

Primary care research: the MRC's proposals

THE Medical Research Council (MRC) has taken a careful look at areas of primary care where improved or new research might help the National Health Service (NHS) to improve the delivery of primary care. This analysis uncovered a range of primary care practice that would benefit from a new or stepped-up research effort. The MRC has published these findings in its 1997 topic review, *Primary health care*.¹

To some this may appear to be a departure for the MRC, which is probably best known for its work in fundamental science. However, the MRC considers a detailed understanding of the methods of putting basic science into clinical practice to be at least as important as pushing back the frontiers of basic research.

A key reason for the review of primary care research opportunities was to find where the MRC could set priorities in research proposals rather than respond to proposals from outside. One pivotal finding was that clinical and other decisions in primary care frequently lack a sound, up-to-date, scientific basis.

The review's findings do more than suggest enhancements to the MRC research effort in primary care. Many of its recommendations apply to the work of the health departments, NHS funding bodies, or individual researchers or health practitioners, who see the potential to apply their skills and methods to these opportunities. Indeed, this review comes close on the heels of major changes in the primary health care sector in response to the NHS's new initiatives and plans for a primary care led NHS. It will complement the NHS report on research and development in primary care, which was published in November 1997.²

The review identifies a number of research opportunities. For example, it points to interactions between doctors and patients and to the shortage of generic indicators of performance in primary care as areas that have been given little support in the MRC's current portfolio. It also urges the development and evaluation of cost-effective approaches to primary care delivery. It emphasizes what it sees as a need for the development of measurements of generic and specific outcome effectiveness. And it calls for more use to be made of networking capabilities and information technology within primary care in the United Kingdom.

These observations were among the key issues and recommendations at the heart of the review. These included the organization and research base of primary care, help-seeking behaviour, acute and chronic disorders, health promotion, and research capacity. Under these and other chief headings the review outlines a number of recommendations and issues, some of which are highlighted below.

Recommendations and issues

- Clinical investigators must have the time and infrastructure to enable them to do research without abandoning clinical practice.
- More research is needed into the ways in which people become patients, and the interactions between practitioners and patients, to help optimize approaches to consultation.
- More emphasis should be given to descriptive epidemiology of common symptoms, with assessment of how these affect the individual, the health service, and society, taking into account quality of life and costs.
- Lay people should be more involved in designing primary care research, particularly regarding chronic disease, and

more study is needed on the relationships between pathology, patients' perceptions of their illness, and factors influencing behaviour, resources, morbidity, and mortality.

- Strengthening the science base of primary disease prevention and health promotion is seen as a priority for primary care research on ethical, health, and resource grounds; account should be taken of sociocultural factors in order to make general implementation of research findings possible.
- A surprisingly small proportion of research in primary care is currently directed at acute disorders, despite the high level of morbidity and heavy need for resources in acute disorders.

In addition to some proactivity in this area, the MRC's main mode of support will be through training schemes and grants. The latter will continue to be in response to applications but now using the Council's recently revised funding schemes. Details of these are on the World Wide Web (<http://www.mrc.ac.uk>). The schemes most appropriate to primary care researchers are likely to be cooperative group grants, development grants, and career establishment grants. In view of the multi-disciplinary nature of most research in primary care, the need to solve multi-faceted problems, and the availability of some infrastructure support, the cooperative group grants are particularly suitable. This form of support encourages three or more researchers to consider how they would benefit from sharing facilities or complementing expertise while receiving independent constituent grants. Requests for constituent grants may be made at the same time as the request for a cooperative grant, i.e. there is no requirement for applicants to have current MRC support. In conclusion, although the amount awarded under a cooperative group grant is likely to be larger than under an old-style stand-alone project grant, there is no a priori reason why support for good-quality research in primary care should be more difficult to obtain.

Communication is seen by the MRC as the lynchpin of future investment policy. The review stresses that dialogue between the MRC, the health departments, and the NHS is crucial to ensuring that research funds are invested to best effect without neglecting certain areas. It also emphasizes the importance of sound communication between the MRC and the Economic and Social Research Council, and of widespread discussion between the MRC and the commissioners and providers of primary health care.

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References

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2. Department of Health. *R&D in primary care*. [National Working Group report.] London: HMSO, 1997.

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