

GENERAL
PRACTICE NZ

The Heart of Health Care Networks

Pānui

3 November 2023

In this edition:

- [Message from the Chair](#)
- [Sharing our vision with the incoming government](#)
- [Leadership change for Ngā Matapihi o te Wairua](#)
- [General practice sustainability workshop](#)
- [Inbox management webinar series](#)
- [Unmet need research](#)
- [Emergency planning in primary care](#)
- [Efforts to reconvene PSAAP](#)
- [New rural clinical telehealth service set to support rural communities](#)
- [Te Whatu Ora primary care data project](#)
- [ACC provider education webinar series](#)
- [Ukraine health initiative: refreshed web resources](#)
- [Research roundup](#)

Message from the Chair

Kia ora koutou,

This lands in your inbox a day late as the whole GPNZ team and Executive were involved in a [workshop with Sapere yesterday morning](#), with the final Executive meeting before our AGM on 1 December held in the afternoon. The workshop was the second phase of work with Sapere, following the report commissioned earlier in the year on general practice sustainability. Throughout the day we heard sobering stories such as owners who haven't been able to pay themselves in several months, increasing use of loans to support constrained cash flow, and practices posting successive quarters in the red. Our work on sustainability will be a key point of advocacy in the next months, and we'll share the Sapere work more broadly at the '2024 and beyond' member forum on 1 December in Wellington. Our work yesterday, and the upcoming member forum, is about solutions and building on innovations, good practice and mutual support to address the multitude of challenges from workforce to complexity, funding and contracting arrangements through to models of care. We have extended invitations to key figures across Te Whatu Ora, Te Aka Whai Ora and Manatū Hauora to join us at the forum and take the opportunity

to discuss the future of primary care, including policy development, with our wider membership.

During the election and subsequent 'caretaker phase' we've continued our regular points of contact with senior management within Te Whatu Ora, Te Aka Whai Ora and Manatū Hauora, ensuring critical issues for general practice and primary care such as sustainability, workforce and the future for PHOs are never far from the radar. A real highlight of our engagement with Te Whatu Ora leadership over the past few months has of course been our PHO and practice visits with Dame Karen Poutasi, board chair. We have visited Wairarapa, Wellington, Auckland, Dunedin, Hamilton to date, and look forward to hosting her in Christchurch, Nelson and Hawkes Bay towards the end of the month. We expect Dame Karen to be joined by other senior officials within Te Whatu Ora and Manatū Ora for some of these upcoming visits.

Across the programme we've ensured Dame Karen has had time to speak with those directly involved in planning and delivering services, learning of the unique ways in which PHOs are rising to the challenges present in their local communities. She has spent time with people at the frontline for primary care and general practice, both in rural and urban settings, discussing the challenges and the rewards of their work. We've showcased the strength PHOs have in data and analytics and how they are using this to guide interventions at the individual, whānau and population level, and PHOs have explained the position they hold in their communities, including the myriad of trusted relationships developed over the years from which collaborative new services emerge, reaching more people and delivering better health outcomes. Through these visits we have demonstrated that PHOs are a sophisticated and mature platform from which more can be leveraged and achieved with the right resourcing and supports.

Finally, in the next handful of hours we will find out how the special votes have tallied up, the shape of our new government will emerge, and we'll meet our new ministers. We are of course [preparing to share our vision with the new Ministerial team](#) and expect to set a meeting as soon as all announcements have been made.



Ngā manaakitanga,

Bryan Betty

Sharing our vision with the incoming government

GPNZ is busy preparing a briefing for the incoming ministers (BIM). The purpose of the BIM is to ensure the new minister and associate ministers know who we are, what we do, and what we need, providing insight to the challenges and opportunities we see ahead. The BIM is a concise, high level document designed to give new ministers enough information about us, setting the scene for positive engagement going forwards.

The key themes of our BIM will follow on from our previous documents including the '[20-point plan](#)' produced in June and the [pre-election expectations](#), with particular emphasis on general practice sustainability and the future of primary health organisations. Through the BIM we will identify solutions and opportunities to address the current challenges, building on the innovations and strengths that exist in primary care.

Production of the BIM is well underway and we expect to submit our BIM to the new

Ministerial team in mid-November.

The BIM will be followed by a short series of 'white papers' which will set out a more detailed vision for several topics. These papers will be developed and delivered during the first 100-days of the new government. The first document will focus on the potential to enhance primary care data and digital capacity and capability, followed by papers on primary care nursing workforce development and Māori workforce development.



Leadership change for Ngā Matapihi o te Wairua

With Irihāpeti Mahuika stepping into the CEO role at Health Hawkes Bay, she is passing the co-chair rakau to Peter Ellison (Kāi Tahu), Pou Oraka Matua/Director of Māori Health and Equity at WellSouth PHO.

Peter joined WellSouth in 2014, having previously held Māori health leadership roles at Bpacnz and Otago DHB. He started his career in health with the Southern Regional Health Authority. He is actively involved with his marae and has whakapapa to Te Rūnanga o Ōtākou and Kāti Huirapa Rūnaka ki Puketeraki.

Peter has spent most of his life on the stunning Otago Peninsula, where he currently lives in the whānau home in Macandrew Bay with his wife, Annalise. They have four tamariki, one mokopuna, two dogs and a cat. He enjoys time with whānau, walking the dogs at the beach and paddleboarding – [becoming quite the local legend!](#)

The co-chair role will officially change hands from Irihāpeti to Peter when the rōpū meet on 9 November. Peter will be supported by fellow co-chair, Mihi Blair of Procure bringing a brilliant balance of North and South, tane and wahine to the group's leadership.

GPNZ would like to thank Irihāpeti for her contributions to Ngā Matapihi o te Wairua, under her leadership the group grown and thrived. Irihāpeti will stay connected to the rōpū, and we look forward to her guidance and contributions continuing, now via the CEO rōpū.

General practice sustainability workshop

As phase two of the Sapere work commissioned earlier this year by GPNZ, a workshop was held yesterday, 2 November.

Attended by the GPNZ Executive plus a handful of primary care sector representatives, Sapere led a discussion on the findings of the phase one work on sustainable general practice in New Zealand, helping the group to evolve the thinking and begin to clearly articulate actionable next steps with regards to:

- dealing with increasing complexity in primary care settings
- workforce sustainability enablers and barriers

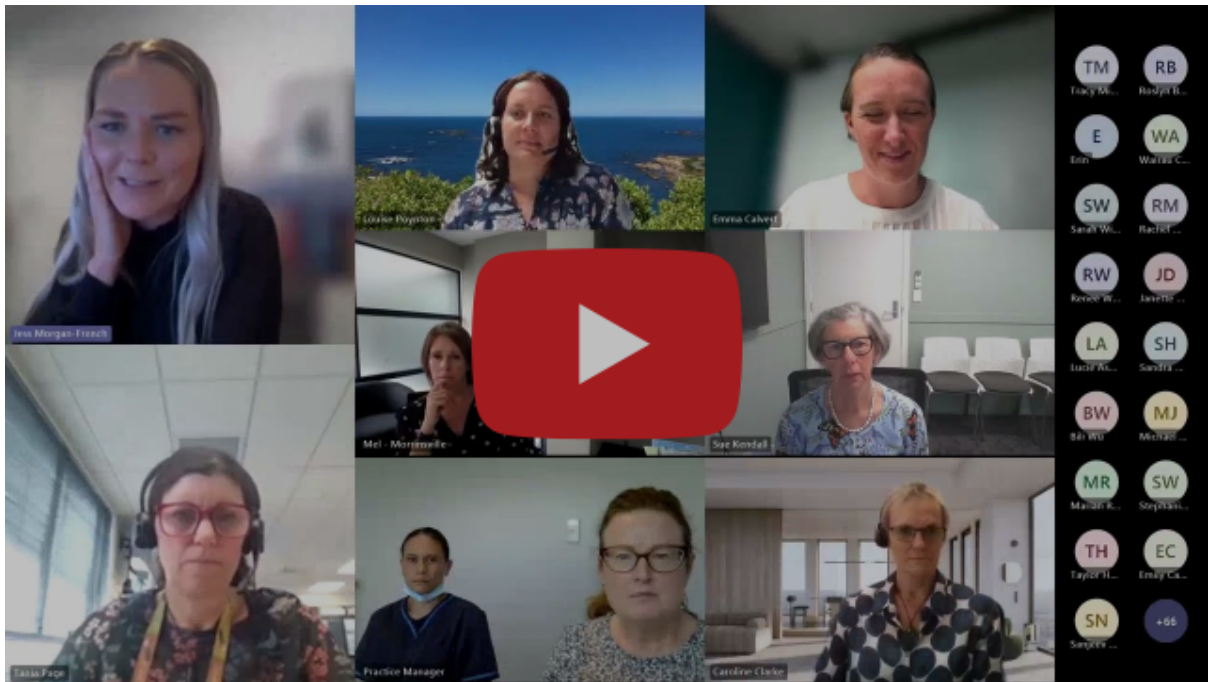
- models of care changes and addressing equity
- role of primary care network organisations
- connecting with the wider health system
- rural general practice.

The outputs from this workshop will inform the BIM and will be shared more widely at the GPNZ member forum planned for December. This work will also inform GPNZs ongoing advocacy with Manatū Hauora, Te Whatu Ora and Te Aka Whai Ora.



Inbox management webinar series

The first webinar of the three part series looked at **workforce | whakawhanake kaimahi**. The session began with a presentation from Tū Ora Compass, focusing on the implementation and utilisation of clinical assistants. Practice Plus also shared how they are supporting practices with inbox management, and the session had plenty of questions and thoughts from the audience. If you missed the live session a recording is available, and [future sessions will be recorded and added to our website](#) as we move through the series.



GPNZ Inbox management webinar 1: Workforce | Whakawhanake kaimahi

The next webinar in the series is at 12.30 on 8 November, and will look at **technology advancements | whanake hangarau me ngā ara matihiko**. The session will explore AI solutions, digital assistants, and the future landscape of GenAI in primary care. [Register here to learn how cutting-edge technology can revolutionise your practice operations.](#)

The series will round out with a session on **medico-legal perspectives | whakarite i te rangahau orange kia haumarū** on 22 November at 12.30pm. This webinar will be hosted in partnership with the RNZCGP, and help you to navigate the medico-legal landscape concerning inbox overload. [Register now to address risks, concerns, and opportunities in a supportive environment](#), fostering confidence in implementing new work methodologies.

If you have any questions please [get in touch with our membership services manager, Jess Morgan-French](#).

Unmet need research

The unmet need research is making significant progress. The first of six qualitative practice visits and data collection has occurred, with a plan to complete the remaining five practices before the end of the year.

A request for unidentifiable data has been sent to Te Whatu Ora and we expect Otago University to receive this comprehensive data set within the next four weeks. This data will inform the majority of the research, helping to understand the impacts of secondary referral management on primary care, with a specific focus on understanding the unmet need between primary care and secondary specialist services.

We aim to complete the project in early 2024.

Emergency planning in primary care

Primary care doesn't have a nationally consistent tool kit or preparedness plan to support with emergency management planning, so GPNZ has kicked off a project to fix this.

A workshop was held on 20 October, with representation from a range of GPNZ members. The participants had an amazing depth and breadth of experiences which they freely shared. The ideas from the session were captured on a Miro board, and over the coming months will be transformed into a primary care emergency preparedness plan and toolkit that will guide PHOs through planning considerations regarding:

- equity
- strategic intent
- education
- capacity and capability
- technology
- relationships
- communication
- leadership and accountability.

To gauge the baseline, shape the toolkit and inform the project priorities we are planning a quick stocktake which will look at elements such as the types of plans in place (e.g. adverse weather events, earthquake, pandemic, business continuity), training, FTE, relationships, and resources.

As a "quick win" from this work, GPNZ will compile a list of emergency managers from across our PHO network to help with ongoing networking and response coordination.

A heartfelt thanks to those who have participated to date, and we look forward to continued member contributions as the project progresses.

Efforts to reconvene PSAAP

The PHO Services Agreement Amendment Protocol (PSAAP) is the core negotiating forum for updates and changes to the contracts that PHOs hold for provision of services to their local populations, and the 'back-to-back' agreements that PHOs in turn hold with general practices and other providers.

In June 2022 an update to the protocol was required to recognise Te Whatu Ora as the new funding agency for the services agreement. PSAAP talks broke down at this time, largely through disagreement over who represents general practice.

GPNZ considers PSAAP an important negotiating forum that allows for contracting discussions to take place with transparency. We support the call for increased and broader representation of contracted providers, and we seek to ensure any changes to the protocol are fair and workable.

The Contracted Provider Caucus have provided a proposal to increase their representation at PSAAP, which GPNZ has circulated to member PHOs for feedback. The proposal and feedback will be discussed at the next GPLF meeting, held in the week beginning 6 November.



New rural clinical telehealth service set to support rural communities

Ka Ora Telecare Limited (known as 'Ka Ora') has been awarded the contract to deliver the rural clinical telehealth service over the next three years. The Ka Ora network brings together three existing health organisations, Reach Aotearoa, Practice Plus and Emergency Consult.

Staffed by kaiāwhina, nurses, GPs and emergency medicine specialists, the new 0800 service will provide after-hours clinical telehealth care (5.00pm – 8.00am) on weekdays, and 24 hours a day on weekends and public holidays. A patient co-payment will be charged for consultations with a doctor. Under 14s will remain free, and those on Community Services Card or who are 65 years and over will pay \$19.50. [Learn more in the announcement from Te Whatu Ora.](#)

Te Whatu Ora primary care data project

A huge volume of personal health data is collected by primary care providers in New Zealand. While a lot of this data is shared nationally via existing integrations or APIs (e.g., NHI, NES, NZePS) key patient information like problem lists, allergies, and interactions from the 4.9 million New Zealanders enrolled in general practice is not.

The goal of this project is the establishment of a Foundational Primary Care Dataset for New Zealand: nationally consolidated population level primary health data, to support decision-making and population health planning at national, regional, and local level.

Engagement with primary care CEOs and CMOs was undertaken in October with broad agreement gained to progress the project. Primary care are keen to be involved in the

oversight of the project and will work to put forward one clinical and one operational representative for a project oversight group to provide advice and remove roadblocks for the project.

Meetings with data experts managing PHO data warehouses will begin 9 November to build out a data dictionary and document data variances across the existing data warehouses that already cleanse and aggregate general practice data. The plan is to complete this for all current primary care data warehouses by February 2024.

ACC provider education webinar series

How to complete an ACC45 injury claim form

[Tuesday 15 November, 12.00pm to 12.30pm, online via Microsoft Teams - register here](#)

ACC claims are lodged using an ACC45. Having the correct information is key to quickly getting the right cover and support for your patients. In this session, Dr Maartja Lyons and Jono Henry (Physiotherapist) from the ACC clinical advice team will clarify what to include and why it's important.

Who should attend?

For medical practitioners, nurse practitioners, and all allied health professionals who lodge physical injury claims, no matter how experienced.

How to complete an ACC18 medical certificate

[Thursday 7 December, 12.30pm to 1.00pm, online via Microsoft Teams](#)

In this session Dr Peter Burt and Dr Maartje Lyons will step you through the form and explain what's needed and why. You'll leave this session confident you know:

- when to use the certificate
- what to include
- which capacity definition to use.

Who should attend?

This session is for all medical and nurse practitioners who complete ACC18 medical certificates, regardless of the amount of experience.

[Find out more about upcoming webinars and view past webinars on the ACC website.](#)

Ukraine health initiative: refreshed web resources

From 17 October 2022, Special Ukraine Visa holders are eligible for a voluntary, one-off funded health assessment focused on TB screening, catch-up immunisation and supporting their integration into Aotearoa New Zealand's primary care system. There are two pathways for Ukrainian arrivals to access this one-off assessment: via general practice and Healthline.

For new arrivals, language can be a significant barrier to service access and uptake. To improve access and uptake, Te Whatu Ora worked with Dr Olga Dubnytska, a general practitioner, to deliver a video presentation about the health assessment as part of a community webinar on 1 June 2023, which is now a web resource available from both links

below.

Te Whatu Ora also worked with the Ukrainian community leaders to refresh the web resources in Ukrainian, Russian and English. The refreshed community web landing page and downloadable resources have just been published on:

www.tewhatauora.govt.nz/keeping-well/free-health-check-for-2022-special-ukraine-visa-holders

The web resources for health professionals remain accessible at:

www.tewhatauora.govt.nz/for-the-health-sector/health-sector-guidance/free-health-assessment-for-2022-special-ukraine-visa-holders

Research roundup

Waste not, want not: Strategies to improve the supply of clinical staff to the NHS

For every five nurse training places, only three full-time nurses join the NHS. The rate of dropouts in the staffing pipeline from student to early-career clinician is worryingly high, with significant numbers opting out before or soon after joining the NHS, contributing to an understaffed health service under ever-greater strain. This [research report by Nuffield Trust sets out the scale of NHS attrition and puts forward a 10-point plan to improve retention](#), including a policy proposal to gradually write off clinicians' student debt over 10 years.

A Model for Empowering Rural Solutions for Cervical Cancer Prevention (He Tapu Te Whare Tangata): Protocol for a Cluster Randomized Crossover Trial

[This Māori-centered study combines quantitative and qualitative research to compare two clinical pathways from detection of hrHPV to colposcopy](#). This protocol draws on rural community practices strengths, successfully engaging Māori from a whānau ora (family wellness) approach including kanohi ki te kanohi (face-to-face), kaiāwhina (non-clinical community health workers), and multiple venues for interventions. It will inform the theory and practice of rural models of the use of innovative technology, addressing Māori cervical cancer inequities and facilitating Māori wellness. The findings are anticipated to be applicable to other Indigenous and rural people in high-income countries.

Found a great study? Share it with us



Copyright © 2023

Our mailing address is:

admin@gpnz.org.nz

Want to change how you receive these emails?

You can [subscribe](#), [update your preferences](#) or [unsubscribe from this list](#).

