

+NEWS |

Swift action to sustain primary care crucial says ministerial committee



Martin Johnston

mjohnston@nzdoctor.co.nz

3

Friday 1 March 2024, 04:00 PM

4 minutes to Read + 120 minutes to Delve



Report looks closely at primary care and gives frank assessment – change is needed urgently and is not happening

[Image: Mostafa Meraji on Unsplash]

“Financial sustainability of these providers is threatened”

The financial and workforce crisis in general practice has been comprehensively acknowledged in a government report for the first time.

The November report of the Ministerial Advisory Committee for Health Reform Implementation was made public on Wednesday.

It doesn't use the word “crisis”, but in its section on primary and community care it does give a frank assessment of the many challenges. It says these need to be addressed urgently, and this isn't happening.

“Te Whatu Ora has identified that all parts of primary care need urgent action...,” the report says.

“The committee agrees that all aspects of primary and community care need urgent action and considers this work has not received the priority and focus needed.

Sidenotes

Download

1.07 MB

Sustainability 'threatened'

“There are significant pressures on general practice, urgent care and aged care services amongst others due largely to the drivers in demand (complexities of an ageing population, increase in mental health need and rising prevalence of a number of chronic diseases such as diabetes), workforce shortages and pay disparities.

“Financial sustainability of these providers is threatened as labour costs in the employed Te Whatu Ora workforce have increased, and may continue to increase, through pay equity and [collective employment agreement] payments.”

The report says those pressures result in more inequity and unmet need, worsening patient experience and a burnt-out workforce. They also boost pressure elsewhere, as patients who can't access general practice go to urgent care clinics or an emergency departments and are admitted to hospital.

The committee links this decreased primary care access to the increased rate of ambulatory sensitive hospitalisations reported by Te Whatu Ora, a metric which measures admissions considered potentially avoidable through primary care.

Equity adjuster insufficient

The equity adjustment for capitation is an encouraging short-term measure, but isn't enough.

“Work needs to scale up to ensure general practice, urgent care and aged-care services are sustainable in the short to medium term, while longer term foundational policy is developed.”

“There is also general confusion regarding the role of community and primary care providers within the wider health reform more generally. What is the role of PHOs? How does general practice work with localities? Clarity is needed and widespread engagement with providers across the community and primary care sector is also crucial.”

Go faster

The committee looked into the health ministry-led work on primary care policy that follows former health minister Ayesha Verrall's agreeing to a set of refreshed design principles.

"An expert advisory group and an inter-agency group are planned but at the time of this assessment, are yet to be announced. It is imperative this external sector expertise is fully utilised."

The work programme has five projects:

The structure and function of primary care

Investment and funding

Workforce

Improving prevention

Whānau-centred care

"The timeline has Cabinet making decisions on investment and finance settings in May 2024, and on funding mechanisms...around June."

The aim is to establish a 10-year vision for primary care.

“However, based on these timelines, the work programme does not appear to respond to the challenges and risks in primary and community care with the sense of immediacy required.”

Deep cuts proposed for localities plan

The committee suggests the plan to create localities nationwide may be too ambitious given current funding constraints.

It also notes there has been confusion on the scope and role of localities, including whether they have a commissioning role. [They don't.] More work is needed to clarify their scope and adequate funding “needs to be resolved”.

“This resourcing (eg, engaging with whānau and communities, project management and funding governance meetings) is also a source of contention with some localities.”

Funding the potentially 60-80 localities “would appear to be unsustainable” and the committee suggests limiting localities to high-need areas only, which would require amendment of the Pae Ora (Healthy Futures) Act 2022.

Public health 'tensions'

The committee has picked up on what it calls “tensions” between the Public Health Agency in the ministry and the National Public Health Service in Te Whatu Ora over public health surveillance.

The agency’s role in surveillance is strategic and the service’s role is operational.

“However, this divide has led to tensions in determining where strategic surveillance ends, and operational surveillance starts. Both the PHA and the NPHS have independently developed their own surveillance teams and expertise.

“As a result, there are differences in opinion on who has what accountability, particularly around communicable diseases surveillance which is critical to detect and manage disease outbreaks and detect new pathogens.”

The two bodies also disagree on which should hold direct contracts with the Institute of Environmental Science and Research.

Sapere was commissioned to review the public health accountability framework and the committee recommends a review of the operating model after one to two years.

Signs of success in the reforms

The report says that despite the significant operational challenges the health system has faced since the major structural reforms took effect in July 2022, they are showing early signs of success.

These include:

Early signs organisations have put an “unequivocal focus on Te Tiriti”

The 2023 Winter Plan produced a level of coordination and national management that was absent in the DHB era

Te Aka Whai Ora was fast in responding to the needs of vulnerable communities affected by Cyclone Gabrielle

Creating separate Vote Health appropriations for primary and community care [which are also wrapped up with public and population health services], and hospital and specialist services, means funding can no longer be shifted from primary-community care to meet hospital-specialist care demands

Closing the pay gap between hospital-based registrars and RNZCGP-employed first-year registrars

Government response

Health minister Shane Reti says in a media release on the report that it finds few benefits in the reforms, but he does want to acknowledge its positive findings on the Winter Plan and on improvements in transferring patients between regions.

Committee members



General surgeon Andrew Connolly is on a government committee calling for swift action to sustain primary care

Sue Suckling (chair) – a director of many companies, including Awanui Labs

Parekawhia McLean – chair of the Hauora Māori Advisory Committee

Margareth Broodkoorn – chief executive of Hokianga Health

Andrew Connolly – a general surgeon and acting chief medical officer at Te Whatu Ora Counties Manukau

Suitafa Deborah Ryan – a Pacific health policy and research consultant

Cathy Scott – an associate at the New Zealand Institute of Economic Research

TELL US WHAT YOU THINK

You can add your comments using the comment function below, or by sending a Letter to the Editor to [**editor@nzdoctor.co.nz**](mailto:editor@nzdoctor.co.nz)

Mary, capture your time to Read, Watch, Listen or Delve by clicking CAPTURE.

CAPTURE

You can view your CAPTURE RECORD [here](#).