

This story has been updated with the addition of a response from health minister Shane Reti, and a link to the study report

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Study uncovers effects on general practice of referrals being rejected



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Robin Gauld, of the University of Otago, is a co-author of the study

Patients are being “managed...into the grave” by their frustrated GPs after being rejected for medical assessment by public hospitals, according to a new study on unmet need for secondary care.

The University of Otago study, commissioned by General Practice NZ, analysed Te Whatu Ora data and interviewed health workers at six practices.

“...some participants gave examples of patients dying as a result of unmet secondary care needs”, says the study report.

One participant told a study focus group: “I just managed one into the grave. Couldn’t get her in [to cardiology], and she just got worse and worse, then she got liver failure and three days later, she died.

“You can only manage them so much, maybe they get better, maybe they don’t, maybe they die. That’s not dramatic, that’s the issue. If you go through any GP, they’ll be able to tell you they’ve had at least 10 versions of that every year.”

GPNZ chair and specialist GP Bryan Betty says in an interview he has heard reports from around the country of colleagues’ patients dying after being denied access to secondary care or being forced to wait too long.

Risk of being declined rises

The study, co-authored by Robin Gauld, the co-director of the university’s Centre for Health Systems and Technology, found that although the number of GP referrals to hospital specialists remained stable from 2018 to 2022, the risk of a patient being declined rose by 5.2 per cent a year.

Approximately 600,000 first referrals were made in each of the five years, peaking at 619,516 in 2021. About 54 per cent were female and 46 per cent male. Around 16 per cent lived in the least-deprived fifth of New Zealand locations, and 23 per cent in the most deprived, with a steady gradient in between.

In the last year of the study, 14.2 per cent of referrals were declined. On average more than 78,000 referrals a year were declined.

Across the five years, the highest risk of being declined was in the Southern health district, followed by Nelson Marlborough, with the lowest risk being in Counties Manukau, followed by South Canterbury and Wairarapa, which had a statistically overlapping risk.

Females had a higher risk of being declined than males. People aged 0–19 or 80-plus had a lower risk than those in between; and those of Māori or Pacific ethnicity had a lower risk of being declined than non-Māori, non-Pacific people.

Rejections add to practice burden

In the interviews with primary care health workers, the study found that patients being denied timely entry to secondary care after being assessed by a GP as suitable for referral is adding a significant administrative burden to the sector, one with serious consequences for general practice capacity, access and the workforce.

“It does mean a lot of wasted time,” a participant said. “You know, the referral takes me a good five minutes to type out. And I’ve only got 15 minutes to see the patient...and I have to tell the patient that I’m going to write the referral, get the response back, tell the patient they have said no, and then come up with another plan.”

Another said the problem had become unmanageable and they had had to reduce their clinical workload “because I have to do so much paperwork”. A parent of three children, they have two practices and take Tuesdays off, but the day is consumed by the “screeds of paperwork that come out of that hospital”.

Unpaid work and unmet need

Another said they've got friends leaving general practice because of the unpaid work arising from hospitals not meeting the referral needs of the population.

“All of that stuff that's put on us – practices aren't paid enough, and individual GPs aren't paid enough...I feel like we [are] more and more taking on the role of what the specialists would be doing, but we are paid half of what they get paid. And a lot of the work we're asked to do and expected to do is unpaid.”

The study report says many participants reported waiving fees for patients who require follow-up appointments to manage unmet needs, such as careful pain management, and this can affect the practice financially. For some participants, this contributed to their not viewing practice ownership as a viable career.

Uncomfortable prescribing requests

Another issue the study raises is GPs being asked to prescribe beyond their comfort zone for young patients with mental illness.

A participant describes being asked in an email from a specialist mental health service to prescribe for an acutely unwell person under 17. “And I’m like, ah, no, these are highly potent psychoactive medications and a growing kid that I’ve never had to prescribe [for], outside of...18-plus-year-olds...you take all the risk for that prescribing.”

GPs at risk and under pressure

Professor Gauld says in a media release that **GPs are being put at significant risk** and under additional pressure in managing patients with unmet need.

“There is no additional payment to the primary care sector for this work, no extra support from the secondary sector, no formal factoring into the workload of the primary sector, and it requires GPs to manage patients who have a genuine and clinically determined need for specialist care.”

Dr Betty notes in a media release that the study quotes his peers as feeling completely out of their depth or **using family members' addresses on the referral to get their patient around the “postcode lottery” of healthcare.**

Minister's response

Health minister Shane Reti says in an emailed response he read the study report, which he notes covers a period when Labour was in government, with great interest.

"Health New Zealand has work underway to better understand patients who don't meet criteria for a specialist assessment, which will help them – and the Government – to better understand local variation and areas of unmet need," Dr Reti says.

He expects the \$30 million he has just announced for faster radiology access will help address the unmet need identified in the study. The aim is to make it standard for GPs to be able to refer patients directly for radiology instead of, as is currently the case in some areas, patients first having to wait for a specialist.

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