

Keeping on our toes

They say that you will never stub your toe if you stand still, but you will also never get anywhere. Our health system is not standing still: things are rapidly moving and we are bound to stub the odd toe. In this issue of the Journal we discuss innovations, their benefits and threats (including stubbed toes) and in keeping with the theme of keeping on our toes, our Cochrane Corner directs us to evidence of the best treatment for toe nail onychomycosis.¹

'Portal' is a word generically used to describe a gateway between one world and another. For patients, portals into their medical records are truly entrances into a new world. Our guest editorial leads readers through the policy developments that have supported patient portal adoption in New Zealand, warning of its potential to strengthen rather than reduce inequalities in healthcare access.² Carryer and Kooienga interviewed patients of practices both with and without access to patient portals and found there was a general willingness of patients to start (or continue) the patient portal journey.³ Wong and Morgan-Lynch discuss some ethical challenges to be worked through in patient portal use, especially for patients transitioning from childhood to adults.⁴ The other ethics paper in this issue discusses difficult boundaries between ethical clinical practice and the law, in a debate based on a disadvantaged patient many readers may recognise.⁵

We have still put just a tentative toe in the water with respect to patient portals: this is a health system evolution that challenges existing regulatory, payment, and communication pathways, leading us to a future that no one can quite comprehend yet. Gray discusses one way to understand general practice - by using the 'Çynefin framework'.⁶ Just as patient portals are changing the way primary healthcare is delivered, so also is the role and function of healthcare providers. The changing role and functions of community

pharmacy workforce is explored in a paper by Campbell *et al.*⁷

Three papers will help readers keep on their toes regarding the new non-invasive prenatal testing (NIPT) techniques, safe management of allergies in children and diagnosing rhabdomyolysis. These are innovations with potential for increasing inequality because they are available, but only with private payment⁸ or access to limited speciality services.⁹ Filoche *et al.* summarise the role, advantages and disadvantages of NIPT for New Zealand mothers.⁸ Ameratunga brings our attention to the latest evidence base for early introduction of peanuts and other allergenic foods for high-risk children.⁹ From Singapore, Ruan, Low and Kwan show that aspartate aminotransferase (AST) is the strongest measure to use in diagnosing rhabdomyolysis, a condition increasing in incidence with increasing statin use.¹⁰

We always welcome work from early career GPs. Our Improving Performance paper reports an early career doctor's audit of the care of obese patients in her general practice placement.¹¹ This audit eloquently expresses a range of cultural and resource challenges to reducing inequality in just one practice.

The clinical and health services research reported in this issue includes research taking a pragmatic new approach taken by a Canterbury team to measure unmet need for referred health services.¹² They did what no one else has done before: actually asking GPs and patients together what services they thought patients needed and then measuring whether they were received, finding that 3.6% did not. The exercise of common sense (ahead of comfortable methods) in research design places this research a step ahead in usefulness. Also in Canterbury, Bidwell and Copeland report on the experiences of participants in a multidisciplinary group for continuing professional education, as a pragmatic model for rural

Susan Dovey

MPH, PhD,
FRNZCGP (Hon),
Editor-in-Chief

J PRIM HEALTH CARE
2017;9(4):235-236.
doi:10.1071/HCV9n4_ED1
Published online 20 December 2017

CORRESPONDENCE TO:
Professor Susan Dovey
Professor of Public Health
and Epidemiology, RCSI
Bahrain, P.O. Box 15503,
Adliya, Kingdom of Bahrain
sdovey@rcsi-mub.com

clinicians.¹³ Christie and Hudson join this pair to explain the Pegasus Health pastoral care programme¹⁴ and a new report from the LiLACS NZ study advises doctors to investigate depression in octogenarians who fall.¹⁵

I have learned that Jaye can always be trusted to venture into confronting areas of research. Finally, but by no means least, in this issue she joins with Rowe to report their research about effective therapeutic relationships for patients who self-harm.¹⁶

So as you can see, we have provided a bumper crop of holiday reading that should help keep you on your toes into 2018. May you have a peaceful and refreshing break over this period!

References

1. Jordan V. What is the best oral treatment for those nasty looking toes? *J Prim Health Care*. 2017;9(4):328.
2. Wells S. The journey of patient portals in New Zealand general practice: early learnings and key challenges. *J Prim Health Care*. 2017;9(4):237.
3. Carryer J, Kooienga S. Patients' experience and understanding of E-portals in rural general practice. *J Prim Health Care*. 2017;9(4):262.
4. Wong D, Morgan-Lynch S. Patient portals and young people: addressing the privacy dilemma of providing access to health information. *J Prim Health Care*. 2017;9(4):240.
5. Hall K, Donaldson E, Williamson M. To report or not to report? That is the question. *J Prim Health Care*. 2017;9(4):244.
6. Gray B. The Cynefin framework; applying an understanding of complexity to medicine. *J Prim Health Care*. 2017;9(4):258.
7. Campbell C, Braund R, Morris C. Beyond the four walls: an exploratory survey of location, employment and roles of pharmacists in New Zealand primary health care. *J Prim Health Care*. 2017;9(4):297.
8. Filoche S, Lawton B, Beard A, et al. New screen on the block: non-invasive prenatal testing for fetal chromosomal abnormalities. *J Prim Health Care*. 2017;9(4):248.
9. Ameratunga R. Improved prospects for food allergy prevention. *J Prim Health Care*. 2017;9(4):254.
10. Ruan XC, Low LL, Kwan YH. Association of aspartate aminotransferase in statin-induced rhabdomyolysis. *J Prim Health Care*. 2017;9(4):316.
11. Naper J, Manetto L, Wiren D. A project to improve the quality of care for overweight and obese patients in a Nelson general practice. *J Prim Health Care*. 2017;9(4):321.
12. McGeoch G, Holland K, Kerdemelidis M, et al. Unmet need for referred services as measured by general practice. *J Prim Health Care*. 2017;9(4):269.
13. Bidwell S, Copeland A. A model of multidisciplinary professional development for health professionals in rural Canterbury. *J Prim Health Care*. 2017;9(4):292.
14. Christie C, Hudson B, Copeland A, Bidwell S. Self-care of Canterbury general practitioners, nurse practitioners, practice nurses and community pharmacists. *J Prim Health Care*. 2017;9(4):286.
15. Atlas A, Kerse N, Teh R, et al. Falls and depression in octogenarians: LiLACS NZ. *J Prim Health Care*. 2017;9(4):311.
16. Jaye C, Rowe J. Caring for self-harming patients in general practice. *J Prim Health Care*. 2017;9(4):279.