The Chairman, Community and Public Health Advisory Committee Taranaki District Health Board Private Bag 2016 NEW PLYMOUTH 4620

Dear Dr Peter Catt

Formal Notification to Initiate a Disputes Resolution Process between the Taranaki District Health Board and the Hawera General Practitioners Regarding Rural Ranking Score Allocation

We, the General Practitioners of Hawera, have been advised to bring this issue to the attention of the Community and Public Health Advisory Committee in order to request a hearing under the new Disputes Resolution Process regarding Rural Ranking Scores.

We are particularly unhappy about the TDHB management's unilateral, arbitrary and unhelpful handling of the Rural Ranking process for Hawera GPs and their failure to involve the Board in allocating Discretionary Points specifically implemented for areas where the recruitment and retention of General Practitioners is difficult.

As a result of this lack of support by TDHB management, Hawera has progressively lost more GPs, largely due to lack of financial viability. The Medical Council Workforce Survey [Medical Council News May 03] identified South Taranaki as having one of the lowest GP to population ratios in the country. Since then Hawera has lost another 1.5 GPs, leaving only 6 GPs in town and 6 FTEs in the rest of South Taranaki, giving a GP to 100,000 ratio of 43 (2,300 per GP), the same as the West Coast of the South Island (ie **the worst in the country**). The Hawera urban area contains about 9,000 people (1500 per GP) BUT all practices have a good proportion of non-urban patients and total practice sizes of closer to 2,000. If we don't deserve any discretionary points, then who in the country does??

Places like Balclutha with a similar population (9111), more GPs (7), and closer to their Base Hospital, manage to get a RRS of 55-65 and Stratford, with an even lower population, also with more GPs (6 or 7), and only 30 minutes to their Base Hospital is given a RRS of 40. Our calculations would suggest Hawera GPs should get a RRS of 45 **BEFORE** adding any Discretionary Points, but a test application signed by Dr Blayney dated 4th Feb 2004 was unilaterally reduced to only 20 points, without any clear explanation (despite repeated requests)!

Furthermore, many Hawera GPs are not sent RRS worksheets as management doesn't consider us rural – a "Catch 22" situation!

The sort of excuses we have heard include "You don't have a PRIME arrangement", "You have an Emergency Department" and "You have a Surgical Services Bus visiting Hawera". The last two are irrelevant with respect to RRS calculations but do make life a little easier for our patients to access secondary services. It is the GPs who have to back up the ED and just happen to run our

"after-hours" system in conjunction with the ED (without it we would still need an after-hours system but would just send most of the Triage 1-3 patients to New Plymouth). A PRIME system doesn't suit our situation and would add more stress to the remaining GPs, but as a Paramedic is only available 25% of the time, GPs do get called occasionally, but this is not recognised by management.

We have also been told that the "Rural Ranking system is not intended to be used for the recruitment and retention of practitioners in rural areas" despite the fact that

- Recruitment and Retention funding is only available to GPs with a RRS of 35 or more,
- The NZ Immigration Service lists **General Practitioner** as a "priority occupation" in "Rural Areas only...according to the Rural Ranking Scale classification" and
- the specific reason for RRS Discretionary Points to be awarded [by DHBs to GPs] is "in areas where the recruitment and retention of General Practitioners is difficult"

Lastly, we have been told that the TDHB intends to support Recruitment and Retention in Hawera by supporting a Community Trust, rather than approving Rural Status. It doesn't seem to matter that this Trust involves only two of the four remaining GP practices in the town and that there is no evidence to suggest a Trust improves retention of GPs. TDHB support for the Trust should not be a reason to deny all Hawera GPs Discretionary Points, in fact towns which have received Rural Ranking such as Stratford, have little trouble attracting GPs.

We therefore please request that the Community and Public Health Advisory Committee recommend to the Board that a review of the Hawera RRS, in particular the allocation of Discretionary Points, be undertaken in conjunction with the DHBNZ and the NZ Rural General Practice Network (who have indicated their willingness to look at the issue) as outlined in the Disputes Resolution Process. Please add this Notification to your next Committee meeting agenda and keep us informed of the progress.

Best regards,

Dr Keith Blayney Dr Trevor Hurlow [on behalf of all Hawera GPs]

Copies to:

Adrienne Harris, Chief Executive, NZ Rural General Practice Network Julian Inch, Chief Executive, DHBNZ

also

Tony Foulkes, (CEO TDHB)
Pamela Hikuroa (PA to TDHB)
Hayden Wano (Chair TDHB, Midland Region representative DHBNZ)
Michael Miller (Rural Representative, RNZCGP)
Linda Caddick (Dep Chair CPHAC)
Sarath Gunatunga (Taranaki Representative, NZ RGPN)