Blog: 15<sup>th</sup> Sept 2023

My hayfever and the thick yellow pollen on my windscreen in the morning tell me its spring even if the temperature outside and the rain don't seem to match that. Renewal after a long wet winter though is happening: lambs in paddocks, cherry trees in full bloom allover Papakura and new staff at the practice. A lot of patients already will have met Eseta Fonoti on reception, and Claire Zhang, Health Care Assistant, and Harpreet Kaur Dhillion starts this Monday as a nurse. Harpreet replaces our long serving nurse Paulette Orgovan who has moved down country to be closer to family. We are very sad to lose her: she started at Tiakina Te Ora in 2002 the first time and we were very glad to lure her back 8 years ago to work with us fulltime, but long travel times daily due to congested roads, and high housing costs contributed to the decision to move out of Auckland. Paulette easily getting a job in the Waikato was a forgone conclusion: nurses are in short supply with the drain over the Tasman, good nurses as experienced as she is, even harder. Especially as fussy as we are, we are really fortunate to have Harpreet coming. Not only does she bring with her 9 years of Aged Care nursing in New Zealand, she shares our commitment to quality care and kindness, a keenness to improve her knowledge with study and working through to becoming a Nurse Prescriber and completing a Masterate in Nursing, and a love of patient contact. I'm not into diversity for diversity's sake, but I am into providing for the needs of all our patients, and the fact that Harpreet also brings the ability to understand the languages of Hindi and Punjabi is really helpful too with the changing cultural landscape of Papakura and an increasing number of older immigrants on family reunification grounds who are not that fluent yet in conversational English, and much less likely to be able to read and write it.

We are still a doctor short, with both young doctors who had been assigned to us to start back August 1st going to Australia. 62 young doctors accepted into the GP training scheme this year 'deferred' and went overseas. I doubt many, if any, will come back. We will not get another until the end of January 2024. I cannot see how a new medical school in Waikato will address the shortage of doctors: it will better train doctors for rural areas if the promise to do so is upheld and I'm sure Australia will benefit from that at our taxpayers cost. I also can't see how they will even staff it which will lead to accepting professors and medical teachers of a lower standard, and lowering standards for recruitment by Otago and Auckland Medical Schools. Even if it did miraculously increase the number of doctors in our country, it takes a minimum of 9 years, often more until young doctors begin the pathway to becoming a GP. We need more doctors now! There are no locums available even for much needed holidays. And spending the Health Budget on buildings and yet another reorganization in search of fantasized hidden savings is a waste if there are no doctors and nurses to staff them. And that's not even adding in the

drain across the Tasman sea of auxiliary staff like radiographers, lab technicians, radiation technicians and their ilk. As for the hidden savings yet to be found that politicians are ranting about pre-elections, about a health system stretched thinner and thinner over the past 30 years by lack of money, the newly centralized [again] bureaucracy Te Whatu Ora, is now very quietly admitting that the changeover from District Health Boards is taking longer and costing more than planned. It also has employed the same people but with different roles and reporting chains, wasting time getting up and running to tackle these problems.

In all my 40+ years of medical employment I have never before heard of senior hospital doctors even considering striking let alone actually doing it. Health needs and requirements have changed but the system is so far behind it. For instance when I trained in the hospital 40 odd years ago, despite being on call overnight at least every 3<sup>rd</sup> or 4<sup>th</sup> night plus every 3<sup>rd</sup> or 4<sup>th</sup> weekend most cardiologists went home overnight and slept in their own beds. They were woken maybe twice for advice through the night by phone calls from their junior staff who were the ones up and working on the wards. Now cardiologists are up all night too doing procedures, like stenting arteries that are blocked in hearts or sucking out clots causing strokes. That means they are at work in the morning at 7am or 8am depending whether there is a meeting or not, and go home to their families the following day at 6pm. And they are paid only a small allowance for this extra work which works out at less than 10% of their usual day time hourly rate [which is 3 x less than the Australian rate anyway] and hasn't even been increased at the rate of inflation over the past 20-30 years! Tired doctors and nurses make mistakes. For too long politicians have failed us. In General Practice we have much, much more administration to do than when I started which takes time away from patient care and makes fees more expensive by requiring more staff. This sounds like the teachers experience too. Still some politicians are loudly promising more educational regulations to increase teachers administrative workload further so they have even less time to get on with teaching! Teachers understand teaching: politicians do not. Let them get on with it. Yet standards in both Health and Education have fallen compared to other well-off countries.

Obviously the model of more and more regulations isn't working. I do not hear anything on the election hustings that gives me hope that our politicians even have any understanding of the problem let alone solutions. More targeted programs? That just increases the administrative costs. More medical schools? More money diverted into buildings and the squabbling over scarce staff. No wonder morale is the lowest I have ever seen it.

We are managing at the surgery because we are a tight team and help each other out. We are seeing patients in a timely manner, not weeks after getting sick. Bookings for routine appointments are available within the next few days. Each day there are reserved patient slots for those who ring in from 7.45am that day on a first come, first served basis. If you believe your problem needs to be seen that day and even those reserved appointment slots are already filled, please ask to speak to a nurse who can open up some appointment slots set aside for urgent matters. We don't want to see you getting sicker waiting or worse, sitting in an urgent care waiting room for 6 hours surrounded by even sicker patients. Most of the time the nurse will call you in to see you herself first and if time is tight catch a doctor between appointments to sort out treatment plans. Some things are needed for those urgent appointment slots, sick babies always are, kids with sore ears, chest pain, worsening asthma, bladder infections, very severe headaches, to name a few. If you only need to come in for a routine appointment please don't call on the day and use these reserved appointment slots but book ahead. Remember that double appointments are cheaper than two separate appointments, and booked ahead is kinder to those waiting in the waiting room than going over 15 minutes but will cost the same. Our system only works with the cooperation of everyone, but at the moment is coping.

I also want to say how much I appreciate our you, our patients. Thank you for allowing us into your lives and families. I look at my list each morning and invariably smile as I see the names of people I haven't caught up with for a while, of hearing what has happened since we last met, of finding out about how other family members are doing. It would be too much of a wrench to cut off from that and retire. That, and my insane curiosity about new medical breakthroughs, treatments and understanding diseases keep my morale up and keeps me coming to the surgery each day. I just have to stop going out into the waiting room and calling the next patient in by their mother or fathers name as they look exactly like the parent at that age as I have now cared for many generations of the same whanau......

Thank you, Dr Jacqueline and the Tiakina Te Ora Whanau.