

Editorial

Welcome to the *London Journal of Primary Care*

Paul Thomas
Editor in Chief

Welcome to the *London Journal of Primary Care*. It is sponsored by the three London Faculties of the Royal College of General Practitioners and replaces their previous publications – *North and West London Journal of General Practice* and *London Calling*. It reflects the ambition of the three Faculties to promote modern, high quality primary care throughout the Capital.

The journal has a vision for high quality primary care that goes beyond medical treatments. Such primary care is multidisciplinary. It deals with all aspects of health. It requires competent organisations, systems and team-working as well as quality one-to-one consultations. It considers environments that support healthy individuals, families and communities as well as care pathways for named diseases. Different practitioners often need to work in partnership with each other, including those concerned with social care, mental health, public health and voluntary care. The journal will be open to all who share this broad vision for healthy communities.

The journal will promote generalist practice – medical and non-medical. Generalists differ from specialists by dealing with all aspects of people's health and disease. People sometimes present to generalists with a simple diagnosis. But, often they have multiple inter-connected concerns. Often, our job is to help disentangle these, or to help patients to recognise that their worries are normal reactions to the situations they encounter. This is how generalists empower patients – we help them to make sense of hidden and interacting factors to reveal ways in which they can help themselves. This aspect of our role has been called mysterious, paradoxical and full of surprises.¹⁻³ It requires a science of connections, and an appreciation of whole stories, in addition to evidence-based treatment of discrete disease.⁴⁻⁶

Good primary care practice deals with wholes as well as parts, seeing people with all their humanity, and getting beyond superficial explanations to reveal things that really matter. This is why a primary care-led health service is more efficient than a specialist-led one.⁷ It requires continuity of care, reflective practice and team-working to help bubble to the surface things

those things that at first sight are hidden. The journal will be particularly open to those who wish to explore these aspects of quality primary care.

We want papers to be practically useful. Each must contain a message or insight that will help practitioners, managers or policy-makers to improve quality. The first test for a paper you submit is the 'so what?' test. An editor will not progress your work if it does not have potential for useful application. This can be instrumental application, like a service innovation. Alternatively, it can be an idea that helps clinicians or managers to think more holistically.

We welcome research and non-research inquiries, as well as thoughtful analysis and informed debate. A balance of quantitative, qualitative and participatory inquiry will be published, including case studies and complex interventions. We expect you to include good data and demonstrate familiarity with the writings of others. We expect you to describe the context of whatever you are examining, and the reason why it interests you. If you have published a paper in another journal, we will consider publishing your analysis of ways in which your insights can be practically applied in London.

Papers will be published throughout the year online. The twice-yearly hard copy will include the 'best of the web'. The website will become a valuable resource for anyone who wants to see a rich picture of London primary care. Papers from outside London are very welcome, and we ask you to include a brief description of ways in which the context you are considering is similar or dissimilar to London.

We want this to be your journal. We want large numbers of people to write, peer review and critique. We expect large numbers of you to become involved for your personal development plans and career progression. We expect leaders within primary care trusts and practice based commissioning to use it to illuminate the extraordinary potential of primary care.⁸

When resources permit, we will run courses on how to write, peer review and conduct inquiries.

We will expand the editorial teams and the topics covered in response to your enthusiasm. So get involved

– you can have fun, improve your skills and contribute to service improvements at the same time.

REFERENCES

- 1 Heath I. *The Mystery of General Practice*. London: Nuffield Provincial Hospitals Trust, 1995.
- 2 Willis J. *The Paradox of Progress*. Oxford: Radcliffe Publishing, 2002.
- 3 Helman C. The culture of general practice. *British Journal of General Practice* 2002;52:619–20.
- 4 Kernick D. *Complexity and Healthcare Organisation: a view from the street*. Oxford: Radcliffe Publishing, 2004.
- 5 Thomas P. General medical practitioners need to be aware of the theories on which our work depends. *Annals of Family Medicine* 2006;4:450–4.
- 6 Launer J. *Narrative-based Primary Care. A practical guide*. Oxford: Radcliffe Publishing, 2002.
- 7 Starfield B. *Primary Care – balancing health needs, services and technology*. Oxford: Oxford University Press, 1998.
- 8 Thomas P. *Integrating Primary Health Care: leading, managing, facilitating*. Oxford: Radcliffe Publishing, 2006.

ADDRESS FOR CORRESPONDENCE

Professor Paul Thomas
Ealing PCT
1 Armstrong Way
Southall
Middlesex UB2 4SA
UK