

Networking

Research interest groups – the way to a collaborative approach?

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ResNET, the primary care research network for Buckinghamshire, was set up in 1996 with multi-disciplinarity as its core. As well as supporting researchers, its vision was that primary health care professionals should share their experiences and ideas and develop a research aware and evaluative culture together, which would facilitate evidence-based practice. There are always more questions than solutions and one development of this, which came from the ResNET members, was to form a group which would meet around a specific topic. The first such group was concerned with epilepsy, based on the close association within Buckinghamshire between the National Society for Epilepsy, the Centre for Primary Health Care Research at Buckinghamshire University College, where researchers were working on two funded projects on epilepsy, and several general practices with a number of patients with epilepsy. An enthusiastic group of academics and diverse clinicians formed the Epilepsy Interest Group.

Over the next two years several other groups were formed. It became apparent that throughout the county much development, audit and research in the field of postnatal depression was taking place, yet little of what each area or discipline was doing percolated from one to the other. Thus, the second group was inaugurated on post-natal depression. The interest groups have not been confined to disease specific topics – a group with con-

cerns about the health of older people followed, another on speech and language difficulties and, most recently, a group with research interests around the health of minority ethnic groups has emerged.

ResNET interest groups bring together a multi-disciplinary group of academics and health care professionals who enjoy actively sharing their different perspectives of an area of common interest through regular meetings and networking. New ideas can be gained by inviting external speakers in the field to talk to the group about their work. However, in most instances it is the group members themselves who talk about the research or development they are engaged in and welcome the comments of others. Such a group can also act together to suggest change where they may see a need and may work together to investigate possible strategies for clinical effectiveness. The interest groups have contributed to the personal and professional development of health care practitioners by encouraging presentations at conferences and submission of articles for publication. Importantly, the debate within the group can help to clarify the questions which need to be asked and addressed through research. For example, there is currently an application for a ResNET bursary under consideration which has been submitted by two members of the epilepsy group to conduct a pilot research project on the role of the specialist epilepsy nurse. The ethnic minority health group has highlighted the need for multi-agency working as its current mailing list includes members from the social services, the community health councils and the local authorities as well as clinicians.

Several networks nationally support research

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interest groups but offer a different format or focus. For example, the journal reading club model has been used elsewhere as has the uni-professional interest group. The stimulation of a ResNET research interest group comes from a health visitor, a GP, a learning disability nurse and a public health consultant offering constructive criticism to an academic on their research findings, or indeed, insights into evidence-based practice becoming apparent from a research presentation. The evaluation of the ResNET interest groups is currently based on feedback from members, and

this has been very positive in terms of the opportunities the groups have offered for discussion and shared thinking. This process evaluation appears to be vital to the success of the groups. Nevertheless, over time we expect to see more objective outcomes such as collaborative funding and jointly published articles as well as development of practice.

These small examples within one network are suggestive of mechanisms which may facilitate a 'joined up' health service and assist the transition into the brave new world of clinical governance.

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 200 words to Muriel Lee at the address below. Longer pieces may also be considered in consultation with the co-ordinator.

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