

## Practices with closed books have risen four-fold since 2019



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Taranaki health district had the second highest proportion of general practices which have closed books, according to Ministry of Health data [image: enjsmooth on Wikimedia Commons]

The proportion of practices reporting fully closed books has swelled dramatically since before the pandemic, a new survey has found.

Victoria University of Wellington researcher Maite Irurzun-Lopez and colleagues today presented preliminary results from their survey of general practices, alongside administrative data on closed books from the Ministry of Health.

“Closed books” means unable to enrol any new patients, and is distinct from “limited enrolment” in which a practice is enrolling some new patients.

The ministry data showed 347 practices nationally – 33 per cent – had closed books. The highest percentage was in the Wairarapa health district, at 86 per cent, followed by Taranaki and MidCentral on 81 per cent and Hutt Valley on 74 per cent. At 17 per cent, Central Auckland and Counties Manukau had the fewest practices with closed books.

## **The survey**

In the survey data, based on 227 responses from general practice staff and owners, 25 per cent had had fully closed books when the survey was done (which isn't dated in the survey presentation) and 27 per cent were fully closed earlier this year. Forty-five per cent had limited enrolment at the time of the survey and 28 per cent were fully open.

But since 2019, the percentage fully closed has nearly quadrupled, rising progressively from 7 per cent in 2019, to 14 per cent in 2020, 21 per cent last year, and 27 per cent this year.

The top four reasons given for having closed books were “too much work”, picked by 86 per cent; “couldn't recruit GPs”, 69 per cent; “COVID impact”, 53 per cent; and “insufficient physical space”, 41 per cent.

A survey participant wrote: “The pressure and stress of underfunding and insufficient workforce are causing existing staff to resign, which further worsens stress on existing staff.”

Another said: “The few Nurse and GP applicants are requesting pay rates 20 per cent above current levels.”

### **Enrolment criteria**

The leading criterion for enrolment at times of limited enrolment was being in the family of a currently enrolled patient (77 per cent of respondents), followed by those who live or work near the practice (36 per cent). The researchers say they found little targeting of those with chronic or immediate health needs.

Discussing the criteria, researcher Nisa Mohan told a Zoom seminar on the findings today that a survey participant had said their practice enrolls patients with few health needs. Another said their practice doesn't enrol patients who have a Community Services Card or children under 14 because the Government funding for those patients is insufficient.

In one of a series of surprises for the researchers, practices in the Very Low Cost Access scheme were found to be less likely to have closed books than non-VLCA practices – 61 per cent compared with 79 per cent in 2022. Those at the higher end for proportions of Māori or Pacific patients (more than 16 per cent of patients) were less likely than mainly European/New Zealand practices (greater than 61 per cent) to have closed books. And those with lower fees (\$0 to \$40) had lower rates of closed books than those with higher fees (\$41-plus).

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## **VLCA values**

The researchers speculate that a “specific set of values” in VLCA areas may keep their books open despite growing pressure, or that VLCA and lower-fees practices need to keep accepting new patients to remain financially sustainable.

“Māori and Pacific people are more likely to live in the Northern and Midlands regions where closed books are less of a problem; 81 per cent of the VLCA practices were in the Northern or Midlands regions.”

Rural practices were less likely than urban and suburban practices to have closed books or limited enrolments from 2019 to 2021, but this year urban and rural were at about the same level, with suburban practices at a higher level.

## What to do

Hiring more staff if they can be found is the obvious answer to closed books, but the survey also asked about other strategies. Thirty-one per cent of respondents said they offered more telehealth, 25 per cent rearranged staff roles, and 17 per cent developed more physical space/physical consultation rooms.

“...we've had patients move to other parts of the country but cannot find a practice with open books, so we are managing them virtually, however, this becomes a problem when we need BP [blood pressure] checks for medication...,” a participant said.



The four most popular recommendations to address closed books were to boost funding, ticked by 95 per cent; support pay equity for primary care nurses, 91 per cent; support pay equity for GPs, 89 per cent; and recruit more overseas-trained GPs.

### **The effects on patients**

The researchers comment that closed books leads to care being restricted in various ways. They found that 63 per cent of respondents said their practices do not see non-enrolled patients, either at all (45 per cent) or only in an emergency (18 per cent). It is also faster to get an appointment for enrolled patients.

Patients confronted with a closed-book practice face travelling, on average, a further 6km to reach the nearest practice with an open book, and more than 20km in Wairarapa.

Unenrolled people are less likely to use primary or secondary health services, more likely to substitute an emergency department for primary care, and more likely to have a death that could be avoided by healthcare.

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