

PostScript

LETTER

Glue ear surgery

Black and Hutchings present an intriguing account of the rise and fall of glue ear surgery in two English regions.¹ 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 structural change to the NHS arising from the introduction of healthcare commissioning.

We write to suggest another possible contextual feature—namely, a project entitled “Getting Research into Practice (GRiP)”. GRiP was a project started in 1992, initially within the Oxford region, that aimed to help the new purchasing health authorities find and apply evidence of effectiveness in their work.^{2,3} 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.⁴ 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.⁵

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References

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- 2 Needham G. A GRiPPing yarn-getting research into practice: a case study. *Health Libraries Rev* 1994;11:269–77.
- 3 Dunning M, McQuay H, Milne R. Getting a GRiP. *Health Service J* 1994;April:24–6.

- 4 NHS Centre for Reviews and Dissemination. Getting evidence into practice. *Effective Health Care* 1999;5(1).
- 5 Dopson SE, Gabbay J. *Getting research into practice and purchasing: issues and lessons from the four counties*. Winchester: Wessex Institute of Public Health Medicine, 1996.

BOOK REVIEWS

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

Alan Gillies. Abingdon, Oxon: Radcliffe Medical Press, 2002. £24.95. 168 pp. ISBN 1 85775 936 2

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 negotiated 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. An early chapter demonstrates the evaluation of research from academic, practitioner, managerial, and strategic perspectives, and the author aims to meet the needs of practice and clinical governance staff.

As a GP recently entering the field of academic research 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

Edited by Huw T O Davies. London: Quay Books, Mark Allen Publishing Ltd, 2001. £14.99, 168 pp. ISBN 1 85642 195 3

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 1998, which seek to provide guidance on the most widely used healthcare research methods. Rather than being a comprehensive textbook, it highlights probably the most important issues such as measurement, representation, association versus causation, and bias (a particularly strong chapter which more logically should come before variation). The book then deals with the most commonly encountered research designs such as trials, systematic reviews, and decision analysis. Here it would have been helpful to explain more clearly the appropriateness of designs to different sorts of questions.

The treatment of these issues is clear and non-technical. Indeed, at times it is too superficial to be really understandable—for example, a complete novice may not be able to understand the few pages on p values and confidence intervals. Similarly, the concise treatment means that some important aspects have been omitted—for example, the chapter on screening does not deal with the important issue of adverse effects.

These and other sections would have benefited from some more examples from the literature dealing with real health issues. The editor unfortunately did not take the opportunity of the space offered by a book to rework some of the articles which, of necessity, have been more constrained by space. Strangely, the chapter on benefits is mainly devoted to economic analysis which is about the resources needed to generate benefits. More attention could have been given to the sorts of outcomes that can be measured and their relevance to decision making.

Despite these weaknesses this is a useful, simple, and easy to read introduction to research methods and the critical appraisal of research. It was written for clinicians and I suspect it will not have much wider appeal for managers and lay readers, which is a pity given the calibre of the editor and other authors. Perhaps a next edition will supplement the text with health services research applied to questions of organisation, management, and service delivery. Those looking for a more rigorous treatment of this material should probably look elsewhere.

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