

First of all, welcome to the new *British Journal of General Practice*. I hope that you will find the re-designed Journal more approachable, navigable, and digestible, while retaining the academic rigour and authoritative voice of the previous version. The core of the *BJGP* is still a selection of peer-reviewed original research papers, which have been carefully read, reviewed, and revised — the *BJGP* employs an open peer-review system, where the identities of the authors and reviewers are known to each other, resulting, we believe, in more constructive and respectful reviews, which lead to better papers. For the first time in any primary care journal all our original research is now presented as two-page summaries written by the authors of the papers, which are published in full on the *BJGP* website. We hope that this makes the research more accessible and we will value your feedback on the new format.

The critical role of primary care in identifying cancer at an earlier, more treatable stage, is one of the main themes of this month's issue, elegantly dissected in Greg Rubin and colleagues' editorial (page 317) and illuminated by a quartet of papers. These studies not only add to our increasing knowledge of the most important symptoms to elicit and attend to if cancer diagnoses are not to be missed, but also raise very important questions about thresholds for investigation and referral, the role of the patient in delaying or expediting diagnosis, and also about the function of the gatekeeper role itself. The research pages also include studies reporting important new data on risk factors for death in patients with epilepsy, strategies to promote more appropriate antibiotic prescribing, and the role of ethnicity in the development of cardiovascular multimorbidity. Growing concerns about the use of scoring systems to identify and rate depression in primary care are identified by Mitchell and colleagues (page 343), and we will be returning to this theme in future editions of the *BJGP*.

The Debate and Analysis section gets off to a terrific start with two excellent essays — Martin Marshall on the challenge of change (page 352) and Sally Hull on the importance of ethnicity recording in primary care (page 356). We plan to continue to commission and attract high quality

discussion papers for this section in subsequent issues, identifying and examining major topics in the future of general practice and health care.

Back Pages has moved and is now The Review, occupying a more central place in the Journal where you will still find your favourite columnists, and continuing, we hope, to provoke, delight, and entertain. Another new section, Clinical Intelligence, will provide a range of clinical information based on recently published guidance and reviews, and a Tips for Trainees series which is likely to appeal to trainees of all ages.

As I write, some of the components of the reform of the UK's NHS are being re-considered by the coalition government and the slowing of the pace of change and the recognition of the need for primary, secondary, and social care to work closely together in designing and delivering services are welcome news. Designing a national health system for the mid-21st century is a daunting challenge for any government and this conundrum is at the heart of the editorial by Iona Heath and colleagues (page 319), who provide a sobering analysis of some of the forces driving the changes we have witnessed and which threaten the sustainability of healthcare delivery in the future. These problems are not merely luxuries for wealthy western democracies but have resonance across all nations faced with escalating demands and shrinking resources, often in the context of political unrest and civil strife. We hope that we may be able to capture something of the struggle for affordable, universal health care in later issues of the *BJGP*.

Roger Jones  
Editor

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