GPNZ Panui 7 December 2020

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Chair's Message

I think most of us are looking forward to a much-needed summer break even more than in most years, and we'll have to savour that time off in readiness for another challenging year ahead.

Our GPNZ strategic planning session in Wellington at the end of November gave us a strong steer on how members want us to approach the next 12 to 18 months, and I'm extremely grateful that so many of you took time out to help us determine our collective priorities.

Stephen McKernan's overview of the transition unit's work programme was a reminder of the scale of what's ahead, and it's clear that the pace of change will be rapid. While it's reassuring that there won't be delays in implementing overdue changes, it's also clear that the window of opportunity for us to influence is narrow.

We'll have a NZ health plan and health charter next year and legislation in place to embed system changes by mid-2022, with structural change sooner if agreement is reached. In that timeframe we have to navigate the future for own organisations and take an active role in shaping the Tier 1 we need to see, while continuing to ensure we deliver the best possible care for our local populations.

Stephen set out a few key questions to help us structure thinking about how the new system will operate: how do we balance national consistency and local discretion, competition versus collaboration; how do we make integration a reality; and what is the organising entity that sits between reimagined DHBs and locality networks?

The answers to many of those design principles is in the work that PHOs and networks is doing every day. Individually and collectively, we are ideally placed to describe what relationships and accountabilities will create a person-centred, population health-focused system.

Among GPNZ's immediate priorities will be to complete our stocktake of the work our members are doing, as well as to build on our workforce model. We'll be representing your views on the key questions, and on what an interim general practice funding solution should look like, to the transition unit and Ministers early in the new year.

I enjoyed an engaging meeting with Associate Minister Hon. Dr. Ayesha Verrall earlier this week with GPNZ Executive colleagues Larry Jordan, Chiquita Hansen and David Harrision and CEO Liz Stockley. Dr Verrall is very knowledgeable about primary care and the role that has been played by general practice in 2020 to keep New Zealanders safe, and the ongoing efforts of primary care to address the big issues of Population Health. Dr Verrall reiterated that the Government will not be delaying decision making with

regards health reforms.

Next year promises to be another big year. I hope you all enjoy some relaxation time with loved ones in the meantime, and I look forward to continuing to work with you all in 2021.

We wish each of our 22 members and their incredible teams, their 800+ provider organisations and their enrolled populations of 4.2 New Zealanders a Meri Kirihimeti, and a very happy and healthy 2021.

He waka eke noa.

Dr Jeff Lowe

PSAAP Communications

Following PSAAP Meetings, messages for circulation are agreed by all parties in a joint communique. Here is the communique from the November meeting. If you have any questions please contact your PHO team or email any questions through to admin@GPNZ.org.nz

The PSAAP Group discussion, 25 November 2020, covered a range of issues including:

- An update was given by the Ministry of Health (the Ministry) on the current status of the COVID-19 response as it relates to testing and immunisation. The Group discussed the preparation needed for the successful roll-out of the COVID-19 immunisation programme and the importance of equity for the campaign.
- A lengthy discussion on planned care. It was agreed that more work was needed to define what a nationally consistent approach to increasing planned care in primary care would look like and to determine the funding principles. The need for equity to be the number one priority for changes to planned care delivery was discussed. Acknowledgement that these principles need to be reflected in district health board's (DHBs) current planning activity.
- An update on the Gen2040 programme was given to the Group which highlighted its progress with 270 practices utilising the Best Start Pregnancy Assessment Tool for first trimester pregnancy care. A further 180 more practices have committed to utilising this tool.
- A commitment to understanding what primary care could do to support proactive work underway in the gender identity space.
- Acknowledgement that the current primary care funding formula is not fit for purpose and a commitment to the inclusion of demographic adjustments to primary care capitation funding, as a proxy for complexity, to progress through the Ministry's internal Budget 21 process. This is acknowledged as a short-term patch while funding mechanisms are being considered as part of the implementation of the Health and Disability System Review recommendations.
- Agreement to reinitiate work to better understand utilisation data on

Community Services Card and Zero Fees for Under-14s and the importance of better data collation within primary care for improved decision making on quality and equity of services.

GPNZ's 2020

At the recent AGM, we were delighted to formally welcome those who have joined in the last 12 months: Total Healthcare, Waitaha and Nelson Bays.

The Chair's report reflected on the extraordinary year the organisation has had. The Chair thanked the supportive, constructive and positive membership who have each contributed to the national picture this year, in extraordinary circumstances, with energy and enthusiasm. Not only have we had Covid, but also another key disruptor of the Health and Disability System Review which has absorbed a significant amount of everyone's energy as we navigate submissions and responses and try to support the right kind of change going forward.

GPNZ has once again grown in numbers. We now have 22 PHOs representing an enrolled population of 4.2m New Zealanders. We have also grown in position and brand, particularly with the broader general practice community

Much of our efforts this year have gone into communications, in response to the need for consolidated channels for information. We were acting as a conduit between PHOs either via the CEO group, or the clinical leads group and the Ministry on an almost daily basis during lock down level 4.

We usually hold 4 quarterly meetings for CEOs. Since February CEOs and or their delegates have attended 21. We have also supported 27 Clinical Leads meetings and it has become apparent that there has been a gap in this peer to peer space for clinical leaders around the country to come together, this is something we will continue to support.

The Chair specifically acknowledged the tremendous contribution of PHOs and networks in keeping New Zealanders safe and well this year, busting barriers and creating enablers to support general practice in their delivery of excellent services in extraordinary times.

University of Auckland Survey

The

results of the 9th quick primary care COVID-19 survey have now been released. Full results are available on the survey website website https://covid-19-pc.auckland.ac.nz/results/ .

There was a significantly lower response rate for this survey however some of the results remain interesting.

Of particular interest was a particular focus on which patients are considered suitable or unsuitable for telehealth consultations. Consultations suitable for telehealth include those for follow up and discussion about investigation results or a previous consult, patients seeking advice only, well-known patients who regularly attend in-person consults especially for repeat prescriptions, advice for very minor injuries, referral for screening procedures such as colonoscopy, and certifications (eg ACC, WINZ, off-work) especially for stable renewals. Other comments were for contraceptive advice, mental health review and hypertension medical reviews where patients are self-monitoring. Patients having good health and English literacy and being "tech savvy" were also cited factors.

Commonly mentioned as unsuitable for telehealth are consultations requiring physical examination (unless the patient can send a photo or video) and poor access to, or ability to use, the technology. A variety of conditions and presentations were cited as requiring in-person visits including chest or abdominal pain, asthma or COPD exacerbation, pneumonia, stroke symptoms, new onset palpitations, prolonged vomiting and diarrhoea. One response was "bottoms and bellies". Several think that all babies should have in-person consultations, and others the elderly. Other reasons for in-person visits include new patients or those not well known to the practice, complex presentations, and where there is a mental health component.

Again, in this survey, some respondents identified efficiency gains with IT solutions such as e-prescribing, and value the introduction of telephone triage.

There is one final survey for 2020. This will stay open until 17 December. **Please take the current survey here**

The survey is taking a break over the summer and will resume in February 2021 when the planned focus will be vaccination delivery.

Please contact Felicity Goodyear-Smith, f.goodyear-smith@auckland.ac.nz for more information. 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.