

Editorial

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Engagement

Another issue, another guest editor for the *NZFP*! But there is news that for the October and December issues Associate Professor Susan Dovey (who was editor for the June issue) and I will be joint editors. This is good because, as a new editor, learnings come thick and fast and it would be a shame not to have the chance to apply and embed them. In this issue you'll find a survey so that we can find out what is useful to you, in preparation for the morphing of this journal into the new *Journal of Primary Health Care (JPHC)*. Please do hunt it down and engage!

Talking with colleagues at conference recently I was re-reminded just what a highly regulated business general practice is. Impacted on by legislation in terms of the regulation of professional competence and in its provision of health care services, general practice also has to accommodate the requirements of other agencies ranging from ACC to WINZ. Funding is fragmented between a raft of public funding lines (capitated, immunisation, maternity, etc.), increasing the complexity of the business side. In this confusing and policy-conflicted environment, there is no shortage of weighty matters pressing upon general practice.

Not surprising then that many GPs express frustration around how the 'system' impacts on patient care and their own well-being.

This issue of *NZFP* makes its theme 'health policy'. Why? The national and

local context of health care needs to be remembered periodically because systems improvement is mainly enabled through feedback. And systems improvement can improve the quality of patient care! That is the reason for peer reviews, practice reviews and evidence-based medicine.

In an election year, when health seems not to have the profile that many people had expected, the Royal New Zealand College of General Practitioners' (RNZCGP) quality cycle of plan-do-check-act-monitor offers insights that are applicable to health policy.

This edition of the journal contains articles relevant to national health policy in the areas of GP workforce and maternity care. Of course, there are other pressing issues such as Information and Communication Technology (ICT) on the horizon, that the College will need your assistance with in the near future. If feedback and information does not surface in a way that is digestible and fits with the development of 'health policy', it will often be marginalised.

Our first article asks 'How many GPs are enough'? The RNZCGP has long taken the view that general practitioners' well-being is important: it impacts on GP performance, patient health outcomes, and GP recruitment and retention. Yet there is a paucity of information on how many GPs are needed to deal with current demand. The picture becomes still more complex when taking into

account issues such as urban vs rural practice, general practice teamwork and the lack of solid, real-world research and evaluation.

Similarly, feedback and open discussion about the changes to the Primary Maternity Services Contract need to occur to ensure the possibility of best outcomes for future care. A key position of the RNZCGP is that 'the quality of the doctor-patient relationship is critical to the quality of general practice health care delivery'. Purchasing approaches to maternity services need to:

- Be flexible, women and baby-centred and focused on processes that improve outcomes, rather than those based on prescriptive delivery models
- Foster co-ordination and collaboration in maternity health services. Funding with local flexibility to organisations providing comprehensive maternity services should be retained.

Another example is that 'policy' on ICT remains an ever present challenge for general practice in the year to come. And, as you know, it has not been that much different in the recent past. However, the policy climate that is moving across New Zealand will change this.

The Government's Digital Strategy is presided over by the now familiar face of Hon. David Cunliffe, whose portfolio covers both health and telecommunications. The Digital Strategy has recently sparked na-

tional debate over the allocation of NZ\$1.5 billion for development of a telecommunication infrastructure using fibre optics. Indulge me if the relevance of this to readers is less than clear. David Cunliffe is determined to deliver more competition within telecommunications and consequently lower the price of broadband services. The Digital Strategy says that *'All major public institutions, particularly within the health and education sectors, [will] adopt effective demand aggregation strategies that enable the deployment of 1Gbps connections by 2012.'*

Whereas general practice was an early adopter and innovator of ICT, in recent years we have become more reactive and fragmented in how we have responded to government initiatives. We are told now that *'To get better outcomes for New Zealanders, the delivery of health and disability services in New Zealand needs to focus on working smarter.'*

This will require the availability of accurate and timely information that will enable effective decision-making. The current government's national Digital Strategy clearly will apply pressure in the health sector and, in the coming months and years, general practice must apply itself by taking ownership of its own information systems and strategy if it is to remain patient-centred. Without adequate ownership of the process, general practice risks facing compliance issues that will not enhance patient care.

As already mentioned, the theme of this issue is health policy. Not because health policy is of direct relevance to the care for your patients right now, but because what is decided right now will affect you in the future.

In summary, the theme reflects two issues where health policy has had, and is having, a profound impact on general practice and primary care. The first explores how many GPs are enough. The second, on maternity, touches on unresolved conflicts that impact the heart of general practice – continuity of care. Both are hot topics, shaped by political decisions at a national level.

Understanding how 'economic necessity' and 'health debate' impact health policy is perhaps the hardest thing. Diverse perspectives, expert knowledge and economic drivers often seem to become compressed to form high level action plans and bureaucratic service agreements. As patient advocates, GPs need to understand 'policy' and how to contribute (when motivated to do so). Aggregated views can hide and obscure many gems – but with active participation the likelihood that these gems will be hidden decreases. As clinical leaders and patient advocates with valuable skills and knowledge, it is useful to remember that seeking to modify the system through offering feedback, participating in open discussion and providing evidence where appropriate, will often have beneficial effects for your patients. The College anxiously awaits your ideas, assistance and engagement...