

# Editor's Briefing

## A NEW YEAR

We begin 2013 with a series of important studies that aim to quantify cancer risk in order to focus investigations in primary care, from Julia Hippisley-Cox, Willie Hamilton, and others, followed by a valuable analysis of risk assessment tools (RATs) for suspected cancer. John Emery's editorial provides the context in which RATs and other measures of risk have been developed and can be implemented, including their potential integration within clinical software. Many GPs routinely use electronic cardiovascular risk calculators based on numerical data such as lipid levels and blood pressure — will they find cancer risk calculators as acceptable and useful? Hamilton and colleagues' evaluation of RATs reports welcome preliminary evidence of their acceptability and use among GPs to help select patients suspected of lung or colorectal cancer for investigation and referral. The new Q research models published in this edition, Emery writes, offer more precise guidance on which cancer is most likely, and therefore which diagnostic pathway is best, for the investigation of men and women presenting in primary care with a range of common symptoms. The challenge is to determine how best to incorporate these models into routine clinical practice.

There are three innovations for the Journal this month. The first is the *BJGP/RCGP Critical Reading* resource, that we hope will be of value to readers, writers, researchers, and others in clinical and academic primary care wishing to take a more structured approach to assessing the reliability and relevance of research. I am enormously grateful to the authors of this document, drawn from our large pool of peer reviewers, for their excellent contributions. Thanks also to the authors of the papers that we have dissected and to the other reviewers for allowing us access to their material. This resource is freely available via the *BJGP* website and we will be pleased to receive feedback on the present document and suggestions for ways to make it more useful and, perhaps, more interactive.

The second is a new series which we hope will rehabilitate the Cochrane Collaboration with some of our readers and contributors, who have found the lengthy full Cochrane reviews daunting and inaccessible. PEARLS (practical evidence about real life situations) is a project devised by Professor Bruce Arroll at Auckland, with colleagues from the Netherlands and Ireland, who are funded by the New Zealand Guideline group,

through the Cochrane Primary Care Field, to produce 'minimalist, structured summaries' of Cochrane reviews relevant to general practice and primary care. We will be publishing these monthly for this year, and probably beyond. Again, please let us know what you think of them.

Finally, our senior ethics advisor, Dr David Misselbrook, has written a beautiful A-Z series on medical philosophy. He introduces it himself in a short editorial, and it is a privilege to be able to publish these articles, which we hope will entertain, stimulate, and inform.

A few months ago the Journal had a strong focus on global health, and dealt with exotic illnesses and less-developed parts of the globe. The delivery of good primary care in cities is no less of a challenge, and one which has been brought back into the foreground in the UK by a recent report on general practice in London from the King's Fund.<sup>1</sup> Controversially, the report has compared health indicators in London with national averages, but even with this stringent comparison — contrasting data from some of the poorest and the wealthiest parts of the country — London seems to be able to do conspicuously well in many conditions (including stroke and diabetes), while, unsurprisingly for a city with huge cultural, ethnic, linguistic, and socioeconomic diversity, significant challenges remain. The inexorable impact of deprivation on health outcomes in cities is as apparent in London, comparing, say, Westminster with Tower Hamlets, as it is in New York, comparing the Bronx with Queen's and Manhattan — with differences in life expectancy of 4–7 years between the most affluent and most deprived of these city areas. We are keen to receive original research and commentary on 'urbanicity', for want of a better word, and may be able to create a themed issue of the Journal on this topic in the wake of the City Health International Conference being held at the RCGP, London, on April 24th–26th 2013 (<http://bit.ly/UhY7JE>).

Roger Jones  
Editor

## REFERENCE

1. Raleigh V, Tian Y, Goodwin N, *et al*. *General practice in London: supporting improvements in quality*. London: King's Fund, 2012. <http://www.kingsfund.org.uk/publications/articles/general-practice-london-supporting-improvements-quality> [accessed 11 Dec 2012].

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