R&D in primary care — an NHS priority

MORE than 90% of contacts between the population and the NHS take place in primary care. Most serious disease presents first in primary care, most minor illness and much chronic illness is treated entirely in primary care, and most preventive health care takes place in primary care. The clinical decisions made in primary care are of great importance to the patient and to the NHS; they include diagnostic decisions about the seriousness of symptoms as well as decisions about the need for hospital admission and further investigation, about long-term prescribing, and about the overall approach to managing illness and social care.

The evidence base that underpins this hive of activity and decision-making, and the capacity of primary care to generate it, is inadequate. As a result of the efforts of the Royal College of General Practitioners and the establishment of academic departments in all UK medical schools, the primary care clinical discipline with the greatest research capacity is general practice. However, in 1995 only 335 out of 31 950 general practitioners had academic contracts and many of these were either part-time or engaged mainly in teaching.

Some of the evidence base for primary care practice is appropriately generated by research and development (R&D) in hospitals and laboratories. The challenge here is to ensure that the resulting evidence is disseminated quickly and effectively to inform decision-making in primary care. However, evidence to inform clinical decisions that are taken only in primary care, and management decisions about the delivery and organization of such care, must be obtained by the involvement in R&D of primary care professionals.

The 1996 government white paper *Primary care: delivering the future*[1] recognized the need to expand the knowledge base for primary care and made a commitment to increase NHS annual funding of R&D related to primary care from £25 million to £50 million. The publication by the Department of Health of the report *R&D in primary care*,[2] which complements the Medical Research Council's (MRC's) recently published topic review *Primary health care*,[3] reaffirms the importance attached to primary care R&D by the present government. The report sets out in practical terms how the expansion of the primary care knowledge base should be achieved.

The report is not an exciting bed-time read, but it is relevant to all professional groups working in primary care (including nurses, midwives, health visitors, pharmacists, dentists, and the professions allied to medicine), whether or not they have a specific interest in research. The overriding strategic objective for the NHS is to increase the amount of high-quality R&D of importance to primary care in order to improve the quality and value for money of primary care services to patients. To attain this objective R&D must stop being the eccentric pursuit of a few committed enthusiasts and start being an integral part of everyday professional practice. This means that R&D must address and answer questions of clinical importance, involve health care professionals at an appropriate level (as research users and collaborators as well as investigators), and build strong links with existing networks for undergraduate and postgraduate education and training.

The report was based on a review of existing R&D activity in primary care. It sets five guiding principles and four specific objectives. The five guiding principles are these:

- High-quality patient care requires a sound evidence base derived from high-quality R&D.
- High-quality R&D requires effective collaboration between NHS service providers and universities.
- Any increase in primary care R&D activity in the NHS requires a parallel expansion of R&D capacity in the university sector.
- Successful expansion of primary care R&D requires a coordinated approach from the NHS, MRC, universities, and other funding organizations.
- The expansion of R&D activity in primary care must build on and preserve existing expertise.

The four specific objectives are:

- To increase the recruitment, development, and retention of R&D leaders in primary care.
- To increase the number of clinical staff with R&D expertise.
- To increase the involvement of staff in non-clinical disciplines (for example, social and behavioural scientists, statisticians, and economists).
- To achieve an evidence-based culture in primary care.

How are the objectives going to be achieved? The report sets out twenty-four specific recommendations. Key recommendations include providing programme funding to support work of strategic importance, establishing young researcher awards to encourage fast-tracking of able individuals at an early stage in their careers, establishing career scientist posts for established researchers, and developing R&D networking arrangements in each region. The regional R&D networks will provide access to research expertise, coordinate multi-centre research, and act as focuses for dissemination of R&D output. The importance attached to close collaboration between R&D and educational networks is also reflected in the specific recommendation to co-locate community-based facilities for research and teaching.

R&D is only one element in achieving high professional morale and high-quality clinical care. However, it is an important and powerful element. Primary care has the opportunity to lead the NHS in involving patients in open and informed decision-making about their care. The strategy set out in the report is designed to secure the knowledge base that is necessary to grasp this opportunity.

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References

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