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December Focus

The Department of Health for England is preparing a White Paper for primary care. (Once again we must apologise to non-UK readers for the way that the UK agenda can take over the BJGP.) The Royal College of General Practitioners has responded very positively, trying both to gather ideas from members and the public, and to lobby members of parliament. On page 907 Mayur Lakhani summarises the results of this consultation. As one would expect, the voice of general practice is that we still have an important part to play in the UK's health services, and the Department should both recognise that and give us the support we need to carry on doing so, while we continue to respond to changing health needs, technologies and patient demands. He also recognises some of the threats, obviously the Department's preoccupation with markets, and its almost religious faith in the need to introduce competition. Then there are the vexed matters of access and opening hours. Undaunted by the results of the last attempt to improve matters by introducing 'Advanced Access', with its disastrous consequences, the Secretary of State has now, according to my Guardian of Friday 11 November, decided that practices must stay open 8am till 8pm and at weekends. Set aside, for the moment, the mixed message - GPs in the UK have only just been relieved of the contractual obligation of 24-hour responsibility (I suppose one way of easing the difficulties of providing out-of-hours cover is to redefine out-ofhours). On page 973 Mike Fitzpatrick explains where these ideas arise. In all the discussions that are to come, we need to keep reminding the policy makers that the primary purpose of the NHS is to look after sick people, and only secondarily those well enough to be at work. To anyone who asks why we can't operate round the clock like supermarkets, the obvious answers are: that we are looking after frightened, sick people who often don't know what they need (not like supermarket shoppers at all); that what we are doing is something much more complex than selling food; and that if the supermarkets are so wonderful, where is this obesity coming from that we are having to deal with? Or this: what we offer is something personal, highly skilled and very precious; that it is to be valued enough to take time to use it appropriately; and that if our patients don't understand

The other threat that Mayur Lakhani discusses is the introduction of other suppliers tending to fragment primary care, and undermine the central, generalist bit of general practice. This is the part that is taken for granted. It's so much woven into the fabric that we simply don't notice it, until others point it out. So here, to remind us of this other remarkable aspect of UK primary care, is a summary of the breadth of clinical interest, represented by articles this month. We have orthopaedics, with a trial of GPwSIs working in different settings (page 912). The accompanying leader on page 908 enters a plea, especially directed at the policy makers, for the context to be taken into account whenever such schemes are evaluated, so that we don't finish up with solutions claiming to be the single answer to diverse problems. There is hypertension (again) on page 931, in a study that failed to find better control of blood pressure associated with better personal continuity, or, paradoxically, with more hypotensive drugs. Here the rule of halves was still apparent in terms of the numbers achieving good control. There is a study trying to ascertain the predictive value of rectal bleeding for cancer on page 949. 'Over 96% of patients who present to their GPs with rectal bleeding do not have cancer', which again might give the Department of Health a clue about what makes general practice demanding. On page 944 there is a study exploring how good patients with diabetes are at estimating their blood glucose. The researchers concluded that most were unable to do so with any accuracy, and if that doesn't surprise it is at least a reminder to us, and something to tell our patients if they protest otherwise. I was rather more surprised at the substantial numbers who seemed to get it right. There is a trial of treatment for infectious conjunctivitis from the Netherlands on page 924, and for once, have we managed to accompany that with an updated meta-analysis on page 962. Finally, there is some education on optic neuritis and multiple sclerosis on page 972, and some explanation about where the extra time goes in nurses' consultations on page 938. All this in a month when, for once, there's nothing on mental health. Tell that to your local MP.

David Jewell

Editor

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that then we shall have failed.