

network news

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General Practice Leaders Forum (GPLF) Study Tour

"The General Practice Leaders Forum (GPLF) Study Tour was a great success but to apply the UK Quality and Outcomes Framework (QOF) to New Zealand would be completely inappropriate," said Network Chair, Dr Tim Malloy.



GPLF tour party

Tim said this was the fundamental lesson learned from the IPAC-organised GPLF study tour to England and Scotland during October, on which Tim and Nancy Malloy represented the Network.

They were joined by representatives from other members of GPLF including New Zealand Medical Association, GP Council, Royal NZ College of General Practitioners and IPAC.

The primary objective of the tour was to study the potential application of the National Health Service (NHS) QOF in New Zealand. The QOF forms part of the general practitioner contract.

"Ideally we should be developing our own system as a consultation process between all the parties of our health system..."

"Ideally we should be developing our own system as a consultation process between all the parties of our health system, but specifically general practice."

The tour was also an opportunity to explore the potential of NHS Practice Based Commissioning (PBC) in New Zealand.

PBC is about engaging practices and other primary care professionals in the commissioning of services. Through PBC, front line clinicians are provided with the resources and support to become more involved in commissioning decisions.

Tim said they learnt numerous important lessons from the trip, including:

- The system and political context are crucial in determining what can and cannot be implemented. QOF was a natural product of the UK system and the context.
- The NHS believed that the quality of general practice in the UK was poor.
- General practice in the UK is not at all comparable to general practice in NZ.
- While the principles of assessing and aspiring to quality general practice are admirable, achieving the balance between aspiration and incentive is essential.
- When offered excessive inducement we will all rise to the occasion.
- Quality performance in general practice is a fluid phenomenon and the structure and incentives must reflect that.
- Separating Clinical Performance Indicators from Process Indicators is necessary.
- There is no evidence (to date) that the QOF in the UK has made any difference to health inequalities or health outcomes.

In addition, Tim noted the shared learning experience of the GPLF raised several other points he believes general practice needs to consider. These are:

- An information technology strategy for the future.
- A comprehensive general practice strategy for the future.
- A comprehensive cohesive voice for general practice speaking as one while recognising the variety of a general practitioner's true generalist nature.

During the tour Tim, Nancy and the other representatives met with a variety of organisations who were involved in the establishment of the QOF framework.

General Practice Leaders Forum (GPLF) Study Tour *continued*

"We were incredibly appreciative of how generously these people gave of their time, and shared their thoughts and experiences with such honesty, to a group of people from the other side of the world," said Tim.

Those visited included members of the British Medical Association (BMA) General Practice Council, and members of the Department of Health, amongst others.

The tour also spent time at several London practices, where they looked at IT systems supporting practice processes. They then visited various academic departments whose focus was on health policy and development of the evidence based criteria which makes up the QOF.

In addition, Tim and the team met with the NHS Alliance, who acted as an independent observer to the general practitioner contract negotiations, and the NHS employer representatives, who actually negotiated the contract on behalf of the Department of Health.

Visits to several Primary Care Trusts (PCT), which are the equivalent of New Zealand's DHBs, were also part of the tour itinerary.

Not confined to London, they travelled to Manchester where they met with Professor of General Practice, Martin Roland. Martin is the author of the majority of the QOF.



Dr Peter Foley, Victor Klap, Shelley Frost, Dr Murray Tilyard and Dr Tim Malloy at Kew Gardens

Tim said representing the Network had been a brilliant education and a great opportunity to strengthen both member and international colleague relations.

"The whole tour was an incredibly valuable experience. Victor Klap (IPAC CEO) and Jennie Mills (IPAC) should be commended for their fantastic job in organising the tour.

"The entire GPLF were very grateful for their wonderful organisation and expertise," said Tim.

Network Conference 2007 – "Growing Health at Grass Roots!"

Fri 30 Mar-Sun 1 Apr 07

SKYCITY Convention Centre, Auckland

The 2007 Network conference is fast approaching. But it's not too late to get involved.

Visit the 'Conference' page at www.rgpn.org.nz to download a registration form and the preliminary programme. Online registration will be available soon.

The 2007 Network conference caters for a wide audience and incorporates an array of practical and clinical workshops, topical issues and latest developments, and a wide selection of exhibitors.

Whether you are a rural or urban GP, nurse, hospital doctor, practice manager, student, agency representative, or somebody with an interest in rural health, you won't want to miss the Network's 2007 Conference!

Not a Network member? Apply now and take advantage of member discounts for conference registration.

Regular updates and more information on sponsorship packages, exhibitors' prospectus, and fun and entertaining options for partners and children are available to download from www.rgpn.org.nz.

Further enquiries can be addressed to Pamm Wilson at the Network on +64 4 495 5877 or email pamm@rgpn.org.nz.

For Network membership benefits and an on-line membership application form visit the 'Join the Network' page on www.rgpn.org.nz. Or, alternatively, fax or post the membership application form at the back of your newsletter.



"Growing Health at Grass Roots!"

After-hours oncall solutions

Readers may recall our last edition of Network News where we discussed the rural GP shortage and listed several facts which reinforced the Network's position that 24/7 oncall after-hours care is the most significant issue facing rural practitioners.

The Network believes that many of the solutions to this issue are contained in recent research conducted by Dr Ron Janes of Wairoa.

The research, commissioned by the Network, showed many practices are already using a range of local solutions to reduce oncall workload, including:

- Educating patients to attend during longer daytime hours.
- Having more and better triaging of after-hours calls.
- Improved ambulance services.
- Sharing oncall coverage with nurses.
- Paying locums to do some oncall.
- Combining oncall rosters within rural localities and local rural hospitals.
- Charging more for callouts to reduce demand.
- Arranging oncall to be provided from nearby urban centres.

But, as the research showed, these solutions are often not possible in many rural areas.

"Adequately addressing this one issue is the best chance New Zealand has of significantly improving retention and recruitment of rural GPs and nurses," said Network Chair, Dr Tim Malloy.

"We suggest a change in the after-hours model could well be the solution rural New Zealand is after."

Respondents to the survey suggested DHBs and PHOs should be responsible for ensuring after-hours care is provided.

They also suggested any oncall arrangements with DHBs and PHOs should be made transparent by using separate contracts offering reasonable pay and clinically safe work-loads.

Financing of the contracts could be done by redistributing some rural funding. This could, for instance, come from those enjoying significantly reduced oncall workloads (due to the solutions already being used – see above) to those having to continue to provide oncall services in the more isolated rural localities.

"However, we believe a change that addresses the inequity we face in rural NZ, will require better resourcing. We would welcome engagement with the Ministry of Health on innovative solutions to this issue.

"If we are to stem the shortage as the baby boomer generation begins to retire this has become a matter of real urgency," said Dr Tim Malloy.

The after-hours oncall research is available on www.rgpn.org.nz/afterhourssurvey.htm.

"Adequately addressing this one issue is the best chance New Zealand has of significantly improving retention and recruitment of rural GPs and nurses."

Network activities

Some of the recent activities the Network has undertaken on behalf its of members include:

General

- Rural Funding Survey - Conway Powell will present the findings from the survey at the 2007 Network Conference in Auckland.
- Practice visits – Mark Jones, Ministry of Health Chief Nurse, visited with nurses in the South Island and will continue meeting with nurses around the country in the new year.

Submissions

- Rural Ranking Score Review (Ministry of Health) - the Network provided a supplementary submission to the Ministry and is awaiting their draft report (likely to be February).
- Section 88 Maternity Notice Review (Ministry of Health) - the Network provided a submission to the Ministry and wholly endorsed the submission provided by the NZMA.

- PRIME Services Specifications Review (ACC and Ministry of Health) – the Network has provided a submission on the review and will have the opportunity to comment on the next draft.

All submissions are available to view at www.rgpn.org.nz/papers.htm.

Representation

- IPAC Conference (October) – Adrienne Steele and Dr Tim Malloy represented the Network at this event.
- GPLF Study Tour (October) – Dr Tim Malloy and Nancy Malloy represented the Network on the tour (see story page 1).
- ACRRM Scientific Forum (November) – Dr Stephen Graham (Deputy Chair) and Rachel Hale (North Island nursing representative) represented the Network at this event and held meetings with Australian colleagues.

NZLocums attends American Academy of Family Practitioners Expo

Linda Reynolds and Amanda Campbell, NZLocums recruitment consultants, recently attended the American Academy of Family Practitioners (AAFP) expo held during September in Washington DC.

The expo provided NZLocums with invaluable exposure to over 4,500 physicians who attended the three day event.

The team were able to promote the NZLocums placement service to many international general practitioners who were interested in either permanent relocation, or short or longer term locum work, in New Zealand.

To do this Linda and Amanda were joined by Terry Murphy, a representative from the Department of Labour Immigration (DoL).

This was the first time NZLocums and DoL had attended such an event together and Linda noted it made for a very successful trip.

Many attending doctors actively sought out the NZLocums stand after receiving a DoL organised and funded mailout - 'Postcard from New Zealand'.

Many attending doctors actively sought out the NZLocums stand...

"And by sharing some of the costs and pooling our expertise we were able to better answer potential migrants' questions around recruitment issues and immigration matters," said Linda.

The team was also joined on the stand by Dr Walter Griffiths, a US based general practitioner. Dr Griffiths



Linda Reynolds and Terry Murphy at the AAFP expo

has locumed in New Zealand on two separate occasions and is returning to New Zealand for more locum work in January next year.

"Having Dr Griffiths at the stand was very worthwhile. It meant doctors were able to hear first-hand the differences, both medically and culturally, between USA and NZ."

Linda said the team made contact with numerous doctors who were interested in a range of working opportunities in New Zealand over the coming months and years.

"We look forward to attending the AAFP event in 2007 - hopefully with the support of DoL once more."



The team chat with prospective candidates at the expo

New recruits

NZLocums runs an orientation programme for all overseas trained doctors when they arrive in New Zealand, before they are placed in rural practices as short-term locums and long-term/permanent recruits.



Neil Robertson, Rebekha Doran, Sinead Armstrong, Natasha Hall, Hermina Grey and Jean Young

The photo on the left is of some of our new recruits, taken at a recent NZLocums orientation – they are:

Neil Robertson, Rebekha Doran, Sinead Armstrong, Natasha Hall, Hermina Grey, and Jean Young – all from the UK.

- **Neil** has taken up a long-term placement in Kaikohe, Northland.
- **Rebekha** has moved to Raglan for a six month placement with a view to staying permanently.
- **Sinead** is working as a roving locum, and started with a four week stint in Te Anau.
- **Natasha** has moved to New Zealand with her husband and has started a three month placement in Johnsonville (NZMedics).
- **Hermina** has joined a Waihi Beach practice for three months.
- **Jean** has taken a two and a half month placement in Whangamata to cover local GPs as they rotate out on holiday.

"Northland lifestyle five-star," rates Scottish GP

"Moving to New Zealand has been a great adventure for the whole family - we love it." said Craig Stangroom.

The Scottish GP had long wanted to work in another health system when he brought his family to New Zealand for a year.

Craig approached NZLocums to guide him through the registration process after noticing an advertisement in a British medical journal.

"NZLocums is a first-rate company to obtain a placement through. They took note of where I wanted to go, helped me with the paperwork and answered every question I had."

Craig is now based at Hokianga Health in Northland, a practice which services a large area including seven surrounding branch clinics.

"It's a great opportunity to practise traditional GP work and deal with A&E and obstetric patients, which there are more of here than in Scotland," Craig said.

A major perk of the job is the good weather and long summers.

"Northland has nine months of summer which is a complete contrast to the Scottish Highlands."

His two boys, aged eight and ten, spent much of the summer swimming and playing on the beach.

In Scotland, Craig was frequently on-call, now he has more time during the weekends to devote to activities including kayaking, tramping and family trips.

"The boys get to participate in a lot more sport at



The Stangroom family on a tramping trip

school over here. And the active, outdoor lifestyle is great for all of us."

He and his family have also enjoyed living in an area populated predominantly by Maori.

"We have learned a lot about their culture and it has been a really interesting experience for us.

"The boys have even mastered a pretty fierce haka!" laughs Craig.

Craig and his family return to Scotland at the end of his one-year contract.

"Kiwis are a great, positive bunch of people and I'd recommend doing locum work in New Zealand to anyone."

Kaikohe takes a community approach to rural health

The eight-doctor practice in Kaikohe recently set up a charitable trust to purchase the health centre building from four of the practice doctors.

"We managed to get it for mates' rates," laughs Broadway Health doctor Peter Vujcich.

Peter cites the rural GP shortage as one of the primary reasons for setting up the trust.

"Our main focus was to retain health professionals in the Kaikohe area."

Kaikohe originally had two local surgeries but, when the staff from each decided that things could run much better if they all worked together, they combined to form Broadway Health.

"The staff here are incredibly community focused. They are always thinking 'what would be the best way of doing this for the community?'" said practice manager, Catherine Turner.

As a consequence, the centre, which was built ten years ago, offers a vast range of health providers and facilities.

"We try to provide a one-stop-shop to ensure rural people have the best possible access to all health services."

The centre offers a podiatrist, chiropractor, phlebotomist, nutritionist and various other specialists visit the centre on a regular basis.

In addition, the building houses a pharmacy, community nursing, opticians and public health nurses as well as visiting midwives, ear caravan and sexual health clinics.

"We also work alongside our community provider, Te Hau Ora O Kaikohe, to provide social support, such as the subsidised transport scheme."

"The staff here are incredibly community focused."

Because new facilities were needed to accommodate such a broad range of services, the centre was also purpose designed to handle accidents and emergencies.

"It's fantastic that since the sale to the trust, these brilliant facilities are going to be able to give even more back to the community," said Catherine.

Once the sale of the



The team at Broadway Health in Kaikohe

building is finalised the centre will pay the trust rent for its use.

As the trust owns the building the practice won't be priced out of the rental market.

"And this security means it is also easier to attract general practitioners to the area as new doctors often prefer to be employed rather than have to outlay a substantial cost to buy into a rural practice building," said Catherine.

Most importantly, the trust now plans to use the rent to benefit the community. Although, as yet, nothing has been set in stone the trustees have big ideas of how they would like to use the money.

"It could do everything from retaining medical personnel to providing local college students with medical scholarships; just whatever we can do to provide the best services for the community."



Broadway Health premises

Aotearoa Rural Health Apprentices report

Aotearoa Rural Health Apprentices (ARHA), the national body representing tertiary rural health students, has recently secured funding from the Ministry for our first face-to-face meeting in 2007.

Most importantly, funding has also been secured from the Ministry for our summer research studentship.

The successful candidate, William Perry, will focus on students' attitudes towards careers in rural health, and the role of medical education in influencing students towards such a career.

In other news, the Matagouri Club (Otago region) held a 'Rural Health Week' in Dunedin from 18-22 September.

Speakers at the event included Dr Greville Wood (West Coast DHB) who, along with West Coast trained students, discussed the benefits of a rural education.

There was also a presentation from Dr David 'Buzz' Burrell, an interactive student lunch and a 'Suits & Boots' barn dance, which was a well attended and very enjoyable evening.

As a result of this year's club activities, in particular Rural Health Week, Matagouri now boasts over 120 active student members.

ARHA hopes to roll out Rural Health Week nationally during 2007 to ensure rural health remains a hot topic on the lips of all students.

Once more ARHA would like to extend our wholehearted thanks to Adrienne Steele, Dr Tim Malloy and the entire Network team for their continuing support of all our efforts.

Brad Stone, President, ARHA 2006



MECA'06 attendees participating in practical training session

Holiday closure

The Network and NZLocums' office will close for the holidays at midday on Friday 22 December.

As expected, the office will remain closed for the statutory holidays but will reopen with minimal staff for the days between Christmas and New Year (27-29 December).

From 3 January 2007 the office will be business as usual!

Remember, our NZLocums free call numbers are:

NZ - 0800 NZLocums (0800 695 628)

UK - 0808 234 7853

USA - 1866 498 1575

Members' diary note

The Network's Annual General Meeting will be held during the 2007 Network conference on Saturday 31 March 2007, directly following the awards ceremony.

Information about the AGM will be provided to members in advance of the conference.

**Have a happy festive season and a safe and enjoyable New Year
From the NZ Rural General Practice Network Executive Board and Team**

The New Zealand Rural General Practice Network is the only nation-wide membership-based organisation in New Zealand that specifically promotes, supports and advocates for rural general practice. Your membership fees are vital to ensuring that rural general practice retains this representation.

Membership fees are very low considering that as a direct result of the Network's intervention and advocacy work rural GPs have received an average increase in funding of \$11,000 per GP, per annum. The Network also puts significant effort into making sure rural issues are incorporated into government policy. More information about membership is available on our website at www.rgpn.org.nz/cgi-bin/joinrgpn.cmd.

YES I want to become a member of the New Zealand Rural General Practice Network

Name..... Title.....

NZMC/Nurses Registration Number.....

Practice Name.....

Practice Address

.....

.....

Telephone.....

Mobile.....

Fax.....

Email.....

Signed.....

Membership Options (please tick one)

Annual membership benefits include regular newsletters and updates, voting rights, advocacy, regional representation and discounted conference fees.

Rural General Practitioner
= \$135 incl GST

Rural Nurse/Rural Nurse Specialist
= \$26 incl GST

Rural Practice Manager
= \$26 incl GST

Friends of the Network

Friends of the Network are entitled to regular newsletters and updates and discounted conference fees.

Friend of the Network (annual) = \$75 incl GST

Please forward this completed form along with a cheque for the correct amount to: New Zealand Rural General Practice Network, PO Box 547, Wellington or call us on +64 4 472 3901 for other options. GST No. 76 470 601