

+NEWS |

MMR top-up fee symptom of funding failure: Betty



Alan Perrott

aperrott@nzdoctor.co.nz



1

Wednesday 1

June 2022,

04:08 PM

2 minutes to

Read



The top-up fee for MMR vaccines is a band-aid covering up funding failures in general practice, says RNZCGP medical director and specialist GP Bryan Betty

The Ministry of Health's targeted top-up payment for MMR vaccinations is welcome but no substitute for a total review of general practice funding says RNZCGP medical director and specialist GP Bryan Betty.

"Unless a way is found to address the inequity and sustainability of general practice, we will continue to have a situation of band-aid solutions being administered to long-term problems. There needs to be a full review of what is going on," Dr Betty says.

His comment follows director-general of health Ashley Bloomfield's confirmation of a top-up payment of \$12.85 per MMR vaccination when administered to Māori or Pacific peoples.

The fee lifts the total payment per vaccination for those in the illegible groups to \$36.05 and will be available until 31 July.

MMR vaccinations provided to non-Māori or Pacific peoples will receive a top-up of \$1.80, bringing the total to \$25.

Heavy workload

Dr Betty says the variable payment incentivises practices to target vaccinations for vulnerable communities and recognises the extra work the effort requires. But he says most of the workload will be carried out by practices, mostly Very Low Cost Access funded, with high numbers of complex, high-needs patients.

He says the current funding formula for primary care was created 20 years ago and does not adequately resource VLCA practices.

“We know patients in those groups are quite difficult to contact and engage with,” he says, “and we know there is a huge workload when you are dealing with high needs, so the fee is a reflection of that. But we have been promised a funding review to address this issue in general practice for six years, and we are yet to see it.”

Two immunity gaps

Immunisation Advisory Centre director and specialist GP Nikki Turner says the dismal failure of last year's MMR catch-up campaign, which saw 320,000 unused doses expire and be destroyed, makes this effort more important.

Dr Turner says the opening up of the border, winter, and reduced herd immunity leave the country vulnerable to a new wave of measles infection.

But she warns it will be difficult as the immunity gap, while highest within Māori and Pacific male populations, now extends generally across men aged 50 years and under, and many will have no records to say whether they have had their shots or not.

“So, right now, there are a lot of adults walking around who haven't had a shot or may not remember having a shot, and we have no record of them.”

Dr Turner says declining childhood vaccination rates during the COVID-19 response have also created a second immunity gap among those under five years, “but in those cases we have the national register to tell us who has missed out”.

Drained workforce

“And sitting in general practice right now, I know everyone is tired, we are already pushing hard for flu vaccinations, there has been a lot of stress to get immunisation rates up overall, and soon we will be pushing second boosters for COVID, but there is no question, general practice is crucial to delivering vaccinations and identifying those who may have missed out.

“I celebrate GPs for what they are doing because, no question, it’s hard out there.”

New Zealand Doctor Rata Aotearoa has contacted the ministry for details regarding how the destroyed MMR vaccines have been replaced, and when any new supply will expire, but a response was not received before deadline.

Michelle, capture your time to Read,
Watch, Listen or Delve by clicking
CAPTURE.

CAPTURE

You can view your CAPTURE RECORD
here.