

“Survey shows New Zealanders are healthier” - this June 4 Ministerial Press Statement heading, denoting the release of the 2006/2007 New Zealand Health Survey, immediately commanded my attention.

Several paragraphs later the Minister was quoted as claiming **“This represents a major success for the government’s primary health care strategy”**. I was hooked into reading further. The 17,000 New Zealanders who have been weighed, measured, and interviewed have given us a large pool of data, and some interesting comparisons with similar surveys in 2002/03, and 1996/7.

I was impressed by the reduction in cigarette smoking since 2002/3 from 23% to 19%, and was slightly gratified to note that while obesity was still increasing, the rate of increase had slowed. It was a relief to know that 88% of children were starting their day with breakfast at home, at least in the week prior to the survey.

For those of us in general practice, it was particularly heartening and affirming to observe the very positive response from those patients who had visited their GP, with high levels of satisfaction being reported from this experience. This strong patient feedback confirms what we know- general practice continues to deliver quality care to patients, who both value it and are willing to acknowledge it. I should be feeling well pleased to read that and indeed I am.

However there are some very worrying figures in this survey which reflect underlying signs of fragility in our health system, and these should not pass unnoticed. Why after six years of focusing on increased access and reducing inequalities, have one-third of patients diagnosed with diabetes not received their free annual health checks? Why are the statistics for Maori and Pacific Islanders not improving? Why are we becoming more sedentary when health promotion has been targeted at increasing activity?

Is this really a major success for the government’s primary health care strategy?

The survey reports that two out of three adults were diagnosed in 2006/07 with a condition which was expected to last at least six months. This makes for scary reading, and I am somewhat surprised by it, but the Minister’s statement assures us the data is robust.

These findings come at a time when we have a general practice workforce already under huge strain, with patients in some parts of NZ struggling to find a practice with whom they can enroll. Closer scrutiny of the survey findings show that while access has improved through increased patient subsidies, seven percent of adults still do not have a regular primary provider (including A and M centres). Add to this the fact that the recently published workforce report shows that we had fewer GPs in 2007 than in 2000, and the average age of our GPs and practice nurses is just under 50. The prospects for an early solution seem limited.

Enrolment with a practice does not necessarily imply ready access, with the survey showing that six per cent were unable to see their GP when needed.

Cost as a barrier to access has been significantly reduced and this is pleasing, but only if a quality service can be maintained at this price. The vexed fees debate is about to raise its head again, as it is that time of year when practices must declare their fees for the year ahead.

IPAC's advice this year is the same as last year. What matters is that fees be set at a level that ensures costs (including GP salaries) are covered, and the business is viable. Fee levels should be calculated on this basis, regardless of whether they exceed or fall below the "annual statement" levels of increase. If government capitation subsidy level increases are realistic, patients will continue to enjoy low cost consultations while receiving quality care. If not, sustainability will be determined by adjusting patient fees or increasing the volume of consultations with the obvious result of shorter consultation times and poorer quality of care.

This is an opportune moment to remind us all of the critical need to retain the right to set our fees to preserve quality general practice. Government subsidies have never kept pace with actual cost increases.

Unfortunately the survey follows a budget which failed to offer any significant hope of change to the workforce, workload, or fee control issues, all of which need to be addressed urgently. General practice is the rock around which a strong primary care sector is built. Strong primary care improves the chances of prevention of, or early intervention in, chronic disease. It is cost effective, and much less socially disruptive for families and communities than hospital care.

In an election year, we need a clearer idea of which government is prepared to do what to address the issues that can assist general practice and primary care to become stronger, and thereby truly improve the health of New Zealanders.

Perhaps the next health survey of New Zealanders could include some interviews with general practice teams, before assumptions are made about the "health" of the primary care sector.