

Several years ago I attended a Pegasus health AGM at which there were two interesting contributions which have remained with me ever since.

The first of these was a speech from David Caygill, a Cabinet Minister in a previous Labour Government. He referred to a book written by an American congressman, who was reputedly one of the longest serving politicians in US history and had seen successive governments fail to fully implement policies to their endpoint. The thesis of his book was that governments inevitably fail because of the considerable pressures that come to bear during the policy implementation phase. Examples of such pressure include incompetence, election cycles, money, intense competition from other policy portfolios, lobbying from vested interest groups, and so on.

I understood David to be saying that this government would fall at the last hurdle, as it attempted to implement its socialised model of primary care (please accept my apologies David if I have misrepresented you).

The second contribution came from Dr Pippa Mackay, the then president of the NZMA. She said politicians, bureaucrats and managers come and go and that the only continuity in the health sector was offered by doctors and nurses. It doesn't take much to imagine why she said this. It is true that doctors and nurses commit their lives to the caring of people despite the inexorable changes that occur within the health system. They offer continuity despite the meddling of politicians, managers and bureaucrats. In fact, today's doctors and nurses need to be as adaptive as at any time in the history of general practice.

Why do these two personal contributions remain with me?

Well, looking first at Pippa's comments. I am one of those managers (or administrators as some GPs like to describe me) that Pippa was referring to. Her comments touched a raw nerve and I have often been reminded of them, as I have seen managers and bureaucrats come and go. I find it extremely frustrating to see the destabilising effect this ultimately has on the provision of care.

My 16 years as a manager in the health system tells me the only effective policy and management approach that works is one where power and decision-making is shared with clinicians. This is a rare phenomenon and one which is largely absent in the current environment. I am therefore encouraged to see that the National Party has recognised and reflected the importance of this approach and have it as a core element of their proposed health policy, as described in their Discussion Document.

Now, to return to David Caygill's observations. I was intrigued by his comments as they offered hope that if this government fails to implement its policy in full then general practice is well-placed to influence the destination. The challenge, as always, is how to achieve that. I do not plan to answer that question. That is something for a future column perhaps.

What I want to explore is why I think the socialised model of general practice will not be implemented. There are undoubtedly many possible reasons why, but I wish to comment on three significant failings of the government's implementation plan. They are:

1. Value of General Practice.

New Zealanders know that we have a general practice service that is second to none in the Western world. The independent Commonwealth Fund Survey which is based on a survey of patients confirms this. New Zealanders do not want to lose what they already value. However, where general practice in New Zealand falls behind is in the cost of access to general practice services. The government has turned this deficit into their major policy drive and their single minded focus on the cost of seeing a GP – “cheaper is better” attitude – will destroy the very thing that New Zealanders value. In short, the focus on price, and commoditisation of general practice, will exert viability and workforce pressures on the sector in ways that will mean access to general practice is compromised. Evidence of this is already emerging with shortages of GPs in the Kapiti Coast and Hutt Valley and elsewhere. At some point the public will wake up to this threat.

2. Value of Government Investment

We all know that health systems are black holes with an insatiable appetite for money. There are significant competing demands for the scarce health dollar and a sensible approach to that issue would be to target funding to deal with need. This government has taken a different view and has chosen to implement a policy of universal access to general practice care. The main beneficiaries of this approach have been those with the ability to meet the costs of visiting their GP. Those with the greatest need to a reduction in the cost of seeing their GP have seen little reduction in cost. This is well known to all of you out there in general practice. It is also well known to Treasury officials who continue to question the value of the government's spend in primary care.

3. Timeframe

I may be stretching the point but the timeframe for implementation of the policy is a problem for the government. The longer it takes the more the opportunity for managers and bureaucrats to intervene and for vested interest groups (like us) to develop counter measures. Interestingly, I understand Treasury advised government in 2002 that they needed to implement the change quickly if they were to have any chance of success. This advice was ignored.

IPAC will not rest on its laurels and wait for the public to recognise the threats to your businesses, nor for Treasury to point out the lack of value for the investment made by the Crown. We will continue to advocate on your behalf to ensure that New Zealanders can continue to reap the benefits of a general practice service second to none in the world.