

Britain plans for research into primary care

Keen to see the National Health Service deliver what it calls "evidence-based" medicine, the British government has launched a major initiative designed to boost research into primary health care. Its goals range from increasing the effectiveness of nursing care to determining what makes a sick individual decide whether to visit a general practitioner. Late last month, National Health Service (NHS) officials were due to announce their plans for how these goals could be achieved.

Since the publication three years ago of a report on research spending in the NHS prepared by a panel headed by Anthony Culyer, professor of economics at the University of York, health ministers have become aware of a funding bias toward hospital-based clinical research in Britain (*Nature Medicine* 1, 1114; 1995). In contrast, there has been relative neglect of R&D in the primary sector, where most patients first encounter the NHS. Just before Christmas, the government announced plans to double the amount of money spent on primary care research to £50 million a year (US\$80 million) over the next five years.

The health service's new initiatives are being supported by parallel efforts by the Medical Research Council (MRC), which has become increasingly involved in health care research over the past 20 years. Until now, however, the MRC's work has been concentrated mainly in hospitals, and the council is now looking to extend its activities into primary care.

The council has outlined specific research opportunities in a review prepared to coincide with the NHS announcement. Based on a workshop held last year, this review highlights issues that can be addressed by research, such as why most people do not consult a doctor when they fall ill, and what is the best treatment for common problems such as back pain and depression.

Researchers accept that the initiative is a modest start. "In terms of the overall distribution of research funds, even with the doubling of resources, we are really only looking at marginal changes," says David Mant, professor of primary health care at Southampton University and director of research and development for the NHS executive's south and west region. "But it will make a major impact on primary care; the key lies in the general feeling that we want to increase the level of clinical care

in Britain, and that improving the evidence base is one way of doing it."

Some universities have expressed fears that shifting research funds into primary care will mean a reduction in support for research in hospitals (*Nature Medicine* 3, 258; 1997). But Mant and others say that the current imbalance must be redressed.

Already, several primary health care research projects are under way. In a major study launched recently researchers at the University of Southampton are collecting data on the best way of supporting patients who have been diagnosed as having diabetes mellitus. The study will aim to establish why the rate of diagnosis for diabetes in the population varies between different practices, and why about 20 percent of those affected apparently never receive regular check-ups.

Another study, this time funded by

the MRC and involving patients in other countries as well as in Britain, is looking at the long-term effects of hormone replacement therapy. It will involve about 34,000 women who have agreed to take part in a randomized controlled trial.

Mant stresses that there is no intention of turning all primary medical care into a research exercise. "We are not saying that every

nurse has to be a Nobel prize winner," he says. But he also emphasizes that there are obvious advantages to directly involving nurses, as well as other health professions, such as optometrists and midwives, in research projects. "Our review will also emphasize the importance of involving social and behavioral scientists, health economists and statisticians," says Mant. "High-quality research is urgently needed."

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Back to basics: care for diabetics will be under scrutiny.

Guilty pleas intensify row over contaminated blood

Japan's scandal over HIV-contaminated blood has taken a new twist as three former presidents of Japan's Green Cross Corporation, a large pharmaceutical company, have pleaded guilty to charges of professional negligence that resulted in the death of a patient infected with HIV through untreated blood products.

The three are the first defendants to plead guilty since the scandal erupted, in which almost half of the country's 4,000 hemophiliacs were infected with the virus. Green Cross had the largest market share of non-heat-treated blood products in Japan during the 1980s.

The three former presidents were accused of continuing to promote the sale of non-heat-treated blood products after safer heat-treated products were approved in 1985. Their admissions of guilt are expected to strengthen the criminal



Own up: protesters demand an apology from suppliers of blood products