

Network Challenges – Reflections on IPAC Network Seminar

On June 27th, IPAC hosted a member Network Seminar to air the topic “Clinically Led Networks – the Next Generation?” While extremely well attended by IPAC members and invited colleagues, it was an occasion worthy of a wider audience.

The seminar was significant for a number of reasons.

The fifty or so delegates from our member networks were joined by our good friends and colleagues from the RNZCGP, the GPNA, the NZMA, and PMAANZ, the latter also now represented as observers at the IPAC Executive table.

In addition the meeting was enhanced by the very constructive participation of representatives from the Pharmacy Council, Pharmaceutical Society, the Pharmacy Guild, and the NZ Physiotherapists' Private Practitioners Association.

Relationships need to develop between our professional groups both nationally and locally if true multidisciplinary primary care networks are to emerge over time. The aims of the Primary Health Care Strategy cannot be fulfilled unless we take this next large but logical step. The close relationship between general practice, pharmacy and physiotherapy is obvious.

So too is our need to progress the relationships with midwifery and other community nursing professions, if our networks are to achieve their potential, and if maternity care is to improve. This was made clear at the seminar, and supports the long held view of IPAC and our GPLF colleagues.

The highly energetic, interactive and productive discussions throughout the room and throughout the day were clear testament to the willingness of all parties present to rise to the challenges of leading devolution discussions with DHBs, and to build inter-professional relationships at network level, between organisations, and with secondary colleagues.

Clinically led primary care networks are IPAC core business. Health Minister Tony Ryall spoke to the meeting and again put out the challenge of “stepping up”, a familiar message heard at both the recent PHO Alliance meeting and the GP CME meeting in Rotorua a week later. The Minister left no doubt in the minds of those present that he is seeking primary care solutions from capable networks who are prepared to take on new responsibilities and risks. Equally he left no doubt that these solutions needed to be developed within the next year, and that DHBs must be engaged in discussions now.

The day's discussion centred on the key planks of the National Party policy discussion document, “Better, Sooner, More Convenient”. The willingness of the Minister to spend an hour of his Saturday to informally participate in the workshop discussion was significant in itself. For him it also presented an opportunity to test opinion on some of his thinking. It was clear the government is in a pragmatic frame of mind, - “just do it” – and will work with those who are ready sooner rather than later. Talk fests, extensive and expensive consultation processes, and elegant rhetoric have little place without action.

Being viewed as “the solution rather than the problem” is a welcome change for IPAC members and clinical leaders, but if the solution does not emerge over the next year once again we will be part of the problem, and a valuable opportunity will have been lost.

At the Minister’s request IPAC has written to him following the network seminar indicating our priorities – for government and for our own networks.

Devolution is a high priority for our members; we want to deal with this in a co-ordinated way. The IPAC CEOs group has undertaken to ensure this occurs across our networks, at least at a high level. This is a major strength of our networking, and a major challenge across networks of differing size and capacity, within differing DHB jurisdictions.

Engaging secondary care clinicians was recognized by the participants at the seminar as a critical next step. We encourage the NZMA, our pan professional medical association, to work alongside IPAC and our networks to share these discussions. There are already some excellent working clinical pathway models of care which embody this primary /secondary dialogue. We need to build on models that work, and collectively influence DHB decision making.

PHOs need to be accorded broadened scope, to embrace the wider professional groups. This generated interesting discussion about the disparate funding and contracting mechanisms currently in place. Alignment of funding streams and contracts is much more likely to be conducive to closer working relationships. The current national DHB-PHO contract and contracting process needs urgent review.

Information systems need to step up to provide the interconnectivity that is needed for closer working relationships across the primary care sector, and to interface with secondary care. IPAC continues to work with the RNZCGP to drive Qi4GP, our general practice driven quality focused initiative for primary care, underpinned by the information systems that will facilitate devolution of services, and connectivity across the health system.

The Minister has been informed of our priorities for government, so that we may progress their agenda as well. It will come as no surprise that our members are keen to improve direct access to diagnostic services, and to take a lead in devolution of services to primary care through fewer, larger primary care networks with strong clinical leadership. We have some very clear ideas about what might work.

The time for petty differences and patch protection is over. IPAC is clear that primary care networks need to occupy the space that has been created to fulfill the aims of the PHCS. To do this all the primary care players who want to take part need to work together to make it happen. We are committed to pursuing this, and the door is open.

If further such seminars are necessary to assess progress in the coming months, we are keen to hold them.