

Memorandum

Opportunities to support general practice

Date due to MO: 22 July 2024

Action required by: N/A

Security level: IN CONFIDENCE

To: Hon Dr Shane Reti, Minister of Health

From: Health Workforce and System Efficiencies Committee

Contact for telephone discussion

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PROACTIVELY RELEASED

Opportunities to support general practice

Purpose

1. This memo provides you with information on potential opportunities to support general practice, to support your meeting with general practice leads on 25 July 2024. Should you commission more in-depth analysis of any of these opportunities, the Committee would be able to review and advise as required.
2. On 10 July 2024, the Committee submitted a memo to you which recommended extension of the duration of prescriptions. In contrast, this memo outlines further opportunities to support general practice, but without as yet in-depth analysis to necessarily support final recommendations on each point.

General practice needs to be supported to meet the health needs of our communities.

3. General practice is the first point of contact with the health system for many New Zealanders, with approximately 20,000,000 plus interactions seen across general practice each year, providing the bulk of medical care in the community.
4. Despite the key role that general practice plays in delivering quality medical and primary health care, the Committee notes that there are gaps in the system's support for general practice. Some of these gaps include limited access to quality data, and training capacity.
5. As a core part of the health system, there needs to be greater consideration of the barriers and how we can better support general practice at a system level to meet health needs both now and in the future.

The Committee sees opportunities to enable better delivery of care through general practice, by improving partnerships, efficient service delivery models, and ensuring access to the resources they need.

6. Centralised support for general practice that encourages working differently and alongside wider health system providers, would enable productivity within the general practice health workforce and drive better quality outcomes.
7. The Committee recommends the following areas be considered as opportunities to support general practice over the short-, medium-, and longer-term.

Re-establish alliances between primary and secondary health care

8. Alliances between primary and secondary health care have previously been a successful interface for a whole-of-system approach and to support general practice in the delivery of care.

9. These partnerships need to be re-established for the primary care sector, Primary Health Organisations (PHOs), Iwi Māori Partnership Boards, Māori and Pacific providers, and hospital-based services to effectively work together to implement key initiatives at local and regional levels.
10. There are examples of PHOs managing and monitoring the implementation of the community radiology contracts with previous District Health Boards, and now in partnership with Health New Zealand (HNZ).
11. As part of ensuring the primary care sector is at the centre of planning and delivering care, it is also critical to have representation of primary care formally embedded across the executive leadership teams (ELTs) for the four HNZ regions. This would drive primary and secondary interactions within the health system. It is important that the representation on ELTs hold the necessary expertise and understanding of local needs to support meaningful integration of community and hospital-based services at the regional level.

Service delivery

12. There are opportunities to leverage existing initiatives / service delivery models that have proven to be successful in improving efficiencies across general practice and secondary care. The following are examples of where we could extend initiatives to other parts of the primary care sector.
13. The Comprehensive Primary and Community Care Team pilot has demonstrated significant opportunities to improve access and care coordination in primary care. The Committee supports exploration of ways to maintain and expand this approach.

9(2)(f)(iv)

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Schemes for primary care for acute options

18. There are existing schemes for primary care for acute options (POAC) that are provided within general practice settings for certain conditions which were previously administered through secondary care. For example, aclasta for osteoporosis infusion,

iron infusion, pipelle biopsy, and Mirena insertion.

19. 9(2)(f)(iv)

Innovation

20. HNZ and the Royal New Zealand College of General Practitioners should develop greater training opportunities between primary and secondary services for both general practice trainees and fellows. There is a significant opportunity to support general practitioners into hospitals to work alongside secondary specialists and refine and develop skills, such as minor surgery, and point of care ultrasound / echocardiograph testing, which are then delivered predominantly in general practice.
21. By advancing opportunities in training, the system can also move to more “blended appointments”, whereby specialist services include vocationally trained general practitioners functioning (partly) within secondary care environments.
22. The Committee is also aware of examples where secondary care specialists are working within general practice environments as members of a multidisciplinary team, particularly for complex chronic cases. This is an opportunity that should be expanded.

Data and digital

23. Data and digital systems are critical for health workforce planning, service delivery, and increasing productivity in the general practice sector. There are opportunities to better utilise data and digital to improve connectivity across general practice, community providers, PHOs, hospitals, and HNZ.
24. We know that digital systems need to be integrated in a way that enables the sharing, transfer of, and timely access to patient data. This is currently being explored in programs to support the interface between the primary care sector and HNZ.
25. It is important that this work is driven with urgency, particularly to enable seamless management of patients. For example, minimising barriers to transferring notes between general practices, and secure communication between general practices and hospital specialists.

Training capacity within general practice and community settings

26. There needs to be greater consideration of training capacity within general practice and community settings, the breadth of skills and capabilities required in delivering primary and community health care, and how providers are incentivised to offer training.
27. This refers to ensuring training is offered through primary care providers, to both general practitioners and the wider general practice health workforce, such as nurses and allied health professionals.
28. By providing training based on the breadth of skills and capabilities required within

general practice and community settings, the general practice health workforce would be better equipped to meet the needs of the communities they serve.

Dr Andrew Connolly

Chair

Health Workforce and System Efficiencies

Committee

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