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PUBLISHED BY
The Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU.

PRINTED IN GREAT BRITAIN BY
Hillprint Media, Prime House, Park 2000, Heighington Lane Business Park, Newton Aycliffe, Co. Durham DL5 6AR.

ISSN 0960-1643

October Focus

October in Scotland, and, according to today's newspapers, not too many deaths from E coli O157, no GPs left standing by the year 2015, and senior church figures have lost all confidence in our First Minister. Moral turpitude, and all that jazz. I'm happy. I live in the 21st century, not the 13th, and not in an illiberal theocracy. Our Editor is in Rome (oddly enough), doubtless discussing the *BJGP*'s moral standing at the highest levels. Or possibly he could be eating pasta and looking at paintings. Meanwhile I get to write the Focus column, hopefully not for the last time.

'Access' is a key word in October's Journal, particularly the thorny issue of how to balance accessible primary care with continuity of care, which some patients, some of the time, clearly value. And what is continuity of care anyway? Boulton and colleagues (page 749) review the answer to that question and conclude that continuity and accessibility may not be mutually exclusive. It's a difficult trick to pull off however, and, as usual, for those patients who most need continuity and accessibility, they are the ones who encounter most difficulty. The authors supply evidence for policy makers who should 'seek ways to reward GPs' commitment to responding to patients' preferences … and adopt policies that promote flexibility rather than introduce uniformity.' Rubin *et al* (page 743) then examine patient attitudes to access, and, unsurprisingly, these are sophisticated. Our patients, rather more than health service planners, have worked out that fast access is often less important than choice of clinician or convenience of appointment time. The paper is worth reading also for the elegance of the methodology, 'a discrete choice experiment', a technique clearly useful for measuring 'attributes of service' across different patient groups. Patients — different — gosh! Another greatest medical breakthrough since lunchtime!

Other mentions of access? Paul Hodgkin offers a typically thought-provoking Viewpoint (page 799) on our ability to refer patients without upsetting referral managers. And at the same time refer patients appropriately, for we can, and should, do better. As usual with Paul, change will be enjoyable with no threat to national or psychological security.

Other highlights? Dinan (page 791) mobilises old people, pragmatically, simply. Hamilton and colleagues (page 756) navigate the pitfalls of prostate cancer screening. Weller (page 763) is well worth discussing with the registrar — when is bleeding PR clinically significant, and what type of bleeding?

Editorials by Jones (page 739) on the messiness of guidelined GORD are welcome, as is Elaine McNaughton's piece on general practice specialist training (page 740). Both subjects are immediately topical.

And why should there be coverage, in our academic organ, of the 60th Edinburgh International Film Festival? Possibly, in the words of our reviewer, because 'the best cinema holds up a mirror to our society' and should thus be of interest to GPs. One GP who will not require any persuading is the flamboyant Brazilian Sergio Brasco (www.sobramfa.com.br) who enthralled his audience at the WONCA Europe conference in Florence as he described using film to teach reflective practice to medical students. Postcards from Florence from a series of youngish contributors can be found on page 800. There were too few Brits at WONCA Europe, and that should be rectified before next year's meeting in Paris in October.

The practice of general practice remains scintillating. We must not forget that.

Nurse, pass me a pie in a roll!

Alec Logan
Deputy Editor

© *British Journal of General Practice* 2006; **56:** 737–816.