

Using participatory co-design to develop a website to improve GPs' understanding of the benefits and harms of treatments for long-term conditions: gpevidence.org

Background

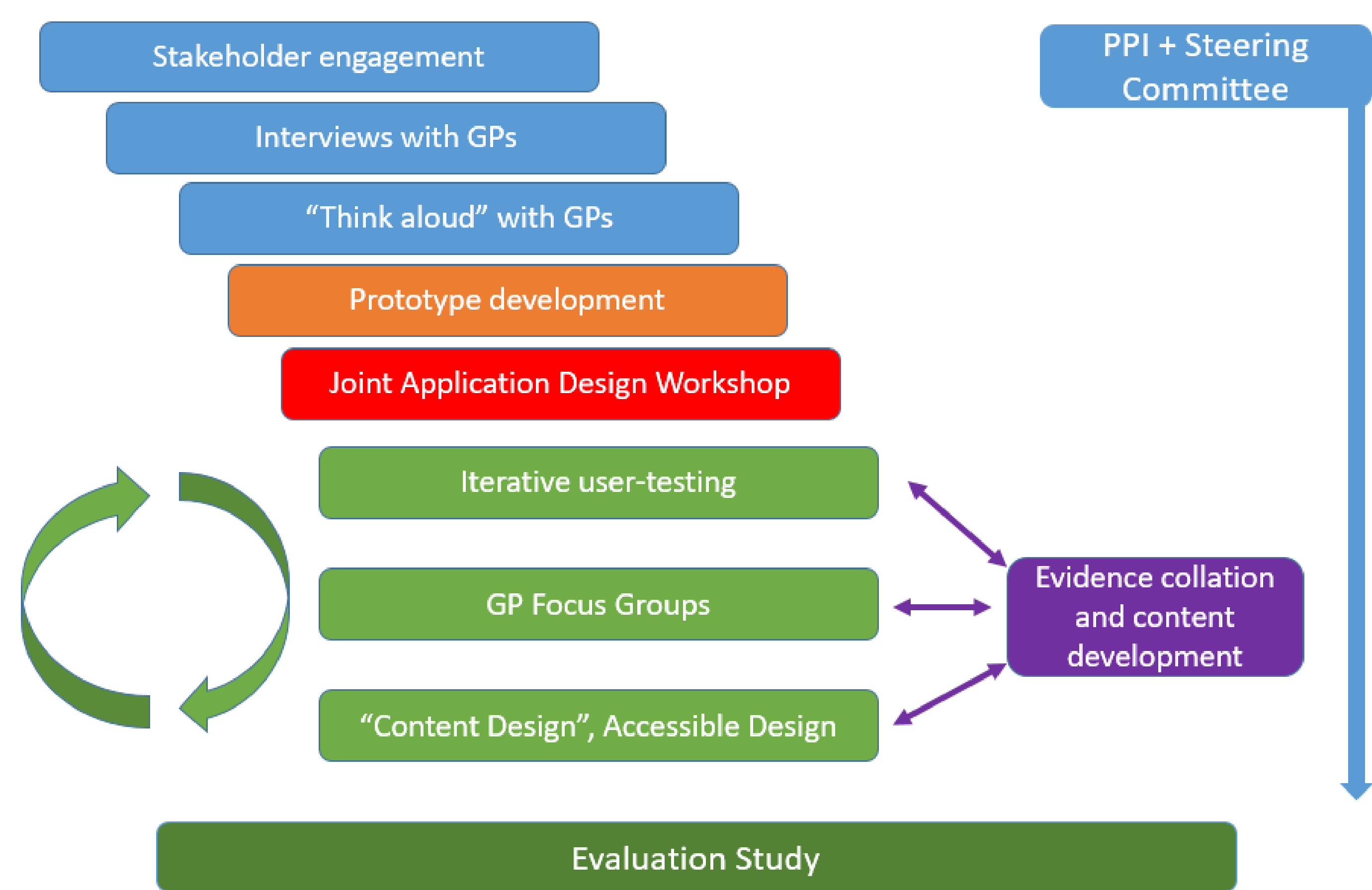
GPs regularly prescribe lifelong treatments for long-term conditions, supported by clinical guidelines and encouraged by performance measures. However, GPs have a poor understanding of the absolute benefits and harms of these treatments, impairing their ability to engage in genuine shared decision making or optimally manage polypharmacy. There are few easily accessible and understandable sources of this kind of quantitative information.

Aim

To produce a novel website to communicate understandable, usable information to GPs on the benefits and harms of treatments for long-term conditions, in a way which will be usable and useful in everyday clinical practice.

Methods

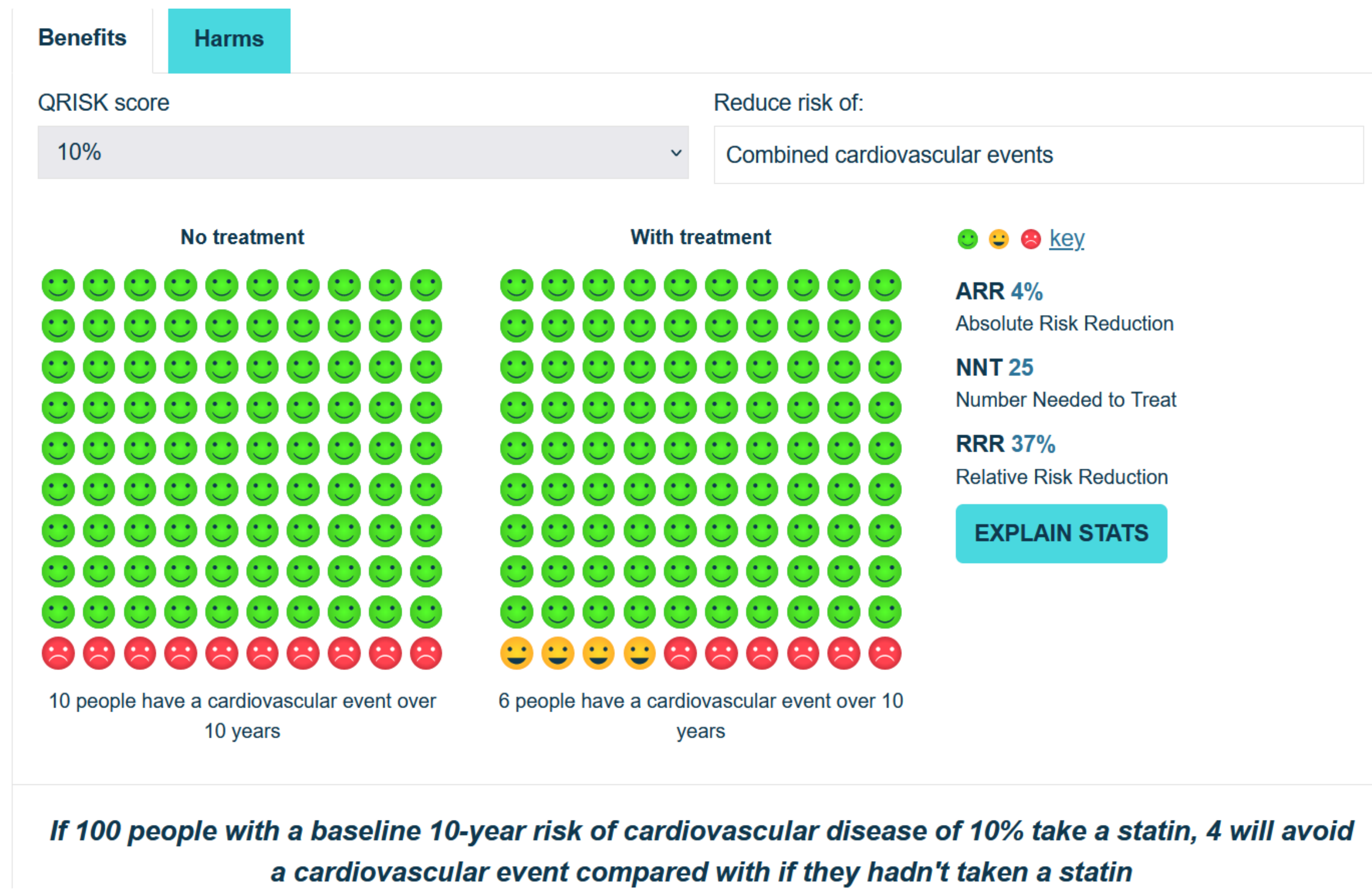
Project structure



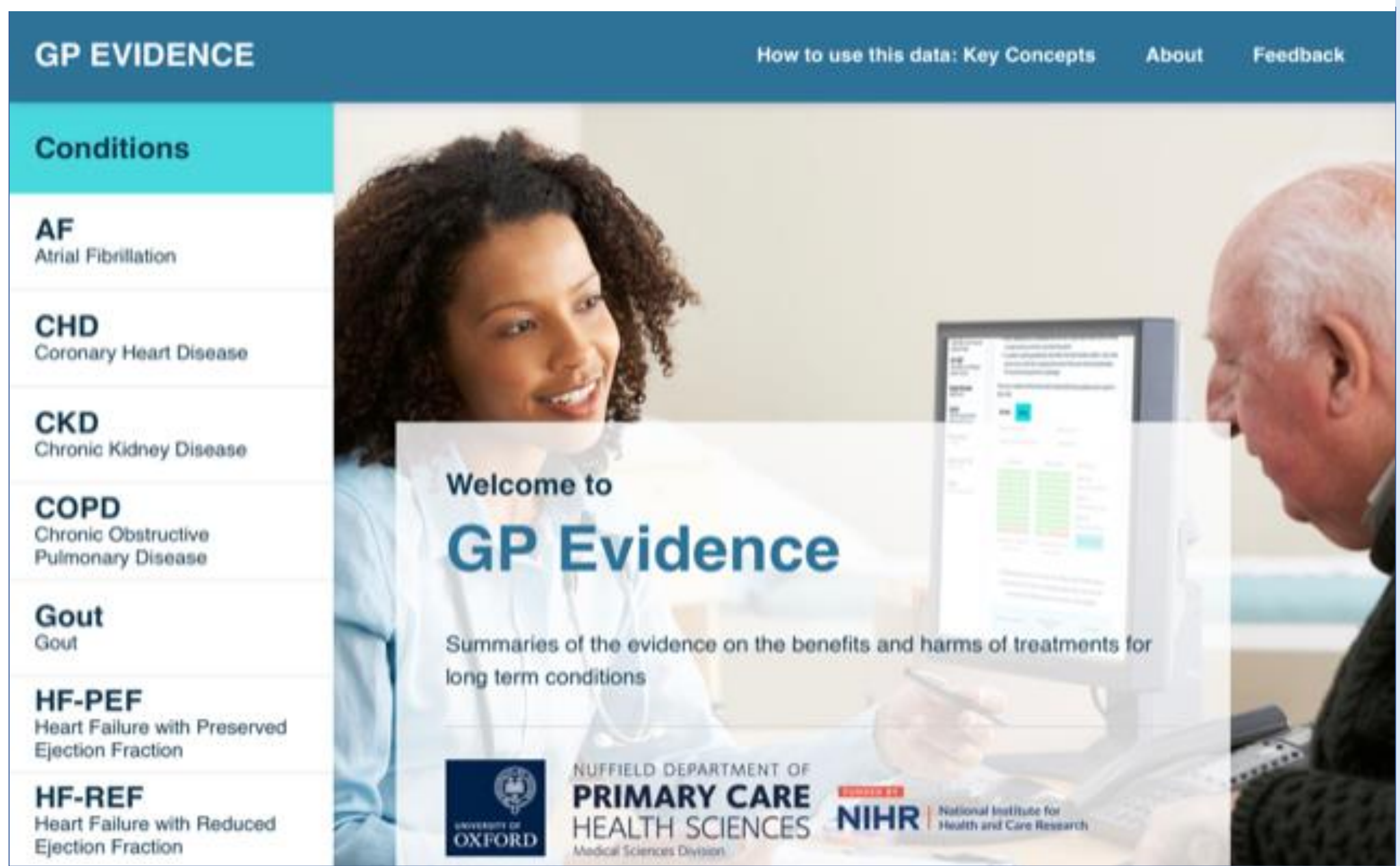
Mixed-methods approach employing participatory co-design / research-through-design principles:

- Patient and expert steering committee involved throughout project. Co-design of evidence collation process and content oversight.
- Evidence sourced principally from NICE and Cochrane reviews. Aim of compatibility/congruence with NICE guidelines.
- GP Interview study with 15 GPs, framework analysis, think-aloud technique.
- Prototype development followed by co-design with GP users employing Joint Application Design methods.
- Content development for the website using accessible design principles and best-practice content design methods.
- Iterative cycles of user-testing and re-design
- Written content iterated via two cycles of co-editorial “pair-writing”, where a professional editor and then GP users reviewed text and edited live in 1-1 sessions.

Results



Screenshot of a key graphics section



A new website, gpevidence.org (launched Feb 2023) has been developed providing evidence summaries on treatments for twelve common long-term conditions.

It employs graphic design and textual information within an information architecture mapped to GPs' practice and mental models.

Evaluation study

A preliminary evaluation study involved 15 GPs in 4 online focus groups. Using clinical vignette based cases on an electronic platform, participants were asked about theoretical prescribing choices before and after exposure to the website. They were able to access and understand new evidence-based information in a way which could inform or change their decisions. Qualitative analysis of focus group discussions will explore how this new knowledge might be integrated into the complexity of decision-making in practice.

Implications

It is possible to communicate quantitative information about the clinical evidence base behind treatments in a way that will be usable in practice and that complements existing clinical guidelines and normative practice. This has potential to support shared decision making, improve the management of polypharmacy and multimorbidity, and increase GPs' confidence in this area of practice.

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