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Relationships key for Verrall: General practice 'incredibly important' to reforms



Martin Johnston

mjohnston@nzdoctor.co.nz

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A focus for health minister Ayesha Verrall is to meet directly with primary care leaders and GPs [Image: Supplied]

This article is based on an interview with Ayesha Verrall on 15 February

New health minister Ayesha Verrall has set herself the task of establishing good relationships with primary care leaders.

In her first interview with *New Zealand Doctor Rata Aotearoa*, Dr Verrall even dubs it her “project”, and it’s a theme she returns to, almost regardless of the question.

“My plan is to make sure that I’m in touch early with primary care representatives, which is a project I’ve started on,” Dr Verrall says, “and also to be meeting directly with the people, with general practitioners and other primary care clinicians...”

Her rapid approaches to leaders in the sector – immediately after her appointment was announced on 31 January in new prime minister Chris Hipkins’ Cabinet changes – went down a treat.

General Practice Owners Association chair Tim Malloy acknowledged he was one to have received an early call – after New Zealand Doctor had learned this from a third party – and said it augured well.

Dr Verrall wouldn't say who she called, adding that it is important people can have a private conversation with her and not have it turn up in the media without their first being notified that that might happen.

"I'm going to try and make myself available to people in the sector as best I can. Obviously, I draw on a lot of my own personal networks from my medical practice...but I realise as minister I also need to be out there making new relationships..."

To further probing of her current knowledge of primary care, she deftly steers the interview back to how she operates.

"...even though I'm an infectious diseases specialist," she says, "and was involved in the COVID-19 response as a minister, it's incredibly important for me to be with the people providing the service, hearing from them directly."

“I’ve had a lot of contact with general practice as a patient and as a specialist sharing care of complex patients, but I wouldn’t [suggest] those experiences are enough when we’ve got a system that’s going through change and challenges as we currently are.”

Asked if she has worked in general practice, she says she is a hospital specialist. She spent some time as a medical student intern in a general practice, “as all medical graduates would, but I was on the conveyor belt of specialist training pretty early on”.

Has she been briefed on the primary care funding review that seems to be taking place inside Te Whatu Ora, following last year’s Sapere report’s findings over the sector’s underfunding? She answers that she always has 100 questions after a briefing, “so I’m still forming my views on these things.”

To further inquiries on funding matters, she says to ask Te Whatu Ora, then adds: “I do want to hear, in parallel, from officials and from the sector. This is a good time for that and I just want to give myself the space to have those conversations.”

With all this talk of hearing from the sector, how does she rate the Government's relationship with primary care, given the friction over capitation, nurse pay parity and business models when Andrew Little was health minister.

"I think minister Little has done a great job with leading the reforms. I want to work constructively with the sector to continue the reforms so that we can make a difference to people's health.

"I think anyone who knows me will know I have a really inquiring mind and that's why I want to get out and understand how those issues are impacting general practice. So, I don't have a strong formed view on what minister Little did or didn't do."

"I'm very clear that general practice and primary care are incredibly important for realising the promise of the reforms to improve people's health..."

She goes on to tell of her registrar training in Singapore. In caring for diabetes patients, Dr Verrall observed a ward "continuously full of people having amputations", which she now contrasts with New Zealand's better primary care that protects people from future disabilities.

“That’s what sits in the back of my mind when I see the opportunity that we have to secure better long-term health for New Zealanders through improving their access to primary care.”

Ayesha Verrall’s priorities as health minister

- To progress the health reforms, particularly in primary care, including the localities framework.
- To shore up the health workforce.
- To address winter planning, acute care and planned care.

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