

IPAs flourish in hostile conditions

Victor Klap, IPAC CEO, and I have spent much of the past few months visiting our member organisations, sharing their successes and frustrations, catching up with old friends and meeting new faces, all steadfast in their commitment to organised general practice (OGP), the glue which holds IPAC together.

Clearly the point of this sort of exercise is to listen and pick out the key themes, some of which I will touch on.

There is overwhelming support for a strong and united voice for general practice.

The IPAC manifesto for general practice, our statement to politicians about what we believe general practice needs and must do to achieve the vision of the Primary Health Care Strategy, has been enthusiastically welcomed by our members as we meet them.

Communication between national organisations and general practice was a subject raised more than once. We have also been told that your national representative organisations need to do better in this area. For example, it has been suggested we need to use our electronic tools more effectively to keep in touch with members and their members.

Our visits have confirmed the strongly held view of the IPAC Executive that general practice needs to be proactive if we are to have any real control over our own future.

What has been particularly heartening on this round of visits is to note that many IPAs are clearly flourishing in 2008 despite losing significant contracts to PHOs over the past few years, and dealing with an unsupportive political environment. The spirit of innovation which resulted in the many and varied clinical programmes in the nineties has now been turned to the pursuit of survival. A lucky one or two have had reserves to draw on over the lean years, but most have had to develop the art of lateral thinking.

The measures IPAs have undertaken to reduce their dependence on government PHO funding include setting up business ventures, owning real estate and buying practices. My own IPA has been able to benefit from the application of its sophisticated information systems in international research. At least one new IPA is currently forming, as general practice in some areas has become aware of the need to regain its own identity more clearly, within the wider PHO environment.

Many of our members continue to grapple with viability and sustainability of general practice within their organisations. There are numerous initiatives looking at new business models, virtual practices and co-located practices. We noted after hours arrangements and workforce issues vary from area to area, and a prevalent common theme of GPs and nurses working excessive hours to meet patient demands.

A few of our members continue to strive for a satisfactory solution for themselves and organised general practice in their region. For them, the disruption created by the reforms remains unresolved, and energy which they would much prefer to be investing in patient and population care is being consumed navigating the political landscape.

Some are doing well as PHOs. A number of small IPAs folded at the outset of this reform into PHOs and some of these remain as members of IPAC. Our visits have included trips to several smaller cities where the value of OGP has been upheld as a central component within the PHO, with good relationships between the PHO and OGP.

As I write this, it is heartening to know we have a new member organisation wishing to join IPAC.

IPAC is unashamedly committed to the promotion of organised general practice (OGP) and excellent patient care, through professionalism. We are also committed to constantly monitoring our performance to better meet the needs of our member organisations. We often describe our role as “clearing the national pathway” so that members, and the practices that make up those organisations, can do their job well.

Our members CEOs collectively form the IPAC CEOs group, who are a vital part of the IPAC management team. Already we have 17 diverse member organisations, serving over 2.7m patients, so we are in a better position than ever to make a strong united voice for general practice a reality. This is something we must do if we are to have any real control over the future for general practice.