



December 2020



Dear <<First Name>>,



Welcome to the December Newsletter! I am sure you are all looking forward to a well-deserved break... whether it be a few days or weeks!

Once again, we have some interesting reads and articles for you. MAS – Healthy Practice, discuss getting the most out of new hires with a great induction. GP Docs will tell you everything you need to know about the new Privacy Act 2020 and more! You will also find links to some interesting and informative NZ Doctor articles which relate

to primary care.

Michelle, your Chair, has a newsy report and we also hear from the new executive as well as Treasury, Education and Conference.

And because 2020 has been a year like no other, there's some book and Netflix reviews and also some scrummy Christmas cocktail recipes for those who wish to accelerate the relaxation process.

So, wishing you all a special time over the holiday break and may it be whatever you wish it to be 😊

Safe travels and bring on the New Year!!



Warmest regards

Executive National Secretary
Heidi Bubendorfer

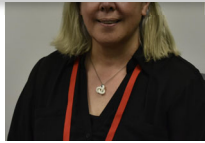
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A WORD FROM OUR CHAIR

Tenā koutou katoa

Ko Hikurangi tōku maunga



Kei Tāmaki Makarau tōku ināiane

Ko Michelle Te Kira tōku ingoa

Nō reira, tēnā koutou, tēnā koutou, tenā tātou katoa

Tena Koutou Katoa

Well thank goodness that year is nearly done and dusted. Short and sweet from me this time as I know you have all heard from me a lot recently. Having spoken to many members recently it has been brought to our attention the real struggles some of us have faced this year. Not only personally but in our profession, our practices and it has been a tough road for many. Some people have decided to move out of health altogether and I know a lot of us are struggling with the changes we all had to make without much recognition from the powers above. Stress and workloads have been immense and many of us have faced issues with mental health as well. This is not always the case but man did we work some hours over the lock down periods, the future is very different to the one we were faced with only 12 months ago. So, moving into 2021 PMAANZ voice needs to be louder as we are the cold face and we all know that at any time with a flick of the switch we could be back into higher levels. What has also been heard from our members at many of the branch meetings is how resilient and effective we were during the changes, that our relationships with our communities became stronger, likewise with our PHO's and the incredible way our teams reacted so quickly that we are now ready for anything on the ground level. We need to applaud ourselves for this. Bring on 2021!!!! We have so many exciting things happening for our members.

To wrap up the year that shall not be named - I want to thank my amazing Executive team and Carole, our brilliant Branch Chairs and their teams, our members and our conference committee. Please if you have not already got yourselves signed up for the Education Symposium in Palmy make sure you do, the team have worked so hard in putting this together and have an amazing line-up for this event.

From all of your Executive team:

Nga mihi o te Kirihihi me te Tau Hau.

Stay safe, have fun in the sun and get as much time for yourselves and your whanau. See you all in 2021.

“He aha te kai o te rangatira?” “He Korero, he korero, he korero”

What is the food of the leader? It is knowledge. It is communication.”

Naku noa na

Michelle Te Kira

Chair PMAANZ

The Executive would like to warmly welcome the following new PMAANZ members. We look forward to meeting you in person, and hope that you engage fully and benefit greatly from your membership.

Lorraine Cardinali	Auckland
Te Ringa Te Awhe	Central NI
Karla Clarke	Wellington
Kirimoana Willoughby	Auckland
Megan Rolfe	Taranaki
Stacey Scott	National
Moira Spurdle	Auckland



What do the changes to the Privacy Act mean for you?

On 1 December 2020, the new Privacy Act 2020 and Health Information Privacy Code 2020 came into effect.

There are a few implications for general practice – you'll need to update your privacy policy and make sure your team are aware of the changes.

Plus, what a wonderful opportunity to check the privacy procedures you have in place!

Privacy breach notifications

Breaches of privacy can happen despite our best efforts. In general practice, these could include:

- An unauthorised person sees a patient's private health information.
- Test results are accidentally shared with the wrong person.
- Your patient records have been hacked or attacked by a virus.
- Health information is disclosed to someone in breach of regulations.

Under the Privacy Act 2020, practices must notify a privacy breach that causes “**serious harm**” to:

- Office of the Privacy Commissioner within 30 days.

What does “serious harm” mean?

The first step is to establish if a privacy breach has occurred. This may require IT assistance if there is no obvious evidence, but you have a gut feeling.

Then, determine if the breach is likely to cause “serious harm”. This may be difficult to know. The Act doesn’t provide a definition, but factors to consider include:

- Is the information personal or sensitive?
- Where did the information go/who has seen the information?
- What harm has been caused, e.g. emotional, reputational, financial etc.
- How likely is it that the breach will significantly affect someone?
- What security measures did you have in place to protect the information?

If you suspect the breach might be serious, you can use the Office of the Privacy Commissioner’s online tool – [NotifyUs](#). There’s a series of questions to determine whether the breach is notifiable. If it is, you can submit an online notification form.

You also need to notify any affected people as soon as possible. This is so they can take measures to protect themselves or their information, if they need to.

Sending patient information overseas

Personal information can now only be sent overseas if it will be adequately protected. It’s your responsibility to do the due diligence on this.

You can only send information overseas **if** it will be subject to the same legal safeguards as in NZ.

There are exceptions to this, including:

- You’re sending to a country with similar privacy laws to NZ. All good.
- The patient has given consent for you to send the information. But – if the country you’re sending to doesn’t have similar privacy laws to NZ you’ll need to expressly make them aware of this.
- The information is necessary to maintain public health and safety, to prevent a serious threat to someone’s life and health, or for maintaining law.

What do we need to do?

You’ll need to make sure your privacy policies are updated for the new Act. Most likely, you’ll need to:

- Update any references to legislation
- Create a policy for notifying serious privacy breaches. Identify the process you will follow if a suspected privacy breach happens, and who will manage it.
- Add something to your policy for Disclosing Patient Information so you’ll know to check that information being sent overseas is adequately protected.

- You have a designated privacy officer.
- Your practice team have been updated on the new legislation.
- You're only requesting essential information on your enrolment and consent forms.
- Your enrolment form contains a privacy statement.
- You have a process to follow if someone requests access to health information.

Useful Resources:

- [Office of the Privacy Commissioner cross-border disclosure information sheet](#)
- [Office of the Privacy Commissioner breach notifications information sheet](#)
- [NotifyUs – Report a privacy breach](#)



GPDocs is an online system for managing your policies and procedures.

We provide you with a set of robust policies and procedures – tailored to your practice and kept up-to-date by our team of industry experts.



Get the most out of new hires with a great induction

December is a busy month for practice managers as new staff are hired and introduced to the practice.

It can be a stressful time for both the hires and for the practice. Particularly for graduates fresh out of university, this is the start of a new chapter and they may be anxious about whether they'll be up to the challenge. For you and your colleagues, you're always taking a bit of a leap of faith in hiring a new person – even ones with stellar CVs – and you'll want to make sure they get up to speed with how you and your team do things.

A lot of these anxieties can be put to rest with a well-designed induction process. The more time you spend thinking about your induction before the new staff member begins, the sooner they will become a fully productive member of the team, and the greater the chances of them staying with the practice for the long-term.

What does a good induction programme look like?

At the most basic level, an induction programme sets out how things work at the practice, and your expectations of the new employee.

main areas.

1. An overview of your practice

a. General introductions

Usually, you would schedule some time in the first few weeks for the new employee to meet their colleagues and to find out a bit about what everyone does. If you have a large practice, it might be a good idea to stagger this meet-and-greet phase, so your new person isn't immediately overloaded with lots of new names and faces.

b. Overview of the practice and communication lines

This aspect of the induction can be folded into the meet-and-greets, or you might find it useful to keep these phases separate. The idea, though, is to give your employee a sense of how the practice works on a day-to-day basis; how work comes in and is processed; who your patients/clients are in general terms, and any particular needs they might have that differ from other practices your employee might have worked at previously.

c. Premises tour

Where are the toilets, emergency exits, fire extinguishers, emergency medical equipment, and office supplies. This is also a good chance to make sure your employee has all the keys, alarm codes, swipe cards, and login details they're likely to need.

2. Employment terms and conditions

This part of your induction covers the basics about your staff members employment: how many hours they're expected to work; what sort of policies you have towards overtime; your dress standards; any policies you have around timekeeping or calling in sick; and any staff benefits or staff groups they might like to join. It's also a good time to discuss how you monitor performance and career development opportunities within the practice.

3. Policies and procedures

You should also set aside a section of your induction to cover important policies and procedures that will apply to your employee. These might be in-house policies covering matters like personal calls or internet usage, or mandated policies such as health and safety, privacy or consumer rights.

It's also important to be clear about how your disciplinary procedures work, and what sort of behaviour would constitute grounds for warnings or even dismissals. This can be an awkward conversation to have with a new hire but it's important to be very clear about your expectations from the outset to avoid any confusion further down the track.

4. Job Requirements

Where will they go if they need help with a particular task? What sort of training might they need in the future, and will you set aside a yearly training budget to help them stay up-to-date with new developments in their area?

How can you tailor your training to your employees' needs?

You should plan to put all your new employees through some sort of induction programme but that doesn't mean they all need to go through the same one. Permanent employees might need more comprehensive training than locums; and front-of-house staff will have different needs than clinicians. It's also worth revisiting your induction programmes every few years to make sure it's still relevant to your practice, and the changing needs of your staff and your clients.

It's a good idea to spend some time thinking about the best way to take your staff member through the induction programme. This will depend on the nature of your practice, and the nature of your employee's work. Some of the induction will need to be covered in the first week, but other parts of it could wait until the employee has been working for a month or so.

You may also find it useful to think about combining the formal induction process with a more informal "buddy" system. This can be a great way to help your new staff member meet people around the practice and to get a feel for how they fit into the overall structure. Choose buddies for your new hire who have a sound working knowledge of the practice; who relate well to others; and can handle the random questions a new hire might have about the practice.

Fiona Mines

HealthyPractice Adviser, MAS

This article is of a general nature and is not a substitute for professional and individually tailored business or legal advice.

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Welcome to the PMAANZ Executive – Jo Bennet, Jen Kaponga & Renee Muru



A few words from Jo...

I was born and raised on the North Shore in Auckland and started my admin career in healthcare at an After-Hours Clinic back in 2005. I moved into Primary Care in 2012 to take up a Practice Management position and have been Practice Manager for the last 7 years at Birkenhead Medical Centre and became a Partner in 2018.

I have always had an interest in health with a background in Personal

I am passionate about the use of technology going forward to help manage workloads in the industry, to ensure patient outcomes are achieved while providers of healthcare, at all levels, are cared for and valued to ensure longevity alongside a healthy work life balance.

In my spare time I like to travel (pre covid19!) and get outdoors whenever possible with my husband and son.

I am so grateful to have the opportunity to come onto the Executive of PMAANZ with the portfolio of Conference Co-covenor. I hope I can do you all proud (and meet many of you!). I am very aware and lucky to be working along an amazing team and am excited to see what the future brings.

Jo Bennet

PMAANZ Conference Co-Convenor



Hi everyone,

I cannot believe December is upon us already!!!

I am sooo excited to be elected to the Executive as your new Communications / Webmaster this term.

I am the Operations Manager for Auckland ENT Group, a private practice of ENT Specialists in Auckland. Prior to that Team Leader at WDHB's Patient Service Centre... my introduction to the health sector. I joined PMAANZ in 2015, attracted by the support of the organisation and its

members as private practice can be very isolating.

I am a natural "social networker" so this portfolio seemed a natural fit.

I have been married for 29 years, have 2 sons and 6 grandchildren. Although a collector of handbags and shoes, my passion lies with fishing and hiking. I am about to tick off my bucket list with a 4 night hike in Lake Waikaremoana... eeek!

In the new year we are excited to be focusing on giving our website a facelift looking at its current platform and how we can better improve interaction and information around our needs. Our Facebook page is a great way of networking also, sharing information big or small (even funnies), please feel free to jump on there at any time.

If you have any suggestions please do not hesitate to drop me a line a communications@pmaanzt.org.nz



Jen Kaponga

PMAANZ Communications/Webmaster



Ko Renee Muru-Barnard toku ingoa

Kia ora Koutou, My name is Renee Muru-Barnard and I hail from the North. I live in Auckland with my whanau and have been a Practice Manager now for over 20 years. I have also had the privilege of working in both the Private and Not for Profit sector in healthcare and also worked at a PHO level many years ago. My passion however is Primary Care.

I currently work for a Maori Health and Social service organisation in South Auckland and look after 2 Clinics, 4 Satellite Clinics and 28 Schools who each have an allocated health team. I love the diversity my job brings. I'm lucky enough to work with an amazing team / teams. I first started in health as a receptionist and slowly worked up to Practice Manager. Over the last 20 years primary care has really evolved and I believe many of our Practice Manager jobs have evolved as well, titled are changing, responsibilities as changing, there are more corporations and joint businesses now than there was 20 years ago and so I believe we have to get on the change train and look at all the opportunities that come our way as Managers of often multi-million dollar Businesses. I have been supporting the PMAANZ Exec team for a few months this year and am very happy to now be an official executive team member.

Nga Mihi

Renee Muru-Barnard

PMAANZ Executive National Treasurer

2021 Education Symposium

Firstly I would like to welcome our new executive member, Jo Bennet, to the Conference Committee, Jo will be taking up the reins now as I move to the PMAANZ Marketing and Membership portfolio.

The Organising Committee along with Conference Innovators have been working hard to ensure



only educational but gives our membership an opportunity to come together and share their experiences from the past months.

The learning streams of the Symposium will be equity, success, diversity, resilience and leadership something we have all experienced of the past months. PMAANZ will also be announcing a new educational programme with UNE (University of New England) Partnerships and a CPD programme for our membership.

Registrations have opened and places are limited and can be accessed at

<https://www.pmaan2021.org.nz>

The draft programme is also available on <https://www.pmaan2021.org.nz/programme>.

Confirmed speakers are Dr Ashley Bloomfield, Dame Turiana Turia, Tawera Nikau, Sally Duxfield, Dr Dave Baldwin, as well as representatives from Findex, RNZCGP, ACC, MPS, Medtech and GPNZ.

Accommodation is available at a number of properties close to the Palmerston North Function Centre - <https://www.pmaan2021.org.nz/attend/accommodation>

We will also be announcing the venue for the 2021 25th Anniversary Conference at the Educational Symposium.

Whāia te iti kahurangi ki te tūohu koe me he maunga teitei

Seek the treasure you value most dearly: if you bow your head, let it be to a lofty mountain

Thank you for your continued support in 2020 and look forward to catching up with you all in Palmerston North.

Ngā mihi

Mark O'Connor

PMAANZ Marketing & Membership

Education Report

2020 has certainly thrown us many curveballs but despite the challenges facing many, some have managed to continue to work towards their KASF papers. We currently have 17 people working on KASF Bronze, 18 on KASF Silver and 12 on KASF Gold. One of my challenges in the next 6 months will be to touch base with all those who have enrolled in KASF papers but not yet completed them. If this is you feel free to drop me a line, let me know what your challenges/barriers to completion are. The Executive is currently working on getting a new education programme in place, unfortunately the roll out of this has been impacted by COVID but



Congratulations to those below who have completed papers – we hope to see you at the Education Symposium so we can present your badges.

KASF Silver

Kirsten Nel & Michelle Ingham

KASF Bronze

Sandi Rozema, Kelly Musgrove, Jahinta Kati' Jade Antenor' Jolean Benecke, Joan Wickham, Stella Tsang

Best wishes for Christmas and the New Year!

Bethan Rajwer

PMAANZ Education

NZ Doctor Reads

General practices don't be shy: speak up, politely, and get better deals and savings from medical suppliers

General practices can save thousands of dollars by reviewing and renegotiating their spending with their medical suppliers, says healthcare business advisor Chris Ross.

Procurement is not a scary thing, doesn't take long to do and can make you some great savings

Practice managers and nurse managers can be busy and sometimes shy about questioning their suppliers, says Mr Ross, chief executive of Masagen.

He was addressing the South GP CME's practice managers' session on smart procurement, with a particular focus on medical consumables.

Mr Ross says investing time in reviewing procurement can save an annual 10 to 20 per cent, equating to \$2000 to \$4000 a year for the average practice.

"Procurement is not a scary thing, doesn't take long to do and can make you some great savings," he says.

To read the complete article, [click here](#).

RNZCGP Leader calls for government action to reduce cost of primary healthcare

GP Bryan Betty.

The latest results show women, Māori and those living in low socioeconomic areas are more likely to not visit their GP or not collect a prescription due to cost.

Dr Betty, who is also medical director of the RNZCGP, says this is an accurate depiction of what is happening on the ground level.

“I see patients who are not picking up their meds, or can’t afford access to frontline healthcare.”

To read the complete article, [click here](#).

After eight months of pandemic, Auckland University study finds PPE for practices still not plain sailing

Difficulties remain over obtaining personal protective equipment, according to a University of Auckland survey that went to GPs, nurses and practice managers on 14 October. In the nine-day survey period, a third of practices reported challenges in getting PPE, virtually unchanged since the preceding survey.

The DHB not paying our PHO for COVID reimbursements was a disappointment

Twelve per cent were reusing or relying on homemade options, and 12 per cent said finance was a barrier. The survey also found 31 per cent of the 129 respondents reported experiencing a significant-to-severe impact from COVID-19.

This is down from 77 per cent in the preceding survey. Thirty-six per cent reported mild or no ongoing impact. However, 22 per cent still reported ongoing effects, leading to staff lay-offs or affecting leave arrangements.

The survey is the eighth in the ongoing Quick COVID-19 Primary Care Survey, led by Felicity Goodyear-Smith, of the university’s Department of General Practice and Primary Healthcare.

To read the complete article, [click here](#).

The Royal New Zealand College of General Practitioners



The Royal New Zealand
College of General Practitioners
Te Whare Tohu Rata o Aotearoa

CQI in Practice

The RNZCGP CQI Module – what, how and why!

Continuous Quality Improvement (CQI) started in the 1980s using a quality improvement tool developed by Dr Edward Deeming (diagram 1). CQI is “a structured

organizational process for involving people in planning and executing a continuous flow of improvement to provide quality health care that meets or exceeds expectations.” Manufacturing and service organizations around the world used this quality improvement tool to improve efficiency, product quality, service delivery and cost effectiveness.

Its success attracted the attention of the healthcare industry, many of whom adopted Deeming’s quality tool, Plan-Do-Study-Act (PDSA) and CQI in healthcare began its journey.



The CQI Module is one of the College’s core Cornerstone Modules. The CQI Module enables evidence-based decision making and enhances the capability and enthusiasm of the workforce in delivering ‘Best Practice’ in primary health care.

CQI is sometimes conflated with ‘quality assurance’. Quality assurance (QA) is an effort to find and overcome problems with quality, including improving performance of health outcomes, service delivery or patient satisfaction.

The difference between CQI and quality assurance work is CQI combines a methodology and a systems approach of improving processes continuously. It is based on the knowledge that data can be used to identify and analyse issues.

The CQI Module builds on the quality assurance concepts initialised in the Foundation Standard. Many general practices in Aotearoa New Zealand are undertaking great quality work, with or without the use of methods and quality tools. The intent of the CQI Module is to assist practices to identify and act on areas of need and inequity by using those quality tools and methodologies. Although incorporating equity into the CQI project is important, it is not the main focus, this being central to the Equity Module

The CQI Module project does not necessarily require practices to create a new piece of work. Current practice initiatives may be able to be adapted into the CQI framework, such as improving immunisation rates, smoking cessation, cervical screening rates, mental health access, HbA1c and reducing acute presentation rates in chronic diseases.

each quality improvement process, but also to apply it to areas where practice data is signalling the need.

There are a few aspects to keep front of mind when selecting a CQI project for your practice. Data is fundamental and the use of key measurements from the PHO or a PMS data query ensures the validity of the subject and ongoing data availability. It is also crucial that equitable outcomes can be measured throughout your data collection and analysis. New Zealand Triple Aim concepts should be incorporated (see diagram 2). More information and guidance is available on the College's Quality website (www.rnzcgp.org.nz/quality).

The CQI Module is designed to add value and strength to the quality work general practices are currently doing. CQI empowers practices to make positive and equitable impacts on their population's health as well as improve service delivery, safety and efficiency.



Profile of a Practice Manager



1. What is your favourite book or movie of all time and why?

Grease - I just love the music and it can make me feel happy no matter what is going on in my life. It was also the first movie that my parents let me stay up late at night to watch on Christmas Eve when I was 10 years old.

2. What do you love and/or not love most about your job?

I love that every day there is a new opportunity to make a difference in a patient's life. I love that the people I work with genuinely care and when the going gets tough they step up

There are many things about this job that I don't love but this year has taught me more than ever before the importance of focusing on the positive and making the most of a bad situation so I choose to focus on what I love, the difference we can make in primary healthcare and the many opportunities we have to improve the health and wellbeing of the community we serve.

3. **What is the best experience you have ever had?**

Without a doubt having my two girls. I still marvel at the miracle of life and how much love you can have for another person.

4. **Name one unusual or interesting thing you have done**

When I was a toddler we lived in Zambia and one day when on a family picnic we went out rowing on a lake that unbeknown to my father was full of crocodiles. Let's just say that when he realised he found some extra energy and speed!

5. **When was the last time you travelled overseas and where did you go?**

Samoa - last year with my husband and two teenage daughters.

6. **What's your favourite way to spend your time?**

I love to go camping at Hahei in the Coromandel with my family. My all time favourite place in the world and the one place where I can truly relax.



GPNZ Panui 7 December 2020

Please feel free to share this fortnightly panui with your colleagues in the sector and encourage them to sign up to receive future editions by emailing: admin@gpnz.org.nz

Previous editions of our newsletter can be found [here](#)

If you no longer want to receive newsletters from GPNZ please email admin@GPNZ.org.nz with the message 'Newsletter cancel'



even more than in most years, and we'll have to savour that time off in readiness for another challenging year ahead.

Our GPNZ strategic planning session in Wellington at the end of November gave us a strong steer on how members want us to approach the next 12 to 18 months, and I'm extremely grateful that so many of you took time out to help us determine our collective priorities.

Stephen McKernan's overview of the transition unit's work programme was a reminder of the scale of what's ahead, and it's clear that the pace of change will be rapid. While it's reassuring that there won't be delays in implementing overdue changes, it's also clear that the window of opportunity for us to influence is narrow.

We'll have a NZ health plan and health charter next year and legislation in place to embed system changes by mid-2022, with structural change sooner if agreement is reached. In that timeframe we have to navigate the future for our own organisations and take an active role in shaping the Tier 1 we need to see, while continuing to ensure we deliver the best possible care for our local populations.

Stephen set out a few key questions to help us structure thinking about how the new system will operate: how do we balance national consistency and local discretion, competition versus collaboration; how do we make integration a reality; and what is the organising entity that sits between reimagined DHBs and locality networks?

The answers to many of those design principles is in the work that PHOs and networks is doing every day. Individually and collectively, we are ideally placed to describe what relationships and accountabilities will create a person-centred, population health-focused system.

Among GPNZ's immediate priorities will be to complete our stocktake of the work our members are doing, as well as to build on our workforce model. We'll be representing your views on the key questions, and on what an interim general practice funding solution should look like, to the transition unit and Ministers early in the new year.

I enjoyed an engaging meeting with Associate Minister Hon. Dr. Ayesha Verrall earlier this week with GPNZ Executive colleagues Larry Jordan, Chiquita Hansen and David Harrision and CEO Liz Stockley. Dr Verrall is very knowledgeable about primary care and the role that has been played by general practice in 2020 to keep New Zealanders safe, and the ongoing efforts of primary care to address the big issues of Population Health. Dr Verrall reiterated that the Government will not be delaying decision making with regards health reforms.

Next year promises to be another big year. I hope you all enjoy some relaxation time with loved ones in the meantime, and I look forward to continuing to work with you all in 2021.

and their enrolled populations of 4.2 New Zealanders a Meri Kirihimeti, and a very happy and healthy 2021.

He waka eke noa.

Dr Jeff Lowe

PSAAP

Following PSAAP Meetings, messages for circulation are agreed by all parties in a joint communique. Here is the communique from the November meeting. If you have any questions please contact your PHO team or email any questions through to admin@GPNZ.org.nz

The PSAAP Group discussion, 25 November 2020, covered a range of issues including:

1. An update was given by the Ministry of Health (the Ministry) on the current status of the COVID-19 response as it relates to testing and immunisation. The Group discussed the preparation needed for the successful roll-out of the COVID-19 immunisation programme and the importance of equity for the campaign.

2. A lengthy discussion on planned care. It was agreed that more work was needed to define what a nationally consistent approach to increasing planned care in primary care would look like and to determine the funding principles. The need for equity to be the number one priority for changes to planned care delivery was discussed. Acknowledgement that these principles need to be reflected in district health board's (DHBs) current planning activity.

3. An update on the Gen2040 programme was given to the Group which highlighted its progress with 270 practices utilising the Best Start Pregnancy Assessment Tool for first trimester pregnancy care. A further 180 more practices have committed to utilising this tool.

4. A commitment to understanding what primary care could do to support proactive work underway in the gender identity space.

5. Acknowledgement that the current primary care funding formula is not fit for purpose and a commitment to the inclusion of demographic adjustments to primary care capitation funding, as a proxy for complexity, to progress through the Ministry's internal Budget 21 process. This is acknowledged as a short-term patch while funding mechanisms are being considered as part of the implementation of the Health and Disability System Review recommendations.

Agreement to reinstate work to better understand utilisation data on Community Services Card and Zero Fees for Under-14s and the importance of better data collation within primary care for improved decision making on quality and equity of services.

GPNZ's 2020

At the recent AGM, we were delighted to formally welcome those who have joined in the last 12 months: Total Healthcare, Waitaha and Nelson Bays.

The Chair's report reflected on the extraordinary year the organisation has had. The Chair thanked the supportive, constructive and positive membership who have each contributed to the national picture this year, in extraordinary circumstances, with energy and enthusiasm. Not only have we had Covid, but also another key disruptor of the Health and Disability System Review which has absorbed a significant amount of everyone's energy as we navigate submissions and responses and try to support the right kind of change going forward.

GPNZ has once again grown in numbers. We now have 22 PHOs representing an enrolled population of 4.2m New Zealanders. We have also grown in position and brand, particularly with the broader general practice community

Much of our efforts this year have gone into communications, in response to the need for consolidated channels for information. We were acting as a conduit between PHOs either via the CEO group, or the clinical leads group and the Ministry on an almost daily basis during lock down level 4.

We usually hold 4 quarterly meetings for CEOs. Since February CEOs and or their delegates have attended 21. We have also supported 27 Clinical Leads meetings and it has become apparent that there has been a gap in this peer to peer space for clinical leaders around the country to come together, this is something we will continue to support.

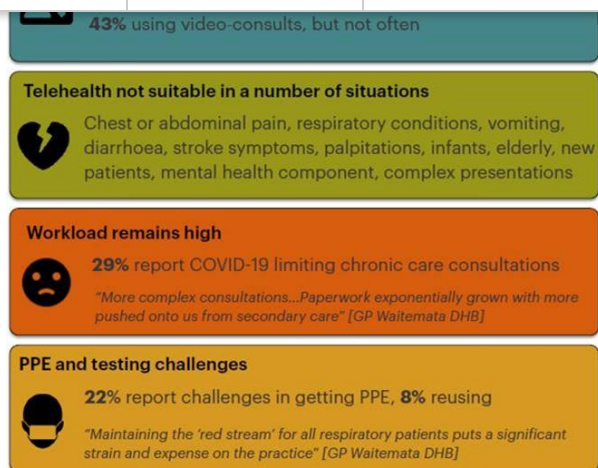
The Chair specifically acknowledged the tremendous contribution of PHOs and networks in keeping New Zealanders safe and well this year, busting barriers and creating enablers to support general practice in their delivery of excellent services in extraordinary times.

University of Auckland Survey

The results of the 9th quick primary care COVID-19 survey have now been released. Full results are available on the survey website website <https://covid-19-pc.auckland.ac.nz/results/> .

There was a significantly lower response rate for this survey however some of the results remain interesting.

Of particular interest was a particular focus on which patients are considered suitable or unsuitable for telehealth consultations. Consultations suitable for telehealth include those for follow up and discussion about investigation results or a previous consult, patients seeking



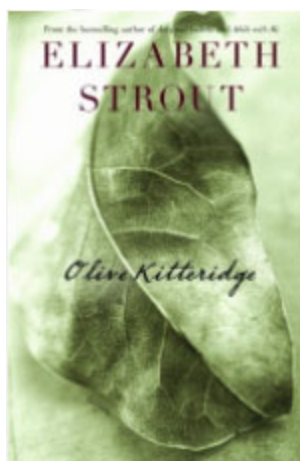
prescriptions, advice for very minor injuries, referral for screening procedures such as colonoscopy, and certifications (eg ACC, WINZ, off-work) especially for stable renewals. Other comments were for contraceptive advice, mental health review and hypertension medical reviews where patients are self-monitoring. Patients having good health and English literacy and being “tech savvy” were also cited factors.

Commonly mentioned as unsuitable for telehealth are consultations requiring physical examination (unless the patient can send a photo or video) and poor access to, or ability to use, the technology. A variety of conditions and presentations were cited as requiring in-person visits including chest or abdominal pain, asthma or COPD exacerbation, pneumonia, stroke symptoms, new onset palpitations, prolonged vomiting and diarrhoea. One response was “bottoms and bellies”. Several think that all babies should have in-person consultations, and others the elderly. Other reasons for in-person visits include new patients or those not well known to the practice, complex presentations, and where there is a mental health component.

Again, in this survey, some respondents identified efficiency gains with IT solutions such as e-prescribing, and value the introduction of telephone triage.

BOOK REVIEWS

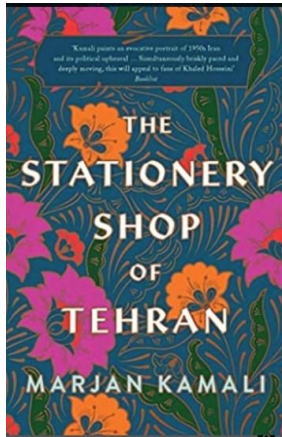
Read by myself and highly recommended – reviews by Goodreads.



Winner of the Pulitzer Prize, Olive Kitteridge offers profound insights into the human condition – its conflicts, its tragedies and joys, and the endurance it requires.

At times stern, at other times patient, at times perceptive, at other times in sad denial, Olive Kitteridge, a retired schoolteacher, deplores the changes in her little town of Crosby, Maine, and in the world at large, but she doesn't always recognize the changes in those around her: a lounge musician haunted by a past romance; a former student who has lost the will to live; Olive's own adult child, who feels tyrannized by her irrational sensitivities; and her husband, Henry, who finds his loyalty to his

marriage both a blessing and a curse.



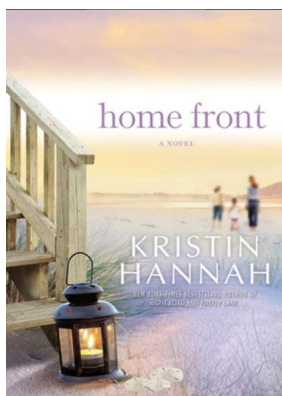
A poignant, heartfelt new novel by the award-nominated author of *Together Tea* that explores loss, reconciliation, and the quirks of fate.

Roya, a dreamy, idealistic teenager living amid the political upheaval of 1953 Tehran, finds a literary oasis in kindly Mr. Fakhri's neighbourhood stationery shop, stocked with books and pens and bottles of jewel-coloured ink.

Then Mr. Fakhri, with a keen instinct for a budding romance, introduces Roya to his other favourite customer—handsome Bahman, who has a burning passion for justice and a love for Rumi's poetry—and she loses her heart at once. Their romance blossoms, and the little stationery shop remains their favourite place in all of Tehran.

A few short months later, on the eve of their marriage, Roya agrees to meet Bahman at the town square when violence erupts—a result of the coup d'état that forever changes their country's future. In the chaos, Bahman never shows. For weeks, Roya tries desperately to contact him, but her efforts are fruitless. With a sorrowful heart, she moves on—to college in California, to another man, to a life in New England—until, more than sixty years later, an accident of fate leads her back to Bahman and offers her a chance to ask him the questions that have haunted her for more than half a century: Why did you leave? Where did you go?

How is it that you were able to forget me?



"*Home Front* is Hannah's crowning achievement." —*The Huffington Post*

In this powerhouse of a novel, Kristin Hannah explores the intimate landscape of a troubled marriage with this provocative and timely portrait of a husband and wife, in love and at war.

All marriages have a breaking point. All families have wounds. All wars have a cost. . . .

Like many couples, Michael and Jolene Zarkades have to face the pressures of everyday life—children, careers, bills, chores—even as their twelve-year marriage is falling apart. Then a deployment sends Jolene deep into harm's way and leaves defense attorney Michael at home, unaccustomed to being a single parent to their two girls. As a mother, it agonizes Jolene to leave her family, but as a soldier, she has always understood the true

could have foreseen. When tragedy strikes, Michael must face his darkest fear and fight a battle of his own—for everything that matters to his family.

At once a profoundly honest look at modern marriage and a dramatic exploration of the toll war takes on an ordinary American family, *Home Front* is a story of love, loss, heroism, honour, and ultimately, hope.

"Hannah has written a remarkable tale of duty, love, strength, and hope that is at times poignant and always thoroughly captivating and relevant." —*Library Journal* (starred review)

Netflix Review



Based on the novel by Walter Tevis, the Netflix limited series drama *The Queen's Gambit* is a coming-of-age story that explores the true cost of genius. Abandoned and entrusted to a Kentucky orphanage in the late 1950s, a young Beth Harmon (Anya Taylor-Joy) discovers an astonishing talent for chess while developing an addiction to tranquilizers provided by the state as a sedative for the children. Haunted by her personal demons and fuelled by a cocktail of narcotics and obsession, Beth transforms into an impressively skilled and glamorous outcast while determined to conquer the traditional boundaries established in the male-dominated world of

competitive chess.

MEMBER CONTRIBUTIONS

Christmas cocktail anyone?



French 75

Ingredients

London dry gin 25ml

lemon juice 12.5ml

sugar syrup 12.5ml (make your own by dissolving 250g caster sugar in 250ml hot water)

Champagne

lemon peel to serve

Method

STEP 1

Put the first three ingredients in a shaker, fill with ice and shake hard, then strain into a flute and top with champagne. Using a zester or peeler, peel a long strip of lemon zest, being careful not to get too much pith. Twist over the flute to release the oils and drop into the glass.



Clissold cooler cocktail

Colonel Fox London dry gin 20ml

rose wine 20ml

apple juice 20ml

merlet cassis 10ml

lemon juice 20ml

wild elderflower spritz to serve

STEP 1

Put the first five ingredients into a highball glass over ice. Stir to combine, then top with wild elderflower spritz and serve.

Your feedback is welcomed – please get in touch with secretary@pmaanzt.org.nz to submit for the next issue 😊

HAVE YOUR SAY....

Questions for your Colleagues & Letters to the Editor

Your contribution is welcomed – please get in touch with secretary@pmaanzt.org.nz



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