From the Editor

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Teams without Walls

Change has been such an integral part of the NHS for so long that identifying elements that have remained unaffected over time is rare. One such event might be the early separation of medical training for general practice and hospital medicine. This has led to two rather separate groups of doctors being responsible for the same patients. In the current era of 'patient-centred' care there has been much debate about how care might be improved if these two strands were better integrated. The government's intention is to provide care closer to home and, wherever possible, outside hospital. From the patient's perspective this is an attractive option but it must of course be safe, of high quality and cost effective when compared to current treatment models.

Some excellent examples of this practice already exist. Early intervention services have been introduced for the treatment of first episodes of acute psychosis in young adults where treatment and support is provided either at home or in the community. The outcome for patients in terms of remission and return to work or training are better than those achieved by traditional inpatient treatment. The increased costs of personalised expert care outside the hospital setting are more than offset by the reduction in costs by the minimal use of inpatient care. The 'customer satisfaction rating' is also high.

How far this model is capable of generalisation has been the subject of much debate. In this issue Rodney Burnham and Jonathan Steel summarise the outcome of a King's Fund conference on this topic held in June 2008 (pp 74–5). This was a joint venture between the Royal Colleges of Physicians, General Practitioners, and Paediatrics and Child Health. At its heart the conference discussed a major initiative from all three colleges, the report of a Working Party, endorsed by the NHS Alliance, entitled *Teams without Walls*.[1] The report explores integrated models of care which cross the traditional primary and secondary care boundaries but which also include high-quality, safe and cost-effective care as an essential prerequisite. Many examples of interface working are quoted where practical implementation has proved effective. Much has been achieved and much remains to be done but the direction of travel is set. It will become clearer with time what can and what cannot be changed in the delivery of care closer to home.

Reference

1 Royal College of Physicians, Royal College of General Practitioners and the Royal College of Paediatrics and Child Health. *Teams without Walls: the value of medical innovation and leadership*. London: Royal College of Physicians, 2008.

Innovating for health: patients, physicians, the pharmaceutical industry and the NHS

In the delivery of healthcare, all these groups must interact to produce an effective and high-quality outcome. The interaction is not always an easy or harmonious one and there are potential conflicts between providers and purchasers. Ian Gilmore (PRCP) decided that this topic should be examined constructively with the objective of improving and sustaining improved patient care. The working party report, chaired by Richard Horton (Editor-in-Chief of the *Lancet*), has now been published. The report draws on wide ranging expertise and has no fewer than 43 specific and innovative recommendations. There is clear evidence of a positive way forward to resolve conflict and restore harmony in a constructive and open manner. The report is available to buy from the Publications

Department and more details can be found at www.rcplondon.ac.uk/pubs/brochure.aspx?e=270

Continuing Medical Education section

The continuing medical education (CME) series was first published in the journal in January 1997. It has been a central feature ever since covering all medical specialties over a six-year cycle. The series has included self-assessment questions which can now be answered online with the award of Continuing Professional Development credits for correct answers. We are keen to know how important this section is rated by our readers but obtaining such information is not easy. We may achieve this for the first time with this issue where the CME section has been omitted. Please let us know if you miss this contribution. The greater the number of howls of anguish, the more important we will rate the series for the future. The opportunity for this 'experiment' has only arisen because our authors, on this occasion, have been distracted by other more pressing activities and remained resistant to our entreaties and encouragement.

Editorial Board

An advertisement for five vacancies for the Editorial Board can be found on page 11. We are looking to develop an electronic resource for the younger physician (pre-Fellowship) which would feature original commissioned material combined with relevant articles from the current journal. We are keen (but not exclusively so!) to attract members from this age group.

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