Editor's Briefing

The first recommendation of a recently-published report entitled *Guiding Patients Through Complexity: Modern Medical Generalism* is that 'First presentation of illness ... is the clear responsibility of a generalist healthcare professional', and emphasises the cardinal importance of early and accurate diagnosis in that setting.¹ This is never more crucial than in the need for early diagnosis of cancer in primary care, if cancer outcomes are to be improved. This issue of the *BJGP* returns to the theme of cancer, and includes studies touching not only on early diagnosis but also on guidelines for referral and the care of patients following diagnosis and treatment, whether curative or not. The expanding role for general practice in responding to the need to care for the growing number of cancer survivors is outlined in the paper by Eila Watson and colleagues from Oxford and from Macmillan Cancer Support, that also reminds us of the vital part played by charities in cancer care. In his editorial overview Willie Hamilton sets out the clinical and research agenda for cancer, emphasising the need to improve access to investigations, to harness computer technology, and to build the evidence base for diagnosis and intervention.

However, it is clear that there is a parallel need to improve public awareness of symptoms potentially indicative of cancer, and to provide guidance on how to respond to them. As part of the UK's NAEDI (National Awareness and Early Diagnosis Initiative), focused on lung, breast, colorectal, prostate, and skin cancers, pilot projects are under way to remind the public about the symptoms of these cancers, and to encourage them to seek advice in primary care if they experience them. These pilots have to tread a difficult line between informing and alarming, and their results are awaited with interest.

The Royal College of General Practitioners (RCGP) has added its voice to the campaign, and describes its new initiative as follows: 'Cancer is a clinically important issue for GPs. It is the second most common cause of death in the UK and by 2020 it is expected that there will be a 50–60% increase in the number of cancer patients on a GP's list. In recognition of this the RCGP, through the Clinical Innovation and Research Centre (CIRC), has confirmed cancer as its first Enduring Clinical Priority. The programme of work for cancer will

commence in April 2012 and run for a minimum of 5 years. This will run alongside a CIRC project to pilot RCGP accreditation of Significant Event Analyses of cancer diagnosis.

Two other important clinical topics are discussed in editorials this month, and in both the *BJGP* is working with a major charity to disseminate information about best practice. Tom Margham, from Arthritis Research UK, describes a vision for transforming the management of musculoskeletal disorders — where many of the challenges experienced by GPs probably relate to the content of undergraduate medical curricula — in general practice. A valuable *Hands On* insert on osteoarthritis included with this issue of the *BJGP* has much to offer in the way of clear practical advice, and also links to Arthritis Research UK's website and patient resources.

The British Heart Foundation (BHF) has been producing Factfiles for GPs for many years, and their surveys indicate how widely read they are and how useful clinicians find them. With this *BJGP* we have included two valuable pages of A4 on pre-eclampsia and cardiovascular disease risk: once again there are links to the BHF home pages and a wealth of additional information for clinicians and patients. Mike Knapton's editorial teases out the key tasks that GPs will face in the future care of cardiovascular risk and disease in the years ahead.

Finally, reflecting the turbulent journey that the UK government's Health and Social Care Bill is making through parliament, Clare Gerada, RCGP Chair, sets out her concerns about the market-driven changes inherent in the proposed legislation and the adverse impacts these may have for patient care and the health system.

Roger Jones
Editor

REFERENCE

1. Commission on Generalism. *Guiding patients through complexity: modern medical generalism. Report of an Independent Commission for the Royal College of General Practitioners and the Health Foundation*. 2011. http://www.rcgp.org.uk/pdf/COMMISSION%20REPORT%20ON%20MEDICAL%20GENERALISM%20rev_7%20OCTOBER%202011.pdf (accessed 17 Oct 2011).

DOI: 10.3399/bjgp11X601514

© British Journal of General Practice 2011; 61: 649–704.

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2010 impact factor: 2.070

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PUBLISHED BY

The Royal College of General Practitioners,
1 Bow Churchyard, London, EC4M 9DQ.

Registered charity number 223106. The *BJGP* is published by the RCGP, but has complete editorial independence. Opinions expressed in the *BJGP* should not be taken to represent the policy of the RCGP unless this is specifically stated. No endorsement of any advertisement is implied or intended by the RCGP.

ISSN 0960-1643 [Print] ISSN 1478-5242 [Online]

PRINTED IN GREAT BRITAIN BY

HPM Limited, Prime House, Park 2000, Heighington Lane
Business Park, Newton Aycliffe, Co. Durham DL5 6AR.

Printed on
Carbon Balanced
paper

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www.carbonbalancedpaper.com
CBP0004840504111835