First of all, I would like to say that I am delighted to welcome you to the relaunched *Journal of Community Nursing*. Community nursing is a varied role, requiring knowledge in a multiplicity of clinical areas — continence care, wound care, skin care, chronic conditions, to name but a few — and I hope we have succeeded in providing content that accurately reflects the wide range of skills needed in what is a demanding and ever-expanding job.

As well as trying to provide you with a breadth of clinical content, we are also trying to highlight some of the policy changes currently taking place, which may directly affect you (Leadership, pp. 8; Community Matters, pp. 11; The Big Issue, pp. 14).

Which brings me neatly to my second point — who would be a community nurse in 2013? I ask this in all seriousness at a time when the news is dominated by stories about poor care, the numbers of district nurses deserting the profession, and government policy that demands nurses provide better and cheaper treatment, closer to people’s homes, with few extra resources. What kind of person would want to subject themselves to extra scrutiny and pressure in what is already a particularly demanding role?

Luckily, I didn’t have to look far for the answer. As soon as I started attending community nursing events and speaking to people providing nursing care ‘on the frontline’, it became pretty evident that community nursing is alive and well and populated by dedicated people keen to provide the best care for their patients, and eager to consume information that will help them to do so.

I sincerely hope that the relaunched *Journal of Community Nursing* is able to fulfil this desire for good clinical content, as well as contributing to the debate about community nursing’s future. Thank you for reading…

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