

Editor's Briefing

FUTURE TENSE

In these strange and unnerving times, when it is becoming increasingly difficult to predict anything, we have persuaded a few brave souls to gaze into their crystal balls and provide some glimpses of the possible future of health care. And, while recognising that evidence-based health policy is generally regarded as oxymoronic, we have some interesting research that might be helpful in underpinning developments in policy and practice in the future.

One of the major impediments to the development of smooth and efficient patient pathways within the NHS, and to the establishment of truly integrated, clinically effective, and cost-containing care, is the continuing professional and organisational divide between general practice and hospital medicine. Daniel Lasserson, who has the first chair of ambulatory care in the UK, at the University of Birmingham, describes how 'interface medicine' will become a new and important aspect of generalism within the NHS, and how it has the potential to tackle this ancient rift. In a medical landscape dominated by non-communicable diseases, an ageing population, and multimorbidity, care of older patients is high on the agenda. Niek de Wit and Marieke Schuurmans, from the University of Utrecht, look at how our current models of care need to be radically re-thought if we are to cope with this major change in medical practice. Brendan Delaney, at Imperial College London, argues strongly for the systematic incorporation of computerised decision support for diagnosis across the health service — a tall order for a service that has been the graveyard of so many information technology projects. Stephen Gillam, from Cambridge, articulates many of the concerns that have emerged about whether sustainability and transformation partnerships will fulfil their initial promises, at least at current levels of funding, while Stewart Mercer and colleagues, including the CMO and Deputy CMO for Scotland, describe a new model of 'middle-ground' research that has the potential to genuinely support primary care transformation. With a much shorter 'cycle time' for doing health services research and getting it into practice, this approach may turn out to be a model for healthcare innovation and development more widely.

There needs to be more research on the application of new technologies and the

uptake of innovation within the NHS, which is lagging behind society and many parts of the private sector in accepting new modes of communication and management. Soon your GP will be the only person that you won't be able to e-mail. Although patients are comfortable with receiving clinical information from their practices by text, and text messaging is advocated by the GMC, many GPs have concerns about it, according to a study from the University of Cork. Two articles look at aspects of online consultations, one from the UK, the other from Canada, and emphasise both the advantages in terms of reach and convenience, and some of the limitations of this new form of consultation.

Some of the remarkable transformations that have been seen in the delivery of primary care and the health status of patients in parts of East London have their origins in collaboration across practices, and the work of John Robson, Sally Hull, and their colleagues at the QMUL. Their article, with Jasmine Pawa, describes how to build managed primary care practice networks to deliver better clinical care. There is a valuable analysis by Lindsay Forbes and colleagues of the extent to which the QOF may or may not have improved the care of long-term conditions, and an important study from Mark Ashworth's group at King's College London that describes how providing additional capitation funding to certain practices can substantially reduce secondary care costs incurred in A&E visits and hospital admissions.

Last month we looked at the potential roles of pharmacists in primary care and this month's Debate & Analysis articles discuss the changing roles of receptionists and the contribution to sustainability and transformation partnerships that can be made by occupational therapists and physiotherapists in support of GPs.

Returning to the impact of research, Carolyn Chew-Graham, chair of the RCGP Scientific Foundation Board, describes how the winning papers in the RCGP Research Paper of the Year award 2016 all have direct relevance to clinical practice. Read all about it, plus much more in Bad Medicine, Yonder, and in Life & Times.

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Editor.

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