

NIHR Greater Manchester PSTRC

## Plain English Publication Summary

Publication: [MAXimising Involvement in MUltiMorbidity \(MAXIMUM\) in primary care: protocol for an observation and interview study of patients, GPs and other care providers to identify ways of reducing patient safety failures](#)

### Publication details (Vancouver format)

Daker-White G, Hays R, Esmail A, et al MAXimising Involvement in MUltiMorbidity (MAXIMUM) in primary care: protocol for an observation and interview study of patients, GPs and other care providers to identify ways of reducing patient safety failures. BMJ Open 2014;4:e005493.

doi: 10.1136/bmjopen-2014-005493

### What are the most important findings/conclusions in this paper? Why are they important?

This paper described the protocol, or study plan, for a research project before it had been completed. Because it was a plan, the paper does not include any findings.

### What did you do?

We planned a study of patients with multimorbidity (people with two or more long-term health conditions). We would use observation, diary methods and interviews to look at how and where patients interact with healthcare. To collect and analyse the findings, we would use a framework involving:

- breakdowns in accessing healthcare
- communication breakdowns
- continuity of care errors
- relationship breakdowns
- technical errors.

### **Why did you conduct this research?**

The number of older people living with multiple long-term health conditions is increasing, but global healthcare systems and clinical guidelines usually focus on the management of single conditions. Having two or more long-term conditions, known as 'multimorbidity', is associated with a range of additional issues and poor outcomes for patients and could bring an increased risk of safety failures.

### **What was known before your paper was published?**

Traditionally, most research into patient safety failures has explored hospital or inpatient settings. Much less is known about patient safety failures in primary care. Our core aims are to understand the ways in which multimorbidity leads to safety failures, to explore the different ways in which patients and services respond (or fail to respond), and to identify opportunities for changes which could improve safety.

### **What is next? What is the potential impact of the work in this paper? What will change as a result of this paper (or the study it describes)?**

The study described in this paper was successfully completed and written up as two further papers. Plain English summaries are available for those papers at:

1. [Threats to patient safety in primary care reported by older people with multimorbidity: baseline findings from a longitudinal qualitative study and implications for intervention](#)
2. [Safety work and risk management as burdens of treatment in primary care: insights from a focused ethnographic study of patients with multimorbidity](#)

### **Does this paper link in to a particular study / project? If so, please summarise the study and explain how this paper has improved understanding, or will move the study forward.**

This paper is the protocol for the MAXIMUM study. The papers from the MAXIMUM study are listed above.