In this short article, Dr Tim Sanders, a GP in rural Cumbria and Senior Clinical Lecturer in Rural Medicine and Urgent Care at the University of Central Lancashire views the "rewiggling" of the Swindale Beck in the Eastern Lake District as a metaphor for a need to nurture and cherish core aspects of generalism, continuity and relationship-based care within the role of the General Practitioner.

Rewiggling General Practice:

Back in 2016, landowners and interested groups invested in a project to reintroduce the meanders of the Swindale Beck that flows through parts of the Lake District.[1]

This project sought to reverse the straightening of the beck that had taken place some 200 years earlier.

Back then, the community knew that speeding the drainage of water from the valley would create productive farmland from natural valley margin wetlands and floodplains. This in turn led to a managed landscape of dry-stone walls and regular shaped pastures. However, the consequences of increased flood risk that happen when pulses of water from heavy rainfall are flushed quickly downstream were not understood.[2]

Faster-flowing water carries more sediment too, damaging habitats and making the water murky and inhospitable to spawning fish and other wildlife.

The reintroduction of natural features like meanders "rewiggling" has been shown to slow the flow of water. This, together with an increase in depositing sediment on the banks, leads to a decrease in flood risk. The re-creation of habitats also has the potential to increase fish stock and the return of other wildlife to the area.

In recent years there have been efforts made to straighten out the delivery of primary care.

Remote consultations, extensive use of clinical guidelines and the wider roles for other health care professionals, have been introduced, aiming to increase productivity. There has been a shift in focus towards the management of problems on the same day that they present.

This, like the pastures of Swindale, looks attractive and carries great appeal in times of high patient demand.

But, like the inhabitants of the valley all those centuries ago, has sufficient consideration been given to what might be lost from a primary care that meanders?

In their 1999 BJGP paper "The physician healer: ancient magic or modern science?" Dixon, Sweeney and Pereira-Gray refer to the healing effect of the doctor-patient relationship and its 30-40% therapeutic effect as placebo. The authors highlight benefits of time, personal care and the development of a therapeutic relationship.[3] Like the rewiggled beck, clinical

practice done well isn't always neat and linear. The meanders are vital to slow the flow and enable us to see problems that might otherwise remain unidentified.

Whilst delivering high quality, reproducible, and evidence-based care to our patients, we must simultaneously take the time to move slowly enough to foster healing relationships and prioritise the continuity of care that enables us to see through to what lies beneath the surface. Longitudinal, relationship-based support facilitates the identification of unmet need and empowers the patient to confidently manage their own conditions. This results in better concordance with treatment plans, and reduction in investigation, prescribing, hospital referral, admissions, and use of A&E.[4]

In these times of high demand, the message is clear: unidentified, unmet need eventually "washes downstream", flooding specialist and emergency services.

Primary care is the valley margin wetland and floodplain of the national health service. Perhaps like the Swindale beck its meanders are essential for a successful future?

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