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Message from the Chair

Kia ora koutou

This is my last pānui message as Chair of GPNZ before I hand over later this month to Dr Bryan Betty, our new Chair. We're delighted and privileged to have Bryan take on the Chair role at a time of so much challenge and change.

Bryan combines highly respected clinical leadership and an unrelenting focus on improving equity with strong relationships across health, politics and the media. Bryan's appointment from an exceptional pool of candidates is testament to the confidence in GPNZ's place in the system and the important role we have in helping shape the future of primary care.

One of the greatest unexpected challenges over the past month has been responding to the devastation caused by Cyclone Gabrielle and other weather events. As always, amid the trauma of such events, we see the compassion and selflessness of communities and of our health workforce. It's no surprise that offers of support flowed immediately to the most affected areas, and that mutual support and sense of 'he waka eke noa' is what gets people through.

The recovery will be long and difficult, compounding the stress and fatigue already widely felt after an incredibly tough few years. Working in health there's a tendency to battle on, with greater consequences for our wellbeing. I'd urge you all to prioritise your own wellbeing, as well as looking after the people around you.

Yet again, the events of recent weeks have been a reminder of the importance of a strong, agile and well-supported primary care workforce, and of trusted and respectful system-wide relationships. Too often, still, primary care is an afterthought, the poor relation to secondary care.

At a recent GPNZ meeting, one of our CEO members made a comment that resonated with many - 'What will it take for primary care to be seen as a partner rather than a stakeholder?'

That's what it will take if we are to achieve pae ora and that's what I'll continue to work towards in my Te Whatu Ora Board role, as I know will Bryan and GPNZ colleagues.

Mā te wā, kia kaha.

Dr Jeff Lowe

Primary care steps up again for cyclone response PHO incident management mechanisms kicked in rapidly as the impact of Cyclone

Gabrielle started to become clear in the north and east of the North Island. Alongside their own incident management teams PHO leaders joined a range of local agencies as part of wider emergency operations groups to respond to the immediate needs of their local communities. Some of this was made very challenging with cities, towns and communities physically cut off and with virtually no communication infrastructure operational. With many practice and PHO staff personally affected, and some not able to leave or return

to their homes, collaboration and mutual support was evident across the motu. Offers of help flowed quickly from across Aotearoa. Solutions on the ground from Health Hawkes Bay and Pinnacle included purchase of

generators and provision of satellite phones to enable practices to function. In Napier, practice teams shared premises that were accessible, while in more remote areas of

Hawkes Bay and Tairawhiti community clinics were stood up in marae and other remote locations where GPs and nurses could get to to see local people. PHO staff were also quickly deployed from areas that were less hard-hit. Telehealth support was available through Practice Plus combined with extension of the Te Whatu Ora summer telehealth back up service. Crucial services were quickly established, though not without challenges. Periods of time without power meant that many practices

to be written and transcribed or scanned.

A meeting of a small group of PHO CEOs, including those who had been through major events previously, allowed sharing of advice and learning. That advice included having some outreach support available targeting those who are most vulnerable in the population through a combination of data and personal knowledge, ensuring psychosocial support is available for staff as the response moves into recovery mode. and being prepared for the inevitable deferred care.

lost vaccines and many consultations took place without access to a PMS with notes having

the disaster were also being seen through an increase in gastrointestinal and skin conditions and in COVID-19 in some communities. From the outset Te Whatu Ora and Te Aka Whai Ora made it clear that the affected communities would get what they needed. Discussion early in the response turned to

A week after the cyclone, all practices were up and running, and by then the after effects of

primary care funding, ensuring that there were no barriers to care and that services could be sustained while revenue wasn't coming in. While GPNZ advocated for funding at a national level alongside other GP Leaders Forum organisations, the detail of funding support was managed through local PHO staff detailed

analysis, modelling and negotiating, the support of local TWO commissioning staff and regional wayfinders. Alongside a package of measures, Te Whatu Ora agreed to fully fund general practice consultations in Hawkes Bay and general practice consultations in other parts of the country for people displaced from Hawkes Bay, Tairawhiti and Te Tai Tokerau until March 19 2023. Ongoing workforce support will be needed for some time and Hauora Taiwhenua is

coordinating locum arrangements - luke.baddington@nzlocums.com while any offers of

support from PHOs can be emailed to GPNZ at admin@gpnz.org.nz.

Haere Mai Dr Bryan Betty!



vast experience in primary care will be a significant asset to GPNZ as it continues to advocate for and support its primary health membership. Bryan's medical career began in Sydney in the early 90s, before moving to the South Australian smelting town of Port Pirie with his partner Dr Susie Harichandran in 1992 where they bought their

first general practice. They were two of only eight GPs in the town which had a hospital but no specialists or resident medical officers. The hours were long, and with the town's occupants suffering high rates of unemployment, drug abuse, medical and mental health problems, the work was varied. After receiving fellowships in general practice and rural medicine, Bryan was appointed to the

In 2001, the couple returned to Wellington where Susie joined the Karori Medical Centre in

Wellington and Bryan began working at the Porirua Union & Community Health Service in

region's health board, later chairing the Mid North Rural Division of General Practice.

Cannons Creek, East Porirua where he remains as GP and clinical director today. Bryan and his primary practice team serve 7,000 patients, predominantly Māori, former refugees and Pacific peoples, 90% of whom are high-needs. Seeing the marked inequities in New Zealand's health system firsthand, Bryan has always pushed for change within the system. He chaired the Alliance Leadership Team and hospital subcommittee at the former Capital & Coast DHB, and Well Health Trust PHO, and was on the National Diabetes Leadership Group. In

2016, Bryan became Pharmac's deputy medical director and in 2019, commenced his role as

medical director of the RNZCGP. Last year Bryan was appointed as an Officer of the New Zealand Order of Merit for services to health. Mahi and manaaki in Tāmaki Makaurau

Our primary care hauora Māori leads rōpū - Ngā Matapihi o te Wairua - was welcomed and hosted by Ngāti Whātua ki Ōrākei on February 16. It was an absolute privilege to have been hosted by our haukainga who shared some of their inspirational korero and mahi with

US.

The two-day hui included a detailed engagement session with Manatū Hauora; a discussion on localities with Sharlaine Chee and Ellie Berghan from Te Whatu Ora, project and initiative planning from the ProCare equity team and a discussion with Collaborative Aotearoa around the building blocks of collective action.

It was a great opportunity to kick start the year with progressive korero, shared whaakaro and plenty of whanaungatanga. We look forward to our collective mahi this year to support our whānau through primary and community care.



Shared learning from NP practice owners The GPNZ nurse leaders ropū had an inspirational meeting this month, with Laura Henderson and Tania Kemp sharing their experiences as nurse practitioners and general practice owners.

planning. She shared her learnings, challenges and opportunities over the past few years, and spoke of how investing in nursing development can provide solutions to the

Māmā to three, Laura Henderson moved to general practice after a career in family

current primary care workforce shortages. Laura's practice is a prime example of a comprehensive care team with Nurse Practitioners, Nurse Prescribers, healthcare assistants, GPs, registered and enrolled nurses, Health Improvement Practitioners, pharmacists, dietitians, and health coaches.

Tania Kemp is the owner of Pleasant Point Health Centre in South Canterbury, a practice with 2400 registered patients. An inspiration to many, Tania's was the first general practice in Aotearoa to have a nurse practitioner in sole ownership. Tania shared the opportunities that are created through the practice to provide equitable care to whanau as well as some

of the current regulatory and legislative barriers in respect to ACC, maternity care and prescribing. Our nurse leads ropu will be considering how to promote professional nursing development, including the expansion of nursing leaders, nurse practitioner and nurse prescribing roles within national workforce.



New Health Minister Ayesha Verrall has made it clear that she wants to engage with primary care organisations and we hope to finalise details of a meeting in the near future. We're also expecting discussions with National's Health spokesperson Dr Shane Reti in the coming weeks.

Development of our advocacy priorities and positions will be part of the agenda for the GPNZ CEOs and exec meeting in Wellington on March 16 and more details will be included in our next panui.

RNZCGP and IFIC conferences call for abstracts

A reminder that the deadline for submission for abstracts for the College of GPs annual conference is the end of this month. GP23: the Conference for General Practice will take place in Tāmaki Makaurau Auckland, from Friday 21 to Sunday 23 July 2023 at the Aotea

Centre. Conference organisers are keen to create a programme ensuring a range of primary health care sector interests are catered for. GPNZ is proud to again be a sponsor of this year's conference, whose theme this year is *Connecting: Hauora, courage, and togetherness*.

You can find out more about what the conference committee is looking for in an abstract

International Federation of Integrated Care (IFIC), takes place in Sydney 13-15 November

The 3rd Asia Pacific Conference on Integrated Care, held in partnership with the

<u>here</u>. The deadline for submissions is Friday 31 March.

2023.

public rollout in July.

With the overarching theme of *Building healthcare system sustainability and resilience*, the conference will bring together leaders, researchers, clinicians, managers, consumers and caregivers from the region. The conference will focus on equitable approaches to designing and delivering health services across multiple organisations including police, housing, NGOs and community groups.

Abstracts are invited until May 31 on the conference themes: integrating health and social care; intersectoral and multisectoral approaches to integrated care; developing primary and community-based care; advancing virtual care and digital solutions; and supporting the health and care workforce.

GPNZ CEO Maura Thompson is on the conference scientific advisory committee and GPNZ will work with members and other organisations to promote Aotearoa's presence at the event.

Te Matatini – the largest kapa haka festival in the world – was awe-inspiring! Congratulations to competition winners Te Kapa Haka o Te Whānau a Apanui. If you haven't watched their performance, it is definitely worth it, specifically, their winning

ProCare offers hauora at Te Matatini

Whakawātea. Our member PHO, ProCare was at the event partnering with <u>Smear Your Mea</u>. Kaimahi from the PHO coordinated volunteers and supporters, and provided smears, including selfsmears. The team screened 44 wahine for cervical cancer over the four days and 52 HPV

self-tests were administered. With self-tests proving popular, we look forward to its national

Primary care urged to promote bowel screening

with patients this May. Research has shown that healthcare professionals are the top health information source for Māori and Pacific peoples. Currently, the overall participation rate for the NBSP is 58%, with Māori participation at 49% and Pacific peoples participation at 39%.

The National Bowel Screening Programme (NBSP) is calling on primary care staff to raise awareness, particularly among priority populations, through opportunistic conversations

collateral will be supplied by NBSP. Contact NBSP coordinator Stella Muller for further information.

waiting room prompt to discuss bowel screening with the GP or nurse. Promotional

General practices are encouraged to have visual displays promoting bowel screening and a



