Quality in Primary Care 2007;15:127–8

Guest editorial

The launch of a primary care research network for England: what impact will it have on quality of care?

Andrew Wilson MD FRCGP
Reader in General Practice, University of Leicester, Leicester, UK; Clinical Lead, Primary Care Research Network – East Midlands and South Yorkshire, UK

The Primary Care Research Network (PCRN) for England was launched on 1 March 2007, complementing the already established Topic Specific Networks of the UK Clinical Research Network (UKCRN).[1] It comprises eight networks covering the whole of England, and in most regions builds on previous initiatives to support research in primary care, dating back to the Mant Report.[2] The central objective of the network is to 'inform the prevention, diagnosis, treatment and management of illness and disease in primary care'.

In line with the overall strategy of *Best Research for Best Health*,[3] the emphasis of the UKCRN is to support nationally and internationally funded clinical trials and other large-scale studies, including trials from commercial companies, which have recently found the UK a less favourable environment than some of its competitor countries. The network will build a portfolio of adopted studies that will be eligible for PCRN support, and these studies will be offered to one or more of the regional networks, who in turn will offer the study to network members. To deliver its objective, the network will have to increase the number of primary care practitioners prepared to take part in research, as well as finding ways of making participation more attractive to patients and members of the public.

How does this initiative relate to quality in primary care? Although the network's stated objective is to 'inform' delivery of care, its real success depends on the results of the research it supports leading to improvements in quality of care in both primary care and beyond. The network has the great potential to improve quality of care by strengthening the evidence base, which in general practice still depends too much on studies conducted in secondary care, and is even weaker for other primary care disciplines.

We do not know whether greater involvement in research will, in itself, improve the quality of primary care. General practices that are members of a research network have been shown to achieve, for example, higher rates of coverage for immunisation and cervical cytology than practices that are not involved in research. But clearly this relationship may not be causal; confounding factors may include involvement with training and better practice organisation.[4] Expanding research activity in primary care also requires much more than 'signing practitioners up'. Attention needs to be given to capacity building, including developing the next generation of researchers.[5]

Most primary care practitioners will continue to be users of research rather than initiators or collaborators. To have an impact on overall quality of care, the UKCRN portfolio will have to include investigating methods of getting research into practice,[6] as well as studies on the delivery of care, where all practitioners, not only those who are research active are included.

Experience from US primary care research networks has suggested that when practitioners are involved in research they are more likely to use the results from the studies on which they collaborated, as well as becoming generally more 'research aware'. However, the extent to which this happened depended on their engagement with research; 'less translation is required to apply research to practice when clinicians are involved in deciding what to study, how to study it, and how to evaluate and disseminate the results'.[7]

The antecedent networks from which PCRN has developed had a range of philosophies and management arrangements, which have been categorised as 'top-down', 'bottom-up' and 'whole-system'.[8] The authors found that an academically led, top-down network, similar to the approach adopted by PCRN, was associated with sustainability, grants and publications, whereas a bottom-up approach, along the lines suggested by Mold,[7] was more innovative and more effective in developing practice-based researchers. The whole-system approach was found to be particularly effective in engaging all stakeholders, resulting in more interdisciplinary research.

A challenge for PCRN will be to deliver the large-scale studies it was designed to facilitate, while simultaneously engaging participating practitioners in all stages of the research process from formulating a research agenda to disseminating and implementing findings. This will create a tangible link between research and quality of care. In the US, primary care research networks have been described as 'evolving from clinical laboratories to collaborative learning communities to improve primary care processes and patient outcomes'.[7] We need to ensure that lab coats are not imposed on us.

ACKNOWLEDGEMENTS

Thanks to Jonathan Graffy and Paul Wallace for their comments on an earlier draft of this article.

REFERENCES

1 Government News Network. *New Network Widens Access to Cutting-edge Clinical Studies*. London: Department of Health, 2007. www.gnn.gov.uk/Content/Detail.asp?ReleaseID=267902&NewsAreaID=2 (accessed 14 March 2007).
2 Mant D. *R&D in Primary Care*. London: Department of Health, 1997.
3 Research and Development Directorate. *Best Research for Best Health*. London: Department of Health, 2006.
4 Hammersley VS, Hippisley-Cox J, Wilson A and Pringle M. A comparison of research general practices and their patients with other practices – cross-sectional survey in Trent. *British Journal of General Practice* 2002;52:463–8.
5 Hancock B and Wilson S. Valuing primary care research: gold not alchemy. *Primary Health Care Research and Development* 2006;7:10–12.
6 Davis D, Evans M, Jadad A *et al*. The case for knowledge translation: shortening the journey from evidence to effect. *BMJ* 2003;327:33–5.
7 Mold JW and Peterson KA. Primary care practice-based research networks: working at the interface between research and quality improvement. *Annals of Family Medicine* 2005;3(suppl 1):S12–S20.
8 Thomas P, Graffy J, Wallace P and Kirby M. How primary care networks can help integrate academic and service initiatives in primary care. *Annals of Family Medicine* 2006;4:235–9.

ADDRESS FOR CORRESPONDENCE

Dr Andrew Wilson, Reader in General Practice, Department of Health Sciences, University of Leicester, Leicester General Hospital, Leicester LE5 4PW, UK. Tel: +44 (0)116 258 4367; fax: +44 (0)116 258 4982; email: aw7@leicester.ac.uk

Received 27 February 2007
Accepted 11 March 2007