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Research activity in general practice

Sir,

The Department of Health report *Research for health* states that 'the content and delivery of care in the National Health Service should be based on high quality research relevant to improving the health of the nation'.[1] General practice should be a logical place for such research to be carried out, since 90% of NHS health activity occurs exclusively within it.[2] However, little is known about the number of service general practitioners taking part in research. The Royal College of General Practitioners has suggested that both the quantity and quality of research in general practice should be improved[3] and evidence from the numbers of publications by service practitioners suggests that their involvement is limited.[4] Possible barriers to research have been identified as lack of time, patient cooperation and staff support.[5] With the increasing employment of practice nurses by general practitioners could a solution be to involve nurses in research?

In March 1991, a questionnaire sent to all senior partners in 259 practices in Birmingham Family Health Services Authority explored the amount of research being undertaken in general practice by asking whether practices take part in personal research, national studies, clinical therapeutic trials or any other types of research. They were also asked if they employed a nurse, if the nurse was involved in research, and what their attitude was to a research role for the nurse.

After a single reminder 219 practices (84.6%) responded. Of these, 136 (62.1%) stated that their practice took part in some form of research. Of those practices taking part in research (57.4%) were involved in a single area of research (Table 1). The clinical therapeutic trial was the type of research reported most frequently by practices (32.4% of practices were only doing these trials and 69.9% of practices were carrying out trials among other research activities).

Involvement in research did not differ significantly with size of practice, but practices with four or more partners were more likely than those with three or fewer partners to carry out personal research (68.4% of 19 versus 34.9% of 109; $\chi^2 = 6.27$, $P<0.05$).

Table 1. Type of research undertaken by practices.

Type of research	% of practices (n = 136)
CTT only	*32.4*
Personal/national/CTT	*15.4*
National surveys only	*13.2*
National/CTT	*13.2*
Personal research only	*9.6*
Personal/CTT	*8.1*
Personal/national	*4.4*
With other groups only	*2.2*
Personal/national/other	*0.7*
Personal/national/CTT/other	*0.7*

n = number of practices. CTT = clinical therapeutic trial.

The majority of the 219 responding practices (79.9%) employed at least one practice nurse and 79.5% of general practitioners thought that there was a research role for the nurse. For the 30 general practitioners who thought there was no role, the main reason given was that the nurse was already too busy. Although only 29.1% were already aided by the nurse in research, the more types of research undertaken by a practice the greater likelihood that the nurse was participating. In practices pursuing only one type of research 27% of 78 nurses assisted compared with 61% of 23 nurses in practices pursuing three or more types of research ($P<0.01$). Nurse participation was most common in practices conducting personal research (53% of 53) followed by clinical therapeutic trials (46% of 95) and national surveys (34% of 65). Of the 51 practices where a nurse assisted, the nurse's most common research involvement was in patient care (49%), performing diagnostic tests (37%) and general administration (26%).

Research among service general practices in Birmingham appeared to be extensive. However, much of the research activity was in clinical therapeutic trials or national surveys, which involve an essentially passive role in servicing other peoples' protocols and ideas. Personal research involves identifying the problem area, initiating the protocol design, organizing the project, involving and motivating other members of the practice team, and analysing and reporting the results. Nevertheless, 53 of the 219 practices responding (24.2%) were engaged in personal research projects. These results suggest that the number of publications by general practitioner authors does not reflect the true extent of general practice research. The extent of research activity compared with the low rate of publication points to the need for greater investment in research training for doctors and nurses in general practice.

J E KENKRE
F D R HOBBS
S M GREENFIELD

Department of General Practice
University of Birmingham
Edgbaston
Birmingham B15 2TT

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Telephone access in general practice

Sir,

Before we can assess the use and usefulness of the telephone in primary health care provision, the first issue to address is whether patients can make initial contact with the practice. If the telephone is often engaged, or the answering time unduly long, the public is likely to have a poor perception of the service, whatever the quality of health care subsequently provided. I was therefore pleased to see that Lesley Hallam made reference to this (August *Journal*, p.331) but surprised that a more objective method of assessing telephone access was not used.

A simple audit was devised to assess the telephone answering time for my practice of 8500 patients based in a health centre with three telephone lines. The advertised appointment number was called by someone with an unrecognizable voice three times each day at 08.30, 11.30 and 15.30 hours for a four week period. If the line was engaged, the number was redialled at five minute intervals until the ringing tone was obtained. The number of rings before the telephone was answered was recorded and the caller then asked a simple question which would not arouse suspicion among the reception staff. We were pleased to find that the line was answered within seven rings on 81% of occasions but were disappointed to discover that the line was engaged for 57% of first calls.

Following discussion with the staff, a number of changes were made, such as limiting the use of the telephone for outgoing calls at busy times of the day and training receptionists to deal with calls