NZMA
New Zealand Medical Association

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Jeanette McKeogh
Group Manager Quality, Research and Policy
The Royal New Zealand College of General Practitioners
PO Box 10440
Wellington 6143

Review of Aiming for Excellence

Dear Jeanette

The New Zealand Medical Association (NZMA) welcomes the opportunity to provide feedback to the Royal New Zealand College of General Practitioners (the College) on proposed changes to the Aiming for Excellence standard.

As you know, the NZMA is the country's largest voluntary pan-professional medical organisation with approximately 5,000 members. Our members come from all disciplines within the medical profession and include general practitioners, doctors-in-training, specialists, and medical students. The NZMA aims to provide leadership of the medical profession, and promote professional unity and values, and the health of New Zealanders. Our submission on this consultation has been specifically informed by feedback from our General Practitioner Advisory Council.

We note that the intent of the College is that the revised Aiming for Excellence standard should align with the structure and incentives of the Integrated Performance Incentive Framework (IPIF) which the Ministry of Health is currently developing. The NZMA is supportive of the idea to have advanced and aspirational criteria in the Aiming for Excellence standard that broadly correspond with the improvement and excellence levels in IPIF. We believe that aligning the Aiming for Excellence standard with IPIF should provide greater impetus for quality improvement within IPIF, particularly if this could be linked in some way to better incentivisation, eg, altered capitation for practices that achieve aspirational criteria or greater freedom for such practices to use flexible funding pools.

Our responses to specific new criteria in the proposed revised standard are provided below:

> *3.4 The practice team works with its Primary Health Organisation/Network to share learnings from complaints*
> We consider this criterion to be implementable and to lend itself to peer review group discussions.

7.4 Urban practices ensure patients can access after-hours services using a maximum of one call.
We believe that this criterion addresses the 24 hour responsibility of all practices and attempts to streamline afterhours care. While commendable, we consider that it would only work if using an afterhours telephone system like HML (which answers one's own practice's phone number).

12.4 The practice has evidence of external auditing of their security policies
We consider that this criterion would entail a cost that is not justified.

13.4 The practice regularly audits their prescribing and dispensing of controlled drugs
We consider this criterion to be achievable and sensible.

17.7 The practice has a process for actively phasing out the use of mercury containing devices if utilised
We believe that mercury sphygmomanometers are still the most accurate devices for measuring blood pressure and should not be phased out until a better (not equivalent) alternative is available as the cost of doing so would not be justified. We agree that other mercury containing devices should be phased out.

20.4 The practice utilises an electronic system to transfer records from their practice to another practice in a format that meets practice management system standards
With respect to this criterion, we note that GP2GP is fast, accurate and populates to the PMS. As such, this system would be ideal to meet this criterion.

21.2 All incoming clinical records are revised by a practice clinician for identification of key clinical issues within ten working days upon receipt of the records.
We consider this criterion to represent good practice.

24.9 The practice utilises the New Zealand e-prescription service; and 24.10 All prescribed medicines are linked with a medical condition
We consider these criteria to make good sense.

24.11 The practice develops a partnership with patients to identify ways to improve safety and adherence to prescribed medications
We are supportive of this concept though we are of the view that this criterion will be difficult to measure.

27.4 The practice utilises a summary patient record to facilitate continuity of care between health providers
We believe that this criterion may be dependent upon external factors so could not be enforced. As such, we do not support its inclusion.

29.3 The practice has an organisation plan that defines the appropriate staffing levels and skill mix for the services provided by the practice; and 29.5 The practice has a clinical leader responsible for practice improvements in the safety and quality of clinical care.
We consider these criteria to reflect good clinical practice.

Section 5 Advanced and aspirational only indicators

32. The practice reconciles medicines
We agree with this criterion.

33.3 The practice demonstrates use of evidence-based electronic clinical decision support
We disagree with the inclusion of this criterion unless it can be measured clinically. If a clinician knows what the guidelines say, they may not access the tool on the PMS. It does not mean they are not using the information in their clinical decision making.

34. The practice offers shared care
We consider that this indicator would benefit practices that are involved in the HAS Global Shared Care Plan Pilots. We are not convinced that benefiting a subsection of practices in this way is fair or reasonable.

35. The practice offers services for health education
We would prefer to see this indicator refocussed on health literacy rather than health education per se. It would be possible to develop some very useful goals under a health literacy indicator.

36. The practice routinely identifies people who smoke and offers interventions
We agree with this indicator.

37. The practice undertakes opportunistic screening
We agree with this indicator.

38. There is a culture of safety and teamwork in the practice
We agree with this indicator.

39. The practice delegates practice management responsibilities
There is a divergence of views as to whether this should be an indicator. While we agree that delegation of practice management responsibilities reflects where the environment is heading and enhances the professionalism of practices, there is a view that this should be a decision that is made by practice owners and not a requirement.

40. The practice provides surgical procedures
We agree with this indicator and related criteria.

41. The practice provides access to a patient portal
We agree with the inclusion of this indicator in this section and support the wording of criterion 41.6 *(The practice's patient portal meets the HISO 10029 Health Information Security Framework).*

We hope that our feedback on this consultation is helpful and we look forward to seeing the finalised Aiming for Excellence standard.

Yours sincerely

Dr Mark Peterson
NZMA Chair