Reviewer's report

Title: The Organisational and Human Resource Challenges Facing Primary Care Trusts

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Reviewer: Judith Smith

Level of interest: A paper whose findings are important to those with closely related research interests

Advice on publication: Accept after revision, which I do not need to see

1) My overall view is that this protocol outlines a timely and policy-relevant piece of research, and that the methods proposed are appropriate to the research questions and subject area. The comments I set out below highlight the areas of the protocol where I feel that the research questions could be further refined and strengthened, and where I believe further links could be made with other published research in this area.

2) In the background section of the proposal, I feel that reference should be made to the recently published final report of a national evaluation of PCGs and PCTs:


This report is based on 12 case studies of PCG/Ts and focuses in detail on organisational development aspects of primary care organisations. It therefore has important links with the proposed research by Newbronner et al, both in methodological and content/context terms.

3) Issues raised by the Regen et al work (and indeed by the national tracker study - Wilkin et al) which I feel need to be considered as part of the 'organisational development challenges' section of the Newbronner et al proposal include:

- the significant challenge in terms of engaging GPs in the work of PCTs, especially as PCTs are typically larger than PCTs and are regarded by some GPs as potential 'mini-health authorities' of little relevance to their day-to-day work
- the issues raised by mergers of PCGs as they move to PCT status

- the need to avoid the reported tendency of GPs to dominate the agenda and board meetings of PCG/Ts

- the need to find ways of ensuring that nurses (and practice nurses in particular) are able to have an influence at executive and board level

- the importance of developing stronger relationships with colleagues in partner organisations, and in particular social services, the wider local authority, acute trusts, and user groups.

- the need for robust devolved locality structures within PCTs

- the major concerns from research about the current lack of organisational and management capacity in PCG/Ts in relation to what is being required of them

- the context and challenges of Shifting the Balance (DoH, 2001)

4) In the 'literature review' section of the protocol, it is stated that 'early work with PCGs suggests that they will wish to adopt more flexible organisational forms' - the Regen et al report points to early evidence from PCTs that more complex and bureaucratic arrangements are now emerging.

The potential impact of Shifting the Balance (DoH, 2001) and the transfer of many health authority functions to PCTs needs to be addressed as part of the context here, for PCTs will now be (to some extent) different organisations from what was envisaged as recently as April 2001.

Related to this point, there is a need for the protocol to address up front how the researchers will address and accommodate the fact that policy is almost bound to change during the course of the research (eg the implementation of Shifting the Balance was probably not known to Newbronner et al when this protocol was drafted).

5) The 'defining the challenges' section will need to take account of any revisions to the overall research questions made in response to my comments in 3) above.

6) Selection of case studies would also benefit from considering the history of merger of the PCG/T - this has a significant impact on local OD issues.

7) References 14 and 15 could be supplemented with the 2000 Tracker study report (Wilkin et al) and HSMC's 2000 PCG/T report (Smith et al), given that these studies report on national projects and have strikingly similar findings re OD in PCGs.

8) In considering selection of interviewees, I feel that the team needs to think about the 'trio' leading the PCT - ie including the executive chair as
well. The protocol reads a little as though it is thinking more about PCGs than PCTs.

9) I would want to endorse and underline the importance of having a reference group for this study - this will assist the team in planning the dissemination of findings and also in any renegotiation of methods/approach that is necessitated by external health policy change.

10) I would suggest that there is a need to think further about ways in which the team can provide rapid feedback of early messages and results to policy makers and those leading PCTs. Given the reality of a rapidly changing policy context, other approaches to feedback are needed beyond written papers and conferences, and it would be good to see these described in more detail.

A protocol whose findings will be important to those with closely related research interests

A protocol whose findings will be of considerable general health policy/health services research interest

**Competing interests:**

None declared.