

Blog: 4.08.2024

Finances have been a marked focus this last week where the outcome of negotiations between the various General Practice organisations with the government were announced. There has been a recognition from the Government finally of the dire straits many general practices are in, with quite a few closing down totally around the Motu, and many downsizing staff despite expanded enrolments. We are very financially challenged like all practices and staff have not had pay increases for a number of years. It is too much to expect the Government to suddenly make up in one year the great yawning deficit accumulated over a decade or more, and temporarily papered over by the extra income from extra work over the Covid pandemic: a pay increase like the 27% that Aussie GPs got in their Budget 14 months ago would have helped to attract and retain staff but was too much to expect that this time of massive cuts in the public service. Off course the increase in Australian wages attracts more of our Doctors and Nurses over the ditch and just worsens conditions here. There is a good increase in GP subsidies, if even a way below what we need to catch up the last decade or more, but it barely covers increases in our costs like the compulsory IT, rates and rent, bank interest, medical supplies and all that is needed to do business. Nurses pay negotiations and strikes increased their hourly rate markedly this year: not to the level of policemen to which they once had pay parity. [Compare our nurse fee to any qualified tradies hourly rate for instance]

General Practice is also subsidised on a model which is grossly unfair to practices like ours who strive to see patients in a timely manner and provide good service. Other practices in our area of a comparable size enroll as many patients as they can, so have very long waits for appointments with a GP, and often fast short appointments with different doctors all the time. This is because they are rewarded with more than double our funding from Te Whatu Ora as funding is simply on the basis of number and type of patients enrolled. Especially operating like this are those owned by Corporates, and two larger local

practices who used to work more like we do, have gone this way in the past couple of years and are now owned by Green Cross and The Doctors, companies focused on profit making as their number one goal, not service and caring for their patient. These corporates now own a large number of practices throughout New Zealand. This has happened as doctors wanting to retire can't find younger doctors to buy out the practice and transfer the responsibility for care of their patients. This capitation model financially rewards their model of large enrolment bases and promotes short fast consultations with a rotating list of doctors, many not NZ trained, or having full qualifications of Fellowship of the Royal NZ College of General Practitioners which ensures high quality standards of care and ongoing minimum requirements which are quite extensive for medical education, essential in a rapidly expanding and changing environment. [Those doctors have FRNZCGP after their name, and are called Specialist GP's. I have a distinguished Fellowship and am thrilled to report Dr Ranche was awarded one last Saturday at the Royal College Conference. They are rare. It was attended also by our lovely last Registrar Dr Callum Hammond. I didn't go as I had a much delayed colonoscopy booked for Monday and any of our patients who have been through that procedure will understand how ones world gets reduced to within 10m of a loo!- it did not show any medical issues by the way- but Ranche's husband Charles and her two daughters were there to support her.

So yes, fees are going up as of Monday 12th August. At the same time all of our staff -but not me- will get a wage increase. The fees increase is to cover purely this and is the lowest amount we can do to fund this increase and maintain services and practice the kind of medicine which we want to practice, Our Mission Statement says; To provide the best possible medical service to patients who care about their health. Neither Dr Mick nor I ever wanted to work in one of those high turnover environments where we did not know our patients and their whanau, and I'm sure he would have been pleased we are not going to. I realise this is hard for patients in a financially challenging environment and please talk with our practice manager Meriana if you find it too difficult. Sometimes there

are solutions around this, like regular small fortnightly APs or even programs we can access.

With our allocated registrar for this current six months not turning up we have moved to provide extra opportunities for care for our patients. I'm seeing a few extra patients a day now, I don't have to stop to talk to the Registrar or see their patients with them when issues arise out of their experience, and I'm not spending 'lunchtimes' teaching. Sometimes now I actually get as much as 20 minutes to eat in peace

Rachael finishes her Masterate in Nursing by the end of October and will begin practicing totally independently on Wednesday, Thursday and Friday, and have longer appointments to see our patients, especially those with complex care, diabetes, COPD, hypertension etc.

Most importantly there is a change in nursing staff with Harpreetpal leaving us to return to Elder Care on Thursday and a very senior experienced Nurse who like Rachael has had prescribing rights for years and is used to seeing patients herself joining us on Monday 12th. I thank Harpreetpal for her kindness to our patients and help especially through the difficult time, this last twelve months has been. She may come back to fill in if any of our nurses are away as she continues to train to acquire Nurse prescribing rights herself.

Our new nurse Jan has been managing a very large busy practice for many years with a whole team of nurses and American Physician Assistants under her as Nurse Manager, and she is excited at the opportunity to spending her time just 'being a nurse, not a manager'. I will introduce her further in the next blog as this one has become rather long.

It started as lovely day today and even if it has now clouded over. I intend to go and enjoy it, and maybe even catch up with my daughter and the mokopuna later this afternoon.

He konei ra, Jacqueline

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