A number of high-profile cases have highlighted serious failures in the quality of fundamental care offered to NHS hospital patients (Keogh, 2013; Francis, 2010). By ‘fundamental care’ we refer to any element of nursing care or factors influencing its delivery – such as eating and drinking, continence, positive relationships, or activities affecting patient safety.

Several initiatives have been proposed to address shortcomings in fundamental care, including guidelines, organisational changes and monitoring of quality. However, there is little research evidence underpinning these interventions; where research does exist, it is often of poor quality (Richards et al, 2014). We set out to conduct an inclusive, democratic exercise to identify the main priorities for research in the area of fundamental care, to stimulate research and inform the next phase of our research programme.

Determining research priorities
Until recently, the focus of research in the NHS was typically left to the discretion of researchers themselves. In the 1990s, more systematic approaches to determining which areas should take priority were established. Initially these primarily involved seeking the views of ‘expert’ academics in the field, with little representation of patients, carers and the public. Consequently, funding was still not prioritised where it was most needed, leading to dissatisfaction that research was failing to deliver tangible benefits to patients and NHS services.

The National Institute for Health Research (NIHR), established in 2006, created opportunities for patients and the public to be involved in every aspect of publicly funded health research, including the prioritisation of research topics and awarding of research funding (Department of Health, 2006).
Although there is now broad agreement that research priority setting exercises can lead to more transparent decision-making, there is still no consensus about the best way to conduct such exercises. The James Lind Alliance, now supported by the NIHR, has developed a three-stage model that includes health professionals and patients on an equal footing. This model, known as a ‘priority-setting partnership’, employs a survey, an online priority setting activity and a face-to-face prioritisation meeting to generate lists of 10 research priorities in specific areas (NIHR, 2016).

One of our challenges in exploring research priorities in fundamental care is that there is no ‘natural’ constituency of patients or health professionals, as there is, for example, in asthma, schizophrenia or Parkinson’s disease. We wanted to work with stakeholders to identify, as well as prioritise, research topics in this area, and were committed to public involvement throughout the process.

What did we do?

In 2016, a core team of two researchers – an experienced public contributor, patient and public involvement (PPI) champion (NIHR CLAHRC Wessex, 2017) and service user, and the CLAHRC Wessex PPI lead – developed and undertook a six-phase approach to identify key research priorities in fundamental care. This comprised:

1. Development of a conceptual framework of ‘fundamental care’ through reviews of patient reports, academic papers, practice guidelines and policies. We took care to reflect the views of patients, their families, health professionals, academics and organisations;

2. Consultation involving an online survey and group and individual discussions with stakeholders to identify relevant issues for research to improve fundamental care. We used a variety of strategies to engage seldom-heard voices;

3. Analysis of responses to the consultation exercise resulting in the identification of 76 topics;

4. Identification of the most frequently mentioned topics then reduction of this ‘long list’ of 39 topics to 15;

5. Further prioritisation of the 15 ‘shortlisted’ topics at a stakeholder workshop involving patients/public contributors and healthcare staff, resulting in five research priorities to improve fundamental care.

6. Consideration of how these top five research priorities could be developed as research topics, including specific research questions and potential design and methods.

In total, 340 people completed the online survey – Fig 1 shows the breakdown of respondents. We also talked to an additional 97 people (public, patients, carers and staff) as part of the consultation. Thirty-nine participants attended the stakeholder workshop; these comprised 23 members of the public, patients and carers, and 16 healthcare staff. The five top priorities identified for research to improve fundamental care on hospital wards are listed in Box 1.

What difference did this make?

The iterative process used to identify the five research priorities ensured that a broad range of issues was considered, without attempting to pre-empt or restrict what was deemed relevant. The five issues identified through this process relate less to specific care activities than they draw on a holistic perspective that considers underlying influences on care provision and how care is delivered. Consequently, within the emergent research priorities, the delivery of nursing care is not divorced from the context in which it is delivered. This will give the research that is developed in response to these priorities a better chance of being meaningful and having impact in the eyes of key stakeholders.

Fig 1. Breakdown of survey respondents

<table>
<thead>
<tr>
<th>Educators/researchers</th>
<th>Other health staff</th>
<th>Registered nurses</th>
<th>Patients, carers and members of the public</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>22</td>
<td>30</td>
<td>47</td>
</tr>
</tbody>
</table>

Box 1. The top five research priorities identified

- Nurse staffing
- Individualised/patient-centred care
- Involvement in care
- Communication
- Staff attitudes

The inclusion of a PPI champion and service user in the core project team was a critical decision; it helped to ensure the views of patients and the public received equal consideration throughout the project. It helped the team not only to consider when to access patient/carer and public perspectives, but also how to elicit these.

Next steps

Since carrying out this research prioritisation exercise, we have been working with a range of stakeholders and partners to develop research that can address some of these priorities. We have also collaborated on a publication describing this prioritisation exercise in more detail (Ball et al, 2016) and are exploring opportunities to continue to build on this work and strengthen the patient and public involvement in the research. The positive relationships we have established with different stakeholders continues to enrich our programme of research, both within NIHR CLAHRC Wessex and beyond. NT

References


