

GENERAL PRACTICE LINK - JULY 2008

WELCOME TO THE JULY GENERAL PRACTICE LINK

This is certainly a stimulating time! Not only have we passed the shortest day signifying we're on the right side of summer, the Beijing Olympics are only a few days away. There's also been some resoundingly good news for the New Zealand economy with lower petrol prices, the Reserve Bank cutting its cash rate 0.25%, and rain lifting hydro lake levels leading to an end to the near annual power saving campaign. However, most importantly of all, IPAC has taken another step forward on the path to effective, united general practice leadership. To find out what this means, and what we've been up to over the last couple of months, read on...

GENERAL PRACTICE GIGGLES



What do you think? Let us know...email ipacnews@ipac.org.nz.

IPAC Survey Confirms Need for Single Voice

IPAC's focus has reached new intensity in recent months. Effective, united general practice unity has become a top IPAC priority. A move that was echoed across the country in a recent IPAC survey of randomly selected general practices (GPs, PNs, PMs, and IPA CEOs), which showed 90% wanting a single voice and 80% wanting a single organisation. This was again reinforced at a recent IPAC Member's Forum.

Clearly some of our national representative organisations have a wider role than general practice along with international identities and connections. However, there is considerable scope for consolidating the operational aspects of general practice service delivery to avoid duplication.

We are working closely with other national organisations on this concept.

Our Chair, Bev O'Keefe, and CEO, Victor Klap, have embarked on their annual round of member visits. As well as meeting with member Boards, we want to meet with as many of our general practice colleagues as possible to receive further feedback and share ideas.

QI4GP UPDATE

Stage 2 of this project is around developing and clarifying a vision for quality and information for general practice. This week the Project Sponsors and Steering Group held a workshop to further scope this stage of project. Other stakeholders were invited to provide strategic input and perspective to the scoping.

A Project Scope for Stage 2 will be developed during August and a summary of this document will go out to general practice for input and feedback shortly thereafter. Just to remind you – qi4gp is a by general practice for general practice initiative, and will depend upon your participation and support to ensure its success.

PSAAP NATIONAL CONTRACT NEGOTIATIONS

The national contract negotiations took place on 19 June. Below are some key issues of interest to General Practice:

- PHO Management Funding – A working party is to meet in the next month, to review the adequacy of this funding.
- VLCA/Under 6s Consistency –the **voluntary nature** of the VLCA and under 6s funding has been cemented into the contract
- Diabetes Annual Review (DAR) – the proposal that DAR is included as part of the PHO Agreement and that pricing is standardised across the country was rejected by DHBs. Currently prices range from \$45 to \$75. If you are being paid less than \$75, ask your PHO to negotiate more funding from your DHB. It is the DHB's decision how much they pay you for this check.

- Future Funding Track (FFT) Adjustment (all PHO Services) – DHBs agreed that all PHO services will be increased by the FFT they receive. Ask your PHO if they will be passing on the increase to you for the services you provide.
- Use of Contract Information – this paper sought to tighten up the wording in the contract to limit the use of information by DHBs. Discussions and debate are ongoing.
- PSAAP Integrity – we believe the MoH and DHBs have used the Compulsory Variation contract mechanism in ways never intended by the contract. We are seeking an assurance from the MoH that they will adhere to the contract requirements regarding use of Compulsory Variations, including the need to consult appropriately. The Ministry responded with a paper outlining circumstances where they would like to bypass the PSAAP process. This was not agreed and discussions continue.
- Before School Checks Programme (B4SC) – PHOs and general practice advocated for the B4SC programme to be a PHO coordinated service and included in the PHO Agreement. This was agreed by the Ministry to be the preferred way of implementing programmes in Primary Care. They argued that because some DHBs have progressed this in a variety of ways, it was not feasible to create a nationally consistent approach, and therefore they declined to include B4SC in the national contract.
- GMS Claims and s88 for Unnecessary/Unwarranted Cosmetic Procedures - some general practices have been made aware of other providers making multiple GMS claims when doing unnecessary procedures, e.g. circumcisions. Given the claw back that occurs, this has been questioned. A working group will create a list of procedures that aren't to be funded by GMS.
- Identifiable Patient and Practitioner Financial Information - Ministry of Health and Healthpac are working through technical issues so that additional information can be provided when GMS claw back occurs, for example, the time of the claim, and the provider of the service.
- Immunisation review - IMAC have done a review of the cost of providing immunisations. This report is yet to be seen by IPAC negotiators, but will be circulated when it becomes available.
- Enrolment - the final report from the enrolment working group has been received, and will be circulated to PHOs, for comment. Many of the issues remained unresolved, but there was a better understanding of the relative significance of the problems.

HPV IMMUNISATION PROGRAMME UPDATE

This programme will commence in general practice in September of this year. The MoH intention is that that general practice will manage the “catch up” phase until the end of the calendar year and the programme will become “school based” in 2009.

The MoH sees this programme as a component of the Cancer Control Strategy. General practice sees the programme as part Cancer Control and part Sexual Health

programme. As a Sexual Health programme we believe this is core general practice business and should be delivered through general practice on an ongoing basis. We are having ongoing dialogue with the MoH on this subject.

Meanwhile you can expect a letter from the MoH to all PHOs and GPs providing an update on programme planning. A fact sheet will be included that can be used until the full primary care resources are available e.g. posters, fact sheet for "first point of contact" practice staff, a brochure for patients and a flip chart for GP and Practice nurse use.

Watch this space...

HEALTH SERVICES FOR PEOPLE EXPOSED TO DIOXIN

A free annual check for people exposed to dioxin at the Paritutu Ivor Watkins Dow plant has been agreed through the PSAAP negotiating process. This will be available from 1/7/08 in Taranaki, and from 1/10/08 for the rest of the country. The Ministry of Health will determine which patients are eligible, and fund \$220 (plus GST) for the first check and \$75 (plus GST) thereafter. More details can be found on the MoH website (<http://www.moh.govt.nz/moh.nsf/indexmh/dioxins-healthsupportprogramme-supportservice-applicants> or search for dioxin).

GENERAL PRACTICE NURSING ALLIANCE (GPNA)

The new GPNA Executive met on 28 July to review the past year's activities and plan for the year ahead.

In the past year, members of the Executive have contributed in a number of forums including the IPAC conference, the NZMA conference and the Royal New Zealand College of General Practitioners.

We continue to be involved in the IPAC Executive, The General Practice Leaders Forum, PCIM, QI4GP, ACC General Practice Liaison Group, and PHO Taskforce.

The next few months promise to be exciting as the country moves into election mode and we work with others to maintain and protect the viability of General Practice.

The membership of the GPNA is specifically for nurses who have leadership roles and our aim is to support, inform and encourage those nurses in environments where the role of the nurse as leader is still new and developing. One of the strengths of our executive is that they come from all parts of New Zealand from north to south, and work in all levels of General Practice, our experience is broad.

We can all be contacted and are happy to talk with nurses who would like to find out more about us or sign up for the newsletter.

DATES FOR YOUR DIARY

If you have a conference, workshop or other initiative running in 2008 and would like it mentioned in the General Practice Link email ipacnews@ipac.org.nz.

Australian General Practice Network (AGPN) Forum

29 October – 1 November, Darwin Convention Centre, Darwin, Australia

Real Health Solutions

www.gpnetworkforum.com.au or Trisha Wong at twong@agpn.com.au.

Southlink Health Members Only

22-23 November, St David Lecture Theatre Complex, University of Otago, Dunedin

Southlink Health AGM & Conference

claire_ashley@southlink.co.nz

SUBSCRIBE TO THE GENERAL PRACTICE LINK

The General Practice Link is designed to keep general practitioners, practice managers and practice nurses up-to-date on national issues affecting them. To receive this monthly newsletter directly, you can subscribe by emailing ipacnews@ipac.org.nz.

We welcome your feedback on the Link and ideas for future issues. To have your say please contact ipacnews@ipac.org.nz.