

GPNZ Panui 15 October 2020

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Chair's Message

At the end of what has felt like an interminable election campaign and a protracted health system review, we may finally be on the brink of much-anticipated health reforms.

There have been encouraging signs that engagement with primary care and additional investment in Tier 1 services are a priority for the transition unit tasked with leading implementation of the review. I think most of us expect that this transition unit will move rapidly as soon as the new Government is formed, and we will ensure that GPNZ is

involved in those early conversations, and continue to press for high level primary care representation throughout the change process.

I don't think it's overstating it to say that we are at a critical point for the future of our health system, and indeed for the health of our population. Whatever the scale of organisational change, we have an opportunity and an obligation to advocate strongly for the unique and powerful role of primary care.

We know the benefits we bring through comprehensive generalism, community insights and data, continuity and personalisation. We need to ensure those benefits are visible, not just in those conversations with national decision-makers but in any forum where we can influence.

And as we embark on these long-awaited changes, there are some big questions we need to answer urgently to capitalise on those benefits and control our own destiny.

- What does meso level leadership of primary care look like in five years' time?
- What does organised general practice look like?
- What do neighbourhood networks look like to meet the needs of communities?
- What does it take to get the workforce we need using all the assets and skills in those communities?
- What does it take to fix the broken funding model and create one that's fair and sustainable and incentivises interventions

that drive wellbeing?

We look forward to tackling these questions with all of you over the next few months, including at our AGM and forward planning session next month.

He waka eke noa.

Dr Jeff Lowe

Photo shows GPNZ Chair Dr Jeff Lowe and CEO Liz Stockley at Bluff on their recent roadshow trip to Southland

GPNZ Update

The GPNZ roadshow took our Chair Dr Jeff Lowe and CEO Liz Stockley South last week, meeting with general practice team members in Dunedin, Gore and Invercargill. The sun shone, but was less warm than the welcome. Discussions highlighted the risks of provincial workforce shortages, generalism vs specialism in general practice and the role of nurse practitioners. Themes that have also been raised elsewhere on the roadshow were highlighted including workforce development challenges, sustainability of general practice and the need for a resolution to the nursing MECA.

Over the past few weeks we have been working on our briefing to the incoming Minister (BIM) which we will be sharing with the appointed Minister of Health, associate ministers and cabinet members. We will also be promoting this to the Health and Disability System Review Transition Unit and colleagues around the sector. The BIM highlights the challenges of the health system with a particular focus on equity, workforce and the sustainability issues of primary care. We will also be promoting some of the good work of our members. This will be available next week when the make up of cabinet is known.

The GPNZ AGM date has been set for 27 November, we welcome attendance from around the sector. If you want to attend (in person or over Zoom) please do not hesitate to email admin@gpnz.org.nz for an invitation.

COVID-19 testing e-learning module

Careerforce, an Industry Training Organisation, has developed an online module to support the upskilling of alternative healthcare workers (e.g. Kaiāwhina) to perform COVID-19 swabbing under supervision. The module was developed collaboratively with stakeholders across the health and disability sector and is based on existing content from healthcare providers.

The module will be a resource that employers can use to prepare learners for their practical training and practical assessment as part of surging the COVID-19 testing workforce. The module is one element of the training process that also includes the practical training and practical assessment carried out by the employer.

The module aims to provide a national lens, informed by local training models already used, to implement the delegated task of COVID-19 swabbing. It provides consistency to upskill alternative workforces and shares existing local work as an exemplar to facilitate the upskilling.

Details of the module can be found on the Ministry of Health Website here.

COVID-19 in Health Care and Support Workers

During the first wave of COVID-19, the MoH reported 167 cases of COVID-19 in health care and support workers in New Zealand, which was around 11% of cases. A new report published by the Ministry of Health shows that 57% of these cases (or 96 of the total 167) were likely to have been infected in the workplace. Of these, 62.5% worked in aged residential care, 27% worked in a hospital and 10.4% worked in the community. Most of these cases were part of a cluster. The full report can be accessed here.

The World Health Organization has reported that approximately 14% of COVID-19 cases reported globally were health workers. In some countries, this was as high as 35%. While our proportion of health care workers infected (11%) is lower than many other countries, the report has reinforced how important it is to protect our health workers and the people they work, live and interact with.

University of Auckland Survey

Please find below the link to the latest in the series of University of Auckland Covid-19 Survey which is open until the evening of 22nd October:

Please take the current survey here

Please feel free to pass on this invite to others. You may receive this invite from different sources but please only complete it once per fortnight. It is open until 22nd October.

For more information please contact Felicity Goodyear-Smith, f.goodyear-smith@auckland.ac.nz. Approved by the University of Auckland Human Participants Ethics Committee on 11/05/20 for three years. Reference Number 024659. This project is funded by an MBIE COVID-19 Innovation Acceleration Grant