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HEALTH COMM.
MTG 2

Presentation to the Standing Committee for Health - Wednesday 16th April 2014

"Empowering Primary Care = Financial Gains for the country"

The Association of Private Family Doctors, set up in 2005, has as one of its aims: "To ensure that all members can give optimal quality of care to their patients." This has been driving our efforts all along. Understandably, in recent years much time, money and effort went into Mater Dei. However it is now time to invest in Primary Care. We have had cordial meetings with all the recent Ministers of Health and with all the higher echelons of the Department of Health. In these numerous meetings we have found common ground and gradually obtained improvements in the way we can work for the benefit of our patients. We can honestly say that every Minister tried his best and were circumstances different, more would have been achieved. The value of Barbara Starfield's dictum was recognised. One example - the test for cancer of the prostate previously needed a request by a urologist. The waiting time to simply have this test performed was in excess of a year. We can now order it ourselves, with a consequent shortening of urology waiting lists. I can also mention the giving of Flu Vaccines where the doctor is only paid for the service. However we feel we can do more. Much more.

With 106 full time doctors working solely in private family practice, the Association's members see to 70% of first encounters in primary care. So we do indeed represent the major gate keeper in Health.

As recently reported in Health Systems in Transition (Feb 2014), the out of pocket expenditure for health in Malta accounts for 34% of the total (and rising). We all speak of sustainability: were this load to be assumed by government total, collapse would ensue.

We too would like the best use of limited resources.

Unfortunately every time the primary care sector is mentioned, it is assumed that all investment should go to the Public Primary Care – the Health Centres. Apart from being counterproductive as explained above, not everybody is happy to go to the Health Centres, principally because of the continuity of care family doctors provide. I will quote again from government's own publication, Health Systems in Transition (Feb 2014):

"All publicly financed health services are free of charge at the point of use and primary care is readily accessible. However, the private sector accounts for about two-thirds of the workload in primary care; many people choose to pay out-of-pocket for primary care services in the private sector because it offers greater convenience and (recognize the value of) better continuity of care." And may I add, for the personal touch. And here see also http://www.theguardian.com/healthcare-network/2014/mar/24/patients-want-named-gp.

The "Doctor of your choice" initiative was a good one as people do want to have an identifiable family doctor. Private family medicine is strong and affordable. If the private family doctor is helped, the Health Centres can, in the spirit of greater equity, give more time to those who cannot afford private care.

Investment in primary care is indeed crucial. Every person who ends up with a stent or a coronary bypass is a patient who has been failed by the system. Dr Alex Manché has recently been reported saying that his load of patients is dropping. This could be due to less cigarette smoking, better education and better health prevention. And this is the field *par excellence* of the family doctor.

Government has negotiated new working conditions for medical staff working in the health centres. Fully 80% of doctors took up Contract A where private practice is not allowed. Furthermore, all new GP trainees are heading into the health centres. Thus there are less family doctors working privately and more load on the private sector.

We thus need to make Private Family Medicine more attractive; future initiatives must be well-planned and must include it.

Thus we need:

- To improve expertise and motivation in Primary Care.
- To provide more elbow room where the family doctor can operate and thereby minimise the need for referral to MDH. E.g.: Schedule V applications for purely GP conditions.
- Patient registration as an essential pre-requisite.
- Promote it to the Public
- A strong IT system which unites Primary and Secondary Care.
- To incentivise the setting up of Group Practices.

We also need to work in partnership with the public sector and not in parallel, so that duplication, with its inevitable profligacy and expense, for example, does not occur. And here a robust IT system is essential.

May we also suggest that a study of the cost-effectiveness of the above be commissioned? Then decisions can be taken.

Finally, we thank you, Mr Chairman, and members, for accepting to listen to our submissions. Time is limited and we feel that in a further meeting, possibly on a one to one basis, we can expand.

Thank you.

Anthony P. Azzopardi.

Hon, President, APFD.

Jason Joseph Bonnici

Hon Secretary APFD