

CLAHRC BITE

A summary of a piece of NIHR CLAHRC East Midlands research | Brokering Innovation Through Evidence

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**Acknowledging and allocating responsibility
for clinical inertia in the management of
Type 2 diabetes in primary care**

Who needs to know?

Healthcare providers working in UK primary care.

What have we found?

Some willingness to accept a degree of responsibility for clinical inertia in the management of type 2 diabetes, but participants sought to lessen their own sense of accountability by highlighting patient-level barriers such as comorbidities and human fallibility, and also system-level barriers, particularly time constraints. In some cases, participants had inaccurate perceptions about levels of target achievement in their primary care centres, as indicated by routine (QOF) data.

**“Healthier living
for longer”**

Findings and implications

Failure to intensify treatment in patients with type 2 diabetes with suboptimal blood glucose control has been termed clinical inertia and has been shown to contribute to poorer patient outcomes.

We used interviews with primary care healthcare providers to explore this problem using qualitative methods. Attribution of responsibility for the problem emerged as a strong overall theme. Perceptions about ways of addressing clinical inertia suggested a complex and cumulative pattern of barriers and we also identified some inaccurate perceptions about levels of target achievement in the primary care centres where participants worked.

We concluded that provider-, patient- and system-level barriers should be considered together rather than as separate issues and that acknowledgement of responsibility should be regarded positively as a motivator for change.

The Evidence

Zafar A, Stone MA, Davies MJ, and Khunti K, (2015). Acknowledging and allocating responsibility for clinical inertia in the management of Type 2 diabetes in primary care: a qualitative study. *Diabet Med* 32(3), 407-13.



What is CLAHRC?

The National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care (NIHR CLAHRC) East Midlands is a partnership between university, NHS, industry, third sector and public partners across the region.

We are one of 13 English CLAHRCs funded by the NIHR. Our mission is to undertake high quality applied research into mental health, chronic disease, care of older people and stroke survivors and the implementation of evidence to improve services and patient care across the region, and achieve "Healthier living for longer".

This is a summary of a piece of CLAHRC research. The BITE (Brokering Innovation Through Evidence) series is designed to make research more available to clinicians and patients.

Our website

www.clahrc-em.nihr.ac.uk

Useful websites

www.ncbi.nlm.nih.gov/pubmed/25251768

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