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Open letter to the incoming commissioner of Health New Zealand

Dear Professor Lester Levy,

Firstly, please accept our congratulations on being appointed commissioner for Health New Zealand.

Secondly, permit us to introduce ourselves – General Practitioners Aotearoa (GPA). After the demise of the New Zealand Medical Association, there was a gap in advocacy for doctors working in primary care. We formed GPA to initially fill that gap, and as a stepping stone to re-forming a new New Zealand Medical Association. I write as the interim chair of this organisation.

Over the past three decades and more, I have watched progressive governments fail to invest in general practice. It is no surprise that it has become an unpopular postgraduate career choice.

10 years ago, 40% of doctors in New Zealand were working in general practice. Last year it came down to 25%.

It is therefore similarly no surprise that the various agencies responsible for delivering the health care to New Zealand have acquired more and more debt. I have seen incredible false economy being poured into healthcare, and more and more good money being thrown after bad with extremely disappointing results.

I see from the Health Minister's announcement that Health New Zealand is \$1.4 billion in debt, and to be honest this is no great surprise given the investment has been put in the wrong direction.

My plea comes from an evidence-based standpoint, not an emotive one or a political one. Paper after paper has demonstrated that if a government invests \$1 into general practice, it saves between \$10 and \$15 down the track. This is a far better investment than sending that same funding to other healthcare sectors, both fiscally and in terms of our residents's long-term healthcare.

An overused analogy is the relationship between ambulances, cliffs and fences. But the even more sensible metaphor would be to live far away from the cliff, with little need for ambulances.

We need investment in general practice urgently. With resources, training, staff, and correct funding, we would have a well-equipped, well-funded, and well-trained general practice workforce which could perform a lot of medicine which is currently being sent to price emergency departments (EDs) and hospital specialists.

By having general practitioners (GPs) prevent and manage diseases and health conditions, we can avoid the need to refer people to secondary care.

Referrals from the deprived primary sector are already over-working hospital departments where morale is at an all-time low.

You may know that evidence from Australia has demonstrated that a patient presenting with an urgent problem to a GP, costs the Australian government just under \$70. The same patient presenting to the emergency department costs nearly \$600 for the same management pathway.

Blaming and firing bureaucracy would be missing the point. GPs are walking away right now because we urgently need staff, resources, buildings, working conditions, and income with Australasian parity.

We are also disappointed to see recent reshuffling of funds to "invest" in primary care by directing funding to non-doctors. Research is currently emerging that without the support of GPs, non-doctors have an increased referral rate and contribute to burdening the secondary sector.

Non-doctors cannot do the same for less, and tend to over-refer patients that could be cared for in the community by a GP.

These perceived shortcuts are in fact a scenic route.

But the answer is simple: increase funding and support for GPs to save money and improve health outcomes.

I see that the Minister has tasked you with a savings objective of \$1.4 billion. I respectfully suggest that unless the wisdom of the evidence and history outlined above is heeded, a further \$1.4 billion debt will very soon be added to the accounts.

We urge you to find the time to meet with us soon. We are confident your briefing on how general practice is funded from small solo practices, to rural and remote, and variable urban providers will require a reality check.

The fact is that the doctors working in general practice are completely overworked, undervalued, unsupported, and disrespected. Many are looking at abandoning their primary health organisation (PHO) contracts.

We are in an extended Winter of Discontent in healthcare. The figurative rubbish is in the streets as unrest among healthcare workers increases by the day, and EDs overflow with people desperate for healthcare that could be provided in the community if only there was enough funding and enough GPs. As a proud New Zealand citizen and experienced GP, I want to avoid this international embarrassment escalating any further.

We can, and want to, work with you to help get this country's health service back on its feet. Otherwise, we anticipate an unpleasant complete collapse of New Zealand's health system within the next two years.

Yours sincerely,

Dr Buzz Burrell MB BS MRCPI FRNZCGP FDRHMNZ

Interim Chair