

Interesting people, interesting programme, and interesting participation.

That is what I look for in a good conference.

So how did IPAC08 “Patients, Politics, Performance” stack up?

Last week in Wellington 350 delegates came and went to our fourth IPAC conference. These conferences are not easy to organize, for the quest to provide a programme that is relevant and interesting to Ministry and DHB bureaucrats, IPAs and PHOs, as well as grass roots GPs and consumer representatives, is in itself demanding. Yet it is this very eclectic mix of delegates from across the spectrum of the primary health sector that creates the interest as well as the challenge in planning the conference. The rewards are profoundly greater than could be achieved from a conference aimed exclusively at the comfort zone and relatively well aligned world view that surrounds our own IPAC membership.

It was therefore great to see a larger number of faces, familiar and unfamiliar, from both the Ministry and DHBs, at our conference this year. We would love to have seen even more, as opportunities like this to chat amicably over morning tea or lunch in a collegial environment are all too few. At the end of the day our ability to work together to achieve the aims of the Primary Health Care Strategy will depend on the same three things that determine almost everything we do – relationships, relationships, relationships.

The Primary Health Care Strategy set out to create an integrated primary care sector, with new opportunities to work towards a seamless interface between hospitals and primary care through DHB structures. Local solutions for local situations through a devolved DHB system have created a degree of isolation between those working in one part of the country compared with another. Yet if we are to develop a national strategy with any degree of harmony and consistency we need to have strong relationships both vertically and horizontally within the sector. Those conference conversations over coffee really do matter.

The interesting people came also from UK, USA, and Australia. IPAC’s relationships with the Australian GP networks, the Picker Institute Europe in the UK, and through IPAC member CHS IPA, the Transformed Project in the US, are ongoing. I am certain our relationship with Group Health will also flourish as we now covet the information systems described by Matt Handley last week in Wellington. Organised general practice in NZ is a small but significant cog in a much larger international wheel where primary care in all OECD countries is receiving heightened attention, and the thinking around information systems, patient centredness, and professionalism, is remarkably congruent.

At IPAC06 Sir Donald Irvine challenged us with the question “Where are the consumers, and the community reps?” Drawing in consumer advocate Sandra Coney, and Pegasus Community Advisory Board chair Margaret Austin was significant progress, but as is so often the case, these things are always more complex than they first appear. The ongoing question is perhaps now “What is a consumer?” The vast array of literature which supported Sandra Coney’s presentation makes it clear this is no simple question. Likewise patient – centredness. This seemed quite simple until Janet Askham delivered her keynote address. I have however come away with a clearer concept of partnership with my patients – I like that.

Interesting programmes debate the hard questions, present the evidence, and leave more questions in their wake. IPAC 08 tackled some highly contentious issues and forced them into the debating arena. The academic debate surrounding “top down” performance programmes vs “bottom up” professionally driven educative programmes as the pathway to quality in general practice is long overdue, and must be continued. The role of academic general practice in producing and arguing the evidence, alongside those who must implement the programmes, is vital if we are to have high quality performance.

Likewise the debate around recertification cannot be shelved if we are to assure the public that our workforce is truly competent. The eventual solution may be some time away, but the subject is no longer taboo.

We know our information systems in NZ general practice now lag far behind those in other countries – but when we are told by Group Health Medical Director Matt Handley that we have plateaued while others have leapt past us, it makes the point so much more emphatically. QI4GP needs to progress as rapidly as possible to get us back into the game, for the benefit of not only our patients and ourselves, but also our funders.

As for the interesting participation – I need only to refer to the “Off Broadway” spectacular on the St James theatre stage. I have attended many conference dinners – this has got to be amongst the best ever. And for anyone who dared think otherwise – those Rotorua singers really do sing.

Two hundred enthralled diners on their feet in a “Dancing Queen” sensation said it all.

Congratulations to the organizing team -

IPAC08 stacked up very well indeed.