



Manifesto 2008

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ipac

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Introduction

New Zealanders utilise general practice services more than any other form of health care. Last year there were more than 10 million medical consultations and a similar number of contacts with practice nurses in general practice and during these consultations more than 15 million clinical decisions were documented. This compares with 700,000 inpatient discharges from hospitals.

While we acknowledge the significant government investment in primary care, it is now time for the Primary Health Care Strategy to deliver on the promise that a primary health care led system will lead to improved health outcomes. The election presents an opportunity for all parties to review their priorities for next phase of the Primary Health Care Strategy if elected into government.

This general practice manifesto:

- sets out what we believe are essential interventions in the short and medium term from a post election government if the health sector is to deliver the improved health outcomes promised by the PHCS, and
- focuses on the contribution of general practice to the improvement of health outcomes for all New Zealanders.

Priorities for a Post Election Government

1. Rebuild the relationship between the Government and general practice

The **relationship between government and general practice** is in need of repair. The single greatest priority for a government is to rebuild this relationship.

This requires the government to value and respect those in general practice who deliver care. Surveys tell us that this respect is not currently present. We believe this needs to be addressed with urgency and requires explicit recognition and respect for the important roles the **private sector**, the not for profit sector and others play in delivering general practice services. In particular, it is time to restate the importance of a viable, sustainable private sector. We hope that such recognition may lead in time to the development of a genuine partnership between government and general practice.

A powerful signal would be to establish a **general practice advisory body** reporting to the Minister of Health. Its role would be to provide strategic advice to the Minister to ensure New Zealanders continue to enjoy access to a viable, sustainable general practice. This body would comprise GPs, Practice Nurses, and Managers working in general practice organisations.

2. Improve access to general practice services

There are a number of threats present today that, if not addressed with some urgency, will undermine the **access to general practice services** that New Zealanders currently enjoy.

General practice sustainability

The first challenge is maintaining an environment of **affordable access to general practice care**. In order to achieve this government funding needs to keep pace with the rising costs and expectations of providing general practice services. It also demands that government does not shackle general practice and commits to a transparent review of the current fees review process that supports the business of viable and sustainable general practice.

Workforce

The second, and perhaps the most serious threat to access, is the availability of doctors, nurses and managers in general practice. One key influence on workforce availability is **investment in training** and this requires government facilitation. Our priorities are:

- That **more doctors are trained**, and there is an increase in post graduate GP training places,
- That an environment where **investment in general practice infrastructure** (bricks and mortar) is facilitated to create capacity for training of registrars and students in general practice, and extended general practice services,

- For investment in **training of immigrant recruits** to vocational registration standard,
- For government support for **ongoing development of the nursing** role within the general practice team, including new entry to practice programmes, graduate and postgraduate education opportunities, with significant investment in the replenishment and retention of the general practice nursing workforce, and
- For government support for **formalised training for practice managers**.

After hours services

The third issue is access to affordable **after hours** general practice care. This requires a government that accepts that the funding for after hours needs to be increased to enable the implementation of local solutions. Failure to deal with this as a matter of priority will lead to compromised provision of this care across the country.

3. Support quality and safety in general practice

There is a strong focus on quality and safety issues in secondary care (hospitals). Government needs to foster an environment in which a **general practice led quality and safety agenda for primary care and general practice** can be developed.

In order to achieve this, priority needs to be given to funding the development and implementation of a general practice led quality improvement initiative. This will provide general practice with state of the art information systems supporting high quality general practice services, provide patients with improved information to support their care through the health system, provide accurate and appropriate information to government agencies, and provide good tools for clinical governance to measure and monitor general practice performance.

4. Develop improved strategies for reducing health inequalities

Reducing health inequalities is one of the priorities for the PHCS. Despite significant increases in funding for primary care there are significant barriers to the achievement of this goal.

In order to make progress priority needs to be given to **targeting funding to further reduce the cost of access** to general practice services for those on low or assisted incomes. Targeted funding will ensure that this population group also enjoy the reduced cost of access that other New Zealanders have enjoyed since the introduction of the PHCS. Reducing the cost barrier for this population will deal with one of the barriers to achieving the objective of reducing health inequalities.

The second priority for government is to move to a **high trust low bureaucracy funding environment**. The current funding model limits innovation and takes away opportunity in primary care to find new ways of making services in primary care accessible to those on low or assisted incomes. A changed funding model is essential if innovation is to flourish and services are developed locally to deal with cultural, social and other barriers to access for this population.

5. Facilitate an environment in which effective clinical networks will flourish

The PHCS describes the concept of a multi disciplinary team as one of its goals. **Modernising primary care** and service delivery models is a complex task and the government has a role in facilitating an environment in which clinical excellence can occur.

The first requirement is a commitment from government to **clinical leadership** in the governance of primary care and the (re)design of services and their delivery. There is strong evidence to suggest that clinical leadership is critical if change to service delivery, and hence the evolution of multi disciplinary teams, is to take place.

The second element that needs to be addressed is for government to commit to consolidating primary care funding through effective, functional primary care organisations. If an environment of multi disciplinary teams and integrated care is to prosper then **funding for primary care needs to be integrated at a clinical network level**.

The Future

General practice is based on a continuing, holistic relationship of trust with an individual in the context of their family and community. It provides a focus for community health and healthcare needs. It is the cornerstone of the health service, handling the majority of contacts people have with the system. General practice is vital in providing patients with continuity of high quality, personalised care.

In our view an effective health service would include the following features:

Patient expectations:

- All New Zealanders receive comprehensive, high quality and affordable care when and where they need it.
- Safe, affordable, acute after hours care is available to people in urban and rural settings.
- Health services are integrated, shaped around the patient and coordinated by a trusted health care team.
- Patients have the opportunity to actively participate in their health care.
- Patients have access to their health information and control who may view their health information and when.
- Clinical governance and quality improvement reinforce the trust people have in their general practice teams.

Integrated care:

- Effective clinical networks ensure care is evidence-based and integrated across and between providers with the patient at the centre of service delivery arrangements.
- Service (re)design and implementation is led by clinicians and patients and supported by effective management.
- Service delivery models reflect local community and service provider preferences.
- Safe, secure information networks support integration of care by providing appropriate patient clinical information to credentialed, clinical staff involved in their care.
- Practice teams guide their patients through acute and community episodes of care; the relationship is maintained through integrated patient records, communication systems and appropriate funding.

Public and Population health:

- Intelligent and judicious use of resources ensures services are targeted for people who need it most resulting in improved outcomes for both individuals and populations.
- A population health “view” is available to the general practice team during individual patient interactions.
- National health policy developments incorporate the wider determinants of health (education, social justice, housing, employment) engaging with general practice as broadly as possible.

Sustainable general practice:

- General practice is recognised as the heart of health care and is resourced to achieve the aims of the PHCS.
- General practice is trusted by policy makers, DHBs and PHOs as much as our patients trust us.
- General practice is a sought after career option for doctors and nurses.
- Practices are free to set fees that meet their costs of business including remunerating all existing and future staff at levels consistent with their hospital colleagues.
- Doctors and nurses work in a high trust/low bureaucracy environment characterised by spending most of their time with patients; administration is simple with much of it completed on line by administrative staff.



Who is the IPA Council of New Zealand

IPAC is a national body representing 17 regional general practice networks and more than 2,000 GPs and 2,000 practice nurses working in over 800 community-based health centres providing general practice services to over 2.5 million New Zealanders.

www.ipac.org.nz