
NEW ZEALAND MEDICAL ASSOCIATION

# Submission to the Ministry of Health on the Maternity Action Plan

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## About NZMA

The NZMA is New Zealand's largest medical organisation and has a pan professional membership. We have around 4000 members who come from all areas of medicine including medical students, resident medical officers, general practitioners, and other specialists.

The NZMA aims to provide leadership of the medical profession, and promote:

- Professional unity and values;
- The health of New Zealanders.

The key roles of the NZMA are to:

- Provide advocacy on behalf of doctors and their patients;
- Provide support and services to members and their practices;
- Publish and maintain the Code of Ethics for the profession; and
- Publish the New Zealand Medical Journal and New Zealand Medical Digest.

## General

The NZMA welcomed the establishment of the Maternity Strategic Advisory Committee (MSAC), and actively participated in its work. While we also welcomed the production of a draft Maternity Action Plan (MAP), we need to say at the outset that we are disappointed with a number of aspects of the draft MAP. We think that it is set at a very high level, and is so broadly based that almost any maternity services model could operate under the plan, including the current model. The MAP should have identified more specific strategies to address a number of key issues which adversely affect maternity services, including:

- The pressures on the maternity workforce,
- The inadequacy of current funding and contracting arrangements,
- The lack of continuity and coordination between primary maternity services and general practice, including problems with women's access to general practice services,
- Issues at the boundaries between primary and secondary care, and
- Differing professional philosophies and practices.

## Workforce

The draft MAP correctly identifies the critical need to ensure that there is an adequate workforce, and outlines a number of general objectives, but at least in respect of the medical component of the workforce, it does not suggest any specific strategies to address either current or future needs. How will we train more obstetricians? How will we "encourage and support the uptake of the Diploma of Obstetrics"? We have had these objectives for years, so it is the "how" which needs to be determined in an action plan.

The needs of rural and regional New Zealand also need specific attention in the plan. Currently, the requirements of the draft MAP's Principle 5, regarding access to services, are not being met in rural and regional New Zealand, and there is little in this plan to specifically address the situation.

**Funding and Contracting**

In respect of medical services, especially those provided within general practice, the Section 51/88 model which has now existed for many years has been - and continues to be - hugely problematic. It was a major factor in causing the vast majority of general practitioners to cease providing LMC care, and it is currently a substantial barrier to the ability of general practice to participate fully in the provision of care to pregnant women and their babies. Putting aside the historical issues, the Section 88 Notice today is an aberration in the funding and contractual environment within which general practice provides services. As a retrospective funding model based on the relationship between an individual provider and the funder, and in which the provider has no real negotiating power, especially in respect of price, it is completely at odds with the prospective, capitated model for the funding of subsidies which support all other First Contact Care services in general practice. As such, it frustrates the increasing reliance on teamwork within general practices, carries a substantial administrative burden, and most general practitioners regard the funding levels as completely inadequate. If it ever was a suitable model of funding general practice-based maternity services, it is no longer acceptable.

**Lack of Continuity and Coordination within Primary Care**

Closely linked to the issues discussed above in respect of funding and contracting are problems related to coordination between maternity services and the lack of access to continuity of general practice care.

There have been longstanding concerns based on strong anecdotal evidence that many women feel that barriers exist in respect of their access to coordinated and continuous medical care during their pregnancy. In our view, these barriers include:

- The funding and contracting arrangements (Section 88) which do not foster either continuity of access to the general practice or coordination between maternity providers and general practices. This includes the existence of "free" maternity care and partially subsidised general practice care.
- Philosophical differences and differing modes of practice between midwives and doctors.
- The tendency of many midwife LMCs to refer women to specialist secondary-based specialist care when it is more appropriate for the referral to be to the woman's general practice. This is reinforced by the Referral Guidelines.

- The fact that midwifery/LMC services have not been integrated within the PHO model.

We will comment on philosophical and practice differences later in this submission. At this stage, we would like to emphasise that the NZMA has developed a position statement on Primary Maternity Services which addresses the need to integrate primary midwifery/LMC services into the PHO framework, and adopt funding and contracting models which are in line with other primary care/general practice contracting arrangements. Please note that arrangements do not have to be the same for midwifery and medical services – different concepts and modes of practice can be accommodated within the same basic framework.

These two related steps will provide a contractual (i.e. mandated) platform for better coordination of care, joint quality assurance processes and improved access to services.

This NZMA statement, which has been endorsed by the General Practice Leaders' Forum, has been made available to Ministry maternity staff, the MSAC, and several key politicians. While we acknowledge that the draft MAP does in Goal Two require the Ministry and DHBs to "develop effective linkages to primary care…", and "investigate models of primary care integration…", this does not go far enough, and it does not promote early action. We are dismayed that our proposals or something similar have not been included in the draft MAP. This is an area in which the opportunity exists for rapid and sustainable improvement to services to be achieved at minimal cost, and we are keen to work with the Ministry to achieve early implementation of these or similar arrangements.

**Primary/secondary Interface**

We are concerned that the draft MAP, while referring to the need to "update the referral guidelines", pays little specific attention to the existing and complex issues which exist at the interface between primary and secondary care, including:

- The issue, (mentioned earlier), of inappropriate referral to secondary medical care when referral to general practice may be more appropriate and cost-effective.
- The unsuitability of the Section 88 model for the provision of secondary services.
- Lack of clarity in accountability in respect of secondary consultations and handover.

It is important that these issues - which have existed for years, and have not been addressed in several reviews of the referral guidelines - not be left to the professional Colleges to "sort out". They need significant policy guidance to support the review process.

**Professional Philosophies and Practice**

Throughout the draft MAP there is an impression that many issues can and should be addressed by respective professional groups resolving their differences. This approach has always been problematic. There are fundamental differences in philosophy, approach and practice between the professions which provide maternity care, and again, well-informed and objective clinical/policy guidance will need to be part of the mix in addressing these issues. We need a maternity system which recognises and accommodates the differences between the professions, so that issues can be minimised and the care of the woman and baby enhanced.

**Summary**

The NZMA is disappointed that the MSAC's deliberations have not resulted in a Maternity Action Plan which specifies more concrete strategies for change to the delivery of maternity care. The NZMA is happy to participate in further discussions aimed at more specific outcomes.

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**Spokesman on Maternity Issues**

Dr Peter Foley
**Chair**