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PRACTICE NEWSLETTER October 2008

Rural Ranking Achieved

For 6 years we have unsuccessfully argued with the Taranaki DHB for this practice to be classified as "rural". The driving force for this has been the tireless efforts of my wife Shirley (p/t Practice Manager & Legal Secretary) who has kept up the pressure on me and the "powers that be".

We have been responsible for many changes in the new ranking system (yet to be released), but sadly, it has taken the loss of almost every GP who joined SouthCare to convince the TDHB that there is a GP retention crisis in South Taranaki and that Rural ranking is the one positive thing they could easily set in place to help stem the loss.

What does this mean for you?

- Some additional funding to support retention reduces the risk of this practice closing.
- An ability to access and fund locums.
- An ability to upgrade old equipment (see ECG).
- An ability to host GP trainees (also see later).

New ECG Recorder

Rural Ranking funding has enabled us to purchase a state of the art ECG recorder which is entirely electronic to replace the old failing ECG machine.

All patients with hypertension and other cardiac risk factors will now be able to have both base-line & follow up ECG recordings.

New Vitalograph

We now have a machine that measures lung functions that accurately determines how well asthma is controlled and if there is any Chronic Obstructive elements caused by chronic bronchitis or emphysema.

All respiratory patients will be able to have base-line and follow-up recordings as well.

Staffing

Reception:

- Gail Werder has now been with us for 15 years and works Monday to Thursday.
- Rowena Milne-Elgar works Fridays but sometimes they swap!

Practice Nurse:

- Di Bezuidenhout is our full-time nurse.
- Pip Harpur is part-time, sometimes covering Di but will also be doing regular clinics to catch up Diabetic reviews, follow-up smears etc.

Cleaner:

- Hedy Nicholson has been here longer than me!

Practice Manager/Legal secretary:

- Shirley Blayney has been working part-time to help us stay independent yet viable.
- Gail Werder does much of the routine admin.

GP:

- Dr Keith Blayney is the sole Principal.
- Dr Ian Mackenzie is a semi-retired locum who is happy to help out when I am away or too busy.

Security of GP Services in Hawera

Other than the grudgingly allowed Rural ranking already mentioned, there have been no significant changes that will ensure GP retention in Hawera. It would appear that SouthCare will only manage by using long term locums like Ruanui Health Centre has done for years.

The Eltham Trust has been sensible enough to have its GP take ownership of the practice while the Trust owns the building. In Hawera, the only practice which can offer long-term continuity is this practice where the GP owns the practice, has a long-term lease arrangement and remains independent of government control.

Countering government discrimination

The present government knowingly punished patients attending non-Primary Health Organisations (PHOs) like this one by freezing support for Practice Nurses, subsidies to children and Community Service Card (CSC) holders while maintaining the \$15 tax for each prescription item. Our fees have had to be higher and our income lower but our patients clearly indicated that quality and continuity of care were more important than "cheaper doctors' fees".

Had we joined SouthCare I have no doubt that I too would have resigned with all the other GPs.

We have not been idle in fighting this discrimination and some of the successes have been:

- Ensuring maximum uptake of CSC, High User Card and Disability Allowances for all who qualify so they can have cheaper or fully refunded care.
- Identifying and confirming your right to the \$3 per item prescription tax because I hold a Maternity Unit Access Agreement and two Service Agreements with the TDHB.
- Maintaining a dialogue with Tony Ryall (probably the next Minister of Health) who states "Not every general practice will want to become part of a large multi-practitioner health centre, nor will there be any requirement for them to do so".
- Noting that National intend to remove unfair discriminations imposed by Labour (we have identified where this is occurring in Health).

Relationship with Ruanui Health Centre

As one of only two Vocationally Registered GPs in all South Taranaki (the other being Trevor Hurlow), I have for some time supervised Ruanui locum GPs. Ruanui is a "Very Low Cost Access" PHO clinic with whom we have a complementary, rather than competitive relationship. We do have many Maori and low income patients who forgo cheap fees for the type of service we can provide.

The consequences for you could include:

- A new Ruanui locum GP wishing to sit in on a consultation to observe NZ primary health care.
- Dr Blayney occasionally supervising at Ruanui, but we hope to have cover from Dr Mackenzie.
- Over the Christmas/New Year "short weeks" I like to spend time with my family in Auckland and as locums are impossible for those weeks I get Ruanui to cover the odd urgent problem. **Therefore please check to ensure that you will not run out of your regular medication over those two weeks.**

Trainee GPs

As we now have Rural Status, it is probable that we may be hosting the occasional GP Registrar in the practice in the future. This, along with moves by National to pay off student debt for NZ graduates working in hard to staff areas (and none is worse than Hawera) could see some NZ graduates taking an interest in staying. As it is, I am the only full time NZ graduate GP in South Taranaki (and the only GP Obstetrician left in Taranaki).

New Patients

As we have far more patients than ideal, accepting more would be unfair to existing patients so we have essentially "closed the books". We now have a Waiting List system, additional to the existing deterrent of requiring a letter requesting to become a patient of this practice. However, priority will be given to town patients or those with a recommendation from an existing patient.

After hours

Political slogans on "Primary-Secondary integration" do not allow for management stuff-ups (SNAFU). A perfectly good Public-private co-operative model where GP after-hours services were co-located at the Hawera Hospital Emergency department has fallen over because of an inability to comprehend that free Emergency Services need to be adequately funded by the DHB and that non-emergency services are not free and need to be adequately privately funded.

There is no way the few remaining GPs can provide a separate (off site) private A&M service in competition with a free Emergency Department seeing non-emergencies.

At present the TDHB is trying to "educate" the public by keeping non-emergencies waiting 4-5 hours which is a tragedy waiting to happen. The GPs would prefer that this system be changed so that everyone is seen (in order of priority), but only urgent problems get any treatment (so no certificates or prescriptions given). This would be a much safer way to educate people on the appropriate use of an Emergency Department.

The GPs are no longer allowed to see non-emergency patients at ED but do have an arrangement with the Medicross and Phoenix A&M clinics in New Plymouth to see any GP cases after-hours.

Therefore if you have any after-hours medical problem, you will need to decide:

- (a) Is it an emergency? If so, ring 111 for an ambulance or go straight to ED and make your concerns clear.
- (b) Is it an urgent GP problem that can't wait?
 - You could attend Medicross or Phoenix A&M clinics in New Plymouth or
 - You could attend Hawera ED but you will have to wait and no non-urgent treatment will be given.
 - You could ring the free HealthLine on **0800-611-116** for Registered Nurse advice on whether you need to be seen.
- (c) Can it wait until the practice re-opens? If so, ring after 8.30am and if you are concerned, you will ALWAYS be able to be seen the same day in our practice.
- (d) Can you ring Dr Blayney at home or on his cellphone? Not if you want him to stay long-term. I am already "on call" 24/7 for primary maternity patients, for local midwife emergency back-up, for deaths and for bed-bound and terminal patients. So unless you are being born or dying, you should use ED for emergencies and wait or travel one hour for GP problems that cannot wait until the surgery re-opens. **It pays never to let your regular medication run so low that you could run out after-hours.**

Regular Hours

The surgery is open 8.30 am to 5pm Monday to Thursday and 8.30am to 4pm Fridays. If there is a staff lunch meeting, we also close that lunchtime.

Tramping Injuries

Dr Blayney's injured finger is still requiring therapy and may yet need more surgery. However, it is no longer preventing him performing surgery and delivering babies!

Meanwhile his next big tramp will be an "old man's tramp" in the Tararuas which we hope will be injury free!

Dr Keith Blayney



Shirley

Gail

Di

Rowena



Pip



Keith