

GPNZ Panui 26 November 2020

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Chair's Message



The latest [New Zealand Health Survey published last week](#) was another stark and shameful reminder of the persistent inequities in health status many in our population face. We do OK with our overall health statistics, but as a wealthy country with a comparatively sophisticated health system, it's just not good enough.

Smoking rates in Māori and Pacific communities are stagnant - still almost one in three Māori adults, a rate three times higher than that of European adults. Disparities are higher still in the most socioeconomically deprived communities, where overall smoking rates are four and a half times higher than in the least deprived

areas.

Likewise, our obesity rates – more than 30% of our adult population, but an overall rate that is 1.8 times higher for people in the most deprived neighbourhoods, while almost half of Māori adults and almost two thirds of Pacific adults are classified as obese.

Rates of hazardous drinking and psychological distress follow a similar pattern. The rising prevalence of psychological distress over the past decade is all the more worrying in the most socioeconomically deprived areas where rates are 3.7 times higher, and among Māori where rates are double that of non-Māori.

Despite our efforts - and our successes - we are not changing the health experience of our most vulnerable communities fast enough. In fact, the disparities those communities face are compounded by the cost of accessing care. More than one in five Māori adults mentioned cost as one of many barriers to accessing a GP in the past year. Around one in five disabled adults reported not visiting a GP at least in part due to cost, and adults living in the most socioeconomically deprived areas were six times more likely to have been unable to collect a prescription.

It's those of us working in primary care who can do most to change those statistics and, most importantly, those health and life experiences. We have our own targeted data, the expertise, the model of care, the connections to our communities and we can take pride in what we do every day to make a

positive impact.

But what we lack in order to be able to truly shift the dial, is a funding model that will enable us to use our skills and tools to even better effect; that will do more to incentivise planned, proactive care and prevention, encourage integration and support those people with least resources.

The impact of the bandaids measures to address the limitations of the existing model has been piecemeal at best. While we await the overdue review of primary care funding, we are pushing for an interim solution, including working through PSAAP to convince the MoH to support the resubmission of our bid for additional capitation funding for certain demographic groups as a proxy for complexity (Māori and Pacific, the elderly and those living in Q5) for budget 2021.

He waka eke noa.

Dr Jeff Lowe

PSAAP

The PSAAP Webinar on 24 November was attended by 90 people, with a mixed audience of mainly GPs and Practice Management. The panellists ran through the primary care positions for each of the PSAAP agenda items for the PSAAP meeting on 25 November. These included a budget bid request for additional funding for complex patients, planned care and gender identification. The recording of the webinar will be available soon on the HCH Collaborative Webinars page, to access please [use this LINK](#). A summary of communications following PSAAP will be available in our next newsletter.

At the start of 2021 General Practice Leaders Forum will host an educational session providing background on the mechanics of PSAAP for those wanting to understand more about the process and how it works.

Virtual Nan a hit



The Health Care Home National Collaborative are promoting the use of telehealth and have produced a [Primary Care Reach Out poster](#) which includes videos, like the Virtual Nan video above, and a step by step guide for

practices on how to reach out through social media platforms.

[Virtual Nan](#) has been produced with support from the Māori Sidesteps and is most entertaining.

They have also created an [interactive resource library here](#) which includes a suite of telehealth resources for your practice. Make sure to take a look.

The Collaborative have been running a suite of regular webinars find all recordings here [Webinars \(healthcarehome.org.nz\)](#).

HINZ Final Webinar of 2020

HINZ is hosting their final webinar of 2020 2:00pm to 1:30pm, Wednesday 2nd December. This roundtable will provide an opportunity to reflect on innovation and transformation in the health sector in 2020 and key lessons learned to apply in the years ahead. Digital health leaders from across New Zealand and from both primary and secondary care will be engaged in the discussion and viewers will have the opportunity to ask questions of the panel. [Please Register Here.](#)

Webinar facilitated by Rebecca McBeth, HiNZ News Editor and panel participants are:

1. Shayne Tong, Chief Digital Officer, Auckland District Health Board
2. Alistair Vickers, Chief Information Officer, Compass Health
3. Alex Forsyth, Director Allied Health Scientific and Technical, Whanganui DHB
4. Karen Blake, Head of Clinical Informatics, healthAlliance
5. Tracy Voice, Chief Digital Officer, Wairarapa, Hutt Valley, and Capital & Coast District Health Boards
6. Robyn Whittaker, Clinical Director of Innovation, Waitemata District Health Board
7. Nigel Millar, Chief Medical Officer, Southern DHB
8. Sue McCarthy, Healthcare Industry Lead, Amazon Web Services

Congratulations Dr Diana Kopua, Hauraki PHO



Top Māori Doctor award 2020

Psychiatrist Dr Diana Kopua (Ngati Porou) - MBCHB and Fellow Royal Australian & New Zealand College of Psychiatry, has been awarded the prestigious Dr Maarire Goodall award 2020 for her on-going contribution to Māori Health. Presente

d by Te ORA, the Māori Medical Practitioners Association, the annual Dr

Maarire Goodall Award aims to support and celebrate the contributions of Māori health professionals working at the very highest levels. Established in 1997 Dr Goodall sought to celebrate the life-long careers of Māori medical professionals.

“Dr Di Kopua is a great example of the ‘doctor-scientist and social justice champion’ that Maarire Goodall embodied,” says Professor David Tipene-Leach, Chair of Te ORA Maori Medical Practitioners Association.

Dr Kopua’s early years were spent in Takupuwahia and Titahi Bay. An avid softball player, composer and musician, she raised four children, studied and worked in Māori mental health as a community psychiatric nurse in Porirua. At the age of 31, Kopua pursued further training through a medical degree at Otago University specialising in Psychiatry.

“This journey was needed for me to be able to effect meaningful change within the mental health system from which Te Kurahuna, the [Mahi a Atua workforce training agency](#) was born,” says Kopua.

“Mahi a Atua is a framework committed to developing indigenous systems for positive community outcomes and was co-conceived through a desire to provide a therapeutic pathway that is for Maori by Maori. This meant an approach to emotional distress that is accessible and engaging for whānau/families in distress, evidence and data driven and one that leads to an improved experience for whānau we work with,” she says.

“Maori creation and custom stories are our touchstone in our approach, the foundation from which we question, discuss and debate ideas about existence, knowledge, values, mind and language.

Along with many diverse organisations, Dr Kopua is currently working as consultant Psychiatrist with [Hauraki PHO](#) and the wider Waikato-Hauraki Whanau pai collective.