

Bruce Arroll, Pauline Norris, Jo Scott-Jones and Shane Reti. Your support has been invaluable. Thank you.

What makes a journal—he tangata, he tangata, he tangata, it is the people, it is the people, it is the people.

Noho ora mai rā.

References

1. Lessing C, Ashton T, Davis PB. The impact on health outcome measures of switching to generic medicines consequent to reference pricing: the case of olanzapine in New Zealand. *J Prim Health Care*. 2015;7(2):94–101.
2. Morgan S. A drug by any other name... generic and brand-name drugs are clinically equivalent. *J Prim Health Care*. 2015;7(2):93.
3. Wallis KA. Ageing is not for the faint-hearted: are we making it worse? Polypharmacy-related harm in the elderly. *J Prim Health Care*. 2015;7(2):167–9.
4. Norris P, McIntosh B, Tordoff J, Te Karu L, Chang SY. Poverty, medicines and health care: It's the little things... *J Prim Health Care*. 2015;7(2):170–1.
5. Loh L, Jaye C, Dovey S, Lloyd H, Rowe J. Dunedin's free clinic: an exploration of its model of care using case study methodology. *J Prim Health Care*. 2015;7(2):145–52.
6. Gu Y, Orr M, Warren J. Health literacy and patient portals. *J Prim Health Care*. 2015;7(2):172–5.
7. Wheeler A, McKenna B, Madell D, Harrison J, Prebble K, Larsson E, et al. Self-reported health-related quality of life of mental health service users with serious mental illness in New Zealand. *J Prim Health Care*. 2015;7(2):117–23.
8. Bhana N, Thompson L, Alchin J, Thompson B. Patient expectations for chronic pain management. *J Prim Health Care*. 2015;7(2):130–6.
9. Hardy PA. New Zealand doctors should be allowed to prescribe cannabis for pain—the 'yes' case. *J Prim Health Care*. 2015;7(2):158–9.
10. Aamir T. New Zealand doctors should be allowed to prescribe cannabis for pain—the 'no' case. *J Prim Health Care*. 2015;7(2):160–1.
11. Jakes D, Kirk R. How and why patients use acupuncture: an interpretive phenomenological study. *J Prim Health Care*. 2015;7(2):124–9.
12. Morgan S, Henderson KM, Tapley A, Thomson A, Wilson J, Scott J, et al. Investigation of fatigue by Australian general practice registrars: a cross-sectional study. *J Prim Health Care*. 2015;7(2):109–16.
13. Higgins D, Manhire K, Marshall B. Prevalence of intimate partner violence disclosed during routine screening in a large general practice. *J Prim Health Care*. 2015;7(2):102–8.
14. Morison T, Cook C. Midlife safer sex challenges for heterosexual New Zealand women re-partnering or in casual relationships. *J Prim Health Care*. 2015;7(2):137–44.
15. Lovell SA, Egan R, Robertson L, Hicks K. Health promotion funding, workforce recruitment and turnover in New Zealand. *J Prim Health Care*. 2015;7(2):153–7.

Erratum: *Back to Back* column in our March 2015 issue

In *Lead maternity care needs to be embedded in general practice—the 'yes' case*,¹ it was stated that 'The LMC [Lead Maternity Carer] is paid the same amount for every pregnancy, apart from a small subsidy for mileage for postnatal visits.'

The LMC fee for a first birth is actually higher than for subsequent births.² We regret this error.

References

1. Gray B. Lead maternity care needs to be embedded in general practice—the 'yes' case. *J Prim Health Care*. 2015;7(1):71–73.
2. Primary Maternity Services Amendment Notice 2012. [cited 2015 April]. Available from: <http://www.health.govt.nz/system/files/documents/publications/primary-maternity-services-amendment-notice-2012.pdf>