

HEALTH AND SAFETY

This month's Journal sees a number of gauntlets being thrown down, and it will be interesting to see how enthusiastic our readers are about picking them up.

First alcohol. In a persuasive editorial, Gilmore and Gilmore describe the gap between evidence in practice, and highlight the potential of general practice to do more to limit the damage being done by alcohol. They comment that *'Primary care is an ideal setting for early intervention and it is a cost-effective option. There is strong evidence to show that opportunistic early identification and brief advice administered by GPs and other health professionals is effective in reducing alcohol consumption ... with one in eight people reducing their alcohol consumption to within safer levels after receiving simple advice'*. Reassuringly, the study by Caroline Eyles and colleagues indicates that screening for harmful alcohol consumption, involving a questionnaire and blood tests, appears acceptable to patients, although issues of professional and lay education will arise in implementing such an approach.

Sir Brian Jarman reminds us of the critical role of GPs in promoting patient safety, and in monitoring adverse events. He is concerned about the capacity of general practice to do this at present. The scale of the problem of prescribing errors is well described in an important article by Avery and colleagues. In a study of over 6000 prescriptions in general practice, prescribing or monitoring errors were present in almost 5%, although only a fraction of these were regarded as serious: errors were most likely in prescriptions for the youngest and oldest patient groups. These relatively high rates contrast with much lower rates of adverse effects reported in a General Practice Research Database study by Tsang and colleagues. Although comparable with previous studies, the very low rate of coded adverse events, 8 per 10 000 consultations, raises questions about the appropriateness of coding methods in GP computer systems, and the systems required in general practice to tell us when things go wrong. The interesting randomised controlled trial by Rognstad and colleagues has shown that inappropriate prescribing by GPs can be significantly reduced by a specially-designed educational intervention embedded in a routine continuing medical education programme. This may well be a

generalisable model for other healthcare systems.

In his inaugural Ann McPherson lecture, Sir Al Aynsley-Green, the former Children's Commissioner for England, raises young people's health as another problem to which general practice is, he argues, not responding well. He is concerned about the advocacy role of GPs for young people, the adequacy of exposure to paediatrics and child health education during vocational training, and the quality of care provided in the management of child health problems in general practice, movingly describing young people as 'living messages to a time we will not see'. The study by Lisa Iversen and colleagues is, indeed, a powerful reminder of the burden of smoking-related ill health and mortality in young women, and also on the importance of much earlier intervention to prevent tobacco addiction and its consequences.

It is a pleasure to welcome our new deputy editor, Dr Euan Lawson, to the *BJGP*, and see his first contribution in Out of Hours. This month, Out of Hours has a distinctly outward-looking feel, with some remarkable ethnographic research from Burma, an appealing account of the attractions of the North American Primary Care Research Group (always worth a visit), and a persuasive argument for a more structured and equitable approach to out of programme time for GPs in training to undertake attachments outside the UK and, in my view at least, a strong argument that we should make it much easier for well-trained GPs returning to the UK to take up practice in this country. Finally, it is a pleasure to be reminded of the high quality of research and publication in general practice in the UK, captured by the RCGP's Research Paper of the Year award. Although the winner was the superb paper from Glasgow on multimorbidity, we were pleased that the *BJGP* picked up an award in the dementia category, with an excellent contribution from Amanda Connolly and colleagues. Next year ...

Roger Jones
Editor

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