

Helen Lester

Primary care researcher and QOF negotiator who encouraged GPs to make serious mental illness their “core business”

Helen Elizabeth Lester, professor of primary care (b 1961; q University of Wales 1985), died from breast cancer on 2 March 2013.

One of Helen Lester’s last public appearances was in November last year, when she delivered the James Mackenzie lecture at the Royal College of General Practitioners (RCGP). The lecture—which can be viewed online (<http://bit.ly/17Jadlk>)—is a cogent and compelling argument for treating people with severe mental illness in primary care. Lester delivered it knowing that she was dying; her husband and children, to whom she paid a poignant tribute, were in the audience.

At one point she bangs the lectern, saying, “And for me, this is probably the last time I can shine a light on a dark corner, and I can say look here, this is what matters, and this is our business.”

Liz England, a clinical lecturer in primary care at Birmingham University and a close colleague, says the lecture sums up Lester’s career long focus on treating vulnerable people and the passion of her delivery was typical.

“It was very hard not to be passionate about something Helen was passionate about. I ended up doing mental health research because Helen got me interested. It developed from an interest to something where I now try to reflect her values,” she says.

Work with homeless people

Lester went to school in Warwick and then to the University of Wales’s College of Medicine in Cardiff, where she met her husband, Huw. While a student she won prizes in both general practice and psychiatry, a specialty she considered pursuing. She undertook her vocational training in South Glamorgan. In 1991 she joined the inner city Lee Bank Group Practice in Birmingham, where she ran a medical drop-in centre for homeless people and developed her interest in mental health. When an accountant told her that the centre was running at a loss, her response was, “I don’t care.”

In 1995 she won her first research fellowship and ended up at Birmingham University, where she became a senior lecturer and professor in 2006. She moved to Manchester University to work in the National Centre for Primary Care Research and Development, where she became deputy director and lead for the quality group.



Among grassroots GPs she is known for her work on the Quality and Outcomes Framework (QOF), playing a leading part in developing new clinical indicators for the National Institute for Health and Clinical Excellence. This work earned her the nickname the “QOF queen” among friends and colleagues.

England says that Lester saw her QOF work as an important extension of her clinical practice: “She saw QOF as a vehicle to get improvement at a real grassroots level. She was appalled that people with serious mental illness die 20-30 years earlier than others. A way of redressing that was to put a physical health indicator into QOF. QOF was a vehicle to ensure her research was put into practice,” she says.

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Lester was a member of the RCGP council and served on the Society for Academic Primary Care, firstly as secretary and then as chair, a role she gave up only earlier this year. The society’s new chair, Joanne Reeve, a GP and lecturer at Liverpool University, said Lester was instrumental in turning the society’s focus outwards.

“Over the past three or four years Helen as chair was taking academic primary care out of the academic context and into the wider world,” she says. This was not a bureaucratic exercise, says Reeve: she believed there was no point in academic primary care if it did not link to primary care as practised on the ground.

Colleagues talk of her phenomenal capacity

for hard work, always being the first to put up her hand when anything was divvied out at a committee. Debbie Sharp, professor of primary care at Bristol University, Lester’s mentor and chair of the society when she was secretary, says, “Perhaps she had a problem saying no sometimes, but she was a great team leader and team player.”

Like a breath of fresh air

Lester was first given a diagnosis of breast cancer in 2004 and found out that it had returned last summer. She worked hard on succession planning, both with Reeve at the Society for Academic Primary Care and with Max Birchwood, professor of youth mental health at Birmingham University.

Birchwood first met Lester when he was trying to drum up support among GPs for an early intervention programme for young people with psychosis. He mainly met the response that this was the responsibility of mental health services, not primary care.

“I remember the day I met her because she was like a breath of fresh air. She understood what we wanted to do,” he says.

He describes Lester as “ridiculously bright and incredibly serious” about her work. In the last months of her life she secured a programme grant from the National Institute for Health Research to develop a protocol on shared care between primary and secondary care for people with mental illness.

Birchwood describes how, even in the last weeks of her life, Lester worried about what would happen to the grant after her death, and she persuaded him to lead the project: “It was so typical of Helen. This grant was the apex of years of work, and she had put a lot of hard work into getting it”

He adds, “She rang me up when I was skiing, she was bed bound, and she said, we must talk about the grant. I saw her every week, right up to the week before she died, as she was trying to get everything sorted.” he says.

But while work was important to her she was also “incredibly proud of her children and thankful for her husband,” says Liz England.

Sharp says: “When she went home to her family she had very clear limits. Her family life was sacrosanct.”

She leaves her husband, Huw, a general practitioner; and three children.

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