



# Non-medical perspectives within primary care

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**T**hrough time, starting in the Victorian era primary care has been responsible for the majority of health care delivery and it will continue to do so with the imminent reconfiguration of services in light of Ara Darzi's recommendations for London (Dept of Health, 2007)<sup>1</sup>. Indeed, the recent recommendations could be seen as re-emphasizing the role of primary care and challenging the dominance of the hospital in British health care. Further, despite the many advances in therapeutics the reality remains that patients all too frequently do not adhere to their prescribed therapies (Haynes et al, 2000)<sup>2</sup> emphasising the gap between the laboratory of medical advances and the real life patient and therefore the importance of understanding patients within the context of their lives in London.

The traditional skills of generalist community and practice nurses and pharmacists are being augmented by the development of specialist interests around chronic disease management, public health and the management of minor illness. Thus we are seeing the emergence of a range of practitioners to both supplement and substitute for general practitioners in the delivery of primary care services. Horrocks et al's (2002)<sup>3</sup> systematic review confirmed that nurse practitioners were able to deliver equivalent care to that of general practitioners despite the relative professional immaturity of the nurse practitioners compared to the doctor samples. Disappointingly there are few trials comparing pharmacist delivered or nurse delivered services with normal doctor led primary care. Nonetheless, pharmacists, nurses and other non-medical practitioners are increasingly delivering innovative services to meet current health needs in primary care. Thus nurses and pharmacists are at the forefront of public health initiatives offering alcohol screening, emergency contraception, Chlamydia screening and plans for pandemic vaccination. Similarly nurses and pharmacists are working together on various chronic disease management initiatives around diabetes, COPD and heart disease with a special emphasis upon effective medicine management and minimization of avoidable hospital admissions.

This new journal can make a useful contribution to the dissemination of an evidence base for these emerging areas of practice as well as being a vehicle for debate around issues relating to integrated care and team working across an increasingly diverse group of practitioners delivering primary care to Londoners.

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3. Horrocks S, Anderson E & Salisbury C (2002) systematic review of whether nurse practitioners working in primary care can provide equivalent care to doctors. *BMJ*. 324: 819-824.