Subsidies strike at heart of how teams work together
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NZMA GP COUNCIL

Extended subsidy claiming, VLCA adaptations and the performance and incentives framework are changes right at the heart of GP life

Life has suddenly become very interesting for general practice.

With the drive for a systems approach and the related drive to have "the right person doing the right thing at the right time", primary care has been hit by a tsunami of ideas that will change what we do and don't do.

Many of us can live with change. We seem to spend our professional lives watching the political battleground forever changing around us.

But the doctor-patient relationship, with its attendant costs and subsidies, has largely escaped unchanged and unchallenged. Not for much longer.

The proposed extension of the GMS subsidy to nurses (New Zealand Doctor, 14 August) is a case in point.

It could be argued that allowing nurses to claim the subsidy frees up doctors' time to see other patients, rather than "wasting" time simply nodding at someone who didn't need our skills…a natural extension to an integrated multidisciplinary team.

But what does this portend? Is it the thin end of a wedge to allow for subsidy claims by nurses for a range of services currently claimed by doctors?

Or is it a means to allow practices to claim for what practices do?

If this is truly about integrating care across the multidisciplinary team, then it should not be a matter of "us" or "them", but "we" (ie, the practice).

If the general practice claims the subsidy, as an alternative to the doctor doing so, then this truly reflects a team approach.

If nurses claim the subsidy, it empowers nurses, but does that reflect a truly integrated team approach?

Very Low Cost Access (VLCA) funding is another can of worms. Currently, this is paid to practices (not doctors) and is a pool of money to support those who meet certain defined high-needs requirements.

The latest requirement is that amalgamated practices must meet the 50 per cent threshold in order to receive practice funding, but a practice entering an amalgamation may bring its VLCA quota to the flexible funding pool even where the new practice does not meet the 50 per cent requirement.

It could conceivably be agreed to use these funds to subsidise visits by those who individually meet the high-needs criteria.
That could mean differential pricing for the patients, raising questions for practices. Once the funds are in the flexible funding pool, their value to the amalgamated practice will diminish over time.

It looks like a recipe for a two-tier subsidy system within a practice. Ironically, this would be not unlike the old community services card scheme, which was a crude attempt to target those at higher need.

The third change to our professional lives will come with the new performance and incentives framework (New Zealand Doctor, 5 June).

You will no doubt remember the furore caused when the then president of the RNZCGP proposed such a framework to the Ministry of Health before canvassing members (.nzdoctor.co.nz, ‘News’, 5 October 2012, New Zealand Doctor, 24 October 2012).

That “straw man” has since undergone several iterations and been through a consultation process, and is being refined by an expert group brought together by the ministry.

What is of interest here is that this framework can be seen as a positive incentive-based professional development model for practitioners, practices, PHOs and DHBs to develop excellence across the sector.

Or it can be seen as a framework to audit practices and PHOs for their performance - and for funding to follow the results.

What becomes of it will depend on consultation, discussion and consensus across the sector.

The NZMA will be part of that process, advocating for doctors and ensuring their voice is heard at a national level.

The changes these developments will or could impose on practice are profound, and require doctors all over New Zealand to ensure the issues are discussed at length in all forums, so the general practice of the future is one in which we can all be proud to play a part.

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