Networking

Next steps for primary care research networks?

In March 2000 participants at a federation of primary care research networks meeting debated issues for the future. Important areas to explore included the uncertainty about the nature of our own roles and the changing world about us. Issues on people's minds included how to change cultures towards multidisciplinary research and how to encourage innovation without losing overall coherence.

Through small group working the group made the following recommendations.

- The Federation should explore different ways of promoting and facilitating collaboration at different levels.
- We must develop strategies for sharing local resources for different disciplines and ensure regional office support for this activity.
- It is important to identify clear outcome measures linked to different funding sources.
- Remember that collaboration and competition may result in conflict.
- Think laterally about partnerships trusts/ universities/secondary care/user groups, etc.
- Collaboration has to focus on common interests.
- Remember that networking leads to more than the written agenda.
- Networks should explore the interface with primary care groups and trusts and share their experiences.

Now that the hectic activity that has surrounded the debates about *Core Values*, *Support for*

Science, Priorities and Needs and Research Governance (consultation document published by the NHS Executive in 2000) is subsiding, it may be time to revisit these recommendations and share our ideas about moving the thinking in these areas forward.

We in the West London Research Network (WeLReN) hope to follow the example of Trent Focus and the North Central London Community Research Network (NoCTeN) in developing a strategic coalition for research and development in West London. We hope that people concerned with quality and learning and development will join this coalition. If research is the process of finding reliable answers to important questions, then this is also the concern of others, including postgraduate and undergraduate teachers, organizational developers and clinical governance leads. Together we may be able to make an impact on the culture throughout primary care in a move towards reflective and inquiring practice. Together we may be able to provide a support service for primary care trusts to help research and development to go hand in hand.

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Paul Thomas will be happy to receive your thoughts or comments, or indeed to carry on the debate with other interested parties.

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Networking page submissions

If you are part of a Primary Health Care Research Network, or if you would like to comment on such networks, you are encouraged to submit a commentary of up to 300-400 words to Muriel Lee at the address below. Longer pieces may also be considered in consultation with the co-ordinator.

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