

The Third Age of Organised General Practice – post Election 08.

Most often December is dominated by thoughts of Christmas, sunshine and holidays. Wellington and politics are winding down, and Christmas drinks everywhere set the tone. Even in election year. Take December 2005 – a caretaker government presided for a seeming eternity as deals were done between coalition partners. Not so this year.

Election 08 has seen a dramatic contrast. Fuelled by failing financial markets and a wobbly global economy, the climate was one of urgency, decisive coalition moves, and a need to get on with running the country as soon as possible for the new government. Within a week of the election, the serious work had begun, and the pace was set.

It was immediately clear that within our own sector the opportunity to have influence or input into the implementation of health policy is likely to be brief. If we send confusing early messages to the Minister, we stand little chance of achieving the best for general practice, and decisions could be made without our best input.

IPAC has invested a great deal of time and energy in 2008 focusing on the general election. Adept at fire fighting and reactive play, we opted to develop our manifesto for general practice as a proactive stake in the sand, for politicians and practices alike. It proved to be a more challenging and time consuming exercise than we might have expected, but our efforts have been well received and well rewarded.

Our manifesto pre-election now forms the basis for our advocacy to the new government. For this to be effective, it is critical that we work alongside our GPLF colleagues to deliver clear consistent positions on those key issues which are bottom lines for general practice, or we simply shoot ourselves and each other in the foot. We are working on this collaborative front, in preparation for our first Ministerial meeting in a few days time.

That this is occurring is a direct result of our other major 2008 IPAC project – the quest for a strong united voice for general practice. Our 2008 survey demonstrated the appetite for unity, backed up by over 20 visits around the country to members and other stakeholders over the past few months.

The messages were clear and consistent. Although there was a sense that a change of government was likely, there are no guarantees that come with that. With this came the realization that general practice organisations needed to have a more co-ordinated approach to leadership, and a more responsive approach to delivering to members, to reduce the risk of “divide and rule”.. Our national organisations are actively working together to promote this cohesive leadership, denoting very satisfying progress, and justifying the significant resource and effort IPAC has invested to facilitate this journey.

The new Minister of Health has worked well with our sector over the past few years and has become well aware of many of our issues. We have welcomed his policies to encourage clinical leadership, reduce bureaucracy, and focus on primary care as the best way to deliver timely health care closer to home. However we are also mindful that there will be little new money, so the need to be smarter in health care delivery is as great as ever. We all know that primary care is the smart way to delivering the “maximum bang for the health buck”, but the change management required is significant. For example, District Health Boards need to be transformed into actual Health Boards rather than hospital boards, no mean feat.

It is surely serendipitous that within a few weeks of the general election the WHO report “Primary Health Care – Now More Than Ever”, appeared. While still supporting concepts of universality and access, there are some attention grabbing signals for OGP. “...local networks of primary care centers strengthening primary care providers’ role as co-ordinators of the inputs of other levels of care by giving them administrative authority and purchasing power...”

Is this the real challenge of the next age of organised general practice? A true shift to primary led clinical networks, with budgets held in primary care?

When we moved from the first age of organised general practice in the 1990s, to the population focused, community governed and government dominated PHO environment which followed, we lamented the loss of innovation, and the failure to build on the gains.

The art of moving into the new era will be to preserve what works and what adds value, to look at the new relationships that can develop between general practice, pharmacy and other professional allies, to build on community and iwi linkages that exist. It will also be to reset the scales so that governance is more balanced than we have seen in the past seven years in many areas. It must be focused on opportunities rather than constant threat, and it needs to enable diversity.

Given the opportunity to innovate once again, augmented organized general practice may finally be able to reach some of its potential within our communities, working with great teams and developing cost effective solutions for referred services. Hopefully the third age is our time.

First though, we need to reflect briefly on the fact that it is the end of year, and Christmas is indeed coming. Acknowledgements are due.

IPAC has grown in 2008, with the addition of new members. My thanks extend to our great family of members, and your hard working CEOs and support staff, who have served 2.7 million New Zealanders so well, and also have supported Victor Klap, our excellent CEO, and his Wellington IPAC team throughout this year.

Seasons greeting from the IPAC Executive. We hope you have the opportunity to take some well earned rest with your families. 2009 promises to be an exciting and challenging year for us all.

Bev O'Keefe