

SPECIAL COLLABORATION

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A BRIEF OVERVIEW OF ENGLISH PRIMARY CARE IN THE LAST HALF CENTURY

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ABSTRACT

Key hefts, the hard core of clinical profile, scientific nursing and nowadays of the English School of Primary Care in the last sixty years are revisited. We understand that the most profound intellectual influence has been to Archie Cochrane, among family physicians hard core components we include John Fry (1922-1994), David Metcalfe and Julian Tudor Hart. On the other hand, Lisbeth Hockey (1918-2004), PhD in Nursing, was responsible for several years of Nursing Research Unit at the University of Edinburgh. The internet sources of English nursing historical research are very noticeable. Finally, Trisha Greenhalgh, family physician, researcher and Professor at the University of Oxford, is launching the old English School of Primary Care towards the middle of the XXI century.

Key words: Primary Health Care, Great Britain, History of nursing, General practitioners, Primary care nursing, National Health Service, Health care reform, History of medicine.

RESUMEN

Breve visión de los principales protagonistas de la Escuela Inglesa de Atención Primaria durante el último medio siglo

El objetivo es hacer un breve repaso de las influencias, el núcleo duro de perfil clínico, la enfermería científica y el presente de la Escuela Inglesa de Atención Primaria durante los últimos sesenta años. Entendemos que la influencia intelectual más profunda fue la de Archie Cochrane. Entre los médicos de familia componentes del núcleo duro destacamos a John Fry (1922-1994), David Metcalfe y Julian Tudor Hart. Por otra parte, Lisbeth Hockey (1918-2004), doctora en enfermería, fue la responsable durante varios años de la Unidad de Investigación en Cuidados de la Universidad de Edimburgo. Las fuentes de investigación historiográfica de la enfermería inglesa en internet son notables. Finalmente, Trisha Greenhalgh, médica de familia, investigadora y docente en la Universidad de Oxford, está lanzando a la vieja Escuela Inglesa de Atención Primaria hacia la mediana del siglo XXI.

Palabras Clave: Atención Primaria de salud, Gran Bretaña, Historia, Medicina de Familia, Enfermería de atención primaria, Historia de la medicina, Servicios Nacional de Salud, Reforma sanitaria,

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INTRODUCTION

British Primary Care used to have a lot of quality in the second half of the 20th century.

After having overcome some trials, it has remained exemplary in these early years of the 21st century and we have decided to make a historical review of its progression over the last 60 years.

The aim was not to elaborate a description of the sociopolitical changes that occurred in the island during that period^(1,2), which have influenced the progress of Primary Care, but to carry out an analysis taking the historical change^(3,4) and the scientific evolution into consideration. None of the authors have worked in the United Kingdom as family doctors^(5,6), therefore, this is a non-systematic bibliographic review and from a strict Spanish point of view. We have followed a criterion of non-probabilistic selection for convenience.

DEFINITION AND ROOTS

The birth of modern Primary Care has been thought for years to be in Alma-Ata's Conference, held in 1978 and supported by the World's Health Organization. However, the concept of Health Center appeared for the first time in the Anglo-Saxon literature in 1920, in Dawson's Report⁽⁷⁾, which developed the embryonic concept of Basic Zone of Health, constituting an important impulse for the creation of the National Health Service in 1948.

In spite of all this, it is clear that the most modern conception of Primary Care crystallized after Alma-Ata with the development of health equipment knowledge and effective prevention⁽⁸⁾.

It is very important for us to mark out Millis report, which, although it was created in the USA⁽⁹⁾ it had a lot of influence in England. Millis report dates back to 1966 and, among other things, it supported the recertification ('Board') of Family Doctors, in spite of having many years of professional practice.

INFLUENCIES

In our view, the researchers who had the greatest influence in the development of British Primary Care during the twentieth century were Archibald Cochrane and Barbara Starfield.

Archie Leman Cochrane (ALC) was born in Scotland and, after various biographical difficulties in the Spanish Civil War and in the Second War he was responsible for teaching epidemiology and public health at the University of Cardiff in Wales. His main work is without any doubts, 'Effectiveness and Efficiency'⁽¹⁰⁾ published in 1972 and had and has a decisive influence in all universal medicine and not only in English Primary Care. For Cochrane, Effectiveness is the degree or magnitude in which an intervention or procedure has beneficial results in practice, in real conditions. Efficacy is the degree or magnitude in which a particular intervention or procedure has beneficial results in ideal theoretical conditions. Efficiency is the degree or magnitude in which a given practice is carried out correctly at the lowest possible cost, in economic terms, of time or other resources.

Throughout his life he suffered from porphyria. Upon passing away in 1988, he donated more than 300,000 pounds to Green College (currently Green-Templeton College) Oxford University with the only testamentary clause that they should be invested in biomedical research with clinical trials⁽¹¹⁾.

In spite of being North American of origin, Barbara Starfield (BS) may be considered English, and perhaps European adopted, for the transcendence that her research work has had in Primary Care throughout the continent.

A Pediatrician and a teacher of Public Health at Johns Hopkins University, she developed very diverse tools for the objective analysis of health work in the Primary Care level (Primary Care Assessment Tool) (PCAT), Child Health and Illness Profile (CHIP) and methodology of the Adjusted Clinical Groups

(ACGs). She was appointed collegiate of Honor by the Royal College of General Practitioners in the year 2000. She died accidentally in the year 2011 when suffering a traumatic brain injury while swimming in her pool.

Other researchers who had an influence indirectly or later were Sir Austin Bradford Hill⁽¹²⁾, Sir Richard Doll⁽¹³⁾, Peter M M Pritchard⁽¹⁴⁾ and Sir Muir Gray⁽¹⁵⁾.

HARD CORE OF THE SCHOOL

Formed by the most influential clinical doctors in the second half of the XX century. The first of them is undoubtedly John Fry (JF) (1922-1994), Polish of Jewish ancestors who had to emigrate to the UK because of Nazi barbarism and developed English primary care in many different aspects. He was a consultant of the World Health Organization, worked for the Royal College of General Practitioners, of which he was a founder member, for the General Medical Council and for the Armed Forces. His fundamental work was "Primary Care" a book in which he brought together the most prestigious authors of the time⁽¹⁶⁾. He studied common diseases in the practice of family medicine⁽¹⁷⁾ and made key contributions to the concept of natural history of hypertensive disease⁽¹⁸⁾. Years after his death, Max Blythe published a very interesting biography of this clinician doctor and investigator⁽¹⁹⁾.

David Metcalfe (DM) became Professor of Family Medicine of the University of Manchester and also one of the most important personality. In 1986 he gave the lecture "William Pickles" under the name of "The Crucible", in which he defended the usefulness of clinical consultation as a generator of knowledge. The doctor should always maintain a humble attitude to the new advances and learning. But the fundamental contribution to the history of European Primary Care was, without any doubts, its conceptual model of care which still exists for us (figure 1)⁽²⁰⁾. His description of the interfaces with the community and hospital medicine is masterful.

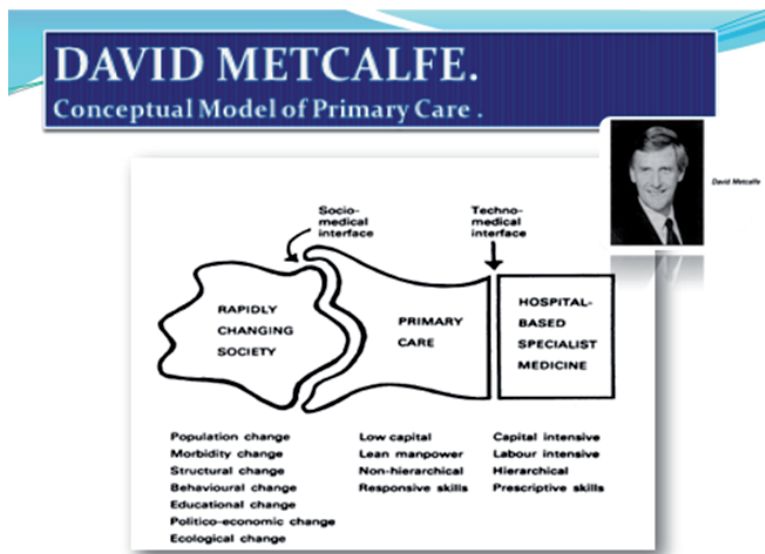
Another family doctor, clinician and researcher, we must mention is William Tudor Hart (WTH). Born in London in 1927, he was a collaborator of Archie Cochrane and Sir Richard Doll. He investigated arterial hypertension from a population perspective. He is the author of the Inverse Care Law, which states that "The availability of good medical care tends to vary inversely with the need of the population assisted". He is the author of a classic aphorism in Primary Care in Europe: "There is intelligent life outside the hospitals"⁽²¹⁾. Member of the British Communist Party, like his father, the traumatologist Alex Tudor Hart, always considered himself as a Marxist. He maintained professional relationships with Spanish family physicians⁽²²⁾. Possessor of a personal literary style, he is the author of fundamental articles for understanding the development of British and European Primary Health Care⁽²³⁾.

DISTRICT NURSING AND OTHER HEALTH ROLES

In our view, it is impossible to make a review study like this without considering district nursing. Despite the fact that it has been more than one century of her death, the influence of Florence Nightingale (1820-1910) (FN) is still patent. In addition to being a professional carer she was an eminent statistician, generating absolutely distinctive graphs. Apart from her scientific qualities, Florence always showed a high spiritual personality^(24,25).

Lisbeth Hockey (1918-2004) (LH) was born in Austria and like John Fry, she had to emigrate to the islands because of Nazi persecution in the 1930s. She was a nurse for patients with infectious diseases, a midwife and a district nurse⁽²⁶⁾, receiving her PhD in 1979. She became responsible for the University of Edinburgh Care Research Unit (figure 2). In 2000 she received the gold medal of Queen's Nursing Institute. She died at the age of 85, maintaining her intellectual activity until a few months before her death⁽²⁶⁾.

Figure 1
David Metcalfe's Model



Ann Elizabeth Bradshaw (AEB) is a PhD in nursing and Professor at the University of Oxford Brookes. Her professional activity developed both in hospitals and in the nursing District. A very remarkable researcher of the spiritual dimension of nursing care and the hermeneutical analysis of her profession⁽²⁷⁾. She deepened in compassion as the central core of nursing care⁽²⁸⁾.

The History of the British District Nursing has enviable sources of research in two web pages that we must analyze ahead as generators of knowledge. The University of Manchester is the electronic seat of the United Kingdom in the history of nursing. It keeps a research network with several Universities and with the Royal College of Nursing. It has a very extensive historiographic richness in both written and oral records. (<http://sites.Nursing.manchester.ac.uk/ukchnm/>)

Another extraordinary website as a source of research is the one created by Queen's Nursing Research on the occasion of 150th anniversary of the figure of the District Nurse in the United Kingdom. With a dif-

ferent structure from the previous one, it is masterfully organized, being able to review different aspects among which the figure of William Rathbone VI (1819-1902), must stand out, also the houses where the district nurses lived and the photo and videos galleries, which richly contribute with absolutely incredible human details (figure 3).

There are other health roles in Primary Care in the United Kingdom, such as the Health Visitors⁽²⁹⁾, Midwives⁽³⁰⁾ or Primary Care Pediatricians, who are substantial for its functioning. The fact that there is not a British group in the European Confederation of Primary Care Pediatricians is noteworthy (<http://www.ecpcp.eu/about-us/primary-care-paediatrics/>).

THE EPIGONA

Epigonos, ἐπίγονος, means in Greek, "born after" and The Royal Spanish Language Academy defines epigona as "The person who follows the footsteps of someone, specially the person who follows a school or a style of a former generation".

Figure 2
Dr Lisbeth Hockey

Dra. Lisbeth Hockey. (Graz 1918-2004 Edinburgh)



Fever Nursing during the Blitz

General Nursing training at
Watford Memorial Hospital
(Hertfordshire)

Midwifery Training

District Nursing and Health
visiting.

**Director of Nurse
Research Unit . University
of Edinburgh**

PhD 1979



The present English school epigona for us is Professor Trisha Greenhalgh (TG) who has been working since the beginning of 2015 in the University of Oxford⁽³¹⁾.

First she studied Sociology and Political Sciences and later became a doctor. A researcher of great impact, out of her publications, we would like to outstand her text book, called "Primary Health Care. Theory and Practice"⁽³²⁾ and above all her excellent chapter devoted to research. The fact that she deals first with qualitative and then quantitative research is a remarkable feature of her style. It looks as if Professor Greenhalgh was more interested in verbatim or a feeling rather than in an odds ratio, well estimated in an observational design of cases and controls or an absolute risk reduction in an epidemiologic analysis based on evidence⁽³³⁾.

She is part of the teaching staff in Green–Templeton College. Before she belonged to the University of Oxford, Trisha was for five years Dean of Scientific Impact of Queen Mary University of London. Her more rele-

vant article is a systematic review of innovations in health systems⁽³⁴⁾.

Nowadays there are other clinicians and researchers, as for example, Richard Lehman, collaborator in the Cochrane initiative in the UK, (<http://uk.cochrane.org/richard-lehman>) but we clearly outstand Professor Greenhalgh.

CONCLUSIONS

The Catalan philosopher Eugenio D'ors, wrote on one occasion that "The best rest is in reviewing"⁽³⁵⁾. Looking over some of the ideas displayed and referring to them as conclusive, we could state that:

1st.- Among the influences, we clearly identify ourselves with "Effectivity and Efficiency". We believe that Archie Cochrane influenced, influences and will quite much influence clinical decisions which are taken in Primary Care in the light of his three fundamental concepts to be acknowledged: Effectiveness, efficacy and efficiency.

Figure 3
Queen’s Nursing Institute website about the District Nursing
 (<http://www.districtnursing150.org.uk/>)



2nd.-Among the intellectual contents of the hard core of the School, we outstand David Metcalfe’s conceptual pattern. Its simplicity, pragmatism and elegance, still prevails (figure number 1).

3rd.- In district nursing section we would like to highlight Queen’s Nursing Institute’s webpage, which gathers strategic information about its creation and development (figure number 3).

4th.- Of all TrishaGreenhalgh’s work, still unfinished, we would like to highlight the research chapter about Primary Care in her book. We believe that her epigraphs on qualitative and quantitative research critical reading...are essential to the basic training of a family doctor⁽³⁶⁾. A Latinamerican researcher states in his lessons on methodology that “One is a slave to their confidence intervals”⁽³⁷⁾. We do not think that Trish Greenhalgh is a slave to anything or anybody in her intellectual activity. This lady, with her theoretical and practical background, is

launching the old English School of Primary Care to the median of the twenty first century.

5th.- Of the nine essential authors that we have gathered in this review (ALC, BS, JF, DM, WTH, FN, LH, AEB y TG), four of them were born overseas, Barbara Starfield , John Fry , Florence Nightingale and Lisbeth Hockey.

We ignore how Brexit^(38,39) will affect the development of English Primary Care in the short and midterm, but this is some information that the British citizenship should take into consideration.

BIBLIOGRAPHY

- 1 . Green A, Ross D, Mirzoev T. Primary health care and England: the coming of age of Alma Ata? HealthPolicy. 2007;80:11-31.
- 2 . Doran T, Roland M :Lessons from major initiatives to improve primary care in the United Kingdom. Health Aff (Millwood). 2010;29: 1023-9

3. Livingstone A, Widgery D: The new newgeneral practice: the changing philosophies of primary care. *BMJ*.1990; 301(6754):708-10.
4. Turner BJ, Laine C. Differences between generalists and specialists: knowledge, realism, or primum non nocere? *J Gen InternMed*. 2001;16:422-4.
5. Ayerbe García-Monzón L, Milazzo Loma-Osorio J, Pérez-Piñar López M, González Martínez S, González López E. Atención Primaria en España e Inglaterra ; aprender de las diferencias. Opinión de médicos de familia españoles con experiencia en ambos países. *Aten Primaria*. 2010; 42:109-11.
6. Villanueva T. Learning about UK General-Practice perspectives from a Portuguese GP trainee. *Innov AiT*. 2010; 3: 697- 699.
7. Starfield B, Shi L, Macinko J: Contribution of primary care to health systems and health. *Milbank Q*. 2005;83:457-502.
8. Ortega Calvo, M. Martínez Manzanares, C: Elementos de asistencia primaria: estudio metodológico. Sevilla: Universidad de Sevilla;1987.
9. Allen S. Development of the Family Medicine Milestones. *J Grad Med Educ*. 2014; 6(Suppl 1): 71-73.
10. Thomas HF. Medical research in the Rhondda valleys. *Postgrad Med J*. 1999 May;75(883):257-9.
11. Cochrane AL, Blythe M. One's Man Medicine. An autobiography of Professor Archie Cochrane. London: BMJ Publishing Group;1989.
12. Hill AB. The environment and disease: association or causation? 1965. *J R Soc Med*. 2015; 108: 32-7.
13. Doll R. Fisher and Bradford Hill: their personal impact. *Int J Epidemiol*. 2003; 32:929-31.
14. Pritchard PMM. Manual of Primary Health Care: Its Nature, and Organization. Oxford: Oxford University Press;1978.
15. Muir Gray JA. Evidence based policy making. *BMJ*. 2004; 329 :988-9.
16. Fry J (editor): Primary Care. London:William Heinemann Medical Books Ltd; 1980.
17. Fry J. On the natural history of some common diseases. *J FamPract*.1975 ; 2 :327-31.
18. Fry J, Gambrill E, Smith R. Scientific Foundations of Family Medicine. London:William Heinemann Medical Books Ltd; 1978.
19. Blythe M. Almost a Legend. John Fry. Leading reformer of general practice. London: The Royal Society of Medicine Press;2007.
20. Metcalfe D. Undergraduate teaching in primary care. En: Fry J, editor. Primary care.London.William Heinemann Medical Books Ltd;1980. p. 408-41.
21. Hart JT. Necesitamos un nuevo tipo de médico de cabecera. *Aten Primaria*. 1984; 1: 109-115.
22. Hart , JT : Primary medical care in Spain. *Br J Gen Pract*.1990 ;40(335):255-8.
23. Hart JT. A new kind of doctor. *J R Soc Med*.1981; 74: 871-883.
24. Cohen IB. Florence Nightingale. *Invest Ciencia*. 1984; 92:92-100.
25. Lim FA, Shi T: Florence Nightingale: a pioneer of self-reflection. *Nursing*.2013 ; 43 : 1-3.
26. Goodman C. Dr Lisbeth Hockey 1918-2004. A pioneer of nursing research .*Br J Community Nurs*.2004 ; 9:331.
27. Bradshaw AE. Gadamer's two horizons: listening to the voices in nursing history. *Nurs Inq*. 2013 Mar;20(1):82-92
28. Bradshaw A. Relink education with practice to restore compassion to nursing. *BMJ*. 2014 May 19;348:g3310.
29. Greenway J, Dieppe P, Entwistle V, ter Meulen R. Facing the future: the government's real agenda for health visitors. *Community Pract*.2008 ;81:29-32.
30. Richards J, Williams L. More than a midwife? Supervision of extended roles. *RCM Midwives*.2007;10:274-5.
31. Edmunds LD, Ovseiko PV, Shepperd S, Greenhalgh T, Frith P, Roberts NW, Pololi LH, Buchan AM. Why do women choose or reject careers in academic medicine? A narrative review of empirical evidence. *Lancet*.2016 Apr 19;pii: S0140-6736(15)01091-0.
32. Greenhalgh T. Primary Health Care: Theory and Practice. *BMJ Books*. London: Blackwell Publishing; 2013.
33. Kelly MP, Heath I, Howick J, Greenhalgh T: The importance of values in evidence-based medicine. *BMC Med Ethics*.2015 ; 16: 69.
34. Greenhalgh T, Robert G, Macfarlane F, Bate P, Kyriakidou O. Diffusion of innovations in service organizations: systematic review and recommendations. *Milbank Q*. 2004; 82: 581-629.

35. D'Ors E. Tres horas en el Museo del Prado. Madrid:Technos;2004. p 229.
36. Greenhalgh T. How to read a paper: The Basics of Evidence-Based Medicine. Chichester - West Sussex: John Wiley & Sons; 2010.
37. González-García L, Chemello C, Garcia-Sánchez F, Serpa-Anaya DC, Gómez-González C, Soriano-Carrascosa L et al. Aphorisms and short phrases as pieces of knowledge in the pedagogical framework of the Andalusian School of Public Health. *Int J Prev Med.* 2012;3:197-210.
38. Moore A. Brexit: What now for nurses? *Nurs Stand.* 2016;30:18-21.
39. Abbasi K. JRSM in a Brexit world. *J R SocMed.* 2016;109 :291.