Now lets look at CKD.

Detection is unsophisticated and currently inadequate; the guidance that 3 months is enough is not good enough and draws parallels with hypertension detection.

Current evidence on intervention and effectiveness seems very light. I have asked everyone (including this journal) to provide me with a NNT for a patient with CKD III who need detecting and intervening with to prevent either a cardiovascular event or end-stage renal failure and nobody has so far managed. Could I ask you?

'So doctor, you want me to take more pills (or stop the only pills that give me a pain-free night's sleep). What is the benefit to me if you do this? ... And don't give me that politician speak ... give it to me straight.'

I fully understand the seriousness of chronic kidney disease and the cost and implications on patients. I am happy to share the truth with my patients but you need to find it and tell me it too.

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Calling time on the 10-minute consultation [letter]

Irving and Holden are encouraged by an electronic 'consultation length survey' where trainees 'largely recognise that longer consultations are needed in general practice'.[1]

While this seems an excellent aim, may not the table results — showing trainer consultation length and trainee preference, with the latter preferring longer consultations to those the former actually do — simply indicate we get slicker with experience?

Is there any plan to do a similar survey of the same trainees in the future, when more of the job is second nature?

That would be more likely to support the case being made, if it were to show the same result.

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Impact of health system reforms on primary care research

We have encountered barriers to health research caused by health system reforms. The PROMISE research programme on child and adolescent obesity was awarded £2.1 million in 2009 by the Department of Health's National Institute for Health Research. In one of the PROMISE projects, the Healthy Eating and Lifestyle Programme (HELP), a randomised controlled trial of a lifestyle intervention incorporating motivational and solution-focused techniques for 12–19 year-olds with obesity,[1] we have faced significant difficulties with recruitment. While recruitment to obesity studies in adolescents is known to be challenging,[2,3] we have encountered obstacles that we believe arise from changes in the NHS.

First, GPs have frequently been reluctant to help with recruitment into the study because of uncertainty over what kind of obesity services clinical commissioning groups may provide in the future. There has also been a reluctance to help because some participants would not get the HELP intervention because of randomisation. Indeed, in some regions where no obesity services exist, GPs have expressed a preference to provide nothing for all, rather than something for some, despite the context of useful research. We think that unwillingness to engage may represent concerns about future services, rather than reflect a limited understanding of the principles of research.

Second, the dissolution of primary care trust (PCT) structures during our recruitment phase meant that many PCTs refused or were unable to assist with recruitment, and pathways to obtaining local research permissions were often opaque due to local reorganisation.

Similar problems have been encountered in two other PROMISE studies. In our evaluation of the National Child Measurement Programme, participation by PCTs has been limited by future uncertainties. In another PROMISE study — developing and piloting an online tool for the assessment of overweight children in primary care — GPs have been reluctant to participate because of uncertainty surrounding future provision of services, as well as concerns about payments.

Obesity in childhood and adolescence is a key public health issue, yet little is known about how to treat it effectively. The Foresight report predicted that by 2050, 60% of males and 50% of females will be obese, costing the public around £50 billion per year.[4] Obesity research for children and young people is important but now faces challenges from health system reforms. We would be interested to hear of similar experiences in obesity or other primary care research.

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On behalf of the HELP Trial Management Group.

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