseline and 6 months
3. Quality of life (EQ5D and ICECAP-O) measured by a self-completed questionnaire designed for the purpose of this study at baseline and 6 months
4. Number and type of health professional contact measured by routine practice data for trial period from 6 months at baseline and follow-up
5. Hospital admissions measured by routine practice data for trial period from 6 months at baseline and follow-up
6. Intervention activity and process measures agreed by research team and practices measured by routine practice data for trial period from 6 months at follow-up
7. Number of referrals measured by routine practice data for trial period from 6 months at baseline and follow-up

8. Number of repeat medications measured by routine practice data for trial period from 6 months at baseline and follow-up

Completion date

30/05/2018

Eligibility

Key inclusion criteria

1. Aged 65 years and over
2. With difficulty accessing the general practice
3. Two or more repeat prescriptions
4. Twelve or fewer nurse or GP consultations in the past 12 months (face-to-face, telephone or home visit)
5. No access to a car within their household
6. Living in a postcode in the highest Index of Multiple Deprivation quartile in the practice

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Sex

All

Total final enrolment

34

Key exclusion criteria

1. Significant cognitive impairment that would prevent them providing informed consent, such as dementia
2. Not able to speak English
3. Generally do not book their own appointments

Date of first enrolment

01/04/2017

Date of final enrolment

31/08/2017

Locations

Countries of recruitment

United Kingdom

England

Study participating centre**South Norfolk CCG**

Lakeside 400,
Old Chapel Way,
Broadland Business Park,
Thorpe St Andrew
Norwich
United Kingdom
NR7 0WG

Sponsor information**Organisation**

University of East Anglia

ROR

<https://ror.org/026k5mg93>

Funder(s)**Funder type**

Government

Funder Name

National Institute for Health Research

Alternative Name(s)

National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type

Government organisation

Funding Body Subtype

National government

Location

United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are/will be available upon request from John Ford (jf653@medschl.cam.ac.uk). Anonymised individual level data is available from now until October 2028. Each request will be considered individually based on the purpose and resources required. Consent was obtained to share anonymised data for other research.

IPD sharing plan summary

Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	04/04/2019	22/05/2019	Yes	No
HRA research summary	Participant information sheet		28/06/2023	No	No
Participant information sheet		11/11/2025	11/11/2025	No	Yes
Study website	Study website	11/11/2025	11/11/2025	No	Yes