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Dear Dr McElnay

Draft Guidelines for Tuberculosis control in New Zealand 2018

Thank you for giving The Royal New Zealand College of General Practitioners (the College) the opportunity to comment on the draft Guidelines for Tuberculosis (TB) in New Zealand 2018 (the draft guidelines).

Introduction to general practice and the College

General practice is the medical specialty that treats patients: with the widest variety of conditions; with the greatest range of severity (from minor to terminal); from the earliest presentation to the end; and with the most inseparable intertwining of the biomedical and the psychosocial. General practitioners (GPs) treat patients of all ages, from neonates to elderly, across the course of their lives.

GPs comprise almost 40 percent of New Zealand's specialist workforce and their professional body, The College is the largest medical college in the country. The College provides training and ongoing professional development for GPs and rural hospital generalists, and sets standards for general practice. The College has a commitment to embed the three principles (participation, partnership and protection) of Te Tiriti o Waitangi (Treaty of Waitangi) across its work, and to achieving health equity in New Zealand.

Health equity is the absence of avoidable or remediable differences in health outcomes and access to health services among groups of people, whether those groups are defined socially, economically, demographically, or geographically (WHO). To achieve health equity, we advocate for:

- A greater focus on the social determinants of health (including labour, welfare, education, housing, and the environment).
- Funding and support to sustain the development of a GP workforce of sufficient capacity to meet population need for access to quality primary medical care, particularly in rural and high need areas.
- Sustained focus on measures to reduce smoking and to increase healthy food options for low-income families.
- Improved integration of primary, community, and secondary care health and social services which ensures the provision of high quality services.
- Universally accessible free primary health care for children and low-income families, because health inequities begin early and compound over the life course.
- A review of the funding model for primary care to ensure that resourcing is allocated equitably across diverse populations with differing needs.

Your consultation

You have explained that to achieve TB elimination, New Zealand faces challenges that are common to many low-burden countries. The recommendations in the 2018 update of the draft guidelines have been informed by the WHO's priority actions for TB elimination in low-burden countries.

Submission

The College commends the 2017/18 TB writers group on their work in this area and the comprehensive document produced.

While the College does not wish to comment on the accuracy of the content, we consider that the draft guidelines need to provide more direction for GPs. In particular, on what to do on suspicion of TB, or in the situation where a recent chest X-ray might show old TB (latent TB), but the GP does not have a previous chest X-ray to see if it is stable. It would appear from the draft guidelines that induced sputum collection and further tests would be required, which would need a referral to secondary services. It would be helpful if this is made more explicit. A one-page summary relevant to primary care would be useful for GPs.

Furthermore, the College considers that it is important to ensure the draft guidelines are consistent with referral pathways such as the DHB referral pathways.

We hope you find our submission helpful. If you require any further information or clarification, please contact the College's policy team at policy@rnzcgp.org.nz

Yours sincerely



Michael Thorn
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