HEALTH AND SAFETY

This month’s Journal sees a number of gauntlets being thrown down, and it will be interesting to see how enthusiastic our readers are about picking them up.

First alcohol. In a persuasive editorial, Gilmore and Gilmore describe the gap between evidence in practice, and highlight the potential of general practice to do more to limit the damage being done by alcohol. They comment that ‘Primary care is an ideal setting for early intervention and it is a cost-effective option. There is strong evidence to show that opportunistic early identification and brief advice administered by GPs and other health professionals is effective in reducing alcohol consumption … with one in eight people reducing their alcohol consumption within safer levels after receiving simple advice’. Reassuringly, the study by Caroline Eyles and colleagues indicates that screening for harmful alcohol consumption, involving a questionnaire and blood tests, appears acceptable to patients, although issues of professional and lay education will arise in implementing such an approach.

Sir Brian Jarman reminds us of the critical role of GPs in promoting patient safety, and in monitoring adverse events. He is concerned about the capacity of general practice to do this at present. The scale of the problem of prescribing errors is well described in an important article by Avery and colleagues. In a study of over 6000 prescriptions in general practice, prescribing or monitoring errors were present in almost 5%, although only a fraction of these were regarded as serious; errors were most likely in prescriptions for the youngest and oldest patient groups. These relatively high rates contrast with much lower rates of adverse effects reported in a General Practice Research Database study by Tsang and colleagues. Although comparable with previous studies, the very low rate of coded adverse events, 8 per 10,000 consultations, raises questions about the capacity of general practice to do this at present. The interesting randomised controlled trial by Rognstad and colleagues, involving a questionnaire and blood tests, appears acceptable to patients, although issues of professional and lay education will arise in implementing such an approach.

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DOI: 10.3399/bjgp13X70480