



General Practice Owners Association
of Aotearoa New Zealand

**The mandated voice of general practice and urgent care providers.
By general practice, for general practice.**

GenPro For You
November 2023 Update



Working unashamedly to support sustainability and viability on behalf of general practice and urgent care
business owners - and ultimately the New Zealand population they serve.

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[Message from the Chief Executive](#)

This newsletter is the last of 2023 and marks the end of a busy and challenging year for General Practice. Coming out of the pandemic (and the drop in associated funding) the pressures on General Practice became starkly more evident.

The [GenPro Survey](#) in August made for tough reading with the stats showing a dire situation in terms of workforce, access and financial sustainability. Secondary care is in crisis and the health reforms have destabilised the sector significantly. Yet, General Practice continues to step up and deliver.

It has been difficult to take too many positives from 2023, but we have made some gains and achieved impact through influence along the way.

GenPro played a leading role in finally landing the Primary Healthcare MECA with the NZNO after two years of negotiations. In conjunction with our advocacy and negotiation efforts (that achieved improved pay parity funding) this was a significant achievement which, at the time, brought primary care nurse pay to within 95% of their Te Whatu Ora colleagues. However, with the Te Whatu Ora nurse pay equity claim being settled just days later the pay gap reappeared. We continue to lobby for pay parity and to advocate for our nurses and our employers.

The next round of MECA bargaining will start early next year, and the NZNO equity claim for primary care nurses will also be a significant program of work for 2024.

The run up to the elections of 2023 gave GenPro the opportunity to engage with and influence party policy in the healthcare space. We pushed hard on the

funding issue and believe we were influential on the manifesto of the ACT party, who committed to increasing capitation significantly.

The National Party and NZ First also made manifesto commitments to using the Sapere report to address capitation levels, again following engagement with GenPro. Our stats and advocacy around the viability of General Practice were taken on board and often quoted by National and ACT during their campaigns. We certainly raised awareness of the pressures General Practice is under, but also awareness of the value of General Practice. Our manifesto and briefing to the incoming Minister continue to promote the value of, and need for investment in, viable sustainable, high-quality General Practice.

This year also saw the 'inactivation' of PSAAP. GenPro has worked tirelessly in this space, lobbying for PSAAP to be reactivated, but only if Contracted Providers can nominate their own agents, effectively giving Contracted Providers the same rights as other parties at PSAAP.

We have made good progress and with the final hurdle being getting the support of the PHOs and we should hopefully see this enacted before the year end.

He rā ki tua – better times are coming

2024 looks like it will continue to be a challenge, but with a new government and strong support from our members, GenPro is well positioned to push hard for investment in General Practice and Urgent Care.

As always, I want to end my message with a personal thank you for your support. I joined GenPro in July of this year as CEO, and I have always felt supported and valued both by members and by our board in executing my role.

Finally, I would also like to acknowledge the hard work and dedication of the small team at GenPro (past and present) - it is a privilege to work alongside you.

I wish you all a restful, healthy, and happy Christmas.

Ngā mihi maioha,

Mark

Mark Liddle
Chief Executive

What is PSAAP

PSAAP refers to the document that governs the process for changing the PHO Services Agreement (PHOSA) which is between Te Whatu Ora and PHOs - the PHO Services Agreement Amendment Protocol.

General Practice is bound to this agreement by the Contracted Provider Agreement usually referred to as the "back-to-back" agreement.

PSAAP has three reasons for its establishment:

1. To consider/decide/recommend variations to the PHOSA.
2. To consider/decide/recommend variations to Referenced Documents (the documents that detail the various processes that come out of the PHOSA).
3. To be a forum for information sharing and discussion of strategic, policy and operational settings that might impact on PSAAP parties.

If PSAAP is unable to agree there is an option open to the state to compulsorily vary the agreement.

The parties named in the current protocol are the MOH, DHBs, PHOs and Contracted Providers (GPs). This needs to change with the new structures introduced by the health reforms.

At present PSAAP is inactive in part due to a dispute over the ability to appoint to PSAAP. In the current protocol GPs representatives are appointed by a third party. GenPro strongly believes GPs should be able to appoint their own representatives and has promoted this position consistently from our inception.

This has met with strong resistance from the other parties at PSAAP, however at a recent meeting of stakeholders it was agreed in principle that it was

reasonable for GPs to be able to appoint their own representatives. In our opinion this will lead to a fairer process, more effective process.

[Nurse Pay Equity Claim](#)

We were advised in mid-November that the NZNO intends to lodge a [pay equity](#) claim with Primary Health Care employers who have NZNO members currently employed. We understand that the claim will be sent out in the next few weeks and that it will initially be lodged with close to 600 employers across the sector.

The NZNO is within its rights to lodge this claim and participation in the process is compulsory for all employers that have an NZNO member within their staff, and who receive the claim.

While we fundamentally support the premise of pay equity for all nurses in Aotearoa New Zealand, we appreciate the numerous complexities and questions that this will immediately present to General Practice owners, in particular around the uncertainty of funding. We see a clear role for GenPro in both lobbying and bargaining on behalf of employers.

As such, GenPro will offer to support and to represent employers during this process with structured options currently being developed.

Further details around the claim process and employer obligations will be made available as soon as we have them. We expect to have more information from the NZNO in the coming weeks, noting this is expected to be a complex and lengthy process.

Our Core Members and MECA Subscribers were sent a bulletin on 17th November - if you did not receive it, please contact enquiries@genpro.org.nz



GenPro Updates

GenPro Board Update

November 14th saw the first meeting of the new [GenPro Board](#).

This was a full day face-to-face meeting that included the usual board meeting as well as a planning session on future focus and actions. In line with our constitution this is the meeting where the board Chair and Deputy Chair are appointed for the coming year.

We are delighted to announce that Dr Angus Chambers was reappointed to the role of Chair and Dr Stephanie Taylor was appointed to the role of Deputy Chair.



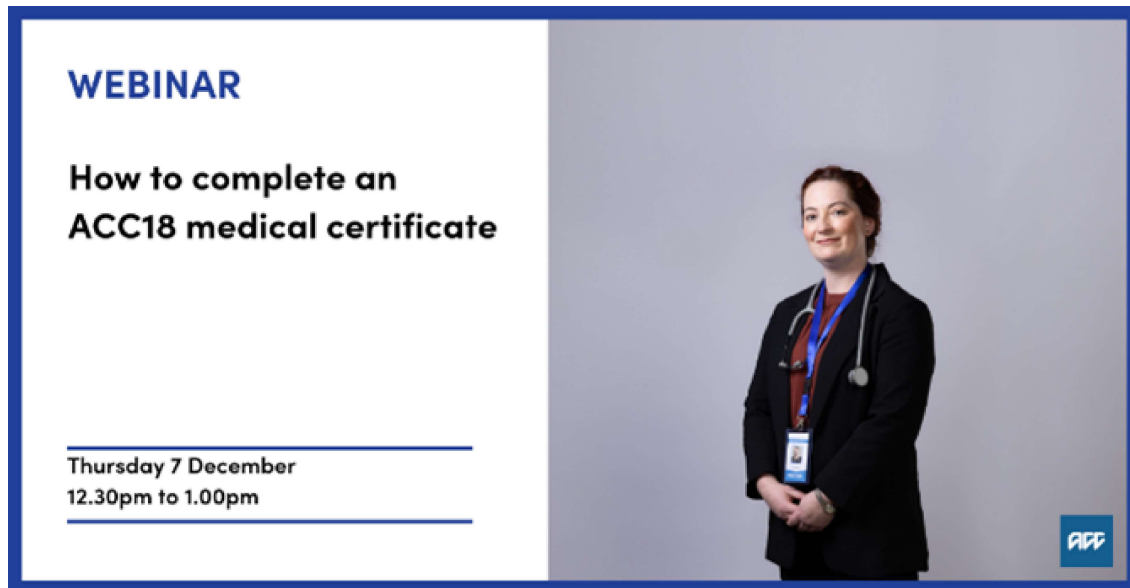
Section 14 Notifications

We are receiving an increasing number of messages from practices that are concerned about their ability to maintain services at current levels.

Please remember that if you are concerned about your ability to maintain service levels, you must notify your PHO by issuing them with a Section 14 notification.

If you are a GenPro Core member and need advice on this or a template to submit your notification, please email enquiries@genpro.org.nz

[ACC Webinar](#)



Join ACC at 12.30pm on Thursday 7 December for their next 'How to' webinar as they cover 'How to complete an ACC18 medical certificate'.

They know that not everyone has the same understanding of when to use 'fully unfit', 'fit for selected' and 'fully fit' when completing an ACC18 medical certificate. They also know it can be difficult to be sure when to use an ACC18, and what information to include. Getting certification right is key for your patient to receive the financial and rehabilitation support they need.

In this session Dr Peter Burt and Dr Maartje Lyons will step you through the form and explain what's needed and why.

You'll leave this session confident you know:

- When to use the certificate
- What to include
- Which capacity definition to use

Who should attend?

This session will be useful for all medical and nurse practitioners who complete ACC18 medical certificates, regardless of the amount of experience you have with these forms.

[Reserve your place today.](#)

Find out more about our provider education webinars on our website: [Watch and learn webinars \(acc.co.nz\)](#)



[Why would you join GenPro?](#)

- To add to GenPro's collective national voice and growing mandate and therefore its ability to make a difference
- To have a voice in national negotiations and discussions
- To have access to GenPro's exclusive range of member-only resources and briefings

Further information on the benefits of joining GenPro can be found [on our website](#) or by contacting membership@genpro.org.nz.

Download the GenPro membership application

The logo for Te Whatu Ora Health New Zealand, featuring the text "Te Whatu Ora" in white and "Health New Zealand" in light blue, set against a dark blue background with a subtle geometric pattern.

Te Whatu Ora
Health New Zealand

[Stakeholder Virtual Hui - 7 December @ 9.00am](#)

Please join us for our next stakeholder virtual hui on 7 December, 9.00-9.45am. These regular hui provide a chance to hear updates and ask questions of Margie and Riana, as well as our special guests and experts.

If you would like to register or receive an invitation for this and future events,

click here [Invitation for Stakeholder hui](#).

To check out the previous hui, including responses to questions and feedback, you can access the recordings [Te Aka Whai Ora](#) and [Te Whatu Ora](#).

[New rural clinical telehealth service set to report rural communities](#)

Rural communities and whānau will be offered additional access to primary care services, through a new after-hours clinical telehealth service.

Following a contestable process (RFP) which received strong interest from the health sector, Ka Ora Telecare Limited (known as 'Ka Ora') has been awarded the contract to deliver the rural clinical telehealth service over the next three years. The new service has been co-commissioned by Te Whatu Ora and Te Aka Whai Ora to reduce barriers for rural communities to access primary care, particularly for priority populations.

“The rural health sector has told us that the combined pressure of workforce shortages and unsustainable after-hours rosters mean that this service is needed to support the well-being of people living rurally,” says Abbe Anderson, National Director Commissioning, Te Whatu Ora.

“The service will enhance the care already provided by rural health teams, working with existing health providers to offer additional capacity and continuity of care.”

“Rural communities are a priority group identified in Te Pae Tata (Interim New Zealand Health Plan) and we remain dedicated to improving their access to high-quality, timely healthcare.”

The 0800 service will provide after-hours clinical telehealth care (5.00pm – 8.00am) on weekdays, and 24 hours a day on weekends and public holidays. The service is staffed by kaiāwhina, nurses, GPs and emergency medicine specialists. The service will provide access for all rural people whether they are enrolled or not with a primary care practice.

Although the service is subsidised by Te Whatu Ora, a patient co-payment will be charged for consultations with a doctor. However, under 14s will remain free, and those with a Community Services Card or who are 65 years and over will

pay \$19.50.

Rural general practice clinics will also be able to refer whānau and communities to the service after hours when they are at capacity to ensure rural patients have an alternative option to access healthcare when they need it.

“We know that access to services after working hours can be a real challenge in rural areas and creates unnecessary delays to receiving care.

“This new service could also make the difference for whānau, helping them to avoid a lengthy trip to the hospital in the middle of the night,” said Selah Hart, Maiaka Hapori Deputy Chief Executive Public and Population Health, Te Aka Whai Ora.

The Ka Ora network brings together three existing health organisations, Reach Aotearoa, Practice Plus and Emergency Consult under one umbrella who have the ability to deliver the service nationally to rural communities.

“Ka Ora draws together extensive local experience, and the three organisations have a proven track record of working across rural New Zealand, including with Hauora Māori,” said Abbe Anderson.

“We acknowledge this process to identify a provider has taken some time. However, it was important for Te Whatu Ora and Te Aka Whai Ora to work together with our partners to create a flexible, equitable and integrated RFP approach to ensure that all providers could be considered. Ka Ora will also be partnering with other local providers, including Hauora Māori providers, to deliver equitable services to rural communities.”

The rural clinical telehealth service is a new addition to New Zealand’s telehealth options. Healthline – 0800 611 116 continues to operate as normal.

For a full list of Te Whatu Ora updates visit : [News and updates – Te Whatu Ora - Health New Zealand](#)

[The Final Word...](#)



**As always, member feedback
and membership enquiries are
always welcomed - email
enquiries@genpro.org.nz**

By General Practice, for General Practice

- Membership enquiries/updates membership@genpro.org.nz
- MECA enquiries meca@genpro.org.nz
- Accounts enquiries accounts@genpro.org.nz
- All other enquiries enquiries@genpro.org.nz

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