

# Primary Health Care Research and Development: time to review and reflect

*PHCRD* is now in its 15th volume, a significant milestone in the development of an academic journal, and an important moment to think about our vision for the future. During the last 14 years we have seen the growth of academic primary care visible through the maturation in quality and output of the research papers we have published, as recognized through indexing by MEDLINE, the international reach of the journal from China to Canada and beyond, our partnership with the Society for Academic Primary Care, and the global recognition for primary health care as the way ahead for health improvement as evidenced by the World Health Organization (2008).

*PHCRD* has always held as one of its principal values the need to bridge the gap between primary health care practice and research that informs and provides strong evidence for practice and teaching. We have every intention of continuing to uphold this as part of our future strategy, both in our editorial output and in the balance of papers published. The Development papers and Short Reports have been significantly regarded by our authors as a mechanism for reporting early developments in primary care that provide researchers and practitioners alike with a foundation for future activity. We will not be losing sight of these types of papers as, while it is some ways easier to define high-quality research, the Development papers are part of the backbone of the journal: an innovation which was part of the launch of *PHCRD* in 2000 thus pre-dating the more recent focus on innovation and implementation science. In co-operation with the Cochrane Collaboration, we have also recently introduced Cochrane review summaries of evidence that provide a useful and accessible over-view of Cochrane reviews in areas of concern to primary health care.

So what next for *PHCRD*? The editors remain committed to the five goals proposed by the World Health Organization (2008) in *Primary Health Care – now more than ever*. A journal such as *PHCRD* can and should provide the mechanism

for international scholars and practitioners to report their findings and new insights, there is not only an editorial imperative but a moral one to share evidence for health improvement, in the light of global health issues such as an ageing population, infant mortality, communicable diseases, and maternal health. The Editors will be seeking Editorial Board members from across the WHO Regions to support the on-going publication of high-quality papers from an ever-wider international authorship.

Building on our belief in the value of multi-disciplinary, evidence-based primary health care, the Editors are looking to the future in terms of how health care systems will deliver primary health care in an international context. The new discourse in health care systems is concerned with innovation, implementation and knowledge transfer. We have seen in the last few years the rise of implementation and improvement science, these new disciplines go beyond randomized controlled trials to build an evidence base around what actually works in practice, how and why. In England there have been two major new structures put in place by the government to enhance the quality and outcomes of health care from these perspectives. These are the Academic Health Science Networks (AHSN) and the Collaborations for Leadership in Applied Research in Health and Care (CLARHC). *PHCRD* will be exploring how we can bring together researchers in primary health care from these networks and the implementation scientists to publish work that could make a real difference to the future of primary care and the health needs of national and international communities. For example there are questions around how we improve interventions for young people with mental health problems in the community, how we ensure that older people receive continuity of care from their GP or nurse, how we enhance self-management of long-term conditions, protect people from communicable diseases and improve uptake of vaccines. These are all interventions that work, but we need

to know how to do them better to improve equity and equality of access to care, evaluate cost effectiveness and outcomes for all. We will be publishing Editorials and actively encourage submissions that will help to address such important questions.

The issue of innovation is also central; we will be considering what is meant by innovation in primary care and inviting an Editorial on this topic. We believe that there is massive international potential for bringing interdisciplinary research to a wider primary care audience, so we have appointed an Editorial Board member from the United States who will bring expertise from engineering into primary care. We will also be looking for high-quality papers from computer science, informatics, and public health that will contribute to the innovation debate.

Such debates require Editors to be open to a whole new range of research methodologies; we will be encouraging authors to provide critical accounts of new methods, drawing on digital technologies to link

written publication to audio and visual data that will provide richer and more entertaining material in line with modern approaches to knowledge sharing.

In order to ensure that *PHCRD* reaches the widest readership and attracts the citations that we expect from a high-quality journal, we will be making greater use of social media to stimulate comment and critical debate. Please follow us on Twitter (@PHCRD), and visit the journal's homepage for links to blog postings as they occur.

As the Editors-in-Chief of *PHCRD* we are very excited about the future of the journal, there is much yet to be achieved but with our Editorial Board and publishers we believe that *PHCRD* can be the leading journal for primary health care researchers and practitioners.

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