

Editorial

The contribution of primary health care in addressing many of the complex health problems currently facing individuals and communities remains in little doubt. The pattern of provision, however, varies within different countries and societies creating implications for practitioners and practice development. In the context of nursing there are specific issues significant to clinical practice. The first relates to the definition of primary health care, because the concept is generally interpreted as a philosophy of care as well as an approach to the provision of care. The different terminology used to describe this health care provision highlights some important issues for practitioners when developing clinical practice. Terms such as community care, primary care and primary health care – although distinct approaches to practice – are frequently used interchangeably, with little thought about their meaning or implications for practice. Although the common theme underpinning these terms is the need for health care to focus on the prerequisites of health and basic elements of health care, such as health education and prevention rather than technological care, a diversity of practice patterns has developed.

Clinical practice within primary health care has also been influenced by the policies of individual countries. In the UK, although primary health care was established in 1945, it was not until the late 1990s that the emphasis began to move away from medical dominance by General Practitioners to a culture acknowledging the contribution of other health care professionals to successful outcomes in primary health care. Indeed, developing Primary Health Care Trusts has been an attempt to widen the focus of care to one that recognizes and responds to the health needs of local communities and allows other health professionals to contribute to planning health care.

The historical development of primary health care in the UK has also contributed to the development of the range of specialist nurses currently practising in the community. Community nursing provision, including midwifery and health visiting, was established alongside general practice, which led to poor communication and lack of co-operation amongst health care providers. The attachment of community nurses to general practice was an attempt to address this issue, anticipating that this would encourage team work and co-operation between health care professionals. To date, despite the introduction of integrated nursing teams, debate continues about the contribution of different health care practitioners to primary health care.

As in other practice settings another important factor influencing practitioners within primary health is the demand for evidence-based practice. Increasing recognition of the need to evaluate the quality of care and management of resources has contributed to this development. Although important to the provision of high quality care, there are specific issues that require consideration in primary health care. The first relates to the outcomes of care. Although clear evidence indicates better health outcomes in a health system that is primary-care orientated (Starfield, 1998), concern remains that evidence-based practice ignores the influence of contextual issues on health outcomes (Weller & Veale, 1999). The context in which practice occurs is particularly significant to clinical practice in community settings. Secondly, research funding in primary health

*Correspondence to: Sheila Twinn, Department of Nursing,
Chinese University of Hong Kong, Shatin, New Territories, Hong Kong*

care has a history of disadvantage compared to the acute sector. Obviously the availability of credible high quality research is essential in developing evidence-based practice. The establishment of evidence-based centres for nursing practice in countries such as the UK and Australia may provide an opportunity to contribute to the development nursing practice in primary health care. The recent systematic review of health visitor domiciliary visiting illustrates such a resource for practitioners (Elkan *et al.* 2000).

This edition of *Journal of Clinical Nursing* provides an opportunity for practitioners to debate some of these issues and to examine their implications for practice in a variety of settings and countries. Indeed, the context of practice provides an important focus for the articles. The influence of location is explored, with articles focusing on care provision in rural settings as well as in extreme urbanization such as that in Hong Kong. The significance of culture and implications of cultural diversity for practice are also illustrated. Practice context and the focus of interventions is also explored, ranging from acute respiratory distress in children to the formal and informal care needs of elderly people, and highlighting the continuing challenges of primary health care and of measuring outcomes of care.

The range of skills used by nurses in primary health care is not only reflected in the practice settings and interventions described in the different articles but is also illustrated in the emphasis on evaluation of care. The significance of evaluation for assessing outcomes of care is highlighted and allows readers to consider the issues involved in the evaluation process, once again from a range of different client groups and settings. The importance of preparing students to work with different client groups in the community is also explored.

A final issue is the significance of policy for practice development. The articles describing primary health care practice in Hong Kong and Cuba particularly illustrate this. It is interesting that, despite the very different political ideologies underpinning policy development in these two settings, the commonality of community participation and its significance for successful practice outcome is highlighted. Indeed, the diversity of practice presented in this special edition not only provides readers with opportunities to examine different approaches to nursing practice in a range of settings, but also to consider the significance of nursing practice development for the provision of high quality clinical care in primary health care.

References

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Chinese University of Hong Kong

SHEILA TWINN