At the heart of the mission of general practice

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'At the heart of the mission of general practice is the efficient surveillance of a patient population' write Campbell Murdoch and colleagues in an extraordinary article in this issue.1 At first this paper looks like a longitudinal study of the immunology of an elderly cohort of people but in fact it is a classical piece of general practice research – a model for the ages. Campbell Murdoch arrived in New Zealand from Scotland in the early 1980s to become New Zealand’s first professor of general practice. His arrival started a creative disruption in the existing medical academic environment as he championed general practice academia (including general practice research) where it had previously existed in only embryonic form. This study was started in Murdoch’s Scottish practice, motivated by a concern to understand the present and future needs of the practice’s elderly patients. Interwoven in the article’s presentation of objective measures collected over a period of nearly 40 years is the back story about why the research was started at all, and how it contributes to present knowledge, despite using measures that have now been superseded by newer technology. It is a model for readers starting out in clinical practice research.

At the heart of the mission of general practice is also communication. But beware of electronic communication, especially with older people. In this issue a report from the LiLACS study informs readers that most of this elderly cohort do not use cell phones or much of any telecommunications technologies.2 If the future of our health systems depends on technology adoption it risks disadvantaging the elderly and increasing the disparities between Māori and non-Māori.

On the other hand, technology can also reduce disadvantage. Telemedicine in modern health systems can deal with events like the Covid-19 pandemic by triaging patients and enabling quarantined health professionals to continue to work by video.3 Ireland et al. present their research about the problematic issue of accessing abortions for rural Australian women.4 Distances, time away from their families and work, and unsympathetic health policy all conspire to force work-arounds to obtain the care these women need. They find it, via Google, in telemedicine. And then some communicate their journeys with their health professionals to reduce the information vacuum for other women. Communication is a two-way thing.

In the Samoan community in New Zealand there are mothers of young children who wish their GPs and other healthcare providers would communicate with them more.5 Perhaps these mothers also have no qualifications and no paid occupation. Perhaps their English is limited. Perhaps they need more time in consultations than their practice has to give them. Breaking through these barriers is the challenge raised by this paper.

At the heart of the mission of general practice are patients, in all their diversity. Patel et al. found that elderly patients like receiving Green Prescriptions and if they receive a pedometer to measure their activity they are more active than if they receive a standard Green Prescription alone.6 Ellis and Aitken7 report a carefully nuanced description of the sexual identities and practices of New Zealand youth aged 16–19 years and Ker et al.8 report the success of a clinic focused on meeting the needs of patients in a university health clinic who wish to explore gender affirming therapy. Key messages from this paper reinforce patients’ positive experiences of the accessibility, timeliness, affordability and acceptability of the primary care they received. A Viewpoint paper in this issue summarises strategies to personalise the generalisms in many clinical recommendations and provides a reminder that there is a science behind the personalised care aspirations of GPs.9

And at the heart of the mission of primary health care are primary care teams, including trainees.
In this issue we have a report from a group of GP registrars and their trainers in the Waikato.\textsuperscript{10} Usually GP registrars complete their clinical audit requirement in a single practice but this paper reports all the GP registrars in one group (Waikato) doing the same audit in their practices and combining their data to provide results from practices across the region. This gave them a larger sample size than a usual audit, therefore more confidence in the results overall, as well as experience in research teamwork. We also have a report from the Southern region presenting quantitative findings relating to the first three years of Clinical Pharmacist Facilitators being employed – what they did and what they found – providing an important baseline for future measurement of the impact of this new group of primary care clinicians,\textsuperscript{11} and a paper about nurses trialling a new intervention to manage weight loss.\textsuperscript{12}

As we go to press there has been no change for 6 days in the number of 5 cases of Covid-19 in New Zealand. Internationally, however, the situation is different and many new cases and new deaths from Covid-19 are reported daily. This issue’s Cochrane Corner summarises the research around recommended strategies for avoiding respiratory infections, including Covid-19.\textsuperscript{13}

References