

TITLE

A research and development strategy for Hillingdon Primary Care Trust (PCT) in North West London

AUTHOR

Healy, Caroline; Townsend, Joy; Dowie, Robin

DATE DEPOSITED

3 January 2024

This version available at

<https://research.stmarys.ac.uk/id/eprint/6178/>

COPYRIGHT AND REUSE

Open Research Archive makes this work available, in accordance with publisher policies, for research purposes.

VERSIONS

The version presented here may differ from the published version. For citation purposes, please consult the published version for pagination, volume/issue and date of publication.

A Research and Development Strategy for Hillingdon Primary Care Trust (PCT) in North West London

Townsend, J.,¹ Dowie, R.,² Healy, C.³
 Health Policy Research Unit, London School of Hygiene and Tropical Medicine ¹
 Health Economics Research Group, Brunel University, West London ²
 Public Health Directorate, Mid-Western Health Board, Limerick (formerly of the Health Economics Research Group, Brunel University, West London) ³

Rationale

There were three notable milestones for health research in England during the 1990s. The NHS R&D programme was established and it prioritised research on themes such as the primary-secondary care interface and initiated regional R&D programmes. The Culyer Report led to the first comprehensive strategy for funding research within the NHS, while the Mant strategic review of research in primary care stimulated the setting up of primary care research networks. However, by the time the three waves of primary care trusts were introduced in 2000-02, 303 in all, opportunities for obtaining NHS funding for promoting R&D in primary care were much more restricted, especially from regional sources.

Objective

Hillingdon Primary Care Trust (PCT), as a first wave Trust, located in West London foresaw the problems that so many PCTs would soon be facing and, with support from North Thames Region's R&D Directorate, commissioned an R&D strategy.

Introduction

During the months leading up to the research project, significant national policy developments were announced. The timetable was set out for implementing the research governance framework that will ensure that all R&D carried out in the NHS meets expected standards (for example, Trusts' local implementation plans were required to be formulated by July 2002). National initiatives to promote R&D in primary care were announced: the designation of teaching PCTs in areas of disadvantage, the identification of 30 or more PCTs to act as "hosts" for research management and government (RM&G) on behalf of other PCTs and networks, and a scheme to subsidise fees for GP practices obtaining accreditation by the Royal College of General Practitioners (RCGP). Further clarification of the modernisation of the NHS R&D funding support was issued. In future there will be two systems, Support for Science (SfS) covering NHS costs of individual studies including NHS staff time, and Priorities and Needs Funding (PNF) which will address principal health issues and priorities. The essence of the PNF is "collaboration" between NHS organisations and academic research groupings with a subject, for example, cancer, being the unifying factor.

There are five research networks of relevance to Hillingdon PCT. WeLReN is the best known. It covers the eight PCTs in west London and all individuals (NHS, academic) involved in primary care can join. It offers research training and mentoring, with project grants of about £10,000 being awarded to multidisciplinary teams. Three networks that general practices may join are organised by the Medical Research Council, Medicines Control Agency and Royal College of General Practitioners (RCGP); the first two rely on practices contributing routine data on patient contracts. The West London Cancer Research Network was set up in 2001 to provide an infrastructure for trials of cancer treatment and it is now recognised that primary care-based trials, e.g. palliative care, are needed. The London Health Observatory could assist with public health investigations and there is a national R&D network, C.H.A.I.N., linking research active professionals.

Hillingdon PCT is an example of the rapid and extensive remodelling of primary care structures and services currently underway in the NHS. The PCT now incorporates a wide range of services previously located in the acute and community sectors, thus making it an ideal setting for multidisciplinary research. It has close working relations with Hillingdon Local Authority and Hillingdon Hospital, which provides over 90% of secondary care for local residents. A "snapshot" survey of PCT staff in mid-2000 revealed a kernel of research interest and experience that could be nurtured. The National Research Register contains very few ongoing Hillingdon primary care projects (two sponsored by

WeLReN). The PCT, in common with most PCTs in London, does not receive support from the NHS R&D Levy.

Methodology

Over four months between February and May 2002 researchers from Brunel University in West London interviewed 20 representatives of “stakeholder” groups within the PCT and the wider Health Economy. They contacted academic departments focusing on health research, the West London Research Network (WeLReN) and the pharmaceutical industry, and held an “emerging findings” workshop..

Findings

Areas of research interest

The stakeholder interviews identified numerous areas of research interest. The clinical areas were in line with the national service framework priorities of cancer, coronary heart disease and mental health, as well as other chronic disorders causing high patient demand, for example, diabetes and asthma. Organisational issues, such as nurses as care managers, multi-disciplinary team working, and commissioning policies, were mentioned. Integrated care pathways, involving research across the interface between acute and primary sectors, was another important area [and highlighted in the CHI report (June 2002) on the Hillingdon Hospital NHS Trust].

Partnerships / Collaborations

The importance of forming external alliances with collaborators was stressed in many interviews. Academic partners were identified as well as Hillingdon Social Services and the voluntary sector, WeLReN research network and pharmaceutical companies. The latter could, with PCT investment, assist with funding the R&D infrastructure as well as providing resources for clinical studies.

Developing a research capacity

A need was felt to develop a primary care research capacity and to promote an evaluative culture for all primary care professionals. As research training was considered to be ad hoc various approaches were suggested: enhancing skills for audit; approving GP practices as research practices; offering training and career development to research active GPs; and creating a culture for nurses where research becomes part of everyday activities. Some felt that all the workforce should be research aware and have skills to understand research findings to inform practice. Opinion was mixed about providing protected time for clinical researchers. Some thought it would divert commitment from pressurised services, while others thought it could act as an inducement when recruiting, and retaining staff in a very competitive labour market. WeLReN provided most of the training courses. These included methodology workshops and master classes on research topics and themes. WeLReN was very supportive and the networking opportunities were helpful. Timetabling of courses along with clinical duties was a concern.

Information services

The PCT is served by library services based in Hillingdon and Mount Vernon Hospitals and the library staff provide literature searches on request and training for searching databases. Staff in GP practices can access the electronic information systems remotely from their offices, but community nurses and health visitors based in community clinics do not have the same access as yet. This is a manifestation of a general problem over the IT system serving the community services; the community and therapy services databases are not as potentially useful as research resources as is the EMIS system in GP practices. A new EMIS community system is currently being trialled and it is hoped that it will overcome the existing problems. Whilst concern was expressed about the limitation of the EMIS databases for longitudinal research, and generally about the reliability of clinical coding, interviewees acknowledged that audit facilitators were successfully interrogating the databases, and that disease registers were potentially very useful as a research resource. (Many Hillingdon GP practices do not yet have a CHD or diabetes disease register). However significant work would have to be done to improve the accuracy and comprehensiveness of clinical data entry to achieve the potential of the EMIS system.

Funding for research

Opinion was mixed over policies for funding research in the PCT but it rather depended upon the perspective adopted.

Immediate financial and resource constraints were recognised as potentially impeding longer-term strategic development of research and development capability. An indirect approach was suggested by one person - opportunities for personal development and training should be written into job descriptions. Most thought that any significant research programme with which the PCT was involved should be part of a wider programme with other PCTs. Some welcomed the idea of pharmaceutical funding initially to build up the infrastructure, but others were cautious in case market interests drove the research agenda.

Perspectives on developing an R&D strategy

On balance, the interviewees considered that the PCT should become involved in research, though not necessarily aspiring to become recognised as a “research” PCT. But the PCT needed to decide whether to develop its research capacity in-house or via collaboration with expert partners. Almost all considered some kind of collaboration with academic partners was desirable. In the longer term the PCT needs to create a nurturing culture whereby research becomes part of the everyday work of clinicians, administrative and other support staff, and encourages workforce retention; research governance would become as much a part of primary care as clinical governance, and all the workforce would become research aware. Researchers themselves need academic support and protected time to deliver on research outputs.

At present the PCT does not have a formal structure in place to undertake the management functions of research governance. Options were identified: the PCT could develop its own structure by appointing a manager to co-ordinate an R&D office. This could be a joint appointment with an academic institution. Alternatively, the PCT could contract out services to the Hillingdon Hospital’s or Mount Vernon Hospital’s R&D Office. Other options are the local “host” PCT, when it is identified, and Imperial College. A preference was expressed, however, for the service to be sited in Hillingdon and in a primary care setting if possible as this would facilitate development of an R&D capability within the local Health Economy.

Hillingdon is fortunate in having three health research academic institutions in close proximity - Brunel University, Buckinghamshire Chilterns University College and Imperial College. Senior academics in all three expressed their enthusiasm for forming research partnerships with the PCT. At Brunel, the Department of Health studies and Social Studies already has a number of links with local trusts, including Hillingdon PCT, particularly in nursing, occupational therapy and social work. Research training workshops are held, and research collaborations are being formed. Buckinghamshire Chilterns has a Research Centre for Health Studies, which is involved in research with nearby PCTs. It also has research and tutoring links with Hillingdon Hospital. Within Imperial College, the Department for Primary Health Care and General Practice at Charing Cross Hospital is closely associated with WeLReN and fosters a multi-disciplinary approach to research. It offers training modules in research methodologies.

Conclusions

Optimal research strategies

The report presents three alternative research strategies for Hillingdon PCT based on the policy background and resources available, as well as the opinions of those interviewed. The PCTBoard would need to weigh up the advantages of doing, or not doing research taking account of the curtailment of innovative opportunities in the health economy, the need for developing research awareness within the PCT, recruitment and retention of staff, and the impact that non-participation could have on Hillingdon Hospital’s R&D strategy. Regardless of the strategy of choice, the PCT needs to arrange the management of its research governance, since at least a minimal amount of research activity will continue to be undertaken for academic dissertations and as a requirement for clinical posts. These options are not mutually exclusive and some approaches could follow sequentially or in parallel as part of a long-term strategy.

Hillingdon as a research led PCT

Dedicated staff would be required to lead research in collaboration with other groups, as well as dedicated clinicians, including nurses, and accommodation. Seed funding would be needed from the PCT. Although the Trust has some research active staff, none has experience of large-scale leadership of research so such a strategy would need to be medium or long term, developed in partnership with academic collaborators.

Hillingdon as a research friendly PCT

This could include any of three elements. Firstly, Hillingdon PCT being a contributor to non-commercial externally led research. In this strategy, the PCT could participate in research of interest to the PCT, led possibly by an academic department, by another PCT or an acute Trust, but without the same level of local R&D resources and leadership. It could also be a contributor to commercial pharmaceutical research. Pharmaceutical research must have a sponsor that undertakes the research governance responsibilities, while companies accept responsibility for indemnity for non-negligent harm. Pharmaceutical companies favour primary care settings that are well organised for research preferably with a dedicated nurse and accommodation and good relationships with secondary care and local ethics committees. Thirdly, Hillingdon PCT could commission research, relying on academic departments of local universities or other organisations and agencies.

Hillingdon PCT as being non-active in research

Such a strategy would deprive the PCT of a local evidence base, make it difficult for staffing groups to become involved in research, could affect morale and, in turn, affect recruitment and retention. The PCT would also lose the opportunities for forming research partnerships and taking up initiatives currently available.

Recommendations

This is a watershed time for primary care research. Partnerships and collaborations are being formed or reinforced between academic centres and PCTs. The general level of primary care research and plans for developing research capacity will be expanded and developed and there will be clear advantages in forming alliances and making commitments now if a research portfolio is desired in the future. For the time being, Hillingdon PCT is unlikely to take on the responsibility of a research lead or host PCT, but we feel it would be ideal if the PCT appointed an R&D manager, developed a small unit to facilitate research, and explored possibilities of working with local networks and partners. Three-year timetables are outlined in the full report as this abstract was taken from the Executive Summary.

Presented

This abstract was the Executive Summary presented for discussion by Dr Robin Dowie at the Hillingdon Primary Care Trust R&D Committee Meeting in North West London on 26th July 2002. Professor Joy Townsend later submitted the final report for consideration by the Trust on 29th August 2002.