

Sustainable primary care

are looking for. They provide informal peer review and help you to get your article up to a publishable standard before submission.

Deadlines are usually 8 weeks from commissioning, but a longer deadline can be agreed by negotiation. As we publish articles in curriculum topic batches, it is not always possible to accept articles submitted late, however good they are, so it is important to let the editorial office know if you are not able to submit on time so that publication dates can be adjusted to give you more time if possible.

In general, *InnovAiT* articles should be informative and easy to read. They should cover all the major national guidance on a topic and be as up-to-date as possible. It is important that articles are submitted in journal style as they will be sent back to you without review if they are not. We have produced detailed author instructions about journal style, and also a more general guide to medical publishing. Both can both be downloaded free-of-charge from the *InnovAiT* website (<http://rcgp-innovait.oxfordjournals.org>).

INTERESTED?

If you are interested in writing or reviewing for *InnovAiT*, or would just like to find out more, please contact the editorial office (e-mail: innovait.editorialoffice@oxfordjournals.org) and we will try to help you as much as possible.

Chantal Simon

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RCGP ANNUAL PRIMARY CARE CONFERENCE

Harrogate, 7–9 October 2010

The take home message for me, and, I imagine, for many other people who attended the annual primary care conference in October, was that, as GPs, we are in a very good position to make a difference. And that you should to identify your aim, your 'dream', and go for it. The title was '*Sustainable Primary Care: growing healthy partnerships*' and sustainability, in terms of patient care, carbon reduction (planet care), resources, and relationships was a very strong theme.

We heard how, by setting a personal example, by being effective members of a team, by being involved in commissioning, by being leaders, GPs can make a very positive contribution to sustainability. RCGP chairman Professor Steve Field has provided very strong leadership in his term of office and it was clear from his introductory address, and the audience's response to it, how much they have all mattered to him and how valued his work has been. Words were not minced: the threat of losing paediatrics, PFI, and the small minority of practices who fall below acceptable standard were 'a disgrace'. But there are very exciting opportunities to move forward, and federations are a great opportunity.

Anyone who was not inspired by the plenary session on sustainable health service and a sustainable future with Professor David Haslam, Dr David Pencheon, head of the NHS Sustainability Unit, and Professor John Guillebaud, Emeritus Professor of Family Planning and Reproductive Health, UCL, was probably wearing earmuffs and blindfolds (and not many were). David Pencheon reminded us, 'For bad things to happen it only takes good people to do nothing'. What a challenge. 'What is good for our individual patients is also good for the planet'. Denial is often adopted by patients dealing with serious illness and can occasionally be useful. When we are dealing with climate change, denial is not an option. GPs were invited to enlist their practices for carbon footprinting.

John Guillebaud has spent his life

encouraging people to take birth control seriously, for the sake of both individual patients and world population. Prior to 1854 and the handle coming off the Broad Street pump, we could rely on 'death control' for population control. Doctors 'ceasing to be useless' means that we need to restore balance. He quoted Gandhi, 'The world has enough for everyone's need, but not everyone's greed'.

It was a privilege to be in the audience when David Haslam and Dr Roger Neighbour had a public conversation. Two humble and hugely influential GPs shared their experiences and inspirations. They reminded us how special it was that, 'Family doctors are invited into the dark and tender places of people's hearts', and encouraged us, when balancing quality and income, to remember, 'To thine ownself be true ...'. Listening in to their conversation was truly heartening.

There was further rich food for thought in the debate on 'The moral and ethical responsibilities of health professionals to patients wishing for assisted suicide' with Baroness Warnock, Baroness Finlay, Margo MacDonald MSP, and Dr Mayur Lakhani with assisted dying versus suicide, death as a therapeutic option, trust, and autonomy all being explored.

I will never forget Dr Ann McPherson telling us about her ongoing wonderful work on accessible and relevant patient information with www.healthtalkonline.org and www.youthhealthtalk.org, and also about the organisation of doctors opposed to the BMA's and Colleges' position on assisted dying. As someone with pancreatic cancer, she described the comfort she would derive from knowing that she could be involved in arranging her death.

There were indeed some very extraordinary people at Harrogate. I was very pleased to have been there.

Lesley Morrison

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