Appendix 3 - Guidance for Service Development & Evaluation Abstracts

Introduction:

If we are to improve healthcare for patients, and ultimately health outcomes, we need to test better ways to deliver services that increase the value gained from the investment in healthcare resources. This might focus on reducing variation not explained by patient variation ("unwarranted" variation) by doing things right, such as implementation of protocols and evidence-based guidelines. Or, it might be to change what is done to improve outcomes – doing the right things and potentially stopping doing harmful or less valuable things. For example, it might include an educational intervention for patients or healthcare providers or an awareness or public health campaign.

This category of Service Development & Evaluation category is an opportunity for you to share your learning about improving a service or implementing the evidence in a new setting. For example, you may have tackled variations in emergency hospital admissions for children with asthma for the general practices in your geographic area, or variation in the prevalence of COPD diagnosed using case-finding in practices. This can also include reviews or meta analysis.

Or it might include working more productively with patients, shifting services closer to patients and out of the hospital, improving medicines management, reducing health inequalities, or implementing a new guideline or protocol through education, coaching or mentoring, small tests of change, technological solutions, or using data differently.

Alternatively, in line with our Research Needs Prioritisations, you might wish to describe how you improved patient value/outcomes by implementing a guideline or redesigning a service in your local context.[1][2] We expect a description of the evidence being implemented, assessment of the existing situation, how you quantified the Problem, A Description Of The Change Or Implementation, Your Strategy, And The Impact.[3]

Barriers to Success:

These are typical reasons for abstracts in this category not progressing further:

- No statement of the problem
- Not clear who is making the change, or which patients benefit
- A lot of text but little or no measurement (process measurements are useful here)
- No summary of the context
- No clear evidence of change/improvement
- No final message
- A literature review rather than an analysis of a real service change
- Is about clinical medicine and more suitable for the Clinical Research Results category
- Has not shown how it is relevant for a wider international audience

However, we want to build primary care respiratory research capacity, so we might accept an abstract subject to revision. This might happen if English is not your first language and the language needs improvement for clarification or there is uncertainty about the method of the analysis of your data. If this is the decision, a reviewer will be appointed to help you improve the abstract.

References:

1. AP, van Gemert F, Escarrer M, Haroon S, Kayongo A, Kirenga B, Kocks JWH, Kotz D, Newby C, McNulty C, Metting E, Moral L, Papadakis S, Pinnock H, Price D, Ryan D, Singh SJ, Correia de Sousa J, Ställberg B, Szefler SJ, Taylor SJC,

Tsiligianni I, Turner A, Weller D, Yusuf O, Tabyshova AK, Jordan RE. Prioritising primary care respiratory research needs: results from the 2020 International Primary Care Respiratory Group (IPCRG) global e-Delphi exercise. NPJ Prim Care Respir Med. 2021. https://www.ipcrg.org/IPCRG-Research-Prioritisation-2021

2. Pinnock H et al. Prioritising the respiratory research needs of primary care: the International Primary Care Respiratory Group (IPCRG) e-Delphi exercise. Prim Care Respir J 2012;21(1):19-27

3. Pinnock H, Epiphaniou E, Sheikh A et al. Developing standards for reporting implementation studies of complex interventions (StaRI): a systematic review and e-Delphi. Implement Sci. 2015 Jan;10(1):42. Available from: http://www.implementationscience.com/content/10/1/42