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Editorial

Many United Kingdom general practitioners (GPs) were surprised recently, when patients presented in the surgery requesting prescriptions for the 'new cure for smoking'. Patients were responding to the recent launch of bupropion, which had been licensed for prescription for people wishing to stop smoking – they were keen to try and give up smoking and were seeking help from their GPs. The first letter many GPs received from the primary care group (PCG) pharmaceutical advisers, was a proposal against prescribing the drug on the basis of cost 'until evidence was available'. GPs are familiar with this sort of approach by the authorities; when nicotine patches were licensed by the Medicines Control Agency, NHS prescribing bans were imposed for some time. These are short-term prescription cost-cutting approaches. The health and economic consequences of smoking are well known, and were discussed at our recent GPIAG conference in Cambridge (Bellamy D and Freeman D. *Prim. Care Respir. J.* 2000;9(2) Suppl:S20–2, and see abstracts in this issue). One would expect the authorities to take a long-term view on the potential benefits (such as reduction in smoking-related disease incidence, time off work and early deaths) of reducing smoking in the UK. In this issue, Sheikh (p25–7) has summarised the available evidence and concluded that anti-smoking prescriptions for nicotine patches or bupropion in the context of a problem-orientated management plan, including counselling and advice, are likely to enhance patients' ability to stop smoking.

Development of appropriate indicators for asthma care is high on the agenda of the GPIAG. Unfortunately, asthma has not been accorded the high priority it deserves by those in power in the UK. In the absence of a clear UK framework for asthma care, as in the

case of diabetes, cancer and ischaemic heart disease, we have decided to develop a system for routine asthma data collection, with the aim of providing indicators for asthma care to be used for benchmarking, clinical governance and commissioning care. This work is being undertaken in collaboration with a number of European colleagues (Levy *et al. Prim. Care Respir. J.* 2000;9(2) Suppl: S4–5). The paper by Raghuram and colleagues (p28–30) describes one way of collecting routine data and facilitating changes in management of patients – a useful model.

The use of information technology (IT) in medicine has increased substantially over the last few years. In this issue we publish a paper which raises many questions for future research in the use of IT in practice. Miles and colleagues (p32–3) surveyed their local population in Manchester to decide whether their site should provide information targeted at patients or health professionals. While this is a small study, the fact that only 25% of patients surveyed had access to the Internet, limits the usefulness of the Internet for communication to the public. More work needs to be done and Internet accessibility needs to be improved, perhaps situated in outpatient departments. ■

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Editor