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Forget pylons, it's general practice likely to keel over



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You can only remove so many nuts and bolts before stuff just falls over [Image: Loreroock81 on iStock]

The Government's about face on funding new cancer drugs is cause for celebration but, as welcome as that funding is, general practice is left to languish with a meagre capitation increase, writes editor **Barbara Fountain**

In a time of health sector cutbacks, job losses and rising living costs, the Government is looking to the public to pay higher copayments to support practices that are struggling

The Government's decision to provide funding for 26 cancer drugs over the next four years is political and self-serving. That does not mean it is wrong. The wrong decisions were those made in the lead-up to last week's \$604 million announcement: first, the decision to make the provision of specific cancer drugs an election promise; second, the decision to then renege on that promise.

Last week's announcement involving a total of 54 medicines – beyond cancer there are 28 medicines for conditions including infections, respiratory conditions, osteoporosis, sexual health, dermatology, inflammatory conditions and mental health – to benefit around 175,000 people in the first year, was the right decision.

Whether it was a good decision is now neither here nor there. Ultimately, it was the right decision because public pressure ensured the National-led Government would not get away with blatant manipulation of vulnerable patients and their whānau for political ends.

The final narrative painted by health minister Shane Reti and prime minister Christopher Luxon has a touch of rewriting history – the Government was just taking the time to get it right. No suggestion it bent to the will of the people. Apologies have been issued, not for badly thought-through promises and policy, but for not communicating well those promises and policy.

On the upside, the Government pulled back from a frontal assault on Pharmac's independent decision-making and purchasing model, by committing sufficient money to fund medicines on Pharmac's Options for Investment list to encompass the 26 cancer drugs.



We won't really know the true ramifications for some time. What exactly is the impact of "pre-committing" funding against next year's Budget? What is the impact elsewhere in the health sector of this "un-Budgeted" spending. What equity lens has been run over this spending? What additional resources are required with regard to the additional 28 medicines? There are plenty of questions once the ink dries. But, in the meantime, the electorate has let the leaders know, there are limits.

Though attracting health funding should not be seen as a gladiatorial sport, pitting various elements of the sector against each other, it is difficult not to bear in mind the cancer drug-funding decision came less than a week after the Government's offer of a baseline 4 per cent capitation increase for general practice.

Adding in increases around Very Low Cost Access, Community Services Cards and other general practice funding, the total funding increase proposed – by the Government side of the PHO Services Agreement Amendment Protocol equation – to support sustainability in general practice is \$81.9 million. That's where around 20 million consultations take place each year.

In a time of health sector cutbacks, job losses and rising living costs, the Government is looking to the public to pay higher copayments to support practices that are struggling.

It's a different league from the costs faced by cancer patients to self-fund lifesaving medicines, but add increased copayments to the return of the \$5 prescription charge and this cost-shifting by the Government is going to hurt patients and general practice.

I was drawn to an online comment by Kumeu specialist GP William Ferguson, in response to the news of the proposed capitation increase: "That image of the Transpower tower lying on its side is a metaphor for primary care in New Zealand now.

"Simply because of Ministry of Health and Te Whatu Ora negligence it has not been bolted to the ground with sufficient funding to stop it falling over.

"One hundred thousand people without power for a few days is one thing, but how could you even begin to tally the real cost of this failure of health infrastructure?"

Those nuts were removed one at a time for cleaning – it seems no one was keeping track of exactly how many nuts were in the detergent until the pylon made it clear by toppling to the ground. It really was unprecedented. Nothing quite says cosy reliability more than the rows of pylons that march up and down the country delivering power.

Sturdy and grounded until, that is, someone takes their eye off the key purpose of pylons – staying upright.

Yet again the budgetary eye stays firmly unfocused on general practice, where the key purpose is keeping people healthy and out of costly secondary care. And that includes catching some of those cancers at an early stage.

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