Blog 8/9/21

Today I'm not writing about covid at all, but another very important matter to health which is getting overshadowed by the current large incursion into the community of the delta variant of the Sars-Cov-19 virus and being in another lockdown here in Auckland.

In May this year as announced in the Budget, the Minister of Health Andrew Little announced in 18 months, there would be a big shakeup in how the health system is run, but gave little detail.

The amalgamation of DHBs was shadowed as there is too much variation in services between them. The term for this has become ' postcode lottery' where your address determines the rapidity and type of service offered to patients. This is particularly apparent in cancer care like radiation and specialised oncologists, and smaller DHBs covering remote areas who are having difficulty recruiting specialist doctors and increasingly specialist nurses to help provide some services. Some areas only have to lose one specialist to suddenly not be able to cover demand for appointments at all, and if adjacent DHBs are already stretched too and cannot help out, it can mean long trips [and very short appointment times once there] to see a specialist for some Kiwis.

The underlying rationale here seems to be there will be less duplication in services, that is less bureaucrats needed who can cover bigger areas and consequently savings to be made in administration, as well as a more even spread of services. However as the Association of Senior Specialists – the union governing hospital consultants - point out loudly and as frequently as they can - the issues of recruitment and retention are not going to be solved while their members are overworked and underpaid and Australia offers more than double medical salaries. As well - we have far less fancy medical equipment like MRIs and Pet scans let alone radiation treatment etc which can reduce the time to suitable outcomes, and avoid unnecessary operations and improve workloads. This impacts on the nub of the issue: is this just going to be an expensive exercise in moving the same people around to new jobs with different names to cover up the lack of addressing the real deficit in our system of inadequate funding? It could be, if not done right.

What I think is right is a contentious issue with some people, and that is going to be the loss of elected people to the DHB boards, and the appointments to such boards, returning to 'the Minister', that is Wellington Ministry of Health officials who submit a well edited and ranked list of names to the Minister for final vetting. The problem here is that the DHBs spend a lot of our taxpayer's money: do we want business people who understand how to manage big money, plus a small group of diverse consumers appointed to Boards to ensure the input of community knowledge? Or do we want to go on the current democratic system of elections which is very undermined by electors not even knowing the candidates, the candidates not being accountable to parties during their term and so free of any need to be accountable,

and as a consequence very few people even bother to vote for candidates or know who is on their hospital board. This is a debate that needs airing and with more immediate concerns like COVID on our minds, this is just is not happening.

The second main issue arising out of this, is around what constitutes primary care. The Minister says he wants to shift more services away from the hospital into Primary care. That's just common sense.

We GPs can save the system heaps if we were funded to do more. We have the expertise, space and administrative systems to cope. For instance I cut out skin cancers at about the ¼ the cost it takes for a junior doctor at Middlemore to do the same. The difference is who it costs! If I do it, the patient is charged. Our capitation subsidy does not allow for surgery, so actually the government contributes nothing to the cost of doing it here at Tiakina Te Ora, whereas it fully funds it if done at the hospital. Surely that is unfair.

Nearly 20 years ago Middlemore recognised this and offered us GPs payment for doing these minor ops at ¼ the cost than of doing it at Middlemore. But they also said even experienced GPs like Dr Mick and I had to do a training course which would have cost us a fee of $3300, plus we had to be inspected and purchase various articles of equipment which could have added another $3000-$5000. Needless to say - very very few GPs were interested in the proposal. Even now to do some minor gynaecological procedures like insertion of devices to the uterus to manage heavy bleeding and so avoid a major operation and to do diagnostic pipelles which check for cancerous changes causing that heavy bleeding - have real barriers for GP's to do.

I have been doing for these for 40 years, have a post-graduate qualification in Obstetrics and Gynaecology, have already spent a day at Middlemore off my own bat back 30 years ago when pipelles were invented. For my patients to be subsidised I have to take a day off work, go to the hospital and work for them for free for at least a half day clinic so someone who has done less cases than I have, can see I can do them. I can see how that may apply to doctors who have been trained overseas, but I was trained at Otago University and National Women's at Greenlane!

What the Minister actually means by Primary care does not seem to include General Practice! Worse than this is that the Minister of Health seems to think the worsening shortage of GPs can be filled by pharmacists. This shocked those of us attending the Minister's address at the Medical Association Education for GPs in Rotorua which had over 700 GPs in attendance early in June this year. The development of pharmacists as a separate speciality to doctors is a relatively new thing. When I first qualified - a lot of older GPs still did their own dispensing and even mixing various compounded medicines. Separating this away from the doctors addressed the issue of a financial incentive to prescribe certain brands or even drugs. As a young doctor the pharmaceutical company reps visited as many GPs as they could and ran meetings to incentivise the sale of their products: they only did this as it improved their sales.

Even in the early 1990s one Big Pharma actually purchased the closure of Auckland Zoo after 4pm on a Sunday and invited GPs and their families to a barbeque and to see the Chinese pandas here for a visit. I was shocked at the scale of the bribery and despite having a young daughter who would have been thrilled to partake, I sent my invitation off to the then Minister of Health, to show her what was going on. [I am sure Helen Clark was not amused.]

I think we have all had the experience now of asking a pharmacist for advice about a product to deal with a minor medical issue- in my case a ringworm on my shoulder- and been offered a very expensive product when a far cheaper product would do the job just as well. So much for the separation of profit taking from the choice of medication! It also presumes medical training in the pharmacists - which they just don't get, and certainly nothing like the 9-10 years it takes to even start training as a fully qualified GP. Is this another attempt to dumb down services again for patients? If so it will overload hospitals more and so actually cost more.

I can see the Minister's point though. We have trained all these pharmacists in NZ, but not only the retail side of their business has been undercut by cheaper products in the supermarkets, chains like Chemist Warehouse, and technologically agile groups like Zoom are undercutting their margins making the traditional pharmacy model far less profitable. Theirs is not the only occupation facing redundancy in this new age of the Technological Revolution. Trying to adapt, they are looking for a new job and have a powerful union called the Chemists Guild to lobby for them.

NZ has trained too many pharmacists - but requests to train more doctors has been consistently refused by successive governments, including this one. All these governments have consistently turned a blind eye to the loss of more than a quarter of newly trained doctors to Australia which offers far better staffing levels and more than double the salaries. If we stopped this brain drain we would have enough doctors by treating ours better [and the healthcare ancillary staff like nurses and midwives] - it would do much more good for Kiwi's health than yet another reformation of the health bureaucracy.

We remain open at Level 4 and 3 Lockdown but like to talk on the phone first. We are bringing in 2-3 patients a day as we need to hands-on examine them and pics, texts and phones don't always give us adequate information, especially in what are potentially more serious cases.

Otherwise even though we seem to be able to sort out most issues with 1-3 phone calls, [it still counts as one consultation] this protocol keeps our patients safe and us covid-free and able to still be here for everyone. Everyone here has had surveillance covid tests yesterday and happily all are negative.

We joined the truckies crossing the border around Auckland doing this and decided it was a wise idea for all of us to be tested weekly until this incursion is thoroughly

sorted.

Be well, be safe Jacqueline and the team here at Tiakina Te Ora.