Message from the Chair - Dr Jeff Lowe

March 2019

“...It would be remiss of me not to begin by acknowledging the events that took place in Christchurch on March 15. The whole GPNZ team is thinking of our colleagues, family, friends and whānau in Christchurch. We are particularly thinking of the general practices who have staff who are particularly affected and those who have lost patients. We know the PHOs in Canterbury will be supporting them.

I would also like to acknowledge the broader health sector response, including the hard work of...”

GPNZ Newsletter

PSAAP update

The roll out of CSC at the end of last year was challenging for general practices and for our network members. Through this process we have clearly demonstrated that we are good citizens in the health sector and that we are willing to do the right thing for our most vulnerable populations, even when we are already facing significant pressures.

However, we have taken on board the clear and consistent messages from our stakeholders that there is little left in the tank to support goodwill and that this needs to be reflected clearly around the PSAAP table.

Following PSAAP you will be aware that the Ministry of Health has confirmed it will make payment for valid but unmatched CSC holders. The wash up payment for CSC holders nationwide will be paid to PHOs mid-March and passed on to practices.

As part of negotiating the PHO Services Agreement Version 6, it was agreed that any underspend would be used in two ways – to support equity and to contribute to compliance costs of CSC and NES implementation. It has been proposed that the $7m (approx.) underspend be split 50:50 on these two areas. It has been emphasized that $3.5m by no means covers the costs incurred by practices in the implementation of these initiatives.

Primary Care Caucus

There is a proposal being developed to modify the activity of the primary care caucus to introduce greater opportunities for participation from PHO CEOs, and to give the CEOs the opportunity to consult with their constituents. Further details will come out over the next week. It is hoped that this process improvement will be made in advance of the next PSAAP meeting at the end of May (noting that the May PSAAP
ambulance and hospital staff as well as the mental health teams and support services. The impact on health services including general practice is going to be felt for a long time.

On behalf of our members, I make the offer of any help and support that might be required in the days and months ahead.

Ngā mihi,

Jeff Lowe

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meeting may be deferred until June to allow time to consider implications of any Budget 2019 announcements).

**GPNZ Programme of Work**

The GPNZ programme of work for 2019 is progressing well. The two key streams of activity currently are; (i) the Tom Love work on appropriately resourcing the model for primary care; and, (ii) the consumer research project.

The Tom Love work has identified the ideal, broader general practice team and quantifies how much of each resource is required to meet the needs of both a general population and a high needs population. This initial piece of work is close to completion.

With support from PHOs the consumer research will provide us with information on how people want to access general practice and what services they want to receive. This work will be completed during April and May.

Together these pieces of work will form the basis of the GPNZ submission to the Health and Disability Sector Review.

**Updated Strategy and Annual Plan**

At the February meeting the GPNZ Executive approved the following strategy and annual plan. This was also endorsed at the February CEO group meeting. This has been updated from the strategy developed in 2016. The main areas of focus for the organisation have not changed significantly. They are presented in the following goals:

- **Goal 1** To increase the profile of General Practice Sustainably to improve equity of outcomes
- **Goal 2** To advocate for primary care
- **Goal 3** To provide excellent services for our members

To achieve these goals Ten key activities have been identified as the focus for 2019. The full one page strategic and annual plan is presented on the next page.
### Mission

*Supporting primary care so ALL NEW ZEALANDERS*

Start well | live well | age well

### Vision

A health and care system that supports all people to live well in their communities, delivers best possible care where and when people need it, and will be there for future generations

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### Strategic Plan

#### Goal 1 - To increase the profile of General Practice Sustainably to improve equity of outcomes

- To support PSAPP in the best interest of our members
- Increase the profile of General Practice Sustainability and Equity

1. Support the PSAAP negotiation process
2. Engage member networks in negotiation process
3. Provide communication tools for networks to use with their stakeholders
4. Communicate with the sector around PSAAP

#### Goal 2 - To advocate for primary care

- Develop and promote relevant thought leadership pieces
- Use thought leadership to influence broadly in favour of primary care

5. Model of Care work
6. Consumer research project
7. Promote the above two projects to Minister and Ministry of Health, Government Agencies including Treasury and MSD, Health and Disability Sector Review, Primary Care, DHBs and Public

#### Goal 3 - To provide excellent services for our members

- Engage effectively with our members and provide opportunities for knowledge sharing
- Work with sector partners to provide a valuable network for members

8. Maintain relationships with key partners, sector colleagues, organisations and government agencies
9. Contribute positively to sector activities
10. Support and promote partner work

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**We will collaborate with:**

**NZ Primary Care**
Vibrant general practice at the heart of integrated care

**MEMBERS**
Member Primary Care networks and their stakeholders

**SECTOR PARTNERS AND COLLEAGUES**
Non-member networks, partners, sector organisations and government agencies