

5 June 2009

Secretariat
PHCAC
C/-
Ministry of Health
PO Box 5013
Wellington

Dear Ms Williams

Discussion paper: Service Models to meet the aims of the Primary Health Care Strategy and deliver better, sooner, more convenient Primary Health Care.

Thank you for providing us with the opportunity to comment on this document which asks for our comments on differing service models based around a primary health care team. As the various models suggest that some tasks may be dealt with more efficiently and effectively by members of the team who are not general practitioners, we think it important to first clarify what it is that the general practitioner brings to the Primary Health Care Team.

The General Practitioner

The general practitioner has been described by the Royal NZ College of General Practitioners as a generalist specialist, or a medical practitioner who has specialised in general practice. While the teaching of Medicine in New Zealand is grounded on a generalist background, general practice will expand this further. In training a doctor (and a general practitioner in particular) the aim is to enhance their skills so that they can:

- Assess and diagnose the undifferentiated patient;
- Understand and adopt professional and ethical behaviours;
- From a scientific and evidence based background, use clinical acumen to make management decisions without needing to resort to further investigation or referral;
- Be able to deal with clinical uncertainty;
- Be able to operate under existing resource constraints and be able to appropriately prioritise.

New Models of Care – the Primary Health Care Team

This paper explores new models of care that aim to put greater emphasis on the team itself rather than any one health professional. Traditionally primary care has tended to centre on the general practitioner as the point of first contact, who in turn has the task of determining who the patient should be seen by, depending on the nature of the health issue concerned. In some areas this may have changed somewhat; this is particularly so in some rural areas where a nursing triage system functions after hours.

We agree that there is a need to explore new models of service and note that there are many examples of this already occurring throughout the country. In particular the role of general practice nurses continues to develop as practice nurses are increasingly providing a wider range of services. We are disappointed that the discussion document gives insufficient recognition of this evolutionary process. We agree however that general practice should be encouraged to make greater use of all members of the health care team and while many general practices are already doing this, we acknowledge that there is still some way to go in developing our multi disciplinary team.

Having said that we still believe it is fundamental that the general practitioner maintain their relationship with the patient. While the importance of the doctor/patient relationship is acknowledged in the document (page 8, point 4) it then goes on to discuss a move away from this toward the patient having a relationship with the Primary Health Care Team collectively. The proposal is that the patient's general practitioner specialises further so that s/he now only sees the patient in respect of serious episodic issues of concern.

In our opinion this devalues the importance of the role of the general practitioner and potentially threatens the principle of continuity of care, an important feature of the Primary Health Care Strategy. The fact that general practitioners see patients for a wide range of issues and the nature of their relationship with the patient (and often the patient's family), means that they build up an overview of the patient's entire health history. While in theory much of this could simply be left to accurate recording in a practice's computer records, we believe that the proposed model would mean that much of the general practitioner's current overall view of the patient's health will be compromised or lost.

We also consider that there is great value to the patient in being able to access a general practitioner who by definition has a generalist understanding of all of the patient's wider health needs.

The idea that general practitioners should not be at the centre of the patient health care team has been raised before. We note that PHCAC's predecessor the PHO Taskforce, has considered papers like this in the past and it is disappointing to see the same philosophical arguments about the need to move away from the general practice model being raised again. While we agree that general practice needs to continue to adapt to changing patient need and that this may lead to some practices

changing the way they provide their health services, we do not believe wholesale change is required. Incremental change is already occurring and it is our view that the government should allow this change to continue at the current pace, albeit with some encouragement for those practices that have been slow to adapt. Pressure for more radical or rapid change carries an inherent risk of destabilising a system already under pressure. In any event, before any further steps toward greater use of other health care professionals can be taken, there are some key issues that will need to be addressed. These include the privacy of the medical record, funding arrangements, after hours care and PHO governance.

Finally we note that the consultation document is critical of the business model, and suggests that this needs to change in order to encourage greater interdisciplinary teamwork. We challenge that assumption. The business model is the most common general practice model and will continue to be so for the foreseeable future. In our experience the business model can work well, as long as good business practices are followed and business roles are clearly separated from vocational roles. The introduction of appropriate clinical governance arrangements will help in this regard.

In summary the NZMA is of the view that the primary health care team based around general practice is alive and well and continues to develop its capacity to provide team based care. We believe that the general practitioner and the practice nurse will remain as the core of primary health care in association with other practitioners.

Yours faithfully



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Dr Peter Foley
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