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## 97 - A European Observatory for Primary Care Development

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An observatory is a location used for observing terrestrial or celestial events. Also, it could be seen as a place where professionals, academics and citizens meet to consider new information about primary care/family medicine and share data that could lead to the development of policy and practice in this field. Public access to health information/data is greater than ever and in other fields there are examples of the involvement of citizens in helping to catalogue data (see The Galaxy Zoo)(1). In the health context, the Coulter Study in 2005 clearly demonstrated a desire from citizens to be involved in the development of primary care (2).

In this current 'age of data', GPs/Family Physicians have access to a large amount of information. However, this data is not analysed nor measured in a routine way.

Typically, when used, it is for limited purposes and small projects.

At the same time, companies such as Google are exploring ways of gathering lifestyle data automatically and systematically from individuals for public and commercial use. Therefore it seems pertinent and timely for healthcare professionals, academics and citizens to give consideration to the establishment of processes and structures that would place these stakeholders in the forefront of this data revolution about lifestyle and primary care and the development of both policy and practice that could flow from such collaboration.

The concept of a European Observatory for Primary Care Development was developed some years ago(3). What should it look like? A good example was found in Ireland; the Heartwatch Programme (4).

You need one (or several) goals, you name the parameters needed to screen and collect information and perhaps additional parameters typically known to family physicians, e.g. the Family Apgar.

You then have to ensure privacy, involve the public in the collection and 'datamining' of the information, and report back to the individual patient as well as the general public.

A European Observatory might sit atop of a collection of National Observatories accessing data from local observatories, cities, counties, depending on geographical and demographical parameters. A purposive sample could be determined as a starting point and data collected. A local observatory can report back to the individual patient and other stakeholders using all media resources. A National Observatory can search for trends. When new policies are implemented, one can measure the impact or its absence.

Some trends only show up after 20 years, e.g. the effect of the onset of legalised abortion and the decline of crime and crime-related diseases (5) needed some time and shrewd researchers could see a difference between causality and a plausible relationship.

## ***So, what benefits would a European (and why not later, a Global) Observatory provide?***

Perhaps as a starting point one might investigate 'what already exists'. One example is to be found at: [http://www.who.int/influenza/surveillance\\_monitoring/updates/latest\\_update\\_GIP\\_surveillance/en/](http://www.who.int/influenza/surveillance_monitoring/updates/latest_update_GIP_surveillance/en/).

But what should a European Observatory for Primary Care Development monitor and display?

Some possibilities might include medical education, e.g. medical schools offering a well-designed and internationally approved programme for a higher degree in Family Medicine; data on obesity, child mortality, teenage pregnancies and other parameters that reflect the impact of family medicine on a community.

Other starting points might include; the correlations that Barbara Starfield published (6) demonstrating one way forward to better quality and better health.

In terms of existing organisations, cognisance needs to be given to what role they might play and how the varying interests and foci of these organisations could facilitate the development of a European Observatory. Such organisations might include: European Observatory of Medical Demography UEMO, EQUIP, EFPC.

Next, the question of who, where and how the Observatory should be hosted? It is argued here that any host organisation would need sufficient drive and endeavour and a commitment to working with the politics and practicalities of the existing field. Also it would need the vision and resources to take the work forward. From the limited work done in 2005-6 my view was that a FD College with a desire to take a European perspective would be well-placed to lead the establishment of an Observatory with a possible link into WONCA Europe and WHO Europe. Perhaps at this time a better approach would be to consider how a consortium of Colleges might be able to develop sufficient mutual support and pooled resources to develop a vision of an Observatory and consider what first steps might be necessary to make the vision reality. Another consideration might be how other potentially interested parties (e.g. research bodies, local government, charities, etc.) might wish to contribute at an early stage. It is argued here that early stage involvement of 'other parties' in health and care development greatly assists sustainability. An example of this is the involvement of a city authority in the Heartwatch Programme in the UK. Here, local government worked together with primary care and the NHS to link-up sport and leisure services to the Heartwatch Programme.

Finally, one way forward would be for an interested party (a College?) to identify resources to initiate a scoping exercise that identifies interested organisations and the resource that they would be prepared to offer the development of a consortium. Also, it could help to establish common areas of health concern where systematic and coordinated data could be collected. This could be done from 2 perspectives: focus on where existing work has already been done at a national level; or, areas where little work has been done but there is an international recognition of the importance of particular health concerns. A good example of this second (and preferred) option is that of dementia. In a report in 2011(7), it was recommended that it is necessary to 'build more cooperative networks across Europe' in order to create 'greater coherence and synergy in research and understanding and opportunities for developing new comparative methodologies...and the harmonisation of data'.

It is hoped that this essay will provide the incentive for the latent idea of a Primary Care Observatory to be re-established on the European primary care agenda and challenge a critical mass of organisations to fund some further work to scope and develop plans for coordinated activity.

### ***Take home messages:***

- An Observatory would facilitate the coordination of data and shared learning;
- Its development needs a critical mass and a 'lead partner' to 'kick-start' the work.
- A scoping exercise would provide the development agenda.

### ***Original abstract***

<http://www.woncaeurope.org/content/cf102-european-observatory-primary-care-development-interim-findings-feasibility-study>

### ***References***

1. <http://www.galaxyzoo.org/>
2. *BMJ* 2005; 331: 1199 'What do patients and the public want from primary care?'

