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In this issue...

Dr Mark Levy

At the international ATS Congress earlier this year I was very saddened to learn that 100% of miners in South Africa have tuberculosis, HIV/AIDS being one of the significant aetiological factors. In the UK, TB diagnosis poses a problem, particularly for those of us in primary care, and it is "the second commonest cause of medical litigation for a respiratory complaint", according to Dr Peter Davies, who, in his editorial, (see pp.105) highlights the increased incidence and diagnostic difficulties facing us in primary care.

The recently introduced system for incorporating General Practitioners with a Special Interest (GPwSIs) into the UK National Health Service is evolving. Some respiratory GPwSIs have been appointed by forward thinking primary care organisations, with the majority choosing to appoint specialists in other 'government favoured' disciplines. The GPIAG was involved in the development of the role of the respiratory GPwSIs [1-3] and two papers in this issue address current matters. Kevin Gryffydd-Jones' editorial (pp107) proposes a model for assessing and accrediting respiratory GPwSIs, while Kernick's (pp108) addresses the economic aspects related to introduction of new services. Even in the current 'evidence based' environment, UK GPs find themselves yet again in the front line, implementing untried and untested ways of delivering care. Kernick's editorial is really a plea for a thorough evaluation of cost effectiveness of the new system of intermediate care.

Kemple and colleagues (pp110) , in their study within one large general practice, have addressed issues surrounding patient follow-up reviews. A personalised self management plan (SMP), sent to randomised asthma patients, improved attendance rates as well as understanding of the disease management. This study provides GPs with some ideas for improving effectiveness of care in the practice.

GPs in the UK are currently very aware of political pressures upon their primary care organisations. For example, they are under immense pressure to devote their time and scarce resources to identify and help patients stop smoking. In my opinion, it would have been far more cost effective, had the authorities decided rather to legislate appropriately to reduce the numbers of patients who smoke. Similarly, GPs are under immense pressure to reduce prescribing costs, asthma inhalers being one of the major foci. Neville and colleagues (pp115) from Dundee, in their analysis of 319 practices in Scotland, describe the human and economic cost of asthma for nearly 10,000 patients. They concluded that 67% of the total health care costs for these patients was maintenance medication. However, the 5% of patients who received hospital treatment in the previous 12 months, accounted for 19% of total direct health care spend. This study provides strong evidence that GPs need to improve, and possibly increase prescribing for patients with asthma. Therefore it would seem sensible to focus on appropriate GP prescribing rather than just the cost. Furthermore, these authors highlight the probability that the new UK GP contract requirements for asthma care, and its 'simplistic outcomes' are unlikely to improve the health of our patients.

In their systematic review of the effect of asthma Continuing Medical Education, Barton et al (pp119) have been unable to make any recommendations for improving patient health outcomes. Their paper does however serve to highlight some of the difficulties of conducting effective interventions in primary care settings and these are discussed.

The numbers of patients discharged from hospital with diagnosed anaphylaxis are increasing. Many of these people are not provided with life saving information or self-administered adrenaline when discharged from hospital and it is essential that they are followed up as soon as possible in primary care. In their 'personal opinion' paper, Panesar and colleagues (pp124) have summarised the key features of diagnosis and treatment of this disease, providing a very practical approach for clinicians.

This will be the last issue of the Primary Care Respiratory Journal in its current format (see news pp128). After months of negotiation and agreement, we are delighted that the journal will be published for the GPIAG by Elsevier (http://intl.elsevierhealth.com/journals/) from 2004. I would like to take this opportunity, on behalf of the editorial assistants, to thank all those authors and reviewers who have contributed to the journal over the last 9 years, helping us to increase from one issue to four a year. I also wish to thank Tricia Bryant, of the GPIAG, who has, in effect, produced the journal thus far, on a home pc!

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Reference List

1. Williams S, Ryan D, Price D, Langley C, Fletcher M, Everden P. General practitioners with a special clinical interest: a model for improving respiratory disease management. *Br J of Gen Pract* 2002; **52(483)**: 838-43.
2. Gruffydd-Jones K. The Framework for General practitioners with a Special Interest in respiratory medicine. *Prim Care Resp J* 2003;**12(2)** :35.
3. General Practitioners with a special Interest in respiratory medicine . Report of a working party of the General Practice Airways Group and the Royal College of General Practitioners, *Prim Care Resp J* 2003; **12(2)**:38-41.

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