



The latest from the NHS frontline

Introduction

Industry associations and agencies are collecting and sharing data on the impact of the COVID-19 pandemic on our ability to carry out primary market research and this is one of a series of updates that we are publishing to make sure that this information reaches our members.

A BHBIA Fieldwork Forum meeting took place on 11th May, via WebEx and included a presentation from Nada Sahinagic, KeyQuest Health and Adam Irwin, GKA. Nada and Adam shared the journey we have experienced with respondents working in the NHS since the beginning of March and looked into what we are expecting to see in the coming months.

The presenters have kindly provided a summary of some of the key findings and given us their permission to share this.

Key discussion points

Setting the scene

- Since the emergence of COVID-19 there's been a clear impact on MR across the UK, with many projects either postponed, cancelled, or shifted to one of a variety of remote methodologies.
- Most face-to-face engagements were switched to a tele-depth setting instead.
- Despite the challenges, many HCPs found it helped in reducing their stress levels to take part in market research as a way to step back from their day-to-day work.
- It became increasingly important for all stakeholders to be kept in the loop and that any information or support that is made available is shared with the relevant parties.
- In response to a question about the preference of HCPs for virtual fieldwork, it was discussed that most HCPs have no issue using online tools provided they are compatible with NHS firewalls and do not require a download.

The future

- It was discussed that although virtual methodologies offer a great deal of flexibility, it is too early to tell what role they will play as the market research sector adjusts to change.
- Viewing studios across the UK generally announced plans to open in early-July. Many clients are keeping a close watch on developments as they look to return to running face-to-face market research in the near future.
- It was considered that we would start to see the first face-to-face studies up-and-running by mid-July.
- Where possible, we should look to eliminate non-essential contact with materials. This included considering alternatives to cash payments, pre-work tasks and consent forms which are usually completed at the venue.

General discussion

- In response to a question relating to whether different guidelines across the different UK nations were being considered in the way that fieldwork is being conducted. The speakers agreed that they were, although there was little difference in approach across nations.
- There was an agreement that patient research will prove more challenging going forward and that feasibility will depend on the area researched. It will be important to be sensitive to certain therapy areas that have been disproportionately affected by COVID-19, such as patients suffering from respiratory illnesses. It will be essential that clients consider this when assessing project feasibility.
- There was also feedback patient associations and patient advocacy groups were increasingly reluctant to get involved in supporting recruitment.
- The speakers also mentioned that many of the research materials (such as screeners) were increasingly being adjusted to reflect the pandemic in recent weeks and months, for example with reduced patient loads in screener criteria.

Thanks

Many thanks to GKA and KeyQuest Health for sharing this update.

Disclaimer:

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