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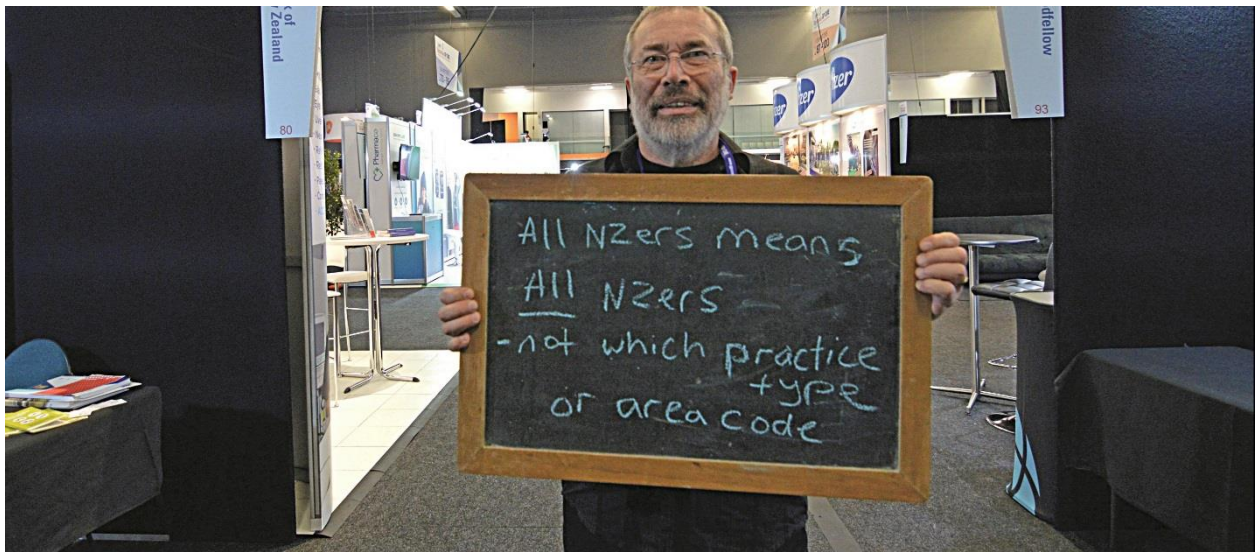
# Taranaki GP swaps rural funding for personal freedom



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Keith Blayney's message to the minister at the GP CME last year

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which is bugger all, but hopefully I'll earn a lot more

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Hawera GP Keith Blayney is done with “earning below the minimum wage” and “providing charity”, so he’s cutting financial ties to Taranaki DHB, switching up his business model and charging what he is worth.

Tired of the stress of having the DHB breathing down his neck, Dr Blayney, who has always eschewed PHO membership, decided to forego around \$65,000 a year in rural retention funding from the DHB, in order to be free of “inappropriate audits”.

He says when the DHB threatened legal action over his refusal to let them audit his practice to see how the rural retention funds were spent, he decided it wasn’t worth it and they could keep their funds.

While other practices were adjusting to the 1 December changes to capitation, Dr Blayney was locking in a new fee structure, with all patients charged something similar to a casual rate for their appointments.

It's early days yet but so far, things are going well, with patients taking the increases on the chin and Dr Blayney reporting a huge reduction in his stress levels.

"I've shown loyalty to my patients for 38 years and they are showing it to me," he says.

Dr Blayney is a sole practitioner with around 2000 patients. He says only 76 per cent of the south Taranaki population is PHO enrolled.

Keith Blayney Practice Report to the South Taranaki Community Health Forum and Taranaki Ki Te  
Tonga meeting

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## Affordable for most

Fees at his practice are around \$70 for short consults for things like repeat prescriptions, going up to over \$100 for more complicated issues, minus whatever ACC, general medicine services claims for children and community service card holders the patient may have. It is affordable for most, he says.

"It's not a lot extra for the patients and I'll at least earn what I used to, which is bugger all, but hopefully I'll earn a lot more."

He will also be able to perform more minor surgeries where appropriate.

Many of his patients are covered by medical insurance, and those who can't pay have generally already left to go to a VLCA clinic, or have an existing plan in place to pay for consults in instalments, or WINZ pays their fees if they have a disability allowance.

If people do question the fees, he points out he is still generally getting less per patient than what a VLCA GP gets after their fees are topped up by capitation.

He also points to what vets, lawyers, dentists and specialists charge, and wonders why general practitioners, who after training for 11 years and who look after people's whole health, should cost so little.

## Myth that people can't afford doctors

"I think it's a myth that people can't afford doctors," he says. Most people really value good personal medical care from a practitioner who knows them and can see them on the same day, he says.

According to *The Taranaki Daily News* the average pay in South Taranaki is \$60,000 compared to \$58,780 for New Plymouth.

Dr Blayney says he is the only GP in south Taranaki that survived the introduction of capitation back in the early 2000s - by not taking it. Everyone else found the stress and scrutiny from the PHOs which came with the capitation too much and have now left.

## No more after-hours

One of the major stressors is the after-hours service, which Dr Blayney, now 65, is no longer obliged to provide.

“I can go for a walk without my phone and I’m not worried anymore. I’m free from all that,” he says. “It’s got the monkey off my back.”

Dr Blayney thinks after-hours is largely a convenience for patients. If it’s an emergency they should go to ED and, if not, can generally wait for the next day.

Having said that, his patients do have his mobile phone number, but only very occasionally will he get after-hours calls, usually for psychiatric matters.

With no PHO and no DHB control, the only thing that affects his practice is what he does, and what his patients want. The single third party involved is the college, whose opinion of his work as a GP he respects.

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