

Variability, regulation and clinical practice

Felicity Goodyear-Smith MBChB, MD,
FRNZCGP, Editor

Our lead paper reports a large unexplained variation between general practices in the rate of acute hospital use, once the clinical complexity, comorbidity and demographics of the practice populations have been taken in to account.¹ This indicates that the variation relates to general practitioner (GP) behaviour rather than to patient characteristics. Rather than blaming those with high admission rates, our guest editorialist Professor Kevin Grumbach suggests that identifying what GPs with low rates of avoidable acute care services do to keep their patients out of hospital could provide valuable learning for poorer performing practices.²

In general, monitoring the performance of GPs is considered valuable to help maintain and improve practice standards. This has led to the Medical Council in New Zealand (NZ) making regular practice reviews (RPR) compulsory for doctors practising under the Inpractice continuing professional development programme (recertification for doctors not vocationally registered). In our *Ethics* column this issue, Dr Katharine Wallis examines whether RPR will really help improve practice quality and safety, or whether it will merely increase cost and reduce access to health care, while engendering further public mistrust in the medical profession.³ For all potential benefits, there are also costs. Whether the gains from increased scrutiny and regulation outweigh the price is yet to be tested.

Clinical research predominates in this issue, with a focus on community-based care for all age ranges. A *Viewpoint* article discusses childhood dental caries, a common and potentially serious condition, especially in Maori and Pacific children.⁴ The authors highlight the need for early identification of high-risk children and referral to community-based oral health services. Changes in children's moles are worrying, but are much

less likely to be melanoma in the young, and especially in adolescents with rapid naevi growth during puberty, than in adults. The paper in this issue by Cheng et al.⁵ demonstrates that examination by a virtual clinic using teledermatoscopy significantly reduces the need to refer children to specialist services, and allows assessment and reassurance to take place in community settings.

A number of studies assess strategies to support patients in adopting more healthy lifestyles. Patel and colleagues explore GPs' views about promoting pedometer use to improve motivation to keep active,⁶ and Keogh et al.⁷ describe a community-based exercise programme for older adults which is shown to increase physical fitness and have good retention rates after two years. The social nature of such group activities may have additional benefits. A study by Crowley and colleagues has found that a personal nutrition and exercise training course for medical students increases their awareness of dietary choices, but only translates into increased likelihood that they will counsel patients in healthy lifestyle behaviour in a small minority of students.⁸ Research by Ball et al.⁹ examines the variability of nutritional advice given by GPs during consultations.

In our *Back to Back* debate this month, we address the topical issue of plain packaging for cigarettes. Promoting this strategy is the Hon. Tariana Turia, author of the proposed Smoke-free Environments (Tobacco Plain Packaging) Bill.¹⁰ She elegantly explains why plain packaging will reduce the glamorous image of smoking, especially for the young, and hence should reduce tobacco consumption.¹¹ In opposition, Jeff Rogut, CEO of the Australasian Association of Convenience Stores, argues that this Bill will hurt small retailers, and that there is no evidence it will lead to a decrease in the rate of smoking.¹² The

J PRIM HEALTH CARE
2014;6(2):90–91.

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

Bill has undergone public submission, passed its first reading and has been referred to the Health Committee. The NZ Government has approved, in principle, that it will bring in legislation to put tobacco products into plain packaging. However, tobacco companies are mounting a legal challenge against such legislation in Australia and, to manage this risk, the NZ Cabinet has decided that the Government will wait and see what happens with Australia's legal cases before enacting such a Bill.

Patients with hepatitis C can be a hard-to-reach group, often stigmatised by an association with illegal drug use. A qualitative study in this issue reports that providing integrated care from a community-based nurse-led clinic is a successful model, although some concerns were raised that such a service may compete with local general practices.¹³ Another clinical review looks at cases of adult herpes zoster, and in particular, when patients presented to the GP.¹⁴ It was found that about a third presented within three days, a third after three days and, for the remainder, the duration of symptoms was not recorded. The majority of patients received antiviral therapy, although the effectiveness of this is unknown when symptoms have been present for more than 72 hours.

Zhang et al.¹⁵ have studied the low participation in breast screening in NZ by Chinese immigrants. Not being enrolled with a GP was found to be a significant contributing factor, which clearly has implications for the health care of this group generally. Readers may recall that the value of routine mammography per se was called into question in last issue's *Back to Back*.^{16,17}

Palliative care patients usually have to be transferred to a secondary care setting for drainage of malignant ascites for symptom relief. Landers and Ryan report in this issue on the value of portable ultrasound in enabling this procedure to be safely conducted in at-home and in other community settings.¹⁸

Overall, this issue highlights a number of community-based initiatives aimed to promote health and provide improved clinical services. There will always be variability in practice and

we can learn effective strategies by studying high-performing practices. Improved primary health care may be achieved by a range of means, from the introduction of individual innovative services through to regulatory measures. Whenever changes are made, there may be unexpected consequences. Evaluation and research is always necessary to ensure the outcomes are positive and outweigh any harms. This is one of the roles of primary health care research.

References

1. Sandiford P, Zhou L, Salvetto M, Johnson L. Measuring unexplained variation in acute hospital use by patients enrolled with northern New Zealand general practices. *J Prim Health Care*. 2014;6(2):93–100.
2. Grumbach K. 'But my patients are sicker!' *J Prim Health Care*. 2014;6(2):92.
3. Wallis K. Regular practice review: promised joy or naught but grief and pain? *J Prim Health Care*. 2014;6(2):165–8.
4. Bach K, Manton D. Early childhood caries: a New Zealand perspective. *J Prim Health Care*. 2014;6(2):169–74.
5. Cheng H, Oakley A, Rademaker M. Change in a child's naevus prompts referral to a dermatology service. *J Prim Health Care*. 2014;6(2):123–8.
6. Patel A, Kolt G, Schofield G, Keogh J. General practitioners' views on the role of pedometers in health promotion. *J Prim Health Care*. 2014;6(2):152–6.
7. Keogh J, Rice J, Taylor D, Kilding A. Objective benefits, participant perceptions and retention rates of a New Zealand community-based, older-adult exercise programme. *J Prim Health Care*. 2014;6(2):114–22.
8. Crowley J, Ball L, Leveritt M, Arroll B, Han DY, Wall C. Impact of an undergraduate course on medical students' self-perceived nutrition intake and self-efficacy to improve their health behaviours and counselling practices. *J Prim Health Care*. 2014;6(2):101–7.
9. Ball L, Desbrow B, Yelland M, Leveritt M. Direct observation of the nutrition care practices of Australian general practitioners. *J Prim Health Care*. 2014;6(2):143–7.
10. Smoke-free Environments (Tobacco Plain Packaging) Amendment Bill. 2014. (Report due 11 August 2014).
11. Turia T. Cigarettes should be sold in plain packaging in New Zealand—the 'yes' case. *J Prim Health Care*. 2014;6(2):157–8.
12. Rogut J. Cigarettes should be sold in plain packaging in New Zealand—the 'no' case. *J Prim Health Care*. 2014;6(2):159–60.
13. Treolar C, Gray R, Brenner L. A piece of the jigsaw of primary care: health professional perceptions of an integrated care model of hepatitis C management in the community. *J Prim Health Care*. 2014;6(2):129–34.
14. Wallis K, Hood L, Rao K. Herpes zoster: when do patients present and who gets antiviral treatment? *J Prim Health Care*. 2014;6(2):108–13.
15. Zhang W, Rose S, Foster A, Pullon S, Lawton B. Breast cancer and breast screening: perceptions of Chinese migrant women living in New Zealand. *J Prim Health Care*. 2014;6(2):135–42.
16. Heath I. Breast cancer screening causes more harm than good—the 'yes' case. *J Prim Health Care*. 2014;6(1):79–80.
17. Duffy SW. Breast cancer screening causes more harm than good—the 'no' case. *J Prim Health Care*. 2014;6(1):81–2.
18. Landers A, Ryan B. The use of bedside ultrasound and community-based paracentesis in a palliative care service. *J Prim Health Care*. 2014;6(2):148–51.