



Newsletter 10 July 2020

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Chair's Message



With the decision of David Clark to stand down as Minister we now have a new interim minister of health and a new opportunity. We have enjoyed a positive relationship with David Clark and wish him well for the future.

Just a couple of months out from a general election, and with the burden of the education portfolio to retain alongside health, Chris Hipkins is unlikely to be able to do much more than keep the ship afloat. The continued health response to COVID-19 alone will demand much of the time he can spare.

While we shouldn't expect significant developments until a new Government is formed, there are some key issues facing general practice that can't afford any

further procrastination. One of those issues is pay equity for primary care nurses.

The current impasse over the primary care nursing MECA is not surprising, given that no Government money has been made available to help bridge the gap for an already stretched sector. We know our nurses deserve to be better rewarded for what they do, and employers want to see that as much as unions, but without additional funding there is no solution in sight. None of us wants to see industrial action, but GPNZ stands behind the NZNO and NZMA in their decision to call a stop-work meeting later this month.

Without progress on fair pay we face the prospect of a demoralised nursing workforce, persistent recruitment and retention challenges and, ultimately, the threat of reduced patient access and quality of care.

The second pressing issue is that of general practice funding. The Health and Disability System Review's lack of attention to the problem it was set up to solve, should not mean that we face many more years of waiting to overhaul a model that it is not fit for purpose. Regardless of the timing and process for implementation of the Review's recommendations, GPNZ is hoping for early discussions on scoping of alternative funding options.

We have written to Minister Hipkins to congratulate him on his appointment, and in our letter requested that nursing pay and general practice funding receives his urgent attention.

As all the political parties work on their manifestos in the coming weeks, we will be seeking to ensure that there is recognition of the vital role of primary care, and the need to commit to sustaining, developing and investing in what we do.

He waka eke noa

Dr Jeff Lowe

GPNZ 2020 Roadshow

During July and August, Dr Jeff Lowe, GPNZ Chair and Liz Stockley, CEO will be visiting member organisations and their providers around New Zealand to

discuss the Health and Disability System Review, advocacy for primary care and options for future funding of general practice. The roadshow has started with successful events in Tauranga and Whakatane. It is important for GPNZ leadership to hear the issues, challenges and opportunities from those at the forefront of the provision of care to ensure we are advocating for the right things at a national level.

At roadshows to date, providers have highlighted the impact of the current funding model on high quality patient care and the risks of sustainability of general practice. Whilst there has been support for population based funding, a general desire to move away from capitation's base on utilisation and the fifteen minute consult has been shared.

Advocating for our Members

Promoting primary care and general practice as the hub of our health system

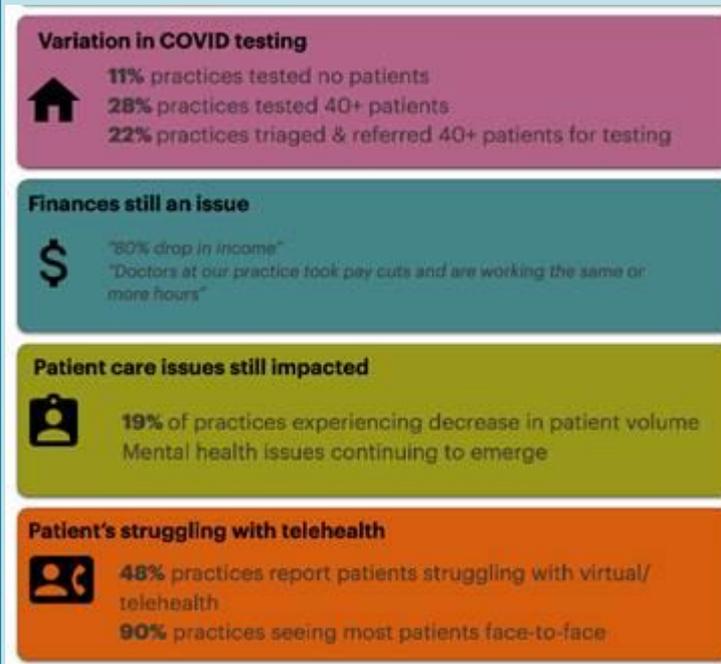
GPNZ has written to the newly appointed Minister of Health to identify the important role played by general practice during the global pandemic. The letter identified the heavy reliance on patient co-payments to maintain core services and that many practices are financially fragile in the aftermath of the lockdown. Limited resources are compounded by an overstretched workforce with low morale, dealing with increased demand and complexity in particularly uncertain times.

We have requested that the Minister support progress in discussions on future funding of general practice at the earliest opportunity. The broken general practice funding model triggered the review in the first place, but two years on we are no further forward. The current funding system is outdated and inequitable, designed around a reactive treatment-based system, rather than one that encourages health promotion and illness prevention. The overall health funding model focuses on hospital facilities, services and workforces, and fuels fragmentation, rather than promoting better population health outcomes and encouraging cross-sector and inter-agency collaboration. We believe change to funding flows to incentivise population wellbeing needs to be a priority.

In the letter to Minister Hipkins we also pressed for resolution of the most immediate issue of pay equity for primary care nurses. Mediation on the primary care nursing MECA failed to reach agreement, and there will not be a shift in the current impasse until appropriate funding is committed. GPNZ's supporting statement issued earlier this week on this matter can be found on our website [here](#).

Research on COVID-19 impact on practices

The executive summary and infographic of the results of the University of Auckland's third quick primary care COVID-19 survey is now available on the website <https://covid-19-pc.auckland.ac.nz/results/>.



The university is now moving to monthly surveys, and the next one will go out on 24 July 2020. The primary focus will be on COVID-19-related patient backlog of medical issues, mental health problems and health effects stemming from unemployment and uncertainty, plus emotional stress and

burnout of practice staff dealing with this increasing demand.

The policy recommendation of the latest survey highlights: Practices are still facing workload and financial pressures. The requirement to triage and test all patients with respiratory or COVID-19 symptoms is significantly adding to the workload and incurred costs including PPE. Ministry of Health needs to assess how patients are informed and practices funded to provide this service.

The survey highlights ongoing issues with sustainability of general practice, fatigue levels and challenges with continuing virtual / telehealth services.

