Glue ear surgery

Black and Hutchings present an intriguing account of the rise and fall of glue ear surgery in two English regions. They speculate that the acceleration of the decline from 1992 may have been due to the Effective Health Care bulletin on glue ear, helped by five “contextual features”. One of these was the concurrent decline of glue ear surgery. One would be to investigate further whether changes were quicker in Berkshire or in Oxford. In addition, surgery for glue ear became a topic for performance management in the Anglia and Oxford region before other regions.

There would be several ways of exploring the specific contribution of GRiP to the decline of glue ear surgery. One would be to see if the decline was faster in Berkshire, or in the rest of the Oxford region, or in the Anglia and Oxford regions, than elsewhere. Another would be to compare the rate of decline of topics of low appropriateness covered in Effective Health Care bulletins but not in the GRiP project with those that were.

We are not aware of any quantitative evaluation of GRiP although there has been a qualitative analysis of the process.¹

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References

BOOK REVIEWS

Using Research in Primary Care – A Work Book for Health Professionals


With its own designated online website as the essential other half of the “package”, this innovative workbook is much more than initial impressions might suggest.

Each chapter has links onto the easily negotiable site which can be used to access published papers or chapters in online books to read through as part of the assignments of each topic. The technology link works well in the chapter on literature reviews, for example, where we are taken on a simple PubMed search and into the author’s virtual library, which is an Aladdin’s labyrinth of resources.

The book covers all the topics one would expect for a course on research methods, from identifying a research topic and writing a proposal through to ethics committees, literature reviews, and qualitative and quantitative methods including statistics. Each topic is covered in a clear informative tutorial style, with summaries of key learning points that should have been achieved and “questions to think about” to encourage reflective learning.

As a GP recently entering the field of academic medicine, I found this book excellent, perhaps in some part because one ends up reading chapters in several other books and also a lot of papers. Anyone engaging in true research in primary care would find this book valuable, and those seeking to understand and evaluate papers better for whatever purpose will find much to enlighten them by reading selectively, as completing the whole book and associated assignments is quite a time investment—albeit an enjoyable one.

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Health Services Research: Avoiding the Pitfalls


Health professionals are increasingly expected to refer to research evidence when making policy and practice decisions. However, there is considerable variation in the quality and applicability of research. To use research sensibly it is therefore important not only to access the evidence, but also to judge its adequacy for the question in hand.

This book collects together a series of articles published in Hospital Medicine since 1994 and seeks to promote the use of research evidence by physicians, based on the assumption that research habits are a skill that can be acquired. There is anle evidence that multifaceted interventions targeting different barriers to change are more likely to be effective than single interventions.² One of the four topics chosen for GRiP was surgery for children with suspected glue ear.

This was first taken forward in Berkshire and later in the other three counties of the region. From 1995 GRiP (and successor programmes) was generalised to the whole of the Anglia and Oxford regions. GRiP took a multifaceted approach to implementing change. There is evidence that multifaceted interventions targeting different barriers to change are more likely to be effective than single interventions.³ In addition, surgery for glue ear became a topic for performance management in the Anglia and Oxford region before other regions.

There would be several ways of exploring the specific contribution of GRiP to the decline of glue ear surgery. One would be to see if the decline was faster in Berkshire, or in the rest of the Oxford region, or in the Anglia and Oxford regions, than elsewhere. Another would be to compare the rate of decline of topics of low appropriateness covered in Effective Health Care bulletins but not in the GRiP project with those that were.

We are not aware of any quantitative evaluation of GRiP although there has been a qualitative analysis of the process.⁴

2 Doppson SE, Gabbay J. Getting research into practice and practice changes: lessons from the four counties. Winchester: Wessex Institute of Public Health Medicine, 1996.

LETTER

PostScript
Glue ear surgery

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