

Editorial

New quality standards to raise patient safety

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Once again health and doctors are topical and newsworthy. I do not need to spell out the critical public scorn and anger of Dr Fahey's sexual abuse of trusting patients – this is replicated by his colleagues who have expelled him from the College. Similar scrutiny is being spent on Dr Bottrill and the Gisborne cervical cancer inquiry. Here is emerging a mixture of systems failure and professional incompetence due to illness. Incompetence not picked up and actioned by Dr Bottrill's colleagues. But even more importantly, the Gisborne cervical cancer inquiry is demonstrating that New Zealanders have been failed by inadequate or nonexistent public health quality assurance and monitoring systems.

Our local newspaper was recently shrieking headlines *Tauranga Care Fails Ill Woman*. A very one-sided description highlighted the plight of an elderly woman with Crohn's disease, increasing weight loss and abdominal pain unable to tap into the local public hospital for investigation and treatment. She was confounded by a gastrointestinal service which is single-handed, slow and cumbersome.

Her outraged daughter whisked her to Christchurch to gain speedy treatment at their hospital. Complaints of service have been laid with various groups. Her GP's calm reply detailing her sense of frustration was published the following day but once again the report was personal and failed to give real credence and balance to issues of funding and rationing of public health services.

A television programme the next night featuring the Minister of Health was notable for two main themes. The first was the insistence of the minister that a small dollop of local democracy in the upcoming District Health Boards would somehow solve some of the present problems of rationing, funding and systems failure. This is hard to swallow, especially when the structure of the boards would seem to show they are likely to be funders and providers of health care and setters of quality standards too.

Standards was the second theme. It was stated on several occasions there is a dearth of standards in the health system, a dearth of validated ones at least. Many current so called standards follow the old themes of best practice at least, or at worst someone's good ideas.

GPs can take heart because the recently launched College standards for practice assessment have taken a critical step towards validation – both of the standards themselves and the processes that will be used in assessment.

The standards are team based and patient focused – no idle words as they have been developed by a group of people brought together by the College to represent all the critical players who work in general practice. This means GPs, practice nurses, practice managers with consumer and Maori representatives.

The standards have been piloted in 20 practices and are now to undergo a field trial in 100 practices to allow validation (see also article page 5).

Validation of the standards is critical to ensure their success and will lead to practice accreditation with all its implications. The College's work, ably supported by so many so far, is to be commended as timely. Along with accreditation and MOPS it will go some way to ensuring patient safety, in general practice at least.