

Tell general practice what, not how...

With a sudden hint of spring in the air a couple of days early, Christmas is surely on the way, and so too is the triennial general election. Unlike Christmas, here there must be winners and losers.

Despite widespread predictions of a new government, in the weird and wacky world of MMP the colour and flavour of our future leadership hangs in the balance until votes are cast, counted, recounted, and coalesced, sometime a few months from now.

Even at the end of polling day, unless there is a landslide victory, the lucky pollsters sit on the bench with further processing ahead, raw ingredients waiting for the govt MMP cake to be mixed and baked. The head chef needs to ensure his recipe works – a result pleasing to the national taste. IPAC and our general practice colleagues will monitor the kitchen to see what the next health policy looks like and how that might translate into action for us and more importantly our patients and the 50,000 medical interactions we have with our patients each day across New Zealand.

Some of the outcome of this depends on us. While we have talked to politicians and would- be politicians in the months leading up to the election, have they heard? More importantly, have they understood? Will friends in opposition still be friends in office? “Beware of your friends” –my recent advice from a wily, wise and politically savvy man.

What depends on us is that the politicians of the new era, particularly if they are forming a new government, need to know what works and what doesn't. We need to make sure they do. Only a few who seek national political office come from a background in health.

What works is quite simple – it is all about “the what and the how”. Governments must establish their policy framework, and health professionals must work within it. Wise governments will discuss their policy ideas with real health professionals at the coal face before they are adopted.

As I have already said to health spokespeople earlier this year –

“As a government, use your political expertise to articulate your policies and the outcomes you wish to achieve. (the what).

Leave it to us, the health professionals, to use our expertise to determine how best that might be delivered. (the how).”

It is about trust. Once a government feels it must micromanage the sector, doctors and nurses not surprisingly become demoralized, and feel devalued. By comparison, recall the previous “under 6's” legislation of the nineties. “Expectation” was that fees would be free in exchange for an increased patient subsidy. General practice responded. Children under six visited their practice for free. It was only after several years when the subsidy failed to keep pace of costs that fees started to rise, but general practice retained the right to institute a charge when the govt failed to keep its side of the deal.

The Minister understandably wants more New Zealanders to benefit from the low fees of VLCA funding. How would general practice respond if the compulsory “cap” was removed, an “expectation” was instated, and a mutually agreed monitoring policy was in place for obvious outliers. I would be very willing to have that discussion with him.

I suspect, and I may be wrong, that modified VLCA may well be taken up much more widely - which would achieve the government's objectives. General practice would still retain the right to set fees and ensure viable businesses, and would be entrusted to deliver as we traditionally have. New Zealanders could be the winners.

What I really intended to write about was the one thing that elections and Christmas have in common – the wish list. The IPAC manifesto is not far away, but general practice has already made many of its wishes well known, and our recent IPAC survey highlighted some of them.

Should a politician perchance peruse this column in a break between wrapping political presents at the North Pole I reiterate:

- General practice health professionals need to regain reasonable control of both business and clinical autonomy if our professions are to survive (at all levels in the sector). We want public private partnerships built on trust.
- General practice wants and needs much more meaningful engagement at all levels of govt. The current PHO and PSAAP contracting environment marginalises general practice from the decision making process that affects the work we do every day.
- Workforce initiatives in general practice – we need more and we need them now! - build on the good work already started, to train, recruit with care, and retain both doctors and nurses.
- Put real money and serious intelligence into the delivery of after hours care by working closely with general practice, and recognise the urgency of this within our rural sector in particular.
- Support general practice to develop and deliver on a meaningful grass roots led quality and information system which gives patients much better access to and control of their personal information. Patients need to know it is both accurate and safe.
- Review infrastructure so that health boards are genuine health boards rather than hospital boards, and recognize the core role of general practice within primary care rather than a nebulous “provider, one of many”.
- Reduce the paperwork and bureaucracy that encumbers our daily lives so that we may focus on what we are trained to do, and what we enjoy most –caring for our patients. We will recognise a high trust low bureaucracy environment when we see one!
- Give us back a maternity system which is safe for our women, families, and babies in all areas on NZ, using the best of team care.
- Recognise the great work that organised general practice continues to do and support and encourage this, within whatever political framework is to prevail.

The list goes on, but any wannabe health minister that answers my wishes could be forgiven for my thinking that it was Christmas after all. I would not only give them my vote, advise my patients to do likewise, but leave a few tasty goodies in my Santa sack as well.