

Presentation to Parliamentary Group on Health

Association of Private Family Doctors.

11th March 2015

Medicus non accedit nisi vocatur

(The doctor shall not cross the threshold unless he is called)

APFD

- **Is an Association of Private Family Doctors.**
- **106 Family Doctors in full time family practice.**
- **Represent major gate-keeper in Primary Health.**
- **Provides the majority of primary care (70%).**
- **Private care accounts for a third of total health expenditure (34%).**

APFD Statute:

“To ensure that all members can give optimal quality of care to their patients”

A NATIONAL HEALTH SYSTEMS STRATEGY FOR MALTA - 2014-2020

NHSS needs to ensure universal access to high quality health services and economic sustainability, within the available budgetary resources

Also by “promoting and streamlining interactions between different services to ensure continuity of care”

Pillars of the NHSS:

- Prolonging stay in the community
- Screening and early diagnosis and control of disease progression
- Improving management and efficiency through...public-private partnership
- Improve quality of care by ensuring consistency of care delivered by competent health workers supported by robust information systems.
- Setting quality standards
- Facilitating continuity of care
- Health authorities will be mandated to ensure that primary health care will continue to evolve as the foundation for better health

The National Health Service is the *combined* Public and Private Service.

The long-term financial sustainability needs this to be recognized *in practice*.

A major challenge for the health system is ensuring sustainability. Non-communicable diseases are the major issues.

- *We either spend millions on stents or we invest in prevention.*
- This applies for other conditions:
- Diabetes, Hypertension, Obesity.

Investment only in Public Primary Care is counterproductive – people are voting with their feet.

- People seek personal attention and to have better continuity of care.
- “Above all, patients want continuity in their care, particularly the elderly, who were used to more personalised care in their youth. They hate to see a different doctor at each appointment”

Private Family Medicine needs to be made more attractive.

Doctors would need to be well-trained and motivated.

- **We need to:**
- Provide more elbow room where the family doctor can operate.
- Patient registration probably as an essential prerequisite.
- A strong IT system which unites Primary and Secondary Care.
- Improve expertise in Primary Care.
- Incentives for the setting up of Group Practices.

Moreover < 80% of Health Centre doctors took up Contract A – thus not available for Private Medicine:

- Make Private Family Medicine more attractive

This will:

- Benefit the public
- Give job satisfaction to FD's who are active participants
- Provide cost-effective results to the NHS

“Family Doctors are being encouraged to visit patients just after their return home...”

How?

Mr Chris Fearne as reported in The Times
24.02.2015

Ongoing Trade Union Dispute

Blood samples from Primary Care were not being accepted for analysis:

The Perm Sec was obviously informed.

So do doctors in the private sector have to rely on friends to be informed?

– Who suffers?

Yellow Card – Schedule V

We have learnt that Primary Care Doctors in the Public Sector can now apply for the Yellow Card for:

- Hypertension
- Diabetes Mellitus

Once there are guidelines in place and applications are vetted why cannot we in the Private Sector do the same?

And why were we not even informed?

The Private Family Doctor needs:

- More access to information
- More access to investigations
- A route to apply for Schedule V medication
- Have a direct access to services already offered indirectly
- Better fast tracking to OP Dept of semi-urgent cases
- Have tax credits/CME allowances as for the Public GP's
- Be involved in a system whereby minor cases presenting to A&E be directed back to the primary care

Quality Assurance

“A part of quality management focused on providing confidence that quality requirements will be fulfilled”

ISO 9000

We need QA:

- To check Standards and to Improve
- To retain the public's trust in the Specialty

Three players:

- Government to help with Practice Guidelines
- MCFD to continue with CME's for lifelong learning
- Individual doctors who must not feel threatened