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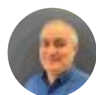
COVER STORY

Clear road ahead...sort of: 'Aspirational drivel' lacks timelines for the way forward



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6 minutes to Read

The Government indicates that 18 months from now, a new direction for primary care will be clear [Image: themacx on iStock]

GPs keen to see urgent action on workforce and funding can now see a plan, but it's a plan to do the policy work for a plan – and it has been slated. Changes can still be made in the short term but these will be in the existing funding settings, as **Stephen Forbes** reports

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The Government's much-anticipated primary care reform plan arrived late last month only to be slated as "aspirational drivel" by GP leader Buzz Burrell.

On 28 August, well over a year after the start of the health reforms, the Ministry of Health released a Cabinet paper on behalf of health minister Ayesha Verrall, describing her vision of primary and community care.

In July at the RNZCGP's GP23 Conference for general practice, Dr Verrall had spoken of a pending announcement on primary care, saying she would make sure information on plans to address the challenges faced by the sector would be available soon.

"As minister, I have a desire to listen to your experience, understand the significant challenges faced in your work, seek your opinion and act decisively to ensure government is working to tackle the issues that matter most to you," she said.

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Te Whatu Ora board chair Dame Karen Poutasi also told the conference the Government intended to work with general practice and primary care to "build a roadmap that will give you confidence on the way forward".

New Zealand Doctor Rata Aotearoa made multiple requests for detail on these plans.

The Cabinet report that finally arrived did not contain the substantial basis for urgent decisions on new funding models that GPs had been hoping for.

Dr Burrell, General Practice Aotearoa interim chair and specialist GP, called it "well-meaning, aspirational drivel".

"There's nothing in the paper that says when these end points will be reached and the absence of detail is telling," he says.

In the document, C*abinet material – Achieving pae ora through primary car*e, Dr Verrall has directed the ministry to provide her with a policy work programme, to be developed in conjunction with Te Whatu Ora and Te Aka Whai Ora to achieve the vision in 10 years.

Dr Burrell says GPs know what the problems are in the sector, and need actual action from the Government, the ministry and Te Whatu Ora to deliver the necessary changes.

The “end points” he refers to include the paper’s mention of system settings that better enable Māori to design and deliver whānau-centred care, and investment, financing and funding settings, including for capitation.

“We need more doctors in general practice now, we need money for buildings, staff and equipment, we need to be able to do the work we are capable of,” he says.

“We cannot strike, but united we can and will take coordinated action, which will embarrass the next government to stop producing aspirational strategies and start to fix a completely broken system,” Dr Burrell says.

Former Te Whatu Ora chair Rob Campbell on social media suggested the report was another plan to make a plan about what they might do.

“While the bureaucrats and politicians redream their visions, out there in the real world it’s much harder,” Mr Campbell says.

The ministry, in a media release, says throughout late 2023 and 2024, "health agencies will be engaging across the primary and community healthcare sector, with the social sector and with users of health services about what is needed to achieve the vision".

'A redesign opportunity'

Chief medical officer Joe Bourne, in the release, says the primary and community workforce has identified fundamental issues with the sector that need addressing.

"This work programme offers an opportunity to redesign primary and community healthcare to take advantage of the health outcome benefits that it can deliver," Dr Bourne says.

"We have heard the issues being raised by communities and healthcare workers that impact on access to care."

The work programme would include work on "how primary and community healthcare providers are funded, including settings for capitation funding, and is likely to indicate the scale of potential future investment that may be required," he says.

"We will be reviewing the structure of the system, how the knowledge and expertise of the workforce can focus on prevention as well as supporting people with complex chronic conditions, ensuring that investment and funding drive improved outcomes and equity for Māori."

The paper also outlines the role of localities in primary and community healthcare as part of the reforms, which it says are expected to better connect service providers, iwi and other stakeholders.

Viability woes in the here and now

But before the dust had settled, GenPro released a survey of its members, saying 90 per cent of general practice owners surveyed were concerned about the future viability of their practices and 84 per cent said their financial position was worse than this time last year.

Thirty-five per cent said they had made a loss in the last quarter of 2022/23.

Dr Bourne says he wasn't surprised at the backlash from some GPs after release of the Cabinet paper and acknowledges the frustration some doctors feel at the lack of progress made in the reforms.

"People are looking for change and they would like that change to be now," he says.

Release of the paper was the first step in an 18-month process, says specialist GP Dr Bourne.

If the ministry had released a detailed and prescriptive primary healthcare roadmap, without consulting the sector, it would have rightly been criticised just as strongly, he says.

"If we don't have a solid base to build a programme of change from, it's going to make it difficult," Dr Bourne says.

"But now we can have a conversation to understand what direction we are going in."

Capitation was first introduced in 2001 and, over 20 years later, it's time to carry out a fundamental review of the funding model, he says.

"But just because we're entering into an 18-month work programme doesn't mean we can't make changes to the likes of capitation [during that period]."

However, he conceded they would have to be made within the existing funding settings.

Dr Burrell describes the GenPro survey results as "scary" and says while the problems have been in the making for decades, solutions are needed now.

More investment in general practice will not only save primary healthcare, he says, but also the secondary sector from disaster.

"We need the next minister of health to step up and take responsibility instead of hiding behind purchaser–provider models and disregarded reports," he says.

In an email response to questions, Dr Verrall says GPs and primary healthcare workers are essential for improving the health of New Zealanders.

"We know pressures from workforce shortages are being felt on the front lines of our health system, and these shortages are having an impact on primary care providers," she says.

“I agree the funding system for GPs is not fit for purpose. But funding alone is a blunt tool. Many changes are required to enable GPs to provide the care they should be able to in communities.”

The next stages of the pae ora reforms will address the issues in collaboration with the sector, Dr Verrall says.

What they said

“While the bureaucrats and politicians redream their visions, out there in the real world it’s much harder” – *former Te Whatu Ora board chair Rob Campbell*

“We cannot strike, but united we can and will take coordinated action, which will embarrass the next government to stop producing aspirational strategies, and start to fix a completely broken system” – *General Practice Aotearoa interim chair Buzz Burrell*

“Just because we’re entering into an 18-month work programme doesn’t mean we can’t make changes to the likes of capitation” – *Ministry of Health chief medical officer Joe Bourne*

The vision (in brief)

Cabinet has agreed in principle, subject to consultation with key partners, these design features will underpin primary and community healthcare:

- comprehensive and accessible (diverse range of high-quality health programmes and services delivered close to home where possible)
- continuous (ongoing relationship with a primary and community healthcare team)
- coordinated (smooth referral pathways and transitions)
- individual and whānau centred (enabled to make own decisions; services based on what matters, reflecting their community), and
- fit for purpose and continually improving.

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