



Keith Blayney has no idea how many like-minded colleagues he has

KEVIN BONE

Independence way

Keith Blayney: PHO-less and fearless. Liane Topham-Kindley talks to a GP who answers to no one but himself

A decade after rejecting the idea of joining a PHO, Hawera GP Keith Blayney is convinced he made the right decision.

Not for Dr Blayney the regularity of capitation funding, the ins and outs of Care Plus claiming or bowing to managerial notions of good patient care.

After all these years, he's still answerable to no one but himself.

Few people would have thought that staying outside the 2001 Primary Health Care Strategy's key conduit for funding, the PHO, would be doable long term. But Dr Blayney has done it and his business seems to be thriving.

He continues to have a full practice of more than 2000 patients. (He won't divulge exactly how many, citing commercial sensitivity.)

His wife, Shirley, a former legal executive who is also the practice manager, believed PHOs would bring loss of control and a regime of managed care by stealth, and strongly advised her husband that they stay out of the system.

It wasn't a difficult decision for the independently minded GP to make.

"The bottom line is, I enjoy being self-employed and being my own boss and not having to answer to anyone or any organisation," he says.

Life is too short to be doing things you don't enjoy, Dr Blayney reckons.

"I wanted to be a GP and look after

people. I don't want to be a cog in the wheel."

Dr Blayney has often questioned whether he might be disadvantaging his patients by remaining outside the PHO system and denying them a range of subsidies.

But, he says, it's about what the patients want. Do they want high-quality care, that's timely and low cost? You cannot provide all three, Dr Blayney says. Many practices offer high-quality care and are low cost, but patients may not be seen the day they call.

"I chose high quality and timeliness," he says.

"My patients would rather pay a bit more and be able to be seen by the same doctor on the same day."

Patients without a Community Services Card do, indeed, pay "a bit more" at Dr Blayney's practice – their fee is \$65.

Dr Blayney says that's not a huge amount more than the fee charged by many practices that are also supported by capitation.

Over the years the occasional patient has argued Dr Blayney was "ripping them off". But when PHOs were first introduced and he explained the system to his patients, he claims they pleaded with him not to join a

larger practice, or a PHO.

"They wanted to see me, they didn't want to see overseas-trained doctors, they wanted a Kiwi doctor.

"A lot of my Maori patients...want to see someone who understands them...they come along because they want to have a good laugh and we can help them towards improving their own health."

Paying the full fee has not meant only a wealthy few become patients, either.

Hawera locals tend to be involved in the dairy industry, working at

Fonterra, the local meat works, or in jobs such as teaching and retailing, central to small-town life.

To join the practice, people must write a letter asking to be a patient.

Then they have to get past Dr Blayney's staff: no "doctor-hoppers" allowed.

In return, they are sent a letter explaining the practice does not belong to a PHO and they will have to pay full fees.

Dr Blayney has fought tooth and nail to ensure the practice remains a viable option for him and his patients.

To assist poorer patients, the practice sets up weekly payments of as little as \$5. Staff also work closely with Work and Income to ensure patients

access what they are entitled to under different benefit schemes.

"Just because you are poor, doesn't mean you can't access private health services," Dr Blayney says.

Key to the practice's viability has been the retention of rural support funding, and the ability to ensure patients get prescription subsidies.

The practice operates under the Section 88 notice providing the General Medical Services subsidy, the main form of payment for general practice services in the days before PHOs.

The GMS also provides a subsidy for Community Service Card holders and children. Payments for immunisation and maternity are also available, as are the practice nurse subsidy and payments for services under ACC.

Dr Blayney has been an outspoken advocate of retaining local health services and recently got involved in the fluoride debate, earning himself a reputation for being controversial.

He says as the only Taranaki GP outside the PHO system, and the only self-employed GP in Hawera, he is often left to advocate on behalf of others.

"They are not operating independently, so they cannot speak out and the nurses at the hospital, they are all gagged," Dr Blayney says. "They are not allowed to say anything, so they all come to me."

Dr Blayney knows he's not

Taranaki DHB's most-favoured person, and says it's no skin off his nose.

Information on the number of GPs outside the PHO system is hard to come by. A Ministry of Health survey of DHBs last December indicated at that time 12 practices did not come under PHO.

Dr Blayney himself has no idea how many like-minded colleagues he has. And he admits he would be better off financially if he had joined a PHO.

But it has never been about the money for this keen trapper, photographer, genealogist and computer whizz.

"It's not the money, it's about whether you enjoy life, or are you busy chasing the big dollars?"

"I'd rather be out there looking after my patients in a way that they want to be looked after, rather than how a bureaucrat tells me to look after them." Even earning half the income of others, Dr Blayney says he's still financially better off than many people.

"I can live in a small town and wander around the countryside and breathe the fresh air and see the mountains," he adds.

"There's a lot to be said about living in a small town, it's the quality of life, and the cost of living is lower than being in a city."

And it's not as if he has cut himself off from his profession. Dr Blayney has been the south Taranaki peer group coordinator for eight years, and attends

No offence NHS, but no more ex-staffers please

Taranaki Medical Foundation CME meetings and many conferences.

He's also a supervisor and provides collegial support for non-vocationally registered doctors.

He is not Cornerstone registered, saying he does not want someone telling him what type of paper towels to use.

Being a member of a PHO, particularly now many are amalgamated and run by managers, is hardly the best way to be connected to the profession, he says.

Dr Blayney feels strongly New Zealand should have a private general practice service. He says sector control over GPs is one of the factors driving New Zealand-trained doctors overseas.

And he doesn't have to look far to find examples of where the current model is not working. In his own backyard, the former neighbouring SouthCare Medical Centre is a fine example, he claims, of how things go wrong.

The centre recently closed after several years of financial woes and an exodus of GPs.

SouthCare opened with an innovative profit-share scheme in 2005, and last year adopted the Midlands Health Network's model of care. A stream of doctors came and went, Dr Blayney says.

Retention has nothing to do with big pay, he says; doctors will not stay if they feel they are not being listened to.

"I hear so much negative stuff," Dr Blayney says.

He wants to see the Government realise it has been "destroying private general practice" and raise the GMS.

That would enable more practices to opt out of the PHO system.

In his mind, PHOs are another layer of bureaucracy the country could do without. He points to South Canterbury, where no PHO exists, primary care services instead being managed by a division of the DHB.

Similarly, in Dr Blayney's view, the Midlands Health Network is a quite different entity from the one it was initially set up to be.

"There's never been any evidence that PHOs have achieved anything except to lower fees and invent jobs, but it's a large disincentive for doctors in New Zealand," he says.

Victoria University
Health Services Research
Centre director Jackie

Cumming has carried out research on PHOs, the most recent in 2009 looking at their roles and function, but says there is little that truly assesses their effectiveness.

The research found different PHOs carried out quite different roles but, in the main, provided a conduit for funding, carried out a strategic development role for primary care services and provided business support.

Personally, Dr Cumming says, PHOs are another layer of bureaucracy, but play a significant role in strengthening primary care as opposed to individual practices contracting with DHBs.

She too points to the South Canterbury situation with no PHO, but highlights the fact the PHO role is being carried out by the DHB and is still considered valuable.

"I think in many cases, many PHO providers wouldn't trust the DHB, they would have more faith in organisations that have emerged out of primary healthcare."

The Victoria University research found the role of PHOs in the system was unclear and the boundaries between PHOs and DHBs blurred.

Dr Cumming expects the new PHO contract, with a set of minimum requirements for PHOs, will clarify the roles. It may result in another shake-up of PHOs, if some find the new expectations beyond their capability, she says.

Dr Blayney concedes, were it not for his wife chasing up all potential funding streams, dealing with the Ministry of Health and reading through "the political claptrap", things might be different at the practice.

"She keeps us viable," he says. "I'm sure, without her, we would have gone to a PHO by now."

This year he's turning 60, and has an eye on the future.

Ideally, he would like to find a local person who wants to go to medical school to be a GP, for the practice to support in the holidays.

He reckons many people still value the solo practice model; he has already had someone offer to buy the practice because it is not a large clinic or a VLCA practice.

But he's resigned to the fact any future owner must decide for themselves whether they want to be inside or outside a PHO. ■
tophamkindley@xtra.co.nz

◆ Lucy Ratcliffe

The health sector has one request to make of the State Services Commission as the search begins for a new director-general of health: employ someone with local experience.

The practice of filling key positions with people from overseas, and for a short term, can cause instability, Otago University professor of health policy Robin Gauld says.

"I think you need someone who has their head around our highly complicated health system so they don't spend time catching up," Professor Gauld says.

Director-general of health and Ministry of Health chief executive Kevin Woods declined an invitation to renew his contract this month (>>nzdoctor.co.nz, 'News' 11 July).

Dr Woods, who hailed from the Scottish NHS, cited family reasons for not renewing his three-year contract. He will finish at the end of the year.

While no one has uttered a bad word about Dr Woods' tenure, Professor Gauld is not alone in his preference for a local candidate, or at least no one else from the NHS.

One GP commented that the Ministry of Health tendency to employ ex-NHS staff "probably

ought to stop".

Association of Salaried Medical Specialists national secretary Jeff Brown agrees: "I would echo those sentiments."

As does former director-general George Salmond: "I think we should be prepared to back and recruit our own people."

The consensus among health leaders is that the best director-generals have been those who were respected members of the health sector, such as Dr Salmond, Karen Poutasi, a former area health board boss and Stephen McKernan a former DHB chief executive.

There is speculation abroad suggesting the next incum-

ment might be a local recruit, with current National Health Board director Chai Chuah the name muttered most often. (For more speculation see Dr Doctor on page 16.)

As *New Zealand Doctor* went to print, the State Services Commission, which appoints public service chief executives, had not yet advertised the job. ■
lratcliffe@nzdoctor.co.nz

D The State Services Commission has a video explaining how public service chief executives are recruited, see it at www.nzdoctor.co.nz under 'Featured Video'

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