We do research in primary care because we want to improve health care and health outcomes for patients. This can only happen if the results of research are taken up and used in practice. Unfortunately, there is often a gap between research and practice, known as the “Evidence – Practice gap”. Our study explored the reasons for this gap and what can be done to overcome it. We showed that contextual issues, such as legal frameworks, national priorities and pay schemes are often the biggest determinants of whether research is taken up into practice. In contrast, most of the research on closing the Evidence – Practice gap focuses on changing individual’s behaviour. We also showed that using a toolkit (www.normalizationprocess.org/) could help researchers think through implementation issues and help them make their research more likely to be taken up in practice.

Publications:

Achieving change in primary care

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Issue:
Turning the results of research into practice is a challenge, but a challenge that has to be overcome if the NHS and patients are to benefit from research. This gap between the results of evidence and routine practice is known as the “Evidence – Practice gap”, or the second translational gap. This study focused on this Evidence – Practice gap, with the goal of closing it.

What we did:
There were three parts to this study: first, we aimed to understand the reasons for this gap; secondly we looked to see what previous research showed about ways of closing the gap; and thirdly, we explored whether using a toolkit could help researchers think about how their research could be taken up into routine practice. The first two parts were addressed through systematically reviewing existing research, while the third involved identifying available toolkits, selecting the most promising, and then testing them out with teams of researchers.

What we found:
We showed that the reasons for the evidence-practice gap were complex and multi-factorial, and could be grouped into contextual, organisational and individual factors, as well as factors about the new intervention itself. In contrast, most of the research on closing the gap focused on individuals, for example, using educational outreach visits or audit and feedback on individual’s practice. These interventions focusing on individuals had, at best, a small – medium effect. We found that using the Normalisation Process Theory toolkit could help researchers think about implementation issues.