The same but completely different

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In preparing this, my first editorial as interim Editor, I have constantly reflected on the history of the journals of The Royal New Zealand College of General Practitioners (RNZCGP). For a year before the *Journal of Primary Health Care* was first published, I was Guest Editor of the RNZCGP's prior journal, the *New Zealand Family Physician*, so my new role is similar—but in many ways, completely different. Continuity of journal publication has been the RNZCGP's unbroken commitment to its members since its founding in 1973, and the publication just seven months later of the first issue of the *New Zealand Family Physician*. Preserving that continuity has long been a concern for me. Although there were plans to create the *Journal of Primary Health Care* in 2007 when I became Guest Editor, it would be another 18 months before the first issue would go to print.

This new journal continued the RNZCGP's commitment, but the *Journal of Primary Health Care* was a step change from the *New Zealand Family Physician*. Whereas the old journal was targeted to RNZCGP members, aiming to inform, inspire, and reflect the lived experiences of GPs in New Zealand, by 2007 the RNZCGP's vision was that all primary health care professionals and medical generalists would read and write for their journal. The new journal would receive, review, and publish the best and most relevant research about primary health care that its readers could produce, and would inspire debate. Just as David Cook, the first Editor of the *New Zealand Family Physician*, 'guided the journal with unparalleled and unflagging enthusiasm',[1] so also has Felicity Goodyear-Smith guided the *Journal of Primary Health Care* to its current position as a leading New Zealand medical journal, with a measurable impact that increases year by year.

This issue continues the RNZCGP's vision for its journal. The lead article by Exeter et al.[2] is an elegant example of how New Zealand's health databases can (and should[3]) be used to create meaningful guidance for health care providers, planners and policy makers. The new knowledge provided by Exeter's study is painfully unsurprising—that there are fewer lipids tests than there should be for residents of the most deprived areas and for Māori. Anderson's[4] evaluation of the Green Prescription (GRxAF) programme in Taranaki using data from a similar period also shows that further tweaking will be needed to achieve equitable outcomes. The latest research data from both these studies was collected in 2010; hopefully, later updates may not discover such inequalities.

The other original scientific papers in this issue have further messages for the journal's wide readership. The estimate by Ludlum et al.[5] that as many as half of men who have sex with men think their GP is unaware of their sexual orientation/behaviour has implications for GPs' ability to provide appropriate sexual health care and advice. Continuing in the men's health vein, Brown et al.[6] draw lessons for improving men's health care from their study linking PSA results in laboratory data with general practice records.

Kamat and Parker provide a neurosurgical perspective on GP referrals that shows they are receiving increasing numbers of referrals year on year and that less than 5% of referred patients actually require a neurosurgical intervention.[7] Is referral, therefore, mainly a misuse of neurosurgical expertise? In his guest editorial, Nixon provides a rural medical generalist perspective on specialist referrals in general, neurosurgical referrals in particular, and the 'clunky' way the New Zealand health system perpetuates possible misuse of some services, by restricting GP access to investigations.[8] These issues deserve discussion.

Every now and then, editors see research that is compelling on the grounds of resonance with what is probably known but barely acknowl-

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edged, and therefore emotionally challenging. One such paper is Mercer's re-development of the 'chronic sorrow theory', explaining the challenges facing partners of people with Parkinson's disease, who necessarily become carers.[9] In terms of transferability, read any progressive or debilitating condition in place of Parkinson's disease.

Also employing a qualitative approach, McKinlay et al.[10] uncover important issues in the care of multimorbid, culturally and linguistically diverse people and Walker and colleagues explore nursing roles in primary care teams.[11] Crowley et al.[12] add to the teamwork discussions in this issue by showing that vocationally trained GPs, general practice registrars, and medical students are successively less aware and less confident in providing patients with nutritional advice, perhaps signalling a greater role for dietitians in primary health care.

To complete this issue's offerings, Hamish Wilson distils his experience in peer groups to propose a structure for discussing challenging issues in peer group meetings,[13] and our *Back to Back* column discusses the conflict between professional and regulatory permissions for off-site access to general practice records for research.

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Erratum: *Viewpoint* article in our March 2015 issue—author details

The *Viewpoint* article entitled *Peer support workers: an untapped resource in primary mental health care* was published with incorrect author details as supplied. The first author of the paper is Juan J Tellez.

The paper should be correctly cited as:

Tellez JJ, Kidd J. Peer support workers: an untapped resource in primary mental health care. J Prim Health Care. 2015;7(1):84–87.