

Tighter focus ahead

Faced with the building strength of *New Zealand Family Physician* under editor Dr Tony Townsend, the College of GPs is to focus even more on the clinical side of our flagship publication.

Quality is central to everything we do to support and strengthen general practice, and we are delighted with feedback we are receiving about *NZFP*.

Following a review of our publications and everything we produce for you, we are to change direction on some publications, hopefully producing a user-friendlier package.

- *NZFP* will focus totally on the clinical and research side of general practice and primary health care.
- Our printed *Pulse* will continue to come out alongside *NZFP* and include the College news you need

to know about our advocacy programme and the promotion of general practice. It will be about you, and how you can make use of the services the College provides, as well as giving you the latest on CME, MOPS, Professional Development, the GPEP programme.

- *Connections*, aimed at GP registrars, will be a major part of the new *Pulse*, and there will be a special section for Faculty news.

At the same time, *GP Pulse*, our electronic newsletter, will continue to provide instant access and information to members in these changing times.

Making a regular appearance will be a newsletter focused solely on **the implementation of the Primary Health Care Strategy**, what's working and what's not, and any general practice worries.

Lost your Conference 2003 registration form? Starting to panic just a little?

Hit the College website and you'll find the necessary links to allow you to download copies.

You can fill them in, send them off, and hey presto, everything's under control.

Remember, www.rnzcgp.org.nz

Everything is building nicely for a wonderful few days, and your hosts are working up some great southern hospitality.

Towards Unity, Dunedin, 17-19 July, will interweave the clinical, professional and broader perspectives of general practice, with international and local speakers providing interesting and challenging perspectives on the different aspects of primary care.

We will explore the relationships and structures that support unity and the barriers to their development. During the practical and clinical parts of the conference, speakers and workshops will focus on the ways we can work with other health professionals to provide better patient outcomes and foster our own self-care.

The College is very aware that maintaining general practitioner morale is vital. The final day will focus on the role of 'hope and vision' within general practice, from both a practitioner and patient perspective. College staff will be on hand to hear how we can represent or support you in the coming year. Finally,

the conference will again be an important opportunity to exchange ideas and network with colleagues.

Remember Dunedin? Edinburgh of the South. Many of you trained there. You'll remember Dunedin as a friendly city, with classical architecture, great restaurants, wonderful pubs. A fun city. Your memories of the years when you first embraced medicine may not include the rich coastal scenery and wildlife; but Dunedin is also the gateway to Central Otago, with its award-winning vineyards and spectacular ski-fields. Dunedin looks forward to giving you a warm southern welcome home.

We'll see you there.

Primary health care – viable but vulnerable?

A College overview of the implementation of the Primary Health Care Strategy has received positive feedback and support for the problem areas identified.

The overview found the role of District Health Boards in implementing the strategy requires much greater scrutiny and management.

In order to successfully implement the important goals of the Primary Health Strategy, *'the emphasis needs to be upon capacity building to deliver services, rather than shifting risk,'* College CEO Claire Austin wrote for the College.

The goals of the Primary Health Care Strategy are widely supported within the sector, but some *'questionable practices'* are already evident in some areas which risk *'creating competition rather than collaboration.'*

'In the past, the management of change, building of capacity and contracting issues have often been overlooked as health goals and policies are implemented.'

She found considerable variance of DHB contracting behaviours and organisational capacity at all levels.

The Ministry of Health needs to take a leadership role in capacity building, fostering sector develop-

ment and monitoring of contracting behaviours. Research and development is an essential component of capacity building and requires explicit recognition and funding.

(The College will soon release a report by Professor Mike Pringle, former RCGP chair, that examines the building of primary health care research in New Zealand.)

'The commitment of an improved funding environment for primary health care is therefore significant and timely,' Ms Austin said. The New Zealand Government has announced increased funding which will increase up to \$195m of new funding targeted at primary health care, introduced gradually over three years.

The Primary Health Care Strategy signals a new direction for the health sector, and to the development of primary health organisations. These primary health organisations will be expected to provide both population health services and primary health care. However, in a time of such significant change, it is essential that change is planned and managed effectively.

Ms Austin made 11 recommendations.

KEY were:

1. District health board contracting practices should build capacity,

rather than shift organisational and financial risks.

2. DHB requirements of PHOs must be within the minimum Government requirements and should not undermine the viability of the organisation or the ability to provide quality, sustainable services.
3. The contracting models and Crown responsibilities agreed to in the Social Services Sector should be applied to the health sector.
4. The MOH should develop an explicit implementation plan in collaboration with key stakeholders in the sector with resources allocated to leadership development, governance and management training for Primary Health Organisations.
5. The Ministry should facilitate regular exchanges of information and experiences in primary health care implementation – what's working and what's not.
6. A sustainable funding and pricing model should be developed with key stakeholders.
7. Research and development is an essential component of capacity building and requires explicit recognition and funding.

0800 RNZCGP is ready to help

The College Helpline – **0800 769 247** – was sent live this month and is already receiving your calls. Facing problems, don't know where to turn? Call us and we'll help sort it out. It may be you need:

- Someone to listen, or
- You're stressed and overworked and don't know how to break the loop
- A patient has laid a complaint
- A staff member is causing major hassles, or
- You've got concerns about a colleague.

We're here to support you. Call 0800 RNZCGP and we'll help sort the best way through the problem.

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