

Editor's Briefing

Generalism, an approach to patients and to medical care that goes far beyond primary care and general practice, is a theme that runs throughout this edition of the *BJGP*, from the first editorial to the end of The Review. The recently-published report of The Commission on Generalism,¹ instigated by the RCGP but carried out and written independently, is scrutinised from a trans-Atlantic perspective by Larry Green and Benjamin Miller in their leading article. Green and Miller recognise the importance of the report but also see the difficulties of getting the message into the thinking of governments, policy makers, and medical colleagues in order to implement its recommendations. These include major changes in the ways that primary care and public health, physical and psychological health care, and medical education and postgraduate training are conceived and delivered. At a time of much disruption and uncertainty in the UK's NHS it is heartening to read the 2011 report from the Commonwealth Fund² that studied patients with complex health needs in 11 countries, including the US, Scandinavia, Australia, and New Zealand, and found that patients consider that the UK, with Switzerland, rates highest for accessibility to primary care and for their physician's knowledge of them and the coordination of their care, as well as ranking lowest for medical errors.

Articles throughout the Journal describe primary care working across boundaries: opiate detoxification in prison inmates, the relationships between primary care access and emergency room admissions, interventions to reduce delay in cancer referrals, and the occupational health role of GPs in working with Fit Notes. This month we publish the last of 12 inspirational articles in the *GPs at the Deep End* series from Watt and colleagues in Glasgow. These acclaimed papers, focusing on GPs working in the 100 most deprived practices in Scotland deserve to be widely read and will be collected into an RCGP publication to encourage wider circulation. The last article re-visits the near-legendary work of Julian Tudor Hart in the Welsh valleys 50 years ago, and reminds us that Hart saw the NHS 'neither as a commercial business to make profits, nor a public utility providing services for choosy customers, but a social institution based on mutuality and trust'. It seems to me that we — medics, healthcare managers, and politicians — forget this at our peril.

As well as saying goodbye and thank you

to Graham Watt and his Steering Group we have to say farewell and thank you to two people who have been great contributors to the *BJGP* over many years. James Willis and Mike Fitzpatrick have contributed regular columns to the old Back Pages and the new Review sections, which have entertained, enlightened, enraged, and teased readers in varying proportions, and will be greatly missed. Dr Alec Logan, our deputy editor, will be looking for new writers for this section (see page 711). We want to broaden our pool of contributors, to make the *BJGP* more reflective of what is happening in general practice in the 21st century and even more relevant to its readership and the members and fellows of the College in the UK and around the globe.

Addiction has emerged, largely serendipitously, as the theme for December, and you will see that we come at it from a number of angles, emphasising again the scope of primary care in crossing organisational and speciality boundaries. The medical, social, and personal responsibilities and responses of GPs to hazardous drinking, drug abuse, and problem gambling are complex, and our researchers and writers have explored many aspects of this potentially difficult area. With Christmas coming, this was in no sense intended as our unseasonal version of humbug, and I hope that next year, as our new publishing methods bed down and we become lighter on our feet in terms of accepting and printing more recently-written material, we might be able to put together a more cheerful December *BJGP*. But never mind — Iain Bamforth's overview of the strange and wonderful world of Edward Tufte, considered by some to be a latter-day da Vinci — should keep you going when things get slow over the holiday weekend.

Roger Jones
Editor

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2. Schoen C, Osborn R, Squires D, et al. *New 2011 survey of patients with complex care needs in 11 countries finds that care is often poorly coordinated*. New York NY: The Commonwealth Fund, 2011.

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