

Editorial briefing

Reaching vulnerable groups

Welcome to the first edition of HEX for 2016. We have included some excellent papers, reporting on a range of clinical topics and research methodologies.

The review article by Phillipson and colleagues on current practices to increase Chlamydia screening in the community evaluated the included interventions against social marketing national benchmark criteria. Despite the quality of evidence being low, the authors do make sensible suggestions about how to improve screening behaviours in young people, in non-clinical or community settings, lessons which may be relevant for other screening activities.

van Rensburg's paper compliments Phillipson's work on exploring how to improve access to care for younger people and demonstrates that young people are willing to use social media to communicate with their mental health provider. This medium might potentially offer the opportunity for monitoring symptoms. The authors, however, identify that young people expect a rapid response to their communication using social media, which may limit the usefulness of this form of communication, and pose unacceptable risk in the case of an urgent problem.

Other papers in this edition also focus on vulnerable groups: Evans' paper on help-seeking by women survivors of domestic violence highlights the need for publically accessible information about services; Schrevel's paper describes the problems identified by adults with ADHD (attention deficit hyperactivity disorder), in particular social problems arising from living with ADHD and impact on self-image. Stona and

colleagues make recommendations for improving services for people who are long-term homeless in Luxemburg, lessons which may be useful for other countries.

Hale and colleagues describe a qualitative study exploring patient views on pharmacist prescribing in a sexual health clinic. As in the UK, non-medical prescribing is one proposed strategy to assist in meeting growing demand in Australia for health care and improving access to care for different patient groups. In the UK, the Royal College of General Practitioners and the Royal Pharmaceutical Society have been working together to identify key areas whereby working together pharmacists and GPs could improve the quality of patient care delivered.¹ The two organizations believe that pharmacists potentially have the appropriate knowledge and skills, and could be based in GP practices contributing to the clinical work related to medicines management and drug regime reconciliation, particularly in patients with multimorbidity and polypharmacy. Pharmacists could also play an important role in reducing wastage of medicines, identifying poor concordance, as well as in education of patients about their prescriptions and identifying drug interactions.

There is a limited literature on the views of patients of this extended role of the Pharmacist,^{2,3} with the suggestion that patients may be suspicious of the Pharmacist,² but that co-location and the interdisciplinary environment of general practice can enable better communication and collaboration compared to the traditional separation of the GP and community pharmacy services.³

We would welcome submissions which explore the patient perspective on the changing structure of the primary care team, changing roles of clinicians, or which report evaluation of innovative health services, delivering care particularly to vulnerable patient groups. In addition, the editorial team would like to remind authors that we welcome manuscripts reporting studies in which there has been significant patient involvement and engagement (PPIE) in the research process.⁴

Carolyn Chew-Graham*†

*Professor of General Practice Research, Research Institute, Primary Care and Health Sciences, Keele University, Staffordshire, UK, and †Honorary Professor of Primary Care Mental Health, South Staffordshire and Shropshire Healthcare NHS Foundation Trust, Staffordshire, UK

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- 3 Tan E, Stewart K, Elliot R, George J. Stakeholder experiences with general practice pharmacist services: a qualitative study. *BMJ Open*, 2013; **3**: e003214.
- 4 Available at: <http://www.invo.org.uk/wp-content/uploads/2012/04/INVOLVEstrategy2012-15.pdf>, accessed 21 December 2015.