A new journal for frontline teams

Roland Valori

Correspondence to

Roland Valori, Editor-in-Chief,
Frontline Gastroenterology,
Gloucestershire Royal Hospital,
Great Western Road, Gloucester
GL1 3NN, UK; Info.fg@
bmjgroup.com

We are trained and employed to provide the best care for patients. We do a great job, but we could do much better, often with less effort. What is it that stops us providing excellent care for patients? We are constrained by factors outside our control such as finite resource, healthcare policy and what is medically feasible; however, there is much that is within our control, if only we knew what it was, and how to do it. The aim of *Frontline Gastroenterology* is to help us better understand what we can influence and control, and to provide the knowledge we need to do our jobs better.

An excellent patient experience is a product of teamwork across organisational boundaries. Only occasionally is an excellent experience dependent on a single person working in isolation. Brilliant clinical decisions made by talented individuals are less effective when there are failures of communication or process. On the other hand, efficient processes, excellent communication and effective teamwork hugely improve the care of patients, most of whom just need the basic things done well. *Frontline Gastroenterology* is all about how to do the basic things well.

A service that is running efficiently, doing the basic things well, enables members of its team to flourish without duress, to do the difficult as well as the basics. *Frontline Gastroenterology* will help teams create sound foundations that enable individuals to manage the tough stuff, as well as the basics.

As a general rule, healthcare journals fall into two categories: those that are more generic, focusing on such things as quality control, education, management, policy, etc, and those that focus on the clinical or basic science aspects of disease. *Frontline Gastroenterology* will put the generic in the specific with the aim of demonstrating how getting the generic stuff right helps us manage the specific better.

Frontline Gastroenterology is for all members of the gastroenterology team and it expects all members of the team to

contribute to its content. It will publish the best examples of knowledge (in whatever form) that help provide better care for patients. It will use the smartest technologies and techniques to achieve improvements in practice. *Frontline Gastroenterology* will be open to ideas of how it could do better and will listen to its readers to understand what they are saying.

Frontline Gastroenterology is about excellent patient care. We are experts on what care we think patients should have, but not so great at knowing what they want. We publish in this issue an editorial piece from the Chairman and Chief Executive Officer of the National Association for Crohn's and Colitis about what they would like *Frontline Gastroenterology* to publish to improve patient care. They articulate perfectly what we are looking for.

Frontline Gastroenterology assumes problems facing health professionals caring for patients are similar worldwide and that the solutions, despite differing healthcare systems, will be similar. It follows that learning can, and should, occur across international boundaries, and that as *Frontline Gastroenterology* becomes established it will have an increasingly international focus.

Frontline Gastroenterology is a new venture, a step into the unknown and, as such, is on a steep learning curve. It is looking for a partnership with its readers to create a product that meets its high aspirations. We hope you enjoy reading the first issue, but recognise a first step in a long journey. The content is largely commissioned but in time it will be mostly non-commissioned. Thus we need your help. More specifically we need three things from frontline teams: ideas, feedback and contributions. So please put pen to paper or fingers to keyboard: let us know what you think and how you improve patient care.

Competing interests None.

Provenance and peer review Commissioned; not externally peer reviewed.