

# Editor's Briefing

## STORMY WATERS

The severe weather in the UK which ushered in 2014 was a reminder, if one were needed, to take nothing for granted and to expect the unexpected. The year will give us many opportunities to reflect not only on the forces of nature but on the works of man. 2014 commemorates the 450th anniversaries of the births of two towering geniuses, William Shakespeare and Galileo Galilei, as well as that of Christopher Marlowe. It is also the centenary of the birth of Dylan Thomas. In March, comet Holmes reaches its solar perihelion, and in April a total lunar eclipse will be visible over east Australia, the Pacific, and North and South America. Closer to home, the Tour de France, slightly bizarrely, gets off to a start in Yorkshire in July, and Glasgow hosts the Commonwealth Games. August marks 100 years since the beginning of the First World War, and, perhaps tellingly late in the year, the annual United Nations summit on climate change takes place in December.

Without doubt health care will be on national political agendas around the world, and the NHS will not be spared. Concerns about access, equity, affordability, safety, and quality in general practice and hospital care are widespread. In their editorial Roland and Nolte examine the organisational and financial aspects of the developments required in primary care in the near future. Against a background of heterogeneous models of primary care delivery across Europe, they argue for population registration with primary care clinicians, the engagement of clinicians with multidisciplinary teams and with each other, to create larger practices or larger groupings of practices, such as clusters or federations. In terms of funding, they see advantages in 'bundled' payment methods, in which a range of services, which can include primary, secondary and social care, are combined, and consider that pay-for-performance systems are likely to continue to have an important role in supporting quality and systematic care. Accountable care organisations in the US and clinical commissioning groups in the UK are potentially effective models for funding integrated care, although the current arrangements for CCGs, which are primarily responsible for commissioning secondary care services, need to change if integrated care is the goal. There is also a

tension between the single-condition focus of most pay-for-performance systems and the need to recognise and deal with the increasingly prevalent problem of multi-morbidity in an ageing population.

The *BJGP* now has a new website which we hope will greatly improve our visibility and impact in the digital world. We have moved to the HighWire platform, from Stanford University, and the benefits of the new site include much easier access, directly and from the RCGP site, with a free introductory period; there is no need to log in initially. All of our content can now be searched from the archive stretching back to the 1950s up to the present day. We have a much improved facility to allow rapid comments on articles to be sent to us as eLetters, and unless these are defamatory or inappropriate, they will appear online within 72 hours of receipt, and will subsequently be considered for publication in the print journal. These comments will appear at the foot of online articles so that corresponders can see the developing dialogue. Subscribers will be able to request email alerts and updates, and there will be improved facilities for sharing information through Twitter, Facebook, and by emailing a friend. In the future there will be more updates, including a mobile optimised website for tablets and mobiles. Please send us your questions, comments and suggestions to [newBJGP@rcgp.org.uk](mailto:newBJGP@rcgp.org.uk). You can view the new site at <http://bjgp.org>.

Roger Jones  
Editor

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