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Government's primary care plans outlined in Cabinet paper



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A Cabinet paper discusses a work programme looking at how primary and community healthcare providers are funded, including settings for capitation funding

The Ministry of Health has released a Cabinet paper setting out the Government's plans for primary healthcare and a new round of nationwide consultation.

A statement from the ministry says it is set to start a work programme with primary and community healthcare providers starting from late 2023 to establish “what is needed to achieve the vision”.

But most of the work, which it will conduct with Te Whatu Ora and Te Aka Whai Ora, won't take place until after the election.

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In a **press statement Ministry of Health chief medical officer Joe Bourne says** the primary and community workforce has identified fundamental issues with the sector that need addressing.

“This work programme offers an opportunity to redesign primary and community healthcare to take advantage of the health outcome benefits that it can deliver,” Dr Bourne says.

“We have heard the issues being raised by communities and healthcare workers that impact on access to care.

“We will be reviewing the structure of the system, how the knowledge and expertise of the workforce can focus on prevention as well as supporting people with complex chronic conditions, ensuring that investment and funding drive improved outcomes and equity for Māori.”

According to the Cabinet paper, the work programme will look at “how primary and community healthcare providers are funded, including settings for capitation funding”, as well as what investment is needed in the sector.

It will also look at how to enable Māori to design and deliver whānau-centred primary and community healthcare.

10-year time frame 'concerning'

The paper outlines the role of localities in primary and community healthcare as part of the reforms, which it says are expected to better connect service providers, iwi and other stakeholders.

The work programme will also look at how it can better meet the health needs and aspirations of “Māori, and New Zealand’s diverse populations, including Pacific peoples, disabled people, older people, rainbow communities, and ethnic communities”.

RNZCGP medical director Luke Bradford welcomes the overall principles behind the Government’s primary healthcare plan.

That includes providing healthcare that is comprehensive and accessible, continuous, coordinated, individual and whānau centred and fit for purpose and continually improving.

But Dr Bradford says talk of a 10-year time frame to deliver the changes is concerning.

Health minister Ayesha Verrall states in the paper that her “vision” is that over the next decade we will have a “sustainable primary and community healthcare system that delivers high-quality and equitable care for New Zealanders”.

Dr Bradford says: “We already have a workforce crisis and a crisis in our ability to meet our patients’ needs. Primary health providers need these issues to be addressed much more urgently.”

But he welcomes the fact the inclusion of a review of capitation funding. “That has to be a real priority because without it, we can’t deliver services, let alone improve them.”

General Practice NZ chair Bryan Betty says the Cabinet paper and the planned work programme provide those in the sector with some insight into where things are going with the reforms.

“It’s clear the ministry will take responsibility for primary health strategy over the next 10 years, so it’s good to get some clarity around that,” Dr Betty says.

A capitation review is long overdue, he says. GPs are facing increased demand from their patients, who often have complex health needs, as well as serious workforce shortages and, meanwhile, the funding model is past its use-by-date.

“The model is not fit for purpose, so the fact that has been identified is good.”

But Dr Betty says how the reforms are delivered will be the key to their ultimate success or failure.

Capitation review included

Dr Bourne, in an interview with *New Zealand Doctor Rata Aotearoa*, says Dr Verrall's comments relate to the longer-term goals for primary healthcare. GPs and providers will also see gains in the short-term.

“We are aware of the pressure in the sector and the need for urgent change,” he says.

“We’re working with Te Whatu Ora and Te Aka Whai Ora to deliver short-term gains as well.”

And Dr Bourne says that will include the review of the capitation funding model as part of the 18-month work programme.

“I don’t what we’re looking at is purely consultation as much as working with the sector to come up with new policy settings. People in primary care shouldn’t look at this as a passive process. This is about genuine collaboration.”

Funding alone 'a blunt tool'

In an email response to questions, Dr Verrall says GPs and primary healthcare workers are essential for improving the health of New Zealanders.

“We know that pressures from workforce shortages are being felt on the frontlines of our health system, and these shortages are having an impact on primary care providers,” she says.

“I agree that the funding system for GPs is not fit for purpose. But funding alone is a blunt tool. Many changes are required to enable GPs to provide the care they should be able to in communities.”

The next stages of the Pae Ora reforms will address these issues in collaboration with the sector, she says.

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