Primary care trusts and primary care research

Research networks and academic departments can help to do much needed research

Primary care is central to the NHS and primary care research provides “the missing link in the development of high quality, evidence based health care for populations.” 1, 2 The recent development of primary care trusts, which are responsible for commissioning local health services, has changed the landscape for primary care research in the NHS. 3 In addition to their already formidable service duties, primary care trusts also have research responsibilities. 4 Unfortunately, the competing demands on primary care trusts for establishing research governance and meeting government targets have made primary care research a luxury that few trusts can afford.

Despite the government’s documented commitment to primary care trusts and their role in primary care research, scepticism exists about the ability of the trusts to take on this role. In a 2002 House of Lords debate, Baroness Northover questioned the health minister on the responsibilities of primary care trusts, saying, “Many of us have doubts about primary care trusts, both in relation to their lack of preparedness for their responsibilities and their natural primary care orientation ... there can be no certainty that primary care trusts will commission in a way that promotes and safeguards education, training, and research.” 5

A recent joint ministerial review responded to these concerns. 6 The review supported the original assessments, identifying “a lack of understanding in primary care trusts about roles and responsibilities in relation to learning and research across the whole of health, social care, and education.” 7 The review also found that primary care trusts “find it difficult to influ-

1 Mizuno H. Unwritten history of Japan Medical Association. Soshisha, Japan 2003; 11-12.
2 The doctors’ dilemma. Economy. 2004 June 12:30-1.
Specialist palliative care in dementia

Specialised units with outreach and liaison are needed

In its latest report on palliative care, the health committee of the House of Commons recorded the Department of Health's admission that the lack of palliative care for patients without cancer was the greatest inequity of all. In the United Kingdom, people dying from dementia have been shown to have health care needs comparable to those of cancer patients. The palliative care approach provides appropriate control of symptoms, emphasises overall quality of life, and monitor performance of general practitioners and ensure that the quality framework functions.

Over the next few years, the National Programme for Information Technology will also be rolled out, leading to the eventual creation of integrated health records across primary and secondary care. The existence of these data, alongside data from the new general practitioner contract, creates major opportunities for primary care research.

An essential prerequisite to taking advantage of these opportunities is clear guidance on national and local research and development priorities for primary care. This in turn needs to be combined with adequate levels of funding, both centrally from the Department of Health and locally from primary care trusts. Evidence suggests that this is happening, for example, through the requirement that the new clinical research networks have strong input from primary care. However, if this does not occur, primary care research may decline further, leading to major long term adverse consequences for the NHS and healthcare systems overseas that rely on the NHS to provide evidence to support their own reforms.

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1 van Weel C, Bosser W. Improving health care globally: a critical review of the necessity of family medicine research and recommendations to build research capacity. Fam Pract 2004;2 (suppl):s5-s10.