

## System-based strategies

**Felicity Goodyear-Smith** MBChB, MGP,  
FRNZCGP, Editor

A number of the papers in this current issue of the *Journal of Primary Health Care* address system-based strategies for improving health outcomes. The beginning of March is the closing date for submissions on the Government's Green Paper for Vulnerable Children.<sup>1</sup> Social Development Minister Paula Bennett is reported as saying that "enforcing mandatory reporting of suspected abuse" is gaining support.<sup>2</sup> This issue includes two viewpoints on mandatory reporting of suspected child abuse. One is my personal perspective<sup>3</sup> and the other of Dr Terence Donald, a forensic paediatrician reporting from his Australian experience.<sup>4</sup> This area of public policy is an issue which potentially affects all New Zealand general practitioners (GPs) and other primary care professionals. As I explain in my article, I initially chose this as topic for a *Back to Back* debate. However after numerous enquiries and requests I was unable to find anyone to argue the affirmative (in support of mandatory reporting). I have therefore published my own viewpoint with the desire to stimulate rigorous debate by GPs about whether or not you want the introduction of such legislation. Please note this is my own opinion and does not necessarily represent that of the College nor that of the Editorial Board. I welcome correspondence which may be published in subsequent issues.

Because New Zealand does not have malpractice litigation, it has been argued that doctors here practice in a non-punitive regulatory environment. In our *Ethics* column, Katharine Wallis explores whether this is really the case, and contends that the complaints processes medical practitioners may undergo can serve as punishment, irrespective of the outcome.<sup>7</sup>

Professor Sherina Sidik reports on validating a Malay version of the anxiety screening tool GAD-7 in family medicine and a systematic approach to screening.<sup>8</sup> In our *Guest Editorial*, Professor Kurt Kroenke, who is one of the developers of the GAD-7,<sup>9</sup> comments that this study also reinforces the importance of detecting anxiety in primary care, which will frequently overlap with depression and with somatic symptoms.<sup>10</sup>

Several papers address specific health system issues. Doolan-Noble and colleagues explore factors that help or hinder optimal management of patients with high-risk cardiovascular disease.<sup>11</sup> Neuwelt looks at how the voices of consumers and communities can facilitate the development of health services which cater for the disadvantaged and help reduce inequalities,<sup>12</sup> and Petousis-Harris and colleagues identify factors which may improve the timeliness of immunisation delivery in New Zealand general practice.<sup>13</sup>

**CORRESPONDENCE TO:**  
**Felicity Goodyear-Smith**  
Professor and Goodfellow  
Postgraduate Chair,  
Department of General  
Practice and Primary  
Health Care, The  
University of Auckland,  
PB 92019 Auckland,  
New Zealand  
f.goodyear-smith@  
auckland.ac.nz

Instead, *Back to Back* this issue deals with a very different topic—whether general practices should employ staff who smoke. Taima Campbell, Executive Director of Nursing at the Auckland District Health Board, argues that we should not, as this poses a barrier to effective interventions with patients who need to quit.<sup>5</sup> Director of Action on Smoking and Health (ASH), Ben Youdan, disagrees.<sup>6</sup> Rendering smokers unemployed is not the answer, and "smoking—not smokers—is the barrier to be removed".

Sharing the findings from evaluations and audits of our practice allows us to learn from each other and avoid duplication. This issue has three articles on performance improvement in primary health care. Wilkinson and Daly audited reasons why some patients did not attend nurse-led diabetic clinics, which resulted in the implementation of strategies such as the provision of administrative support for the clinics and an organised text or telephone reminder system for the patients.<sup>14</sup> An audit of the testing and

treatment for chlamydia in the Waikato, before, during and after the Waikato District Health Board implemented the national chlamydia management guideline found no significant sustained improvements.<sup>15</sup> Finally, Gray et al. report on the respective benefits of using trained or untrained interpreters (such as friends or family members) for patients with limited English, and describe a toolkit they have developed to help decide when a trained professional interpreter might be warranted.<sup>16</sup>

Regular columns include *Pounamu*, and this month the growing importance of 'front-line' community workers is explored.<sup>17</sup> *String of PEARLS* addresses alcohol misuse, *Cochrane Corner* looks at the evidence for topical treatments in otitis externa, and *Nuggets of Knowledge* warns about possible over-use of proton pump inhibitors. A *Letter to the Editor* lauds recent changes made by PHARMAC which reduce the administrative burden associated with the Pharmaceutical Schedule for community pharmacists and prescribers,<sup>18</sup> and an adviser from Age Concern suggests GPs consider loneliness as a factor in elderly patients presenting with anxiety and depression.<sup>19</sup>

Letters to the Editor are always welcome, and you are encouraged to express your views about any of the diverse topics this issue has traversed, or other subjects that you wish to bring to the attention of your colleagues.

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